WHAT DOES IT TAKE TO CHANGE MEN (AND WOMEN) WHO USE VIOLENCE IN INTIMATE RELATIONSHIPS?

DEVELOPMENTS AND SHIFTS IN APPROACHES AND ATTITUDES TOWARDS PERPETRATORS OVER THE LAST 3 DECADES

«Confronting Gendered Violence. Focus on perpetrators.»
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CONCEPTS

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 preferred term:

«Men/women who use violence within the family»

The work we do: Treatment? Programs? Services? Intervention? Therapeutic treatment?

For this presentation: ***Offenders*** ***Therapeutic Programs***

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BASIC QUESTIONS WE NEED TO ASK - CONTINOUSLY

- 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?

BASIC CHALLENGE:

Group level / societal level vs. individual level:

- The problem of applying group level models on treatment work on the individual level

HISTORICAL CONTEXT

- The womens movement
- Shelters for women and their children
- Their causal thesis:

  «Men's violence is about patriarchal attidudes»

- The Duluth model / US tradition and it's imlpcations (late 70´s)

  Critique of psychiatry and family therapy

HISTORICAL CONTEXT

The Nordic tradition:

- Causal thesis:

  «Men's violence is about patriarchal attidudes and masculinity

  +

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

I SHIFT IN APPROACHES: GENDER

The Duluth based programs:

- Lack of empirical support for making violence first of all a gender problem
- Duluth progr. show little treatment effect, compared with evaluations of men randomly assigned to probation supervision (Feder & Dugan, 2002; Taylor, Davis & Maxwell, 2001)

Gender may have significant meaning in other ways:

- Do men and women develop different kinds of psychological problems?
- Do men and women deal with emotions in different ways?
- Do women and men behave differently in therapy?

How can we include these qualities in the design of our therapeutic programs for offenders?

The story of «Carl, 31»

II SHIFT IN APPROACHES: STANDARDS

Overall intention:

- *Victim's safety*.
- *Program accountability*
- *Ensuring documented effect*

- USA: **Duluth model** as major reference for US standards; psychoeducation focusing power & control (Maiuro & Eberle, 2008)
- UK: The Respect Accreditation Standard (2012):
  Special focus on the necessity of women's support services, program accountability, and programs to be a part of a community coordinated response (CCRs).

We are at present not agreeing on what should be the criteria base for **quality standards.**

…EVEN MORE SEVERE THAN WE THOUGHT…

- The ACE study (Felitti et. al., 1998, 2002, 2009)
- The Norwegian prevalence study by NKVTS (Thoresen & Hjemdal, 2014)
- Violence and Health in Sweden (Lucas et. al., 2014)
- "Violence Against Women: An EU-wide survey." (Nevala et. al., 2014)
  (European Union Agency for Fundamental Rights FRA)

….. even more severe, both regarding frequency and **consequences.**

III SHIFT IN APPROACHES: 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.

«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

Low-Risk Batterer	*Moderate-Risk Batterer*	*High-Risk Batterer*
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

Michael Johnson deserves some attention…

- Theoretical concepts
- «Mutual violence based on conflict. No danger»
- Lack of a child perspective
- «Intimate terrorism» often unfoundedly associated with mental illness
- The concepts of Intimate terrorism and Common Couple Violence (CCV) are not suited for deciding therapeutic design, or assessing danger/risk.
- The importance of differentiating between violence and resistance to violence (Allan Wade)

IV SHIFT IN METHODOLOGIES: THE NORDIC COUNTRIES

- A fairly strong psychoterapeutic tradition emphasizing both patriarchal attitudes and individual psychological causal factors
- Practitioners have specialized training in work with DV:
  Many psychologists (with the exeption of Sweden)
- One size does not fit all
- Tailored terapeutic proceses based on specific competence on violence

A shift from focus on violence as a predominantly socially learned behavior, to focus on violence also related to:

- Trauma (ex: exposed to violence in upbringing family)
- Implications on brain development
- Emotion regulation
- Attachment
  - Prof. Kjerstin Almqvist: «Violence as a predominantly male attachment style»

V SHIFT IN METHODOLOGIES: VOLUNTARY TREATMENT VS. COURT MANDATION

- **US:** Court mandation the basis for most offenders enrolling in a psychoeducational (time limited) treatment program
- **Nordic countries:** Voulntary treatment the basis for almost all therapeutic program activity (both men and women).

WHY??

- Easier to court mandate when the condition for success is to complete the program?
- Different «cultures»?
- Stronger humanistic tradition in the Nordic countries?
- More difficult to document a therapeutoic process?

VI SHIFT IN METHODOLOGIES: RESEARCH

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 ascociated with: long term specialized treatment, incl. individual sessions and experienced therapists (Johansson, NKVTS, 2010).

NORDIC RESEARCH

Strong traditions on **linking clinical work and research** in:

- Finland : Univ. of Jyväskylä (Juha Holma)
- Norway: NKVTS/Univ. of Oslo and ATV (Ingunn Askeland, Bente Lømo)
  ATV/Univ. of Oslo: Henning Mohaupt

Combining:

- Client characteristics
- Process data
- Treatment outcome

- 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)*

NORWAY - 3 TREATMENT AGENCIES:

Anger management - The Brøset model

Public Family Guidance centers (FGC) of Norway (51)

- Governmental decision on ***systematically*** developing treatment services for offenders of DV within the FGC system.

Alternative to Violence (ATV)

ATV'S TREATMENT MODEL

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 difficulties → 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***

LATEST DEVELOPMENTS - ATV

- Treatment work with adolecents (offenders)
- Treatment work with children
- Tratment work with women victims (and some men)

- The significance of trauma (ex: EMDR)
- Cultural sensitivity
- Violence and parenting
  - Circle of security (COS)
  - Attachment

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**

THE *MAIN* CONTROVERSY… STILL AFTER ALL THESE YEARS

- Is IPV a sociopolitical problem?
  (Gender, power & control)
- Is IPV a psychological problem?
  (Trauma, attachment, psychological dysfunction)

Both, of course…..

Maybe the biggest shift in attitude is from "perpetrator" to a human being with a troubled life history, using violence against partner and/or the children.

CONCLUSIONS AND RECOMMENDATIONS

- *WE need to acknowledge that DV constitutes a complex, multidimentional problem*
- *There is a need for further development of clinical tools / methodologies and competence of staff*
- *There is a need for further research on what works for whom, including **process** research on what are the positive elements/factors in treatment work, and what are the indifferent/neutral and possible harmful elements??*
- *There is a need for better coordinated responses*

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

AFTER ALL – WE ARE TALKING ABOUT HUMAN BEINGS…

The collective voice of ATV clients comleting the therapeutioc program:

- *«It was extremely important that my violence was taken 110 % seriously»*
- *«It was very important that I met therapists totally free of judgment and contempt. I was met with respect and empathy – as a whole person»*

Thank you for listening !

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