

## **Working With All Family Members Affected by Intimate Partner Violence. Some experiences from Norway's ATV Program.**

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Norway was the first European country to offer therapeutic work by professional therapists explicitly for men who engage in IPV, when the first Alternative to Violence (ATV) treatment center opened in Oslo in 1987. Within the Nordic countries, a fairly strong psychotherapeutic tradition has evolved, emphasizing mainly sociocultural and individual psychological perspectives on IPV. Today, ATV has 15 associated offices in Norway, four in Sweden, one in Iceland and a group treatment in Åland. ATV runs treatment programs, providing services for adults perpetrating violence (mainly men), adult victims (mainly women), and children exposed to violence at home. ATV is employing almost 100 professionals (mainly psychologists) working full time with violence within the family. ATV's treatment services is financed through public funding. ATV has developed a specific treatment model for work with adults perpetrating domestic violence. The ATV model is organized around four basic themes. ATV's three main objectives is to run treatment services, develop the knowledge base through both research, clinical practice, and projects, and disseminating knowledge and practice through lectures, trainings and cooperation projects. ATV is also a member of the European umbrella organization Work With Perpetrators - European Network (WWP-EN).

ATV has developed from only being a treatment center for abusive men, to also develop treatment services and supports services for women and children. ATV's developmental work has been organized along two tracks: clinical projects and research. ATV has conducted time limited projects exploring specific methodological and clinical issues such as developing treatment designs fitting the reality of ethnic minority families in Norway, clinical treatment methodology fitting the reality of children exposed to domestic violence and adult victims of domestic violence, and an attachment-based parenting module integrated in the treatment of adults perpetrating family violence.

The treatment model of ATV for adults using violence in intimate relationships is centering around four basic themes. The work on the first theme involves a *focus on the violence*. From the first session, throughout the treatment, violent behavior is explicitly addressed. The main aim of this therapeutic work is helping the man to acknowledge his violence as an unquestionable actual reality. The second theme is work on the client's sense of *responsibility*. Through the process of detailed reconstruction of the violent behavior, it becomes apparent that the violent acts are rational and controllable, indicating that the violence is actually a chosen act among many other alternative actions. This implies that the client has the option of choosing other, non-violent, acts instead. Part of the work on responsibility includes focusing on denial, minimization, externalizing and fragmentation, which are common features of men's talk about their violent behavior (Adams 1988; Isdal 2000; Isdal and Råkil 2002).

The work of the two first themes form the necessary framework and basis for the work process connected to the third theme, focusing on the *psychological connections* aimed at connecting his personal history, his present inner working models on interpersonal relationships and his beliefs on gender to his use of violence. Topics such as the man's current life situation, attitudes regarding men and women, his perceptions of gender roles and his life experiences are explored. To what extent the man understands his violence to be something he is entitled to, and to what extent he sees the violence to be a part of his masculine identity, are explored. Equally, his awareness of his relative and physical power position is addressed.

The fourth theme entails an increased focus on the harmful *consequences* of violence. Through the processes described above, the client experiences that the violent behavior is not the result of a loss

of control or simply a response to his partner's behavior. The client becomes enabled to acknowledge that the violence is about him, his attitudes and his own emotional and social self-perceptions and perceptions of others, which, in turn, is often rooted in the lack of recognition of his own feelings of powerlessness, shame and inferiority. The difficulties in recognizing the effects of violence and abuse are seen to be linked to both to the client's own personal history and to the cultural context with its imperatives regulating the standards for masculinity and femininity.

One additional theme is connected to the *men as fathers*. A study measuring mentalization capacity among a group of men in treatment at ATV found this to be low and concluded that these factors need to be screened for and addressed in treatment with men using IPV who are fathers (Mohaupt and Duckert 2016). ATV offers specific work for men who are fathers. The intention of this work is to develop the men's understanding of children's perspectives in the work and to focus more on fatherhood as an element of their IPV. Part of this is to eschew their often 'split image' as both being abusive towards their partner and still perceiving themselves as loving fathers. Work on men's violence needs to include the men's perceptions of themselves as fathers, how the violence is affecting the father-child and mother-child relationships, how the child is affected by the violence on both a short and long-term basis, the basic psychological needs of the child in a developmental perspective, and how these needs are violated by the presence of violence (Råkil 2006).

#### *Research on the ATV treatment*

It has been conducted a study on the clients in ATV, on the treatment work, and a process study on the treatment content. As mentioned earlier, also a study on how the men psychologically understand and "see" their children and themselves as fathers has been conducted (Mohaupt and Duckert 2016).

#### Research on the treatment work in ATV:

Data on violence were collected pre-treatment, post-treatment and at follow-up 1.5 years after the treatment was ended. Significant reduction in all forms of violence was found. No associations between the covariates alcohol abuse or dependency. The clients are fulfilling the diagnostic criteria for one or more psychiatric diagnoses, and the rates of changes on violence 1.5 years after treatment. The more sessions the men attended, the lower probability of using physical and physically controlling violence 1.5 years after end of psychotherapy. There was also found positive changes in clinical distress, measured with the Outcome Questionnaire (OQ-45), particularly in interpersonal functioning (Askeland I.R., Birkeland, M.S., Lømo, B., & Tjersland, O.A., 2021).

#### Research on ATVs male clients:

70 % of the persons in the client sample was exposed to DV in childhood, indicating a significant experience of trauma in their background history. Clients exposed to violence in childhood use more violence than clients who had not this childhood experience. Physical violence in childhood was found to be associated with psychologically controlling 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 from treatment was 23.8 % within the first 3 sessions (Askeland et. al. 2011, 2013, 2014).

#### *Why we started working with «families»*

There are several reasons for engaging in this work. Generally, there is poor specialized public services for adult victims and children who have experienced violence at home. To understand the full nature and dynamics of violence, we need to know the needs of all family members. By working with more than the person using violence, we get «exposed» to the *complex implications* of violence.

We also need first-hand knowledge on the implications of the violence onto the victims, to work soundly with the men/ adults perpetrating the violence. This multidimensional understanding helps us to maintain prevention perspective, to work against the so called inter-generational transmission of violence.

Examples on new approaches guided by a family perspective.

- Circle of Security (COS): An attachment based parental guide aiming at sensitizing parents on the children's psychological and social needs.
- MIM (Marschak Interaction Method): Structured video-based method for observation and evaluation of interaction patterns between children and their parents.
- Couple sessions: In ATV, the usefulness of couple sessions are assessed, usually in the last phase of the treatment process. These considerations are most commonly activated in cases where the adults have *children*. The main focus in these couple sessions is usually how to develop a good cooperation on the parenting in the aftermath of violence.
- "Breaking the Silence" ("Pass on the message"): Multidimensional intervention in order to address children's need for information when a parent has used violence.

*"Breaking the Silence"*

# BREAKING THE SILENCE

ADDRESSING CHILDREN'S NEED FOR INFORMATION  
WHEN THE PARENTS USE IPV



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The model is called «Breaking the Silence», referring to our goal of breaking the taboo of domestic violence in families affected. The model is created by ATV. Children need to be educated about domestic violence and how it might affect them and their families, helping them make sense of their experience and their reactions of violence in their homes. The core message is that domestic violence is dangerous, and that people get hurt. It is against the law to hurt someone. Children are not to blame. You are not alone. Grown-ups have the responsibility to end the violence and keep children safe. It is okay to love the abusive parent but not their behavior. You have the right to be safe. There are places you and your family can get help.

This model is tailored to the specific family (single parent household, families who are continuing to live together, culturally diverse families etc.). The model is multidimensional in the sense that it includes several steps to prepare parents/ the family for the intervention, meeting the parents separately and together. It is important to keep in mind that the intervention is offered in the broader context of parents IPV treatment process.

Through this project we've learned that it is possible to create a framework where the fathers are able to speak about their violence with their children. To ensure the continuation of the effects from our intervention, the father needs to continue his process in continued IPV therapy. We have experienced the fathers being increasingly motivated for therapy and change due to this intervention. Lastly, the intervention has had a profound impact on ATV's clinical work in general. The experience is that we now get a clearer picture of how the violence plays out in the family. By more actively including the children's perspective in therapy, we are able to make more accurate risk assessments than previously.

This is both very inspiring work, but also challenging and exhausting work. It helps us to really understanding how severely children are impacted by domestic violence, obliging us to work harder and better.

#### *Dilemmas/ challenges in this type of work*

The treatment of men/ adults perpetrating violence can put women and children in a "hostage situation". It can be an increased difficulty for the victims to feel safe, maintain autonomy and boundaries, with an increased risk of feeling the need for adapting their life situation to the abusive parent's life situation. Men starting in treatment is seen to be the single strongest reason why women "decide" to stay in an abusive relationship, overemphasizing the hope for him to change. A family perspective *do not* make domestic violence to be a relational problem. It is till an individual problem by the person who use violence. In the work of focusing more on family dimensions, the focus on responsibility may be challenged, in the sense that the therapist has to maintain his/her awareness on the person perpetrating violence's responsibility for his/her actions and behavior.

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