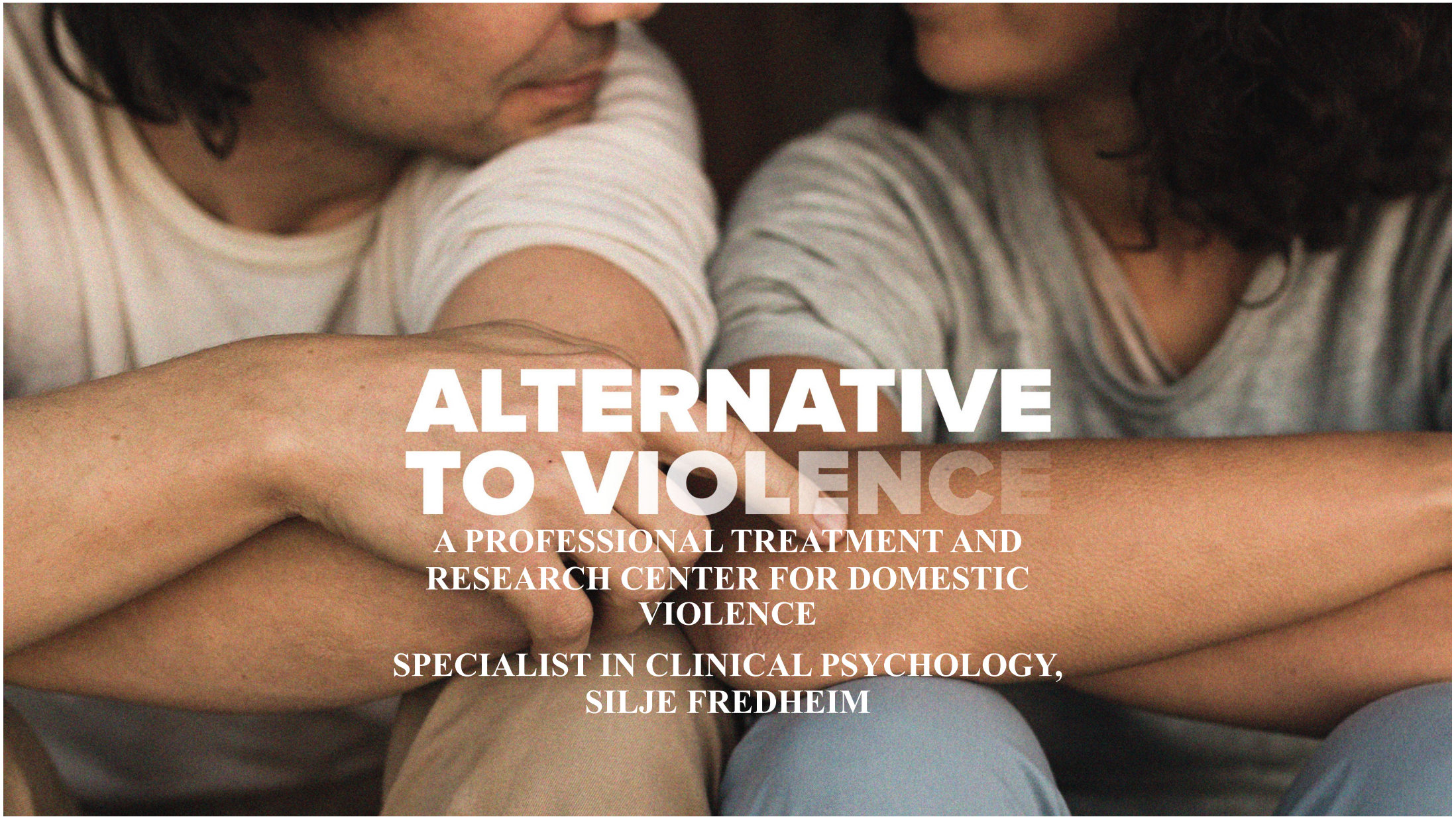
ALTERNATIVE
TO VIOLENCE
A PROFESSIONAL TREATMENT AND
RESEARCH CENTER FOR DOMESTIC
VIOLENCE
SPECIALIST IN CLINICAL PSYCHOLOGY,
SILJE FREDHEIM

Alternative to violence (ATV)

Professional treatment and research center for violence in close relationship/domestic violence in Norway.

Founded in 1987 as an NGO. The first in Europe.

Today: 15 offices in Norway. 7 in the other Nordic countries.

- Client groups:
  - Adult offenders, men and women
  - Adult victims and children.
  - Adolescents
  - Funding comes from the municipality and the state.

Violence being about both gender, social conditions *and* personal trauma / psychology.

TREATMENT EDUCATION RESEARCH

The clinical setting

- Voluntary treatment
- Self referral, CPS, primary health care, psychiatric clinics, Crisis Shelter.
- Psychotherapeutic treatment – violence understood as function of underlying psychological difficulties *and* as “power and control”.
- Our commitment to understand violence in a family perspective, focus on parenthood

When do men seek help?

In a crisis related to loss of control:

Loss of control over his partner

Loss of control over his social presentation

Loss of control over his own actions (use of serious violence)

Often this coincides with the time his family seeks help at the Crisis Shelter. .

Treatment for adult victims of IPV

Goals:

A life without violence

A life where the consequences of violence does not dominate everyday life.

Treatment principles

1. FOCUS ON VIOLENCE

-Detailed and expanding reconstruction of the violence (***behaviour)***

2. FOCUS ON RESPONSIBILITY

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

•3. FOCUS ON THE CLIENT'S PERSONAL HISTORY

-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)***

•4. RECOGNISING THE CONSEQUENCES OF THE VIOLENCE

-Empathy with the victims (partner/children) of the violence. Recognising the pain inflicted on others ***(consequences)***

Regulating activation

Assessing the consequences of what she did to survive, and work on regulating activation.

Psychoeducation on normal reactions after violence

- Hypervigilance
- Avoidance
- Flashbacks and nightmares

- Isolation
- Low self-esteem

→ Focus on normalizing reactions

Judith Herman (1998)

"**Out of the ruins of the traumatic theory of hysteria, Freud created psychoanalysis. The dominant psychological theory of the next century was founded on the denial of women's reality … dissociated from the reality of experience**"

(p.14)

Groups for survivors of IPV

- Must have left their partners and be able to attend the group in a stable way.
- 18 weeks
- Two therapists.
- Seems to reduce shame more effectively than individual therapy.
- They often provide a network for eachother after the group is over.
- We recruit from our own clients and from the refuge and other collaborative services, such as child protective services.

Women who still live with a violent partner

- Focus on security and safety. Mapping her and the childrens situation. Making a safety plan. The Refuge is often a part of this plan. Sometimes contact is made at this point.
- Often the women externalize, deny, minimize and fragment the violence the same way their partner does. They often feel like the violence is their fault.
- We do a thorough mapping of the violence and their health.
- We talk about violence and normal reactions to being subject to IPV.
- We provide a safe place to explore and connect to feeling.
- We are clear on who is responsible for the violence.
- We focus on her mothering in a very difficult situation.

Focus on responsibility (according to ATV)

- The focus on the client's *sense of responsibility a*ims to make the client shift his explanatory- and attention focus from other (partner) onto himself. With the focus on him, we try to systematically explore his (violent) behavior, his thoughts, feelings and intentions and all the implications of violence.

- *Language*: Naming violence as violence (violence is different than a quarrel/fight)
- A detailed narrative with *the client as an acting subject.*
- Technique: Reconstructing the violent episodes in *present tense*.
- A focus shift from causal explanations to *intentional* explanations.

The ATV clients – who are the offenders?

- Mostly men (ca 80%)
- The violence: against intimate partner, sometimes children and /or others. High levels of psychological, materialistic and moderate physical v, lower levels of severe physical and sexual v.
- High levels of psychiatric symptoms: 70% had one or more ongoing psychiatric disorder: depression (40%), anxiety disorder incl. PTSD (38%), alcohol/subst. abuse (40%), Antisocial PD (21%).
- Exposure to childhood trauma: 60% exposed to violence or witnessed v. between parents. (Askeland, I.R. 2015) – all figures relates to men only.
- Majority are parents and live with their children
- Motivation for treatment: mixed picture. Most clients are motivated for change and take responsibility for their violent behavior, but many clients have direct or indirect pressure on them, have “something to gain” from seeking treatment.