



Therapeutic treatment of men perpetrators of violence within the family

Seminar proceedings
Strasbourg, 18-19 November 2004

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Equality Division
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Division Equality
Directorate General of Human Rights
Council of Europe
67075 STRASBOURG CEDEX
Tel: +33 3 88 41 20 00
Fax: +33 3 88 41 27 05

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INTRODUCTION

The seminar on Therapeutic treatment of men perpetrators of violence within the family was organised in the context of the follow-up to Recommendation Rec(2002)5 of the Committee of Ministers to the member states on the protection of women against violence: intervention programmes for the perpetrators of violence appear under the general measures concerning violence against women included in the appendix to the recommendation, and the Steering Committee for Equality between Women and Men (CDEG) decided to further examine this issue. The aim was to go beyond the protection of women victims of violence, which is the priority issue in respect of human rights, and to study some of the causes of this violence in order to reduce and progressively eliminate this phenomenon.

A seminar on Measures dealing with men perpetrators of violence within the family had already been organised in 2003, in co-operation with Integrated Project 2 "Responses to violence in everyday life in a democratic society". It dealt with various types of measures for intervention, prevention and societal change, and regrouped specialists with different backgrounds. One of the recommendations adopted at this seminar was to organise a meeting for specialists of intervention programmes for men perpetrators of violence, and the CDEG decided to follow-up this recommendation.

The seminar on Therapeutic treatment of men perpetrators of violence within the family was held in Strasbourg, on 18-19 November 2004, in the Human Rights Building. It regrouped twelve specialists, from nine Council of Europe member states (see the list of participants in appendix 1). Its aims were to become better informed of the different methods used in intervention programmes for men perpetrators of violence, to identify the most controversial issues, to contribute to an improved exchange of information between European specialists, and possibly to facilitate the setting up of a network of such specialists (see the programme of the seminar in appendix 2). Guidelines for participants' contributions were sent in advance (see these guidelines in appendix 3) in order that comparison would be possible.

On the basis of the presentations made by the participants, the discussions were organised on the themes of the programme. The conclusions and recommendations adopted at the seminar are as follows:

1. *Participants would like to ask three questions to the CDEG members:*

- What are, in your country, the intervention programmes for men perpetrators of violence within the family?
- How many men are/have been treated?
- Does an evaluation of the models exist?

The aim of these questions is to identify, on the basis of the replies, minimum quality standards.

2. *Participants would like to set up a network of European specialists of intervention programmes for men perpetrators of violence*

The setting up of a network seemed to be the best way to be able to:

- further examine the different concepts,
- organise training courses,
- organise contacts.

3. *Participants would like regular meetings at European level*

Three concrete projects were introduced:

- the Anglo-Irish network will meet in Dublin in May 2005, and all the participants were invited to attend it, to see how this network works and, possibly, to start to constitute a European network;
- the Norwegian participant decided to organise a meeting in Oslo during the first week of June 2006;
- Luxembourg's participant will try to launch an awareness-raising week on the theme of men perpetrators of violence in 2006.

However, participants underlined two difficulties:

- to find a common language – very likely English – as specialists do not always speak a foreign language;
- to find sources of funding to cover the travel expenses of specialists who would not have sufficient means.

4. *Participants agreed on two points:*

- the necessity to set up permanent structures for victims and perpetrators of violence, underlining the complementarity of the structures and the positive results of the co-operation between support centres for women and treatment centres for men;
- the equal value of the two bases on which intervention programmes for men perpetrators of violence are organised, namely on a voluntary basis or by decision of a public authority (often a judicial authority), and therefore the equal value of the two types of treatment.

5. *Participants developed the following arguments in favour of intervention programmes for men perpetrators of violence:*

- it is a preventive approach;
- in view of preventing violence, respect for one another must also be taught in schools;
- treating violent men corresponds to the desires of victims who are very much in favour of it;
- there is also an economic argument because, given the various costs to which violence gives rise (in terms of health costs, police and court fees, etc.), investment in intervention programmes for the perpetrators of violence is less expensive even if only one person is prevented from being violent thanks to the treatment.

6. *Participants underlined the importance of evaluations*

Evaluations of intervention programmes for men perpetrators of violence have been carried out in Germany, Ireland (publication at the beginning of 2005), Norway (three times – perhaps the last evaluation will be translated into English), and in Switzerland (Vaud Canton – this evaluation appears in Mr Anglada and Ms Lorenz's contribution).

7. *Participants emphasised the particular issue of migrant and minorities*

Participants were of the opinion that migrants and minorities are target-populations and are groups which are difficult to reach and for whom awareness-raising should be organised.

Participants' contributions are set out in alphabetic order by country.

The *Statement of Principles and Minimum Standards of Practice for Domestic Violence Perpetrator Programmes and Associated Women's Services* of "Respect" appears in appendix 4. "Respect" is the UK association for domestic violence perpetrator programmes and associated women's services, with members from the voluntary, private and statutory sectors as well as individuals from England, Wales, Northern Ireland and Scotland. "Respect" also has members based in the Republic of Ireland.

AUSTRIA

CONTRIBUTION OF MR HEINRICH KRAUS

Mens' Centre Vienna

I will divide my presentation into several parts. At first I will present the most important features of our Viennese program, because I think that you can understand our experiences better if you know something about the way we work. Afterwards I will focus on some controversial issues regarding the treatment of intimate violent men (IVM). Finally I will present some results of our research and propose some questions I would like to discuss during the seminar.

Characteristic features of the Viennese program:

- Our program is financed by the Austrian ministry of home affairs. The intention was to set up a treatment for men perpetrators of violence within the family, who have come to the attention of the Criminal Justice System. Because the Men Counselling Centre also has a long lasting cooperation with the Viennese Family Service Agency, the source of referral of violent men, who attend the program is threefold. About one third are so called "self-referrals", one third is ordered to attend by the Viennese Family Service Agency and the last third is directed by the Justice System. Our program can be seen as one component in a systematic community intervention, designed to stop wife assault.
- We give highest priority to the safety of the woman partner. We think, that an effective work with ordered violent men in an ambulant setting is not possible without close cooperation with institutions, that counsel the partners of the men. We therefore are in close cooperation with the Domestic Abuse Intervention Centre in Vienna. The modalities of that cooperation were outlined in the seminar last year and are attached in appendix 1.
- With regard to other guidelines of our work (program design, staffing, confidentiality, records, reports or treatment philosophy) we were very much influenced by the program standards in British Columbia/Canada. The Domestic Abuse Intervention Centre was influenced by the Duluth model of Minnesota/USA. In our work, we adapted the Change curriculum by Monica Wilson and David Morran (1995). This is a profeminist cognitive behavioural treatment-approach. We use it in our open and structured groups, that take at least 8 months or 30 sessions. Although education is an important element of all therapeutic encounters, we think that it is not sufficient to address the numerous psychological issues of IVM. We therefore integrated psychodynamic elements into the behavioural approach. For men who are accepted to the program but are not able to attend the group sessions (for instance because of their working schedule), we offer single sessions. I am also influenced by the work of Alan Jenkins of Australia.

- Although group sessions are run by two mixed gender teams, single sessions are only provided by male trainers. The Men Counselling Centre in Vienna has 14 counsellors working in different areas (e. g. sexual violence, violence against children.....) of concern. Up to now it is the only centre in Austria, that works in a group setting, with male perpetrators of violence within the family.
- Last year, we had the opportunity to participate in a Daphne-project and meet with other therapists from Germany, France, Switzerland, Spain, Belgium and Luxemburg. Due to problems with the leadership, we had to stop our participation, but we learned, that there are numerous methods and settings within Europe, that can only roughly be compared with each other.
- We started our group counselling in 1999. During the first two years, we had an external and qualitative evaluation of our work. This report can be obtained from the interior ministry. Of course we continuously do internal evaluations for every violent man, who has completed our program (after 30 sessions). As perspectives of women partners are very important to us, we do it in close cooperation with the Domestic Abuse Intervention Centre. At intake and at the end of the program a comprehensive diagnostic assessment with every man is done. It provides the basis for an internal quantitative evaluation, we are about to prepare and it includes the following questionnaires:
 - Minnesota Multiphasic Personality Inventory - German short version (MMPI), by Gering et al. (1993)
 - State -Trait -Anger Inventory (STAXI), by Schwenkmezger et al. (1992)
 - Violence Against Women Scale (VAWS) by Marshal, L. (1992)
 - Psychological Maltreatment of Women Inventory (PMWI), by Tolman, R. (1987)
 - Trierer Alcoholism Inventory (TAI), by Funke et al. (1987)
 - Quality of Life Index (QLI), by Dobash (1996)

Data from VAWS, PMWI and QLI are also obtained from women partners. Gathered data are not only the basis for risk assessment and internal evaluation, but are also used to improve our treatment approach, based on our research.

Some important treatment-issues of men perpetrators of violence within the family

Contact with women partners?

If you work with court directed IVM in an ambulant setting, it is essential to have contact with women partners during assessment and the course of treatment, because of the strategies the men use (victim blaming, denial, minimization....). Otherwise undetected and continued violence will not only jeopardise the treatment goals, but the whole group process. In our experience the impression a man is able to make at one group meeting a week is not enough to accurately assess progress.

Cooperation with the Criminal Justice System?

To stop abusive practices of men against their women partners, the treatment of IVM is just one out of many other messages society's institutions should give. Therefore treatment-programs for IVM cannot work in isolation, but must be seen to be integrated into a coordinated network within the ecological system.

There must of course be a political will to act, but politics is just one out of three pillars the Austrian democracy rests. The criminal justice system as one of it plays an important role as it acts for the community by labelling wife assault as a crime. IVM's programs should therefore seek close cooperation with persons, representing that system, because many of those in charge of making and enforcing court orders are not well informed about the dynamics of abuse. In Vienna, we have a number of cooperating prosecutors and judges you can count on both hands. We are constantly seeking to enlarge that number by writing recommendations for treatment, if an IVM starts the clearing phase of our program and has an open charge. In many cases our arguments were followed, but this can be a frustrating and time consuming activity. In our experience the amount of time you have to invest in writing reports, keeping the individual files up to date and to make the program known within the community should not be underestimated.

Inappropriate referrals?

To our experience, not all IVM, who call for an intake session, are appropriate for treatment.

The reasons are different:

- Some men are not able to speak and understand the language to an extent, where they will benefit from it.
- Others are in extreme precontemplation to use the term by Prohaska and DI Clemente (1994). These IVM do not think, that they have a problem that justifies attention or totally deny their abuse. We had men, who saw themselves as victims of police. If they were referred by the courts we had some controversial discussions. On the one hand it is important for the treatment program to retain control over who is finally accepted after assessment. On the other hand, if a prosecutor refers a man for the first time and this IVM is not accepted, he is unlikely to refer an IVM the next time. Suitability for treatment and acceptance to treatment can in some cases be contradictory. This stresses the importance for program providers to communicate to the community all the requirements IVM have to meet in order to be accepted for treatment.

An other controversial issue, we have in Vienna is substance abuse. 85% of assessed IVM report of consuming alcohol at least some time during the last year. About 10% of them admit of abusing that substance every day. These men are certainly in special need of changing their alcohol abuse patterns. According to international guidelines, these IVM will require prior or concurrent alcohol abuse treatment, because their problems are a frustrating barrier to an effective treatment. The problem is, that most of them will not go. We do not have the authority to order them in a concurrent treatment and they think two different treatments are too much. If we refuse acceptance and propose substance abuse treatment, these men are usually lost for us and it is uncertain if the men will be compliant. Therefore our policy is to refuse acceptance only to those IVM, we think are really in need for a substance abuse treatment and will not be able to successfully complete our treatment. All other men are accepted, but we have an alcohol component integrated in our treatment program.

Length of the treatment program

Research up to now shows, that longer treatment programs are not more successful in stopping wife abuse than shorter ones. Empirical research also shows, that physical violence is easier to stop than non-physical violence. To my mind this is so because non -physical violence is directly linked to primitive forms of defence, creating emotional distance, protect the self from vulnerability or regulate dysphoric moods. Longer treatment programs as ours

(30 completed sessions) have the opportunity to address these more in-depth clinical issues to a much greater degree.

Sample Characteristics in Vienna

Our experience is, that different programs have different IVM. A few months ago I spoke with a counsellor, who works in Paris mostly with middle class IVM. In Vienna, most of the men come from lower socio-economic classes. These differences may be responsible for different working styles and settings. Therefore sample characteristics should always be reflected when we speak about our experiences with that kind of population.

The men averaged 34,9 years of age (sd.=8,61). 77% had 12 and 17,3% more than 16 years of education. Nearly half of the sample (49,1%) was full time employed and 6,4% of the violent men had a part time employment. 36,4% of the men were unemployed. Most of them (74,1%) were Austrian citizens. 14,2% came from different states of former Yugoslavia. The nationality of the rest (11,7%) was widespread ranging from Turkey to Sri Lanka or Afghanistan. More than two third of the IVM (68,6%) had been sent away from home at least one time for ten days by police, according to the Austrian law of protection against violence in the family.

Although IVM are a heterogeneous group, some attitudes and patterns of behaviour reappear (e.g. attitudes toward wife beating or use of alcohol) that have led researchers to group them on the basis of common characteristics. A trimodal analysis seems to be widely accepted. On the basis of results of the personality questionnaire (MMPI) and using cluster analysis as method, I tried to replicate the international findings in our Viennese sample. As figure 1 shows (see appendix 2) three subgroups could be identified.

IVM of the first group are critical of themselves and other persons and defensive of their symptoms/ problems. This cluster obviously is comprised of men resembling the non – pathological/family only subgroup of IVM proposed by Holzworth- Munroe and Stuart (1994).

Means of IVM in cluster 1 on the other hand are all grouped around a T- value above 60 on all clinical scales. The special feature of this MMPI-profile is a “high point code” type on the SC (Schizophrenia), PT (Psychasthenia) and Pd (Psychopathic deviant)-subscales, with scale 6 (Paranoia) and scale 3 (Hysteria) nearly reaching clinical significance. This MMPI profile configuration is typical of IVM, who are anxious, alarmed, dissatisfied with themselves, hostile, resentful, obstinate, depressed and have unresolved emotional conflicts. This difficult personalities may engage in deviant behaviour or have substance abuse problems. Having acute problems these IVM are rather distrustful, feel self-conscious and irritable and have problems in adequately expressing and controlling their anger . This profile configuration is similar to the dysphoric/ borderline type proposed by Holzworth –Munroe and Stuart (1994).

MMPI means of cluster 3 IVM demonstrate a pattern of profile, which fell intermediate to the “non-pathological/family only” and the “dysphoric/borderline” type. The highest elevation is on scale 4 (Psychopathic Deviant) followed by scale 3 (Hysteria) and scale 7 (Psychasthenia). IVM belonging to this cluster can be characterized as being energetic, ambitious, impulsive, egocentric and inconsiderate. They don't like being controlled or/and restricted and are unable of close emotional relationships. In situations of conflict these men can react violently. They typically have erected a defensive wall around their problems and have little insight into their emotions. Although their scores didn't reach clinical significance, IVM of this cluster seem roughly similar to the generally violent/antisocial type postulated by Holzworth Munroe and Stuart. According to their model one would expect scale 4 (Psychopathic Deviant) to be more elevated. Due to the lack of clinical significance psychopathic tendencies of these IVM are certainly at subclinical levels, resembling more a personality style than a personality disorder.

Some questions I would like to discuss in the seminar

How do you deal with IVM, who demonstrate violent behaviour during treatment?

How is your assessment process?

Do you do risk/lethality- assessment?

What are the completion criteria for treatment in your program?

What qualifications do you need to do therapeutic treatment of men perpetrators within the family?

What do you think are the limitations to treatment?

Finally I would like to stress the importance of an organised exchange of information between therapists of various countries. We all can profit by learning from each others experiences. I would be in favour of setting up a network of therapists, working with violent men, but I think this can only be done by support of European institutions. On an European level much remains to be done. My proposal is to submit a Daphne-project where we can work things out. One of the aims should be to set up guidelines for good practice in the field. I can speak read and write in English and German.

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Appendix 1

Cooperation between the Domestic Abuse Intervention Centre and the Men Counselling Centre in Vienna

Our first priority is the safety of the women partner. Information from the victim is of utmost importance in working with violent men.

To our opinion, an effective work with abusive men cannot be done in isolation, but has to be implemented in every ecological level of the community -system. The exchange of information between the Domestic Abuse Intervention Centre (DAIC) and the Men Counselling Centre (MCC) in Vienna can be regarded as part of that system.

We will explain our cooperation in describing the structural sequence over time, a violent man has to pass through in order to be regarded as programme completer, concentrating mainly on cooperation issues.

If a man calls the MCC by phone, he is scheduled for an

Intake meeting:

- Source of referral and reason for calling are clarified (at intake 40% of our sample are so called self referrals, 34% are referred by the Youth Welfare Service and 26% of the men come by order of the criminal Justice System).

- Information about programme issues is provided (length, setting, contents, requirements, cooperation, procedure) and open questions are answered.

- If the violent man accepts the requirements, he has to sign a written contract.

With his signature, the man is accepted to the

Clearing phase (one month):

This phase starts in gathering different types of information (personal information, information about the source of referral, the violent incident, possible police interventions, possible charges, that were brought in etc...). A case-file is set up, which is mailed to the domestic abuse intervention centre. Contact to the representative of the institution involved is established.

The counsellor at DAIC contacts the woman partner and invites her to the centre.

Ideally a time for a joint meeting between the trainer of the men programme, the counsellor of the woman and the woman partner is fixed. In that meeting the woman partner is informed about the contents and the proceedings of the training and warned to still have regard to her own safety. Additionally data about the violence from her point of view are gathered.

At the end of the intake session a time is scheduled for the

Diagnostic assessment of the violent man:

It lasts for about two hours and consists of a structured interview and a series of psychometric questionnaires covering different areas of concern (personality, forms and history of violence, anger level, substance abuse problems, attitudes towards violence etc..).

Many of these instruments will be used again at the end of the training. The data gathered are confidential and the basis for:

- risk assessment
- violence assessment
- suitability for program work
- internal research and evaluation

At regular meetings between members of the DAIC and MCC (usually once a month) the gathered information is shared, assessed. If agreement on acceptance to the programme is reached, the violent man enters the

Training phase (eight months):

The MCC provides individual and group- counselling. At the moment, we have two open und structured groups running (n=7, n=9) and a series of violent men in the individual setting.

We use the change curriculum, a cognitive behavioural approach, designed by Monica Wilson and David Morran (1995). It was implemented within the framework of the criminal justice system and covers 4 broad areas:

- Work on taking responsibility for the violent actions
- Anger management
- Male socialisation
- Social skills-training

Weekly updates are mailed from MCC to DAIC about:

- attendance
- any violent incident
- any major changes in the life of the violent men
- any threats to life and safety of the woman partner
- contents of the session
- possible drop outs or programme completers

Many phone calls regarding case management issues are made between the two institutions throughout the training.

Women partner are invited by DAIC to attend meetings every month, also phone calls help to monitor a violence free space.

At the end of the programme, all institutions involved in the case are informed. A diagnostic assessment and evaluation is performed in the same way as at the beginning of the clearing phase. It culminates in a joint meeting between trainer, woman partner and woman counsellor.

Continued treatment and support for men, who express this need is also provided.

Sample characteristics:

Using cluster analysis, we could find two different types of violent men in our sample (N=82). In the terminology of Holzworth – Munroe & Stuart (1994), these types are:

- the “family only batterer”, who comprises 69% of our sample and
- the “dysphoric/ borderline batterer” with 31% of all violent men assessed.

Regarding the dysphoric/ borderline type, we could replicate some of the findings of Donald Dutton (1994 – 1995). Compared with the family only type, violent men with borderline organisation in our sample show:

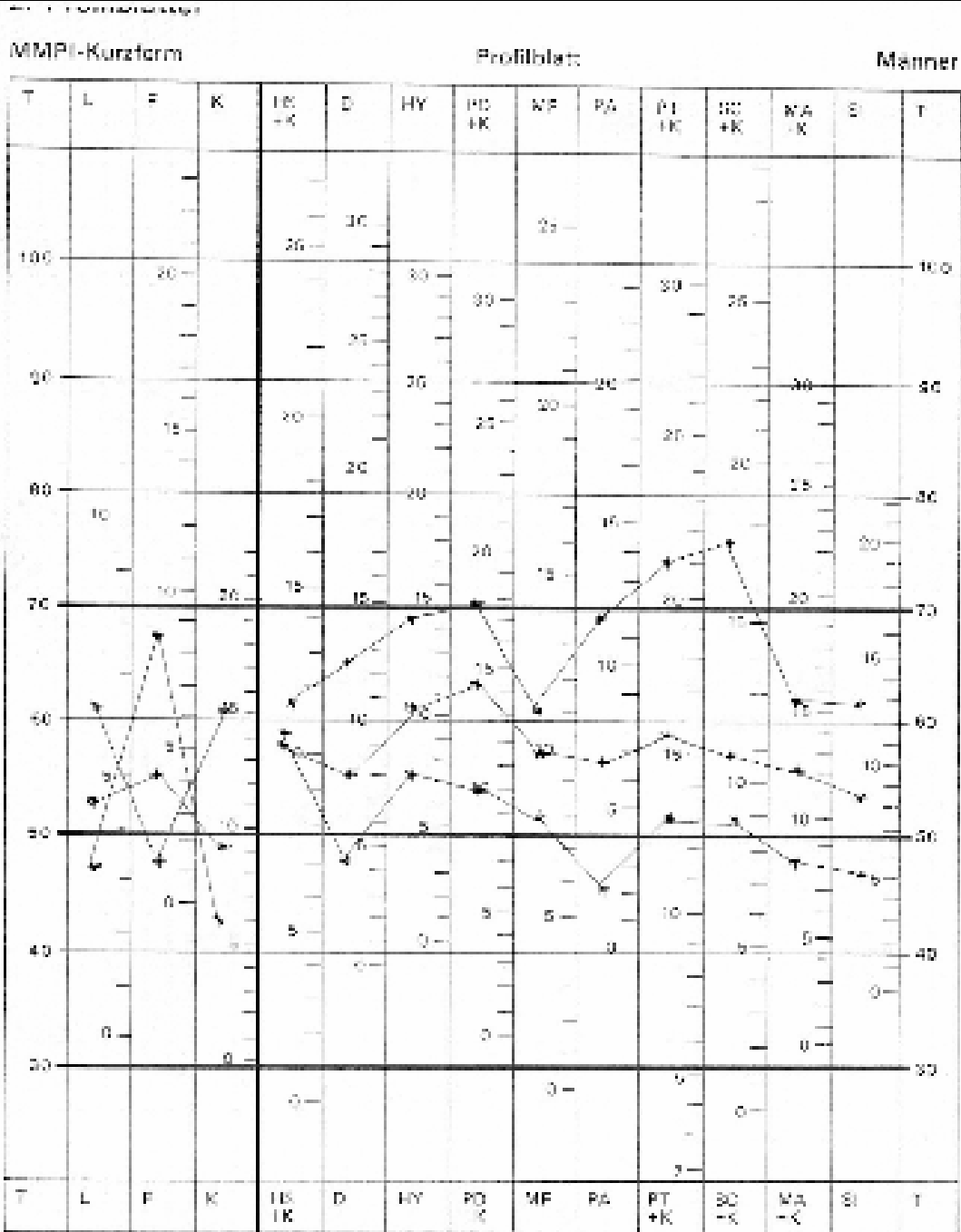
- a higher level of trait anger
- commit more severe physical violent acts
- commit psychological forms of abuse more often
- have more severe substance abuse problems
- show clinically elevated scores on some MMPI subscales
- report a colder and more violent rearing behaviour of their father

This type clearly is in need of intensive training to prevent or at least diminish future violence. This type also shows the need for intervention programmes to address both structural and individual issues in changing violent men without reducing one to the other.

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Appendix 2



Reliabilität: _____
 Zu 300: K _____
 Klausur Wert: _____

C	S	PC	SI	SC	MA	K	PD	PT	PF	PA	HY	D	1K	T
22	20	8	11	11	4	11	4	10	1	6	1			
21	1	29	10	11	4	5	3	21	2	6	10			
19	15	7	11	11	5	5	3	19	1	24	15			
18	1	35	10	5	24	0	20	14	4	2	2			
17	15	6	11	21	19	5	7	1	24	25	1			
16	5	11	0	3	4	3	10	22	2	1	1			
14	5	54	6	19	3	3	1	1	1	15	10			
13	11	5	11	1	25	1	1	1	1	1	1			
12	15	15	5	10	20	1	6	1	1	1	1			
11	15	15	5	6	25	0	3	1	1	1	1			
10	10	4	11	1	1	1	1	1	1	1	1			

Name Ca (n=20) BT
 Alter Ca (n=64) FT
 Geschlecht Ca (n=40) LLAT
 Untersuchungsdatum _____

BELGIUM

CONTRIBUTION OF MR VINCENT LIBERT

Director of PRAXIS

1. PRAXIS, A PRACTICAL FRAMEWORK

PRAXIS is a non-profit-making organisation set up in 1992 to develop initiatives at the interface of the justice system and the health care sector.

Several types of activities have been developed in connection with drug dependence (particularly in prisons) and various forms of violence (under the Alternative Judicial Measures scheme).

Since 1995, PRAXIS has been licensed by the *Service Public Fédéral de la Justice* to provide, under the Alternative Judicial Measures scheme, group support for perpetrators of various forms of violence.

In 1999, we found that in more than 30% of cases, the abuse was committed in a domestic setting, which gave us the idea of providing support specifically for perpetrators of marital or family violence.

Since 2000, PRAXIS has worked with "OPTION, une alternative à la violence conjugale" in MONTREAL, to develop a group-work approach aimed at getting perpetrators of domestic and family violence to take responsibility for their actions.

PRAXIS currently provides services for **perpetrators of domestic and family violence**

- referred by the courts as an alternative to prosecution (criminal mediation) or pursuant to a court order (probation), throughout the French-speaking judicial districts (population: 4.3 million)
- who contact us of their own accord in the Liège province or Brussels-Capital region (population: 2 million, out of a total 4.3 million French-speaking Belgians).

In addition, PRAXIS provides information, awareness-raising and training services for **professionals dealing with domestic and family violence**.

PRAXIS also organises **public awareness campaigns**, aimed specifically at perpetrators of domestic and family violence.

At the end of 2004, the PRAXIS staff consisted of 8 group leaders and one secretary/bookkeeper who, between them, shared 8 full-time posts.

The group leaders come from a range of educational backgrounds, with degrees in psychology, criminology, social science and law.

Key points:

- **PRAXIS is the only agency to provide specialised services for perpetrators of domestic and family violence in French-speaking Belgium;**
- **In 2004, the abusers who came to us were mostly referred by the courts, with a smaller number being referred by social services;**
- **PRAXIS is a private initiative: it is gradually being incorporated into a National Action Plan to combat domestic violence.**

2. BACKGROUND

For several years now the federal government has been developing a series of national plans to co-ordinate action on domestic and family violence.

Since 2002, PRAXIS has been involved in assessing these plans and in framing guidelines for the next one.

At present, the National Action Plan for 2004-2007 covers only initiatives involving the Federal Public Services (Justice, Health, Internal Affairs and Equal Opportunities). It aims to develop measures in 6 key areas: awareness-raising, training, prevention, protection-support, law enforcement, evaluation.

The institutional complexity of the Belgian state makes it difficult to introduce co-ordinated initiatives (whether in this area or elsewhere) or to develop a comprehensive, nationwide vision.

At the beginning of 2005, talks will get under way with the Regions (Walloon, Flemish and Brussels) and Communities (French, Flemish and German-speaking) to complete the National Action Plan.

Thanks to its drive and initiative, PRAXIS has managed to introduce a number of initiatives aimed specifically at abusers, but these are still not widely recognised, even within the National Action Plan.

The Plan, for example, makes no mention of abusers in two of its key areas: “awareness-raising” and “protection-support”:

- **Awareness-raising:** it is important that abusers be made aware of the unacceptable nature of their actions, and of the resources available to them (our public awareness campaigns have shown that if help is offered, abusers will respond);
- **Protection-Support:** abusers need help and support too, and protection from their own (self)destructive impulses. Also, what about assistance for abusers who are not of Belgian origin?

The Plan calls for a few other comments where abusers are concerned:

- **It’s a question of “therapy” for the abusers.** To begin with, many abusers, including even “self-referrals”, have no desire to change, so it is pointless and counter-productive to wait for them to specifically ask for help. We believe that at

this early stage of awareness, the focus should be on getting them to take responsibility for their abuse.

- **Any “evaluation” of the impact of preventive work** must take account of these different phases of change. We see the abusers as going through a process of change, where it is important to be very clear about the different stages and the tools that need to be developed. The effects of this strategy can only be appreciated in the long term, therefore.
- **In terms of “law enforcement”, the most worrying problem is the high percentage of cases that are dismissed:** 90% according to some prosecutors. We all know what effect this has on the individuals concerned (direct and indirect victims, abusers). Some French-speaking judicial districts have devised their own methods of dealing with the problem (Liège, Brussels, Tournai), but there is no mention of possible support for these local initiatives from the National Action Plan.

Key points:

- **working with abusers is still a low priority (even within the National Action Plan)**
- **what initiatives there are are not sustained.**

3. THE WORK DONE AT PRAXIS

3.1 Accountability groups

Since 2000, PRAXIS has been providing support for perpetrators of domestic and family violence, modelled on the activities of “OPTION, une alternative à la violence conjugale” in MONTREAL.

The support is based on group work and aims to get abusers to take responsibility for their actions. Many of those who come to us do so only because they have been sent by the courts or social services, and not because they want to change. Our task therefore is to give them a sense of ownership of the process, through what we call “accountability work”.

The support is provided in two stages:

- 2 to 3 one-to-one interviews prior to joining a group
- 42 hours of group work

We have two kinds of groups :

- open groups: 21 weekly sessions, lasting two hours each (which participants can join or leave each week)
- closed groups: 6 x 7-hour days with the same number of participants.

The groups have a maximum of 9 members (both court referrals and self-referrals) and are led by two professionals (a man and a woman).

Central to the accountability work is an **undertaking** by each participant to:

- desist from all physical violence and reduce any other form of violence
- acknowledge their attitudes and abusive actions and how they affect themselves and those around them,
- identify and modify the ideas, principles and beliefs that lie behind the use of violence,

- develop their ability to express different emotions,
- understand the link between alcohol and violent behaviour.

This accountability work employs **various tools**

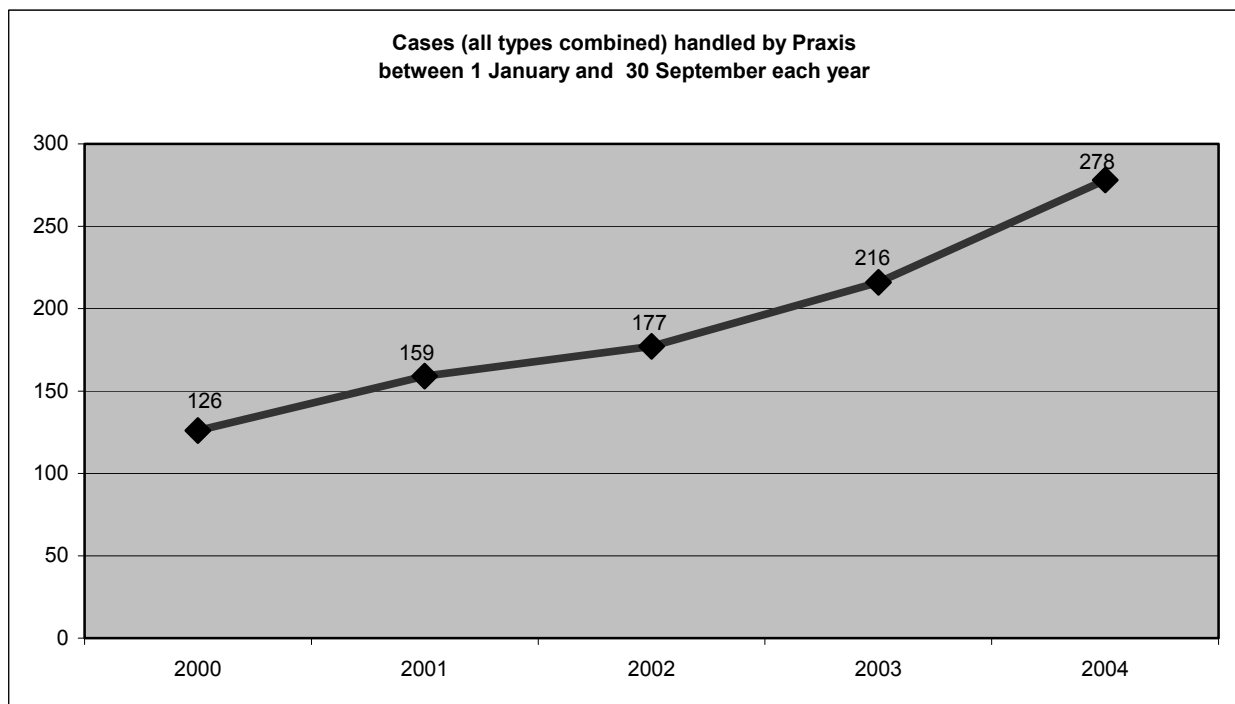
- recounting the latest violent incident
- keeping an accountability journal (in open groups)
- describing the various forms of abuse inflicted and/or suffered
- applying attitudes and behaviour patterns within the group.

3.2. Court-ordered perpetrators

The figures shown here refer to PRAXIS's activities under the Alternative Judicial Measures scheme. The cases in the "active file" include all the cases handled by us over the reference period.

In order to facilitate year-on-year comparisons and ensure that only actual statistics are considered, we have compared the figures as at 30 September each year.

a) *Number of cases² handled by Praxis every year – from 1 January to 30 September*



Rate of increase in the number of cases between 01.01 and 30.09 each year			
2001	2002	2003	2004
+ 26.19 %	+ 11.32 %	+ 22.03 %	+ 28.70 %

The increase in the number of court referrals:

- shows the importance of the awareness-raising work (and training) that we do with members of the legal profession (judges, court officials)
- is a sign of the courts' confidence in us.

² All types combined, ie perpetrators who have received 20 hours or 45 hours of counselling.

b) Number of cases³ handled per type of measure – trends in 2003 and 2004 from 1 January to 30 September

Number of cases handled per type of measure	2003 (1 January to 30 September 03)		2004 (1 January to 30 September 04)	
	Number	Percentage	Number	Percentage
Criminal mediation	125	57.9%	140	50.4%
Probation	68	31,5%	94	33,8%
Alternative to remand in custody	10	4.6 %	29	10.4 %
Other ⁴	13	6.0%	15	5.4%
Total	216	100 %	278	100 %

In 2004, 50% of “court referrals” came to us through criminal mediation (alternative to prosecution) and 33% via the probation service. These percentages have remained steady over the past 24 months.

The rest (12 %) of the court referrals were sent by an examining magistrate (with a rise in 2004, mainly in the Liège province) or in connection with various other measures.

c) Type of cases handled from 1 January to 30 September 2004

	Number	Percentage
Domestic and family violence	182	65.94%
Use of psychotropic drugs	49	17.76%
Non-domestic violence connected with substance abuse or unspecified type of violence	45	16.30%
Total	276	100%

d) Proportion of domestic or family violence perpetrators at Praxis

		From 01.01 to 30.09.2004	% Domestic violence perpetrators	% Others
Court-ordered	Domestic violence perpetrators	182	52.30 %	
	Others	94		27.01 %
Non-court-ordered		72	20.69 %	
Sub-total of domestic violence perpetrators		254	72.99 %	
Total		348		100 %

³ All types combined, ie perpetrators who have received 20 hours or 45 hours of counselling.

⁴ Release on parole and new circular for the district of Liège.

Perpetrators of domestic and family violence make up over 72% of the cases in Praxis's active file.

3.3. Support in groups of non-court-ordered perpetrators

Since 15 December 2003, we have been licensed by the Federal Ministry responsible for Equal Opportunities to provide support for non-court-ordered perpetrators in the Liège province and Brussels-Capital region.

A number of "voluntary" participants contacted Praxis after the public awareness campaign in Liège, TV and radio broadcasts featuring a member of the association's staff, or on the advice of one of our partners (action groups, social services, professionals, local police, hospital staff, etc).

Quantitative evaluation shows that Praxis helped 94 non-court-ordered perpetrators of domestic violence over this 12 month period, the individuals concerned having contacted us between 14 October 2003 and 30 November 2004.

In the Liège province, 72 abusers (including 5 women) contacted us and of these 72:

- 12 are still in the preparatory phase, i.e. are having one-to-one interviews before joining an accountability group,
- 8 are currently in one of the 2 weekly groups that meet in Liège,
- 3 people who had begun attending Praxis have finished, i.e. they came to the end of the 21 sessions for which they had signed up and did not wish to continue beyond that,
- 49 people are no longer being counselled by Praxis, (only 2 abusers quit after joining the group).

In the Brussels-Capital region, where the public awareness campaign only got under way in the autumn, we have already been contacted by **15 non-court-ordered perpetrators** (including 1 woman),

- 1 person is in the preparatory interview phase,
- 9 have left the programme, including one person who gave up the group work after moving abroad for professional reasons,
- 5 people are attending accountability group meetings, including 3 who had already completed 21 sessions and wished to continue with the group work.

In other parts of the Walloon region (Namur, Province of Luxembourg, Nivelles and Tournai), **a further 7 contacts** have been made:

- 2 people are in the preparatory phase with a view to joining a group in their local area,
- 2 perpetrators are currently attending local group meetings,
- 3 people have left the programme.

4. EVALUATION

We have no retrospective evaluation of the impact of this accountability work: firstly, we do not have the resources and secondly, there are numerous methodological problems associated with this kind of exercise (What is being evaluated? Over what time-frame? Who should do the evaluating? etc.)

We have begun “profiling” (using social data) the people who come to us and evaluating their progress (retention, drop-out rates, etc). Later, an attempt will be made to correlate different variables (egg differences between court-ordered and voluntary participants).

This data will be available in 2005.

In 2004, we studied a group of 113 participants, who came to us in 2002-2003.

Enclosed are a few tables containing data on the group in question.

5. EUROPEAN CONTACTS

As well as regular contact with our colleagues in Quebec, we have joined a European transnational network headed by Daniel WELZER-LANG in Toulouse. The purpose of this network is to evaluate centres which work with perpetrators of domestic and family violence.

After two years of working with the network, however, we have some doubts as to the usefulness of the findings: several European centres have withdrawn from the network, while others are operating in such precarious conditions that it is questionable whether there is much to be gained from evaluating their work.

We are very keen, therefore, both to forge new transnational contacts and to maintain our bilateral contacts with centres in France, Switzerland and Luxembourg.

IRELAND

A. CONTRIBUTION OF MS DOLA TWOLEY

1. MOVE IRELAND – A RESPONSE TO VIOLENCE AGAINST WOMEN

In Ireland, there are 3 voluntary organisations working in the area of intervention programmes for male perpetrators of domestic violence. One organisation (SEMN) has recently commenced running a perpetrator programme, the other (NDVIA) does not currently run programmes. Its primary focus is the development and improvement of domestic violence policies in key agencies, to ensure consistent and effective protection of victims and sanctioning of perpetrators. MOVE Ireland - Men Overcoming Violence - runs perpetrator programmes in 10 different locations around the country. The original MOVE programme was developed in the UK, in 1988 and the first programme to run in Ireland, commenced in 1989. MOVE Ireland has run programmes for male perpetrators for the past 15 years and has witnessed and responded to the many changes that occurred over the period, including developments in perpetrator programmes, developments of standards of practice and developments in legislation and service provision for victims. MOVE Ireland is a voluntary organisation that is funded by the Department of Justice Equality and Law Reform and the Probation and Welfare Service.

MOVE Ireland is primarily concerned to promote the protection and safety of women and children who are at risk of, or have experienced, violence in intimate relationships. *“Real safety for women and children needs to include the violent man being responsible for his violence, accountable for change and to engage him in the kinds of work which will stop him from violating his current partner or those in future relationships”* (Report of the Task Force on Violence against Women, 1997)

The terminology and language employed in any field is central to understanding and to communication. In the field of domestic violence, it is critical. The definition of domestic violence employed is also critical as this in turn defines the behaviours and attitudes that constitute domestic violence. A narrow definition of domestic violence may define domestic violence as physical violence only. This in turn can limit the remit of interventions with perpetrators, to physical violence only – and can limit the evaluation of effectiveness to the issue of physical violence also. Terms such as “therapeutic”, “therapist” and “treatment” in the context of interventions with perpetrators are problematic, insofar as they fail to emphasise that violent men are responsible for their behaviour.

MOVE Ireland employs the following definition of domestic violence:

Domestic violence refers to the use of physical or emotional force or threat of physical force, including sexual violence, in close adult relationships. This includes violence perpetrated by a spouse, partner, son, daughter or any other person who has a close or blood relationship with the victim. The term “domestic violence” goes beyond actual physical violence. It can also involve emotional abuse: the destruction of property: isolation from friends, family and other potential sources of support: threats to others including children: stalking: and control over access to money, personal items, food, transportation and the telephone.

Domestic violence occurs in all social classes and is equally prevalent in both rural and urban Ireland. In the vast majority of cases where violence occurs among persons who are known to one another, research has shown that women are injured and men perpetuate the assault. In the majority of incidences of violence against women, including that of sexual assault, the attacker is not a stranger but is known to the victim and is likely to have, or have had, an intimate relationship with the woman. Whether it be sexual assault, rape, physical assault or emotional abuse, women are at greater risk from husbands, boyfriends, male relatives and acquaintances than from strangers. Violent attacks of this nature are rarely once-off occurrences, but are likely to be persistent and frequent with the objective of instilling fear in victims.

(Report of the Task Force on Violence Against Women 1997)

MOVE Ireland operates professionally facilitated intervention programmes for men, who:

- Are violent in intimate relationships
- Are willing to acknowledge their violent and controlling behaviours
- Take full responsibility for their behaviour
- Are motivated to change

Programmes are underpinned by the understanding that:

- violence is a learned behaviour
- violence is supported by our culture
- violence is a decision
- change is possible

The majority of referrals to perpetrator programmes are self-referrals, albeit motivated by their partners insistence, by the imminence of Safety Orders, Barring Orders, court attendance for breach of Orders, on recommendation of the Probation Service, Child Protection Services, Judges etc. Programme attendance is therefore voluntary. Perpetrators of Domestic Violence are not mandated by the criminal justice system to attend programmes, so there are no sanctions for non-attendance or non-participation. Sanctions are more subtle, insofar as failure to comply with the recommendations of agencies or families, demonstrates an unwillingness to take steps to change their behaviour.

Motivation is the key to programme participation and to programme success. There has been considerable debate centering on the different motivations and possible different outcomes for perpetrators who participate in programmes voluntarily versus those who are court mandated. In the experience of MOVE Ireland facilitators, participants motivations develop in the course of the programme and some who have been referred by the courts have continued in programmes, beyond the point where sanctions from the court may have been a motivating factor. This indicates that neither the form of referral, nor initial motivating factors, alone, are indicators of ultimate motivation or outcomes.

MOVE Ireland operate perpetrator programmes that are underpinned by shared principles and practices, yet there is considerable diversity among programmes. All adopt a cognitive-behavioural approach combined with gender analysis. Some have evolved from the original MOVE 13 step, self-help model, others are based on the CHANGE programme (Scotland).

Cognitive-behavioural approaches:

- view violence as learned behaviour that can be unlearned, rather than as a consequence of individual pathology
- aim to foster mutual respect and requires men to accept responsibility for their past actions and future choices

Gender analysis:

- tackles the belief system that convinces male perpetrators that they have a right to exercise power and control over women in intimate relationships
- recognises that failure to address this belief system means that men may simply switch from physical to emotional abuse

Programmes comply with standards laid down in the Report of the Task Force on violence Against Women (1997), with the standards of MOVE Ireland and the standards of practice devised by RESPECT (UK). Facilitators practice is also informed and guided by their accreditation / affiliation to a range of professional bodies. These standards and principles are the framework within which practitioners aspire to standards of best practice in the operation of perpetrator programmes.

MOVE Ireland works closely with women's organisations and specialist domestic violence services. This is both essential and desirable for many reasons, not least of which are the imperatives for an inter-agency approach to domestic violence and to contribute most effectively to the safety of women and children. The Board of MOVE Ireland is composed of experts in the field of perpetrator programmes and representatives of domestic violence services. Each local group has a Steering Committee that also include women's services. MOVE Ireland has representation on a range of domestic violence forums, at national, regional and local levels. This ensures that the work of MOVE Ireland is influenced and informed by victims of domestic violence and their service providers. All programmes operate a Partner Contact Programme. Most perpetrator programmes are run in conjunction with Proactive External Partner Contact Programmes, operated by women's services / specialised domestic violence services. By 2005, this will be mandatory for all programmes. External Partner Contact Programmes require ongoing contact and communication between both programmes. This contact and communication enhances the effectiveness of both services. Perpetrator Programmes that have been running in conjunction with Partner Contact Programmes report that the experience has been so positive that they would not run programmes, in the future, in their absence.

MOVE Ireland operates professionally facilitated intervention programmes for men, comprising groupwork facilitated by mixed gender teams of facilitators. Facilitators are required to attend supervision on a regular basis. In many areas there are a "pool" of facilitators. The geographical spread of perpetrator programmes poses a challenge for networking for facilitators and for MOVE Ireland. MOVE Ireland is working to address this situation both in improving internal communications, via recently launched newsletter and website, which includes a members area. In recognition of the expertise within the organisation and the benefits of sharing it, MOVE Ireland organises an AGM and associated event annually, arranges training on a national level and has Working Groups on a variety of issues, encouraging participation nationwide. MOVE Ireland is a member of the National Practitioners Network with members in England, Wales and Scotland and sponsors attendance at their bi-annual meetings. MOVE Ireland will host the 27th NPN Meeting in Dublin in May 2005, which will facilitate attendance by more of our members.

The Department of Justice Equality and Law Reform commissioned an independent evaluation of perpetrator programmes in Ireland that was completed in 2004. This report which should be available early in 2005 will address a range of issues, including the effectiveness of perpetrator programmes in Ireland. This is the first evaluation of its kind to be conducted in Ireland. It is hoped that the evaluation tools employed in this research can be adapted for ongoing monitoring and evaluation. I understand that the report will include an analysis of the international situation and should contribute towards the body of knowledge in the area. What we do know however is that there are a range of possible outcomes following participation in perpetrator programmes, including:

- Changed behaviour and attitudes, resulting in non-violence.
- Reduction in physical violence with continued psychological abuse
- No change in attitudes or behaviour

The measures that are employed to assess effectiveness need to go beyond measuring reduction or elimination in physical violence. Victims of domestic violence frequently report physical violence as the least damaging aspect of domestic violence. Participation on a perpetrator programme is no guarantee of change – this is the caveat that needs to be impressed on victims of domestic violence, and the caveat that we all need to bear in mind. Participation may offer the possibility of change, but is no guarantee of change.

There are many controversial issues regarding perpetrator programmes worldwide and Ireland is no exception. Some have an ideological basis, others not. It is likely that perpetrator programmes will remain a controversial issue. It is hoped however that the forthcoming evaluation will serve to inform debate on the issue in Ireland and elsewhere, will inform the future development of programmes, will contribute towards an understanding of the contribution of intervention programmes as a response to violence against women and will contribute towards evaluating the effectiveness of programmes. Informed research, analysis and debate can but contribute towards resolving controversy on the issue of perpetrator programmes, which primarily centre on their effectiveness.

MOVE Ireland has always looked outwards to other jurisdictions to learn of developments and to inform our practice. Sometimes we face issues that have been addressed elsewhere and we gain from the experiences of others. Similarly our experience and practice may be of interest and benefit in other jurisdictions. Our collaboration with practitioners in England, Scotland and Wales has been invigorating and challenging. I welcome the opportunity to be part of a wider, pan-European network of practitioners, as the benefits that would accrue to practitioners and practice would be enormous. In the same way as the response to domestic violence demands an inter-agency approach, so too will intervention programmes for perpetrator become more effective, in a climate of communication, collaboration and co-operation.

The following paper, written by Margaret O Keeffe, Co-ordinator MOVE Cork, will be presented at our forthcoming colloquium for MOVE Ireland members. While focussing on the issue of Men and Difference, the paper casts light on many of the complex issues and challenges facing intervention programmes.

2. BARRIERS TO ENGAGEMENT ACCROSS CULTURES

A key tenet of MOVE's work is that violence in intimate relations (VIR) is unacceptable and must be challenged. Violence in intimate relations may be defined as a mode of behaviour in a close or family relationship in which one partner is forced to modify his or her behaviour in response to threats or abuse from the other partner. The violence can often be physical in nature but it can also take the form of threats, isolation, intimidation, harassment, emotional mistreatment and forced sex. Our most recent experiences of working in the field of male perpetrators of violence have been in the context of an increasingly 'racially'/ethnically diverse society. In consequence, in the future our clientele are likely to be increasingly drawn from minority groups/cultures. In consequence, we are impelled to give attention to the theoretical and practical considerations of working with men from 'minority' groups in general, and from 'minority' groups in particular. The issues and implications of this social change for our policy and practice form the basis of this presentation, which is essentially a reflection on the incremental formulation of good practice in this challenging area. I should also make clear that our concerns on developing an effective policy response on transcultural engagement with the clientele is underpinned by best practice with regard to RESPECT's

principles and minimum standards for Domestic Violence Perpetrator Programmes and Associated Women's Services.

MOVE views violence in intimate relationships as fundamentally an issue of human rights. It is a phenomenon that grows out of societies in which gender inequality and the use of violence are accepted as normal behaviour. The fundamental belief of the MOVE programme is that the violence of men is a learned behaviour which has been learned through modelling, at home and in society, that the use of violence against women is an acceptable way of resolving conflict. This transformative work occurs through a process whereby men critically explore, in a respectful atmosphere, the antecedents, dynamics and effects of their violent behaviours, values, and expectations (<http://www.tapestri.org/men's%20program.html>). In sum, we are unequivocal on the issue of violence and are committed to the safety of women and children. It is dangerous to assume, however, that generic, standardised programs ('one size fits all' approach), particularly with the dominant cultural context, will necessarily prove effective with respect to new or 'minority' communities. Though any man may engage in abuse behaviour international research literature indicates that there are culturally specific issues that affect help-seeking behaviours utilization in ethnic and 'hard to reach' populations. In this context I draw on the work of Dale Hurst (Transcultural masculinities). Hurst (2002) gives examples from a range of cultures including white Australian working class men, Australian Aboriginal as well as African-American men. Hurst (2002) identifies and outlines some key principles and practice issues enabling the engagement of men in domestic violence prevention interventions, including contextual issues alongside cultural issues of race, class and gender. She also considers some implications and dilemmas for domestic violence work with men. Following Hurst, there is a need to give some consideration to the underlying social context of the men's lives, including racism, homophobia, and low economic status because social context not only shapes the experience of domestic violence, but also the man's responses to the issue. Hurst (2002) also contends that as part of sustainable violence prevention developing engagement and partnerships with men is a critical strategy. This approach of seeing men as part of the solution, has only recently been gaining wider acceptance in western society, though this approach is reportedly more in accordance with many minority cultures. These cultures have always understood men must be part of any holistic solution, unlike western perspectives often operating from a western polarising perspective (Hurst, 2002, p.6). In this context I draw on standpoint theory because of its focus on power relations, specifically its appropriateness to explaining relations of gender and class as these play out in the lives of men. Men, no more than women, are differentially positioned across class, 'race'/ethnicity and other lines and thus do not experience the world in the same way. For example, non-white and/or working class men may have different experiences to those of their white, heterosexual and middle class counterparts. If men are to be part of the solution this will require greater awareness of the need to pay attention to difference i.e. to local culture, race and class issues in order to engage men with cross culturally sensitive interventions. Theorists such as Hill-Collins (1990) examine the intricacies of this system of domination by exploring the position of men and women who are the least privileged in the society. This more wide-ranging focus emphasises the interlocking nature of oppressions that are structured on multiple levels, from the individual to the social structural, and which are part of what Hill Collins (1990) terms a larger matrix of domination. Moreover, systems of oppression contain few "pure" victims or oppressors (Hill Collins, 1990). Each individual derives varying degrees of penalty and privilege from the multiple systems of oppression, which frame every individual's life. This model provides the conceptual space needed for each individual to see that s/he is both a member of multiple dominant groups and a member of multiple subordinate groups (Hill Collins, 1990). In the context of a discussion on male perpetrators of VIR this means that men can be both the oppressor and the oppressed. In consequence, Hurst claims that the concept of men, particularly men from minority cultures, as both oppressors and oppressed will need to inform strategies for engagement at both the macro and micro levels. Community development based strategies will need to be evolved

in a variety of contexts and refined if violence prevention is to be a key, achievable goal. In sum, Hurst here presents a coherent worked out stance on transcultural engagement and violence in intimate relationships. Though strongly informed by Hurst's work my focus is rather more limited in its scope I simply wish to explore culturally competent modes of working with men who use violence which are underpinned by the recognition of 'difference', and some of the implications of this for our practice. Thus, our concern is to develop culturally competent and appropriate methods of working with men who use violence from minority groups/cultures, without in any way diluting our unequivocal stance on the issue of violence in intimate relationships. Hurst (2002) identifies factors that enhance and act as barriers to engagement across a range of cultural contexts. These include the need to identify local opportunities for engagement of men, alongside the need to develop local, culturally and class appropriate programmes and interventions. Dilemmas operate both at the level of individual workers and at the level of programmes. In this context, Hurst (2002) raises some contentious issues. We need not necessarily accept them but they do merit consideration. Following Hurst (2002), to maximise the value of our engagement with men workers and programmes need to clarify where they stand in regard to not only men's violence to women, but also male on male violence and women's violence to men and other women. Put simply, where do workers and programmes stand on the issue of men as both perpetrators of violence, and victims of violence? Where do workers and programmes stand on the question of allowing men to have a voice, and feel heard and acknowledged, in trying to stop his violence?

Alongside issues of gender, workers and programmes also need to clarify where they stand on issues of race and class. Consideration of race and gender issues raises questions regarding western cultural domination of domestic violence responses in the field? Where does the programme stand on the question of cultural domination (e.g. of minority cultural values (e.g. around violence), versus mainstream cultural values)? These questions are particularly contentious being located within cultural relativist arguments. Within a relativist framework domestic violence emerges as something that can be overlooked or even excused for 'cultural reasons' or for reasons of so-called 'cultural privacy' Burman, Smailes and Chantler (2004). MOVE actively challenges both concepts. Yet, in devising the most effective responses in respect of working with men from minority communities we may have to give attention to particularity. This attention to difference, however, is predicated on reconfiguring existing practices, rather than abandoning our unequivocal, universalistic stance that VIR is a crime that should not be tolerated in any society.

Legitimate issues of cultural dominance arise, however, in the planning phase of working with violent men from 'minority' backgrounds. I'm referring in this instance to western approaches to counselling which are predicated on a taken for granted worldview. This worldview is underpinned by epistemological assumptions, which conceptualises the human person as a rational, self-actualising individual. Such assumptions may be dissonant with other cultural conceptualisations of the human person. Yet, because of their dominance it might be assumed that western models can be unproblematically transposed to work with 'minority' men. This may not be the case; rather attention could perhaps be given to a transcultural approach. A transcultural therapeutic model focuses on the understandings of various client groups, their relative position in society i.e. their socio-economic position the complexities of personal and institutional power and the mechanisms of racism. A transcultural therapeutic model also recognises the importance of life experiences for their work, and to think about ways of using the counsellor's skills and resources more flexibly in response to different cultural needs. Moreover, a skilled trans-cultural practitioner will also have knowledge of the cultural limits of counselling; alongside specific knowledge about the client group(s) they work with, including family systems and community hierarchy. S/he will consider the impact of language difference from clients and contract strategies to deal with this issue. In sum, such a model appears to have challenging implications for our awareness and practices as workers (Lago in collaboration with Thompson, 1996). Further exploration

of this issue may lead us to conclude that a transcultural approach has merit and should be meaningfully factored into our work with men? This change, however, may pose a significant challenge as it impels us to adapt current practices, something which practitioners may be reluctant to do. In this respect, we need to consider if we are truly service-driven or are we holding on to a view of ourselves as autonomous professionals. Reluctance on our part to engage with best practice may also be interpreted as a control issue, something that we might well accuse our clients of. In sum, I suggest that we need to engage in a continuous reflexive process of action, reflection, review and revisit in order to develop a greater understanding and/or learning. Another issue implicitly raised by Hurst (2002) is that of a client-led quality standard. She poses the question does the programme listen to the men, particularly those who say they want services, and that current services often do not meet their needs? This raises the issue of giving power to men who have abused power. In giving them the right to evaluate the quality of service delivery are we enforcing their sense of entitlement or are we affirming their dignity by giving them an input into programme development?

The major point being made here today is that the man's social context should inform our policy and practice. This means recognising that his social context will influence his help-seeking behaviours. Following Hurst (2002), to ask men to 'get help', however, goes against most traditional masculine imperatives for men. Most western boys are socialised into a gender-culture, which values self-reliance, competitiveness and material achievement (Finkelhor 1986). In consequence, men seek to be in control and are uncomfortable seeking help for precisely this reason. Hurst (2002) observes, in the Australian context, that changing the language and inviting men to 'seek independent advice' in advertising in Victoria led to a huge increase by working class men to seek help to stop their violence and abuse. Men were also targeted via their personal experience. Using Community Education campaigns to speak to men resulted in many coming forward to stop the violent behaviour. If men's feelings of guilt, shame, confusion and desire to stop the violence were included as part of education campaigns oriented to men, many more men felt motivated to respond. This seemed much more effective than appeals to morality. The use of metaphors appropriate to the man's class, culture and context has also reportedly proved useful. Many men respond well to hearing familiar terms with which they can identify. Australian truck drivers, for example, respond positively to metaphors from the world of machinery and so forth. More controversially, following Hurst (2002), the use of language for engagement also arguably extends to avoiding using stigmatising language (e.g. 'perpetrator', 'violent men'). Combining respect for men and an unwavering stance against the use of violent behaviour by such language as 'men using violence', or 'men choosing violence', seems much more effective in engaging and not alienating men (Hurst, 2002).

In summing up, I again draw on Hurst's discussion. The field of violence in intimate relationships has made significant gains in the last two decades. There is I suggest an increasing need to creatively, engage and develop partnerships with men. This means giving greater attention to difference to the man's embeddedness in his local culture, as well as the specificity of his race and class positioning so as to engage men in cross culturally sensitive interventions.

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B. CONTRIBUTION OF MR NOEL SYNNOTT

An overview of the actions the Irish Government is taking to deal with perpetrators of Domestic Violence

BACKGROUND

Like all other countries, Domestic Violence is a problem still being experienced in Ireland. Each year approximately 10,000 incidents of Domestic Violence are reported to the Gardai (Irish police force). It is also a known fact that not all incidents are reported to the Gardai. The following gives an overview of the actions which the Irish government is taking to deal with perpetrators of Domestic Violence.

In 1995 the Government established a Task Force on Violence against Women. The remit of the Task Force was to examine and make recommendations as to how legislation, services and supports for women experiencing violence could be improved and made more effective, to examine the causes of such violence and to make recommendations as to a comprehensive preventative strategy, including perpetrator programmes.

The Task Force was comprised of representatives of the Government Departments with a responsibility in relation to the issue, the Gardai, the Health Boards, the medical and legal professions, Dublin Corporation, an academic with an interest in this area, the National Women's Council and the main non-Governmental Organisations working in relation to violence against Women. The Task Force focused mainly, but not exclusively, on Domestic Violence. The Task Force reported in 1996 and their report has become the Irish Government's Action Plan on Violence against Women.

The main recommendations of the Task Force were

- There should be a National Strategy on violence against women
- The raising of public awareness about Domestic Violence, particularly the fact that it is a crime issue
- Violence in family should be seen as being worse than that committed by a stranger and that Judges should treat it as an aggravating factor, not a mitigating factor.
- Principles of "best practice" in terms of the treatment of victims and of dealing with perpetrators should be developed.
- There was a call for improvements in the way that the Criminal Justice system deals with crimes of violence against women.

- There was a call for the development of preventative strategies, including intervention programmes which would make perpetrators accountable for their actions.

NATIONAL STEERING COMMITTEE ON VIOLENCE AGAINST WOMEN

The Government established a National Steering Committee on Violence against Women in 1997. The National Steering Committee is comprised of representatives of 5 Government Departments (see below), the Gardai, the Probation and Welfare service, the Courts, the Health Boards, the medical and legal professions and the main non-Governmental Organisations. Eight Regional Planning Committees with similar representation were also established.

The Remit of the National Steering Committee is to advise on the development of policy and the co-ordination of actions in relation to Violence against Women.

ROLE OF GOVERNMENT DEPARTMENTS

5 Government Departments have roles to play in relation to Violence against Women –

- The Department of Health and Children are responsible for the provision of care services to victims of such violence and also provide funding to the Non-Governmental Organisations dealing with victims,
- The Department of Environment & Local Government provide funding for the development of refuge accommodation for victims,
- The Department of Education and Science are responsible for educating those attending school in relation to the issue,
- The Department of Community, Rural & Gaeltacht (Irish language speaking region) Affairs provide funding for community development and are also responsible for family support issues.
- The Department of Justice, Equality & Law Reform is responsible for a range of measures, including dealing with perpetrators through the Criminal Justice System.

PERPETRATOR PROGRAMMES

The Irish Government believes that prevention is always better than cure and with this in mind is giving a focus to measures to, where possible, prevent incidents of Domestic Violence including repeat incidents involving the same perpetrator.

The National Steering Committee on Violence against Women has formed a number of sub-committees to work on relevant issues, including one looking at policy in relation to perpetrator programmes. A criteria for the funding of perpetrator programmes has been established. The safety of the victim and any children involved are considered to be the first priority of any programme funded by the Government to deal with perpetrators of domestic Violence. Research in relation to aspects of the issue is being undertaken.

PROGRAMME DEVELOPMENT

A number of organisations are involved in the operation of perpetrator programmes in Ireland.

- MOVE (Men Overcoming Violence) is the main non-Governmental Organisation providing programmes for perpetrators and they have 11 programmes in operation in 10 locations throughout Ireland. They deal with approximately 100 perpetrators each year.
- South East Domestic Violence Intervention Programmes have 4 programmes in operation in the south east region (Waterford, Wexford, Carlow/Kilkenny, Tipperary).
- The National Domestic Violence Intervention Agency operates a project in the Bray/Dun Laoghaire areas of Dublin. This project, which aims to give a co-ordinated response to victims and perpetrators of Domestic violence, is based on a similar project, which has operated in Duluth, Minnesota with dramatic success. The project is being run on a pilot basis for three years.
- A new programme (the North East Domestic Violence Project) to be run in the north east region (Louth, Meath area) is being established at present.

The Department of Justice, Equality and Law Reform has, over the past four years, committed itself to the establishment of “best practice” in terms of dealing with perpetrators of Domestic Violence and to the development of existing and proposed programmes to this end. We have undertaken an evaluation of all programmes operating within our jurisdiction. This evaluation, which included a look at programmes operating in other jurisdictions, will inform our development of existing and proposed programmes, as will the results of the project being undertaken by the National Domestic Violence Intervention Agency.

To date this work has resulted in the existing programmes for perpetrators signing up to the “RESPECT” principles (see below). It has also resulted in the majority of programmes establishing spousal contact and spousal support programmes.

It is hoped that all of these measures will improve the position of victims of Domestic Violence.

LATVIA

CONTRIBUTION OF MR ANSIS J. STABINGIS

What I'm presenting here is my experience as well as experience of other therapists in Latvia, (I made a small questionnaire). We have no huge amounts of man coming to the therapy – countrywide. There are just some of them – and the results of treatment is even less pleasing.

BASIS OF THE TREATMENT

- In Latvia therapeutic treatment of men perpetrators of violence within the family is just voluntary based. Sometimes public authority – mostly family court - “suggests” for men to go to the therapy, but in most cases this is just for man to improve their position in the eyes of the court – that he is trying to do something.
- I work with both types of clients.
- As the fact of being in the therapy makes no legal difference for men, the ones that are sent by court's suggestion are far less motivated.

WORKING METHODS

- My basic training is in existential therapy.
- Basic guidelines for working with violent man is to help him:
 - o to accept existence of his behaviour
 - o to take responsibility for his behaviour
 - o to find and learn new ways of acting
- I work in general crisis centre. (which is not dedicated just for woman, children, man or so). I'm only man here. My colleagues is working a lot with woman, 80% of Crisis centre client are woman, and 25% of all the clients are victims of violence – mostly domestic.
- So our Crisis centre is not “women's organisation” or centre for women, but in fact the work we do – is.
- With mans I work alone – there is no network.

ASSESSMENT

- Unfortunately, no.

Questions for further discussion

- The Latvia's most actual issues are change of attitude by stopping of denying this problem, recognising it – at social and legal level.
- Yes, I have an interest to make contacts with other therapists working with violent man across the Europe.
- Possible means off communication – internet (email, web)
- My language is just English.

LUXEMBOURG

CONTRIBUTION OF MR GEORGES HAAN

Counselling and Support Centre for Perpetrators of Violence "Riicht Eraus"

I. INTRODUCTION

AIMS

The "Riicht Eraus", Counselling and support centre for perpetrators of violence, was set up under the law of 8 September 2003 on domestic violence.

The centre's objective is, in the short term, to protect the victims of violence, and in the longer term, to reduce violence. It makes an effective contribution to this by giving the persons responsible the means to put an end to their violent behaviour.

It is open to all perpetrators of violence, male or female, young or old, from the age of 14, without any discrimination.

MODE OF OPERATION

The centre operates in two different ways depending on the context in which individuals contact it or are referred to it:

1. **The free choice context:** a person contacts the centre in the same way as for an ordinary psychological consultation. The person is given an appointment for an individual consultation.

The work is focused from the start on instilling a sense of responsibility and involves a whole range of counselling strategies enabling the person to change his or her violent behaviour, and thus contributing to the protection of current or potential future victims.

The sessions have the following aims:

- To enable the individual to incorporate non-violence as a basic attitude into his or her behaviour, language, and, if possible, thinking,
- To find concrete strategies that will enable a lasting change in behaviour to be achieved,
- To provide formal support for the efforts of individuals wishing to change,
- To build conflict management capacity and self-confidence ;
- To promote a positive and co-operative view of loving and family relationships.

2. *The court referral context:*

The counsellor proposes a series of ten theme-based counselling sessions.

Here, the work is focused, on the one hand, on developing in persons guilty of violent acts an increased awareness and sense of responsibility for their acts, and on the other, building a basic knowledge of the cycle of violence in order to make them aware of the possibilities of changing and achieving the fastest possible end to violence.

To avoid any possibility of recidivism, the centre works closely with the services involved in victim protection. The individual is informed of this procedure by his or her counsellor.

Counsellors will also encourage their clients to continue the consultations after the ten sessions initially scheduled in order to undertake more personal and more in-depth work on their behaviour and build on the initial results. The centre can provide the authorities with an attendance certificate. This certificate does not contain any indication as to the quality of the work done or the risk of recidivism.

Basic information for the seminar on 18 and 19 November in Strasbourg

After the law of 8 November 2003 on domestic violence had come into effect, the Luxembourg Ministry for Equality of Opportunity sought and found partner for the setting up of a counselling/treatment service for perpetrators of violence: this partnership was established with the Luxembourg Family Planning and Sex Education Movement.

For technical reasons, the first step when the service was launched on 1 April 2004 was to recruit a psycho-social counsellor to provide 20 hours per week of training in "Gewaltberatung©" (violence counselling). A "Gewaltberater©" (violence counsellor) puts in one to two hours a week at the centre. So as not to limit its scope, the service works both on a voluntary basis and with offenders referred to it by the courts. At present, the clients who come to the centre come "on a voluntary basis", as the judicial structures needed for effective co-operation are not yet in place.

Working methods: Guidelines – see description below

In the voluntary consultation context, co-operation with victim support services is confined to the provision of information. Meetings are still random and provide an insight to the responses of the perpetrators of violence in the context of domestic violence and in relation to the restraining measures taken.

For the time being, the counsellor works on the basis of individual consultations.

The services of an auxiliary counsellor are enlisted for some clients, and for supervision purposes. In Luxembourg, there are few therapists who work directly with perpetrators of violence.

Evaluation

At this stage, in view of the small number of clients received and the short consultation periods, it has not yet been possible to make an evaluation.

In any event, I feel it would be difficult to make an evaluation in this start-up stage. It is interesting that people come to us by different routes and that their social characteristics vary widely.

The **issues**:

The most controversial issue that has been discussed between the ministry and the centre is whether the clients' acts should be placed under close supervision or not.

In addition, I feel it is essential to establish closer relations with other players in this field: Contacts have already been established with PRAXIS in Liège and with the German MGM network, inter alia via the Lempert Training Institute in Hamburg.

In my view, information exchange via the Internet is a good basis today for all long-distance co-operation, but is no substitute for practical exchanges, given the different situations arising in each mode of operation.

I am thoroughly convinced that a European network of therapists is a good thing. However, my experience shows that differing beliefs can cause problems. But an open, experimental attitude can improve the different procedures and approaches and thus possibly arouse political interest.

The languages with which I am familiar are Luxembourgish, German, French and English.

II. DESCRIPTION

AIMS

The Centre de consultation et d'aide pour auteurs de violence (Counselling and Support Centre for Perpetrators of Violence) was set up under the Domestic Abuse Act of 8 September 2003.

The aim in the short term is to protect victims and in the long term to reduce violence. By providing abusers with the means to end their abusive behaviour, the Centre goes a long way towards achieving this goal.

NAME

Official name of the Centre: "Riicht eraus"
Also known as: Centre de consultation et d'aide pour auteurs de violence
Beratungstelle für Gewalttäter

This name helps overcome resistance caused by the negative connotations of the word "violence", making it easier for the Centre to reach its target group.

The Centre de consultation et d'aide pour auteurs de violence is run by the Mouvement Luxembourgeois pour le Planning Familial et l'Éducation Sexuelle.

TARGET GROUP

The Centre works with anyone, male or female, over the age of 14 who wants to change their abusive behaviour. Priority is given to people who commit domestic abuse.

ACCESS TO THE PUBLIC

The Centre operates on an appointment-only basis.

The telephone helpline is open every day and a rapid response service is available in emergencies.

For now, counselling is available in Luxembourgish, French and German only.

SERVICES OFFERED:

In order to achieve its goals, the Centre reaches out to all kinds of abusers. It employs two different approaches, depending on whether the person contacts the Centre of their own volition or whether they are referred:

1. The “Green Route” if they contact the Centre of their own accord.
2. The “Orange Route” if they are sent by the courts.

1. Self-referrals: Green Route

The individual attends a one-to-one consultation, by appointment.

The focus from day one is on instilling accountability and a range of strategies is employed to enable the abuser to change their abusive behaviour, thus helping to protect any current or potential victims.

The counsellor makes it clear to the abuser that the victim’s safety is paramount.

The first two (2) sessions (evaluation sessions: ES) are designed to clarify:

- The abuser’s background details and circumstances,
- The context and rules within which counselling is to be provided,
- The danger to the victim, if any,
- The prerequisites for effective, long-term work.

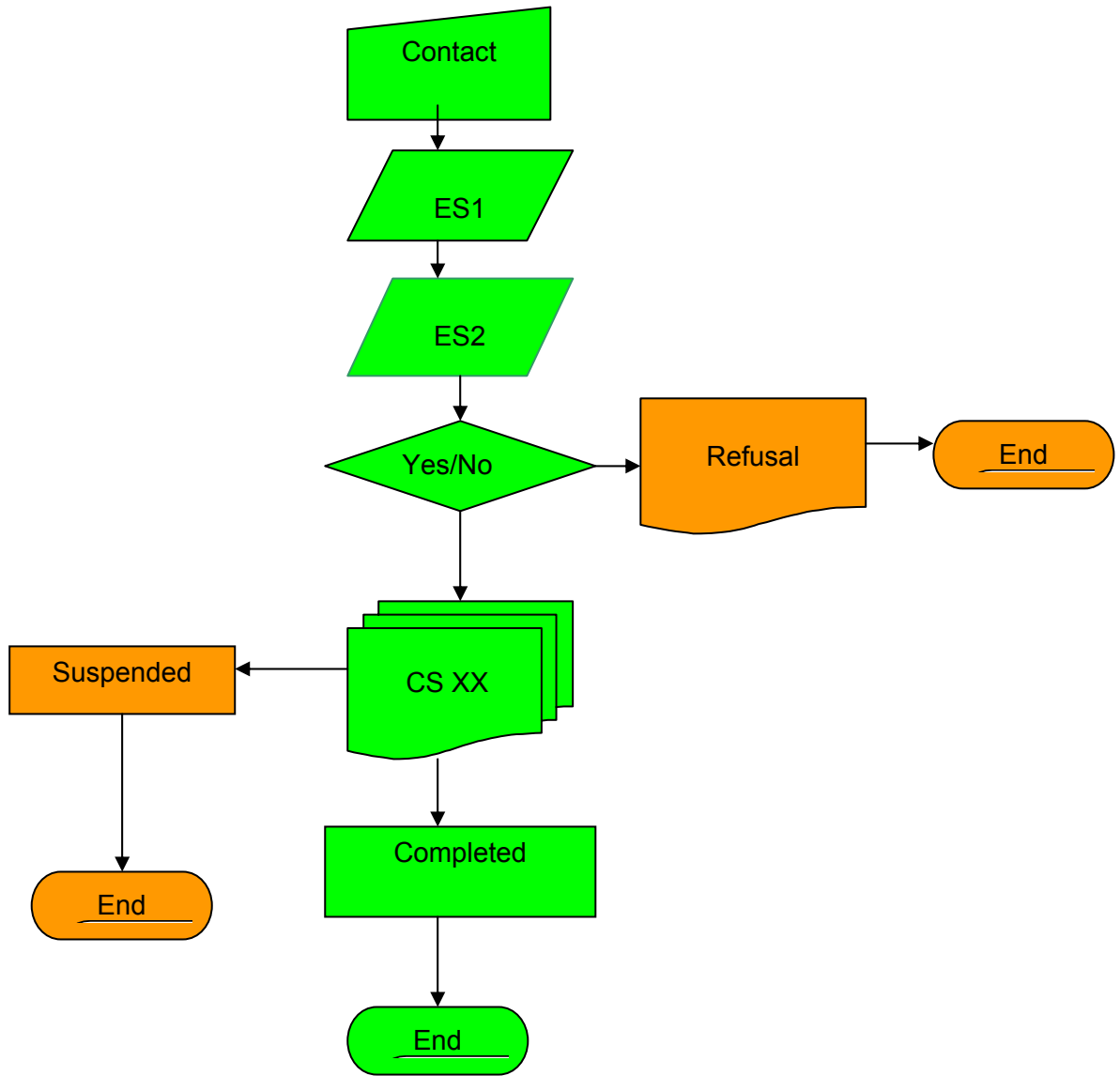
The next sessions (counselling sessions: CS), when counselling begins in earnest, are aimed at:

- Enabling the abuser to incorporate non-violence as a core attitude into their behaviour, language and, if possible, their thinking,
- Finding practical strategies for lasting behaviour change,
- Expressly supporting the efforts of the person wishing to change,
- Improving their conflict management skills and self-confidence,
- Providing a positive, co-operative vision of intimate and family relationships.

This concept is essentially based on the model proposed by Lempert/Oelemann in Hamburg(D) known as the “Hamburger Modell”.

No certificates are issued to persons receiving counselling.
The service is strictly confidential.

DIAGRAM: GREEN ROUTE



2. Court referrals: Orange Route

Under this scheme, abusers who have been referred to the Centre are asked to attend a series of support and guidance sessions.

Because of the person's involvement with the law, where the intention is both to punish the abuser and to protect the victim from any further harm, the Centre works closely with victim welfare and law enforcement agencies.

The counsellor takes care to ensure that the abuser is fully informed of this procedure.

The focus in the Orange Route is on developing basic awareness of the cycle of abuse and getting the abuser to take responsibility for their actions. The aim of the counselling is not to dwell on past offences but rather to put a stop to the abuse as quickly as possible.

The first two (2) sessions (evaluation sessions: ES) are designed to clarify:

- The abuser's background details and circumstances,
- The context and rules within which counselling is to be provided,
- The danger to the victim, if any,
- The prerequisites for effective, long-term work.
- The details of the attendance contract.

The next eight (8) sessions are support and guidance sessions (SGS)

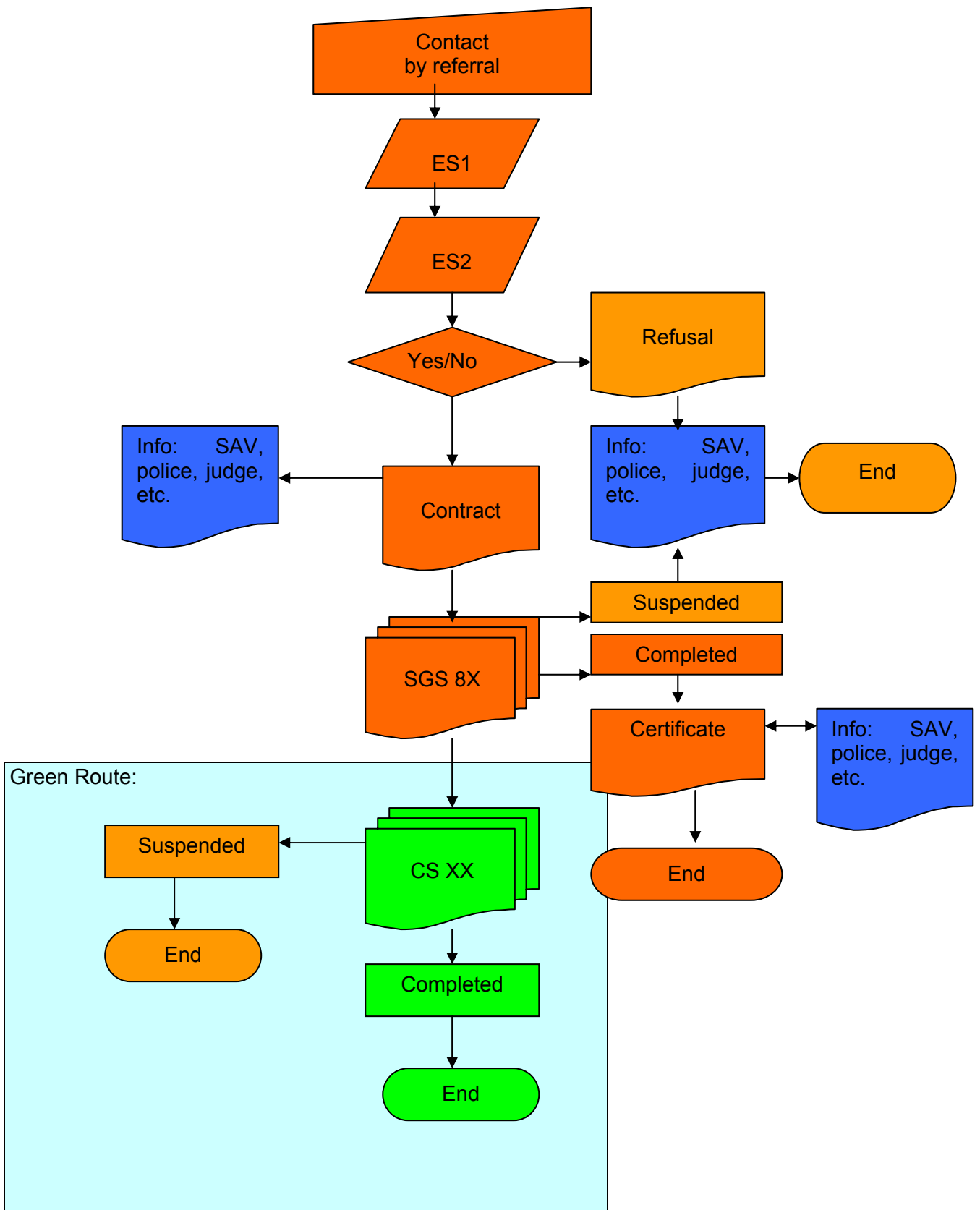
The topics addressed include:

- Non-violent behaviour and the benefits thereof,
- Recognition of the respective roles of men and women,
- Loved ones as individuals and partners,
- Accountability and sincerity,
- The cycle of abuse,
- Personal resources and breaking the cycle of abuse,
- Conflict management skills,
- The wheels of violence and non-violence.

After a minimum of eight SGS sessions, the Centre may, at the request of the court, issue a certificate confirming that the person has attended.

This certificate does not give any qualitative assessment of the work done or of the risk of a relapse. For the Centre, the Orange Route is another way of making contact with abusers and encouraging them to take a long, hard look at their behaviour and how they can become less violent.

DIAGRAM: ORANGE ROUTE



Basic principles applicable to all counselling sessions

- We accept and respect the individual without in any way condoning their abusive behaviour,
- We put responsibility for the abuse explicitly in the hands of the abuser,
- We clarify the difference between aggressiveness and abuse,
- The work we do with the abuser helps protect the victims,
- Our work is informed by a positive approach: the abuser discovers not only what they are missing, but also what they stand to gain,
- The work we do with the abuser is forward-looking,
- If the abuser is a man, we approach things from an explicitly male perspective,
- Confrontation helps the abuser get in touch with their feelings,
- Counselling does not absolve the perpetrator from responsibility for their actions.

Quality Assurance

Quality of service is ensured through:

- ❑ Peer review by the Family Planning staff (“Psy-team”)
- ❑ Supervisory facilities,
- ❑ Ongoing training for counsellors,
- ❑ Gradually adapting the programme by studying specific cases.

Secondary functions

- ❑ Publications and exercises to promote the Centre and raise awareness of its goals.

Co-operation

The Centre de consultation et d’aide pour auteurs de violence seeks to establish co-operation with:

- The Service d’assistance aux victimes de violence domestique (SAV).
- The SAMU social (emergency welfare service),
- The police,
- The prosecution service and the courts,
- The Psychological and Counselling services which deal with victims or abusers.

Statistics

The Centre provides statistics on:

- The number of men and women who have received counselling as well as the average frequency of counselling,
- The number of participants in each of the two schemes,
- The type of abuse,
- The involvement of children and close relatives,
- The number and duration of counselling sessions per abuser,
- How contact was established,
- The geographical origin of the abusers,
- Civil status (year of birth, education, marital and occupational status),
- Nationality and the language used during counselling.

The statistics are compiled quarterly and forwarded to the relevant ministry. Where appropriate, they will be adapted for use by the research institute EVOLOG.

The basic concept of the Centre de consultation et d'aide pour auteurs de violence "Richt eraus" is an open-ended one and will be adapted over the coming years if necessary.

See Statistics, below.

Criteria for refusal to provide counselling

1. Serious, uncontrolled dependency.
 - a. Alcohol
 - b. Narcotics
 - c. Medicinal drugsParticularly if this is obviously a factor in the pattern of abuse.
2. Mental illness or psychosis.
3. No apparent desire to change their behaviour.
4. Failure to observe the Centre's rules and regulations.
5. Inability to communicate due to language barrier.

Working with groups of abusers

The Centre does not yet work with groups.

Staff and logistics permitting, the Centre plans to invite a number of abusers (at least 6) who have already attended one-to-one counselling for a minimum period of 6 months to take part in group sessions.

The practical arrangements for this group work will be decided later, as a complement to the existing scheme.

III. “RIICHT-ERAUS” CENTRE STATISTICS FOR THE PERIOD 1/1/2004 TO 16/11/2004

Statistical overview of the centre’s clients up to 31 July 2004

Clients received at the centre:

Counsellor/Therapist	No.	Start of consultations	Means of contact
Jerry Faber:	2	since February 2004	via the “Hotline”
Helmut Gehle:	1	05-08 2004	consultation as a couple
Georges Haan:	16	since end April 2004	Various

Observations / Conclusions:

The ways in which clients find their way to the centre are as varied as the clients themselves:

- Individual search for help
- Information via the “Hotline”
- Referral by the SCAS (Central Social Assistance Department) – victim support service – following a removal order
- Search for legal information following a removal order
- Request for family planning consultation
- Request for a consultation via a social worker
- Referral by a psychologist
- Sent by an aunt
-

The current clients all came to the centre on a voluntary basis.

There is no standard model for conducting the consultations. It should be noted, however, that persons under a removal order have much more pronounced feelings of victimisation than those who seek assistance without that constraint.

I feel that the information available to such persons is not yet sufficiently clear, and for this reason we intend to approach the police in order to try and get this message across more effectively.

Overleaf you will find a statistical overview of the centre. The personal details of Jerry Faber’s second client are missing, although this person was included in the total number of clients and in the number of consultations.

**“Riicht-eraus” centre
statistics for the period 1/1/2004 to 16/11/2004**

Luxembourg Family Planning and
Sex Education Movement (MLPFES)

Clients

Men	19
Women	0

Age of clients

<20	3
21-30	3
31-40	5
41-50	4
> 50	3

Origin of clients:

City of Luxembourg	4
Environs	4
Rest of the country	10
Borders	0
Other	0

Occupation

Student	2
None	3
Employed	13
Pensioner	0

Total number of children under 18 in the various families			14
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Nationality

Luxembourg	13
Portuguese	2
Guinean	1
French	1

German 1

Language spoken

Luxembourgish	13
French	5
German	0

Marital status

Single	5
Married	10
Partnership	3
Separated	0
Divorced	0
Widow/er	0

Education

None	8
Vocational certificate (CAP)	7
School-leaving certificate (bac)	2
Higher education	1
Other	0

Domestic violence/nature:	Intensity			Total:
	Minor	Moderate	Serious	
Physical	2	4	3	6
Sexual	1	1	1	1
Threats of violence	2	4	2	6
Other	1	2	1	4

Public violence

Physical	1		1
Sexual	1		
Threats of violence	1	1	1

Total number of consultations: **105** from 01/01/04 to 16/11/04

Number of completed consultations:	3
Number of interrupted consultations:	6

Counsellors involved
01/01/04-16/11/04

Georges Haan	16
Jerry Faber	2
Helmut Gehle	1

Clients received.

Some further details:

All the people covered by these statistics came to the centre in person.

All the people who have been in contact with the centre by telephone have therefore come at least once.

One person came to the centre in September for a non-violence-related psychological consultation, and is therefore not included in the statistics. This was an isolated case.

Contact by telephone is frequently used to confirm appointments.

NORWAY

CONTRIBUTION OF MR PER ISDAL

Psychologist, Leader of "Alternative to Violence" (ATV) Treatment of men who use violence against women in Norway

ATV was started in 1987 as the first treatment-centre for violent men (men who use violence against their wives/partners) in Northern Europe.

Funding from the state and from the city of Oslo made it possible to establish a treatment-centre that for the first 4 years was drifted by two psychologists (Per Isdal and Per A. Norbeck) on full-time employment.

ATV is now an organization that has three treatment-centres in Norway (Oslo, Drammen and Telemark) and employs 18 fulltime psychologists/therapists. Each year we give treatment to 300 men. Since 1999 we also organize treatment-offers for violent youths, counselling for women who live with the men who seek treatment, treatment for violent women and for children who has witnessed violence.

Our funding comes mainly from the central or local government, but we also receive some support from private organizations and from a limited payment from our clients.

The importance of our work is recognized in a new governmental action-plan that clearly express the necessity of working with violent men as a way of preventing violence against women. This action-plan suggests that such offer should be available for all Norwegian men (regardless of where they live)

Our treatment-methods is a combination of :

1. psychotherapeutic (eclectic) principles
2. Specific knowledge of violence and safety planning
3. feministic perspective

We offer both individual and group therapy. Mean duration of individual therapy for our clients is 1 year, and mean duration for participation in group-treatment is 2 years. The treatment is individually designed, which means that every man can attend treatment as long as he need in order to change.

Our treatment has been evaluated on three occasions.

- a) 1991: Our own study based on a combination of self-rapport, and therapist judgement. The results indicated that more than 90% of our clients stopped using violence after treatment.

- b) 1996: An external evaluation done by the researchers Nerdrum and Hoglend showed that our therapy was as effective as the most effective treatment for other psychological problems (ex. Depression). This study was based on pre and post scores on psychological tests.
- c) 1997: A small qualitative evaluation done on 8 of our former clients two years after they completed therapy, which showed that all of them still was violence-free two years after treatment, but that these men had several symptoms of depression.

All three studies has methodological weaknesses and can not be taken as a secure indication of the effectiveness of our methods. More research is needed and a advanced evaluation-project is now set up at a national research-centre on violence and traumatic stress.

Basis of treatment

98 % of our clients are self referred and about 2% is referred either by criminal courts or by the criminal "omsorg".

The Norwegian government has expressed a wish to explore the possibility of sentencing men to treatment and we have now received funding for 2005 to do a specific project on this. We have to little experience in working with court-referred clients to compare this with the results of voluntary treatment. In Norway we tend to believe that treatment should be a supplement to prison and not an alternative.

Working methods

Our guidelines is of course to change/stop violent behaviours by psychotherapeutic methods combined with a feministic perspective on the violence. Since 1987 we have had a co-operation with the shelter-movements/women organizations, for example has these movements always been represented in the board of the organization. We also take part in an active network with representatives of several women organizations.

We work in a group of therapists (18) and co-operate with several other centres both in Denmark, Finland and Sweden.

Questions

A big controversy is the discussion on what is to be considered as a good methods in changing violent men. We fight "American imperialism" – some political groups (and some therapists) consider American cognitive programs to be the only good method. We believe that this methods don't necessarily suit Norwegians, we believe that they are developed to treat a court-referred populations, and we believe that many men need more qualified therapeutic and long-term methods in order to change.

We would absolutely like to have a European network and to organize a European conference (bi-yearly) on the treatment of violent men.

PORTUGAL

CONTRIBUTION OF MS CELINA MANITA

Treating Perpetrators of Violence: the Portuguese Experience

I am speaking here as an university researcher in the field of deviant behaviour, violence and victimization (e.g., domestic violence, marital violence, rape, child sexual abuse) for the last 14 years; as a psychologist/psychotherapist working with victims of crime for the last 8 years and with aggressors/offenders for the last 5 years; and also as the Director of the GEAV – Gabinete de Estudos e Atendimento a Vítimas (Centre for Research and Counselling of Victims) – of the Faculty of Psychology and Educational Sciences of the Porto University.

GEAV is a unit of research and intervention⁵ in the field of crime and victimization which has 5 main domains/lines of intervention:

(i) psychological support or psychotherapy of victims of crime; (ii) psychological treatment of offenders (e.g., men perpetrators of violence within the family, women perpetrators of violence within the family, rapists, juvenile delinquents); (iii) forensic evaluation of victims, offenders and of situations involving the determination of parental competencies, child custody, etc; (iv) research in the field of violence, crime, victimization, psychological intervention; (iv) training and professionals supervision.

GEAV started its activity in 1998 and is one of the two University Units that take a leading place among the national programs of offenders/violence perpetrators treatment during the last 5 years. The other Centre is the Counselling Unit of Criminal Justice Psychology (UCPJUM) of the Psychology Department of the University of Minho, in Braga, which has approximately the same features and working fields.

In fact, a study recently concluded, whose general aim is to survey and characterize what has been done so far concerning perpetrators of violence within the family in our country, has shown Porto University and Minho University as the only ones providing permanent programmes of psychological treatment for this group. During the last 2 years the National Institute for Social Rehabilitation (IRS) has established cooperation protocols with universities in order to develop treatment programs for violent men inside the prisons. An IRS team operating in Coimbra is at present creating an experimental program addressed to convicted perpetrators of domestic violence. No other institutions have developed treatment programs for aggressors in Portugal⁶.

⁵ GEAV team is composed at present by 2 PhD professors of FPCEUP (a psychologist and a psychiatrist), working as psychotherapists and supervisors, 2 Master degree qualified psychologists acting as therapists and forensic experts and 2 psychology trainees.

⁶ This study (Manita, 2004) has been pursued at two levels. At the first level, we looked for the works published on this issue, nationally and internationally, and critically analysed the existing programmes; made a general characterization of the purposes or explaining theories in which they are based; and then summarized the characteristics of those programmes, focusing on the most representative of the different approaches. At the second level, we carried out a national survey on the existing programmes for this area towards a characterization of

The first step towards addressing any problem of this kind is developing scientific or empirical knowledge about it. In Portugal, violence against women and particularly the perpetrators of violence in family context just recently have been recognised as a relevant “social problem”, or as a significant problem to researchers, therapists and political power tenants. There are few scientific studies and few treatment programs for violent man (or woman) in our country.

However, some facts and attempts during the last few years have proved there is a positive development on this field, namely (a) a broader public discussion about this subject (conferences, pos-graduate courses, TV debates, newspaper articles); (b) some new research on the offender taking place at different universities; (c) an increasing political interest to intervene on this area.

At this point we must emphasize the II National Plan for Combating Violence against Women and its recommendation to develop treatment programs for dysfunctional families in order to prevent domestic violence, and to implement rehabilitation and treatment resources for voluntary offenders. However, we can still find professionals in Portugal that do not accept the treatment of offenders because this intervention is not understood by them as legitimate and as a valid way of prevention of further violence. These professionals think aggressors must only be punished as criminals and then their treatment is not seen as an alternative or complementary intervention. This situation became the main obstacle and is, at present, the most controversial issue regarding the therapeutic treatment of violent men in Portugal.

To understand the entire above mentioned scenario I think it’s important to describe briefly the social, cultural and historical conditions that support it.

It is important to bear in mind that Portugal put up with a 50 year old period of dictatorship, isolated from the rest of Europe and that only in 1974 the *Revolução de Abril* (the April Revolution) brought to light and allowed the debate on such issues as the citizens’ rights, the gender equality, or even the question of violence in general, especially the domestic violence, for long silenced and hidden – we still have today a strong logic of silence and of “destiny”/“fate” of many women, historically and culturally rooted.

The family was one of the fascist *Estado Novo*’s most important supports and should not be questioned; it was only in 1978 – after the new Constitution established (at least formally) the equality of rights between men and women - that the figure of “master of the family” was banished. He had consigned rights, namely the one of “moderate domestic correction” upon his wife; and some occupations were allowed to women only if her husband authorizes it. So, for decades there was not only the promotion of a silence culture, but also the notion of a wife that was her husband’s private property. Today there still are vestiges or evidence, in our society, of this (mis)conception.

At the end of the 70’s only feminist movements began to be heard, as well as the movements for the equality of women rights (specially the precursor of actual Portuguese Commission for the Equality and the Women Rights - CIDM) and the associations against violence towards women. The new Penal Code began to consider the marital violence a crime only in 1983. Only in 1991 it was created the figure of legal protection to the battered woman that makes a legal complaint against the abusive partner. The first national plan of fight against violence dates back to 1999.

the services/programmes that have intervened in this area in a permanent basis. Considering that National Institute for Social Rehabilitation (IRS) is the institution that is directly responsible for the intervention actions with criminals, we tried to work on the characteristics of the prisoners or former prisoners arrested by domestic violence crimes, as well as this institution’s offers and needs.

Very slowly in time the structures to support the domestic violence (DV) female victims and their children were created. It is only now that they appear out of the larger cities although they are still far from keeping up with all the needs. At the end of the 90's there began a certain investment in the motivation and training of police forces in these themes. There is almost no training at all in this area for health professionals, psychologists, social workers, etc. In the last 10 years some master courses and other post-graduation studies have tried to fulfil this gap but they are still few in number.

In Portugal therapeutic treatment of men perpetrators of violence within the family can be either organised on a voluntary basis or by virtue of the decision of a public authority. Either the Criminal Court or the IRS is entitled to send convicted or pre-convicted men for psychological assessment and therapy.

In our particular professional experience (at GEAV) both situations (voluntary basis and decision of a public authority) are handled. Young and adult offenders coming from the justice system, IRS, social work institutions, minors' protection groups and other public authorities are accepted for treatment at GEAV (the same happens at UCPJUM). Violent men can also be referred to by other individual professionals or be self-referred. Most common requests of intervention are caused by marital violence, juvenile delinquency, child maltreatment and child sexual abuse.

This intervention takes place despite of the fact there are very few studies and institutions in Portugal that do effectively address this matter and no national trustworthy statistics on this subject are available. Partial data are collected through different instruments/procedures and as a consequence they can not be compared, nationally or internationally.

In Portugal the **psycho-educational programmes** (and sometimes skills training groups for maltreating parents) and the **psychotherapeutic programmes** are mostly adopted. The first ones aim at involving the offenders in the changing process, strengthening the offender's awareness of the responsibilities and consequences of his behaviour, and implementing the training of the social and cognitive skills⁷. They are considered didactic-confrontational programmes and they are somehow inspired by the pioneer Duluth Project model and its educational curriculum.

These interventions appear, in most countries, as part of the national networks for domestic violence (DV) intervention, interrelated to the victims' supporting institutions. These networks articulate various institutions like the social, medical and judicial services, working through active "fast lanes" for domestic violence situations. These lanes include police forces specifically trained to handle family violence situations; immediate protection of the victims and isolation from their offenders; immediate medical, psychological, social and legal care for victims and referral of offenders for treatment; and specialized courts. This is not our reality: in Portugal, and as far as I know in most of European countries, domestic violence intervention is not supported by an efficient network system. In Portugal we cannot work in co-operation with women's organisations, crisis centres or shelters for women, because most of them are not allowed to work with men perpetrators of family violence as per their regulations. However some of these groups realize at present how necessary it is to intervene with aggressors and refer them to us whenever these seem prepared for it.

⁷ Basically the skill training programmes conceptualize the offender's aggressive behaviour as the result of behaviour/relational deficits. So, the objective of this type of approaches is to provide the offender with relationship skills so that he may be able, through the training and practice of these skills, of replacing the violent behaviours by a whole of assertive and non-aggressive behaviours. This is not exactly the kind of program we most implement.

These psycho-educational programmes usually take place in groups – oriented by professionals and not self-helping groups⁸ – but they can also be implemented at an individual level (and we do it, at GEAV). In these programmes questions like gender, power and control are discussed, as well as social and sexual roles and the (still) differentiated socialization of men and women, the nature of violence in the family, the myths and misconceptions associated to domestic violence, and the legal questions related to DV.

More specifically, these programmes work on questions dealing with the marital relationships: equality and respect versus power and control, dependence, irrational beliefs and expectations, self-responsibility for violence. They also promote, through various intervention strategies, the development of relationship patterns alternatives to the violent/abusive ones, communication and negotiation skills, assertiveness and behaviour control, strategies for problem solving and conflict management, physiological and cognitive aspects of anger and aggression (e.g., to deal with negative emotions, to specify and to express positive and negative emotions).

Concerning the **psychotherapeutic programmes** these aim at a structural psycho-emotional change and work in an individual, marital or group therapy basis.

Some of the dimensions worked in the psycho-educational programmes are also worked in the context of the psychotherapies with violence perpetrators, namely the question of power and control/domination, the questions of gender, the social representations, myths and stereotypes about domestic violence, inter-relationship and communication patterns, the violence cycle, the abuse and the violence effects.

Briefly, we can say that the psychological/psychotherapeutic intervention, besides the analysis and the deconstruction of the aspects shared by the psycho-educational models mentioned before, aims at working the factors and psychological processes associated to the violent pathways of each subject, making the offender aware and responsible for his actions and for the effects of his actions on the victims

It is thus necessary to promote a deep emotional, cognitive and experiential reorganization of the offender's life experiences, a change at the level of beliefs, attitudes and behaviours, possibly the analysis and deconstruction of the supporting narratives of their action (aggressive, of control, of domination,...) and the (re)construction of new existential and interpretative narratives, pointing to a different world insight, a non-violence, non-domination, non-aggression relationship.

Unlike other countries – where group therapy is more often used because of its advantages in terms of human resources management and even in terms of potential efficiency – the two Portuguese Centres very often operate at an individual level. The intervention models undergoing our intervention are mainly behavioural, cognitive behavioural and narrative therapy (White and Epston re-authoring model) and also the personal construct theory/psychology (PCT). It is possible to choose different therapies according to the therapist training, the characteristics of the violent situation and the offender's profile. The average duration of this kind of treatment in Portugal is 1,5-3 years.

To stop or prevent violence against women or child is always the aim of this intervention. So, one of our main principles is the concern with the victim's protection⁹. This has some ethical and deontological implications I'll refer to later.

⁸ We are very critical about self-helping groups for violent men/men perpetrators of family violence.

⁹ The research and the clinical experience have already showed that violence does not stop with victims help or with criminal actions toward the aggressor. Even when the victim leaves the abusive relationship or present a complaint to the criminal system violence continues. Many women are badly injured or killed when they try to separate or

Assessing is the first step of our intervention: assessment of men psychological features and motivations for treatment; assessment of his dangerousness/risk assessment (for the prediction of violence in general and of the risk of recidivism in the case of wife assault).

This usually takes place during the first 3 to 5 sessions, but evaluation occurs throughout the treatment process. We use some specific and global psychological tests/inventories and clinical evaluation procedures (e.g., violence believes and violent behaviours inventories, NEO-PI(R), coping inventory, a risk assessment grid based on SARA). In some cases we also use a biographical method developed in Portugal for the last 5 years – the *biogram method*¹⁰. Although we have defined a framework for this operational system and a pre-established grid of assessment instruments, this is not an inflexible procedure and different instruments may be used with different men. The evaluation data are used either to planning of the specific characteristics of the therapeutic intervention with a particular individual and for the evaluation of the program efficacy itself.

It must be emphasised that most offenders show a low motivation to change their behaviours. In fact, most offenders we have treated at GEAV do not perceive their own behaviour as problematic (sometimes due to individual factors, some others because they were socialized within contexts where violence “is not” a problem, in most cases through the combination of both factors).

It is also true that those who are aware of their problem, very seldom look for help by their own initiative because violence is comfortably experienced by them or, if it is not comfortably experienced, the disruption or suffer it may cause does not compensate the benefits/gains of power and control over their partners.

So, the offenders that spontaneously look for psychological aid services and ask for help to change their violent behaviour are not many, at least in Portugal. According to our practical experience it is important to differentiate between the offenders who spontaneously look for help and those who are referred by the justice system (for instance, as an alternative measure to prison). The motivations for treatment will diverge and so will the wish to change.

The offenders that spontaneously seek help (although a minority) are aware of the destructive nature of their behaviour, and that this fact is reproachful, and know they must accept the responsibility for their behaviour and its consequences. Some offenders express their satisfaction and relief when finding there is a Centre prepared to fulfil their wish to change.

These are the first steps to change and in this case there is a “therapeutical advantage” with a more favourable prognosis. This does not mean that the offenders referred by the justice may not develop the same type of awareness and motivation to change. It is crucial that we enhance the motivation of offenders to change at each stage or phase of therapy based on motivational techniques, like those inspired in Prochaska and Levesque.

divorce from the violence perpetrator. If one victim succeeds to leave the abusive partner we know that he can meet another woman and start it all again.

¹⁰ This is a *reconstructed biography method*, and the *reconstructed biography* finds its graphic representation in the *biogram*, that allows for a clear and objective visualization and articulation of the individual pathway at different levels (e.g., family, affective-relational, school, professional, juridical-penal, health, use of drugs, deviant behaviours). The *biogram* is composed of different horizontal lines. At the basal line, the chronological evolution of the subjects is registered, and each one of the other lines corresponds to one of the areas above mentioned. A colour codification scheme is also used, as well as a sign system, aiming to turn diverse information from different domains in a more integrated framework. Interpretation of *biogram* implies a theoretical framework of reference, which in our case is the autopoietic-person theory by C. da Agra, complemented by narrative theories.

Even in the case of the spontaneously motivated offenders it is important to check whether it is a true motivation to change¹¹ or an attempt to manipulate the professionals or the services. According to our experience (consistent with most literature), this manipulation tends to occur, basically in two situations: (a) in the case of individuals who undergo a law process or who have been accused by the victim and think that their engagement in a psychotherapeutic process may be seen as a clear "guilt recognition" or "regret" for their acts, along with a "will to change", these attitudes making them eventually to benefit of a less strict penalty; and (b) in the case of individuals who face abandon or their victim's impendent breaking off and think that their engagement in a therapeutic programme will show their partner how they have changed for good, and making him/her think again.

While for some violent men the change of their behaviour can in fact be the true reason for seeking help, for many others it will only work as another strategy to regain the victim's trust, another "first step" to restart the violence cycle. This is then another important reason to go through a careful evaluation of the offenders' requests and motivations.

Although the initial motivation for treatment might diverge, we found if the offenders do accept our treatment conditions - I will mention later - and do not dropout the final results are very similar for both types.

Last but not least, is crucial that the violence perpetrator fully understand the consequences of his violence upon his victims. Changing violent men is difficult but it is possible. One of the most difficult but simultaneously most important changes to achieve is the men understanding and assuming his behaviour as a problem and a problem with serious consequences.

As referred before, behavioural and cognitive behavioural strategies are frequently used, but we are increasingly working with the personal construct theory (PCT) and with narrative approaches, these models not being a common option for the treatment of family violence perpetrators. In some cases we use the relapse prevention techniques.

One of the most controversial issues concerning family violence is the role of alcohol or other drugs use in this behaviour¹². When a violent man with a serious drink or drugs problem is referred to our program we recommend him to centres specialising in alcohol or drug issues. Unlike other institutions, we are seldom contacted by men suffering of alcohol or drugs addiction. The more frequently handled type of perpetrators in GEAV includes the so called normal offenders - in other words, offenders without any relevant pathology and who can not justify his behaviour by alcohol or drug abuse and also offenders that, in most cases, have not been themselves violence victims.

Couples counselling is not organised at our Centre as a therapy for domestic violence situations, because it has been proved that violence might increase during this type of treatment. A victim who is being abused in a relationship is in a dangerous position in couple's counselling due to the very specific abusive behaviour patterns of the violence perpetrator. Due to the fact that she is powerless and she experiences a "dependency state" she can not take a part at therapy on a freedom basis. On the other hand, couple counselling places the responsibility for change on both partners, which is not the case in violent relationships where the abuser is the sole responsible for the existing problem. The victim is not guilty and the responsibility should not be shared. Making the aggressor aware of his

¹¹ The motivation level also seems to be associated to such factors as low school education and unemployment, as these individuals are easier motivated to the fulfillment of their basic needs, leaving the treatment to a second priority (Saunders and Hamill, 2003).

¹² Based on our clinical experience and on the literature, we believe that alcohol is not the cause of violence, even when it is present. It is mainly a misconception or an "excuse" to the violent behaviour whose ultimate goal is to control/dominate the victim.

responsibility is part of the treatment and couple therapy should only be implemented after the violence perpetrator has followed a complete treatment for the aggressive behaviour and is no longer acting aggressively.

Couple therapy may also create false expectations and set up the victim to further disappointment. If the therapy takes place ignoring the above mentioned characteristics and restrictions, therapist may become a complicit of the aggressor/aggression.

Group therapy is not often promoted – the existing programmes not being implemented at the present – due to the fact that material and human resources are insufficient.

The psychological intervention with offenders shows some specificity that must be taken into account when implementing a programme.

As opposed to what happens in the victims' counselling, this is an intervention with men that have in most cases committed criminal acts. And this fact sets certain ethical and deontological questions to the professionals that must not be forgotten – their present or future behaviour may jeopardize the life or the safety of others; and this falls under the exceptions to psychotherapy confidentiality.

At GEAV we believe that stopping the violence and protecting the victim is the main goal of the treatment, and therefore establishes a “therapeutic contract” with each man. This contract defines, among others, the conditions for the client to continue or to leave the program, therapist and client rights and duties, authorization from the client to contact other people in order to confirm the absence of violence, permission for breaking the confidentiality and, in certain situations, to make a legal complaint about his violent criminal behaviour.

This contract also allows the evaluation of the offender's motivation for treatment because those who really do not want to change their aggressive behaviour do not agree with the contract and immediately drop out the programme.

Our intervention programs have been operating for a yet short period and the number of men under treatment is still limited, this making us unable to assess our results. As we have a 6 month and a 1 year follow-up and intend to resume it after 3 years, we assess changing of beliefs and behaviours, the recidivism of violent behaviour, and eventually psychological change, using for this purpose the same evaluation instruments at the beginning and at the end of the treatment, we hope we will be able in a few years to do an adequate program's evaluation. Similar practices and expectation applying to UCPJUM¹³. At present we have not had the opportunity to compare our methods with therapists of other countries yet.

To conclude I will like to stress that at GEAV therapists work both with victims and with violence perpetrators. It is not a consensual position but we end up to the conclusion that it becomes an advantage for both the client and the therapist. It might be more disturbing for the psychologist but it works as a fulfilling experience personally and professionally.

¹³. We do not know if we can make comparisons with other countries.

SWITZERLAND

A. CONTRIBUTION OF MR CHRISTIAN ANGLADA AND MS SUZANNE LORENZ

1. BASIS OF TREATMENT

This presentation contains answers to the various questions put to us by the Council of Europe. The questions appear in the text with indentation and in smaller type.

Before addressing the specific questions relating to treatment under official mandate or compulsion, we shall briefly describe how the services provided by "Violence et Famille" came into being, and the institutional context of our department.

The services delivered by "Violence et Famille" were started up in 1995 by the local shelter for women victims of marital violence and since 1999 have been brought under the "Fondation Jeunesse et Familles" (FJF). This foundation comprises eight hostels for minors, four community education agencies ("Action éducative en milieu ouvert (Aemo)", two day centres and, as from 1 April 2005, the proposed Meeting Points. The FJF works for the benefit of children and young people with social and family problems, and their families.

"Violence et Famille" is currently targeting male adults who resort to violence against their partner and/or family members. Access our service requires an appointment to be made by the person seeking an interview. A short series of individual encounters for counselling and assessment fit the applicant for induction into a group therapy procedure, sealed by a contract. The intervention seeks to put an end to the violence, whether physical, verbal, psychological or sexual.

- in your country, is therapeutic treatment of men perpetrators of violence within the family organised on a voluntary basis or by virtue of the decision of a public authority, or both?

Most requests from those availing themselves of the service are made on a voluntary basis (over 95%). However, these requests emerge in crisis situations such as threat of separation or of the partner leaving, often taking the children with her.

Moreover, as of 1 April 2004 an amendment to the Swiss Penal Code introduced the mandatory prosecution of specified offences involving marital violence: this new law will no doubt enable judges to order the male culprits to enter into one of the procedures prescribed as part of the various ancillary measures to the penalties and sanctions.

- if it is according to the decision of a public authority, which is the issuing authority?

At present, the referrals made to us emanate from the Youth Welfare Service or the Guardianship Supervisor where the case comes under civil law and, where criminal law applies, from the District Court or the parole board of the prisons department.

- in your professional experience, on what basis did you work (voluntary basis, decision of a public authority, both)?

Since the summer of 2003 we have received four court-ordered referrals and one administrative referral. All the men referred attended personal interviews, but only the one referred by the Youth Welfare Service entered into the group therapy procedure. It should be pointed out that all men referred by the criminal justice system had denied committing the acts that were charged during the investigation and of which they were convicted at trial. Those sentenced to terms of imprisonment without remission maintained this denial throughout. Consequently, we are consulting the referring authorities about methods of referral to "Violence et Famille" so that their staff are better informed of the conditions for the admission of male culprits to our procedure. In addition, in 2005 we intend, with the support of the cantonal Office for Gender Equality, to propose laying down a set procedure of collaboration between the welfare and the judicial arms in assisting culprits and victims of marital violence.

- if you worked on the two bases, did you observe differences?

Among our coerced clients we observed behavioural differences:

- greater resistance to disclosure of the problems,
- greater resistance to acceptance of responsibility,
- less empathy for the victim,
- less confidence in the operators and the structure (we were recently forced to stop filming the sessions as some participants were completely inhibited at the thought that the video cassettes would be used against them).

Differences in the results achieved were observed with coerced clients:

- coerced clients entered into the group approach less readily
- of those pressured by the employer, fewer continue the process beyond the minimum contract duration. We make the assumption that for them, more so than for volunteers, continuing this exercise in the context of a service like "Violence et Famille" would mean submitting to branding as a "violent character". Of those willing to carry on a process of therapy, the majority prefer to do so in a less stigmatising setting.

Despite these findings our position remains favourable to coercive assistance; indeed, the authority of the law is always indispensable in order that:

- the burden of reporting the offence and lodging the complaint is not wholly borne by the women concerned, who are invariably disoriented and debilitated by the violence suffered,
- referral to the social law machinery, to the police and to justice begins to break open the secrecy typifying the relationships of violence-prone couples or families,
- assailants have it made clear to them that their conduct is unlawful, criminal and punishable,
- abusers are forced into and confronted with a process of change, since punishment alone does not allow modification of violent behaviour,
- abusers take the consequences of any refusal of therapy,
- the judicial system's recognition of the perpetrators of marital violence and the coercive assistance enable the social operators to approach and work with these men.

From our standpoint, welfare law and those who uphold it, the magistrates, are placed on a higher plane than all other operators, for two quite different reasons:

- on the one hand, it is the social consensus, the law, which holds acts of violence to be forbidden and which defines them,
- on the other hand, because the social consensus, the law, underpin the legitimacy of all the other operators.

In order to enhance the security of victims of domestic and marital violence and moderate the perpetrators' violent acts, it is necessary apply a rigorous method of intervention that subsumes the link between punishment by law and social action. A comprehensive marital violence containment model should include specific programmes aimed at the male abusers (according to the concept of "gender mainstreaming", what would be called "approche intégrée de l'égalité" in French). The model guiding the action of "Violence et Famille" is applied in this perspective and proposes a socio-therapeutic facility available to the authorities.

2. WORKING METHODS

In this second part we shall answer the questions asked by setting out, to begin with, the presuppositions on which our actions are based, our definition of marital and sexual violence, and our conception of making people accountable for their acts and assisting them under constraint. We shall go on to itemise our operational model. This was developed on the basis of the work by the Quebec organisation "Option, une alternative à la violence conjugale et familiale". The following presentation is liberally inspired by the relevant publications¹⁴.

- what are the guidelines of your work as a therapist?

2.1 PRESUPPOSITIONS FOR INTERCESSION

Intercession with male abusers necessitates a reading of the situation that clearly establishes our ethical stance.

- Necessity of stating the law: domestic violence is criminal,
- Domestic violence is a psychological and social construct; resorting to acts of aggression remains an individual choice,
- An individual is not intrinsically violent, but displays violence in a given context or as part of some specific interaction,
- Any adult involved in a situation of marital or family violence is responsible for his own safety and own acts of aggression.

2.2 DEFINITION OF DOMESTIC VIOLENCE

When domestic violence is to be tackled, it is indispensable to have clear definition, comprehensible to all clients and all who work with them. The definition enables individuals to gain insight into their behaviour, and their helpers to orient the work of uncovering it.

Domestic violence is an aggregate of aggressive, sudden actions, words or gestures that **recur** within the relationship of a couple or members of a family.

This type of violence may be physical, psychological, sexual or verbal. It may also be perpetrated by ill-treating children, holding the purse-strings, breakage of objects, beating

¹⁴ For present purposes chiefly BROUÉ Jacques, GUEVREMONT Clément, *Intervenir auprès des conjoints violents*, Editions St Martin, 1999

animals or any other steps **intended to control** the actions and the demeanour of one or more members of the family.

2.3 DEFINITION OF SEXUAL VIOLENCE

Among the various forms taken by domestic violence, we are prompted by experience to distinguish sexual violence from physical or psychological violence so that it is not suppressed by the participant and by the therapists.

All forced sexual activity, i.e. where the person is intimidated or threatened explicitly or implicitly. Sexual assault thus includes rape (and attempted rape), sexual relations brought about under verbal threat, by using authority or social pressure, and other sexual activities not involving penetration (kissing, fondling, etc.), elicited without the victim's consent and by the use of physical strength, or physical, verbal or psychological threat.

2.4 ACCOUNTABILITY

Responsibility for recourse to violence is central to our actions where domestic violence is concerned. Raising the issue of responsibility rather than culpability, the action under the "Violence et Famille" system is placed in the context of individual and collective choices rather than in the legal context where blame is apportioned. The approach investigates the values and beliefs underpinning recourse to violence in the domestic setting.

The cause of a violent person's action is not the other person's behaviour or attitude, but something inside him reacting to what the other does. The reaction depends not on the other person's behaviour or attitude but on the facet of his past experience which this behaviour or attitude makes him relive.

A violent person seeks to counter what is awoken in him by trying to control the other's behaviour or attitude. The other is then perceived by the violent person as the trigger of his present suffering although this is really the reactivation of an earlier trauma¹⁵.

2.5 COERCIVE ASSISTANCE¹⁶

The group work proposed by "Violence et Famille" is intended for a clientele different from the one encountered in psychotherapy; the men who consult us are generally (in 90% of cases) conveying someone else's, a third party's, impulse for change. Moreover, apart from the 13% of males who have serious problems of generalised violence or of mental health¹⁷, individuals who could be called "normal" make up the bulk of men who are violent in a domestic setting.

The call for help often belies the name since it is a matter of coercive assistance. A third party in fact (currently the spouse or a social service and prospectively the police, a judge or the prisons department) prevails upon the individual to enter into a group therapy process for violent spouses and reminds him that its course will be taken into consideration. The individual, then, is asked to change his behaviour, attitudes and beliefs as regards domestic

¹⁵ Freely adapted from de La Belle, F., "Qui est responsable?" in *Quand l'amour fait mal* published under the editorship of Jacques Broué and Clément Guèvremont, Editions Saint-Martin, 1989.

¹⁶ Guèvremont C., Ouellet G., Broué J., *Programme Contrecoups, Manuel de traitement*, Correctional Service of Canada, 91 pages, 1994, unpublished.

¹⁷ Guèvremont C., Lajeunesse M., Rondeau G., "L'intervention auprès des hommes violents : le programme C.H.O.C" in *Intervention, revue de la corporation professionnelle des travailleurs sociaux du Québec*, no. 75, October 1986, p. 17.

violence. The impulse for change does not come from the male abuser, who initially attends solely to “get his partner back” or to comply with a judicial decision.

The impulse for assistance and change is therefore directed at the goal of stimulating its internalisation by the violent spouse as a preliminary, since the desire for change can only spring from an internal motivation. This is built up slowly, hence the 21 sessions to which the men joining the “Violence et Famille” group commit themselves. This process over a period of about six months represents the travail of work minimum needed to transform the coercive aid assignment into a genuine demand for change on the part of the male abuser. Thus, instilling a sense of accountability into the abuser presupposes that the normative system affords him the possibility of formulating his own demand for change.

However, as long as the abuser positions himself as a victim of the normative system, the process is in effect a measure of external control and not a process of change. In this context, the prime objectives of group work are:

- internalising the impulse for change,
- stopping physical and sexual violence,
- security of the persons affected.

Achievement of these objectives presupposes the acceptance of personal responsibility in respect of these acts and constitutes the stage preceding work on any other goal of change.

2.6 ACTION TO ASSIST MEN WHO RESORT TO VIOLENCE

Group work is central to the action taken in the context of “Violence et Famille”. This form of intervention is characterised by an effort to uncover the acts of violence during which the peer group (the other men behaving violently) will allow both self-recognition and realisation of the changes brought about. This identification with peers is the fundamental benefit of the group work. Indeed, however skilful the group leader may be, and individual approach does not enable a male abuser to acknowledge his violence without laying himself open to the risk of a judgment passed on him by a leader presumed to be “non-violent”. The abuser’s denial will remain an impediment to disclosure and acknowledgement of the acts of violence and to the perpetrator’s accountability for them.

Access to our service requires an appointment to be made by the person seeking an interview. A short series of individual meetings for counselling and assessment determine the applicant’s suitability for induction into a group therapy procedure, sealed by a contract. The intervention seeks to put an end to the violence, whether physical, verbal, psychological or sexual. These meetings, whose structure is described in detail below, are conducted by specially trained field social psychologists of both sexes and have several aims.

2.6.1 THE AIMS OF THE ACTION

- To end all physical violence; to identify and reduce the other forms of violence,
- To render the man capable of internalising both the impulse for change and accountability for his violent acts,
- To alter the beliefs underpinning recourse to violence,
- To aid identification of the emotions brought into play in recourse to violence,
- To study the impact of the on either spouse and on family members,
- To identify the signs heralding recourse to violence,
- To learn about various alternatives to violent conduct,
- To enhance ability to assert one’s needs and set (oneself) limits without resorting to violence,

- To establish one or more connections between the subject's aggressive behaviour, childhood experiences and sex life,
- To restore self-esteem,
- To break down isolation.

2.6.2 STRUCTURE OF THE ACTIONS

Admission to treatment proceeds in three stages:

1. First, the man in a dilemma makes a request; to do so, he must get in touch personally by telephone with the on-call service of "Violence et Famille". The person who takes the call fills in a telephone message form, makes sure that the man is not entertaining any suicidal or homicidal thoughts, and makes an initial counselling appointment as early as possible.
2. Second, the counsellor sees the man alone.
 - 2.1 During an initial counselling interview, the counsellor assesses the applicant's security features, social situation and degree of responsibility.
 - 2.2 During two or three further interviews for appraisal, the counsellor freely explores the subject's marital and family history according to a standardised interviewing outline allowing systematic investigation of his situation in terms of his violent behaviour patterns.

As well as outreach to the clients by establishing an immediate link with them, these two initial phases allow an appraisal of their ability to uncover problems, their degree of conscious responsibility and the empathy which they show towards their victim. These indicators make it possible to decide on the course to take, if any, in the third stage.

3. The third involves embarking on self-directed work in a social therapy group. The man undertakes to abide by the aims and the rules of participation laid down in the group membership contract. In particular, he undertakes to cease all physical violence and to attend a minimum of twenty-one sessions at a rate of one session per week lasting an hour and a half¹⁸. The group consists of nine adult participants at the most, guided by two therapists (ideally a man and a woman, or a couple). The group is open; new arrivals can join at any time and are accepted by the long-standing members.

An appraisal of progress enables the participant at the end of the 21 sessions to state, where coerced by an administrative or judicial authority, whether he wishes to become a "subject" of the procedure and continue his course of therapy in the group beyond 21 sessions.

2.6.3 GROUP PROCESS AND LEARNING ACCOUNTABILITY

Within the group work environment, the participant is gradually induced to identify the various forms of violence which he has used so far for controlling his loved ones. Concurrently, various therapeutic strategies encourage behaviour modification in him.

The purpose of the work directed at accountability is essentially coming to terms with negative feelings. Oddly enough, this procedure enables the individual to rebuild his self-esteem by recovering the ability to control what he feels, as it all happens inside him. Achievement of this aim entails reappraisal of the individual's system of beliefs (the rationale which provides the justification for resorting to violence). Comparing notes in the peer group is highly effective in this respect, being accompanied by the necessary background which the members' experience represents.

¹⁸ These 21 sessions correspondent to a procedure lasting about six months minimum – particularly with persons under coercion - to develop a genuine sense of responsibility for violent acts, the precondition for behaviour modification.

The group work thus becomes the setting for re-socialisation of the men concerned by offering an alternative to over-dependence on women through familiarisation with a less threatening closeness between men, and by offering a paradigm for management of frustration without recourse to violence. The group work is also conducive to training in more egalitarian affective relationships where conflict management is founded on communication and respect for difference rather than on control and domination of partners.

2.6.4 THE THERAPEUTIC APPARATUS

Here are some of the tools adapted by the “Violence et Famille” counsellors from the Quebec model:

a. Telephone contact

Appointments are made solely with the violent person so that, as from the first contact, the onus of the request for assistance can be shifted to the requester.

Accordingly, the person is asked to state the origin of his referral so as to clarify (if possible) the request sequence, which may tell the counsellor how the call for assistance evolved and provide insight into the degree to which the requester recognises it as his own. In this regard, particulars of judicial control, children’s and spouse’s safety, cohabitation, suicidal or homicidal ideations or plans, and the factor that prompted the telephone call, help to clarify the context in which and the process whereby the demand was conceived. Thus all calls are dealt with by placing it in a context of crisis. If the safety of an identified person is in jeopardy, the counsellor makes a pact with the caller or reports the situation to the authorities (police, lay justice, etc.).

b. Assessment interviews

These interviews are so called because one of the aims is to assess the individual’s recovery of the sense of responsibility for his violence and his call for assistance, as well as his motivation to enter into a process of change.

The interviews, of which there are generally three, are held at one-week intervals in order to allow the participant time for reflection and reappraisal having regard to the matter and the impact of the first interview. That is why the **contract** of membership establishing the framework and the rules of participation in the group work is handed to the participant at the end of the second interview but the third interview is awaited to determine whether it is understood and accepted. At that stage the individual is asked to set his signature to it and mark the date, thus signifying his commitment.

c. The group work

In the course of the group work the leaders give pride of place to actions intended to make the participant uncover all the forms of violence used to control his partner and children. This revelation is a preliminary to the work of instilling accountability: each spouse is wholly responsible for how he/she reacts to his/her partner and the actions with which the other responds to what is experienced within the individual psyche. The disclosure operation allows the restoration of a time-sequence in the perception of the perpetration of the violent act, usually described as an uncontrolled. The sense of time makes it easier to achieve a thoughtful detachment and thus the beginnings of an ability to control one’s own behaviour. The men are thus prompted to make the transition from attempting to control their partner’s behaviour to learning to control their own reactions.

c.1 The self-introduction ritual

Each participant is asked to pinpoint the latest violent event that prompted him to consult our organisation. If required, the leaders request further details. Recall of the latest violent incident experienced, firstly by older members then by the newcomer, assists the latter's integration through renewed mutualisation of the actuating event. This ritual counteracts denial and minimisation while clearly positioning the object of the group sessions. For some participants, the repetition of this ritual (which may be frequent since it is an open-ended group) occasions the members' progressive reacquisition of responsibility for their acts, or quite simply their acknowledgement of the event through recollection of something which was unbearable at the time.

c.2 The continuum of violence

Usually after a few attendances at the group work sessions, the participant is given a poster marked with his first name, itemising the various types of marital violence, with the assignment of illustrating with personal examples each type of violence that he has inflicted on partner and family. The poster, completed at home, is added to those of the other group members on the walls of the room at the next session.

This performance prompts each member to itemise his aggressive behaviour patterns and gain insight into the extent and intensity of the violence inflicted on partner and family. It is a personal stock-taking of his violent habits which often represents the participant's first opportunity to scrutinise the aggressive behaviour in aggregate. Agreeing to carry out the assignment and make a public spectacle of oneself is another step towards acknowledgement of personal responsibility. These posters, with the combined function of an individual and collective aide-mémoire, remind each person of the aim of the procedure, of his being part of this group, and how extensive and diverse the marital and family violence represented in the group is.

At the moment deemed appropriate by the counsellors, the final phase of the acting-out is set in motion. A participant, supported by one of the group leaders, is invited to describe, for each example of violence noted by him, the facts, the context, the emotions aroused, and the impact on the partner and children. Negations and minimisations are also queried. The leader then endeavours to make the participant elucidate the purpose served by resorting to violence and his decision to do so for each of the situations illustrated. The leader and the participant do this work *travail* standing at either side of the poster. No intervention by the other participants is allowed. Once the work is completed, the participant resumes his seat in the group and the other leader starts a discussion with the group about the effect which the disclosure has on the participant or the impact of the violence in question on his partner and children, or again concerning the stage when they recognised their similarity to, or identified with the participant during the description or any other task facilitating identification of one or more personal factors leading to reacquisition of personal responsibility in recourse to violence. Active work with the group is concluded by harking back to whoever carried out the main task of disclosure, who is then asked to identify the prevailing emotions.

This two-stage sequence has considerable leverage in the group process, the fulcrum being disclosure and acknowledgement of the impact of violence, so as to help each participant identify the violence and revive the emotions associated with the aggressive behaviour. For most participants, this is a central stage in the process of becoming accountable, a rite of passage as it were. Indeed this work was the basis on which several attested full realisation that they had a problem with violence and were accountable for their conduct.

c.3 The accountability diary

By means of a weekly diary which each is required to keep, the participants in the group work are invited to scrutinise their lapses into violence between sessions. The aim pursued by resorting to violence, the rationale used to "justify" recourse to violence, and the emotions and feeling that attend it are to be specified.

This self-managed diary is a prerequisite for joining in the group session. It enables informs each participant as well as the leaders their about their aggressive behaviour between sessions. Ongoing use of this instrument accentuates each person's sense of being accountable for daily actions and for his participation in the group. It also allows participants to identify the strategies which they manage to devise for managing the inherent conflicts frustrations of married life without resorting to violence.

When a relapse is foreshadowed in the accountability diary, the leaders use various tools (role-playing, sculpture and modelling by participants, projection exercise, etc.) demonstrating the impact of violence on each member of the marital and family complex, and get the participants to pinpoint and identify their own styles of managing frustration and keeping control over the partner and children. The group thus makes it possible to re-enact the recourse to violence in a safe setting where the various components and their interlinkage can be examined. This work often forcefully reveals the recurrent or deliberate nature of the violence committed and the aim sought by resorting to it. Meanwhile the group members, by highlighting the intensity of the emotions present in all concerned and the short and medium-term effect on each, help the participant to realise the destructive consequences of recourse to violence. The participant's openness and amenability, fostered by the leaders via the group therapy, the allow him to regain conscious possession of what he has projected onto his partner and children.

c.4 Rules of participation

These rules are stated and presented to the participants by means of the membership contract. They are strictly non-negotiable. They provide a number of markers within which group work is possible.

Participants' interactions among themselves and with the leaders are treated as representations of the participants' interactions within their sexual relationship and their birth family. Any breach of the rules of participation thus bears witness to the participant's aggressiveness or tendencies to seek to control interactions - or to impose his own rules of participation on the group. The rules of participation give the participants a relational object on which they can vent their hostility and let the leaders know without direct aggression about their aggressiveness towards whatever evades their control.

Furthermore, acceptance of the rules of participation gives the participant the opportunity to take a responsible attitude in his progression and to assure the other participants and the leaders of his determination to uphold the framework and norms of participation in the group work.

c.5 Assessment of participation

A final ceremony punctuates the progression of a participant in the group work, and this is the concluding assessment. As from the initial appraisal interviews, the participant is made aware of the assessment procedure.

Accordingly, at the eighteenth session the participants in the group make a collective assessment of each member's participation, singling out what they think changed for the

better in the participant and what he still needs to work on. At the nineteenth session, the participant gives his own replies to the same questions. At the twentieth session, the two leaders read out to the participant the assessment of his participation which they have written according to the same considerations as were put to the participants for the purposes of assessment; however, they add a recommendation about the participant's future course. At the twenty-first session, the participant tells peers and leaders of his intentions about the continuation of his course.

The assessment thus gives a coerced participant the opportunity to make the decision to take charge of the course he is following by electing to stay with the group, this time for his own sake and not to meet a demand from outside. Coercion generally focuses on the obligation to attend the number of sessions specified in the initial membership contract (21 sessions).

- do you work in co-operation with women's organisations or crisis centres for women?

In 1995 the Malley Prairie Help Centre for women victims of marital violence (CMP) created this service for spouses of the women victims sheltered. Terminated in 1997 for want of grant financing, the service was taken over by the association Se DyRe in 1997 then progressively by the Fondation Jeunesse et Familles (FJF) from 1999 onwards. Since August 2002 the "Violence et Famille" service constitutes an FJF benefit in its own right.

- if so, what are the co-operation arrangements?

Since 1995 co-operation with the CMP has been maintained, and for the CMP principally involves the referral to us of certain cases of spouses of women in residential or day care, since we routinely refer the women who contact us about their spouse to the CMP. This co-operation has intensified since counselling interviews for couples were established at the CMP. These interviews, centred on halting violent behaviour and held at the wives' request, allow husbands to be referred to "Violence et Famille" under better conditions.

We also hold about ten meetings per year to exchange views with the CMP and the entire network specialising in assistance to persons involved in marital and family violence. Since 1993 we have been jointly organising training modules with our colleagues in Quebec working with "Option" in Montreal, in which the operators from our two respective departments are involved. We make regular joint presentations of them on the social psychology network and in social workers' colleges.

At present we are working on a number of common projects:

1. informing French-speaking migrants about the issues and the possibilities for referral to the specialised structures,
2. mentoring of the women to be left at home and of the men ordered to leave home in the event of Ruth Gaby Vermot Mangold's parliamentary motion being adopted; it calls for the violent spouse's expulsion from the matrimonial home.
3. development of a service for fathers at a crisis in their relations with their children.

- do you work alone or in a group of therapists?

Our department comprises six therapists/counsellors/operators who regularly attend in-service training sessions and carry out team supervisions and departmental conferences.

- do you network with other therapists or groups of therapists?

At Lausanne and in Vaud Canton, we have regular meetings with the entire network specialising in assistance to persons involved in marital and family violence, at the rate of ten exchanges per year. This network brings together the CMP, the Centre for victims of offences (LAVI Centre), associations in aid of adult and underage victims of sexual abuse, and a guidance association for children in difficulty.

In addition, we organise in conjunction with the CMP a training course held at least once a year and conducted our colleagues in Quebec's "Option" organisation.

In the French-speaking parts of Switzerland, we have met approximately five times per year with institutions and individuals active in the treatment of violent husbands with a view to forming a French Swiss Federation.

Nationwide, the first meeting for operators from all over Switzerland dealing with violent spouses took place in the spring of 2004 under the aegis of the Federal Office for Gender Equality. This initiative will be repeated in the spring of 2005.

In Europe, we have exchanges with colleagues in France, Belgium, Austria, Germany and Spain under the European research project "Daphne" on structures for perpetrators of marital violence, directed by Mr Daniel Weltzer-Lang.

In North America, since 1995 we have kept up regular links with "Option, une alternative à la violence conjugale et familiale", a Quebec community agency operating in Montreal since 1985 to assist persons resorting to domestic violence.

3. ASSESSMENT (BY MS SUZANNE LORENZ)

- could you assess the results of the treatment?

Yes, as part of a project financed by the Swiss National Fund for Scientific Research.

- if so:
 - what are your assessment methods?
 - over what period of time is the assessment conducted?
 - have you statistical data?
- have you had the opportunity to compare your method with that of therapists in other countries?
- if so:
 - with which countries were you able to comparisons?
 - for you, what were the results of the comparison(s)?

SUMMARY:

This evaluative research work set out to establish the profile of participants in the VIFA programme and to trace the development of abilities related to disclosure, accountability and empathy.

The main results show that the participants do not stand out from the average Swiss population. Most of them are settled in a lasting relationship and are fathers. Regular

attendance for group work is influenced by factors such as involvement in the life of the couple, prior therapeutic experiences, and the lodging of a complaint before criminal justice.

Positive evolution with regard to disclosure and accountability is identifiable but nonetheless remains associated with abilities possessed prior to participation in the group. The programme structure facilitates disclosure and accountability. Participants redefine recourse to violence between spouses as a problem, and formulate goals of behaviour modification centred on themselves. They seek to forestall violent outbreaks by improving their communication, self-knowledge and well-being. Capacity for empathy develops, but its attainment is only partial. Subjects identify their emotions more accurately but find difficulties in decreasing egocentricity.

This evaluative research was carried out thanks to financial support from the DORE fund¹⁹ from March 2003 to November 2004.

3.1. OBJECTIVES

This research project had the set objective of determining the profile of participants in the VIFA programme and evaluating the development of the abilities targeted by the programme, which were disclosure, accountability and empathy²⁰. Our research is not intended to measure the rate of repeat offending (or otherwise) by participants in the programme, but rather their personal evolution.

3.2. METHODOLOGY

We opted for a qualitative analysis of data derived from 41 files drawn up by the VIFA operators at the time of the inquiry into their social background²¹, and from the video recordings of 14 individuals²² at three crucial moments of the group work.²³

3.3. PROFILE OF PARTICIPANTS

Men from all age bands take part in the group; over half the participants are aged 30 to 50 (29 out of 40), and the age averages around 40 years²⁴. Interviewees are predominantly of Swiss nationality (32 out of 39). Those of foreign origin have been living in Switzerland for many years and are proficient in French. The proportion of foreigners matches the percentage of resident aliens in the Swiss population²⁵.

¹⁹ DO-Research, an initiative of the Swiss National Research Fund and the Commission for Technology and Innovation.

²⁰ This ability forms a complement to the two other dimensions. There is indeed less likelihood of committing the act once the perpetrator identifies the possible anguish in the victim. That being so, empathy must be linked with the ability to hold oneself accountable for the act and to feel sympathy. In: Hanson, R. (2003). Empathy deficits of sexual offenders: A conceptual model. In: *Journal of Sexual Aggression*. No. 9, pp. 13-23.

²¹ Transcription and analysis of the data in the files of men who applied of their own accord to VIFA between February 1999 and June 2003 and who attended two or as many as three personal interviews and gave us their permission to use the files for this piece of research.

²² Being all the men who between February 1999 and June 2003 completed an initial series of 21 consecutive sessions and gave us permission to use the video recordings for research purposes.

²³ Transcription and analysis of the video recordings made at the reception stage, the continuum of violence as an intermediate stage and the appraisals. For this part, the flip charts produced during the continuum and the appraisal supplemented the transcriptions of the video recordings.

²⁴ 39.95 years, standard deviation 9.689.

²⁵ 19.9% of foreigners living in Swiss territory in 2002, in: www.statistik.admin.ch/news/archiv02/fp98009.htm - 13k. Site visited in November 2003

The great majority of participants were employed at the time they were interviewed (30 out of 34²⁶) and can be considered occupationally integrated. Furthermore they have a restricted circle of friends, virtually men only and limited to one or two persons. Despite these friendship links, the participants have trouble confiding because of their mistrust.

When the men contact VIFA, most are keeping up a lasting relationship; three-quarters are married. Nonetheless almost one in two lived separated from his partner because of the latest violent event. Their life together is marked from the start of the relationship by difficult communication and reproaches. The partners have difficulties in finding the "right affective distance" between them and suffer from emotional isolation, a sense of intrusion by the other, and/or jealousy on both sides.

Interviewees are fathers in most cases. They usually have one, perhaps two children with their current partner. As a rule the children are young enough to be living in the parents' home. In one-third of cases, these are reconstituted families. The presence and/or upbringing of the children is a major source of conflicts within the couple, especially where offspring of a previous relationship are concerned.

3.4. THE BACKGROUND AGAINST WHICH MEN ARE PROMPTED TO CONTACT VIFA

While the principal victims of the men were their female partners, in three cases out of four the children witnessed the latest incident.

The violence perpetrated on that occasion was multiple, the most frequent corresponding to physical violence combined with the psychological kind. During this episode the partners resisted with screams or blows. Moreover, all these women made at least one move to put a stop to the violence, either by leaving home or by demanding a change of behaviour. In addition, two women in three reported the incident to an official agency²⁷.

It is primarily the welfare or judicial system that refers the men to VIFA, specifically the professionals working in the field of aid to victims of family violence. In the health sector, there seems to be little thematic specialisation in the possibilities available to the abusers dealt with by VIFA.

²⁶ No data for 7.

²⁷ In the first instance to the police, a judge and the therapy network, followed by a service specialising in aid to victims.

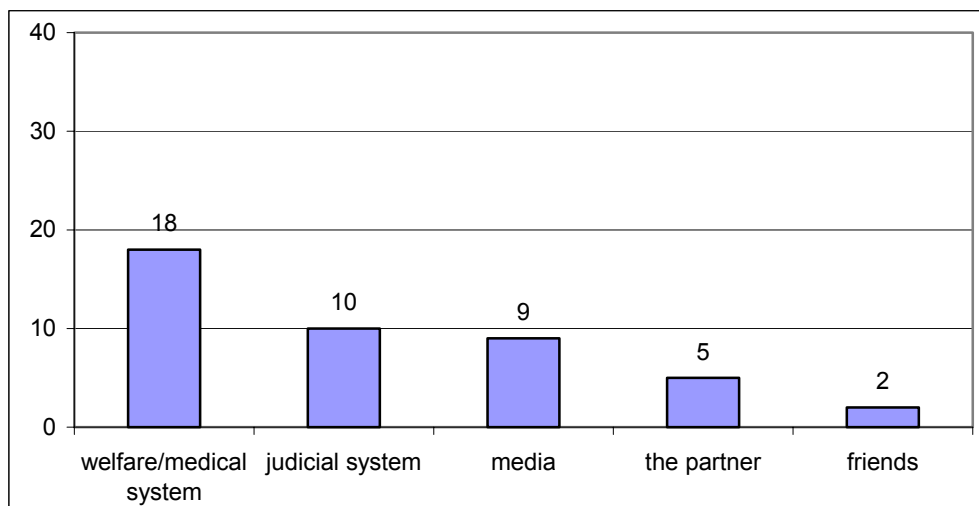


Fig. 1 Source of information on the programme offered by VIFA in numerical terms (n = 41, several possible replies)

The men telephone VIFA generally three days after having resorted to violence; two-thirds make this move two weeks after the event at the earliest. This initial contact occurs when they realise the consequences of their act, viz. a lasting separation and/or a complaint which is not withdrawn. Thus they found their request on the desire to resume living as a couple, combined with the wish to do remedial work on themselves. Only a minority mention action by a social regulation body as a triggering factor.

3.5. PARTICIPATION IN THE PROGRAMME

Most men who attended the appraisal interviews agreed to sign the participation contract and join the group. This makes the participation rate very high (39 out of 41). The interviews are perceived as a reassuring setting conducive to verbalisation of their experience. This first structured link is described as helpful and motivating for entry to the group.

Regularity of participation in the group varies greatly, and only half the participants complete a first round of 21 consecutive sessions (14 out of 31). Most of the dropouts (11 of the total 17) occur during the first half of the programme, i.e. before the tenth session. The men who persevere are singled out by a certain "maturity": on average, they are older, have made moves to be treated in the past, and are keener than the others to do remedial work on themselves. Evidently there are still other motivations, their relationship is more sustained, and they are more often the subject of a complaint to criminal justice.

3.6. DEVELOPMENT OF ABILITIES

3.6.1 DISCLOSURE

Participants' self-disclosure capacity was measured according to two criteria: verbal expression, with an increasing number of listeners, of the last violent event and/or of the violent acts committed, plus increase in the amount of details disclosed from phase to phase of the programme.

i. The latest violent event

The programme's structure is such that all participants persevere through the various stages of group work in their disclosures concerning the acts committed and also the victims. This process is enhanced by the open nature of the group. The extent to which the acts are put into words remains constant or even increases in specific subject areas.

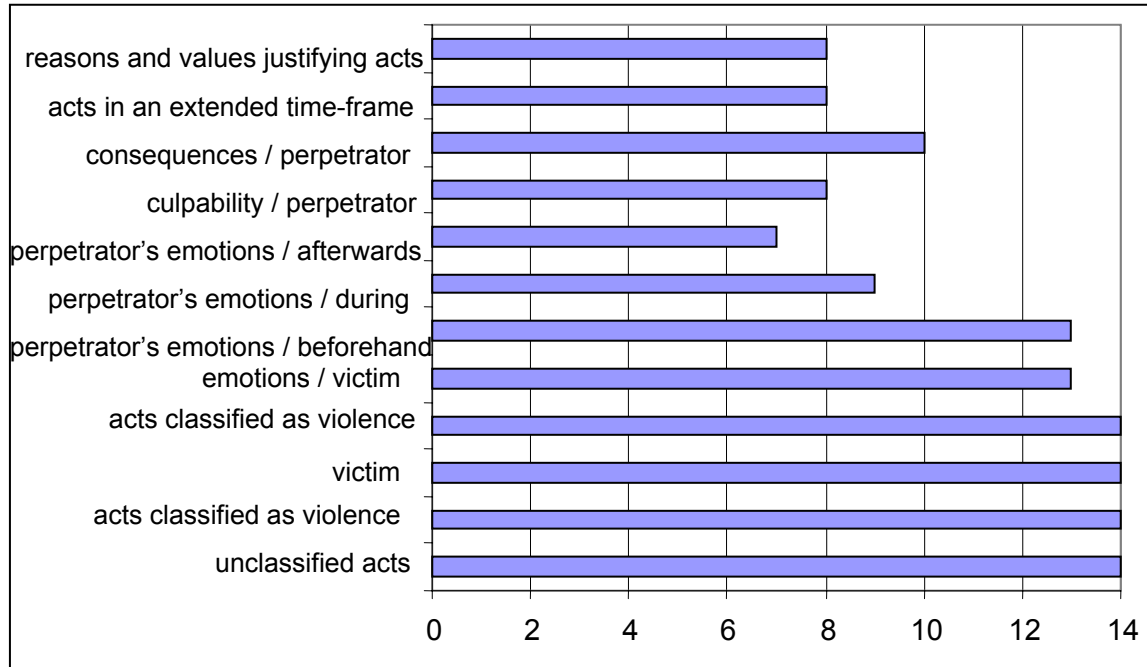


Fig. 2 Information disclosed during VIFA attendance according to number of participants (n = 14, several possible replies)

Participants' accounts also contain more and more details. From the time of the personal interviews to the continuum, the men place their acts more in the context of violence and talk more about their emotions and the intentions behind their recourse to violence, as well as about the fear that their victim may have experienced. Consequently, during the continuum most (11 out of 14) are no longer content simply to narrate the events but, in the presence of third parties, amplify their account with dimensions relating to their personality and inner experience.

Disclosure of the aspects identifying the participant as "perpetrator of the violence" remains difficult; only one in two manages to pin words on his feelings while committing the act or on his reasons for doing it.

While the participants all disclose more and more about themselves, their progression differs appreciably so that participants attaining a high level of disclosure²⁸ speak of all the items selected for describing the types of violence committed. Conversely, individuals with a comparatively low level of disclosure do indeed volunteer more information on the occurrence but few if any reflexive dimensions emerge as themes²⁹.

²⁸ Viz. persons who mention at least half of the items selected for describing the latest violent occurrence.

²⁹ There is more verbalisation of the acts with these persons; they do not speak of intentions or of their emotions during perpetration.

ii. Disclosure of the other forms of violence perpetrated

The group work and the highly structured continuum phase compel the participants to question themselves about the various forms of violence enacted and undergone. With time, nearly all the men specify the violence perpetrated and identify its more subtle forms. In addition to those described in the interviews and initial counselling, almost as many as two in three admit to threatened or attempted suicide, or murder, or even violence against objects or children. They realise that the violence is carried out directly and indirectly, as well as via a wide range of strategies, and is not restricted to blows. This attainment of awareness is what makes this type of disclosure possible.

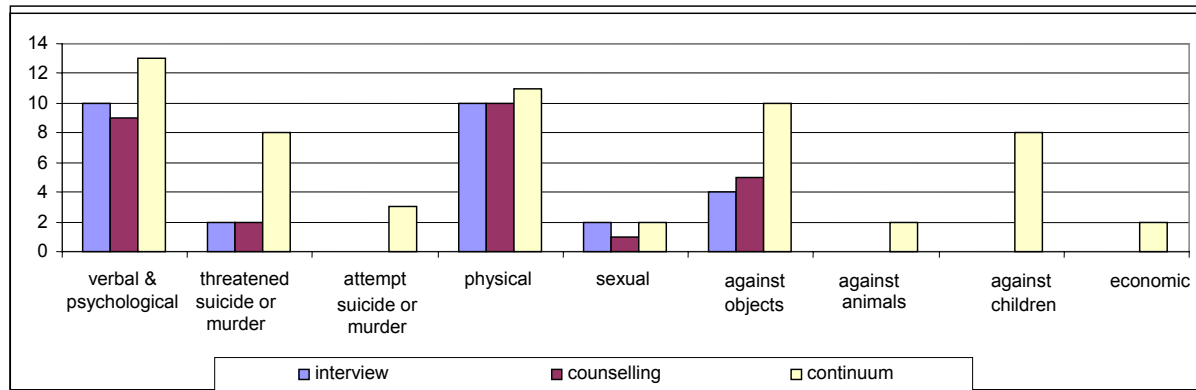


Fig. 3 Typology of the violent behaviour disclosed at each stage of the programme, with the number of participants (n = 14, several possible replies)³⁰

Violence against children emerges as a theme for almost half the participants. They realise that the violence enacted is not confined to that inflicted directly on the partner, but also takes in gestures that may alarm any person present when the act is committed.

3.6.2 ACCOUNTABILITY

Participants' evolution in terms of accountability was analysed from the perspective of the meaning assigned to recourse to violence, participants' perception of their role, and internalisation of behaviour modification³¹.

³⁰ Seer Table, Appendix .

³¹ Here the theoretical framework is based on the approach developed by Prochaska, J., Norcross J. & DiClemente, C. (1994). *Changing for good*, published by Morrow & Company: New York.

i. Recourse to violence seen as a problem

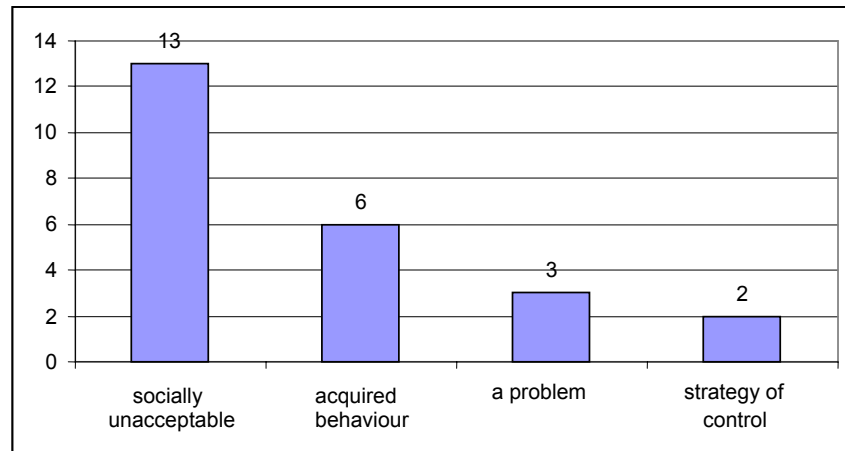


Fig. 4 Classification of the acts committed: number of participants (n = 14, several possible replies)

The group work enables the participants to contemplate their violent acts in a new light: use of violence is increasingly given a negative connotation. Several of the participants also become aware that they are replicating actions to which they were directly or indirectly subjected. In the final assessment, however, this intergenerational violence no longer comes out as inevitably foreordained: belief in other registers of interactions with the partner has become possible.

For virtually all participants (13 out of 14), recourse to violence is perceived at the end of the sequence as an undesirable mode of communication within the family, one which has to change.

ii. The abuser's active agency in perpetration

With time the participants talk less about their acts, focusing more on the perceptions which they have of their role and on their inner complexes underlying the recourse to violence. In this way, two-thirds verbalise what went on inside them. In particular they speak of the anger they felt, the wish to control the partner, or their difficulty in coping with frustrations. A similar mechanism prompts a small group to acknowledge that recourse to violence corresponds to a more general strategy and forms part of the relational pattern.

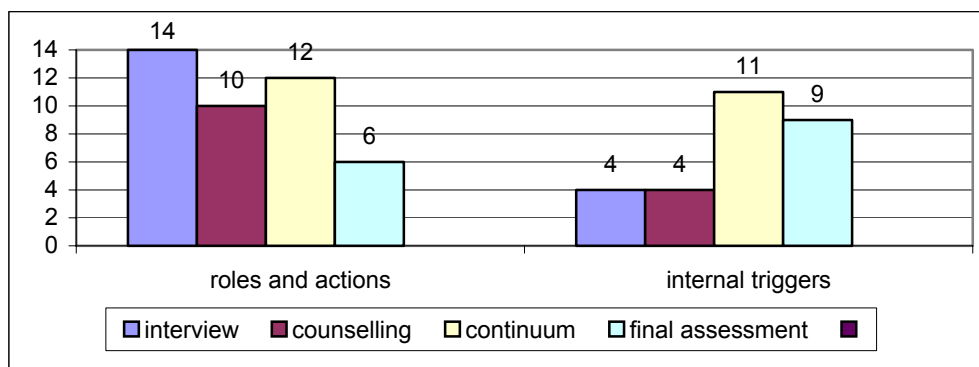


Fig. 5 Evocation of roles and actions, and the internal triggers for use of violence: number of participants (n = 14, several possible replies)

Two-thirds of the participants who complete the programme are thus at the second level of accountability. They tackle aspects that pinpoint their role as agent; they tend less and less to describe themselves as victims of their partner or of events. These men progress from strictly factual thinking to introspection.

iii. Internalisation of the behaviour modification: work on strategies

During the final assessment, the participants lay particular emphasis on the cessation of physical violence³², the new patterns of communication with those around them, and management of their emotions. Moreover, nearly three-quarters claim to have developed protective factors³³. By this expedient they equip themselves to reduce the risk of a relapse. They consider themselves to identify their needs more accurately and to be more involved in activities that bolster their identity and well-being. It is important to note that most participants capitalise on the efforts which they have accomplished, through their participation in the group but also by altering their behaviour towards significant others. Analysis of the men's speech content would indicate that three-quarters have raised their self-esteem.

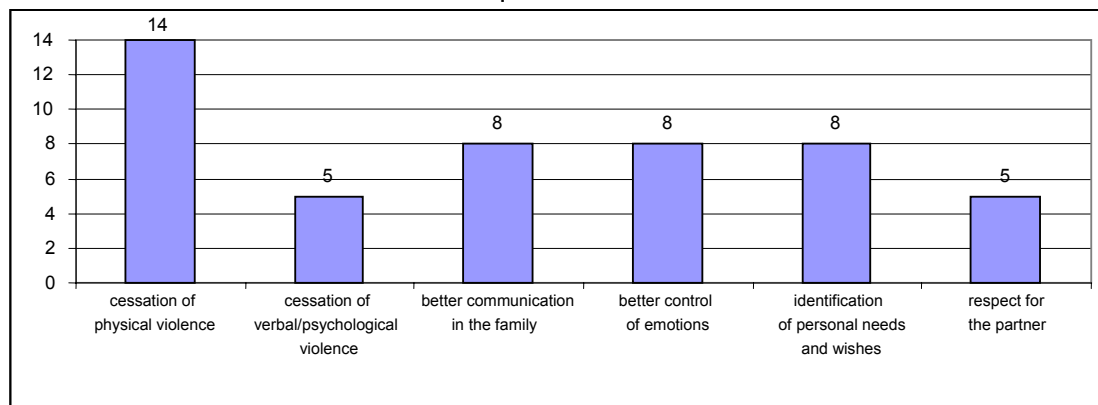


Fig. 6 Typology of outcomes at the end of the first cycle: number of participants (n = 14, several possible replies)

The group is described as a reassuring and benign environment, and felt to be supportive. Participants especially mention the quality of their attentive reception.

Towards the end of the programme, three-quarters of the individuals have grasped the importance to themselves of acting otherwise (10 participants at the time of the final assessment as against 4 during initial counselling). In this perspective, they all set themselves objectives to elaborate. These avenues to be explored are linked with their attainments and primarily concern personal development. One person in two wants to continue receiving support in order to carry on the work of self-reappraisal, principally by continuing to attend the group or via an individual therapy procedure.

³² For two persons, we do not have "confirmation" from the operators and the other group members that the violent behaviour ceased. Consequently, we consider it very likely that for three-quarters of the participants, physical violence ceased for the duration of their presence in the group.

³³ By *protective factors* we mean the development in the person of skills enabling him to take action to improve his quality of life and preserve his mental balance. As a result, the person can resolve the difficulties and forestall recourse to injurious behaviour. In: http://www.prevention.gc.ca/fr/library/publications/fact_sheets/CMP/risk.html, Risk factors and protective factors / Department of Public Safety and Emergency Preparedness Canada. Site visited in September 2004.

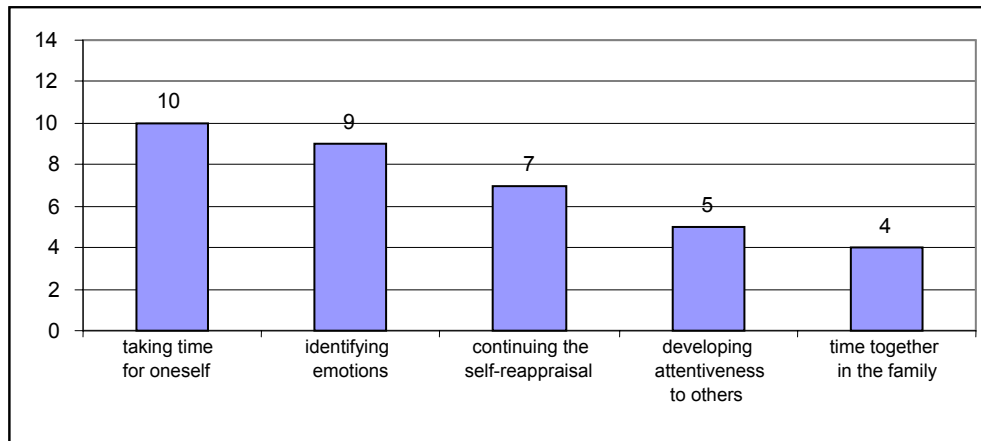


Fig. 7 Typology of aspects requiring further work at the end of the first cycle: number of participants (n = 14, several possible replies)

Most participants (13 out of 14) match the third level of the evaluation criteria³⁴ in that they talk about themselves in the main: the female partner's attitudes are no longer the focus of thought. This positive form of egocentricity is a definite sign of accountability.

This way of thinking nonetheless has limitations; by emphasising protective factors alone, to the detriment of risk management³⁵, some participants could develop excessively egocentric attitudes, that is they have a tendency to force their own desires on those around them regardless of what the latter may want.

Generally speaking, the level of accountability attained by all participants who complete an initial cycle has evolved positively. Differences may be observed between individuals. Their progression depends on the degree of accountability present at the start of the group work. Indeed it would appear that those who view use of violence in the couple as socially unacceptable quickly centre their thinking on themselves. As a result, their change in behaviour is taken to heart from the outset of the group work and if so there is definitely less risk of reoffending. This observation applies to one in two participants (7 out of 14).

By contrast, for the second half of the group having a medium level of accountability at the end of the programme, there seems to be a risk of relapsing into violence (6 out of 14)³⁶. The persons concerned, even if they have acquired aptitudes, still perceive recourse to violence as a "reaction" to a given event. Thus there exists some degree of vulnerability. These men seem to be aware of it since most state their wish to continue the work of self-reappraisal. The aim is to consolidate the outcomes.

3.6.3 EMPATHY

The development of empathy in participants hinges on identification and verbalisation of the emotions felt by the abuser, then those of the victim(s), and on unconditional respect for the emotions apprehended.

³⁴ For information, the third criterion corresponds to the fact of the culprit proposing and applying concrete strategies to avert the use of violence against his partner.

³⁵ Risk factors signify working on the personality traits, circumstances and surroundings in which there are elements of risk that the individual may resort to injurious behaviour. The main concern here is facilitating a relationship in which both partners are equal.

³⁶ We determined that one person's sense of accountability remained at a very low level; very high risk of reoffending in our opinion.

The group work helps develop the aptitudes needed to identify emotions. Thus it is not surprising to discover that at the final assessment all participants discern that they have been able to identify and verbalise at least part of their emotions (14 out of 14). A progression is observed in all cases. They are better able to apprehend and modulate negative as well as positive emotional states. These attainments nonetheless remain tenuous as the aspects needing further work relate primarily to this treatment of emotional content.

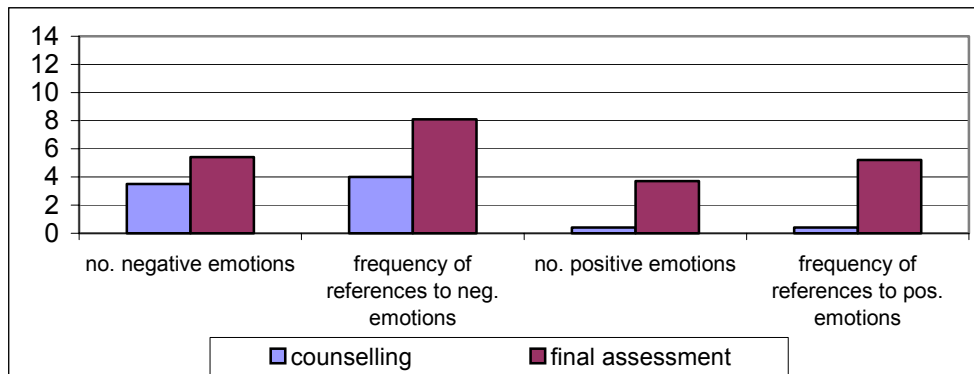


Fig. 8 Verbalised negative and positive emotions, according to the number of emotions mentioned and the frequency of participants' references to them, in average figures (n = 13, several possible replies)

Nearly half the participants succeed in vanquishing self-centredness, tackling the question of what the victim(s) must have lived through in the context of the latest violent event. When they do this, the fears experienced form the sole content of their verbal expression. Thus the foundations of empathy seem to be laid for most participants; they agree to ask themselves questions concerning the emotions of people around them. However, the whole range of emotions that may emerge during the cycle of violence is but sketchily registered.

Only a quarter of the participants mention other situations in which family members talk about their torment as well as their restored well-being. These men do not perceive emotions purely in the momentary time-frame of perpetration of the act. They also say they want to develop their abilities in this respect.

The third empathy criterion, which is unconditional acceptance of the other person's emotions, is apparently not fulfilled. We were in fact unable to discern in the men's speech any sign of the emotions aroused in them by realisation of the victim's or victims' feelings.

In conclusion, the criteria of disclosure and accountability are met for almost half the participants. Among those who identify their shortcomings, the majority want to take part in a second cycle and thus display accountability. On the debit side, empathy towards the victim is only slightly developed, chiefly because of the priority given to work on the abuser's own emotions. This aspect especially should be examined, perhaps in the course of a second cycle. Indeed, only when the participants manage to discern and accept that their partner – and/or their children – experiences feelings as varied and differentiated as their own will they really be able to take the needs of the latter into account. This thought process is the basis for building an egalitarian relationship. It will allow the risk of relapse into violence against the partner to be appreciably reduced.

4. QUESTIONS FOR FURTHER DISCUSSION

- what are in your country and/or for you the most controversial issues regarding the therapeutic treatment of violent men?
 1. Several associations of separated fathers endorse the self-styled victim rhetoric of certain men who complain that structures like Violence et Famille only cater for men committing marital violence. This rhetoric argues that a symmetry of violence exists between men and women concerned and calls for provision of the same support facilities for male victims of violence. As there are several structures dealing with male victims and very make use of them, the line of argument does not seem consistent with the reality of needs.
 2. At present, plans for removal from the home raise certain issues as to the extent of the security that the police can guarantee for women remaining in the home. An effort of combined reflection to strike a balance between removing the abuser and mentoring him, together with his victim and children, is also needed.
- would it be of interest for your work to have a relationship with other therapists in other countries?

Yes; although this is already the case as indicated above, present contacts and encounters pertain to intermittent occasions without an institutional basis. We earnestly wish to institute European co-operation for an integrated policy to combat marital violence ("gender mainstreaming" in respect of marital violence).

- how could an exchange of information between therapists in various countries be organised?

The organisation of international gatherings on specific themes (national policies, funding arrangements, methods of assessment and research, the advantages and limitations of the different models, information to political and authorities, etc.) and of joint training courses establishing correlations between the different treatment models and tools would seem to us an excellent means of exchanging information and experiences in order to enrich our practice.

- would an exchange of information via Internet be a good idea?

Yes; it affords rapid access to written information albeit with certain language-related limitations, besides which this type of information exchange cannot replace either human contacts or pooling of practical experience.

- would you be in favour of setting up a network of European therapists working with violent men?

Yes; it could have the themes listed above as its goals.

We would point out that the "Violence et Famille" operators are social workers who, although they conduct group work with therapeutic outcomes, do not deal with a population whose violence-dominated behavioural configuration belongs to the sphere of psychotherapy or psychiatry. While the consequences of marital violence have a cost in public health terms,

marital violence in the persons whom we encounter is not an illness but a social construct and as such primarily constitutes a societal problem calling for dedicated official policies.

- which foreign language(s) do you speak, read and or write?

English and Spanish (more for reading than for writing).

B. CONTRIBUTION OF MR KLAUS MAYER

Bewährungsdienst Zürich II

The delinquency orientated training programme „Partnership without violence“ of the Probation Service of Zurich

1. TRAINING PROGRAMMES OF THE PROBATION SERVICE OF ZURICH

In 1999 the Probation Service of Zurich started to develop delinquency-orientated training programmes for some specific groups of offenders. One of them are men using violence in their partnership. Other programmes are developed for drunk drivers, speeders and persons with offences against property.

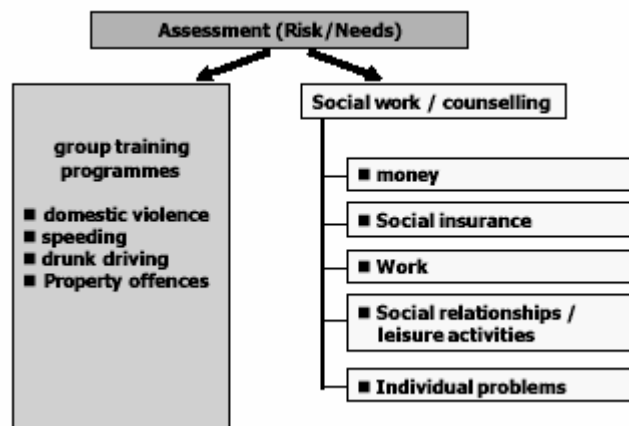


Figure 1

2. WORKING WITH MEN WHO BATTER

The training programme “Partnership without violence” is based on cognitive-behavioural principles and aims a significant reduction of the risk of re-offending of the participants. The programme focuses on reflecting the circumstances and personal background of the offence and on taking responsibility for the act of violence. The participants are improving their personal abilities of self control, and enhancing pro-partnership attitudes and communication skills. The training programme is part of the penal system, its participants are forced to take part by a court decision. The programme is a complementary approach to the counselling institutions, which addresses at voluntary clients.

3. PARTICIPANTS WAY INTO THE PROGRAMME

The participants are assigned to the Probation Service by prosecutors and courts to execute an assessment interview. The criteria are (1) confession of guilt, (2) the ability to communicate in German and (3) a sentence on parole is expected. The assessment process aims to check out his personal ability to join the training group and whether the programme is the right intervention to reduce his risk of re-offending. If the finding is positive, the court or the prosecutor will pass a sentence which contains the order to join the delinquency-orientated training programme of the Probation Service.

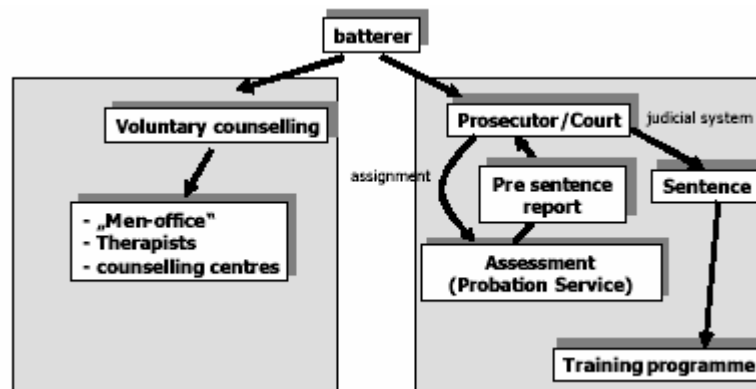


Figure 2

4. PROGRAMME STRUCTURE AND EXECUTION

The training programme „Partnership without violence” contains 16 group sessions and three booster sessions. Each group session is lasting 2 ½ hours and takes place once in a week, each booster session lasts about 50 minutes and takes place in an interval of three month after the ending of the 16 group sessions. The group sessions are conducted by a male and a female trainer and consist between 6 and 8 participants.

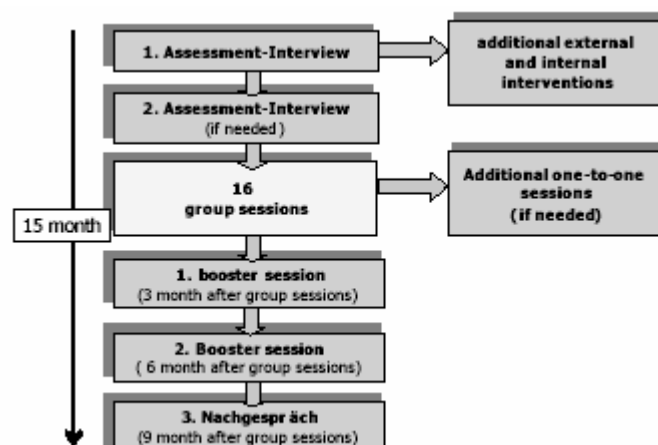


Figure 3

5. STANDARD AND INDIVIDUAL INTERVENTIONS

programme by the probation service.

6. COGNITIVE-BEHAVIOURAL INTERVENTIONS

The training programme is based on cognitive-behavioural intervention principles. It contains five learning steps: (1) The participants are learning to talk about their acts of violence, to take responsibility for their offence and to prevent re-offending. (2) They find out, which behaviour and attitudes are related to their risk of re-offending. (3) They are setting personal aims for changing attitudes and behaviour. (4) They improve their ability to handle aggression and frustration, to control their own actions and to communicate in a pro-social way with their wives. (5) They develop an individual action plan, which contains personal high-risk situations for relapse, how to prevent these situations and how to cope with these high-risk situations without using violence again. During three booster-sessions it will be proved, whether this action plan works or if it must be adapted to personal risk-factors.

7. COOPERATION WITH OTHER INSTITUTIONS

The probation service cooperates with the justice authority, especially the courts and the prosecutors. Further partners of cooperation are an information and counselling centre for men (called "men-office") and an information and counselling centre for women, especially victims of domestic violence. The victims are invited to take part in a counselling interview by the counselling centre for women. In addition they get information about the programme and the participation of their partner (or Ex-partner) in the programme by the probation service.

8. PROGRAMME EVALUATION

The effectiveness of the delinquency orientated training programs are reviewed by an evaluation study. The results of the treatment group will be compared with non-treatment control groups. The final report assessed by an independent evaluator will be available in September 2005. It will take into account the criminal records of the participants after having completed the training. As a result of ethical considerations no non-treatment control group was used for the "Partnership without violence"-programme.

9. CURRENT DISCUSSION

The current discussion is focused on the following questions: Is voluntariness an essential condition for effective training with violent men? What is voluntariness? Is it possible to work effectively with involuntary clients? The Probation Service of Zürich is making efforts to communicate that it is possible to work effectively with involuntary clients, if the interventions are complementary to the fact of low motivation.

10. EXPERIENCES

Working with involuntary clients requires specific interventions to stimulate motivation of the participants. Experience teaches us that no change in behaviour will last, if it is a consequence of external pressure. Internal motivation is essential to achieve a lasting change in behaviour. We believe that the combination of external pressure by sentence and internal motivation is the best way to get the batterer into the programme and keep them working at their problems.

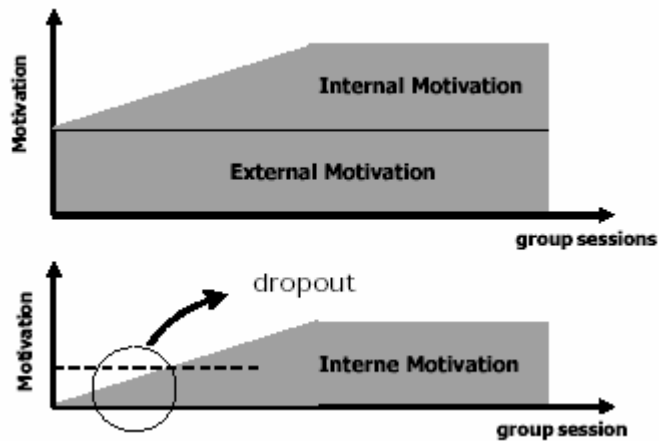


Figure 4

11. Process orientation

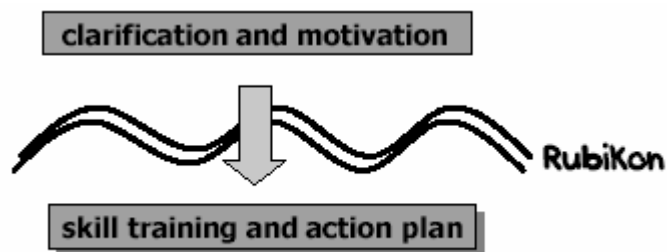


Figure 5

12. NETWORKING

The Probation Service of Zürich is interested in an exchange of experience and information of working methods, results and new developments in working with men who batter. Maybe a newsletter distributed via email may be a platform for information and exchange.

UNITED KINGDOM

CONTRIBUTION OF MR CALVIN BELL

Ahimsa

Working for change with men who commit violence against women they know

MY EXPERIENCE IN THE FIELD

I am founder and director of *Ahimsa* and have extensive experience of working in the domestic violence field particularly with (mainly heterosexual) men (both individually and in groups) with histories of violent and abusive behaviours. I have some experience of working with sex offenders, both in community and prison settings. My clinical work has also involved supporting both male and female 'victims' of domestic abuse. In 2002 I set up a regional telephone help-line for heterosexual and gay men experiencing domestic abuse; this is developing into a nationwide service. I have worked in a Women's Refuge where I gained experience of working with children exposed to domestic violence against their mothers. In the early 90s I was employed by my local Probation Service to develop its own programme for court-mandated domestically violent offenders.

I have received numerous commissions to design and deliver training in various aspects of domestic violence from a number of U.K. and overseas organisations such as: the United Nations Inter-Regional Crime and Justice Research Institute, Helsinki University Knowledge Services, the Finnish Department of Health, the Caribbean Association of Feminist Research and Action, the Royal Marines, the Royal Navy, Police authorities, Social Services, Health Authorities and numerous non-governmental organisations. Such contracts have included training: Ministry of the Interior staff and Members of Parliament in the Republic of Lithuania; senior social work, police and military personnel in Suriname (South America); criminal justice professionals in Curacao (Antilles); and statutory and voluntary sector trainers from the English-speaking Caribbean. I recently completed a commission to help establish an intervention programme for domestic violence perpetrators in Guyana (South America). I have been commissioned to write various domestic violence training manuals and I have also developed a domestic violence awareness training programme which has been accredited in the UK by the Law Society and the Bar Council.

More recently, my work has also taken me into the legal arena where much of my time is spent compiling risk assessment reports and treatment recommendations for social services and legal practitioners where there are child protection concerns because of domestic violence or disputed residence/contact proceedings. I have developed a model for evaluating risk in such cases and have acted as an Expert Witness in Family Law Proceedings since 1996.

AHIMSA'S EXPERIENCE IN THE FIELD

Ahimsa is a not-for-profit organisation based in Plymouth (a city of approximately a quarter of a million in habitants), in south west England. It is one of only a small number of such NGO projects in the UK providing specialist assessment and correctional programmes for perpetrators of domestic violence and integrated support services for their partner/victims. Though diminishing resources mean we are currently able to accept only 150 referrals of men per year, the Charity has worked with over 2,000 violent men (and more recently with violent women) during its fourteen years' experience. Whilst a significant proportion of our referrals have been of court-mandated men, the majority have 'self-referred' (though pressure from the partner is usually the precipitating force). *Ahimsa's* Women's Service supports the partners of men attending the perpetrator programme and provides limited psychotherapy services.

The agency is also developing its bespoke treatment services, working separately and sometimes jointly with parents of both sexes in child protection in the context of domestic violence.

In recognition of the socio-cultural as well as bio-psychological origins of men's violence, Centre staff actively participate in domestic violence forums and other multi-agency initiatives to raise public and professional awareness, dispel myths and develop policy. The Centre is a founder member of Respect, the UK's National Association for Domestic Violence Perpetrator Programmes and Associated Women's Services.

AHIMSA'S DOMESTIC VIOLENCE PERPETRATOR PROGRAMME

Aim of the programme

- to maximise partner/victim safety and prevent repeat victimisation

Programme constituents

- provision of support service to partner/victim (on referral of her offending partner) from *Ahimsa's* integrated Women's Service
- assessment of the abusive man's eligibility and suitability
- typically a minimum of 10 individual weekly sessions in preparation for group-work
- a minimum of 48 weekly group sessions
- follow-up sessions, as required

Eligibility criteria

- male aged 18 years or above, who is an active father
- history of violence against a female partner
- ability to comply with programme attendance requirements
- no outstanding charges for domestic violence offences (otherwise refer after disposal)

Suitability criteria

- admission of culpability for his violence
- acknowledgement of the unacceptability of the use of violence and abuse
- acceptance of some responsibility for his violent actions

- admission that he may be at risk of further violence
- some remorse for his violence
- some sensitivity to the consequences for his victim
- some (internal) motivation to change
- willingness to participate in group-work

Unsuitable factors

- severe (untreated) mental health problems
- severe learning difficulties
- inability to meet the attendance requirements
- chaotic or unmanageable drug/alcohol use
- sex offenders where index offence is sexual
- unwillingness to provide details of most recent and / or current intimate partners

Our clinical approach with men is an integrated one drawing upon feminist analyses of power and gender, cognitive-behavioural principles, psychodynamic perspectives and learning theory. Having experimented with programme duration and various methods of intervention, *Ahimsa* currently delivers a minimum of 10 individual sessions before putting a man forward for the group phase. It has consistently been our experience that to do so earlier is a false economy, making the group-workers' task much more difficult. Whilst we have found costs and benefits to both 'closed' and 'open' groups, we prefer open rolling groups, in which new men join the group as soon as a place becomes available: operationally, this is more efficient and clinically, this enables new group members to join an established, continuous group culture. We have always mixed court-mandated clients with 'self-referred' clients and have experienced no particular difficulty in doing so.

Guiding principles of our service

1. 'First do no harm': the safety of others, especially women and children, is primary

We believe that our first overarching responsibility to our service-users is not to make matters worse. This is easier said than done. Our service has a broad range of objectives but there are occasions when they compete for priority. For example, challenging a male perpetrator about his denial with information derived from his female partner could easily put the woman at increased risk. We have learned that in providing perpetrator programmes, the needs and safety of women and children must therefore be our *first* priority. We now monitor all aspects of *Ahimsa's* practice to ensure that no action is taken which would compromise their safety.

2. Linked support services for partners are essential

In 1994, increasingly conscious of the very real dangers to female partners of delivering perpetrator programmes to men without linked women's services (see Bell 2001), we introduced an integrated Women's Support Service which our agency now regards as an essential component of best practice, as does Respect.

Both services share the same building (though women are seen on other premises where their needs for safety dictate) in order to take advantage of economies of scale, to minimise splitting and to maximise liaison. We recognise that the very offer of a service to her partner is likely to be the most significant factor in a woman's decision to stay in a violent relationship or to return when she might have otherwise stayed away. We also know that male clients repeatedly deny, understate and justify their violent actions and many have abused the

service by making false claims to their partners about attendance or about their counsellor's recommendations. Apart from providing information about legal and support services, regular contact with partners also enables us to gauge the man's minimisation, assess risk, emphasise that the man's violence is entirely his responsibility (many of the women have been convinced that they are wholly or partly to blame) and dispel any unrealistic expectations she may have about the prospects of him changing. It also allows a woman to verify her partner's attendance and his level of commitment to the programme. A partner is offered supportive counselling to help her consider her options and to develop a personal safety strategy should she decide to remain in the relationship for the time being or feel that to leave at this time would be too dangerous. We also offer psychotherapy and/or group-work for women to address the psychological consequences resulting from her (current or earlier) abusive experiences. In selected cases we provide 'couples counselling', though only when we are convinced that it is safe for a woman to participate.

3. Partners are offered complete confidentiality

Because of the need to prioritise a victim's safety, except when overridden by our child protection policy, we always extend to a partner complete confidentiality. We therefore never divulge any information about a woman to her abusive partner unless she asks us to and then only if we are convinced that it is in her interests to do so. However, in order to manage risk and to maximise the effectiveness of our interventions, where appropriate, information and perspectives about clients is shared with colleagues, requiring a high level of professional integrity and trust within our mixed gender team. Confidentiality is therefore held by the agency as a whole rather than by the partner service or individual worker.

4. The confidentiality that we offer abusive individuals is limited

Whenever possible, we respect a perpetrator's rights to privacy but our first responsibility is to contribute to public protection, so we communicate routinely about abusive individuals on our programmes with other professionals concerned (probation officers, social workers etc). We also recognise a 'duty to warn' anyone we think is at risk from them. Because an abusive man's contact with a perpetrator programme has enormous implications for his partner/victim, we also keep the women fully informed about her abusive partner's attendance and about the nature of his engagement. We also consult with her beforehand if we feel we need to terminate her partner's 'treatment'.

5. Maintaining the integrity of the family unit is not our concern

We support women and gay partners who wish to remain in a relationship but our primary task is to improve victim safety: We do not work to maintain the relationship or the integrity of the family unit. In fact, some of our work involves facilitating safe separation (often the most dangerous time for women in violent relationships), especially for women whose previous attempts to leave have failed because of their abusive partner's actions. We therefore seek to measure our performance not merely by the changes we are able to bring about in an abusive man but by the extent to which we have contributed to an improvement in the safety and welfare of the woman concerned (and the children)

6. Perpetrator programmes should form part of a co-ordinated community approach

Domestic violence is a complex social and criminal phenomenon in part because of the unique relationship between the victim and perpetrator but also because of the pervasive cultural attitudes which continue to condone or tolerate such behaviour. Complex crimes require sophisticated efforts to eliminate them. Whilst we regard those who perpetrate abuse as responsible for it, they are also products of an oppressive social system in which the abuse of power and use of violence is commonplace. The fundamental social changes

needed cannot be achieved by tertiary intervention projects which can contribute only a very small part to the overall impetus needed to address domestic abuse. A key priority must be the co-ordination of responses from all statutory and voluntary agencies involved to ensure the safety and welfare of those at risk, to maximise the use of scant financial resources, to identify and fill gaps in service provision and to promote public awareness and campaign for social change.

We believe that refuge accommodation and support services for women are prerequisites to effective perpetrator work and that perpetrator programmes should not operate in isolation from women's services or from other agencies tackling domestic violence. We seek to provide information about our programmes to other local service providers and to foster good relations to ensure mutual referral and case consultation. Interventions for change are more effective if both victims and perpetrators receive the same messages whatever service they access.

7. Where domestic violence is a crime it should be treated as such

Historically, husbands were held responsible by the courts for their wives' behaviour and domestic violence was not only tolerated but approved of. However, domestic abuse is increasingly being seen as a public and not a private matter and where it constitutes criminal behaviour we believe it should be addressed by the criminal justice system. It is clear that at least for some offenders, arrest alone may prove a significant deterrent against further violence. We therefore support prosecution. Moreover, because prosecution and conviction rates remain so low, we believe it is important to change cultural attitudes for domestic violence to be seen as a legitimate concern of the courts. Whilst we are of the view that prison terms without treatment rarely offer anything other than a very temporary respite for victims, we do believe that sentences should reflect the seriousness of the crime. In many courts domestic violence is still regarded with little more seriousness than shoplifting. We also share others' beliefs (Dobash & Dobash 2001, Heerys 2001) in the symbolic and denunciatory value of the law being applied to domestic violence. Moreover, domestic violence is a unique crime. It is generally gender-specific, it is targeted (we know who the victims will be) and often very calculated (many men are careful to assault in a way that minimises its evidence), it is highly recidivist and involves repeat victimisation. Humanistic counselling, controlling aggression or anger management interventions are inappropriate community or prison-based treatments.

Where our programmes are offered as a sentencing option for the courts, we maintain close co-ordination with probation staff to ensure that the offender is held fully accountable. We also strive to ensure that our perpetrator programme is never used as a diversion from the process of prosecution.

8. Mandated treatment places should be accompanied by voluntary places

Whilst we believe that everything possible should be done to criminalise domestic violence, it is unrealistic to think that the criminal justice system will be able to provide an adequate response to much of the violence and abuse perpetrated in the home. Much of what we regard as comprising domestic violence does not in fact constitute criminal behaviour. Most domestic violence goes unreported and typically only 2% of reported assaults reach the courts (British crime survey 1996). Moreover, research findings appear to suggest that the reporting rate to the police of domestic violence incidents has begun to plateau. The Centre for Criminological Research at Oxford University (Hoyle 1998), for example, revealed that more punitive responses to perpetrators do not result in more satisfied victims, challenging assumptions that the interests of a domestic violence victim/survivor are automatically best served if their abuser is arrested and charged. Whilst victim/survivors reported increased satisfaction about police attitudes to their plight, there was widespread dismay at the

prospects of the wider criminal justice system's ability to accede to their wishes or to meet their needs. Most women wanted help for their abusers not punishment (especially those who are mothers). The criminal justice system was seen by most victims as an exceptionally clumsy and ineffective tool in delivering either.

Recent data extracted from Plymouth City statutory returns (see table) provide one illustration of the high attrition rates within the criminal justice system, which also no doubt accounts for much victim dissatisfaction. Even allowing for a geometric improvement in conviction rates through the legal system, it seems unlikely that court-mandated perpetrator programmes alone will ever do more than respond to a minute proportion of men who perpetrate violence.

<i>Locality population</i>	350,000	
<i>Women over age 16 years</i>	100,582	
Annual prevalence of domestic violence (say 11%)	11,000	100%
Incidents reported to the police in that year	3,288	30%
Prosecutions	224	2%
Convictions	98	0.8%
Sentenced to attend a programme	7	0.06%

Research by Burton et al (1998) emphasised that victims valued the availability of voluntary referral facilities for abusive men as they could demand attendance as a condition for their relationship continuing. Routes to self-referral are typically much more readily available within the remaining voluntary sector projects.

Furthermore, abused women are not direct beneficiaries of prosecution (Brasse 1999). They benefit more from protection, which both civil and criminal law have been notoriously ineffective in delivering. In those voluntary sector agencies working with both victims and perpetrators of domestic abuse, maximising the safety of victims has always been the central tenet of intervention and has taken precedence over attempts to engage the abusive partner in the process of change. It is a false assumption that to focus on the latter will automatically lead to the former.

In my opinion, there is therefore a strong argument for the sponsorship and active support of NGO sector and partnership provision to ensure the complementary development of services which are readily available to non-court-mandated clients.

9. Awareness of the limitations of effectiveness

We recognise the limited scope of individual clinical interventions particularly as a sole method for enhancing safety and eliminating violence and abuse. We therefore acknowledge the importance of not making false or unwarranted claims about programme effectiveness in order to avoid contributing to a false sense of security among clients, the wider community and the media.

10. The provision of regular supervision for workers is essential

Working for change can be a very demanding process for people who have perpetrated or experienced abuse but it can also be emotionally and clinically for staff. We therefore regard the provision of regular clinical supervision and support for workers as an *essential* component of safe practice and professional development. supervision also provides a

forum for information and perspective sharing on which our interventions rely so heavily as well as a context for resolving conflict or tensions among staff or other members of the organisation.

11. Effectiveness and evidence-based practice take precedence over ideology

As well as frequent dilemmas in managing competing objectives, we also face many tensions within our values both within our management structures and intervention programmes. For example, accountability is a key theme throughout our work with perpetrators and yet if we were to terminate an abusive man's group place upon any disclosure of further incidents of violence and abuse, the effect would be to silence the rest of the group from disclosing in the future, thereby reducing the effectiveness of the group process. We therefore regard maximising safety and 'what works' as higher order priorities than the rigid implementation of ideology. We also believe that multi-dimensional explanations hold the best promise for understanding violent and abusive behaviour and informing practice. nevertheless, however much we seek to understand or to find meaning in an individual's violent or abusive behaviour, it does not mean that we in any way excuse it.

12. We try and 'practise what we preach'

On the premise that it is 'easier to fight for one's principles than to live up to them' (Alfred Adler), it is part of our working philosophy at *ahimsa* that staff members should strive to apply in their own lives (both at home and at work) the same principles that we try to impart to our clients. We also try to ensure that our core values are reflected in our management styles, organisational norms and supervision.

EVALUATION

The issue of (meaningful) evaluation is very complex. There is agreement among many researchers that both the quality and quantity of empirical data supporting claims of successful programme outcomes are very much in question. Though there are encouraging signs, the field has a long way to go before being confident in assuming that domestic violence intervention programmes actually work at all in the longer term, let alone what method works best with whom and when and under what circumstances. Estimates of programme effectiveness, for example, have been alleged to be more dependent upon differing offender characteristics (whether unemployed, mandated, highly motivated etc) and acceptance criteria than upon programme methodology or curriculum content. Moreover, there are assertions that it is the *context* in which programmes are delivered and other extraneous factors that have a far greater impact upon outcomes than simply the effect of clinical treatment. For instance, The celebrated Duluth programme in the US stresses that it is the *combined* effect of a multi-agency initiative including criminal justice and other community sanctions with perpetrator programme attendance over a long enough period which contribute to beneficial outcomes and that attempts to measure the efficacy of each discrete agency may be futile.

Some activists argue that it is far more relevant for assuring the safety of women to assess the consequences imposed on men who are domestically violent by the various parts of the criminal justice system than to attempt to measure the effects of programme attendance on a particular man. Furthermore, to focus energy on studying programme outcomes and debating rates of success or the relative merits of different programme modalities may serve to divert attention away from the impact of community reduction strategies and larger social policy issues.

Furthermore, I would argue that the performance of programmes should be measured against their ability to maximise victim/partner safety and to prevent repeat victimisation rather than against the behaviour of individual offenders. At *Ahimsa*, before and during treatment a considerable number of victims/survivors leave their male partners: regularly over half of all such relationships break up. Facilitating safe separation between a couple (a time which for many women poses the greatest risk of harm) can contribute to saving a woman's life and yet may be lost if performance indicators focus solely upon perpetrator attitude or behaviour.

Summary of *Ahimsa's* research pilot

Moreover, credible evaluation is extremely costly. Nevertheless, in 1999 *Ahimsa* engaged independent researchers from the Centre for Social Policy to advise on its treatment evaluation and its first pilot has recently been completed, the results of which we hope to publish later this year. In summary:

Whilst *Ahimsa* continues to receive referrals from every postal code area of the city, numbers are at their greatest in the most socially deprived areas, giving further evidence of the strong association between domestic violence and poverty.

Over the 5 years 1997-2002, between two thirds and three-quarters of those referred to the Centre kept an initial appointment and began the assessment process. The information about the men collected at that time demonstrates that, when compared to reports on the types of client coming to similar agencies both in North America and on a much smaller scale in the U.K., *Ahimsa* has a client population whose social characteristics place them squarely in the international mainstream of men who are violent to their partners and seeking, or being sent for, help to change.

After attending and understanding more fully the demands of the treatment regime, routinely just over a third of the men drop out during the first stage initial assessment. Those who do drop out are very similar in character to those who are reported to do so by very many agencies in the field. There is actually very little research data available on why men leave treatment and the geographically mobile nature of much of the client population sometimes makes tracing dropouts very difficult.

About a quarter of all men initially seen stay in treatment to the final stage of group work, usually by then lasting between two or three years. Considering unstable life circumstances and, for many, the stress of living in a deprived environment, this is a considerable achievement and rarely bettered in the research literature showing similar compliance levels.

The best designed evaluation elsewhere shows modest gains compared to control groups/samples. More such experimental evaluation will probably not take our knowledge of effective treatment much further. Work on outcome would, however, benefit from systematic follow-up after not less than 12 months of all those finishing a course of treatment. This would provide more clues as to 'what works' for them. (An essential, but sometimes missing or inadequate, component of evaluation should be the feedback of partners/ex-partners).

Further work comparing their circumstances to others who dropped out early in or at the end of the individual treatment may throw more light on why they terminated. A small pilot series of home visits to men and their families shows that they can mostly be reached and when they and their partners are seen, give useful reports on the changed quality of their lives, post-treatment.

A comparable study of the help to partners or ex-partners by *Ahimsa's* Women's Service shows about two thirds respond initially to an offer of help and over a half are actually seen and assisted. Linking data from both men and women's clinical records enabled pair relationships to be studied and a beginning made on useful typologies of interaction. There were clear child protection concerns since three quarters of all families referred to *Ahimsa* had children.

The outcome research established four end points covering, as far as the records allowed, men's treatment compliance and their self-report on the effect upon them of the group sessions; the partners' account of subsequent violence; a postal follow-up and home visits to families after treatment ended. For those men completing group treatment the evidence is that over half are no longer physically violent to their partners. This is a cautious estimate excluding those without current partners and where clinical file information is incomplete. Many reported significant transformations in the quality of the relationships and lives in general. It is hoped that the full-scale research intended (resources permitting) will enable us to understand more about the impact of treatment of the men's use of other coercive and controlling behaviours.

THE BIGGER PICTURE

UK Practitioners' Network and RESPECT

Many of us who have been involved in working with abusive men in the UK have been meeting on a regular basis since the early 1990s. Whilst early meetings were often difficult and characterised by much friction and conflict among the different factions represented, recent years have seen a more harmonious culture develop and practitioners now meet twice a year at a venue which moves around the country in an attempt to make it more accessible. From this initiative, RESPECT was eventually formed as the National Association for Domestic Violence Perpetrator Programmes and Associated Support Services (RESPECT also has members in the Republic of Ireland). RESPECT's membership has agreed the following programme features as essential to effective clinical intervention with domestically abusive men:

Aims of work with men

The primary aim in working with perpetrators of domestic violence is to increase the safety of women and children. Every intervention and decision made in this work must be chosen with this in mind.

Secondary aims are to:

- hold men accountable for their violence towards women
- promote respectful, egalitarian relationships
- work with others to improve the community's response to domestic violence.

Focus of perpetrator work

All programmes should contain the following as core elements:

- an understanding of what constitutes violent behaviour
- that the perpetrator is 100% responsible for his behaviour
- that violent behaviour is a choice
- that violent behaviour is functional and intentional

- to challenge tactics which seek to deny, minimise and/or blame
- to challenge and change the attitudes and beliefs which support his violence
- to acknowledge and question the social and gendered context of domestic violence
- to challenge men's expectations of power and control over partners
- to develop men's capacity to understand the impact of his violence on his partner and children both in the long and short term
- to learn and adopt positive, respectful and egalitarian ways of being
- the focus of intervention should be on men as perpetrators and not as victims
- projects should avoid collusion with the perpetrator's rationale.

Appropriate settings for perpetrator work

Ideally the major constituent of intervention with work with perpetrators should be group-work. Where group-work is genuinely not possible, individual work should be a planned, structured programme of work adhering to the same principles and standards as outlined for group-work.

Couples work, anger management or mediation are not appropriate settings in which to address men's abusive behaviour towards women.

Programme duration

Behavioural change is a long-term process. Based on the experience of long-running projects in the UK and elsewhere, the duration of programmes, in terms of group-work-linked contact, on the specific issue of men addressing their violent behaviour, should be at least 75 hrs over a minimum of 30 weeks. Programmes of less than this duration are potentially harmful.

Confidentiality

If workers have reason to be concerned for the safety of any persons due to the client's abusive behaviour, they have a duty not to keep confidential those concerns and must limit the client's confidentiality in the interest of minimising the risk to others. This duty may include informing, reporting, or warning other agencies or persons including any current, ex- and new partners. Projects must ensure that their conditions of confidentiality are communicated to, and understood by, the client.

Projects must give current, ex- and new partners of men on the programme, and others at risk from his violence and abuse, complete confidentiality unless express permission is given for that information to be used by the person/s or agencies concerned. In such cases workers still have a duty to use their own discretion so as not to increase the risk to the woman or others.

For more information about Respect, contact Jo Todd on info@respect.uk.net

Marginalisation of the voluntary sector and premature standardisation of programmes

Whilst the Home Office's assumption of lead responsibility for domestic violence was welcomed as a further step toward the active criminalisation of domestic violence, the NGO sector, where corrective work with domestic violence offenders and non-convicted perpetrators largely first developed, has been marginalized and potentially squeezed out completely. It is also felt by some that in the transfer of responsibility from the Ministry for Health, something important has been lost – a more holistic view of the context and impact of

domestic violence and a mind-set which recognises the importance of preventative intervention. Recent trends in the development of corrective programmes have led to a virtual monopoly of Probation provision. In March 2004, the National Probation Directorate's pilot 'pathfinder' programme, the Integrated Domestic Abuse Programme (IDAP), received accreditation from the Correctional Services Panel. IDAP is now being run out across England and Wales, though there are major problems with capacity with increased numbers of referrals from the courts, and questions about the adequacy of funding for the additional women's support services needed.

I believe the adoption of IDAP by Probation Areas marks a premature standardisation of practice. The Department of Justice in the U.S. (where service development is perhaps some 15 years ahead of the European field) recognised that in States where programmes were accredited and standardised, the quality of intervention was compromised and its effectiveness in fact *diminished* (Healey et al 1998). IDAP constitutes a short-term structured educational programme based almost entirely upon the dominant U.S. 'Duluth' model (despite there being no outcome evidence to support such widescale adoption), especially within the U.K. legal and cultural context which does not provide the sophisticated criminal justice sanctions upon which the success of the Duluth multi-agency approach relies so heavily. Though the fully co-ordinated community response developed in Duluth (see Pence and McDonnell 1999) provides an exemplary mechanism/model of for cross-disciplinary domestic violence abatement, one which could usefully be adapted for U.K. implementation, the actual perpetrator intervention programme has been criticised for being unresponsive to individual offenders' learning needs and at times, for yielding worse recidivism rates than untreated control groups.

There is as yet no supportive comparative evaluation to favour one intervention model over another and I regard it as very unfortunate that there has not been greater collaboration at the pan-European level where there appears to be a pool of collective experience spanning many years. Some research suggests that corrective programmes show better results if intervention modalities are fashioned to match offender characteristics and clearly, not all violence is the same. Domestically violent perpetrators constitute a diverse and markedly heterogeneous population and the growing typology literature questions dominant epistemological assumptions that wife abuse is a unitary phenomenon predicated *entirely* on sexism and the patriarchal domination of women, thus posing challenges to the predominance of the sole use of standardised educational group-work currently favoured by Probation as the universal intervention of choice. Moreover, the now extensive body of literature on the personality profiles of men who batter consistently identifies a very high prevalence of personality disorders (narcissistic, anti-social, borderline, socio-pathic). Such deep-rooted personality characteristics are certain to remain untouched by pre-planned short-term educational interventions.

Dominant feminist models reject traditional psychological perspectives on tertiary intervention with domestically violent offenders for adopting an androcentric and individualistic bias which has obscured the very gendered nature and power dynamics of domestic violence. However, the influence of feminist scholarship in psychology may help us avoid losing the baby with the bathwater by integrating cognitive/behavioural and psychodynamic principles within a feminist framework, at least for certain types of offenders. If the appealing but reductionist one-size-fits-all mentality to the design and development of corrective curricula for domestic violence perpetrators is to be avoided, in my view programmes must address the complexity of the aetiological, cultural and motivational differentiators among abusers. Failure to take into account this taxonomic diversity of abusive men is likely to perpetuate ignorance and methodological guess-work and will inevitably condemn projects to continue to deliver very mixed results.

Reducing drop-out among programme participants

Drop-out rates within *Ahimsa's* men's programme remain high (regardless of whether clients are court-mandated or self-referred): typically only some 12% of those referred (many of whom do not attend for a first appointment) actually complete. This mirrors the experience of many other agencies in the field. One of the key challenges facing perpetrator programme providers is understanding and tackling this issue. High attrition rates are perhaps unsurprising, given the inequality of traditional sex roles, the cultural prohibitions of men's help-seeking, men's ambivalence about change, the long waiting lists, and the exacting nature of the treatment demands (particularly of longer programmes such as our own). Moreover, such rates are by no means unique to the field of domestic violence.

Whilst domestic violence is a cross-cultural phenomenon which occurs in all social groups, it is evident that its perpetration is not equally widespread. Demographic factors that put a man at an elevated risk of domestic violence perpetration when compared with the population at large include being:

- aged under 30 years³⁷
- poorly educated³⁸
- currently or intermittently unemployed or on low income³⁹
- in a dating or co-habiting or otherwise tenuous relationship.⁴⁰

³⁷ Research suggests that men aged between 18 and 30 years (Gelles et al 1994, Fagan and Browne 1994, Roberts 1987, Bowker 1983, Brisson 1981) are at greatest risk of committing domestic violence. Saunders (1993) also found that, consistent with other crime and violence perpetration men who are domestically violent tend to be younger than their non-violent peers. In the survey by Straus et al (1980), those under thirty had a rate of domestic violence *three times higher* than those over thirty. According to Steffensmeiser et al (1989), the risk peaks for men aged 24 years.

³⁸ Research has identified men's low educational attainment and occupational status as increasing the risks of their behaving violently to their partners (Hotelling and Sugarman 1990, 1986, Gelles et al 1994, Shields et al 1988, Bowker 1983) especially when inferior to that of their partners' (Hornung et al 1981, Steinmetz 1978, Rounsaville 1978, Gelles 1974, O'Brien 1971).

³⁹ Although without controlling for race, income, education and contact time between partners, it is impossible to say exactly why being without a paid job in itself increases risk (Heise 1998) (see below) but the fact remains that men who are unemployed, unable to sustain permanent employment or on low income are identified in numerous studies (DeKeseredy et al 2004, Gelles 1997, Campbell 1995, 1986 Gelles et al 1994, Stuart and Campbell 1989, Howell and Pugliesi 1988, Hotelling and Sugarman 1990, 1986, DeMaris and Jackson 1987, Stark et al 1981, Straus et al 1980, O'Brien 1971) as posing an increased risk of domestic violence perpetration, including murder (Dobash et al 2002). According to some researchers (Straus et al 1980, Gelles and Straus 1988, Prescott and Letko 1977, Gayford 1975 and Rounsaville 1978) unemployed men enact violence to their partners at between twice and five times the rates for employed men. Paradoxically, men who are employed part-time have even higher rates (Straus et al 1980), suggested by Gelles (1997) as a product of these men experiencing 'the worst of all possible worlds' of no full-time job but ineligibility for unemployment benefit. So called blue-collar workers have also been found to report higher rates of domestic violence perpetration than their white-collar counterparts (Bergman and Brismar 1992, Roberts 1987). McNeil (1987) maintains that a sudden change in employment status such as being made redundant may also be associated with an increased risk of violence.

[DeKeseredy et al (2004) suggest that unemployed men may seek to rebuff aversive feelings associated with being economically disenfranchised through substance use or other risk-augmenting activities such as increased contact with peers which research suggests often promote attitudes supportive of woman abuse (DeKeseredy et al 2003), Raphael 2001). Men's inability to achieve their traditional superiority in earning-capacity within relationships (Fox et al 2002, Riger and Kriegelstein 2000, Stets 1991) may also lead to their employing compensatory ways of retaining the balance of power. Conflict (and therefore an increased risk violence) may also exist within relationships because of women's continued emphasis on a man's bread-winning capacity as an important quality in a prospective husband (Lichter et al 2003).

⁴⁰ Men in casual or cohabiting relationships have been found to be at greater risk of committing both lethal and non-lethal domestic violence than their married counterparts (O'Leary et al 1994, DeMaris and Jackson 1987). In fact, Brownridge and Halli's (2001) review found that cohabitators typically perpetrate violence at between twice and four times the rate of those who are married.

[Some researchers have suggested that this may be because of the higher dissatisfaction levels and greater preponderance of relationship difficulties and infidelity among co-habiting couples compared to their married counterparts (e.g. LaFontaine and Lussier 2002, Brown and Booth 1996, Nock 1995). In their review of risk markers, Aldridge and Browne (2003) point to authors who argue that the joint offspring more commonly found among married couples increase solidarity whereas childlessness is associated with relationship conflict (e.g. Rasmussen

Our own research suggests that those who are at greatest risk of not taking up appointments and not completing the programme are the very men who exhibit these characteristics. It must therefore be of concern that the group of men most difficult to engage with and retain appear to the same group who pose the greatest risk of harm to women and children.

The need for programmes to prioritise children's safety and welfare needs

Whilst most perpetrator programmes address the impact of children's exposure to domestic violence, our work in the child protection arena (where more families affected by domestic violence present than to criminal justice agencies), has led my colleagues and I to feel that there is a need for programmes to increase the emphasis given to children's safety and welfare needs and to men's roles as fathers (including contact issues, contraception etc). Recent research from Bristol University (Harne 2004) reveals that whilst some perpetrator programmes do return promising results in terms of participants' controlling behaviour towards women, none showed significant improvement in men's capacity as fathers. In an attempt to extend the degree to which it looks at fathering, the impact of domestic violence on children, and the ways in which men could make amends for their past behaviour, *Ahimsa* now only accepts referrals of abusive men who are active fathers (since we have to 'ration' our service as it remains so oversubscribed). It is hoped that in so doing we will greatly increase the impact/benefit of our intervention, given the evidence of the inter-generational cycle of harm caused by domestic violence.

Programmes are perhaps facing another landmark in their development, similar to the one encountered in the early nineties in which it was recognised that to deliver perpetrator programmes in the absence of linked support services for women meant potentially putting some women at greater risk. Many practitioners note (and our programme evaluation confirms) that men's active involvement in fathering seems to be a prime motivating factor for them to engage in and complete perpetrator programmes. This seems consistent with experiences in the US, where some projects now include in their assessment sessions videos of the impact on children of exposing them to domestic violence, in an attempt to increase the motivation of prospective candidates.

1981). DeKeseredy et al 2004, however, caution against regarding marriage *per se* as accounting for lower risk levels: correlation does not equal cause. They point to research (Parke 2003) which suggests that higher relationship satisfaction among married couples may be the product of the type of people who choose to get and stay married, rather than of marriage itself. They also argue that whilst married couples tend to be happier than cohabitators, this may result from the fact that married couples also tend to be wealthier. Similarly, the increased prevalence rates among co-habitators may have more to do with other personal and social factors also predictive of domestic violence which often co-exist among unmarried couples (e.g. poverty and substance abuse) and are more likely to be associated with social and economic exclusion than with marriage itself (DeKeseredy et al 2004, Rennison and Welchans 2000.) For example, co-habiting men are more likely to be less educated and unemployed than their female partners (Brownridge and Halli 2001, Ellis and DeKeseredy 1989), a factor which itself has been identified as augmenting the risk of violence perpetration (see above).]

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APPENDIX I

LIST OF PARTICIPANTS

AUSTRIA/AUTRICHE

Mr Heinrich KRAUS
Men's Center Vienna

BELGIUM/BELGIQUE

M. Vincent LIBERT
Praxis

IRELAND/IRLANDE

Ms Dola TWOMEY
Chairperson
Move Ireland
CORK

Mr Noel SYNNOTT
Violence against Women Section
Department of Justice, Equality and Law Reform
DUBLIN

LATVIA/LETONIE

Mr Ansis Jurgis STABINGIS
JŪRMALA

LUXEMBOURG

M. Georges HAAN
"Richt-eraus"
Planning familial asbl
Centre de consultation et d'aide pour auteurs de violence

NORWAY/NORVÈGE

Mr Per ISDAL
Alternative to violence
SJERNARØY

PORTUGAL

Ms Celina MANITA
Faculty of Psychology and Education Sciences
Oporto University
Gabinete de Estudos e de Atendimentos a Vítimas
Centro de Ciências do Comportamento Desviante

SWITZERLAND/SUISSE

M. Christian ANGLADA
Coordinateur
Violence et Famille
LAUSANNE

Mme Susanne LORENZ
Haute école santé sociale - Valais
SION

Mr Klaus MAYER
Bewährungsdienst Zürich II
Lernprogramme
Zürich

UNITED KINGDOM/ROYAUME-UNI

Mr Calvin BELL
Chief Executive
Ahimsa
PLYMOUTH

* * *

SECRETARIAT

DIRECTORATE GENERAL OF HUMAN RIGHTS DGII

Mme Danièle LEVY-PUECH
Administrator, Equality Division

Mme Yvette SCHILLER
Administrative assistant, Equality Division

INTERPRETERS

Mr Christopher TYCZKA
Mme Cynera JAFFREY
Mme Sally BAILEY

APPENDIX II

PROGRAMME

THURSDAY, 18 NOVEMBER 2004

- 9.30-10.00** Opening of the seminar
- 10.00-10.30** Introduction of the participants
- 10.30-11.15** Presentation by each participant of his/her experience of treatment of violent men

Each presentation will last approximately 15 minutes and will be followed by a discussion.

- 11.15-11.30** *Coffee break*
- 11.30-12.45** Continuation of the presentations
- 12.30-14.00** *Lunch break*
- 14.00-15.30** General discussion on the experiences presented and stock-taking of the most controversial issues
- 15.30-15.45** *Coffee break*
- 15.45-17.00** Exchange of views on possible methods to improve the communication between specialists of treatment programmes for violent men and the dissemination of information – Data collection in view of comparing the various types of experiences?

FRIDAY, 19 NOVEMBER 2004

- 9.30-11.00** Exchange of views on the opportunity and possibility for European specialists of therapeutic treatment of violent men to organise networking
- 11.00-11.15** *Coffee break*
- 11.15-12.15** Conclusions and recommendations
- 12.15-13.00** Closing of the seminar

APPENDIX III

GUIDELINES FOR EXPERTS' WRITTEN CONTRIBUTIONS

Each expert is invited to send in advance, or at the latest to give during the seminar, a written contribution, together with its electronic format, on his/her experience in the field of therapeutic treatment of men perpetrators of violence within the family. This contribution will be used both for the introductory presentation of the first morning (a summary might be orally presented) and for the publication of the proceedings or the report of the seminar;

Each expert is free to present his/her experience as he/she wishes, but it would be useful that the following points would be mentioned, so that the further discussion might be organised on the basis of comparable information:

Basis of the treatment

- in your country, is therapeutic treatment of men perpetrators of violence within the family organised on a voluntary basis or by virtue of the decision of a public authority, or both?
- if it is according to the decision of a public authority, which is the issuing authority?
- in your professional experience, on what basis did you work (voluntary basis, decision of a public authority, both)?
- if you worked on the two bases, did you observe differences:
 - regarding the patients' behaviour?
 - regarding the results?

Working methods

- what are the guidelines of your work as a therapist?
- do you work in co-operation with women's organisations or crisis centres for women?
- if it is so, what are the modalities of the co-operation?
- do you work alone or in a group of therapists?
- do you network with other therapists or groups of therapists?

Assessment

- could you assess the results of the treatment?
- if it is so:
 - what are your assessment methods?
 - on what period of time is the assessment done?
 - have you statistical data?
- had you the opportunity to compare your method with this of therapists of other countries?

- if it is so:
 - with which countries could you make comparisons?
 - what were for you the results of the comparison(s)?

*
* * *

Questions for further discussion

- what are in your country and/or for you the most controversial issues regarding the therapeutic treatment of violent men?
- would it be of interest for your work to have relationship with other therapists of other countries?
- how could be organised an exchange of information between therapists of various countries?
 - would an exchange of information via Internet be a good idea?
 - would you be in favour of setting up a network of European therapists working with violent men?
- which foreign language(s) do you speak, read and or write?

APPENDIX IV

RESPECT

STATEMENT OF PRINCIPLES AND MINIMUM STANDARDS OF PRACTICE FOR DOMESTIC VIOLENCE PERPETRATOR PROGRAMMES AND ASSOCIATED WOMEN'S SERVICES

INTRODUCTION

RESPECT'S WORK

Respect is the UK association for domestic violence perpetrator programmes and associated women's services, with members from the voluntary, private and statutory sectors as well as individuals from England, Wales, Northern Ireland and Scotland. Respect also has members based in the Republic of Ireland.

The work of Respect and our members reflects the fact that the vast majority of domestic violence is perpetrated by men against women.

PURPOSE OF THIS DOCUMENT

The "Statement of Principles and Minimum Standards of Practice" refers to men's perpetrator programmes and associated women's services only and is primarily concerned with intimate partner violence. However, many of the principles and standards will also be of relevance to those working with same-sex domestic violence, female perpetrators and family violence.

The document aims to:

- Provide guidelines for respectful, ethical and accountable domestic violence perpetrator programmes and associated women's services which prioritise increasing the safety of women and children⁴¹
- Provide a framework for such interventions as part of a co-ordinated community response
- Enhance public awareness of domestic violence issues and reinforce the concept that violent behaviour is unacceptable
- Promote best practice amongst service providers
- Assist agencies and individuals (including funders, referrers and clients) to identify effective interventions and services
- Contribute to and influence the wider debate about the causes of domestic violence, and to continually review practice in the light of new understanding

⁴¹ If you have any concerns that a Respect member is not working in accordance with the 'Statement of Principles and Minimum Standards of Practice' (2004) please contact the Respect office for details of our Complaints Procedure regarding members. Respect reserves the right to refuse or cancel the membership of any member where there is evidence that they do not support the aims and objectives of Respect.

- Enhance public confidence in domestic violence intervention services
- Influence social policy in relation to domestic violence

DEFINITION OF DOMESTIC VIOLENCE

Domestic violence is a pattern of controlling behaviour against an intimate partner or ex-partner, that includes but is not limited to physical assaults, sexual assaults, emotional abuse, isolation, economic abuse, threats, stalking and intimidation. Although only some forms of domestic violence are illegal and attract criminal sanctions (physical and sexual assault, stalking, threats to kill), other forms of violence can also have very serious and lasting effects on a person's sense of self, wellbeing and autonomy.

Violent and abusive behaviour is used in an effort to control the partner based on the perpetrator's sense of entitlement. This behaviour may be directed at others – especially children – with the intention of controlling the intimate partner.

Social and institutional power structures support some groups using abuse and violence in order to control other groups in our society e.g. institutional racism, heterosexism, parents' violence to children. The unequal power relations between men and women account for the fact that the vast majority of domestic violence is perpetrated by men against women rather than vice versa⁴².

DOMESTIC VIOLENCE IN SAME-SEX RELATIONSHIPS AND FROM WOMEN TO MEN

In a minority of cases, domestic violence does not reflect conventional power relations, for example where there is domestic violence in same sex relationships or where women are violent to male partners. Such cases are neither the same as - nor symmetrically opposite to - men's violence to women⁴³.

There are currently no perpetrator programmes and associated services being run in the UK for same-sex domestic violence or for female perpetrators / men experiencing domestic violence. Further research needs to be undertaken to support the development of specialist services which can provide appropriate, specific and separate interventions for these groups.

Respect intends developing appropriate principles and minimum standards for same-sex perpetrator programmes / associated women's services and for work with female perpetrators / associated support services for men.

MEASURING EFFECTIVENESS

Success of interventions with perpetrators should be measured by whether the safety and well-being of women and children is increased. This is a complex issue. As well as having the potential to increase safety, perpetrator programmes also have the potential to raise the risk.

⁴² 81% of police domestic violence call outs are women attacked by men – Stanko, 2000

⁴³ See separate Respect position statements for more information

WAYS THAT PERPETRATOR PROGRAMMES CAN RAISE THE RISK

1. Perpetrator programmes offer hope to women that their violent / abusive partner can change.

In many cases this is unrealistic. One of the main reasons women give for staying in a violent relationship is that their partner has promised to change. When men attend a perpetrator programme (or any other form of intervention such as counselling or anger management) many women will understandably put their trust in the professionals to protect them and their children.

Women also tend to be overly optimistic about programme outcomes. Gondolf's multi-site evaluation found that 95% of women expected their partners to complete the programme – yet less than two thirds completed 3 months of programme sessions.⁴⁴

The very fact that he is attending a perpetrator programme might lead a woman to have unrealistic expectations and make unsafe choices regarding her relationship that she wouldn't otherwise have made.

2. Perpetrators can abuse their attendance on a perpetrator programme to further manipulate or control their partners and others

Some of the ways they might do this include:

- Promising they will attend as a bargaining chip / way of saving the relationship
- Lying about their attendance
- Lying about programme content / what happened in the group
- Telling her that they do not need to attend because the workers say he's 'cured'
- Telling her that everyone thinks it's she who has the problem and she should stop nagging him / winding him up etc
- Using the material on the programme to criticise and control her behaviour
- Using jargon / concepts learnt on the programme to manipulate her
- Learning to "talk the talk" without "walking the walk"
- Using attendance on the programme as a way to influence other professionals' decisions (Social Workers, CAFCASS officers, Courts)

WAYS THAT PERPETRATOR PROGRAMMES CAN INCREASE SAFETY:

1. Changing his behaviour

Perpetrator programmes cannot 'cure' violent men or guarantee dramatic transformation, as behavioural change is a long and complex process. However, research⁴⁵ demonstrates that, of perpetrators who complete a domestic violence programme:

- some will stop their physical violence and significantly reduce their abusive and controlling behaviour
- the majority will stop their violence but maintain some level of abusive and controlling behaviour
- some will continue their violence

Although not all men will end their abuse, domestic violence perpetrator programmes can **reduce dangerousness**.

⁴⁴ Gondolf 2002

⁴⁵ Dobash & Dobash 1996; Burton et al 1998; Gondolf 2002

2. Monitoring men and holding them to account

When men regularly attend a perpetrator programme, their behaviour is under scrutiny. As well as following a curriculum of material designed to help them stop their violence, programmes require men to disclose any violence or abuse they have used during the last week.

To assess risk, perpetrator workers can use:

- men's disclosure and / or changes in how they behave in the group
- men's use of blame, minimisation and denial
- information from the man's (ex)partner (which should be treated with care to ensure that her safety and / or confidentiality are not compromised)
- information from other professionals, such as the police or social workers.

The fact that perpetrator workers are focussing on men and holding them to account on a week to week basis for their behaviour towards their (ex)partner and children, can mean that ***risk factors are picked up and acted upon more quickly.***

3. Supporting women partners and ex-partners

Perpetrator programmes are worth doing because they are successful in changing the behaviour of some men. However, they can also raise the risk as outlined above.

Therefore, perpetrator programmes should ***never*** be run in isolation. They should always be integrated with specialist, pro-active, associated women's services.

These services can help off-set some of the risks mentioned above by helping women to:

- develop realistic expectations about their partners' behaviour change
- monitor the degree to which their partner is changing and make decisions accordingly
- assess risk and safety plan

The perpetrator programme and associated women's services should be integrated and work hand in hand, sharing information in order to increase safety (see 2.6).

High quality perpetrator programmes and associated women's services that adhere to Respect's standards and principles have a significant part to play in increasing the safety of women and children experiencing domestic violence.

GLOSSARY

There is much debate in the domestic violence field about the use of language. Without repeating these debates here, we have chosen the following terminology which is used throughout this document:

Associated women's service

A service for women whose partners or ex-partners have been referred to / are attending a domestic violence perpetrator programme

Domestic violence

Includes violent and abusive behaviour - see definition p6

Men

Of course not all men are domestic violence perpetrators – many men choose to treat women with respect and equality. For shorthand, in this document ‘men’ refers to men who are domestic violence perpetrators.

Perpetrator programme

A structured groupwork programme for domestic violence perpetrators

Pro-active contact

Unlike many women’s services which are reactive – i.e. they provide services to women who have contacted them – associated women’s services are given the contact details of women whose (ex)partners have been referred to the perpetrator programme. These women are known to be experiencing / have experienced domestic violence. Instead of waiting for the woman to call, the associated women’s service will pro-actively contact her (see section 4.6).

Projects

Integrated perpetrator programmes and associated women’s services (not just perpetrator programmes)

Women

Refers to women experiencing domestic violence.

SECTION 1

PRINCIPLES AND PHILOSOPHY FOR WORKING WITH MEN’S VIOLENCE TO PARTNERS AND EX-PARTNERS

1.1 DOMESTIC VIOLENCE IS UNACCEPTABLE AND MUST BE CHALLENGED

There are an estimated 525,000 incidents of domestic violence reported to the police in the UK every year⁴⁶. A woman is killed every three days in England or Wales by a current or former partner as a result of domestic violence.⁴⁷

Domestic violence is a violation of human rights which causes a wide range of physical and emotional effects on both those experiencing it directly – usually women – and those witnessing it – particularly children.

Women and children have a right to live their lives free from violence and abuse. Domestic violence in any form is never acceptable. Projects and individuals should ensure that they do not collude with, condone or remain silent about domestic violence. When they become aware of domestic violence occurring they should challenge it in ways that prioritise increasing women and children’s safety.

⁴⁶ The 2001/02 British Crime Survey

⁴⁷ Homicide Statistics 1998

1.2 SOCIAL CONTEXT

All attitudinal and behavioural change work with men must be done with an awareness of the social context of men's violence to partners and ex-partners. Such violence is largely about the misuse of power and control in the context of male privilege. It is a direct consequence of the inequalities in relationships between men and women, rooted in the patriarchal traditions that encourage men to believe that they are entitled to power and control over their partners.

From this perspective, men's violence is defined as learned and intentional behaviour rather than the consequence of individual pathology, stress, substance use or a 'dysfunctional' relationship. Violence often involves an attempt by men to get what they see as rightfully theirs. A man using violence does so to impose his will regardless of the wishes of the other person. In the context of domestic violence this means using violence to control women and children.

Although many people have been working for change for some time now, our social history has largely been one of unchallenged male dominance in all spheres of public life, reinforced by and allowing male dominance in the family. Gender socialisation of girls and boys to accept and continue gender roles has further reinforced male dominance. In this social context until recent times men's violence to family members was largely hidden and private and surrounded by shame and secrecy and this is still often the case. Men's violence is often condoned and colluded with and denial about the nature and extent of it and its effects is widespread. People outside the family have been reluctant to intervene, and the response of the police and the legal system has often further disempowered women by failing to offer them the equal protection of the law.⁴⁸

1.3 MEN ARE RESPONSIBLE FOR THEIR USE OF VIOLENCE

The use of violence is a choice for which each man is responsible and for which he should be held accountable. Although men may have been socialised to believe in their right to control women and children, or may even have been trained to use violence, they can still choose to take responsibility for their behaviour and learn non-violent ways of relating.

Some men who seek assistance with stopping their use of violence have also experienced violence themselves and may use this as a justification for their own violence. At all times, workers need to keep separate the issues relating to a man's own experience of being violated and his responsibility for his own use of violence against others. Any excusing, condoning or minimising of this use of violence on the basis of his own pain and difficulties reinforces his use of violence rather than challenges it.

1.4 MEN CAN CHANGE

Men can change their attitudes and behaviour and learn positive, equal and non-violent ways of relating⁴⁹. Although men who use violence do so to assert and maintain power and

⁴⁸ Dobash & Dobash, 1979 p24; Dobash & Dobash 1992; Edelson & Tolman 1992 p18; Gondolf 2002 p3; Hague & Malos 1993; Haraway & O'Neil 1999; Paymar 2000 p232; Schechter 1982; Websdale & Chesney-Lind 1998 p79

⁴⁹ Based on research carried out on perpetrator programmes, not on abusers who have never been detected since data would not be available for this group. Generally, research demonstrates that violent behaviour can be changed, particularly effectively through a perpetrator intervention programme. For example:

Dobash et al (2000) carried out research into comparing the efficacy of perpetrator programmes with other criminal justice sanctions (such as prison) in Scotland. They found that:

At 3 months after the intervention, 30% of men who were placed on a perpetrator programme had been violent while 62% of men who had other criminal justice sanctions had been violent

control with damaging effects on others, they also report a range of negative effects for themselves. These include shame, guilt, hating themselves for what they do and frustration at not have the kinds of relationships with their partners and families they would like to have. Often they feel powerless themselves and use violence to try to increase their sense of power. Clearly, although it involves giving up the misuse of power and control and the privileges of dominance, men also have a lot to gain from learning to have positive, equal and non-violent relationships.

Workers can challenge men with the nature and consequences of their violence and the fact that they choose to use it. They can then invite men to take responsibility to stop using violence and learn non-violent ways of relating to others. Projects should embark on this work with an active commitment to wider social change aimed at ending oppression on the basis of gender.

1.5 COMMUNITY RESPONSE

Respect supports the ongoing work of many people working for change at all levels. This includes work to challenge and change gender socialisation, to provide services to support and empower women and children, to improve community awareness about domestic violence and to improve the response to domestic violence on the part of health and community support agencies, the police and legal systems. The long term prevention of domestic violence requires a clear and consistent message from all individuals and social agencies that domestic violence is unacceptable and will not be tolerated.

Men need to know that their use of violence will not be condoned by anyone and that everyone will respond to protect the rights of others to safety and autonomy. This includes responses from individuals and community agencies as well as the police and legal system. The legal remedies available to protect women and children must be used and enforced consistently.

Women and children need to know that they will be taken seriously and that their rights will be enforced. Women need to have other options made accessible to them and to be supported in making safe changes in their lives.

Agencies should share a common focus which holds men accountable for their violence and expects them to address their behaviour. Without this, women and children may be blamed for the violence, further disempowered and lose access to options other than continuing to live with violence.

1.6 ACCESSIBILITY OF SERVICES

Projects should have an active commitment to meeting the needs of the communities they serve. Projects and practitioners must demonstrate a commitment to anti-oppressive practice and respecting difference.

At one year after the intervention, 33% of men who were placed on a perpetrator programme had been violent while 70% of men who had other criminal justice sanctions had been violent

Gondolf (1997) carried out research on men who took part in a perpetrator programme (including those who dropped out), drawing data from women's reports, men's reports and police records. He found that:

At 15 months after programme, 40% had used violence

At two and a half years, 45% had used violence

At four years, 48% had used violence

Gondolf (2002) conducted a multi-site evaluation and found that:

At the 48 month follow-up 90% of the men had not been physically violent towards their partner in the last year, and 75% had not been in the previous two and a half years

About 20% of the men continued to use violence repeatedly – this has been likened to the numbers in drug treatment who continue to use regularly

All women and men should have access to group programmes and other services which are helpful for resolving their experiences of domestic violence. This includes people with specific needs, such as those experiencing geographical isolation, those who speak languages other than English, those with disabilities and those with substance use difficulties.

1.7 PROMOTING POSITIVE RELATIONSHIPS

In addition to working to prevent the negative and destructive behaviour and beliefs associated with men who perpetrate domestic violence, all work – both with perpetrators and those experiencing domestic violence – must actively promote an alternative, positive and constructive model of human relationships, based on the following principles:

- Respect for the autonomy and self-determination of all individuals
- Belief in the fundamental equality of all human beings
- Willingness to negotiate and compromise
- Acceptance of power as a shared and negotiated commodity
- Determination to seek and apply non-violent ways of relating
- Refusal to accept, tolerate or practice beliefs or behaviours which breach the above principles

1.8 APPLYING THE PHILOSOPHY TO OUR LIVES

At all times practitioners working in the field of domestic violence should attempt to apply these principles to their own lives. Both in and outside of work, practitioners should, through their own behaviour and attitudes, demonstrate a holistic application of the philosophy.

SECTION 2

MINIMUM STANDARDS OF PRACTICE ORGANISATIONAL ISSUES

2.1 Focus

The core focus of interventions with domestic violence perpetrators is always the safety of women and children. Perpetrator programmes should never be run in isolation. They should always be integrated with specialist, pro-active, associated women's services.

Research in the USA⁵⁰ has found that 'program outcomes appear to be substantially influenced by how well the police, the courts, probation, women's services and other community services all work together'. Therefore it is essential that Projects are actively involved in local fora which promote co-ordinated community responses to domestic violence, such as Crime and Disorder Reduction Partnerships (CDRPs), Domestic Violence Fora and any specific local initiatives.

Those seeking to establish work with perpetrators of domestic violence should engage in dialogue with all the relevant stakeholders in their area, in particular women's refuges, the police, probation service and the domestic violence forum co-ordinator.

⁵⁰ Gondolf (2002) p 23

2.2 SERVICES FOR CHILDREN AND YOUNG PEOPLE

A growing body of research has demonstrated the lasting effects on children of witnessing domestic violence and also the increased risk that they will suffer direct abuse themselves.

Currently very few perpetrator projects in the UK have associated services for children and young people. It is essential that projects begin to meet the needs of the children of the men and women they work with. Ideally projects should develop associated services for children and young people. In the meantime, they should ensure that they have links with, and are able to make safe and appropriate referrals to, local children's services.

Respect intends developing appropriate principles and minimum standards for associated services for children and young people.

2.3 PERPETRATOR PROGRAMMES AND THE CRIMINAL JUSTICE SYSTEM

Domestic violence includes criminal behaviour that is a legitimate concern of the Criminal Justice System. Projects must ensure that men do not use their attendance on a perpetrator programme to avoid the legal consequences of their behaviour. Criminal justice agencies should not use perpetrator programmes as a diversion from traditional responses of arrest, charge, prosecution and conviction. Projects should proactively engage with criminal justice agencies to promote effective sanctions against perpetrators.

2.4 APPROPRIATE RESPONSES

Couples work, anger management, mediation and restorative justice are **not** appropriate responses to men's abusive behaviour to women⁵¹.

Couples work may be considered:

- subsequent to a man completing a perpetrator programme
- **AND** after a suitable period of non-violence
- **AND** only where the woman is and feels able to freely enter couples work without fear for her safety or other negative consequences

2.5 INFORMATION SHARING BETWEEN THE PERPETRATOR PROGRAMME AND WOMEN'S SERVICE

In order to ensure women and children's safety, it is essential that perpetrator service workers and women's service workers establish protocols for responsible information sharing. This may require a significant shift from traditional working practices. Protocols should enable workers to share concerns about safety and to develop strategies to manage risk.

Perpetrator programmes should provide their associated women's services with the contact details of all relevant women partners and ex-partners (see section 4.2) so that they can make pro-active contact with each woman (see section 4.6).

2.6 INFORMATION SHARING WITH EXTERNAL AGENCIES

Projects have an obligation to act within the current legal framework with regard to information sharing and data protection. If the right information is shared responsibly it can significantly enhance women and children's safety. However there is also the potential for harm if that information is not managed appropriately.

⁵¹ See separate Respect position statements for more information

The main principles upon which information is shared should be:

- increasing the safety of women and children
- enhancing good practice

Protocols should be developed for sharing information with outside agencies which maximise women's confidentiality and safety. (see sections 3.3 and 4.3 on confidentiality).

2.7 CHILD PROTECTION AND CONTACT

Children living in families where there is domestic violence are at greater risk of suffering direct abuse themselves. Additionally, perpetrators often use children to maintain power and control over their (ex)partners.

Projects have a duty to:

- have an active child protection policy⁵² and procedures which ensure that the safety and wellbeing of children are prioritised in all aspects of their work.
- ensure that they record the details of any children who might be at risk from each perpetrator they work with – including children living with the man and children with whom he has contact
- screen referrals for Social Services and Family Court / Children's Hearing System involvement
- regularly assess risk in order to recognise when domestic violence has become a direct threat to children and when action may need to be taken to ensure their safety
- have active links with local Social Services departments.

2.8 DIVERSITY

Projects should have an active commitment to meeting the needs of the communities they serve. Projects should take steps to ensure that they have local knowledge of the demographic profile of their community.

Every project should ring-fence a proportion of their resources to ensure they can work towards meeting the diverse needs of their local community. Funding applications should explicitly cost-in elements required to meet these diverse needs – for example providing interpreters, outreach with local community groups and information in appropriate formats (eg Braille, community languages).

2.9 RESOURCING OF SERVICES

Projects should take an integrated approach to funding their services to ensure that both the perpetrator programme and the associated women's service receive sufficient, equitable resources to enable them to achieve the minimum standards described in this document. When fundraising, it is useful to include a 'unit cost' which covers both the work with the man and the woman – and where appropriate the child(ren).

Where a perpetrator programme contracts a separate women's group to provide its associated women's service, it is the perpetrator programme's responsibility to ensure that sufficient, equitable funding is available.

⁵² For more information refer to Respect's Child Protection Policy.

There should be parity of grade and pay between perpetrator workers and women's support workers.

At a local level, perpetrator work should not take funding away from existing services to women and children.

Projects should actively promote and support the development of services by other agencies – particularly women's groups such as Women's Aid and Refuge – which enhance women and children's safety by providing safe housing, advocacy, counselling and community support.

2.10 RECRUITMENT

In recruiting staff for both perpetrator programmes and women's services, projects should seek to appoint staff who can demonstrate commitment to the principles listed in section 1, in particular nos. 7&8.

Staff should be able to:

- give clear reasons about their motivation to work in this area
- demonstrate self-awareness, in terms of learning and growing from personal and professional experiences
- demonstrate a commitment to ongoing personal and professional development
- demonstrate an understanding of the major theoretical perspectives on domestic violence and how they inform their practice

Projects should ensure that staff do this work by choice.

Projects should ensure that all staff are Criminal Records Bureau / Disclosure Scotland checked.

Projects should carefully consider the implications of including ex-perpetrators on the staff team. At interview all staff should be asked about their own experience of / perpetration of domestic violence and how that might positively or negatively impact on their work.

If staff have ever used violence or abuse in their intimate relationships they should be prepared to give a full, honest account of this and to demonstrate the steps they have taken to change their behaviour. Before they work with clients they must have been violence-free for a significant period of time (likely to be at least 5 years) and be able to demonstrate how their behaviour is now non-abusive and non-controlling.

2.11 COMPETENCIES

Quality programme delivery is a significant factor in successful intervention outcomes.

Staff performance should be measured against set competencies consistent with an equal opportunities approach. Some suggested competencies are:

Knowledge of domestic abuse

- Understanding of the effects of domestic abuse on victims/survivors & children
- Understanding of the definitions of domestic violence & abuse
- Awareness of the cultural, societal and gender related aspects of domestic abuse
- Understanding of the tactics used by abusers to maintain dominance & oppression
- Understanding the dynamics of power & control in abusive relationships

Assessment and interview skills

- Ability to conduct a suitability assessment on perpetrators
- Ability to use relevant risk assessment procedures
- Knowledge of risk & dangerousness indicators
- Ability to place women's safety at the centre of any assessment and management of risk
- Skills in interview techniques
- Ability to screen for additional needs, e.g. substance misuse or mental health concerns

Programme delivery

- Effective participation in the preparation and de-brief of group-work sessions
- Understanding the need to maintain programme integrity
- Knowledge of and skills in dealing with group dynamics
- Ability to address responsivity issues
- Ability to develop appropriate co-working relationships
- Ability to be receptive to feedback on delivery style

Child protection knowledge

- Knowledge of how children may be used by abusers as part of their abuse
- Knowledge of child protection policies and procedures
- Skills to deal sensitively with the issues posed by abusers who are also parents
- Knowledge of what constitutes respectful parenting

Support skills

- Maintaining case records and completing paperwork in a timely fashion
- Knowledge and appropriate use of IT
- Ensuring that any interventions delivered to perpetrators are informed by the views of victims/survivors
- Understanding the limited confidentiality and worker responsibilities within the agency's confidentiality policy
- Ability to liaise with appropriate agencies in order to ensure women's safety
- Aptitude to identify and respond to own learning needs

This competency based approach should include effective supervision, ongoing training and regular appraisal of staff, and provide support for staff to help them develop necessary proficiency.

However, it needs to be recognised that not all staff can reach the level of competency required for this work. Therefore policies and procedures should be in place for redeployment of staff that are unable to demonstrate effective practice.

2.12 TRAINING

It is the responsibility of projects and practitioners to ensure that they have sound training relevant for their methods of working. Training should be undertaken by agencies which adhere to Respect's Statement of Principles and Minimum Standards of Practice.

BASIC TRAINING

For all workers this must include training in the following areas:

- Domestic violence awareness
- Women's perspectives / experiences
- Children's experiences

- The law and domestic violence
- Child protection issues
- Diversity issues
- Substance use
- Integrated working
- Understanding adult learning
- Understanding the process of change
- Risk assessment and risk management

ADDITIONAL TRAINING FOR PERPETRATOR WORKERS

- A minimum of five days training on programme delivery and related issues
- Group-work skills
- Programme suitability assessment, including Motivational Interviewing techniques

ADDITIONAL TRAINING FOR WOMEN'S SUPPORT WORKERS

- A minimum of five days training in service delivery and related issues
- Group-work skills (if women's groups are run)
- Awareness & understanding of how the perpetrator programme works

All workers running groups should have the opportunity to be mentored by an experienced co-worker for at least 6 months or 26 sessions before working without an experienced co-worker.

2.13 SUPERVISION

There are specific stresses in this work. Projects must build in provision for appropriate supervision / consultancy aside from line management with appropriate external⁵³ supervisors, who are accountable to the project and to the principles of the programme. One and a half hour's supervision a month is a minimum.⁵⁴ Inexperienced staff will require more than this.

The needs of supervisees can be met in a variety of ways and should cover the following areas:

- Exploring the personal impact of the work
- Looking at how workers' own issues impact on their practice
- Exploring the relationship between co-workers
- Ensuring worker accountability and adherence to minimum standards and principles
- Critically examining interactions with clients and exploring group process and dynamics
- Dealing effectively with diversity and the consequent power issues
- Ensuring workers further develop skills and identify training needs
- Delivery style

Supervisors have the responsibility to ensure that workers' practice is appropriate and consistent with the aims of the work.

⁵³ external to that project - not necessarily to the organisation as a whole

⁵⁴ British Association of Counselling and Psychotherapy guidelines

2.14 PREPARATION, PLANNING AND DEBRIEFING FOR GROUP WORKERS

Projects must ensure that group workers have adequate time for preparation, planning and debriefing with their co-workers. This is an integral part of the work. Such time is separate from form-filling, record-keeping and tidying up. Minimum requirements are:

- ½ hour planning time immediately before a group
 - ½ hour de-brief time immediately after a group
- Less experienced workers are likely to need more time.

2.15 WORKER-CLIENT RELATIONSHIPS

Workers and projects should maintain clear professional relationships with clients. Workers should not engage in intimate, sexual, social, or economic relationships with clients during the time they are in a professional relationship and for a minimum of two years afterwards.⁵⁵

Workers should not be expected to work with clients known to them personally and vice versa.

2.16 MONITORING AND EVALUATION

Internal and / or external evaluation is essential and integral to this work. Projects should have effective procedures for monitoring the quality of their services which prioritise measuring ways in which the safety and quality of life of women and children are increased.

Projects should work in a transparent way and be open to the notion of external audit.

SECTION 3

MINIMUM STANDARDS OF PRACTICE PERPETRATOR PROGRAMMES

3.1 AIMS OF WORK WITH MEN

The primary aim in working with perpetrators of domestic violence is to increase the safety of women and children. Every intervention and decision should be made with this in mind.

Secondary aims are to:

- Hold men accountable for their violence towards women
- Promote respectful and egalitarian relationships
- Work with others to improve the community's response to domestic violence

3.2 FOCUS OF PERPETRATOR WORK

All perpetrator work should contain the following as core elements:

- An understanding of what constitutes violent behaviour
- That the perpetrator is 100% responsible for his behaviour
- That violent behaviour is a choice
- That violent behaviour is functional and intentional

Workers should challenge men's:

- use of physical violence

⁵⁵ British Association of Counselling and Psychotherapy guidelines

- use of sexual violence, sexual abuse and coercion
- expectations of power and control over (ex)partners
- denial, minimisation, justification and/or blame
- attitudes and beliefs which support domestic violence

and:

- work in ways which are meaningful to men from different cultures and backgrounds
- acknowledge and question the social and gendered context of domestic violence
- develop men's capacity to understand the impact of their violence on their (ex)partners and children both in the long and short term
- develop men's ability to have safe and appropriate contact with their children⁵⁶
- encourage men to adopt positive, respectful and egalitarian ways of being
- focus on men as perpetrators and not as victims
- avoid collusion with perpetrators' justifications for their behaviour

3.3 CONFIDENTIALITY

Projects have an obligation to act within the current legal framework with regard to information sharing and data protection.

Domestic violence perpetrators pose a risk to their (ex)partners, children and sometimes others. If workers have reason to be concerned for the safety of any persons due to the client's abusive behaviour, they have a duty not to keep confidential those concerns. This duty may include informing, reporting, or warning other agencies or persons including their (ex)partners.

Therefore, in the interest of minimising the risks to others, men should be offered limited confidentiality. These limits should be explicit and include that:

- Information will be available to the man's (ex)partner on his attendance and whether he drops out of the programme or is suspended from it
- If workers believe that a man poses a particular risk, they will inform all relevant people, including his (ex)partner. If the risk is immediate and severe the police will be called
- Information will be provided to any probation officer, CAFCASS reporter, police officer or other relevant official involved with him or his family, as requested
- If workers are concerned that the man is a threat to the welfare or safety of children they may take steps to increase the safety of those children by involving another agency

Projects must ensure that their conditions of confidentiality are communicated to and understood by the men they work with. Every man should be required to agree to and sign a statement which details the limits to their confidentiality. If a man refuses to do this, he should not be offered a place on a perpetrator programme.

3.4 SPECIFIC SAFETY CONCERNS

Projects should ensure that information regarding specific concerns for the safety of a man's (ex)partner, children or others is passed to the women's service immediately (see section 4.4).

3.5 INDIVIDUAL WORK

Ideally the major constituent of intervention work with perpetrators should be group work.

⁵⁶ Workers should be aware that some men will not achieve this and that no contact is preferable to unsafe contact

Where group work is genuinely not possible – for example in remote rural areas or for clients with additional needs – a planned, structured programme of individual work may be considered. This should adhere to the same principles and standards as for group work and should cover the same areas of work (see section 3.2).

3.6 ASSESSMENT FOR THE PERPETRATOR PROGRAMME

Assessments should be carried out upon referral to determine whether a man is suitable to attend the perpetrator programme.

It is essential that men are not accepted on to perpetrator programmes if there is no real hope of successful behaviour change as this is likely to give his (ex)partner false hope that he will change (see ways that perpetrator programmes can raise the risk p7)

Acceptance criteria should include that:

- he can acknowledge that he has been violent and abusive (i.e. he is not in complete denial)
- he sees his violence and abuse as a problem
- he is able to accept some responsibility for his use of violence and abuse
- he agrees to the conditions of attendance including giving contact details for his (ex)partner

Additionally projects should determine whether there are any additional issues which might prevent men from engaging with or benefiting from the programme, such as; substance misuse,⁵⁷ language difficulties, literacy difficulties, learning difficulties or severe mental health problems.

These issues in themselves should not necessarily preclude men from receiving services, but might indicate that they need additional support such as:

- parallel attendance on a substance misuse programme
- individual sessions with an interpreter if necessary (see section 3.5)
- extra help with written work

Projects should not undertake assessments for programme suitability for court mandated referrals without access to the witness statements⁵⁸ and other relevant reports. For other referrals, projects should make every attempt to access all available reports.

3.7 RISK ASSESSMENT

Risk assessment is different to assessment of suitability for the programme. Projects need to be clear about what types of assessment they are able to carry out. Assessment of risk and of re-offending must not be undertaken without including a clear acknowledgement of the limits of such assessment processes as well as an explicit acknowledgement of whose perspective and what information the assessment is based on.

SPECIALIST RISK ASSESSMENT

These are detailed reports designed to assess the risk a man poses to his children and (ex)partner. They are generally carried out for public or private law investigations. They should include separate interviews with the perpetrator, the woman and where appropriate children.⁵⁹

⁵⁷ Substance misuse is an indicator of high risk both in terms of likelihood of future violence and severity of violence. Where it is an issue risk management strategies should be implemented. (see Gondolf 2002)

⁵⁸ Except in Scotland, where criminal justice social workers don't have access to witness statements

⁵⁹ Respect intends developing guidelines for specialist risk assessments

RISK ASSESSMENT BASED ON A MAN'S PROGRESS ON THE PERPETRATOR PROGRAMME

Projects may be asked to feed into another agency's risk assessment by reporting on a man's progress on the perpetrator programme. This might include his motivation, understanding of materials and attendance.

Workers need to understand that men can present themselves as having positive attitudes and behaviour towards women / their (ex)partner whilst in the group, trying to demonstrate that they have changed, but continue with their abuse outside of the group. When providing reports to outside agencies it is essential that workers stress that any signs of change in the group are no guarantee that real change is taking place.

3.8 PROGRAMME DURATION

Behavioural change is a long-term process. The experience of projects in the UK and abroad, as well as research evidence, suggests that longer programmes are more effective in changing the underlying attitudes of perpetrators.

The duration of programmes, in terms of groupwork-linked contact, on the specific issue of men addressing their violent behaviour, should be **at least 75 hrs over a minimum of 30 weeks**

3.9 PERPETRATOR GROUPS

- All groups should have a consistent core team with a minimum of two co-workers.
- Programmes should **always** be delivered by a mixed gender team.
- Ideal group numbers are 8-10 with a maximum of 12 men. Group workers should not be pressurised to work with more men than they feel comfortable or safe to work with effectively.
- Workers should run no more than 2 groups per day or three groups per week.

SECTION 4

MINIMUM STANDARDS OF PRACTICE ASSOCIATED WOMEN'S SERVICES

4.1 AIMS OF WORK WITH WOMEN

- to increase the physical safety and emotional and psychological well-being of women whose (ex)partners have been referred to a perpetrator programme
- to increase the safety of any children involved
- to promote realistic expectations with women regarding their (ex)partner's attendance on a perpetrator programme and ensure that the service offered to men does not put women and children at further risk
- to increase women's empowerment
- to give women opportunities to develop insight and understanding about domestic violence and not just focus on men's progress on the perpetrator programme

4.2 PROVISION OF SERVICES

Services should be provided to:

- the woman who was the subject of a man's recent abuse
- any subsequent partner
- any ex-partners who the man has contact with and / or who are suspected of being at risk

These services must either be provided directly by an associated women's service or by an appropriate partner agency and should be staffed by women only. It is not appropriate for perpetrator service workers to provide this service.

Services should be woman-centred, designed to fit around the specific needs of each individual woman and her children.

Women's service workers should not be asked to undertake work that undermines trust, leads to a conflict of roles, or compromises women's safety.

When projects provide services to more than one partner or ex-partner of the same man they should ensure that:

- a different worker provides support to each woman
- strategies are in place to make sure that the women do not meet and in particular that they do not attend the same women's group

4.3 CONFIDENTIALITY

Projects have an obligation to act within the current legal framework with regard to information sharing and data protection.

Projects should explain to women:

- about their (ex)partner's limited confidentiality and what information they may or may not have access to (see 3.6 for more details)
- about their own confidentiality
- about the project's child protection policies
- how information is shared between perpetrator workers and women's support workers

Projects should give women, and others at risk from his violence and abuse, **complete confidentiality in relation to the man**. This means that projects should take steps to ensure that men are **never** told whether their (ex)partner has had contact with the women's service and in particular that no information on the nature or content of any contact is divulged.

Where information sharing arrangements exist between the project and outside agencies (such as the police and social services) projects must explain clearly to each woman how information may be shared including:

- which agencies information might be shared with
- what type of information might be shared

Women should have to opt-in to such information sharing arrangements by giving their written consent.

In some cases sharing information may increase safety, in other cases sharing information may increase risk. In all cases workers have a duty to use their own discretion – in consultation with their supervisor and / or line manager – so as not to increase the risk to the woman or others.

4.4 SPECIFIC SAFETY CONCERNS

Projects must pro-actively contact women as a matter of urgency if they have specific concerns for their or their children's safety.

4.5 SAFE AND ACCESSIBLE SERVICES

Projects are responsible for ensuring that services are safe and accessible to all women by providing services:

- in a safe environment in accordance with the woman's needs
- in a venue where women will not come into contact with their (ex)partners
- accessible to disabled women
- accessible to women with language needs
- which meet the woman's cultural needs
- with childcare facilities, or resources to pay for childminding

4.6 PRO-ACTIVE CONTACT

Unlike many women's services which are reactive – i.e. they provide services to women who have contacted them – associated women's services are given the contact details of women whose (ex)partners have been referred to the perpetrator programme. These women are known to be experiencing / have experienced domestic violence. Instead of waiting for the woman to call, the associated women's service will pro-actively contact her.

Perpetrators often aim to isolate women. Using a pro-active approach to contact and support women means that services can reach women and children isolated in their experience of domestic violence, some of whom will not have accessed any other form of support. Research has shown that most women positively welcome such contact.⁶⁰

Perpetrator programmes should provide their associated women's services with the contact details of all relevant women partners and ex-partners (see section 4.2) so that they can make pro-active contact with each woman.

INITIAL CONTACT

Unless women directly and specifically request otherwise, they should be informed of the following, by post or telephone within one week of their (ex)partner's first contact with the project:

Information about the perpetrator programme:

- details of their (ex)partner's referral to the perpetrator programme
- information about the programme, specifically detailing how men may use and abuse the programme materials - for example by him telling her that her behaviour is abusive, telling her to take 'time-outs' or insisting that she needs therapy or counselling either during or after his attendance on the programme
- information about how they can access information about the programme and her (ex)partner's attendance
- information which promotes realistic expectations regarding men's likelihood of changing as a result of their attendance on the programme

Information about services available to women:

- details of the project's women's service / partner agency and how to access these services
- information about that service's confidentiality policy
- clear messages about men's violence and her and her children's rights

⁶⁰ Burton et al 1998

- details of other specialist services, including crisis services, such as the Police; Refuge Projects; advice services for legal, immigration and housing problems and other appropriate local and national services

Pro-active phone contact:

Women should be pro-actively contacted by phone in order to

- check that she received and understands the postal information
- reach out to her to offer support
- check out what her practical and emotional needs are
- check if she has any special needs (language, disability)

Projects should continue to attempt contact until contact is made. It is not enough to expect the woman to contact the women's service herself.

Pro-active phone work must take place within a clear safety procedure which minimises risk to the woman and children.

ER CONTACT

Women should also be informed within one week of the following by post or telephone call:

- significant absences in her (ex)partner's attendance
- when her (ex)partner is assessed as unsuitable for the programme
- when her (ex)partner completes the programme
- when her (ex)partner drops out of the programme
- when her (ex)partner is breached or suspended from the programme

4.7 RANGE OF SERVICES

In addition to pro-active contact listed above (4.6), women's services must offer face-to-face support to all women clients in at least one of the following ways:

- A minimum of 6 individual sessions to plan strategies maximising safety and for emotional support
- Weekly women's support group providing mutual emotional support and the chance to explore the effects of the violence and abuse and what it means to them, with other women who have experienced domestic violence too

Some women may need more support, some may need less. The women's service should structure their services so that they are flexible and able to offer additional support to women who need it most – in particular where there is high risk. Each session should be contained and achieve goals in its own right, since clients who have experienced trauma have one of the highest non-attendance and drop-out rates.

4.8 AVAILABILITY OF SERVICES TO WOMEN

Services to women should be available for at least 4 months after their (ex)partner has left the perpetrator programme. If at the end of this time the woman still has unmet needs, further work or appropriate referral to other services should be done.

SECTION 5

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