

# International BIPs:

What can we learn from programs outside the US?



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# Why learn about programs outside the US?

- Compare to US practices
- Relate practices to societal/cultural factors
- New models of working with abusive men
- New approaches within groups
- Different views on the definition and nature of IPV

# Some Key Differences

- Who pays for BIPs
  - In U.S.: abusive person
  - Outside U.S.: more often government (e.g., UK)
- Referral systems
  - In U.S.: court-mandated
  - Outside U.S.: voluntary; informal social controls
- Coordination w/ victim advocacy and services
  - In U.S.: developing CCR
  - In U.K.: BIPs required to partner

# Program Comparison by Location

	Oregon BIPs	USA BIPs	European BIPs	WHO BIPs
Court Referred Clients	85%	89%	75% (<25% only w/volunteers)	17%
Victim Contact	75%	75%	65%	71%
Cognitive Behavioral Program	25%	49%	45%	
Mixed gender cofacilitation	65%	51%	85%	
Length (weeks)	50	31	63% < 26	
\$ from abusers	100%	74%	<40%	36%
\$ from government		46%		67%
Facilitator education (> 1 w/Masters)		71%		~34%

Sources: Dalton, 2007; Price & Rosenbaum, 2009; Rothman, Butchart & Cerda, 2003; Work With Perpetrators EU, 2008

# Programs outside US

- World Health Organization study (Rothman, Butchart, & Cerda, 2003)
- Programs outside U.S./Canada
  - 56 programs in 38 countries

# WHO Study of BIPs

participating countries shown in red



Rothman, Butchart, & Cerda, 2003

**TABLE 1: Geographical distribution, duration and dimensions of batterer programmes\***

<b>WHO World Region</b>	<b>Percent of programmes by WHO Region</b>	<b>Year established (average)</b>	<b>Size of programme (average new cases per year)</b>
Americas	34% (19)	1997	288
Europe	36% (20)	1994	233
Africa	11% (6)	1995	135
South-East Asia	5% (3)	1997	617
Eastern Mediterranean	2% (1)	2002	n/a
Western Pacific	13% (7)	1997	155

\* Excludes programmes in the USA, Canada and England

Rothman, Butchart, & Cerda, 2003

**TABLE 2: Parent agencies of batterer intervention programmes**

Type of parent-agency	Proportion of all programmes (n=56)	Proportion of programmes in developed nations (n=33)	Proportion of programmes in developing nation (n=23)
Victim advocacy services	34% (19)	39% (13)	26% (6)
Psychological counselling	21% (12)	12% (4)	35% (8)
Criminal justice	5% (3)	9% (3)	0% (0)
Men's programme	4% (2)	3% (1)	4% (1)
Child welfare	11% (6)	9% (3)	13% (3)
Sexual or reproductive health	5% (3)	3% (1)	9% (2)
Addiction services	9% (5)	12% (4)	4% (1)
Religious	2% (1)	3% (1)	0% (0)
Missing data	9% (5)	9% (3)	9% (2)

Rothman, Butchart, & Cerda, 2003



Table 3: Intervention topics

Topic	Proportion of providers that cover this topic during intervention (n=50)	Programmes in developed nations (n=31)	Programmes in developing nations (n=19)
<b>Masculinity:</b> Discussion of the ways in which social norms about gender affect the way that men behave in intimate partnerships	90% (45)	84% (26)	100% (19)
<b>Intimate partnership:</b> Discussion of the differences between healthy and unhealthy intimate partnerships	88% (44)	84% (26)	95% (18)
<b>Conflict resolution:</b> Ways to solve problems without using violence	86% (43)	84% (26)	89% (17)
<b>Cultural traditions:</b> Discussion of the extent to which the culture of the abuser supports or discourages intimate partner violence	78% (39)	81% (25)	74% (14)
<b>Anger management:</b> Techniques for managing anger that avert violence	76% (38)	71% (22)	84% (16)
<b>Fatherhood skills:</b> The importance of parenting in a non-abusive manner	76% (38)	77% (24)	74% (14)
<b>Criminal sanctions for intimate partner violence perpetration:</b> Explanation of local laws regarding intimate partner violence	64% (32)	58% (18)	74% (14)
<b>Alcohol and Drug use:</b> The effects of alcohol and drugs on one's moods and capacity for violence	58% (29)	58% (18)	58% (11)
<b>Trauma:</b> The effects of childhood traumatic experiences on one's behaviour as an adult.	50% (25)	61% (19)	32% (6)
<b>Stress:</b> The effects of stress on one's behaviour.	50% (25)	55% (17)	42% (8)
<b>Sexual health:</b> Sexually transmitted disease and their relationship to healthy intimate partnership.	44% (22)	55% (17)	26% (5)
<b>Oppression:</b> How racism, classism or other forms of oppression affect one's behaviour.	44% (22)	52% (16)	32% (6)
<b>Spirituality:</b> How faith and spirituality affect one's behaviour and capacity for violence	22% (11)	26% (8)	16% (3)
<b>Community Organizing:</b> Discussion of mobilizing others to join a political or social cause.	14% (7)	19% (6)	5% (1)

Rothman, Butchart, & Cerda, 2003

**Table 4: Staff training**

<b>Training requirement</b>	<b>Proportion of programmes</b>
None	7% (4)
Academic criteria	34% (19)
Special training programme	25% (14)
Certificate or license of counsellors	0 %
No response/don't know	34% (19)

Rothman, Butchart, & Cerda, 2003

# Key Findings

- Mostly voluntary (83%) not court mandated referrals
- Informal social control

# WHO report recommendations

- 1. Work towards the development of international best practices guidelines on batterer intervention.**
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- 5. Model batterer intervention programs based in the USA should be provided with the contact information of their international colleagues, so that they can collaborate to improve service for immigrant and refugee abusers.**
- 6. Investigate informal social controls that inhibit intimate violence perpetration.**

# European BIPs Survey

- Conducted 2006-8
- 192 programs from 19 countries  

Austria (5), Belgium (3), Croatia (1), Cyprus (1), Czech Republic (1), Denmark (3), Finland (1), France (22), Germany (66), Ireland (4), Island (1), Lithuania (1), Luxembourg (1), Norway (16), Portugal (4), Slovenia (1), Sweden (4), Spain (30) and United Kingdom (7).
- Sample - Missing Programs  

Programs in United Kingdom, Ireland, Norway and Sweden were under-sampled (in Ireland there are 14 Perpetrator Programs and more than 200 in the UK).

# European BIPs Survey

- History
  - The first program started in 1984
    - 48 by 2000
    - 86 from 2001 to 2005
    - 33 from 2006 to 2007

# European BIPs Survey

- Funding

33 % governmental funds

< 40% have contributions from clients

One-fifth (23 %) have a permanent fund base

# European BIPs Survey

- Client Referrals

The majority (three-fourths) of PP reported to work with men referred by court or justice

< 25% work exclusively with voluntary clients



# European BIPs Survey

- Intervention Approach
  - Nearly half (45 %) work with a **cognitive behavior therapy** approach
  - 13 % work with a systemic **family therapy** approach
  - 14 % with a **psychodynamic approach**
  - Nearly one-third (28 %) reported **other or combined approaches**

# European BIPs Survey

- Modes
  - 151 programs provide individual counseling
  - 149 provide group work
  - 59 provide couple counseling
  - 24 provide individual counseling without group work

# European BIPs Survey

- Length
  - nearly one quarter (23 %) less than 14 weeks
  - (40 %) (N = 149) are between 14 and 26 weeks
  - one-fifth (19 %) up to 52 weeks
  - one-fifth longer than 1 year

# European BIPs Survey

- Co-Facilitation
  - Most programs (126 of 149) at least two persons
  - Majority of these (71% of 126) mixed gender co-facilitation
  - only (7) have groups with only one facilitator

# European BIPs Survey

- Additional services
  - 47% offer support for female victims
  - one third (33 %) for male victims of domestic violence.
  - 44% offer also treatment for female perpetrators

# Other Intervention Modalities

- Incredible range and growth of work on **‘engaging men’ to end violence against women**
- Human rights perspective on IPV (e.g., WHO)
- Other modes may be more common outside US
  - less reliance on CJS
    - CJS may be more corrupt
    - alternative sought (e.g., Truth and Reconciliation in S. Africa)
  - less history and experience
  - greater emphasis on kinship, community
  - less emphasis on individual autonomy and privacy

# South African Context

*“In the context of South Africa the ongoing transformation of our society in terms of race relations is a source of hope and inspiration. Much of the learning around the construction of racial identities can be applied to the debate around gender relations and manifestation of violence against women. The history of oppression in this country has revealed that we need to address both the oppressed (victims of abuse) and the oppressor (perpetrators) if lasting and sustainable change is to be achieved.”*

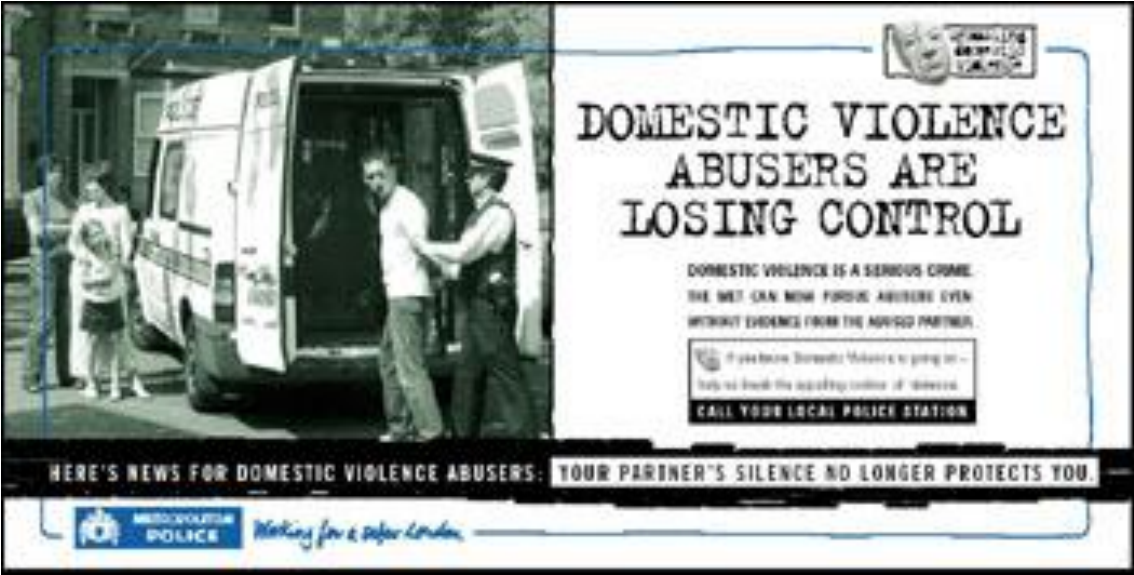
# South African Context

*“While the reform of the criminal justice system is essential in ensuring enhanced safety for women and children, interventions at an institutional level must be complemented by training and awareness-raising for officials working within the sector, including police officers, judges, magistrates, probation officers.”*





Your partner's silence no longer protects you” is the message behind the new MPS domestic violence advertising campaign to launched at Arsenal Football Club.



Posters will be placed in sites where people have time to reflect, including Underground cross tracks, tip up seats in taxicabs, and washroom panels in men's toilets in pubs, bars, restaurants and cinemas across the capital.



During my student years, there was a contest among all the communication schools to develop a campaign that would help combat domestic violence in Chile. This contest was organized by a large advertising agency, the country's largest newspaper and a civil security organization. We came up with a radical proposal to use print material exclusively, with flyers and posters to cover the cities. Our campaign was focused on rectifying the most widespread myths surrounding domestic violence. I designed these type-only posters with a black background as way to stand out from the other visual signs on the street. Our campaign won the third prize on this event.

Images from one of PADV's campaign posters, which encourage women to report domestic violence to the police, and act as a warning to abusive partners.



Kalyann Yuk, Project Against Domestic Violence (PADV) #23A St: 278 Beng Keng Korang, Kham Cham Ka Moai, Phnom Penh tel: 855 23 721654 1  
'Plates in a basket will rattle' report published by PADV (1994 )

# “Ring the Bell” (Bell Bajao) Campaign

- Location: Banglaru, India
  - <http://www.bellbajao.org/index.php>
- Call for action: Ring the doorbell when you over hear domestic violence
- Reached 130 million people through PSAs, 2.7 million through travelling community vans
- Evaluation
  - 400 random sampled at baseline
  - No follow up data yet
- Findings
  - Only 3.3% of the respondents have heard about Protection of Women from Domestic Violence Act 2005.
  - Only 30% have associated domestic violence to sexual abuse and economic deprivation.
  - Around 80% have mentioned that the community, family members should intervene if the husband abuses his wife.
  - Although 63% of the respondents promptly referred to ‘condom use’ as a means for ‘safer sex’ only 10% could correctly identify ‘consistency in the use’ to be important for safer sex.
  - The community is still embarrassed to talk openly about domestic violence. Although they reported of discussing of domestic violence, very few actually intervened into ‘others affairs’.

# Freedom From Fear Campaign

- Australia
- 8/1998-6/2000
- Multi-media
  - Television advertisements
  - Newspaper ads
  - Public relations activities
  - Men's DV helpline

## KEY AGENCIES + CONTACTS

### WHERE TO GET HELP

Getting help is a sign of strength and courage. Deciding to get help shows that you are ready to take control of your situation and take a positive step towards sorting things out.

#### 24 HOURS

##### **MEN'S DOMESTIC VIOLENCE HELPLINE 1800 000 599**

The Men's Domestic Violence Helpline is open 24 hours a day, 7 days a week. You can call and talk anonymously to a trained professional, who will listen to you and give you some options on what you can do.

**CRISIS CARE** (24 hours) (08) 9223 1111 or free call 1800 199 008

#### OFFICE HOURS

The following organisations have offices and services across the State.

**Centrecare** (08) 9325 6644

**Communicare** (08) 9439 5707

**Kinway (Anglicare WA)** (08) 9263 2050 or STD free call 1800 812 511

**Relationships Australia** 1300 364 277

#### **TRANSLATING AND INTERPRETING SERVICES 131 450**

Translating and Interpreting Services (TIS) are open 24 hours a day, 7 days a week. For the cost of a local call, TIS helps people who do not speak English.

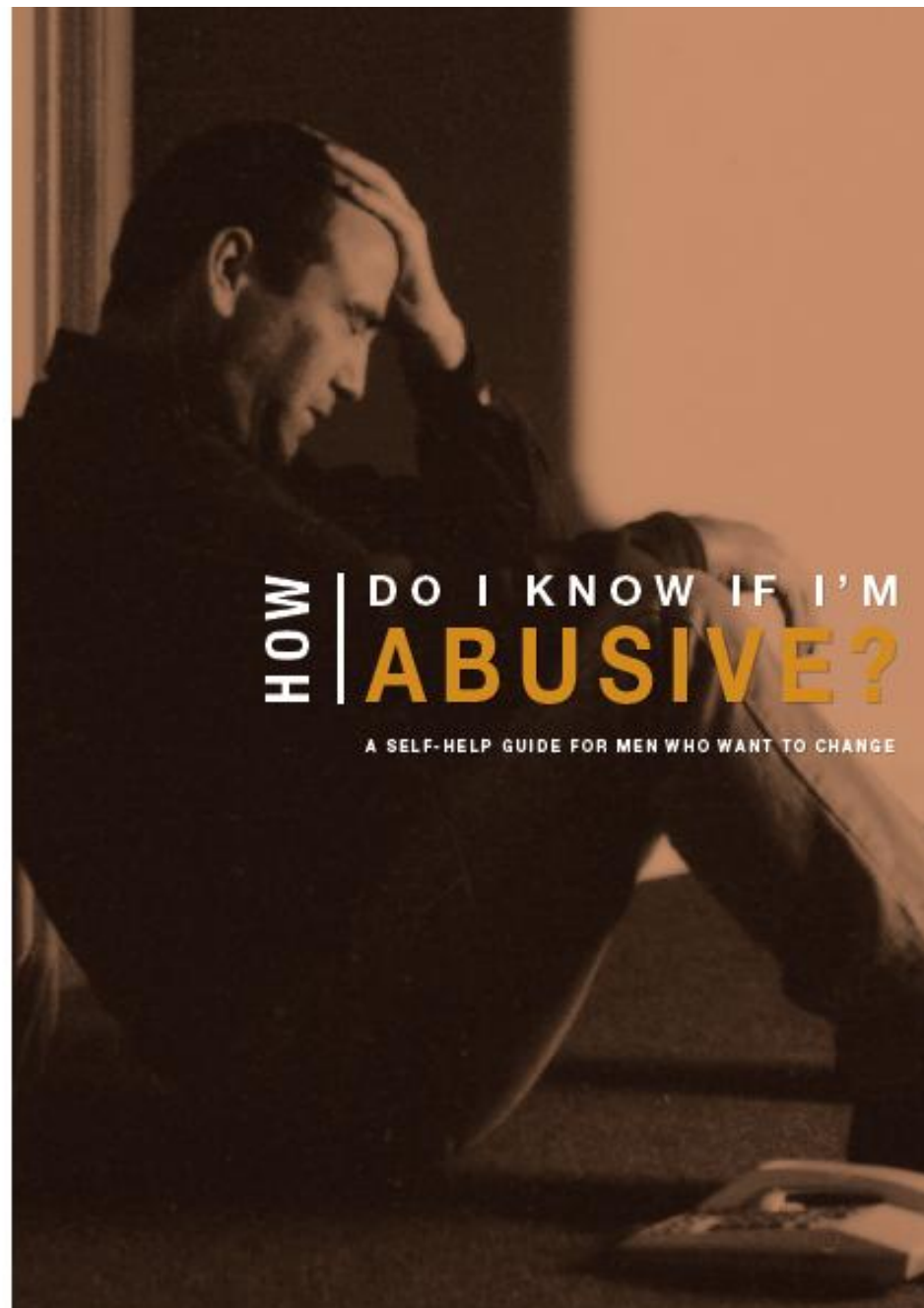
To order publications, or for more information, visit the Department for Child Protection's website at: [www.childprotection.wa.gov.au](http://www.childprotection.wa.gov.au)

DCP110.0810



Government of Western Australia  
Department for Child Protection

**FREEDOM FROM FEAR**  
CAMPAIGN AGAINST DOMESTIC VIOLENCE





[http://www.freedomfromfear.wa.gov.au/Orderform/wpd\\_order\\_form.cfm](http://www.freedomfromfear.wa.gov.au/Orderform/wpd_order_form.cfm)

# Freedom From Fear Campaign

- Evaluation (Gibbons & Paterson, 2000)
  - Random telephone surveys, 18-40 year old men
  - Program achieved awareness in target population (up to 90%)
  - Increased awareness of telephone helpline (up to 37%)
  - Men reported changes in attitudes/beliefs:
    - changed how they thought about DV
    - Increased belief that DV affects the whole family
    - Increased belief that occasional slapping never justified



# Puntos de Encuentro and the Asociación de Hombres Contra la Violencia

- Origin
  - Implemented after Hurricane Mitch in 1998
- Goals:
  - Campaign encourages men to respect their partners, resolve conflicts peacefully, seek help to avoid domestic violence
- Design
  - Included national and local media ads
  - five month period
  - posters, pamphlets, educational materials, and training for activists

I. Solórzano & O. Montoya (2001)

# Puntos de Encuentro and the Asociación de Hombres Contra la Violencia

- Evaluation
  - Pre- and post-campaign surveys of 2,000 men each
  - 660 women in the second survey
  - 60% of men surveyed knew about the campaign
  - Men exposed to the campaign compared to those not:
    - felt more that men can prevent violence
    - felt more that violence negatively affects community development
    - men with highly dominant attitudes towards their partners were positively affected by the campaign
  - 1/3 of men talked to their female partners about the campaign
    - almost 2/3 talked to other men

# Soul City

- Soul City Institute for Health and Development Communication—a South African multi-media health promotion project
- Reached targeted audience through
  - television, print booklets and radio, 86%, 25% and 65%, respectively

# Objectives of Soul City

## Levels of change

- Societal
  - Increase public debate in the national media
  - Advocate for the speedy implementation of Domestic Violence Act
- Interpersonal and community
  - Promote interpersonal and community dialogue
  - Promote community action
  - Shift social norms
- Individual
  - Shift attitudes, awareness, knowledge, intentions and practice
  - Enhance self-efficacy
  - Increase supportive behaviors
  - Connect people to support services

# Evaluation of Soul City

- Individual level
  - Knowledge shifts
    - 41% of respondents heard about the helpline
  - Attitude shifts
    - 10% increase in respondents disagreeing that domestic violence was a private affair
  - Subjective Social Norms
    - 22% shift in perceptions of domestic violence as a problem nationally (74% to 90%) (n=1,981; 34% of total were male)
      - *“My community agrees that domestic violence is a serious problem”*  
(National audience)

Usdin et al., 2005

# Conclusions

- Programs outside US differ from those in US
- Differences rooted in historical/societal/cultural factors
- Caution urged when exporting US models and practices
- US practitioners can develop new practices and interventions modeled from outside US

# BIP Directories

- Canadian programs

[http://www.eurowrc.org/11.men\\_violent/men\\_program-en/11.men\\_program.htm](http://www.eurowrc.org/11.men_violent/men_program-en/11.men_program.htm)

- European programs

[http://www.work-with-perpetrators.eu/en/country\\_summaries.php](http://www.work-with-perpetrators.eu/en/country_summaries.php)

- Worldwide (Rothman et al. report for WHO)