

# 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 intervention<sup>5</sup> 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 Portugal<sup>6</sup>.

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<sup>5</sup> 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.

<sup>6</sup> 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.

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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 skills<sup>7</sup>. 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.

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<sup>7</sup> 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 groups<sup>8</sup> – 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 protection<sup>9</sup>. This has some ethical and deontological implications I'll refer to later.

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

<sup>9</sup> 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*<sup>10</sup>. 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.

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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.

<sup>10</sup> 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 change<sup>11</sup> 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 behaviour<sup>12</sup>. 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

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<sup>11</sup> 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).

<sup>12</sup> 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.

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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 UCPJUM<sup>13</sup>. 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.

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<sup>13</sup>. We do not know if we can make comparisons with other countries.