

How can we improve the quality and effectiveness of therapeutic work with men perpetrating domestic violence? Challenges and lessons learned from an ATV perspective

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: Therapy and documentation centre for DV. Working with:
 - adult offenders, adolescents
 - adult victims and children.
 - NGO, public funding.
 - 13 offices in Norway (staff: 75) + 7 offices in the other Nordic countries.
 - 2018: 1 450 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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CONCEPTS AND LANGUAGE

Perpetrators, Family violence, Men's violence against women? Men's violence against women and children? Interpersonal violence? Violence in close relationships? Domestic violence? Men and women who use violence in intimate relationships?, Intimate Partner Violence (IPV)?

We gain some and loose some....

My / ATVs preferred term: **Men perpetrating violence**
 Men who use violence in intimate relationships

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IMPORTANT QUESTIONS

- 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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RESEARCH

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«THE REVIEW AND SYNTHESIS OF THE LITTERATURE REVEALS THREE TYPES OF BATTERERS COMMON ACROSS CURRENT TYPOLOGY RESEARCH – A LOW, MODERATE AND HIGH-RISK OFFENDER»

(CAVANAUGH & GELLES, 2005, P. 162)

TABLE 2: Synthesis of Batterer Typologies

<i>Low-Risk Batterer</i>	<i>Moderate-Risk Batterer</i>	<i>High-Risk Batterer</i>
Gondolf (1988) Type III—typical	Gottman et al. (1995) Type II pit bull	Gondolf (1988) Types I & II
Hamberger, Lohr, Bonge, & Tolin (1996) nonpathological	Holtzworth-Munroe & Stuart (1994) dysphoric—borderline	Gottman et al. (1995) Type I cobra
Holtzworth-Munroe & Stuart (1994) family-only		Hamberger et al. (1996) antisocial
Johnson (1995) common couple violence	Hamberger et al. (1996) passive aggressive—dependent	Holtzworth-Munroe & Stuart (1994) generally violent—antisocial
		Johnson (1995) intimate terrorist
Low severity of violence	Moderate severity of violence	High severity of violence
Low frequency of violence	Moderate frequency of violence	High frequency of violence
Little or no psychopathology	Moderate to high psychopathology	High levels of psychopathology
Usually no criminal history		Usually have criminal history

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TYPOLOGIES

- First evaluation of ATV treatment (Norway):
High risk offenders do not profit from group treatment
(Høglend & Nerdrum, 1996).
- What works for whom: Different typologies should help us recognize the need for differentiation of interventions.

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RESEARCH - OUTCOME

Up until recently, the overall majority of research on treatment outcome are from the U.S., mostly based on court-madated men:

- Generally **low treatment effect and no differences in effect sizes** between the Duluth models and CBT-type interventions (Babcock, Green, & Robie, 2004).
- Gondolf`s multi-site evaluation of the Duluth model suggests **moderate effects**. Completers exhibited a **reduced probability of reassault** of 44-64% (Gondolf, 2001).
- Positive outcome asociated with: long term specialized treatment, incl. individual sessions and experienced therapists (Johansson, NKVTS, 2010).

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NKVTS – VIOLENCE AND RAPE IN NORWAY 2014

- Equally many boys (10,0 %) and girls (9,9 %) experienced physical violence between their parents during childhood
- Equally many men (5,1 %) and women (4,9 %) experienced serious physical violence from their parents during childhood
- More women (8,2 %) than men (1,9 %) had been victims of serious violence from their partner (kicked, attempt to strangle, beaten up).
- Women are far more often victims of sexual abuse than men.
- Prevalence of rape any time during lifespan:
9,4 % women and 1,1 % men.

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Nasjonalt kunnskapssenter

om vold og traumatisk stress

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RESEARCH IN/ON ATV'S WORK

3 set of data needed:

- **Input data** - Client characteristics (Askeland / Mohaupt)
- **Process data** - What actually happens in the treatment process (Lømo)
- **Outcome data** - Effect, evaluation, change (Askeland)

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RESEARCH ON ATV TREATMENT

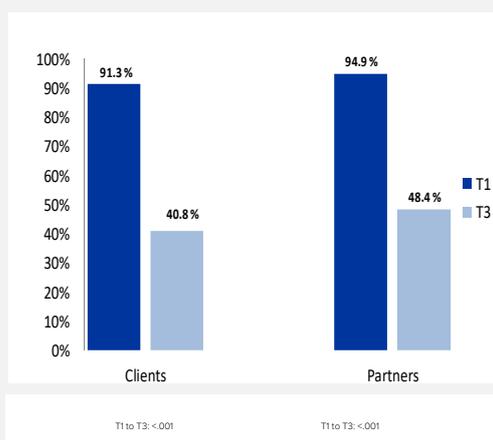
- Male offender clients: **70 % exposed to DV in childhood** (trauma)
- Clients exposed to violence in childhood use **more violence**. Physical violence in childhood is associated with **psychological control violence** as adults.
- *71 % of the men fulfilled the diagnostic criteria for at least one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

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

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VIOLENCE – TYPICAL MONTH - TOTAL



- T1: Start of treatment
- T3: 18 months after finished treatment
- *Significant reduction of violence, both total and regarding the different types of violence.*
- Change from severe to less severe forms of violence.
- At T3: Both clients and partners are interviewed (not «postal questionnaire»).

(Askeland et al., 2015)

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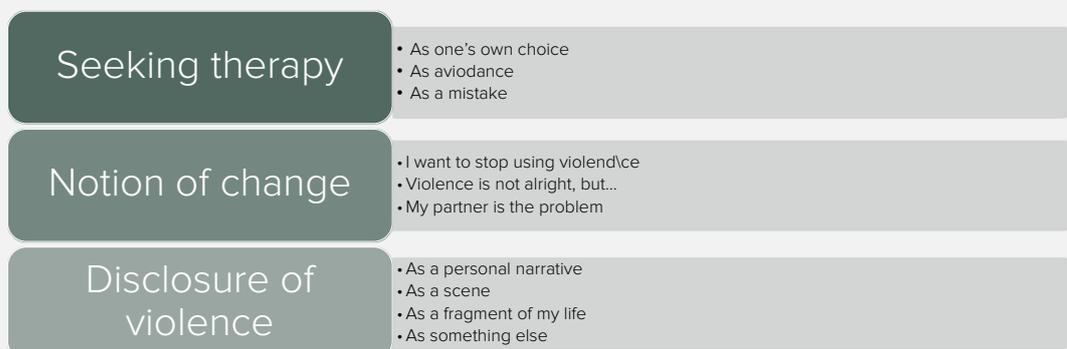
Conceptual model of client offered gateways and invitations

Bente Lømo's research (PhD / Psychologist)

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Gateways and invitations to an early alliance



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Henning Mohaupt's PhD research - Conclusions:

- Men who use IPV express that they have trouble with psychologically understanding their children and meeting the child's caring needs.
- This might be due to / a consequence of reduced ability to experience emotions as a meaningful phenomenon.
- They often report limited or negative experiences with being taken care of themselves earlier in life. A basis for comparison between their experience and the situation of the child – leading to a tendency to evaluate their parenting as better than it is.
- Men with trauma experiences do not see how their own experiences are affecting their parenting role.
- Early trauma experiences as a child within the family: Men using IPV often lack good male role models for care. In general, lower requirements to fathers as carers. The men are seeing their partner's caring skills as threatening, and he often interprets her to be both egoistic and dominating.
- IPV treatment with this group of men should include an increased focus on building caring skills and competence – beyond helping them to stop using violence and control their anger.
- IPV treatment: Psychoeducation in itself is not enough.

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CLINICAL WORK AT ATV

- **Our crucial decision 32 years ago.....**

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FORMS OF VIOLENCE

- Physical
- Psychological / emotional
- Material (property violence)
- Sexual
- Economical
- Latent
- Structural
- Digital??

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WHAT MAINTAINS VIOLENCE?

“Violence is not a problem”

- **Justification** – “she deserves it”.
- **Externalisation** – “I will never drink booze again”.
- **Denial** – “no, I have never hit her”
- **Belittlement/minimisation** – “only a quarrel”.
- **Fragmentation** – “only happened a couple of times”

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MAINTAINING FACTORS OF VIOLENCE (II)

- Dealing with shame:



- The positive immediate effects of violence for the perpetrator.
- Gender roles / *masculinities*. Gender socialisation / patriarchal attitudes. The degree of patriarchal values in the culture. Men's sense of *entitlement*.

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TWO IMPORTANT ASPECTS OF VIOLENCE TO TAKE INTO ACCOUNT

- Violence being a problem in itself (danger and safety).
- Violence as a *gendered* symptom of psychological background factors (Ex: being exposed to family violence as a child).

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SOME THOUGHTS ON THE CONCEPT OF RESPONSIBILITY.....

- Society's responsibility
- Accountable agencies / programmes
- How do we work on responsibility with our male clients??

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ATV'S TREATMENT MODEL

FOCUS ON VIOLENCE

Partner Contact

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
"Why did you stop?" **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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FUNCTIONS OF VIOLENCE

- Maintaining a sense of masculinity
- Men don't love controlling their partners. Avoiding own unpleasant / painful feelings.
- Violence is about holding on to the partners by force (problems with self image and autonomy)
- Hitting /threatening the partner in order to create emotional distance (problems with intimacy and emotional dependedness)

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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)

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TO MAKE THE CHILDREN "PRESENT" IN THE GROUP

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

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

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ETHICAL ASPECTS

- Men in treatment puts women and children in a hostage situation
- Men starting in treatment /program is the single strongest reason why women "decide" to stay in an abusive relationship
- Dogma vs. professionally based intervention programs for abusive men (political correctness)
- Interventions for abusive men must be based on knowledge of the reality of women and children – and men.

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SUMMING UP ATV

ATV model illustrates that it is possible to combine a focus on:

- responsibility/accountability and
- patriarchal beliefs/attitudes

with a focus on individual history of:

- **Trauma** /neglect
- Having experienced violence as a child at home
- Injuries to development of **attachment**
- Injuries to development of **emotion regulation**

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CONCLUSIONS AND RECOMMENDATIONS

- DV is well established on the **social** and **political** agenda. We also need to work towards establishing DV onto the **public health** agenda.
- ***In treatment we need to initiate processes of both cognitive and emotional change in order to achieve behavioral change (stopping the violence).***
- One-dimensional treatment models may be one important reason explaining why the treatment effects so far are reported to be small, and at best moderate.
- Sufficient funding

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• WHY WE NEED TO DO THIS WORK:

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VINCENT FELITTI (2009)

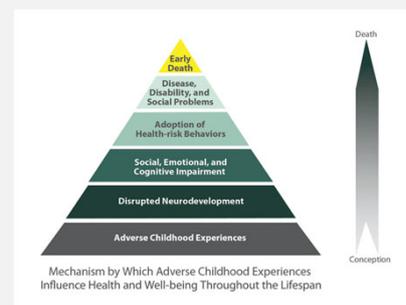
The Adverse Childhood Experiences (ACE) study

- Longitudinal study
- 17 000 children / adolescents
- Followed over a 15 year period

Strong evidence on the relation between ACE's in childhood and physical, social and psychological problems in adult life.

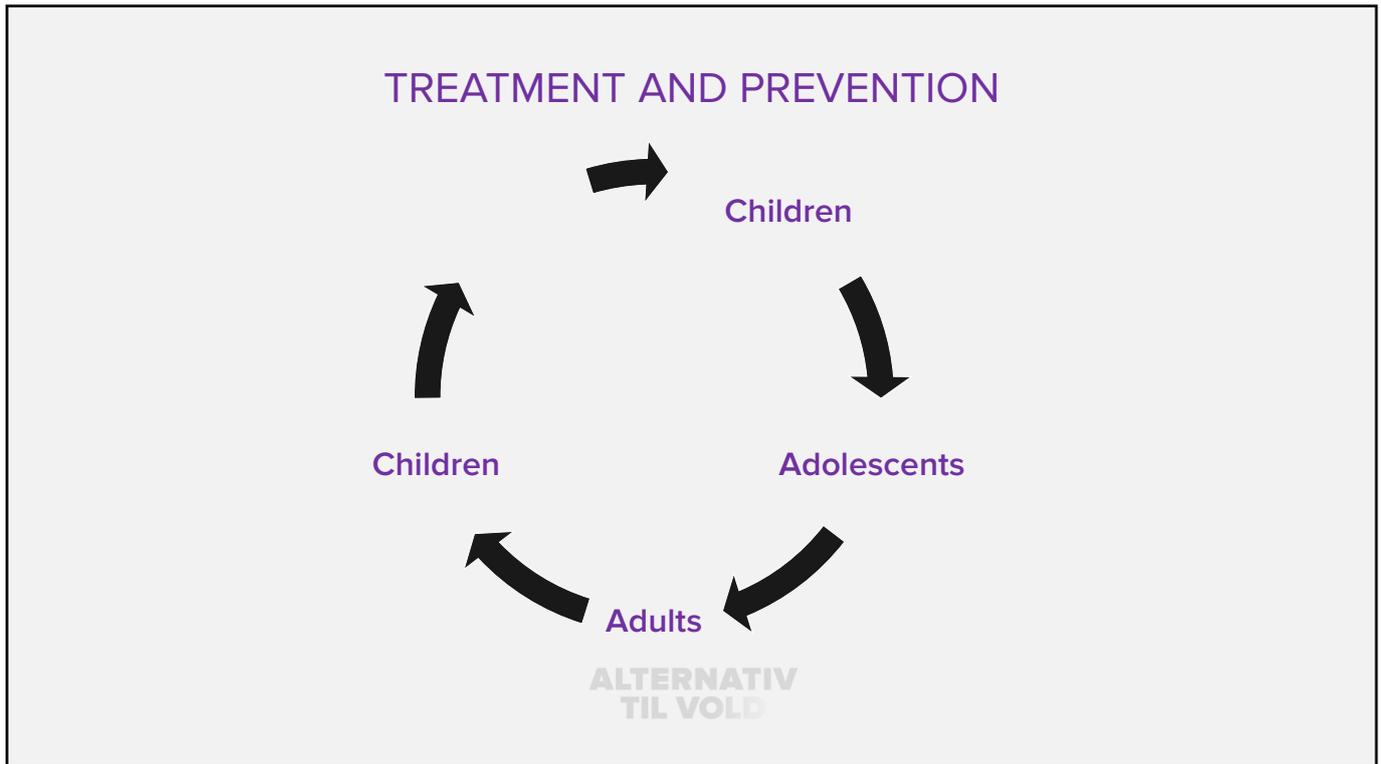
Growing up with violence as a witness or victim represents the overall strongest risk factor for early death.

www.cestudy.org



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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
Minister of Justice
Norway*

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