

Working with perpetrators of intimate partner violence within a family/child perspective.

Norway's ATV programme - basic characteristics and latest developments.

Latest developments ATV

- The significance of trauma
(Also informed by the latest development within brain research)
- Cultural sensitivity
- Work with teenagers with violence and aggression problems
- Parenthood / child perspective (attachment)

Latest developments ATV (cont.)

- Specialized services for battered women
- Specialized services for children living with violence at home
 - Parallell services for cildren and their parents
- Domestic violence and substance abuse / alch.
- Violence treatment in a high security prison setting

ATV's treatment model

FOCUS ON VIOLENCE

Detailed and expanding reconstruction of the violence (*behaviour*).
Assessing the “size” of the problem, danger and safety issues.

FOCUS ON RESPONSIBILITY

Focus on choices and intentions. Get in touch with own need for control and own control strategies (*responsibility*)

FOCUS ON THE CLIENT'S PERSONAL HISTORY RELATED TO VIOLENCE

Re-establish the connection between own “life learning” on masculinity, manhood, attitudes towards women etc, childhood experiences, significant aspects of adult coping strategies and the use of violence (*connections*)

OVERALL FOCUS ON THE CONSEQUENCES OF THE VIOLENCE

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

Modules of treatment

- *Focus on the violence*
- Progressive, detailed and expanding focus on clarifying the violent incidents (behaviour)
- Content: all violent behaviour / episodes
- Form: insisting, guiding
- Therapeutic goal: make the violence the topic of the session, counteract concealment, denial and minimisation. Help him get in touch with his emotions. From external to internal motivation.

Modules of treatment, cont.

- *Attribution of responsibility*
- Focus on control, own needs and intentions
- Clarify the choices he has
- Content: choices, intentions, projects, attitudes, control
- Form: wondering, opening up
- Therapeutic goal: change perception of reality. Put him in touch with his own needs and strategies for control. Strengthened perception of responsibility. Experience different options.

Modules of treatment, cont.

- *Comprehend the problem – what are the cause(s)?*
- Comprehend the problem in relation to own inner emotional life, strategies for control and own life history
- Content: own childhood experiences and history of disempowerment
- Form: recognition, confirmation, structuring, trauma treatment
- Therapeutic goal: Reproduce and make the man conscious of the connections between his own life history and current strategies for control

Modules of treatment, cont.

- *Understand the consequences of violence*
- Understand what the violence has done to the victim(s), the witness(es) and himself
- Content: The violence perceived from the perspective of the other person(s).
Understand other people based on himself.
- Form: Structuring, open, informative
- Therapeutic goal: Clarify the effects of violence, violence creates violence, train the ability to feel empathy

How does the perpetrator explain his/ her own violence?

- Some clients present with an integrated understanding of the violence as their personal problem. Others struggle, and relate to their violence by:
 - 1. Externalising – blaming others (partner, alcohol, etc.)
 - 2. Denial – the violence has not happened
 - 3. Minimisation – “it was only a little quarrel, I barely touched her”
 - 4. Fragmentation – “mostly I’m a good guy, I have only slapped her a couple of times”

Therapeutic approach

1. Respectful confrontation

Averting denial, externalisation, minimisation, and rationalisation

2. Respect & empathy

Recognition of anxiety, feelings of inferiority and vulnerability, shame, guilt and powerlessness (“non-masculine feelings”)

3. Linking

Creating psychological meaning and continuity, preventing fragmentation

How to talk about violence

- **Direct questions**
- **No contempt**
- **Understanding**
- **Warmth**
- **Attentiveness**
- **Supportiveness**
- **Techniques: be attentive and interested, willing to learn, be concrete and specific (who, where, how, what, etc.)**
- **Ask a lot of questions – ask for details**
- **Ask with respect**
- **Avoid “why?”**

- «Christian», 31 years old. In treatment for 14 months:
- «I have not been able to, at the same time, think about myself as a father **and** a violent husband»
- (The very same dynamic seems to be a challenge to professionals as well....)

«Christian»

- Ex-partner «Alison» (45), daughter «Jenna» (9), step son «Jason» (17)
- Victim
- Child perspective
- Responsibility
- Visitation rights
- Setting limits
- Fatherhood

Therapeutic cooperation

- Parallell processes
- «Your patient is threatening my patient» -
Make it stop!
- Confidentiality
- Information

«Edward», 42

- Nice guy, insecure
- «Last chance – girlfriend»
- «She drives me crazy»
- 5 episodes of physical and sexual violence
- Partner «Casey» (32) has attended one «partner session»

Systemic theory

- Equality between members of the family – overlooks power and gender issues
- Distribution of responsibility – the cause of behaviour is found in the interaction
- Exposes the victim to further danger

Couple therapy

- **Can lead to violence directly after the session**
- **The violence is defocused or neutralised**
- **Blurs the perception of responsibility**
- **The victim is confronted**
- **Relationships that should end are “helped” to continue**
- **Power differences are overlooked**

How to conduct couple therapy

- **The victim's safety and security is the first priority**
- **Separation of the couple during screening (separate sessions)**
- **The perpetrator: responsibility for using violence, risk of recurrence, extent of violence, use of alcohol/drugs**
- **Different sides have different projects**
- **Couple therapy when all parties agree – the perpetrator is aware of his problem with violence, the perpetrator has taken responsibility, the perpetrator experiences control over his own actions**
- **Concrete agreement on the topics for the session(s)**

Risk assessment

1. Have told that he wants to hurt himself or other(s)
2. History of violence (extent, graveness, weapons, etc)
3. Former thoughts/plans/actions to harm himself or other(s)
4. Former experience with violence as something normal (war etc.)
5. Degree of concreteness/planning
6. Degree of hopelessness
7. Psychiatric problems (ex: psychosis)
8. Access to support systems among friends or family
9. Degree of depression
10. Has he done actions which are conclusive? (ex: sold his house)
11. Anger directed toward himself or other(s)?(homicide-suicide?)
12. Which possible alternative solutions has he access to?
13. Use of alcohol/drugs

(Stordeur & Stille, 1989)

Help for the helper

Self care strategies for professionals working
within the field of domestic violence

Different kinds of reactions to strain – it's not a question of if, but when!

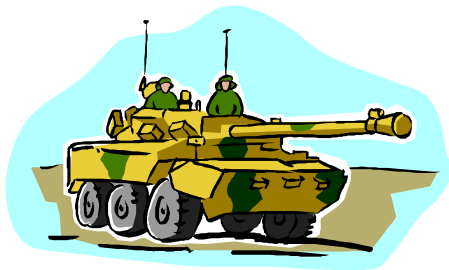
- Fatigue/ tiredness
- Burnout
- Secondary traumatisation

Overlapping constructs

- Secondary traumatisation
 - Symptom focus
- Vicarious traumatisation
 - Relation focus
- Compassion fatigue
 - Description of state

Why does the helper react?

- “The capacity for compassion and empathy seems to be at the core of our ability to do the work, and at the core of our ability to be wounded at work” Figley (1995)



Important factors

- Seriousness – how «bad» are the things we hear?
- Frequency – how often does it happen?
- Safe place – do we have somewhere to turn to for care and support?
- Personal history and current life situation

Prevention on two levels

- Preventive structures and routines in the work place
- An individual responsibility for looking after oneself

Employers' responsibility

- **Recognise that secondary traumatisation exists**
 - View it as a work hazard
 - Create a culture that attends to employees' reactions
- **Establish good routines and structures**
 - Mandatory debrief and supervision
 - Predictability: Meetings should have a set time and agenda

Shared responsibility

- Common responsibility for maintaining set structures
- Common platform of knowledge and for the development of knowledge
- A healthy working environment
 - Colleague support
 - Welfare initiatives