Treatment Programs for Perpetrators of Domestic Violence: European and International Approaches

Alessandra Chiurazzi

CATERINA ARCIDIACONO

SUSANA HELM

CATERINA ARCIDIACONO

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For far too long, domestic violence against women was regarded as only a female issue, and men were merely considered to be offenders to be blamed. The aim of this work, therefore, is to present a review of major treatment programs for perpetrators of domestic violence, with the purpose of understanding the perspective of these programs as well as some possible strategies for intervention. To identify the best existing practices, this work investigated at the program level areas such as: mission, personnel, target groups, first contact procedures, treatment methodologies and procedures, length of the program, program contents, special objectives, restrictions, evaluation, and follow-up. Finally, the achievements and strengths of the various programs were assessed.

Keywords: gender violence, male perpetrators, treatment program procedures and methodologies, best practices

Introduction

Violence against women traditionally has been framed as an issue for women and children (European Union Agency for Fundamental Rights 2014; WHO, 2013, 2014;). In some ways, men have been excluded from the conversation, the reason being that men often are perpetrators of that violence. Trying to fix women is not the solution; rather we need to involve men in reconceptualising manhood. The vast majority of men are not violent, and the average man suffers from this stereotype. Therefore, gender violence has to be considered as a male issue, even concerning those who don't engage in violent behavior, in order to prevent all men from perpetuating social patterns connected to the patriarchal culture that underpins violence against women. Accordingly, the European Parliament "reiterates the need to work with both victims and aggressors, with a view to enhancing awareness in the latter and helping to change stereotypes and socially determined beliefs which help perpetuate the conditions that generate this type of violence and acceptance of it" (European Parliament's resolution of 5 April 2011).

Male Violence Theoretical Framework

A variety of viewpoints have been proposed as ways to understand, explain, and guide interventions regarding male violence against women. Among the broadest and most widely used is the ecological perspective. The World report on violence and health (2002) uses an ecological model to understand the multifaceted nature of violence, both in perpetrators as well as in victims. The factors that influence violent behavior are divided into four levels: individual, relationship, community, and societal. The first level identifies biological and personal history factors that influence how individuals behave. The second level refers to relationships such as those with family, friends, intimate partners and peers, and explores how these relationships may increase the risk of being a victim or a perpetrator of violence. The third level explores the community contexts such as schools, workplaces, and neighbourhoods. The fourth level looks at the broad societal factors that help create a climate in which violence might be encouraged. These factors can include the availability of weapons, and the culture of male dominance over women and children. Assuming an ecological perspective, the purpose of the present research is to promote actions that cut across the different levels in order to prevent violence, for example, by creating healthy family environments or spreading information that addresses gender inequality issues in schools (WHO, 2002; 2010). Among these, one of the most widely used for understanding gender violence is the nested ecological framework theory, which considers different factors at various levels (Dutton, 2006), and is described later in this paper.

Feminist and sociological perspectives also shed light on the problem of male violence

against women. In addition, it is important to note different forms of violence against women exist, and these theories and frameworks must be understood for effective interventions to be implemented. Ali & Naylor (2013) completed a literature review of different perspectives that explain the causes of male violence against women. The feminist perspective holds that violence is perpetuated by men as an attempt to maintain control over women. Theories which explain the phenomenon are varied, including the cycle of violence, learned helplessness, the battered woman syndrome, patriarchy (Walker, 2006) and the power and control wheel (Dutton, 2006). The Sociological perspective focuses on the social context in which people live, and the influence of factors such as societal norms, gender stereotypes, and attitudes towards violence. Social learning theory, resource theory, exchange theory, conflict theory, and stress theory are included in this approach.

Johnson (1995) theorized the existence of two specifically different forms of couple violence: 1) patriarchal terrorism, which descends from a feminist perspective, and 2) common couple violence, which descends from a family violence perspective. While patriarchal terrorism is a product of patriarchal traditions, where men feel entitled to control women through the use of violence, subordination, and isolation; in common couple violence, conflicts arise from couple dynamics, and rarely lead to serious forms of violence. As the author said "The term patriarchal terrorism has the advantage of keeping the focus on the perpetrator and of keeping our attention on the systematic, intentional nature of this form of violence" (Johnson, 1995, p. 284). From this statement we can see how attention is drawn to and focuses on male actions.

These two types of intimate partner violence may be further delineated as 1) coercive controlling violence, 2) situational couple violence, 3) violent resistance, and 4) separation-instigated violence (Kelly & Johnson, 2008). The definitions of coercive controlling violence and situational couple violence replace the patriarchal terrorism and the common couple violence. The term violent resistance is used when the victim reacts violently to the partner, and separation-instigated violence is used to describe violence that occurs in the relationship at the time of separation. In this latter case, separation-instigated violence can take the form of physical harm against the woman and self- harm and suicidality as a form of emotional control (Helm, Baker Morales Diaz, Del Toro,& Colòn-Castillo, 2013; Baker, Helm, Bifulco & Chung-Do, 2014).

Ecological Perspective on the Roots of Violence

The causes of male violence against women may be distinguished in terms of three levels. The first focuses on the individual level, specifically individual psychology, the second focuses family and other relationships, such as socialisation and learning within the family, and the last focuses on the wider socio-cultural aspects related to power (Hearn, 1999).

At the individual level, perpetrators may minimize the severity of assault or deny the violence (Heckert & Gondolf, 2000). Especially during the aftercare period, perpetrators often deny personal responsibility, blame the victim, and use self-defense strategies to explain their behavior (Lila et al., 2008). One of the justifications used by violent men is that they were defending themselves; moreover, men blame their partner for being jealous, unstable, or having anger control issues, while they present a positive image of themselves due to the will to engage in socially desirability (Henning et. al 2005).

Causes of violence also may be related to individual psychopathology, anger, and substance use, including alcohol. One assumption is that batterers suffer from mental health problems, from abusive personality, and/or anxiety (Kivisto, 2014). Another hypothesis is that the perpetrator may experience higher levels of anger (Norlander & Eckhardt, 2005) which generally is considered a risk factor for violent behavior (Capaldi et al. 2012). Furthermore, a number of literature reviews suggest that intimate partner violence is associated with alcohol abuse (Foran & O'Leary, 2008; Klostermann & Fals, Stewart 2006). At the family level of the nested ecological framework, attachment theory has been used to explain intimate partner violence (Dutton & White 2012; Ogilvie et al 2014). According to this theory, the influence of family is the cause of violence, which may be linked intergenerationally via role scripts transmitted from parents to children (Pollak, 2004). Furthermore, cultural and social factors must be considered. For example, masculinity and the influence of a patriarchal society on men often are seen as causes of violence; thus are fundamental topics to explore and to redefine as a way to encourage equality among men and women (Bourdieu, 1998; Flood, 2002).

The Present Study: The Involvement of Men

In recent years, the issue of gender-based violence perpetuated by men against women increasingly has involved men in the search for solutions, both actively through information, education, and promotion of culture a non-violence and equal rights, and in terms of treatment programs for the offenders. This paper focuses on the latter – programs for male offenders. The first program for the treatment of perpetrators was initiated in the 1970s (Brown & Hampson, 2009). Today, initiatives have been devised to encourage the participation of men in the fight against gender violence and in the promotion of non-violence policies include the following main programs, e.g. Men Engage - Boys and Men for Gender Equality, He for She, and The white Ribbon campaign. On the other hand, work with perpetrators is still a new sector in some countries (e.g. Italy, country of origin for first two authors), and generally is oriented toward following international examples and treatment guidelines which have adopted a feminist approach (Bozzoli, Merelli & Ruggerini, 2013).

The main body of this text will explore initiatives across the globe, with a specific focus on Europe. Each of these campaigns and movements positively engage both mature and younger men and boys in challenging language, behaviors, and harmful ideas of manhood that lead to violence against women. The aim is to encourage and inspire fathers, men, and community leaders to embrace the idea of being a positive and strong role model for the young men and boys around them, valuing women as equal, and teaching how to have healthy and equal relationships.

Whilst various projects and different procedures have been developed by many centers and organizations, there still remains a lack of knowledge concerning programmatic vision, goals, and effectiveness. Therefore the specific aim of this article is to analyse the major programs for perpetrators to better understand the specific procedures. We started by identifying the existing practices and their dissemination, with the aim of investigating, for each program, the following areas: mission, methodologies, target groups, length of the program, procedures, evaluation, and follow-up or aftercare.

Methodology

The research has been conducted by accessing information via websites through the following search engines: Google Scholar, Science Direct, and Sirelib. Data were collected over the six-month period from January to June 2014. The search was limited to English and Italian only. Search terms were related to male violence against women. The only documents taken into consideration were those that gave information concerning treatment programs for perpetrators (Brown & Hampson,

2009; Kraus & Logar, 2007; Gondolf, 2007; Westmarland, Kelly & Chalder-Mills, 2010; Wheeler, 2005. Blogs and discussion groups on the topic (i.e. www.heforshe.org; http://menengage.org/). Blogs and discussion groups were excluded, as these were not formally recognized treatment interventions. Therefore, amongst a vast quantity of programs identified in the initial search, 12 were included for the analysis (7 in English and 5 in Italian), as outlined in Table 1. A content analysis of each interventions' website was conducted (Krippendorff, 2004; Miles & Huberman, 1994) for the purpose of identifying and analyzing: 1) mission, 2) target, 3) personnel, 4) contact procedures, 5) treatment approaches, 6) treatment procedures, 7) length of program, 8) intervention strategies and program contents, 9) training and special activities, 10) restrictions, 11) treatment evaluation, and 12) follow-up or aftercare.

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Table 1. List of Treatment Programs for Perpetrators

PROJECT NAME	ACRONYM	LOCATION LANG	JAGE OF	WEBSITE WEBSITE
Alternative To Violence	ATV	Norway	English	www.atv-stiftelsen.no/engelsk RåkilMUVI: http://www.comune.bologna.it/ iperbole/muvi/images/pdf/atv.ppt.
	roject D.A.I ULUTH MC		English	http://www.theduluthmodel.org/
Männer Beratung	MÄB	Austria	English	http://www.maenner.at/
Men & Women working together to end Domestic Violence	Respect	England	English	www.respect.uk.net
Men ending Domestic Abuse	MEND	Ireland	English	http://www.mend.ie/
MOVE		Ireland	English	www.moveireland.ie
Centro uomini maltrattanti	САМ	(Firenze,Ferrara, Cremona, Sardinia) Italy	Italian	<u>http://www.ccrm.org.uk/index.</u> php?option=com_content&view
				<u>=article&id=176&Itemid=239</u> <u>http://www.centrouominimal</u> <u>trattanti.org/</u>
Consulenza per uomini	Time out	(Bolzano, Rovereto) Italy	Italian	http://www.caritas.bz.it/de/ information/index/1-0.html http://www.ilfattoquotidiano.it/ 2012/08/04/bolzano-training-anti- violenza-nel-consultorio -per-soli-uomini/316856/
Liberiamoci Dalla Violenza	LDV	(Modena) Italy	Italian	http://www.ausl.mo.it/
Lo sportello telefonico per l'ascolto del di sagio maschile		(Torino) Italy	Italian	http://www.cerchiodegliuomini.org/
Uomini non più violenti	М	(Bergamo, Milano, agenta, Lodi, Varese) Italy	Italian	<u>http://www.nonpiuviolenti.it/;</u> http://www.forumlousalome.eu/

NEW MALE STUDIES: AN INTERNATIONAL JOURNAL \sim ISSN 1839-7816 \sim Vol. 4, ISSUE 3, 2015, PP. 5-22 © 2012 AUSTRALIAN INSTITUTE OF MALE HEALTH AND STUDIES.

Results

Results are organized as follows. First, each program is described in terms of its history, structures, and organization. Then the content analysis is presented. It should be noted that descriptions were limited to what was available on the websites, and in some cases the available information was quite brief.

History, Structures and Organization of each Program

1) Alternative To Violence (ATV) is a Norwegian NGO with funding from municipalities, from the government, and other organisations. ATV started in 1987 as the first treatment centre for male batterers in Europe.

2) D.A.I.P. - Domestic Abuse Intervention Project Duluth Model was established at the beginning of the 1980s in the city of Duluth, Minnesota (USA). Staff members worked to identify the most common male abusive behaviors and created the power and control wheel, which has become ubiquitous in dating violence and domestic violence interventions services (Dutton, 2006). The program is described as an ever-evolving way of thinking about how a community works together to end domestic violence. The program benefits from an interagency approach which includes the probation system, and which has the authority to suspend the sentence during the trial period in the group.

3) In Austria, Männer Beratung (MÄB) is a program that has been operating since 1999. The organisations responsible for the program are the Intervention Centre Against Violence in the Family (IST) and the Men's Counselling Service Vienna, which provide counselling after perpetrators are evicted from their home; Both organisations are non-profit associations whose work in the prevention of violence is funded annually by the Federal Ministry of the Interior.

4) Men & Women Working Together to End Domestic Violence (Respect) is the UK membership organisation that works with domestic violence perpetrators, male victims, and young people. To be validated as a Respect association, it is necessary to follow the minimum standards proposed by the organisation. These standards are: to increase the safety of victims, to assess and manage risk, to be part of a co-ordinated community response to domestic violence, to provide services which recognise and respond to the needs of diverse communities, to promote respectful relationships, to work accountably, to support social change and to offer a competent response.

5) MEND (men ending domestic abuse) is an Irish organisation that began in 2003, and is run by SEDVIP (The South East Domestic Violence Intervention Programme) and by the Men's Development Network (a developmental and consultative organisation that works on four levels; locally, regionally, nationally, and internationally).

6) Also based in Ireland, MOVE is funded by Cosc, (the National Office for the Prevention of Domestic, Sexual and Gender-based Violence), and by the Department of Justice, Equality and Law Reform.

7) NTV - No To Violence was founded in Australia at the end of the 1990s as the result of the integration of two different organizations at an operational level: the network supported by the Victorian government for male family violence prevention (V-NET) and the Men's Referral Service (MRS). For 20 years it has been the central point of contact for men in Victoria who were making their first moves towards taking responsibility for their violent and abusive behavior.

8) Centro Uomini Maltrattanti - CAM [Center for men who abuse] is an NGO (Non Governmental Organization) launched in 2009 as an experimental project, and is promoted by the Artemisia NGO [Centre fighting violence against women] and the local health unit. The center also is present in other regions of Italy, including Ferrara, Cremona, North Sardegna. 9) Consulenza per Uomini [Counselling for men] began in 2000 in Italy and is located at the local Catholic service (Caritas). The project is run in collaboration with the regional antiviolence services and is sustained by the regional district.

10) Liberiamoci Dalla Violenza - LDV [Free ourselves from violence] was launched in 2011. Previously, personnel working in the Associazione Casa delle donne per non subire violenza of Bologna, Italy (Women service association) received training from the Norwegian Center ATV, thanks to the Daphne EU project. The center is now located at the local health unit and it works in collaboration with legal services.

11) Lo sportello telefonico per l'ascolto del disagio maschile [Helpline for male discomfort] was launched by the association Il cerchio degli uomini. This Italian association was created in 1998 by a group of men who wanted to share experiences, feelings, and emotions on topics related to the issue of masculinity.

12) Uomini non più violenti [Not more violent men] is an Italian project of the cultural association Lou Salomé which was established in 2012, managed by the social cooperative "Il Varco" and funded by an NGO. The project is also present in Milano, Magenta, Lodi, and Varese.

Content Analysis

Mission. The main goals of the twelve centers included the following eight points, the first six of which are individually and relational/familial. These centers aim to 1) stop all forms of gender violence; 2) ensure safety, protection, empowerment and well-being of women and children who are victims of domestic violence; 3) encourage men to take full responsibility for their own actions and make them understand that violent behavior is a choice; 4) increase the capacity of men to understand the impact of their violence on their (ex) partners and children, both in the long and short term; 5) encourage men to have safe contacts with their children and to challenge the traditional role of fatherhood and masculinity; and 6) help men realize that gender-based violence is unacceptable, since it undermines the safety, health, and human rights of the women and children who experience it.

At the cultural and societal level of the ecological framework, these centers aim to 7) make men aware that violent behavior has a context rooted in patriarchal attitudes and social structures; and to encourage them to adopt non-violent, positive, respectful, and egalitarian ways of being in a relationship; and 8) promote a change in the communities and the society by challenging gender role stereotypes, supporting and empowering women and children, raising social and community awareness of the issue of gender-based violence, and promoting a coordinated community response by increasing the involvement of local and community agencies.

Target. The examined programs accept men who voluntarily apply, as well as men referred by outside sources. Referral sources include the judicial circuit and other legal entities such as police, adult and juvenile courts, social services agencies; or by the partner or ex-partner. Men referred through the legal system may have been arrested for domestic violence or charged with felonious assault. Some of the programs also work with male victims of violence.

Personnel. In treatment services regarding domestic violence, a distinction often is made between staff members working with men and those working with women, as described in more detail below. Treatment programs for perpetrators often provide collaborations with personnel working in women's services, to have a full comprehension of the violence case and to better ensure

women's safety. In the majority of the programs examined, groups for men are run by at least two facilitators, a man and a woman, unless there are exceptional circumstances. Facilitators generally have professional experience in running groups or in working in the field of domestic violence; they may be required to attend specific training programs to work with perpetrators and women. Staff members may be psychologists, psychotherapists, psychiatrists, educators, social workers, sociologists, counsellors, researchers, professors, lawyers and volunteers.

Personnel working with men. Working with perpetrators consists of telephone counselling, individual meetings, and running group work. Group and individual meetings frequently are observed by other staff members so that they can develop their working skills, understand and analyse if there is the need for changing some parts of the training and, monitor staff fidelity to ensure minimum standards and achievement of the program's objectives. In many cases, members of staff are asked to reflect on their personal experience of domestic violence, both as a perpetrator and as a victim. In England, all staff and volunteers must be cleared by Criminal Records Bureau or Disclosure Scotland before starting to work in any capacity within the organisation. Some programs hire former perpetrators if they are aware of their motivation and of the positive and/or negative influence that their experience could have on the job, and if they can provide a complete and honest report about the path they have taken. Also, to be considered eligible to work in the program, perpetrators have to prove that they have not used violent and controlling behavior for a period of at least five years. All staff receive clinical supervision by an expert facilitator. Staff are required to possess various skills, including theoretical and clinical, legal, and organizational. On a theoretical level, staff are required to be familiar with the social and cultural aspects of gender violence and with its nature and dynamics, with the short and long term effects on victims, and to be aware of manipulation, threatening, abusive behavior, and control strategies used by perpetrators. It is also required that the personnel are aware of the impact of domestic violence on children and on parenting, and to have a basic knowledge of substance abuse and domestic violence. On a legal level, it is required that staff are aware of children's needs, to be familiar with the laws for their protection, and to know the laws concerning domestic violence along with the options available to the women, including arrangements for safety. With respect to the organizational level, it is a fundamental requirement that personnel are informed of the program's working model, the minimum standards, and procedures about information sharing and safety. Staff members also must be able to conduct risk assessment and management as a way to determine whether a man is suitable for the program. It is also important for staff to be aware of the purpose and the operations of multi-agency management processes, to have had significant work experience within the sector of women's services as counsellor-facilitator and to be able to conduct group work and manage the dynamics associated therein.

Personnel working with women. Usually, personnel working with women are women themselves. Personnel should be able to conduct a group intervention and manage its dynamics. Clinical supervision is an important component for supporting staff working with women. Clinical supervision may comprise tasks such as focusing on how personal issues can interfere with work, to explore the relations between co-workers, to critically analyse the interactions with the client, to explore group dynamics, and to ensure personal responsibility for fulfilling the terms of minimum standards.

As was the case with personnel working with men, staff who work with women are required to possess various skills, including theoretical and clinical, legal, and organizational. With respect to personnel working with women, these staff use theoretically and clinically sound approaches to protect privacy and safety. For example, staff must be capable of making proactive contact with men (ex partners) and to collect further details about the history of violence. Even though the contact with women is a fundamental part of the process, it is equally important to first secure their safety, well-being, and empowerment. For this reason, staff must find ways to contact women whilst keeping them safe, and must not seek further contact if the woman does not wish this to happen. In terms of legal concerns, personnel must have complete knowledge of legal and financial assistance for women and children, and of the policies of refuges or women's shelters. Staff also, have a duty to provide women with information and realistic expectations about the nature of the program, including its impact and limitations. At the organizational level, members of staff are required to be aware of the organisation's working model, to be able to assess and manage risks, and to communicate with other professionals in order to manage risks in a multiagency context.

Contact Procedures

First contact may be sought by men who voluntarily apply to the program or call for instant help; men mandated by the court or referred by legal entities (police, courts, juvenile court, social services), and men referred by women's services. Women, children, adolescents, and staff working in the field seeking guidance or information also may contact the program.

Treatment programs for perpetrators offer the possibility of making the first contact through the website, –e-mail, telephone, and by mail. In some cases, a helpline is provided for instant support, telephone counselling, and information. Some programs also have an answering machine accessible 24 hours a day. Usually, first contact with the man is made by a male operator, while contact with women is made by a female member of staff. Initial contact is always made by a therapist or staff trained for this specific purpose.

First contact with partners or ex-partners may be done by e-mail, telephone, or in person, as long as these methods ensure the safety of the women and children, and complies with the conditions of information confidentiality. Contact with women can occur for several reasons. To assess the case, contact with women may occur within a week since the man's first contact with the program or at the moment that the man is considered suitable, with the purpose of acquiring an integrated version of the story, and particularly to assess the possibility of risks to the woman and/or her children, and help her to manage these risks. Contact with the (ex) partner may be for the purpose of informing her of her (ex) partner's participation in the program. Keeping in mind that the protection of the women is fundamental, contact can occur to provide them with details about the program, and to alert them to how their (ex) partners could abuse the concepts and tools learned during treatment by giving them the wrong information. Moreover, this contact may serve to provide them with data about the program and if they wish, to monitor the man's attendance. Furthermore, a fundamental task is to provide them with realistic expectations about the likelihood of seeing any behavioral changes in their partner. This contact also may furnish support, and give the (ex)partner information about services associated with the rights of the woman and her children. Finally, another reason to contact the (ex)partner is directly related to promoting safety; namely to alert the woman when the partner's behavior or words lead the facilitator to believe that her and/or the children's safety may be at risk, when the (ex) partner is not considered suitable for the program, when her (ex)partner completes the program, when the (ex)partner leaves the program and when the (ex)partner violates or is suspended from the program.

Once the extent of the risk has been evaluated, participation in the program is contingent

upon the man signing a contract agreeing to take responsibility for his own behavior and admitting that it is a problem. If the agreement is broken, the participant has to leave the group. The contract focuses on the following topics. The client must accept that the staff will contact the victims (women and children) of his violence; and in case of breach of law or unsafe conditions for him or for his partner and/or children, the operator will report the man's personal information to the appropriate bodies. Each treatment group defines what kind of behavior agreement is acceptable. Some programs give men an informative booklet about the program and information about limited confidentiality. In some cases, the man has to agree that sessions may be recorded and observed by other staff or researchers. If a man doesn't respect group requirements, the staff may suggest that he leaves and finds other services. When the man is considered suitable, a staff will contact the women and children as part of the man's initial evaluation, or before he participates at the first group session. If the women and children would like to remain informed, they are contacted every two or three sessions each month, and when the man leaves the program.

Treatment Approaches

These twelve programs essentially are based on three types of approaches. First, the feminist approach is based on the analysis of the patriarchal culture and its effects on family and society, the factors underlying violence against women, unequal power relations between men and women; strict compliance with gender stereotypes; and violent cultures in general. Its main goals are the promotion and dissemination of non-violent/discriminatory social standards, and equal relationships between women and men. Next, the cognitive-behavioral approach encourages the individual to understand the dysfunctional and functional aspects of violent behavior. It combines specific techniques to respond to anger and violence by means of deconstruction and reconstruction of the behavior and identification of strategies to disrupt the violent acts (e.g.: recognition of anticipatory signals; self-conviction; timeout). Finally, the psycho-educational approach focuses on the assumption of responsibility for the abusive behavior. It includes exercises aimed at managing negative emotions and developing strategies to prevent future violence, setting up new behavioral patterns, reflecting on parenting styles and ways to improve them, developing empathic skills, and changing beliefs and values about masculinity.

Evaluation of Eligibility Criteria. After the first contact, programs launch a procedure to understand if the man is suitable for their treatment program. This evaluation may take place over the course of one to six sessions, two on average, and may consist of interviews and administering assessments such as the Behavior Checklist. The following are the areas investigated. Personal history explores the man's history of violent and controlling behavior both in current and past relationships, and the eventual fatherhood experience. The social factors sphere examines factors such as the man's legal situation (current or past trial, charge, or conviction), work status, possession of weapons, presence of substance abuse, presence of mental illness, and disability. Finally, motivation is important to analyse the man's comprehension and acknowledgment of his violent behavior, his assumption of responsibility, his will to change, and his eventual commitment to participating in group sessions.

Treatment Procedures

These twelve programs used several treatment formats, including group, couples and family, and individual approaches. While most of the programs do not accept men if there is no or little expectation of risk reduction, there may be circumstances taken into consideration. In some cases,

such as substance abuse, language and/or learning difficulties, or mental illness, men may ask for advice/referral to an additional support service.

Group treatments generally are carried out by two facilitators one of whom is a woman, and the other a man. The male-female dyad serves as an example of a non-violent relationship between men and women. Group treatment is usually chosen because listening to other men's stories may encourage reflection and comprehension, whilst also providing an opportunity to socialize and challenge gender stereotypes. Working in a group session may be an opportunity to experiment with relationships between men, focusing on personal change rather than competition. Furthermore, the group format may help men feel understood and supported rather than feel alone. Groups often comprising 8 to 10 men, up to a maximum of 12 to15; they may be closed or open to new participants.

A few programs use couple or family therapy, but only when specific conditions are met. The woman must feel secure, the man must complete his program, the man must not inflict physical violence or use significant levels of controlling behaviour, and a substantial period of time must have passed in which the man has not used violence. Otherwise, couple therapy is considered inappropriate because it can put the man and the woman on an inauthentic or false level of equality, and inadvertently may make the woman feel she is responsible for the situation. Individual treatment is not always a standard procedure. Some programs offer individual treatment together with group therapy, if a particular need arises, or in extraordinary circumstances (if the participant is unable to attend group sessions). Individual therapy may focus on areas such as individual issues, analysis of subtle forms of violence, acknowledgement of feelings of helplessness underlying the violence, or the dynamics of the relationship. One of the program described provides a tutoring activity -i.e. if needed, a male volunteer is available on the telephone and If needed also for individual session, especially during the weekend. This service is provided in order to give further support to the men who live in social isolation and are in an emergency situation.

Length of the Programs. The evaluation of a client's eligibility may take place over the course of one to five sessions (Assessment). Individual meetings may last between six and ten months, and have a length of 24 to 75 hours. The duration will vary according to the client's specific needs. Group sessions take place at least once per one to two weeks, up to a maximum of three times a week. Interventions may be spread over at least 20 weeks, and for up to one to 1.5 years. Generally, meetings are 2.0-2.5 hours in length. In some cases, when the group is open, it remains available for men who have completed the program if they need further support in crisis situations or if they just wish to continue to maintain contact with the service or with other men.

Intervention Strategies and Program Topics. Intervention strategies range from group activities consisting of group discussions, to working in pairs, as well as using video and audio material, and other creative processes such as drawing, psychodrama, role-play, and journaling. The major topics addressed during group sessions primarily concern ending physical abuse, intimidation, and controlling behaviour, as well as realizing the extent of the violence inflicted.

Group discussions promote taking responsibility for one's own behavior, and may focus on the analysis of manipulation, abusive tactics, denial, and minimization. Discussions are directed toward countering denial and victim blaming mechanisms. Group work also focuses on cultural and social construction and meaning of gender violence and gender stereotypes. One of the steps men have to take is to reflect on what is socially constructed, to understand power influences on individuals, families, communities and cultures. Furthermore it's important to analyse gender stereotypes and its effects, and to develop respect for different cultures, religions and sexual orientation; major aim is working towards an equal and respectful model of relationships, and identifying and promoting non-violent alternative ways of relating.

On an individual level, the aim is to work on self-awareness, assertiveness, anxiety, jealousy, fatherhood, and children's needs. At the individual level, men are encouraged to broaden their identity and sense of self. The work is also focused on anger, irrational beliefs, and analyzing events that can cause anger (e.g. prior events, beliefs, emotional consequences, and conflicted emotions). The purpose is to draw attention to the emotions that cause the violent behavior, to recognise the physical signs preceding the outbreak of violence, and to develop comprehension and empathy for the people they have victimized in order to become aware of and adopt self-control skills and strategies.

Training and Special Activities. In addition to direct services to men enrolled as clients, these twelve programs also facilitated training for staff members, support services, community outreach and awareness, and policy and systems interventions. In terms of staff training, the two main foci were providers who work with perpetrators, as well as telehealth providers (i.e. telephone counselling, helplines). Support services for perpetrators ranged from referral helplines, to crisis intervention for men (e.g. divorce, job loss), and to programs for sexual abusers. Support for victims ranged from referral and support helplines, to assistance for disabled victims of violence, to projects that support families during the man's treatment process, to safety planning for women and families. Other support services were not specific to perpetrator only or victim only, such as mutual help groups, and hosting a virtual online space for fathers and sons in which they can feel safe to talk.

Outreach and awareness activities were both self-serve/passive and in interactive. On the self-serve end, many programs had developed websites to help men understand and reflect upon gender and violence issues; issued electronic and paper newsletters in which news, analysis and research on treatment programs were contained; published books and self-help books about experiences of change described by other men, consideration of the experience of fatherhood, and a minimum standards and guidelines textbook. At the more interactive end, seminars, conferences, and workshops for staff, researchers, and people interested in the field had been organized; and community meetings and prevention activities had been sponsored to increase awareness in the schools and communities.

Finally, at a policy level, some programs focused on elaborating accreditation standards and influencing national policies that can bring the issue to the fore. In addition, from a wider social perspective, some programs had developed collaborations with women's services and legal agencies to set up anti-violence networks in order to promote knowledge, research, and cooperation between researchers, agencies, and policy makers.

Restrictions and Exclusion Criteria. Not all men are accepted by treatment programs; every program has its eligibility criteria, but in general a man is not admitted when he doesn't recognise he has a problem; doesn't commit to participating in the program; or doesn't agree to program requirements such as limited confidentiality, abiding by the law, giving away weapons, or being evaluated. Once enrolled, clients may be suspended from a program for similar reasons. Some programs do not accept men charged for domestic violence unless the participation is not mandatory and/or the trial has ended, the reason being that the treatment cannot be considered as a substitute for the penalty. Unless there are particular circumstances, only adults may be admitted. In some cases, men with speech difficulties or mental illness are not accepted. Men with substance abuse problems may be accepted on the condition that they stop using the substances for the duration of the treatment period.

Treatment Assessment. Treatment assessments generally include intake assessments, progress assessments, and case closure assessments. These assessment may require the collection of both qualitative and quantitative data, including a structured interview. In addition to the client, intake information and feedback are obtained from various stakeholders, such as women, children, facilitators, police, court reports, social services, services for women, and the juvenile court. A structured interview may cover demographic data, family status, drug or alcohol addiction, mental illness, employment status, criminal charges, and data from the victims/partners. In terms of progress assessments, one technique is to ask (checklist survey and interview) women and children about the man's behavior before, during, and six months after his participation in the group sessions. Men are requested to complete a self-report form in which they reflect about the eventual change in their behavior every six sessions (in some cases weekly self-reports). In some cases, after the individual assessment has been made with men and with women, some programs conduct a conjoint interview with both partners.

Although some programs have developed their own assessments, standardized tools also are available. Among quantitative tools used in some European programs, the SARA assessment is now gaining wider recognition within services and police forces. SARA effectiveness studies are generating some very positive results (Baldry & Winkel, 2008). Success usually is considered to have been achieved when the man stops using physical violence, when he stops exhibiting controlling behaviors toward his (ex) partners and/or children, and when he apologizes to those upon whom he may have inflicted harm.

Follow-Up and After Care. Before the man leaves the group, staff members work with him in order to develop an exit plan, make him reflect on what he has achieved, identify the challenges he could face and how he can handle them. In some programs, the group stays "open" even at the end of treatment in case a man wishes to continue participating, or there is a specific follow-up group which meets once a month. Finally, contact with participants may occur after they exit the program to take part in an interview to assess the follow-up. Support for the partner is also a part of the follow-up procedures.

Discussion

In summary, this paper provided an overview of twelve treatment programs designed to help perpetrators of domestic violence. Through the analysis of each program's history, structure, and organization, fundamental program characteristics have been identified. Having used the ecological framework, it is possible to examine the potential impact of these programs beyond the benefits accrued by the individual perpetrator and his family.

From a wider perspective, these programs' missions are aimed at a social and community level, with the purpose of promoting a change in the communities and to promote a coordinated community system. In order to bring the issue to the fore and to spread a culture of non-violence and equality, it is fundamental to awaken citizens through community meetings, and to work at an

information and prevention level with young people in schools. Collaboration with agencies is therefore indispensable. To promote safety and non-violence, it is important to initiate multi-agency networks that have the common purpose of fighting against gender violence.

As an example, Gondolf (2002) has remarked about program effectiveness in that some perpetrator programs contribute to the reduction of reassault, but this is only possible when the treatment is related to a coordinated community response. It would be extremely important to collaborate with women's services, since female victims of gender violence often are fearful of reporting, to the justice system, for example. Furthermore, evaluation of the strongest predictor of reassault may be obtained more accurately from the women's perceptions (Gondolf, 2004). One of the greatest weaknesses regarding treatment for perpetrators is the lack of resources, both financial and human. While the two may be related, there is a risk that the opening and founding of programs perpetrators may could deprive women's services of their already limited resources (Chiurazzi, 2016).

Conclusion

Using a Freirian view on social justice and human rights (1970), the job of the oppressed is to engage the oppressor in the awareness of their actions. Freire referred to this as conscientizao. Thus, men become aware of the male role as oppressor and are empowered to tackle this issue. While the majority of men are not direct perpetrators of violence against women, by virtue of being male they inadvertently suffer from a male-as-perpetrator stereotype. Beyond perpetrators, the broader citizenry of men may engage themselves to eliminate this stereotype, thereby fighting the related issue of violence against women. By making their voice heard on these issues, they may be able to speak out against other forms of patriarchy.

This topic has begun to be addressed in many countries, as suggested in the analysis presented here. In order to fully deal with the issue, it is critical to involve men in a field that has so long been the domain of women. In order to do this, it is important to spread a non-violent culture of equality, a new concept of masculinity and manhood, and to continue working on treatment programs for perpetrators in order to increase their efficacy. A specific research goal concerns the need to increase evaluation studies on the effectiveness of different treatment programs, whilst a further specific need concerns the evaluation of assessment tools, such as risk management scales and questionnaires.

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