



WHAT DOES IT TAKE TO CHANGE MEN WHO USE VIOLENCE IN INTIMATE RELATIONSHIPS?

THE NORWEGIAN EXPERIENCE, ACCORDING TO ALTERNATIVE TO VIOLENCE (ATV).

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ALTERNATIVE TO VIOLENCE

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ALTERNATIVE TO VIOLENCE (ATV)

- ATV started in 1987, as the first specialized treatment centre for male batterers in Europe.
- Today: Research and therapy centre for DV. Working with:
 - adult offenders, adolescents
 - adult victims and children.
 - NGO, public funding.
 - 11 offices in Norway (staff: 50) + 7 in the other Nordic countries.
 - 2016: 1117 men, women and children in therapy.
- Member of Working With Perpetrators – European Network (WWP-EN)
- The work of ATV is based on:
 - An understanding of gender, power and culture in society
 - The stories of battered women, battering men and children being exposed to family violence
 - Professional clinical psychology / Research

The overriding objective of ATV: Stopping the violence

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HISTORICAL CONTEXT

- The womens movement
- Shelters for women and their children
- Their causal thesis:
«Men's violence is about patriarchal attitudes»
- The Duluth model / US tradition and it's implications (late 70's)
Critique of psychiatry and family therapy

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THE MAIN CONTROVERSY... STILL AFTER ALL THESE YEARS

- Is IPV a sociopolitical problem?
(Gender, power & control)
 - Gender roles / *masculinities*
 - Gender socialisation
 - The degree of patriarchal values in the culture
 - Men's sense of *entitlement*
- Is IPV a psychological problem?
(Trauma, attachment, *emotion regulation* psychological dysfunction)

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BASIC CHALLENGE FOR INDIVIDUAL WORK ON CHANGE:

- Group level / societal level vs. individual level:
- The problem / challenge of applying group level models on treatment work on the individual level

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DIFFERENT PERSPECTIVES – DIFFERENT UNDERSTANDING VIOLENCE AGAINST WOMEN:

OUR RECENT PAST: VIOLENCE DOES NOT EXSIST (NORMALIZED)

PROFEMINIST APPROACH (PATRIARCHY)

PSYCHIATRY'S APPROACH (MENTAL ILLNESS)

PSYCHOANALYTIC APPROACH

FAMILY THERAPY / SYSTEMIC THEORY

COGNITIVE BEHAVIORAL APPROACH

"Battering is learned behavior. According to social learning theory, behavior is learned in two ways; through modeling and positive reinforcement" (Adams & Cayouette, 2002).

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THE NORDIC TRADITION (ATV):

Causal thesis:

«Men's violence is about patriarchal attitudes and masculinity

+

The significance of violence-related experiences in their life histories»

Example:

Abusive fathers: Harmful role-model or traumatizer - or both??

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CURRENT, HIGHLY IMPORTANT REFERENCES

RESEARCH ON CONSEQUENCES OF DOMESTIC VIOLENCE - ADVERSE CHILDHOOD EXPERIENCE STUDY (ACE)

Documents impact of childhood experiences on somatic, social and psychological problems in adulthood. The ACE study shows that having experienced domestic violence is associated with higher risk of premature mortality (2009)

FELITTI, MD, MD ANDA, MD NORDENBERG, MS WILLIAMSON, MS SPITZ, BA EDWARDS, PhD KOSS a MD MARKS. Original Articles: Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults. The Adverse Childhood Experiences (ACE) Study. American Journal of Preventive Medicine.

PREVALENCE AND COSTS – Regular prevalence studies
Vista Study (Norway, 2014)

Violence is a COMMON experience and phenomena in the society/in Norway.

Cost of violence against women and children in Norway is estimated to be in the range of 0, 75 – 1 billion US dollars per year (population: 5 million).



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DEEPLY INVOLVED POLITITIANS



Knut Storberget

«The single most important thing we can do to improve the childhood conditions of our children is to make domestic violence one of our top priorities as leaders»

Knut Storberget, 2007

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ATV'S TREATMENT MODEL

Partner Contact --- Partner Service

FOCUS ON VIOLENCE

Detailed reconstruction of the violence .
Assessing the "size" of the problem, danger and safety issues.

FOCUS ON RESPONSIBILITY

Focus on active choices and intentions. Control strategies
Intentional vs. causal explanations

FOCUS ON THE CLIENT'S PERSONAL HISTORY RELATED TO VIOLENCE

Attitudes towards women . Masculinity
Trauma history. History on violence.
Attachment problems → empathy → violence as emotion regulation

OVERALL FOCUS ON THE CONSEQUENCES OF THE VIOLENCE

Empathy with the victims (partner/children) of the violence. Recognising the pain inflicted on others.
Being able to talk to the children about the violence

Partner Contact

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LATEST DEVELOPMENTS - ATV

- A CHILD PERSPECTIVE AS BASIS FOR ALL OUR WORK
- THE SIGNIFICANCE OF TRAUMA (EX: EMDR)
- CULTURAL SENSITIVITY
- VIOLENCE AND PARENTING
 - Circle of security (COS)
 - Attachment
- RESEARCH (PROCESS / OUTCOME / REFLECTIVE CAPACITY)

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VIOLENT MEN AS FATHERS

- Work with the men's images of themselves as fathers
- How the violence is affecting the child - father relationship
- How the violence is affecting the child - mother relationship
- How the child is affected by the violence – both on a short term and long term basis
- Life learnings from their own fathers
- Educate the men on the basic needs of children within a developmental perspective – and how the presence of violence is obstructing the coverage of these needs.

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(Råkil, 2006)

TO MAKE THE CHILDREN "PRESENT" IN THE GROUP

Assignment: Bring a picture of your child to the next group meeting.

- Present your child to the group
- Who is he / she?
- How is he / she?
- Tell us about his / her personality
- What is his / hers dreams and needs?
- What does he / she like?
- How is he / she affected by the violence?
- How is your feelings for him / her?

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DV AND PARENTING

Parenting is:

- To «see» the child as an autonomous physical and psychological being.
- To put the childs needs before ones own.
- Emotional validation of the child
- Violence produces **fear** and **insecurity** in the child and mother.
- Violence has to be explicitly adressed when present in the family.
- Main question: Are violent parents **good enough** fathers or mothers?
- *This is a simple and difficult question at the same time.*
- *Many factors in this (frequency, quality, seriousness).*
- *Brake-up of the family is not the only desirable solution....*

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RESEARCH ON ATV TREATMENT

- Male offender clients: **60-70 % exposed to DV in childhood** (trauma)
- Clients exposed to violence in childhood use **more violence**. Physical violence in childhood is associated with **psychological control violence** as adults.
- 71 % of the men *fulfilled the diagnostic criteria for at least one ongoing psychiatric disorder (50 % more than one)*.
- Drop-out rate: 23.8 % within the first 3 sessions.

(Askeland et. al. 2011, 2013, 2014)

- Working-alliance formation – implications for outcome (Lømo et al., in progress).
- Instability of empathic understanding. Reduced reflective capacity and mentalisation skills in fathers using violence. *(Henning Mohaupt, in progress)*

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ASKELAND & HEIR (2013)

Sample: 1 166 domestically violent men.

- **Drop-out rate: 315 (23.8%) within the first 3 sessions.**
- Dropouts were significantly younger,
- More likely to have a non-Norwegian ethnic background,
- Less likely to have received previous mental health care, and were more likely to have been treated by a student therapist.
- Among those treated by a student therapist, unemployment was strongly associated with early dropout.
- Clients and therapists may benefit by matching unemployed men with experienced therapists.
- The high dropout rates among ethnically non-Norwegian clients points to a need for culturally sensitive treatment approaches for this subgroup.

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MEASUREMENTS

- **Life circumstances**
- **Social network, social support**
- **VAS, Violence, alcohol and drugs**
- **TEC, Traumatic Experiences Checklist** (Nijenhuis, Van der Hart & Vanderlinden, 2005).
- **MINI, International Neuropsychiatric Interview, 6.0.0.** (Sheehan et al, 1998).
- **Big Five 44-item Inventory (BF 40)** (John & Donahue, 1998).

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MEASUREMENTS

- **Outcome Questionnaire 45 (OQ-45)** (Lambert & Burlingame, 1996)
- **Working Alliance Inventory (WAI)** (Horvath & Greenberg, 1989)
- **Group Cohesion (GC)**, (MacNair-Semands & Lese, 2000).
- **Session evaluation, client (TEK)**. Clients evaluation of the consultation.
- **Session evaluation, therapist (TET)**. Information from the therapist; main issues in the consultation, evaluation of the consultation. (Rønnestad, 2006).

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DATA FROM EACH THERAPY SESSION

- Audio records
- Session evaluation, client
- Session evaluation, therapist
- Logg over activities between sessions.

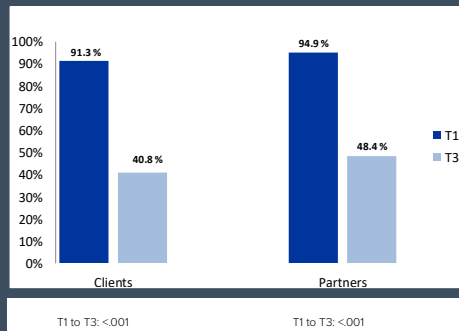
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DATA FROM EVERY 5.TH THERAPY SESSION

- In addition to the above:
- OQ- 45 (outcome measure)
- VAS (outcome measure)
- WAI-T, Working alliance
- WAI-K, Working alliance
-
- Group Cohesion

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PRELIMINARY OUTCOME RESULTS, DATA FROM CLIENTS AND PARTNERS (ASKELAND ET AL., IN PROGRESS).



T1: At treatment start

T3: 18 months after treatment stop

Stat. significant reduction in violence, both total and on different types of violence.

Change from more severe to less severe violence.

At T3: Both clients and partners are interviewed (not postal questionnaire).

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REQUIREMENTS IN MODERN TREATMENT OUTCOME TRESEARCH

- Include all clients – both dropouts and completers
- Client characteristics (T1)
- Process data – what is actually happening in the treatment sessions (between T1 and T2)?
- Data on violence at T1, T2 and T3 (follow-up)
- Information from partner at T1, T2 and T3

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BASIC QUESTIONS WE NEED TO ASK - CONTINUOUSLY

- What are the causes of DV?
- What would be appropriate interventions?
- Are the medicine we prescribe (interventions) reflecting our knowledge about the causes of the problem?

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