



## ENSAYOS

### **An analysis about the working of batterer intervention programs**

Un análisis sobre programas de intervención con hombres que ejercen violencia de género

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Keywords: gender violence; psycho-educational intervention; intervention programs.

Palabras clave: violencia de género; intervención psicoeducativa; programas de intervención.

### **ABSTRACT**

The aim of this paper was to offer an analytical view about the working of the batterer intervention programs which have been opened for the psycho-educational intervention of men that used the violence toward their partner or ex-partner. This essay was organized in two broad thematic areas. First, it was explained the working into the batterer intervention programs, as reference the experience of three countries (Spain, Costa Rica and Chile) were used. Also, in this section was presented the limitation and potentiality observed in these programs. The second part of this paper was a reflection about the implications to the multidisciplinary practice.

### **RESUMEN**

Este ensayo tiene como finalidad ofrecer una visión analítica sobre el funcionamiento de los programas de intervención con hombres que ejercen violencia de género los cuales han sido creados para prestar intervención psicoeducativa a hombres que ejercen violencia hacia su pareja o expareja. En el escrito se estiman dos partes. La primera, explica el funcionamiento de los programas de intervención en agresores tomando como base la experiencia de tres países (España, Costa Rica y Chile) de igual manera se presenta la limitación y la potencialidad observada en los diferentes programas. En la segunda parte del ensayo, se reflexiona sobre las implicaciones para la práctica multidisciplinar.

## WORKING OF THE BATTERER INTERVENTION PROGRAMS

The recognition of violence against women as a public health and human rights problem, called the effort of different countries around the world to provide assistance and prevention. In this field, it was not only established policies for women who are victims of this situation but also for men authors of the aggressions against women. Furthermore, the following section provides an explanatory perspective on the origins and working of these intervention programs.

From a conceptual point of view, they are referred to re-education that males, perpetrators of any violence in the relationship with their partner or ex-partner, receive. Some pioneering experiences developed at a global level were: the “Emerge” program founded in Boston, Massachusetts (1977); the “Duluth Model” first implemented in Minnesota (1981) innovative as it has recognized that the legal and social system worked better together; the program “Man against male violence - Männer gegen MännerGewalt” launched in Hamburg (1984); the counseling center for men “Mannebüro Züri” in Switzerland; the program “Respect” is conducted in the United Kingdom and the program “Change” implemented in Scotland (1989) <sup>[1-4]</sup>.

Currently there are numerous programs developed in various countries that approach this topic. A reference in Spain is the intervention program for male perpetrators of gender violence which works as a responsibility of penitentiary administration in its territory, for those sanctioned with an alternative to prison (either suspension or conversion of custodial sentences). Additionally, by reviewing documentation emerged that this program integrates the clinical aspects with educational and motivational ones from a gender perspective <sup>[5]</sup>. In the case of Latin America we have selected, discretionally, the experience gained in Costa Rica and Chile attempting to sum up the main trends regarding to work with male that carried out violence towards to their partners or ex-partners in order to make some comparisons between the Latin American and Spanish programs.

First we make mention of the gender-sensitive treatment model for men that batter in Costa Rica. This program is closely related to gender perspective and masculinity studies with strong roots in a methodology that is based on the North American community programs Emerge and the Duluth model which understand violence within intimate partner relationship as strategies used to exert dominion and control. The gender-sensitive program counts with counseling services, individual therapy and reflection groups. The institutional relationship is taking place with the United Nations Latin American Institute (ILANUD) in Costa Rica and it is not a waiver program by legal mandate. As shortcomings of the model it appears that no distinction of historical-biographical profile of violent men is carried out and particularly, that there is no assessment of effectiveness of the program <sup>[6]</sup>.

Secondly, the program “Men for a living free of violence” of the National Service for Women (SERNAM) in Chile provides specialized re-educational care to male that use violence against their partner, works in six regions national-wide, men’s admission into the program is through family courts, prosecuting attorney and other networks but in addition it has also a high spontaneous demand. In the intervention are established four evaluation sessions. They are organized as follows: a) an admission session; b) eighteen sessions that are designed to eliminate physical and sexual violence, threats as well as intimidation; c) evaluative statement; d) twelve second-level sessions that

are designed to eliminate psychological violence and to acquire skills related to a new masculinity; e) second evaluative statement and f) egress with one year follow-up<sup>[7]</sup>.

Referring to the interventions that are taking place in Spain and Latin America, it is clear that the approach mainly used in these programs is psycho-educational and gender sensitive skills development; both providing users with tools to respond to the denial of responsibility, to identify that violent behaviors are not uncontrollable and that both attitudes and sexist beliefs can be changed. In addition, such programs identify and tackle psychological problems which may encourage maltreatment behaviors among the perpetrators: all these measures are undertaken in the order to provide protection for victims. Some common characteristics of the reviewed practices are: contact the participant by a delivered court judgment although the eventuality of voluntary stay is not excluded; an in-depth assessment of the participant; discuss the terms of the program with the participant; program complement and monitoring.

The type of work being done with men lies in the re-education with respect to a form of multi-modal (cognitive, emotional and behavioral) and multi-level (e.g. individual, group, social network, labor) supplemented with an intervention at community-level to ensure effective reintegration into the social system, to eliminate disintegration of the primary social support network and partial or total vicarious victimization of the family<sup>[8]</sup>. The re-education process intends to achieve the following specific objectives: to identify the different ways, in which violence is perpetrated, to modify and eliminate irrational attitudes and beliefs justifying violence, to eliminate aggressive or violent behavioral patterns, assumption of responsibility, developing empathy and internalizing alternative behaviors in the use of violence<sup>[9-13]</sup>.

The working methods are individual and group support. At individual level are carried out anamnesis, psychosocial and motivational interviews which serve both to evaluate the participant and to the establishment of therapeutic agreements. Also, test application at different stages of the program are conducted, these scales enable to analyze variables such as anger management, emotional expression, jealousy, attachment in relationship, emotional intelligence, among others. The importance of implementing these techniques and tools lies in questioning whether psychosocial educational interventions are sufficient or it is necessary to complement with other mental health interventions focused on personality disorders, emotional control and addictions<sup>[14]</sup> the same as predicting the episodes of increased violence.

Therefore, the recent study conducted in Chile that from psychosocial and legal observations prepares the admission profile of men that get in Sernam centers is noteworthy<sup>[14]</sup>. Along this same line of research on types of aggressors are the Spanish findings which help to identify the risk factors and etiology of violence in a relationship, individual mechanisms involved in intimate partner violence, as well as the difference of these elements between different male groups<sup>[15]</sup>. In any event, establishing classifications is interesting, not only from a psychopathological point of view and predictive of the risk of violence, but mainly from a therapeutic and preventive point of view. Only in this way may be selected more appropriately the most suitable therapeutic strategies in each case<sup>[15]</sup>.

On group work are frequent participatory group activities, structured information, self-evaluation, role-playing exercises, training, practice, tasks and the positive reinforcement of alternative behaviors to violence. These dynamics not only enable the comprehension of the problem but also allow generating an active and conducive

environment for group discussion. It is forwarded that the users have the opportunity to practice communication abilities, competences and skills, problem-solving and/or anger management in response to conflict situations, until achieving a satisfactory execution level.

A noted limitation on the reviewed programs concerns the contact with victims. It would be useful to set up the integration of the carried out activity on working with both aggressors and victims. An advantage of the Chilean program is that it formally engages the intergovernmental effort. During all the process the victim's report is available (as far as the victim agrees), and is attained with the professionals of the Center for Women, who act jointly with the Center for Men <sup>[7]</sup>. This allows a permanent comparison which is advantageously in Chile but a disadvantage for countries where no coordinated work takes place. The analyzed experiences in all three countries stand out due the initiatives whose scope of coverage refers on a national scale. The labor of male re-education, involves that the aggressor takes awareness and

## **IMPLICATIONS FOR THE MULTIDISCIPLINARY ACTIONS**

The labor of men's re-education involves to increase the aggressor's awareness about the damages done over the victim, also it requires that the perpetrator takes the responsibility for the own actions. It is clear; in this kind of persons could be shown mental illness. However, some international studies address that just a small percentage of offenders are people that are mentally ill <sup>[16-18]</sup>.

The most important is to know that the reasons for this violent behavior are they do not exist in isolation, but to a combination of static and dynamic risk-factors, the timing of the sessions must be set according to the specific needs and deficits of the participants, to the social network and/or their labor needs, this is, in terms of the socio-cultural profile and context of the male <sup>[8]</sup>.

In that aspect, the techniques have their effects if they are applied at precisely the right time and in the appropriate manner. The paces, forms and procedures to carry out are according the time imposed by the people <sup>[19]</sup>. Therefore, the core idea is that the implementation of the intervention plan does not have to comply according to the specialist, but the specialists have to comply according to the participants.

Additionally, more and more authors demand evaluation strategies that offer qualitatively different information and allow full assessment of the impact of treatments and risk for the victim/s <sup>[20,21]</sup> thus there are many cases of partners that continue to maintain some kind of relationship with their aggressors, to this we would have to add a hidden living together <sup>[22-24]</sup>.

This is, even though couple counseling is absolutely contraindicated in this form of violence, may be helpful to incorporate it in the monitoring stage, after finishing this program, in the cases of bilateral or mutual partner violence, casuistry that has been validated in scientific literature <sup>[25,26]</sup>. It might also be possible to bring up this mechanism when the aggressor is a female, being indifferent whether the victim is another female or a male of the emotional family environment. This approach may follow the guidelines of authors <sup>[21, 25]</sup>, that recommend a mix of one-on-one sessions, couples therapy sessions and workshops with significant persons of the family and community system.

Precisely, is in the follow-up phase where community health nursing would act as a bridge between Women's Center and Men's Center. We reaffirm that this limitation was observed in (n=2) two of the programs analyzed in this essay, specifically in Spain and Costa Rica. Reviewing the documents a lack of coordination was brought out in contact with partner, victim's support and security and in interaction between the different agents and specialists that work in both Centers. To resolve this poverty of resources and conventions, it will be essential to consolidate and strengthen the cooperation with the services provided to female victims and their children.

In this context, the programs should be designed so that emphasis will be laid on the process of "social reinsertion of the participants and their encounters with the society", to reduce the labeling, negative expectations and their stigmatization <sup>[27]</sup>. And given that the interventions that assume a multimodal and multilevel intervention model have been shown more efficient than partial interventions <sup>[9]</sup> a more global and communal action will bring together the actions contributing to an effective re-education, rehabilitation and social reinsertion <sup>[22]</sup>. In other words, it is a question of connecting the participant with the existing networks and to promote in a concrete manner the autonomy and empowerment processes relating to specific fields.

Most international standards and guides to good practice <sup>[7,12,28]</sup> point out that under these cross-sectorial cooperation principles "must also be ensured that the contact with female partners should be entirely voluntary for them, and that without incurring any responsibility with regard to the participation of the aggressor in the program or his progress in itself. The needs of women must be respected and every effort will be made to minimize any possible risk. The contact with the partner may be provided by means of supportive services for victims or by the same men's care program <sup>[7]</sup>.

Each of points was just a resume of our interesting on the topic. Thus, it is necessary - from our point of view- to carry out a wide study. Finally, in the case of community health nursing would be worth considering, if the batterer intervention programs represent a place to perform community health nursing activities, and which could be the contributions of this nursing specialty. In this sense, would be useful a training with gender perspective, definition of possible guidelines, it involves a coordination of actions with other disciplines such as the psychology and the social work.

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ISSN 1695-6141

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