

The Lived Experiences of Turkish Men's Engagement in Domestic Violence Interventions in England

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This article illustrates the first in-depth study on major conditions of engagement among Turkish men in interventions that work with perpetrators of domestic violence in England. It investigates how key circumstances related to Turkish men's cultural backgrounds, migration status, racialisation, and different interactions with facilitators shape their engagement in interventions. The data was collected from semi-structured interviews with Turkish perpetrators who participated in domestic violence interventions and professionals who worked with Turkish men in these interventions. Participants' social and cultural background, class, gendered power relations and racialisation impacted their active engagement in interventions. The insufficiency of trained interpreters and culturally-competent professionals, mistrust of the services and the social stressors about living in a society with different cultural values to their home country were identified as factors of inadequate engagement. We found that adopting culturally-sensitive strategies including professionals' understanding of men's social, cultural and religious backgrounds, and being aware of racism, discrimination, and migration-related stressors were key in improving engagement during interventions.

Keywords: behavioural change, culturally-sensitive strategies, domestic violence, engagement, interventions

Key Messages

- Increasing community-based practices and culturally-competent approaches can promote the perpetrators' engagement in interventions among Turkish groups in England.
- The inextricable connections among class, gender power relations and racialisation should be considered in understanding marginalised ethnic perpetrators' engagement in interventions.

Perpetrators who engage in domestic violence intervention programmes are more likely to complete these programmes than participants who may attend but do not engage (Kelly and Westmarland, 2015). Importantly, several scholars pointed out completion of the interventions are associated with positive outcomes (Cuevas and Bui, 2016; Gondolf, 2008; Herman et al., 2014; Kalogo, 2015; Rondeau et al., 2001; Rosenbaum et al., 2001; Rothman and Coutinho, 2007; Sturgess et al., 2015). Similarly, perpetrators' insufficient engagement could lead to a higher rate recidivism, dropout and attrition during interventions (Gondolf, 2012). Therefore, it is important to investigate key circumstances around perpetrators' engagement in behavioural change process (Drieschner, Lammersb and Staak, 2004; McMurrin and Ward, 2010; Rasanen, Holma and Seikkula, 2012; Holdsworth et al., 2016; Holma and Päivinen, 2016). Engagement has been studied in the following ways: Key dynamics around clients' motivations in involving psychotherapy (Prochaska and DiClemente, 1982; McConaughy, Prochaska and Velicer, 1983; Daniels and Murphy, 1997), the intervention resources, internal and in-session motivations among group members and facilitators (Holdsworth et al., 2016), the relationships, communications and all interactions during interventions (Austin and Vancouver, 1996; Holma et al., 2006). Given the importance of engagement in behavioural change process, we focus on how

Turkish men engage in domestic violence interventions (e.g., counselling service, mental health organization, psychiatric clinic, therapy center, and private and charity-based therapy service) in England. This examination will enhance the understanding of key conditions around engagement in interventions such as motivation, therapeutic relationship, personality factors and social support among marginalized ethnic groups.

Domestic violence perpetrator programmes have been developed in England based on the influence of the Duluth model, cognitive behavioural therapy, and motivational models (Phillips, Kelly and Westmarland, 2013). Building Better Relationship which is a court-mandated intervention used by probation aims to improve perpetrators' non-violent behaviours. Furthermore, psychotherapy, family counselling, mental health services and psychiatry clinics are also available interventions for perpetrators of domestic violence in England. In this present research, domestic violence interventions have meant any psychological, psychiatric support or counselling that can work with domestic violence perpetrators. In this sense, therapists might have specific approaches, tools or understandings of domestic abuse within different intervention settings.

A few researchers have noted that marginalized ethnic perpetrators frequently face difficulties in completing domestic violence intervention programmes (Gondolf and Williams, 2001; Donnelly, Smith and Williams, 2002; Williams, 2008). Some researchers have also paid attention to the professionals' inadequate abilities to identify domestic violence or provide appropriate tools for perpetrators of domestic violence in mental health services (Alpert et al., 2007; Gerbert et al., 2002). Specifically, men from marginalised ethnic groups might have additional barriers to engaging with domestic violence interventions (Williams, 1994; Gondolf and Williams, 2001; Guru, 2006). However, there is limited research on this topic. For example,

Turkish perpetrators' engagement in interventions is under-researched in the UK. Thus, this research study focuses on the engagement of Turkish perpetrators in domestic violence interventions by examining the experiences and perspectives of both professionals and Turkish perpetrators. According to the 2011 Census, Turkey-born residents living in England and Wales numbered 101,721 (Office for National Statistics, 2015), but, this does not illustrate second generation Turks. This research acknowledges the potential invisibility of second and third generation Turks in the UK. Based on time of migration, the circumstances that led to their migration and their current circumstances, there are different Turkish communities. Recognising the important number of Turkish communities in England, it is significant to investigate their experiences in interventions.

The studies in Germany highlighted that racialisation and immigration status are influenced by socio-economic status and gender dynamics in the context of domestic violence among Turkish groups (İlkkaracan, 1996; Rommelspacher, 2007; Schröttle and Ansorge, 2009). İlkkaracan (1996) highlighted that tolerance of violence in the family setting indicates that many Turkish perpetrators have a greater entitlement to power than women do in families and community settings. Turkish women survivors were more vulnerable than the majority because of their poor socio-economic background, lack of financial support, language barriers, cultural norms, gender roles, their dependence on their husbands, and the tolerance of violence in families in Germany (Schröttle and Ansorge, 2009). Furthermore, many Turkish women survivors reported that they suffered in a violent relationship and highlighted a number of complexities around the dimensions of ethnicity, race, culture, religion, gender roles (Korteweg and Yurdakul, 2009) and class (Helfferich and Kavemann, 2010).

It is argued that survivors' lower socio-economic status is likely to increase domestic violence among Turkish communities in Germany. In addition to this, Helfferich and Kavemann (2010) suggest that there is a significant need to provide language support services and inform survivors about their legal rights and the available support services (Helfferich and Kavemann, 2010). While culture is not solely a factor in understanding domestic violence among Turkish groups, class, gender, racialisation and availability of interventions for marginalised ethnic communities should be recognised. Moreover, men's breadwinner role might be supported in workplace as a cultural representation. Therefore, masculine identity and social class may influence men's gender role and attitudes (Baier and Pfeiffer, 2009; Scheibelhofe, 2010; Tekkas, 2015), and potentially impact on their engagement in domestic violence interventions.

An intersectional approach postulates that individuals' social locations, oppressions and power are inextricably linked to their race, class, gender and social hierarchy (Bograd, 2006). In this theoretical framework, we concentrate on how Turkish men's class positions impact on their choice of interventions (private or NHS-based psychiatric clinics, psychotherapy or charity-based mental health services). We also pay attention to the differences among first and third generations regarding their language obstacles during interventions. Moreover, participants' levels of education or regional ethnic sub-group have been investigated to recognise how they may differently interact with Turkish or non-Turkish professionals during psychotherapy. Within intersectionality, we explore how Turkish men and professionals identify engagement in interventions based on race, gendered power relations and class.

Method

Feminist research focuses on social injustice by highlighting collaborative and non-exploitative relationships between the researcher and participants (Creswell, 2012;

Reinharz, 1992; Wuest and Merritt-Gray, 1999). This perspective was helpful to avoid objectification. Participants' subjective experiences are vital in gathering valid data based on feminist research. As one of the goals of feminist research is to access to marginalised ethnic groups' lived experiences, this study aims to give voices to Turkish perpetrators who are invisible in the context of domestic violence intervention processes. Ethical approval has been granted by the Departmental Research Ethics Sub-Committee at Goldsmiths, University of London and the majority of participants gave written and two professionals and three men gave verbal informed consent.

Participants

The data were collected from 9 Turkish men who have been in interventions and 11 professionals worked with Turkish perpetrators. Participants were recruited from Turkish-speaking psychotherapy and mental health services, social law centres, Turkish mosques, and Turkish community centres. Using gatekeepers and a snowballing technique were the major recruitment strategies and the dynamic and complex gatekeeping process has been clarified in the study by Turhan and Bernard (2020). The demographic information of the Turkish men at the time the interviews were conducted is provided in Table 1.

'Table 1 here'

As set out in Table 2, the professionals were recruited from various private therapy centres and non-profit intercultural therapy centres providing clinical psychotherapy, and counselling services for black and minority ethnic groups.

'Table 2 here'

Data collection and analysis

Semi-structured interviews were used as the primary method. Each interview lasted between 30 and 60 minutes and was recorded in its entirety. The majority of interviews were conducted in person. Semi-structured interview questions follow the interview guide developed by Chovanec (2012) and Charmaz (2006). The interviews with men focused on four key areas including experiences and perceptions of the initial motivation in participating in interventions; their relationship with the facilitator; their descriptions of engagement in the intervention; and their relationship with their partners and family members related to their participation in interventions. The interviews with professionals concentrated on examining their interactions with Turkish men. The content of these interviews was about how professionals assessed the men's motivations by focusing on how men shared their feelings and experiences during therapy, responded to the therapists' questions and completed their homework.

Analysis

The data analysis procedures that are described by Braun and Clarke (2006) were utilised. The audio-recorded interviews were transcribed verbatim. The qualitative computer software NVivo 10 was used for typing interview transcripts for effective coding at the initial stage of the analysis. Line-by-line coding was used to develop categories in terms of their dimensions and properties (Strauss and Corbin, 1998). At the end of this phase, all transcripts were coded and the extracts of the similar codes were collated together (Braun and Clarke, 2006). All coded extracts were organised within the themes. Mind maps were employed on a separate piece of paper to organize themes. It was also examined whether there were enough themes to be supported by the data and reviewed the subthemes by assessing the appropriateness and

coherence based on meaningfulness within the main themes (Braun and Clarke, 2006). All coded extracts have been organised within the themes.

Issues of trustworthiness

The trustworthiness of this research was ensured by triangulation and self-reflection. The first author tried to ensure that her interpretation of the processes and interactions in the setting are valid by highlighting the multiple sources of theoretical data, whilst comparing them through triangulation to corroborate the suggestions and conclusions, which creates credibility (Bloomberg and Volpe, 2014). Importantly, the colleague examined a few field notes and transcripts and provided inter-coder reliability for some transcripts. Likewise, interview transcripts and initial theoretical framework also offered triangulation for this research. For instance, examining existing literature and theoretical frameworks helped to achieve generalisability and allow for themes to emerge from research even of small sample sizes (Eisenhardt, 2002). Moreover, participants' subjective experiences and locations provided diverse views. Importantly, participants' conflicts, inconsistencies, pauses, overlaps and the forms of body language were considered to recognise their unspoken feelings, perceptions and concerns (Hollway and Jefferson, 1997). These considerations and applying reflexivity were likely to increase the reliability of the data analysis and results. Peer debriefing was used to confirm the accuracy of the first author's account. This included one of her colleagues examining some field notes, her assumptions and suggesting alternative ways of looking at the data (Bloomberg and Volpe, 2014; Robson, 1993). The first author continually monitored her own subjective perspectives and biases by recording reflective notes during the research process (Bloomberg and Volpe, 2014). Furthermore, this helped to reduce the first author's potential bias by increasing the awareness of her relationship with participants.

Results

Three core themes emerged: initial engagement linked to culturally-sensitive practices, patriarchal dynamics with gendered power relations, and the process of taking responsibility. While the themes and their subthemes are illustrated in both datasets, the ways of expressing these themes are different. Under each of the three themes, the findings from interviews with men will be presented first that is followed by the findings on professionals' views and experiences on men's engagement.

Initial engagement linked to culturally-sensitive approaches

Theme 1 provides an overview of how the Turkish men constructed domestic violence interventions at the beginning of their participation. While eight out of nine men felt hopeless and were unwilling to attend therapeutic support at the beginning, community members, friends and public stigma affected the men's regular participation in interventions. Moreover, having an interpreter in the sessions impacted on some men's relationship with the professionals and this shaped the outcomes of the therapeutic support. This was due to their migration experiences. For instance, one participant talked about how he felt uncomfortable having his son as an interpreter during psychiatric help by focusing on the difficulties sharing his feelings and thoughts about the behavioural change process with the professional due to the concerns around confidentiality. Importantly, having an insufficiently trained interpreter might have increased the uncomfortable environment related to the obstacles to talking about abuse and violence. In this story, the language barrier and having a son as an interpreter were obstacles to engaging in the sessions. As Cem stated:

My English is not sufficient for that [explaining religious issues]. We couldn't explore that, as I said. . . . My son was acting as the interpreter. Of course, this was not satisfactory. Even though there was an interpreter, they were still my words because you add your emotions and feelings to your words when you talk about your experiences. However, by using an interpreter your feelings are not translated along with what you express. It is only about your words, as the interpreter is not able to feel what you are feeling. And sometimes I thought, I said that but that's not what I meant.

In this extract, the participant expressed obstacles to translating his sensitive and emotional experiences when his child was the interpreter in the sessions. This resulted in experiencing inadequate trust and rapport with professionals and dropping out of the session at an earlier stage. Interpreter-assisted therapy requires important cautiousness of the complex and dynamic interactions among interpreter, client and clinician (Hunt and Swartz, 2017). Also, interpreters should be able to build a trusting relationship with clients and cooperative work with the therapists (Lee, 1997).

Some men shared their satisfaction from building trusting relationships with professionals who were aware of their religious and cultural backgrounds. Many men reported that they felt comfortable in having a culturally-competent or Turkish professional to share their experience. When the men felt understood, they did not feel the need to explain the meanings of their actions related to their racial and cultural backgrounds. For instance, Ege, a participant indicated that:

Of course, I think it is so important to take help from a person who is Pakistani if you are from Pakistan as [someone of the same nationality can understand my problems/issues more clearly].

Sharing the same ethnicity and race sometimes contributed to building a trusting relationship. Receiving support from a Turkish professional was described as the most important advantage in terms of being able to share their views about cultural and religious practices.

Professionals pointed out that clarifying their roles and men's roles in interventions allowed the men to realise the boundaries during the sessions. This initial psycho-education helped men to decide whether they could commit to attending the sessions.

The extract from Ebru, the practitioner on this is given below:

They are a little bit scared; they are not sure what they are expected to do. So, what I do is explain my role; I do a bit of psycho-education with them. What I mean is I explain what psychotherapy means, why they come, what it means for them and to me. If they want to work

with me, they commit themselves. The initial assessment is about exploring their issues and helping them decide whether it will be beneficial for them or not.

As seen from the quote above, the professional observed how men felt ambiguity about the interventions and this increased their discomfort about engaging in the process. While a man became more anxious about information leaking out in the community when interpreters were involved in psychotherapy or psychiatric clinic, they did not report the problem of confidentiality in a group including the same close community members. In this case, the professionals stated that the men needed to build trust both with the professional and the interpreter. One practitioner, Abdul, pointed out that the interpreter's knowledge about confidentiality was vital to provide a safe place for the men:

If they do not speak English well, I reassure them. The interpreter is involved in the session, but the presence of an interpreter in sessions can be problematic. They worry about confidentiality which is understandable.

As indicated above, confidentiality can be questioned when an interpreter is involved in the session. Therefore, the interpreter should be knowledgeable about confidentiality during the therapeutic work. On the other hand, not all Turkish men needed to have linguistically-sensitive interventions because many second-generation Turks can speak English well; a few of the professionals pointed out how some of the men spoke in English during the sessions with a Turkish therapist. Similarly, third generation Turkish men might speak English better than Turkish. However, professionals highlighted how others switched to Turkish while explaining their more sensitive and emotional topics. Therefore, linguistically competent interventions appeared to be important for active engagement among first-generation Turkish men.

Patriarchal dynamics

The concept of patriarchy related to hegemonic masculinity emerged as a core theme in the data from Turkish men and professionals. The majority of men perceived that

earning money for their family members was an important priority for them. Within this, they mentioned how they worked long hours and so struggled to find enough time for their families. Five participants stated that they worked long hours and this was described as a justification for their reluctance of implementing some strategies (e.g., developing empathy in intimate relationships, active listening, etc.) in their lives. For instance, Orkun stated that:

I cannot implement appropriate parenting practices when I am here while at work in a restaurant. I mean this is not the way to look after kids well. It is not possible to communicate with my wife or develop a positive relationship with the family because of the long working hours. Thus, what we are doing is not adequate. This applies to all of us.

Being a low paid worker in a restaurant impacted his perceptions not only about his wife's roles but also his own responsibility for his abusive actions. The men blaming women and the legal system stemmed from their feelings of being a victim, their perception of women's actions as 'provocations' and the gendered cultural norms. These gendered cultural norms might have been linked to the men's reluctance to apply egalitarian masculinities. For instance, some men highlighted it is acceptable for men to hold stress or anger due to heavy work hours. Importantly, the intersection of class, perception of male duty and hegemonic masculinity restricts how they have fewer opportunities to enact being a man differently due to the pressures of low paid, hourly work combined with a powerful sense of duty as the main provider. Moreover, many men lived in close proximity to their relatives and Turkish people and had daily interactions with them. Efe pointed out how this network sometimes becomes problematic:

In general, the stressful events are: financial problems, difficulties of adaptation and homesickness in the UK. When these three come together, everything falls apart. We [Turkish families] always take heed of what our mothers, uncles and other relatives have to say. As you know, we have a feudal structure. We [Efe and his relatives] are strongly connected to each other as a family. We have at least three uncles and two aunts and when all these people start to criticise my marriage issues, then problems arise.

The participant above perceived the challenges of adopting a new culture as a reason for his violent behaviour towards his previous wife. These challenges were inextricably connected to his social class and migration experience. Importantly, obstacles to following the sanctions (mandation to attend the parenting or perpetrator programmes) were linked to the men's culture of normalising violence against women because they have acted violently towards their partners without facing serious consequence in their home country. This migration related issue and insufficient awareness about the way violence against women is treated in England resulted in violence and lack of engagement in interventions as Abdul, a practitioner, indicated:

Not many Turkish men were in area where I worked in the past. There are now more Turkish men. . . . They are not aware of this country's culture which takes violence very seriously, especially domestic violence which is regularly reported, and when a child is involved children services are informed.

Many professionals described the men's blaming of women as an indication of a reluctance to engage because this showed that they often tried to change their wives rather than focus on their actions. As Ziya, a practitioner, observed:

They [the men] mostly perceive that the woman is the problem. They perceive their violence as a result of women's actions. . . . These perceptions could be a reason for their failure to complete the sessions.

According to the professionals, therefore, tolerance of violence was connected to complex circumstances such as a lack of awareness about rules in England linked to social class, generational violence and lack of appropriate role models. The influences of the patriarchal community also emerged as strong concepts in understanding the men's resistance to engaging in interventions.

The process of taking responsibility

All the men perceived their cultural and religious practices as key in shaping the way they defined abuse and finding alternative ways of acting. Having relatives in the England was perceived as an important support system to cope with their problems.

Also, half of the men in this sample had taken medications to reduce their depression and violent behaviour because they were often subjected to psychiatric help. For instance, Alp shared:

As I said, I experience depression. I am taking medication for depression, stress and anger. Some men mentioned the feeling of being provoked by women stopped them employing those techniques (e.g., active listening, using “I language” etc.) for many incidents. However, a few participants shared how they recognised their need to end the unreasonable expectations they held of their wives. For instance, some men perceived their wives as doctors or psychologists who should understand all their expectations, feelings and thoughts. This perception was dispelled in interventions and men understood that their wives were not their doctors. As Kaan shared:

Before people [spouses] described their expectations to each other, they assumed that they only had their own expectations. I realised that she is also an important individual and has her own choices. . . . However, she is not a doctor, she is an individual like you. At that time, I was saying that she is not a doctor in my house or a slave.

Professionals encouraged the men to explore the influences of culture to realise how this led them to act violently towards their partners. Throughout the intervention process, a few professionals stated that men were able to realise their inappropriate ideas which were associated with gendered power relations. For example, Arzu, a practitioner, highlighted the importance of challenging the men to talk about their feelings during the sessions:

I think giving them the option to talk about their feelings and giving them examples from Turkish culture is helpful . . . because they are locked up in this little box. And the man doesn't talk about his feelings. Because of that, he is not relaxed.

To invite men to understand the consequences of their violent behaviour over their spouses, questioning them about why and how it happened is a vital step. The professionals stated that they aimed to make the men start to take responsibility within some small steps. For instance, Cansu, a practitioner, stated that:

My way of working with them is more like encouraging them to take responsibility. . . and increasing their awareness; making them think a little bit more about their responsibilities.

Many professionals aimed to challenge the men to increase their empathy towards their partners. For instance, naming and accepting their violence, giving up blaming women and being respectful of women's choices and freedom were core circumstances of empathy.

Discussion

An analysis of the stories of the men's engagement in interventions has been frequently constructed based on their male dominated gender roles and the accessibility of culturally-competent interventions. The majority of men presented their constructions of femininity and masculinity in their traditional gender roles by highlighting how they were unable to accept their ex-wife's decision or acts without their permission by recognising their parents' relationship as an example of the acceptable manners among couples. These social and cultural contexts have been often mentioned as obstacles to taking new actions. Professionals' ability to understand the men's social and cultural context was revealed as a vital factor determining men's willingness to complete the sessions because this often helped the men to build trust, rapport and a confidential relationship with a professional. Some scholars also noted that marginalised ethnic perpetrators' additional obstacles related to migration and class positions should be recognised to improve their participation in interventions (Williams, 1994; Williams and Becker, 1994; Guru, 2006). Our findings also confirmed that, the men's class, migration status and the gendered roles were interconnected with their involvement in intervention activities. Professionals who recognised this intersection often built rapport and trust with men.

While the majority of the participants have lived in England for several years and have British citizenship, the language barrier was a factor in a few of the men's inadequate

engagements in the sessions. Some participants have mentioned the degree of discomfort with an interpreter. Likewise, some researchers paid attention to the discomfort among clients and therapists during interpreter-mediated psychotherapy (Miller et al., 2005; Chen and Chen, 2020; Gryesten et al., 2021) and psychiatric consultation (Kilian et al., 2021). Turkish men who had limited English proficiency show the difficulty of succeeding with mainstream interventions. While some professionals pointed out that a good interpreter impacts men's engagement in positive ways, some men shared their uncomfortable feelings of having an interpreter during the sessions due to concerns of confidentiality and translation of their feelings. The concerns of confidentiality are interconnected with sharing the same social and cultural background with the interpreter because of the small community and they worry that the interpreter may know their family members. Linguistically competent professionals were perceived as individuals who could better understand their social, cultural and religious backgrounds. Similarly, scholars noted that having culturally- and linguistically-competent interventions might increase clients' engagement (Andrés-Hyman, Ortiz and Añez, 2006).

Based on our findings, engagement in interventions has been associated with male honour. For instance, a few men stated that being labelled a violent man or having problems with a wife within the community was a shameful experience. Similarly, some studies on honour-based violence and killings have concluded that the influences of community members are powerful in shaping their involvement in violent actions among Turkish groups (Dogan, 2014a; Dogan, 2014b). Within male dominant contexts, many professionals emphasised that the difficulties they faced in working with the men were due to the combination of race, gender and class – all of which reinforce male violence against women. Walling et al. (2012) point out that individuals' "social,

economic, and political dynamics of race and ethnicity” are associated with clients’ mistrust of the services. Similarly, many Turkish men in this study cited the influences of their race and ethnicity on their ability to seek help and complete the sessions in interventions, which led to the feelings of distrust and alienation in the process of interventions and resulted in a negative relationship with the professionals. These findings were consistent with other studies that have examined the influences of race and ethnicity in therapeutic interventions (Aldarondo and Malhotra, 2014; Castonguay et al., 2006; Sue and Sue, 2013; Walling et al., 2012). Similarly, it was revealed that socio-economic factors and ethnicity caused client drop-out and Turkish men are less likely to receive support from traditional domestic violence perpetrator programmes. Similarly, many marginalised ethnic clients are more likely to be misdiagnosed, be subjected to psychiatric help and take medicine for their depression and anger problems (Reis and Brown, 1999).

Even though some men blamed women and the legal system for their insufficient engagement in interventions, the rules on violence against women in the UK positively impacted on a few participants’ involvement in interventions. Some key issues such as restrictions on seeing their children; fear around receiving a prison sentence and concerns about losing their partner and children increased their willingness to attend interventions. Therefore, the factor of blaming the legal system can be discussed in two ways. First, some men blamed the legal system in relation to the governmental support for the women survivors’ rights and freedom, thus enabling them to justify dropping out of the sessions. The men who dropped out at an earlier stage were often convinced that the situation in Turkey was better compared to the UK system. Second, the fear of losing the family for some men increased their efforts in finding alternative behaviour and attending therapy and counselling services. Men’s engagement in

relation to the fear of losing their children has been confirmed by a number of studies, albeit of other cultures (Hester and Lilley, 2014; Kelly and Westmarland, 2015; Stanley et al., 2012). Our results showed that men's perceptions of the English legal system have been complex and dynamic based on their understanding of women's rights and sanctions. Therefore, the legal system has been both motivational and resented for the participants.

There are tensions between socio-culturally relevant therapeutic approaches and cultural relativism in a discussion on domestic violence perpetrator interventions. The men's beliefs and the way of justifying their violent behaviour based on their culture are not absolute. For instance, the men's lack of engagement was often about class and gender power relations rather than solely cultural issues. Moreover, male violence against women may be tolerated in some cultures but this does not mean that all Turkish people tolerate violence against women. It is essential to stress that the majority of men in Turkish groups are not violent or abusive towards their partners and domestic violence exists across all cultures. This research suggests that some participants experienced obstacles to actively engaging in intervention sessions due to their migration experiences, ideas around patriarchy and blaming women and other gender power relations.

Limitations

The most important limitation of this research was the small sample size. The sample size is an indication of the fact that exploring men's engagement in domestic violence interventions in Turkish community is sensitive and taboo. Being a female researcher examining Turkish male perpetrators' engagement in interventions included several sensitive and difficult obstacles to gathering data because gender, race and class plays a significant role in accessing participants (Turhan and Bernard, 2020). Also, many

men, DVPPs and social service agencies were often unwilling to take part in this research. The majority of the transcripts were mostly coded by the first author. However, interview transcripts, initial theoretical framework, peer-debriefing and reflexivity were key for the reliability and credibility.

Conclusion

This research has uncovered complex and dynamic conditions that influence Turkish men's engagement in interventions in England. The implications of culturally-competent practices have included understanding gendered power relations, class, migration-related obstacles and increasing community-based practices. These practices are related to building trust and rapport between men and professionals. Therefore, the quality of the relationship between a Turkish man and a facilitator and the quality of intervention approaches had a real impact on bringing about successful engagement. Importantly, the inextricable connections among class, gendered power relations and racialisation have been reported in understanding how Turkish men engaged with different types of interventions. This investigation has shown that the men's lived experiences and perspectives of domestic violence intervention processes are determined by complex social and cultural backgrounds, traditional patriarchal beliefs, the influences of community members and the availability of culturally-competent services.

Conflict of interest statement

The Authors declare that there is no conflict of interest.

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Table 1: Characteristics of the participants (Names are pseudonyms)

<i>Name</i>	<i>Age</i>	<i>Immigration status</i>	<i>Employment status</i>	<i>Civil status</i>	<i>Education</i>	<i># of Child</i>	<i>Time and type of intervention</i>	<i>Type of referral</i>	<i>Interview language</i>
Ali	45	British citizenship	Employed	Married and separated	Primary school	4	12 weeks in a parenting programme / completed	Social service	Mix of Turkish and English
Efe	36	British citizenship	Employed	Divorced and re-married	High school	1	1 week counselling in a hospital /dropped out	General practitioner	Turkish
Mert	46	British citizenship	Employed	Married	University	5	Two-year in private psychotherapy /completed	Self-referred	Turkish
Orkun	41	British citizenship	Employed	Married	Primary school	2	2 weeks in NHS psychotherapy /dropped out	Social service	Turkish
Ege	35	British citizenship	Unemployed	Married and separated	University	2	12 weeks NHS and 3-week private psychotherapy /completed	Self-referred	Turkish
Eren	42	Immigrant	Employed	Married	High school	1	12 weeks in private psychiatric help /partially completed	Referred by his friends	Turkish
Cem	49	British citizenship	Employed	Married	Primary school	3	3 weeks in NHS psychiatric help /partially completed	Self-referred	Turkish
Kaan	40	British citizenship	Employed	Married	Master's degree	0	10 weeks in private couples counselling, 3-4 week in psychiatric clinic /completed	Referred by his friends	Turkish
Alp	41	British citizenship	Employed	Married	High school	3	4 weeks in psychiatric help at hospital /partially completed	Self-referred	Turkish

Table 2: Characteristics of the professionals (Names are pseudonyms)

<i>Name</i>	<i>Gender</i>	<i>Nationality</i>	<i>Job title/role</i>	<i>Work placement</i>	<i># of years in role</i>	<i>Intervention approaches</i>	<i>Interview language</i>
<i>Su</i>	Female	Turkish	Psychotherapist and interpreter	Private therapy service	15	Integrative and culturally-sensitive	Turkish
<i>Pelin</i>	Female	Turkish	Psychotherapist	Charity-based therapy centre	15	Psychodynamic and culturally-sensitive	English
<i>Ziya</i>	Male	Turkish	Psychotherapist	Counselling service at charity-based mental health organization	17	Person centred and humanistic approaches	Turkish
<i>Sezen</i>	Female	Turkish	Psychotherapist	Private counselling service	6	Cognitive behavioural therapy	Turkish
<i>Abdul</i>	Male	Indian	Psychiatrist	Retired from psychiatric clinic at hospital and private practice	30	Integrative and culturally-sensitive	English
<i>Ayla</i>	Female	Turkish	Family therapist and counsellor	Private family therapy service	20	Integrative and culturally-sensitive	English
<i>Cansu</i>	Female	Turkish	Psychotherapist and clinical supervisor	Private therapy service and crisis centre counselling service	18	Integrative and culturally-sensitive	English
<i>Ebru</i>	Female	Turkish	Psychotherapist and group analyst	Private and charity-based therapy service	over 25	Integrative and culturally-sensitive	English
<i>Laura</i>	Female	British	Psychotherapist	Private therapy service	14	Integrative and culturally-sensitive	English
<i>Arzu</i>	Female	British-Cypriot Turkish	Psychotherapist and clinical assistant practitioner	NHS therapy centre and private counselling service	17	Integrative and culturally-sensitive	English
<i>Lale</i>	Female	Turkish	Psychotherapist	Counselling service at charity based mental health organization	11	Person centred and humanistic approaches	English