

WHAT DOES IT TAKE TO CHANGE MEN WHO USE VIOLENCE IN INTIMATE RELATIONSHIPS? THE NORWEGIAN EXPERIENCE, ACCORDING TO ALTERNATIVE TO VIOLENCE (ATV).

Alternative to Violence (ATV) in Norway was established in 1987 as the first Nordic and European treatment centre for men who use violence in intimate relationships. ATV has cooperating partners in Sweden, Denmark, Finland and Iceland.

The work on trying to help men who use intimate partner violence (IPV) started in the United States in the 1970's. The first program in the US (EMERGE) was established in 1977 in Boston. The most well known American program is the Duluth model, that also have been imported to several European countries. The Duluth program is a psychoeducational, time limited program born by the womens movement, leaning on the idea that IPV by men is a product of how boys are socialized into a male gender role due to the patriarchal values in society. The violence of men are thus seen as a learned attitudes that can be *unlearned*. In contrast, the development of intervention programs in Europe has to a greater extent been influenced by psychology and psychotherapy, thinking that IPV is also about personal history and emotional coping strategies. In the beginning of this history, the women's movement criticised traditional psychotherapy of lacking perspectives on both power and gender.

At the start of ATV, we decided to try to integrate these two historically "competing" paradigms. On this basis, we decided to try to design a specific psychotherapeutic treatment model that take into account both cultural/structural background factors and individual psychological factors. In this presentation, both the basic features of the ATV-model and the latest developments will be presented, especially how ATV try to include the work on parenthood as an integrated part of the work trying to stop the violent behaviour. Also work on the client's history of attachment and trauma has become important areas of work in ATV. Attachment has become very central in understanding the effect of violence on children (the effect of violence on attachment). This has also become a very important perspective in ATV's work with adults in treatment for problems with violence.

It is important to take into account the two overriding references of costs to society and knowledge on the harmful effects of IPV. They inform us about the importance of the work we do in the field of IPV. In several European countries there has been conducted analyses of the economic costs of IPV to the society. For example, in Norway, such an analysis was made in 2013 on behalf of the Ministry of Justice. The cost of violence against women and children in Norway was estimated to be in the range of 0,75 – 1 billion US dollars per year. The population of Norway is approximately 5 million people. Regarding the knowledge on the harmful effects, Vincent Felitti's ACE study (Adverse Childhood Experiences) is of special importance. One of the identified ACE's is related to living with violence in your upbringing family. Being exposed to family violence in childhood is one of the central factors behind developing psychological, physical and social problems in adult life – in general. In other words; violence against women and children represent a *major public health problem* to our societies.

A central issue in the trauma-focused work with ATV's clients who use IPV, is the majority's experience of having been exposed to violence in their upbringing families when they were children. This is obviously a personal experience that is relevant to the treatment of the problem of violence the person has today as an adult. Earlier, the idea was that the father, through his violent behavior was a role model where the son learned from his father how men should be. Today we have a more nuanced understanding how the violence of fathers is more about traumatizing his sons than being about teaching his sons a gender role that tolerates violence.

The final part of the presentation will briefly focus on the history of research in the field of IPV, with special focus on outcome research, the lack of research on individual treatment processes and what is regarded as requirements in outcome research anno 2017.