Changing violent men

IMPROVING THE QUALITY OF BATTERER INTERVENTIONS

Swedish Association of Local Authorities and Regions
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Foreword

Freedom from violence is a human right. Intimate partner violence inflicted by men upon women is a societal and public health problem that affects the living conditions and quality of life of the victims. In practical terms, adequate societal support for a victim of violence can mean the difference between life and death.

Pursuant to a decision of its congress, the Swedish Association of Local Authorities and Regions (SALAR) has a mission to support its members in their efforts to protect women. An improvement is needed in protecting women and combatting intimate partner violence so that all victims of violence get the support and help they need. SALAR also strives for greater attention paid to and increased resources for the prevention of violence.

In 2016 and 2017, SALAR and the Swedish government agreed on a programme to increase gender equality efforts directed towards men and boys. A central component of this programme is challenging and changing strict masculinity norms as they limit and adversely affect both women and men, and girls and boys. As part of this programme, SALAR has been producing materials such as this publication in an effort to promote an increased understanding of this area.

An important part of efforts to prevent violence involves an increased focus on batterer intervention, while always prioritising the safety and security of the victims. Through this publication, SALAR wishes to contribute to a deeper understanding of what is required to ensure the quality and sustainability of these efforts.

This publication is based on the best knowledge available from research and practical field experience as to what is needed to ensure the quality of the work of changing batterers. It is our hope that this publication can provide the knowledge needed to improve the quality of activities conducted by municipalities, county councils, and regions in the work of changing batterers.
As batterer intervention and recidivism prevention is a growing but unregulated area, the report also serves to identify important areas for future improvement.

This report is authored by Jenny Norén, a special expert at SALAR on issues relating to the protection of women, and Maria Eriksson, professor of social work as the Ersta Sköndal Bräcke University College.

A reference group composed of key persons at SALAR, municipalities, county councils and regions, as well as from the Government Offices, have contributed their expertise and served as a sounding board and consultants throughout the work of preparing this publication. Its members are Anders Sandberg, an educator at Dialoga Göteborg, Anneli Jäderland, an official at SALAR, Charlotte Eklund Rimsten, a government office research secretary, Jan Aronsson, a therapist with Södertälje Municipality, Johannes Evers Gester, senior government office administrative officer, Klas Hyllander, an official at SALAR, Lars-Åke Kastling, therapist and the Intimate Partner Violence Centre, Lina Blombergsson, Assistant Director of Social Services and Services for the Elderly at Nacka Municipality, Love Nordenmark, a project administrator at SALAR, Michael af Geijersstam Ottow, Unit Head at Utväg Skaraborg, and Åsa Furén-Thulin, Section Head at SALAR.

Discussions and materials from professionals in the field were also important in the preparation and content of this publication. These included the members of Navis, a network for those who work with violent men in Stockholm County, and discussions with professionals who are members of the SALAR Network to Combat Violence Against Women and who possess extensive experience with violent men.

Colleagues at SALAR who have made valuable contributions in the writing of this publication include Emilia Danielsson, Fredrik Hjulström, Kari Rooth, Kjerstin Bergman, Mia Ledwith, Mikael Malm, as well as Section Head Helén Lundkvist Nymansson.

In conclusion, thank you to everyone who has shared their knowledge and experience.

Stockholm i december 2017

Vesna Jovic
Managing Director

Swedish Association of Local Authorities and Regions
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Interventions to change batterers

An important part of violence prevention efforts is an increased focus on batterers, while always prioritising the safety and security of the victims. Through this publication, SALAR wishes to contribute to a deeper understanding of what is required to ensure the quality and sustainability of these efforts.

In its position paper, “For the protection of women and against intimate partner violence”, the Board of SALAR has given priority to work with batterers.

“There are few batterers that are convicted, and in many cases, the sanctions are too slight for the Correctional Services to be involved. It is therefore crucial to female victims of violence and their children that batterer intervention measures are also developed by municipalities, county councils, and regions. Many violent men are not motivated to seek help for their behaviour. Consequently, methods to motivate them must be developed.”

Men are heavily over-represented amongst perpetrators of violence, not only in cases of violence against women, but also against other men, and even against the perpetrator himself. Even though men are over-represented amongst persons using violence, it is important to bear in mind that the majority of men do not engage in acts of violence. Intimate partner violence is largely, but not exclusively, committed by men against women, although there are deviations from this gender pattern. SALAR’s basic premise is that it is important to prevent and counter all kinds of violence. Even though this publication focuses primarily on men, masculinities, and intervention with men who engage in intimate partner violence against women, most of the recommendations for quality improvement are relevant to violence intervention, regardless of the genders involved.

Note 1. SALAR (2013).
Improving batterer intervention yields significant benefits for society as a whole. The violence committed by men and boys costs society a great deal of suffering and money. Men’s violence against women alone is estimated to cost between 10 and 40 billion Swedish crowns per year, depending on which aspects are included in these calculations. In addition, there are the costs of other violent acts committed by men.

Naturally, it is also important to develop and improve early intervention to prevent any violence from happening in the first place. SALAR is actively working to support efforts by its members to promote these early interventions. This publication, however focuses on interventions with violent men.

History

The 1980s witnessed the first measures and programmes directed towards violent men. Examples of these included EMERGE (Boston, USA), DAIP (Duluth, Minnesota, USA), and Alternativ til vold [alternatives to violence] (ATV, Oslo, Norway).

In Sweden, the first two crisis centres for men established were one run by a municipality (Gothenburg 1987), and another run by a volunteer organization (Stockholm 1988). These centres were not solely focused on violent men, but efforts against violence soon became a central issue.

The 1990s saw an increasing number of international evaluations of work with violent men, as well as the establishment, in the United States and elsewhere, of the first versions of minimum quality standards for batterer intervention. In Sweden, the first measures focused solely on intervention with violent men as part of inter-agency coordination in which municipalities and county councils cooperated with Correctional Services on intervention directed to men, were those such as Frideborg in Norrköping (1994), and Utväg Skaraborg (1996). After 2000, when Correctional Services decided to limit its work to men who had been convicted of crimes, an increasing number of activities were developed by municipalities and non-profit organizations for violent men who voluntarily sought help.

Note. 2. SOU 2015:55, pages 106 et seq.
Note. 3. Eriksson et al. (2006).
Note. 4. Austin and Dankwort (1999).
Current situation
All around Sweden, a growing number of activities for batterers have been developed over the past 15 years. These activities are primarily intended for men who have committed intimate partner violence. This is generally an unregulated area, and issues of administrative organization, responsibilities, and obligations are currently still unclear. These issues are expected to be examined by the investigation on measures to prevent recidivism amongst violent men by June 2018.5

Interventions with batterers is a relatively new area for municipalities, county councils, and regions to address. The organization of activities and methods for the work of change with respect to batterer interventions can differ. Knowledge and research of which type of measures for changing behaviour has the strongest scientific support does not always yield clear results, and thus, working on the basis of best available knowledge and developing evidence-based practice in this field is often a challenge. Some intervention projects may possess significant experience and knowledge in working professionally with one intervention, while there may be a dearth of supporting research about the intervention in question. One key area for improvement in increasing the quality of batterer intervention is to develop the monitoring and evaluation of, and the research conducted in relation to, ongoing efforts.

Many municipalities, county councils, and regions have requested more knowledge, support and structure so that they can start or operate quality-assured batterer interventions.

Support for quality improvement
The purpose of this publication is to provide knowledge-based support for quality improvement of activities by the members of SALAR that offer batterer intervention.

As interventions and measures aimed at preventing recidivism are a growing but unregulated area, the report also identifies important areas of future improvement.

Target groups for this publication
This publication is directed primarily to elected officials, high-level civil servants, strategists and key persons in municipalities, county councils and regions. Many persons in State agencies and investigations may also find this very useful.

Note. 5. The investigation regarding recidivism-prevention measures for batterers (S2017:02) will present its proposals on 1 June 2018.
Quality aspects
This publication highlights important quality aspects of batterer intervention. The publication is a practical continuation of SALAR’s knowledge review, “Violence-prevention intervention with men,” which was issued in 2011.6

The chapters of this publication are based on the best available knowledge on quality development of batterer intervention from existing research and tried and tested experience of professionals in the field. It focuses on describing which components and general recommendations that are important to developing effective batterer interventions. The eight chapters have the following content:

1. Batterer intervention: Knowledge about men, masculinities, and violence.
2. Co-ordinated batterer interventions.
4. Target group-adapted interventions.
5. Working with batterer attitudes.
7. Quality assurance, monitoring and evaluation.
8. Promoting high-quality interventions: summary, key points of departure, areas for improvement and challenges.

Unclear responsibility
As mentioned, interventions to change violent men represent an unregulated area of activity. This means that there is no obligation inscribed in law for municipalities, county councils or regions to conduct these activities, even though many do it voluntarily. The regulations and general guidelines of the National Board of Health and Welfare on intimate partner violence in close relationships provide that, as a general guideline, the municipal social service boards should be able to offer interventions to batterers, based on the needs of a child, so that the batterer will gain an understanding of how violence affects children, to change his behaviour, and for him to cease engaging in violence.7 The interventions referred to here are not defined, and there has not been much additional guidance or control from the national level.

Interventions to change batterers can include efforts and support to influence them, as well as long-term treatment. It can take the form of psychosocial support and/or treatment, and psychological treatment. Although the definitions of these interventions are not fully clear, psychological treatment should be conducted by the healthcare system, whilst psychosocial treatment can be conducted by municipalities, as long as the interventions in question

Note. 6. SALAR (2011).
Note. 7. SOFS 2014:4.
do not include aspects of healthcare, but rather are within the ambit of social work. The reason why clarifying this is important is because both psychologists and licenced psychotherapists are to be considered healthcare personnel, and psychological treatment brings with it specific requirements relating to staff qualifications, as well as supervision, documentation and monitoring.8

Although batterers may need long-term psychological treatment in order to change their violent behaviour, engaging in violence towards their partners and children is not a disease. Batterers can be deemed to be completely healthy, both mentally and physically, from the perspective of the healthcare system, even though certain batterers may also have underlying illnesses or diagnoses. It is thus not to be assumed that psychological treatment for batterers are properly the province of the healthcare system. At the same time, psychological treatment is something that the municipalities cannot conduct, as psychological treatment is the responsibility of the healthcare system.

This dilemma must be examined and resolved. The instructions for the ongoing investigation on recidivism-prevention interventions for men who engage in intimate partner violence includes examining the issue of responsibility and thus proposing a more precise regulation of expected support and treatment interventions for batterers, together with the issue of how this obligation should be financed.9

What is violence?

The fundamental definition used by this publication is that violence consists of every action directed towards another person that causes injury, pain, fear or insult to that person, or leads that person to do something, or to refrain from doing something, against their will.10

The United Nations Declaration on the Elimination of Violence against Women defines violence against woman as “any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.”11

In addition to psychological, physical, and sexual violence, violence can also mean the destruction of material possessions or the economic exploitation of a person.12 In the case of persons with disabilities who are largely dependent on others, violence can include neglect or the non-performance of actions, such as not providing the person with enough to eat or drink, to

Note. 8. Patient Security Act (2010:659) Chapter 4, Section 1 §.
Note. 9. S 2017:02, the investigatory committee will be presenting its final report on 1 June 2018.
Note. 10. Isdal (2001).
Note. 11. UN (1993).
Note. 12. See e.g. Näsman and Fernqvist (2015).
not give the person access to their medicine, or the equipment that person needs, etc. The neglect or violent abuse of pets can be a form of intimate partner violence when it results in the victim remaining in the relationship in order to protect the animal.¹³

**A model for understanding violence**

This publication is based on a socio-ecological understanding, and assumes that several different explanatory models and perspectives can have something worthwhile to contribute on the issue of violence.¹⁴ The socio-ecological model relates to the individual, relational, group and societal levels in an effort to describe how a person develops in interaction with his or her surroundings, and how these levels include and interact with each other.¹⁵ Risk factors for battering exist on all four of these levels.

**FIGURE 1. The socio-ecological model connected to several examples of risk factors for battering on each level**

![Diagram of the socio-ecological model](image)

- **Individual**
  - Exposure to intimate partner violence within the family when growing up
  - Deficient care when growing up
  - Individual psychological factors

- **Relationship**
  - Deficient ability to handle relationships
  - Conflicts in relationships
  - Batterer takes control and makes decisions in the family

- **Community**
  - Difficult social conditions
  - Socializing with others who legitimize violence
  - Isolation of the woman and the family

- **Society**
  - Norms that allow men to control women
  - Acceptance of violence as a way to solve conflicts
  - Masculinity associated with dominance, honour or aggression
  - Rigid gender roles

Note. 15. The socio-ecological framework is based on, and is a development of, Uri Bronfenbrenner’s ecological systems model, see Bronfenbrenner (1979) and WHO (2002).
Power is divided unequally based on gender, sexual preference, class, age, functional variation, and ethnicity on all of these levels. This affects us as individuals in the relationships we create, in how our communities are structured, as well in the structure of society in general. The innermost circle represents the individual and one’s immediate surroundings. Proceeding outwards, we come to the relationship level, which can include interaction in one’s own family, one’s circle of friends, work or social leisure activities. Next comes the community level, which relates to contexts outside the immediate surroundings of individuals, which they are dependent upon but cannot directly influence. Finally, there is the societal level, which includes general societal conditions, cultural values norms, as well as national laws.

The long-term consequences to children of experiencing one parent’s violent acts towards the other parent can illustrate how several different levels can interact. Research shows that children who experience intimate partner violence have a greater risk of experiencing violence in their relationships as adults. There is an increased risk especially for boys to become batterers as adults, as well as a somewhat increased risk for girls to be subjected to violence as adults. Research explains this increased risk of justifying and using violence, inter alia, by proposing that these children see violence as one of the ways to solve problems and have learned that violence does not necessarily mean the end of a relationship. This is true even though children who have experienced intimate partner violence generally feel that violence is something frightening and upsetting. At the same time, research shows that most of the children who have experienced violence in their family will not experience violence in their adult relationships. There are also studies that show that a positive attitude toward violence or traditional gender attitudes create an even greater risk for using violence, than having grown up in a home where violence has occurred. The correlation between girls and boys experiencing violence as children and the likelihood that, as an adult, a girl would be subjected to violence, or a boy would use violence in a heterosexual couple relationship is relatively weak, even though stronger for boys than for girls, and factors on the individual level and other levels – such as masculinity norms – interact and affect the risk of being subject to violence or using violence, as an adult.

Note. 17. Jaffe et al. (1990), Stith et al. (2000).
**Efforts to protect women**

SALAR’s efforts to protect women include combatting men’s violence against women, intimate partner violence, and honour-related violence and oppression.

*Note. 19. Figure obtained from SOU 2015:55, page 51.*
Intimate partner violence is largely, but not exclusively, committed by men against women. There are cases that deviate from this gender pattern. SALAR provides support and assistance to gay or straight men, as well as transpersons who have been subjected to intimate partner violence. Similarly, it is important to highlight the fact that honour-related violence and oppression is not exclusively directed against women and girls, but also against men and boys. It is therefore crucial to discuss both efforts to combat men’s violence against women (the protection of women) and intimate partner violence and other forms of violence in close relationships. Speaking and thinking about violence only in gender-neutral terms obscure the more common form of violence in close relationships – a man using violence against a woman close to him. This obscures important risk factors and reasons behind this violence, and, in turn, make efforts to prevent this violence more difficult.

Knowledge about men, masculinities and violence – an important basis

Knowledge about men, masculinities, and violence serves as an important basis for entities that conduct interventions to change batterers. The concept of masculinity as used here means qualities, traits and behaviours that characterize, or are considered proper for men. Ideals and notions about men and masculinity greatly influence and inform men and boys, as well as the conditions under which they live and the experiences they have, even though this varies from person to person. There is a great variation both between individuals and with respect to different contexts. All men and boys, however, as a rule, relate in some way to common ideals and notions of masculinity, which we will call “traditional masculinity” in this publication, as we view this form of masculinity to be the most prominent one in recent centuries, and not least, in large parts of societies forming part of western civilization. These ideals and notions are definitely still alive today. Specific ideals about men and masculinity, as well as a number of experiences connected to them, are an important risk factor with respect to intimate partner violence, as well as a basis for men’s attitudes and approaches to violence, if and when they come in contact with interventions to change behaviour and prevent recidivism.

Similarly, knowledge about violence and intimate partner violence, and especially intimate partner violence by men against women, can be most valuable. How violence is expressed; what its meaning or function is; what effect violence has on both the batterer and the victim; how does each of them talk about the violence, and other issues all yield important information on which high-quality interventions can be based.

In the field of research regarding interventions directed towards batterers, there is an ongoing discussion as to how much importance should be accorded the theoretical perspective with its emphasis on gender, masculinity, power and violence, in practical work on the men. There are several disputes between researchers in this field. One key area of contention concerns different views of the conventional batterer intervention used in large parts of the English-speaking world (read more in Chapter 6). There are also differences in perspectives that to some extent are associated with the discipline to which a given researcher belongs.

Simply put, researchers in psychology tend more to emphasize individual-oriented perspectives and explanations, whilst researchers with a background in sociology and social psychology lean more towards structural perspectives and begin with the assumptions that people are social beings that relate to norms and notions that they may only partially be aware of, and partially see as normal and taken for granted.

One heavily discussed issue in this field where researchers from different disciplines tend to take different positions, is to what extent should men’s violence be understood as an expression of power and control. Sometimes, researchers begin with the batterer’s own answers and views that their violence is not related to power and control, then follow the perspectives of the batterers and conclude that connections between violence and control are false and/or “ideological”. Others are of the opinion that if an individual man does not state that he is trying to assert control over his partner, an outside researcher can still see that the effect of his actions is control, particularly when the violence is inflicted over time. In addition, what the batterer perceives as a normal relationship may be connected to notions of “real men” and acts that are excusable if a man feels insulted. It is thus possible to see connections between violence, power and control even if the individual in question does not speak of it in that way.

In the socioecological conceptual framework we use here, we begin with the premise that knowledge about gender, masculinity, power and violence are of key importance in interventions intended to change batterers. At the same time, this model is also based on the premise that violence in the life of an individual man can be explained on several levels, and that interventions directed towards him must relate to his individual history, the nature of his relationship, his circle of friends, and so forth.
**Masculinity norms**

Put simply, masculinity norms are a collection of notions and ideals that indicate how a man should be and behave in order to be socially accepted, or to achieve social status in a family, group or society in general. These notions and ideals vary in different contexts, and can also vary over time. As a result, we talk about masculinities (plural), as there are several parallel sets of ideals and notions regarding how men should be.21

Masculinity norms are unwritten rules and expectations on men and boys, which are shared by many. Ideals and notions about how a man should be are then shared in general by individuals (of every gender) in relationships, groups and in society as a whole. These are transmitted and reproduced in relationships by practices and conditions regarding social institutions such as work, the media, the military, system of justice, religion, sport, healthcare and more. Boys and men also become co-producers of masculinity norms, and internalize them, albeit to various degrees.

Masculinity norms are linked to femininity norms. In fact, they are defined in relation to each other. One common idea is that masculinity norms are essentially different from, or in an opposing position to, femininity norms, with femininity valued less than masculinity. Examples of this are opposing values such as strong vs. weak, independent vs. dependent, self-controlled vs. emotional. This, together with the fact that men and masculinity are defined as a kind of default value in relation to women and femininity, serves as the basis for a well-established theory to explain gender inequality, or the subordinate position of women in terms of men.22 The power position and the situation that men and masculinity occupy, have, in many contexts, led to masculinity being assumed to be natural, taken for granted, or even not being noticed at all. This, in turn, often creates a resistance towards thinking and talking about men as a collective or a group with similar patterns and under similar conditions.

The notions that are traditionally associated with masculinity have been described by many researchers and are illustrated in simplified form in Figure 3 on the following page. How these norms affect individuals vary with a number of other factors and circumstances. In certain contexts, the norms are functional for men. At the same time, traditional masculinity is an ideal that very few, if any, men feel that they can (or want to) fully achieve. Traditional masculinity carries with it difficulties and restrictions of various types for many men and boys. For some men, these norms cause obstacles preventing them from learning about themselves, accepting the help of others, coming in contact with others, and being emotionally present or being a caregiver.

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Based on its social definition, masculinity is about constantly doing and achieving. Traditional masculinity in many areas is about clearly rejecting that which can be seen as weakness, which, according to this system of values, can be coded as femininity. In other words, weakness and vulnerability can be accepted in women but not in men. Human emotions such as fear, sorrow, failure, shame, disappointment, pain and guilt in men carry with them a risk of being associated with weakness and vulnerability, thereby being seen as undesirable. Feelings that are associated with strength, such as anger and aggression are acceptable.

According to the above world view, homosexual, bisexual, trans- and queer men represent femininity, and thereby a deviant and lower-ranked masculinity. This is part of the explanation for homo- and transphobia, which can awaken strong feelings among men, as do challenges regarding physical intimacy and tenderness among heterosexual men, and to a certain extent among boys. Deviating from the traditional masculinity norm can result in more serious sanctions for boys than what would be the case for girls who deviate from femininity norms.

Note. 23. This figure is inspired, inter alia, by Fundberg (2003).
These sanctions result in a hierarchy with superiors and subordinates between men and between various forms of masculinity.24

Traditional masculinity is thus based in many aspects on ideas of strength, performance, self-control and control of others, and on a hierarchical (power) relationship to women, femininity, and homosexual men. Considering this background, it is hardly surprising that views reflecting traditional masculinity in men have been shown to be a risk factor for violent behaviour against women.

An American psychotherapist with many years of experience in conducting therapy with men compared typical expectations for traditional therapy patients with typical norms of traditional masculinity by compiling them in the simplified table below. This compilation illustrates the challenges that both the client and the caregiver can encounter in a therapy situation with men, in light of the traditional masculinity norms, which are relevant for all who encounter men in some form of treatment or social support work.25

<table>
<thead>
<tr>
<th>Expectations of the traditional client</th>
<th>Traditional masculinity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seeks help</td>
<td>Managing on his own</td>
</tr>
<tr>
<td>Speaks about private experiences</td>
<td>Hides private matters</td>
</tr>
<tr>
<td>Shows vulnerability</td>
<td>Shows strength</td>
</tr>
<tr>
<td>Expresses feelings</td>
<td>Stoic and doesn’t express feelings</td>
</tr>
<tr>
<td>Alert to internal life</td>
<td>Settles and/or externalizes difficulties</td>
</tr>
<tr>
<td>Takes responsibility for one’s own feelings</td>
<td>Places responsibility externally</td>
</tr>
<tr>
<td>Addresses relationship conflicts</td>
<td>Avoids talking about relationship conflicts</td>
</tr>
<tr>
<td>Lets go of control</td>
<td>Maintains control</td>
</tr>
<tr>
<td>Experiences and expresses shame</td>
<td>Expresses pride</td>
</tr>
<tr>
<td>Confronts pain</td>
<td>Denies pain</td>
</tr>
<tr>
<td>Does not sexualize intimacy</td>
<td>Sexualizes intimacy</td>
</tr>
<tr>
<td>Able to admit failure</td>
<td>Resists accepting a defeat</td>
</tr>
<tr>
<td>Admits not knowing</td>
<td>Emphasizes knowledge</td>
</tr>
</tbody>
</table>

Men’s different perspectives

Gender inequality means that men and women and boys and girls do not have equal power to shape society and control their own lives. Gender inequality manifests itself in many ways. When we talk about masculinity, gender inequality, and boys and men as a group, in relationship to battering, it is important to view three perspectives at that same time, as Figure 4 demonstrates.

**FIGURE 4. Three parallel perspectives of masculinity and men**

- **Power and privileges**
  Men have power and privileges as men in a gender-unequal society.

- **Differences**
  There is a great deal of variation in the living situation of different men, due, *inter alia*, to class, sexuality, skin colour, ethnicity, functional ability and age.

- **Vulnerability**
  Gender inequality and masculinity norms adversely affect men, causing vulnerability, costs and other negative consequences.
Power and privileges

Structures that create power and privileges also affect – albeit in different ways – the lives of individual men and their relationships with partners, children and others. Statistics show that men and boys, as a group, have power and privileges in a number of different areas, as compared to women and girls as a group. An example of this is that the average man earns three million more Swedish crowns during his lifetime than women do. Two of three chairs of municipal executive boards are men, as are four of five members of corporate boards of directors. Men as a group are also clearly over-represented amongst batterers, especially when it comes to violence that results in bodily harm to the victims.27

Vulnerability and costs

Statistics also show that men and boys, as a group, experience vulnerability in many ways. Seven of ten suicides are by men, as are eight out of ten drowning victims. Three times as many men as women die of alcohol-related illnesses. Men are also victims of violence, primarily committed by other men. A man who acts violently towards his partner can, at the same time, experience vulnerability in other areas of his life. This perspective does not gainsay the previous one, but rather shows that the predominant forms of masculinity also contribute to problems and vulnerability for many men and boys.

Differences and inequality amongst men and boys as a group

Men and boys do not make up a homogenous group, and there are naturally significant variations in the living situation of various men and boys. The actual power and privileges enjoyed by boys and men vary, for example, among various individuals and groups of men. All men and boys do not have equal power. Class, sexuality, skin colour, ethnicity, functional ability and age are some of the factors and contribute to hierarchies and varied positions within the group of men and boys. Different men and boys also relate in different ways to the norms and ideals of masculinity that given them power and privileges. Not every man or boy can or wants to follow these norms and ideals. Some men and boys intentionally resist them. Even though men are over-represented as batterers, the majority of men do not engage in violence. Vulnerability to violence amongst men also varies.

Note. 27. See, e.g. Statistics Sweden (2016) and SOU 2015:86.
Connections between masculinity and violence

Men are very much over-represented as perpetrators of violence, regardless of whether the violence they commit is against women, other men or themselves. At the same time, men do not engage in violence randomly or constantly, and the majority of men do not engage in violence. Research indicates that the reason why men more frequently engage in violence relates primarily to the effect of common masculinity norms and life experience associated to these.28

Statistics by the Swedish National Council for Crime Prevention show that 99 per cent of those who are suspected of rape are men;29 84 per cent of those suspected of assault are men;30 and 86 per cent of those reported for threatening behaviour are men. Although young men ages 15 to 24 represent one-sixteenth of the population of Sweden, they account for one-third of all the crimes reported to police. Most of this violence targets other men. Every seventh man has at some point in his adult life been a victim of serious physical violence, most often by another man.31

Throughout life, boys and men are exposed to ambivalent messages and experiences of violence. Young men learn that violence is a mechanism that can maintain masculinity. Violence in various forms is often an informal part of the life of boys and young men in school or in groups of friends. Boys and men’s violence against other boys and men in certain cases can be perceived as morally legitimate. By using violence, the boy or man gains advantages and status. By retreating from violence, a boy or man risks being the object of humiliation and additional violence. In addition, violence may also be legitimate in organized sport, the armed forces, and the police. Violence can also be culturally value-laden and ambiguous in the media, for example, where serious violence between men can be viewed as entertaining “action”.32

Intimate partner violence is mostly, but not exclusively, committed by men against women. There are also cases of men being the subject of violence by female intimate partners, and in LGBTQ relationships. Both women and men use psychological violence. When intimate partner violence by men and women are analysed, however, in most cases there are some major differences, as set out in the following list.33

- Men’s intimate partner violence against women is often more systematic and repeated.

Men’s violence is often more serious and leads more to the need for help and supportive measures, especially medical care.\(^3^4\)

Women’s violence more rarely results in physical violence. Because of this, women’s violence is of the milder type (men, too, commit violence of this type).

Women are much more frequently the victims of sexualized violence than are men.

Research from the WHO and other sources has found a clear association between men’s attitudes about gender equality and battering. Positive attitudes to gender equality are a protective factor against violence. Or in other words, masculinity based on control and dominance over women is a risk factor for violence. Studies by the Swedish Agency for Youth and Civil Society (MUCF) and others confirm that masculinity norms are a key factor in the commission of violence by young men. A person with stereotypical views that mirror traditional masculinity and femininity has an increased propensity to commit violent acts.\(^3^5\) Violence against women is something that is condemned in many contexts, including by men. Unlike violence between men, which still is seen as legitimate, depending on the situation, a man who hits a woman is strongly stigmatized. Men who have battered women are thus careful to reveal their violence to others, as they feel ashamed and are afraid of how others around them will react. In order to deal with what they assume will be a rejection, these men condemn their own violence if it comes to light, while at the same time attempting to present their actions as understandable and acceptable.\(^3^6\)

Summary

- All over Sweden, there is a growing number of activities for batterers, and the purpose of this publication is to serve as knowledge support for quality development in activities conducted by SALAR’s members.
- Interventions to change batterers is an unregulated area of activity, and issues regarding supervision, responsibility and obligations are currently not clear. There is an ongoing state investigation to review recidivism-prevention efforts, propose regulation and financing in 2018.
- Knowledge about the importance of gender, masculinity, power and violence is vital for interventions to change batterers.

Note. 34. Swedish National Council for Crime Prevention (2017d).
Coordinated batterer intervention

Since interventions for changing violent men began to be developed in the beginning of the 1980s, the coordinated community response to violence in Duluth, Minnesota have served as an important source of inspiration. The basis for this qualitative work is that interventions for batterers cannot be isolated, but must rather be part of a coordinated system of interventions. How well this system works will decide how effective the interventions are. The following have proven to be key components of a coordinated batterer intervention system:

- The safety of the victims of violence must always be given the highest priority with respect to any interventions for the batterer.
- The victims of the violence must be given adequate support, help and protection. There must be a supportive infrastructure for women subjected to violence.
- The risk of repeated violence and the safety of the victims of violence must be continually assessed and responded to.
- All agencies and organizations involved must coordinate their interventions through clear routines and guidelines.
- Cooperation, communication and network building between those providing help must be continuous.
- Documentation and monitoring must be part of the system.
- Opportunities for efforts to change batterers must be made available both within and without the justice system.
- The coordinated interventions must be continually evaluated based on the safety of the victims.

Note. 37. The Domestic Abuse Intervention Project (DAIP) was initiated in 1980 and became known as the first coordinated community response to counter men’s violence against women (see Shepard och Pence 1999).

Even critics that call into question the Duluth model’s group programme for batterers characterize the idea of coordinated intervention as a strength of the model. In Sweden, the ideas related to coordinated interventions have enjoyed clear success and penetration in the field since the middle of the 1990s, as shown in various examples of inter-agency coordination with regard to violence in close relationships. The first of these was the Frideborg project in Norrköping, which began in 1994, and has served as an example for later projects such as Utväg Skaraborg, Utväg Göteborg and Utväg Södra Älvsborg.

The importance of comprehensive structures and systems is also highlighted in the SALAR report, *Framgångsfaktorer i kommunalt kvinnofridsarbe te* [Factors for Success in Municipal Work to Combat Violence Against Women]. That report is based on a qualitative investigation of efforts to combat violence against women in eight municipalities, which, according to the results in *Öppna jämförelsen 2015 – Stöd till brottsoffer* [An Open Comparison 2015 – Support to Crime Victims] succeeded better than others. A total of 29 persons were interviewed as to what they viewed as factors for success and areas for future development with regard to high-quality municipal efforts to combat violence against women. This study found the following five factors important for success in creating a high-quality programme, which are briefly summarized below.

**Factor for Success No. 1: Many access routes leading to support and assistance**

- The support and assistance provided needs to be clear and accessible, and information about these programmes must be disseminated through many channels.
- The programmes must be made easily accessible so those seeking support and assistance will not experience threshold barriers to getting that support and assistance. This can be achieved by building trust in the interventions the municipality offers, as well as by providing unrestricted service interventions to the extent these are possible.
- Have many of the municipal agencies ask questions about violence in order to detect violence early on, and recruit and help more people.
- Continuous improvement of skills and expertise is needed on all organizational levels for elected officials, administrators and civil servants in all municipal agencies, in order to promote early detection efforts.

Note. 41. SALAR (2016).
Factor for Success No. 2: Direct and adequate support and assistance

- Specialist interventions that offer individually adapted and varied interventions for support and assistance are important in order to minimize organizational vulnerability in the area of violence against women, increase operational efficiency, and thereby provide better services to the victims of violence.
- Having caseworkers with specialist qualifications in the social services organization contributes to creating clear means of access to support and assistance. These caseworkers support their colleagues in cases that involve violence and disseminate knowledge in a structured manner.
- A clear organizational structure and well-developed internal support processes ensures a division of roles and responsibility between units of the social services system and other coordinating partners.

Factor for Success No. 3: Integrate work with violence against women as part of regular structures

- Interventions aimed at violence against women must be conducted as part of regular systems and have clear goals, indicators, activities and a budget that can be followed up.
- Political prioritization and control with respect to issues relating to violence against women are important in order to ensure that these efforts are accorded authority, resources and legitimacy.
- Coordinators and strategists in the area of protecting women serve important functions and are key resources as they systematically and continuously work with strategic issues both on the overall municipal level and on the level of the social services administration.
- Deliberate work is needed to move responsibility from individuals to functions by including interventions aimed at violence against women in the existing organizational structure so that these efforts will be sustainable and stable on a long-term basis.

Factor for Success No. 4: Coordination with other public-sector entities

- A structured operational coordination is required within and between municipalities, with the medical and healthcare system, dental care, the police, the correctional services, prosecutors, women’s shelters/crisis centres and victim support is of fundamental importance and must be adapted to local conditions.
- In practical coordination, it is important to clearly delineate the roles, responsibilities and authority of each government agency, county council, municipality, and non-profit organization.
Chapter 2. Coordinated batterer intervention

Factor for Success No. 5: National support

National support and stimulus in the form of national action plans, manuals, skills and expertise support, and improvement assistance are necessary in order to conduct and improve operative and strategic local and regional efforts to stop violence against women.

Intervention ladder for batterers

Interventions to get batterers to stop committing violent acts can be viewed as a ladder of interventions – an intervention system – that extend from discovery and motivational efforts, through efforts to promote change and support, and treatment, to follow-up and maintenance of the change achieved. The intervention ladder is illustrated in Figure 5.

The intervention ladder is a conceptual model that can make it easier to understand the components that are often required in a system of batterer intervention. On the next few pages, we will be examining each of the “rungs” of this ladder. The intervention ladder needs to be coordinated, even if the interventions in one “rung” are conducted by social services, for example, and the interventions on another rung are conducted by the healthcare system. One example of this is that strategies for discovering violence must correspond to access to adequate support and treatment. We cannot assume that all violent
men require interventions on every rung of the ladder. Instead, the way each part of the intervention system should be triggered needs to be adapted to the person. In order for such an adaptation to be possible, however, the various types of interventions must be available.

Discovery

The first step towards an intervention with batterers is the discovery of these men who need help to stop their violent behaviour. Consequently, developing improved and more systematic methods of discovering violence is important in all entities of the healthcare system and social services that can come into contact with violent men. These entities can include primary health care centres, child welfare services and social services family law units, family counselling, units working with counselling, financial assistance, substance abuse and support to persons with functional impairments, to name a few.

In Sweden, the work of discovering victims and potential victims is done, for example, by asking routine questions that relate vulnerability to violence. However, it is also important to ask questions about the possible use of violence. For example, a family doctor or the equivalent can play an important role in discovering a problem early on. This is shown, inter alia, by studies from the United Kingdom and elsewhere regarding the seeking of help by batterers before they have had contact with the police or a programme for batterers. On the other hand, it was not always such that men expressly stated that they were seeking help because they had engaged in violence. This is why it is important to ask direct questions about violent behaviour even to those who do not spontaneously bring it up.

Studies about introducing routines for asking about violence also indicate that professionals, at first, can feel some reticence about asking questions regarding violence. Individual practitioners may vary in how they approach the task of asking questions about violence. For example, knowledge and experience of working with violence in close relationships contributes to a practitioner asking more questions about violence. In other words, there is a great need of education, training and support in conjunction with the introduction of routines for discovering violence. When we begin asking questions about violence, it is also important that we are prepared to hear the answers, and have interventions to refer those whom we have discovered need help. From this perspective, it is important to have an intervention ladder where strategies to discover violence correspond to access to adequate help.

Note. Hester et al. (2006b).
Note. See e.g., Broberg et al. (2015); Hedtjärn et al. (2009).
In developing an intervention chain, it is important to understand the importance of “low thresholds”. One experience from work in the field is that the requirement of a formal intervention decision for a batterer before that man can begin therapeutic conversations makes it difficult or even impossible for him to seek help. Another experience is that men seek help when there is a project that is easy to contact and focused on helping him with his behaviour. Certain therapists feel that a number of introductory support discussions and motivational work can lead to a more favourable situation when it comes to formalizing the intervention.\(^44\)

**Police report**

Engaging in violence is a criminal action. Assault, sexual crimes, or the violation of a woman’s integrity are public prosecution crimes, which means that the victim of the crime does not need to prosecute the litigation. In these cases, the role of the prosecutor is to commence prosecution on behalf of the People (in other words, the entire Swedish society).

Interventions to change batterers in some ways present a special challenge to social services and the healthcare systems. On one hand, this work entails encouraging and liberating the individual’s resources, to motivate him to change, increase receptivity to accepting supportive interventions, and build a trusting relationship, while on the other hand condemning crimes of violence and reporting these crimes to the police.

Municipal, county council, and regional personnel normally must observe confidentiality in their work with individuals, but if a staff member discovers and learns about information regarding the suspicion that a crime that may result in at least one year’s imprisonment has been committed, the duty of confidentiality can be overridden, and a police report can be filed.\(^45\)

Municipal, county council and regional personnel are also required to file a report to the social services of concern regarding a child if there is a risk that the child is endangered.\(^46\)

In addition, the Penal Code provides that it is a crime to avoid reporting or otherwise revealing an attempt, preparation, aiding and abetting or conspiring to commit a crime.\(^47\)

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Note. 44. Navis (2017).


Note. 46. Social Service Act (2001:453), Chapter 14, Section 1, Chapter 1, Section c.

**Examination and assessment of the continuing handling of the case**

When a violent man has come to the attention of an agency involved, the next step is to create a more detailed picture of the violence in the relationship. One recommendation is that an examination of the violence should be done in a structured manner, such as with the help of various self-assessment forms regarding intimate partner violence. In the case of examining the violence, the woman subjected to the violence, and in certain cases, the children, are the most important source of information, besides the man himself. A key part of this examination and assessment is the assessment of risk, which is discussed in greater detail in Chapter 3.

It is also important to take into account, early in the process, whether the man in question is responsible for minor children. A large percentage of violent men have minor children close to them, and many of the men are also parents. There is currently extensive data about how large a percentage of men who engage in violence against women also subject the children of the family to direct assault in the form of physical and/or sexual violence. In addition, to expose the children to the sight or sound of violence, or for them to otherwise experience violence and its consequences, in addition, is, in itself, a form of psychological child abuse. Even if the man does not personally subject the child to violence, he is wanting in his parenting ability and is responsible for the children's (poor) health and (lack of) well-being. One recommendation by the designers of programmes directed towards violent fathers is that the work with the men should start with an effort to influence them to stop the physical violence, while a second step can be an intervention directed at the batterer's parenting and ability to care for his children.

**Motivational efforts**

One key component of batterer intervention is motivational work. Many men have little motivation and dropping out is a major problem for many entities that work with batterers. Not only must these entities motivate men to take part in an intervention, but, during the intervention, they must work to get the men to remain and complete the intervention. As dropping out of a treatment programme increases the risk of recidivism, motivational work during the programme is also important. Just as there must be a broad-based preparedness to discover violence, personnel in those areas of the healthcare system and social services that may come into contact with batterers need a

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Note. 48. SALAR (2011), see Chapter 4.
Note. 49. For an overview, see Hester et al. (2006a).
Note. 51. Olver et al. (2011).
fundamental preparedness to engage batterers and motivate them with regard to the intervention. There must also be clear access paths and routines for referring the men to an intervention, in order to keep the threshold for seeking help as low as possible.

Regarding motivational efforts directed to the batterer, the social services truly faces a challenge, as it often is responsible to meet, support and protect the victims of crime, while at the same time motivating the batterer to change. It is therefore important to have well thought-out routines regarding how to engage all of the members of a family in a satisfactory manner, and how the work of creating trusting relationships can be structured. In this area too, education and training are central issues in efforts to increase that quality of work.

**Efforts to promote change and support**

The purpose of efforts to promote change and support is to induce the batterer to cease engaging in violence, through often short interventions, often with educational or crisis intervention aspects. Many of the measures currently offered to batterers may, in certain cases, be characterized as efforts to promote change and support. Sometimes these interventions may occur in a group context.

An example of this type of intervention is what is known as “VASKA discussions” that are conducted under the auspices of the Rinkeby-Kista district administration in the City of Stockholm. VASKA is a Swedish acronym for Violence, Responsibility, Context, Consequences and Alternatives (to violence).

This series of discussions has been developed with the inspiration of the Norwegian treatment programme known as Alternativ til vold (ATV) [Alternatives to Violence] (see Chapter 6). These discussions take place on five different occasions, with each session having a separate theme. The series is part of an ongoing child welfare investigation in cases where social services case workers believe that violence is present in the case. The conversations are not intended as substitutes for treatment but are rather meant to help the man in question to recognize his own battering behaviour, while making him aware that social services knows what is going on.

Another example of this type of intervention is the pedagogical and cognitive-behavioural therapy-based programme known as “Caring Dads,” that is directed to fathers who commit violence against their respective partners and children. This intervention is intended to be combined with the child welfare services, and is structured as a 17-week programme with group discussions.

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Note. 52. See SALAR (2011), Chapter 9.
Changing violent men. Improving the quality of batterer interventions

once a week. The group discussions are associated with an intervention directed to the mother of the children, as well as a coordinated case management of the child welfare investigation focused on safety and security. The group intervention is structured as four phases based on the various goals of the intervention: active involvement; child-centred parenting; recognizing and challenging violence and abuse, rebuilding the child’s trust and planning for the future. The programme was developed in Canada right after 2000, and has been evaluated previously. At present, a large-scale study is being conducted in Australia (2017–2020).

What is called efforts to promote change and support can be conducted by an entity that especially focuses on violence. These kinds of efforts to influence batterers can very well also take place in units that are not directly focused on interventions for batterers, and within the context of regular social services activities, such as an intervention closely associated, for example, with an intervention to protect and support children who experience violence. This work, however, requires in-depth knowledge of men’s violence in close relationships.

Treatment

Treatment refers to significantly longer-lasting interventions than what is the case with efforts to promote change, that can be offered as part of a child welfare investigation in the form of VASKA discussions. As mentioned, there is no clear rules for responsibility for treatment for battering men in either municipalities, county councils or regions.

Units such as crisis centres for men, family counselling or entities that are particularly focused on violence against women, or alternatively, more specifically on batterers, currently offer interventions that are often referred to as some form of “treatment” of batterers. These activities are often conducted under the auspices of non-profit organizations, municipalities or county councils. There are often treatments that continue for six months to a full year, and in certain cases, up to two years. These activities often take the form of individual sessions. Some who engage in practical work with violent men point out the importance of longer treatment interventions in order to produce a sustained behavioural change in a batterer.

Note. 54. Scott och Crooks (2007).
Note. 55. See www.caringdads.org.
The components of the various individual interventions that are currently termed as treatment vary, and there is little description or documentation regarding the content of, and basis for, these interventions. This is an area where systematically compiled data and research is lacking and needs to be developed.

Most crisis centres describe their activities as being based on and inspired by pedagogics, cognitive behavioural therapy and crisis psychology, as well as by systems theory and psychodynamic theory, even though the emphasis is often on one of these influences.58 Experiences of therapists working with violent men indicate the importance of adapting the structure of the treatment based on, inter alia, the man’s life story, trauma, medications, substance abuse difficulties and sexuality. In addition, it is important that the man in question formulates his own treatment goals together with the therapist, and that these goals are followed up and evaluated at the end of the treatment, as well as during the time of the treatment. The treatment may contain aspects of what we refer to in this work as efforts to promote change, such as psycho-education, where theory and research are pedagogically communicated to the violent man. A cognitive-behavioural perspective regarding the violent acts committed can be used so that the man can learn to recognize the triggers for violence, and thus find alternative strategies. In order to increase the man’s ability to reflect, help him identify and thus, better understand his emotions, a psycho-dynamically therapeutic perspective and a relational, affective and mentalization theory perspective in the treatment can also be important.59

Regarding an individual entity, it is important to clarify both whether the interventions offered should be defined as treatment, and in that case, who would be responsible for ensuring that the entity complies with the requirements that generally are imposed on treatment activities, with regard to the personnel skills and expertise, supervision and documentation.

Monitoring

Many interventions are limited as to duration, and one important question ahead of completion and a decision regarding monitoring is how far the man has come in his process of change (more about this in Chapter 5). From a safety perspective, it is important to determine whether the intervention really helped the man arrive at a stage where he is trying to maintain his new non-violent behaviour.

Note. 58. SALAR (2011).
Examining the evaluations of batterer intervention, the following can serve as bases for monitoring:60

› The monitoring should be more intensive during the first nine months after the intervention has begun, and the monitoring of the man in question and his partners, past and present, and children should continue, at least during the first 15 months after the end of the intervention.
› The monitoring of men who sought help voluntarily is at least as important as the monitoring of convicted men.
› The woman who was the reason for the intervention in the case of the man in question is particularly important to monitor, and the monitoring must also take into account the extent to which the woman recovered after she had been subjected to violence, her experience of fear, the social support she has, as well as the opportunities she has to seek help if the violence begins again.
› If the first partner is subjected to violence, any new partner should also be monitored.
› Monitoring of any substance abuse is important, as ongoing substance abuse found during the monitoring of any intervention is a sign that there is a risk of repeated violence.

Regardless of how the monitoring is structured, it is important to have clear routines for who is in charge.

**Strategies for increased quality of batterer intervention**

A coordinated system with different levels of interventions for batterers can act as a framework and basis for strategies to increase the quality of interventions for batterers. The first basis for strategies to increase the quality of interventions for changing violent men is that activities directed to that target group must satisfy the quality requirements that generally apply to municipal and county council activities (National Board of Health and Welfare 2008). These general quality requirements are as follows:

› Efforts must be based on the best available knowledge taken from research and verified professional experience.
› The interventions offered must be safe, and risk prevention efforts must prevent injuries. The interventions must also comport with legal fairness.
› The interventions must be adapted to the individual and be applied with respect to the specific needs, expectations and integrity of the individual.
› The individual must be given an opportunity to actively participate.
› The work must be efficient and utilize available resources in the best way, so that they achieve the goals that were established for the activity in question.

These general criteria naturally need to be related to the specific contexts represented by batterer intervention. General quality requirements also represent specific challenges for municipalities and county councils with regard to work with violent men as these units also need to recognize the victims of men’s violence, and not just the men who seek help for their battering behaviour. The requirement for safe interventions means additional dimensions in dealing with the aforementioned target group. This can include, for example, ensuring that the intervention does not have unintentional consequences for victims of violence, such as persuading them to remain in a dangerous situation as a result of an unrealistic hope that the batterer will change. This is the reason why an offer of what is known as a partner or victim services must be connected with the intervention for the batterer. The criterion of efficiency, for example, may deal with coordinating the interventions that are done by the various parts of the social services, or with the choice of intervention offered.

Efforts to change violent men also need to be organized so that the interventions are given and distributed to everyone on equal terms. The quality requirement that interventions must be accessible and be given within a reasonable time currently represents a challenge to municipalities and county councils, as the issue of responsibility for interventions for batterers is still unclear.

An additional challenge has to do with the state of knowledge and with the extent it is possible to work on the basis of research-based knowledge and develop an evidence-based practice in a field where research does not always provide clear and unambiguous answers as to the type of intervention that has the strongest support by research. That said, research in this area nevertheless provides certain general recommendations for the improvement of efficient interventions directed to violent men. As already mentioned, these general recommendations serve as the basis for the various parts of this publication. Finally, there is currently a relatively rich store of knowledge regarding those aspects that are crucial in order to minimize the risk that a given intervention may cause harm. This is a basic requirement for all interventions directed to individuals.

Note. 61. Radatz & Wright (2016).
Summary

- Interventions for batterers should be part of a more extensive chain of interventions.
- The regular units of the healthcare system and social services should work systematically to identify batterers and motivate them towards an intervention.
- Interventions that are more in the nature of efforts to promote change and support may be part of the ordinary work of the social services, for example, in child welfare investigations.
- More long-term and in-depth efforts for change can be defined as psychosocial treatment, and there are specific requirements for skills and expertise, supervision and documentation if an entity offers treatment.
- There should be specific routines for monitoring during and after an intervention with a clear statement of how monitoring should be done and who would be responsible for ensuring that it will be done.
Risk assessment and safe interventions

From a violence perspective, risk assessment is a key component in working with violent men. One important step towards increased quality is thus efforts relating to risk and safety.

Methods of risk assessment

Assessments of whether there is a high, medium or low risk that a man who participates in activities will continue to use violence should be done systematically. Research indicates that structured risk assessment methods are preferable to assessments that are based solely on clinical assessments.

The choice of intervention must take into account the risk level, and one general principle should be that the higher the risk is, the more intensive the intervention that should be chosen. During the first months, for example, one should choose an intensive intervention in cases of men who have engaged in a great deal of violence, or have committed other violent crimes.

If an entity offers interventions to men who, for example, according to the Spousal Assault Risk Assessment (SARA) may have a high, medium or low risk for continued battering, it is important to match the intervention to the level of risk. There are studies indicating that intensive interventions for men with low risk can sometimes have unintended adverse effects, especially if the men are offered the intervention in groups together with men with high risk of continued battering and more complex problems with violence.62

Note. 62. Radatz & Wright (2016).
Risk assessment and handling needs to be a permanent part of work with violent men. Monitoring of the man in question, as well as his partner and other relevant persons, a fast and clearly understandable reaction to repeated violence and a clearly expressed reaction to absence or dropping out of the intervention are also of extreme importance.\(^{63}\)

**Common methods of risk assessment in working with violent men that are used in Sweden:**

- **SARA**, Risk assessment and handling model that is a form of professional assessment used by the police and the Corrections Department. SARA is primarily intended to be used in those cases where the risk of future violence is either high or medium.
- **PATRIARK**, which is a version of SARA that is adapted to assess and handle honour-related violence.
- **SAM** (Stalking Assessment Management), which is used by the police, is designed as a way of assessing the risk of illegal menacing in the form of undesired and repeated communication, contact or other behaviour that causes apprehension relating to the safety of the victim (or a relative).
- The Swedish Corrections system uses various instrument to assess the risk of sexual violence, such as **VRS:SO** (Violence Risk Scale for Sex Offenders) and **SVR:20** (Sexual Violence Risk Scale).
- **FREDA**, Danger assessment instrument developed by the National Board of Health and Welfare and meant to be used in work with women subjected to violence and their children.
- FREDA is based on instruments that are used internationally, including **DA** *(Danger Assessment)*, which relates to the risk of fatal violence.\(^{64}\)

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Note. 64. See further, SALAR (2011), Chapter 4.
Partner contact or victim service

An important part of the work of risk assessment, and making an intervention for a batterer safe for all those who have been affected by his violence, is an intervention directed to the victims. Internationally, partner contact or victim service is included, as a rule, amongst the quality requirements that apply to work with violent men. The primary purpose of partner contact/victim service is to ensure that the intervention does not lead to unintended and adverse consequences for the victim of the violence. The requirement of partner contact/victim service has developed, inter alia, from experiences that women victims may stay in an untenable or even a dangerous situation for themselves and any children they may have, due to an unrealistic hope of a change when the man is in treatment. It also happens that violent men use knowledge they acquired from the intervention to control their respective partners in a more sophisticated manner, or they may drop out of the intervention without informing their partner, who remains in the relationship in the belief that he is working through his problem. The partner contact/victim service can also create opportunities to offer various types of intervention to victims of violence.

Sweden currently has experience with several different types of partner contact/victim service. As part of a cooperation involving seven units working with batterers, the National Board of Health and Welfare developed and tested the usefulness of a manual-based method for partner contact/victim service. The minimum requirement for those who work with men is to ensure that the woman involved is aware of the help she can receive, so that she will not stay in a dangerous situation. It is important for the woman to learn about the content of the programme, and that she is informed in the event that the man drops out of the programme or treatment. An important basic concept is also that the partner contact/victim service is an offer to the woman, and not a requirement. In addition, a partner contact/victim service places significant requirements on the entity to ensure that the victimized woman does not experience that those who are working with the man are placing upon her the responsibility for ensuring that the treatment continues, so that it would be difficult for her to handle the situation or to reveal that the violence or the control is continuing to occur.

Note. 65. For example, RESPECT (www.respect.uk.net).
In at least some of the entities in Sweden, the man must approve the contact with the woman he was violent to, before he is allowed to begin the treatment. Experience from the field shows that the requirement of partner contact/victim service is also important from the perspective of change. When the man approves partner contact/victim service, he is helping to break the silence regarding the violence and begins a process of taking responsibility for the violence he engaged in. What the duty of confidentiality means to a therapist should also be clarified for the parties involved in order to create a good therapeutic relationship.

**Support for children**

In light of our knowledge of children’s vulnerability when they live with men’s violence towards women, interventions for a man also need to be associated with some form of support for the children in his surroundings. In addition, many children who have experienced violence in their family have visitation with the fathers, even if the parents separated, which also indicates that there is a need for safety-focused support for the children themselves if they have contact with a father who is involved in an intervention due to violence.

First of all, we cannot assume that a parent knows about a child’s vulnerability in relation to the other parent. If the parents are separated, it is more difficult for the parent who is a victim of violence to gain a full understanding of the situation of the child when the child is in contact with the battering parent. Thus, if the child has contact with the father, a security-focused intervention is needed that should be directed to the child.

When making decisions regarding this, the child should be heard as to how contact with the battering parent should function. Support to the child must provide opportunities to monitor how the contact between the parent and the child may be affected or changed during the time the parent participates in a programme of treatment for batterers.

Research has highlighted the child’s need for support. Despite this, however, there are still few models described and researched, and this makes development and improvement efforts in this area very urgent.

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Note. 68. See SALAR (2011), Chapter 5.
Summary

- There must be routines for on-going risk assessment and safety efforts during work with a batterer.
- Structured risk assessment methods are preferable to clinical assessments.
- There must be an offer of partner contact/victim service and support to children connected with work with a batterer.
- There must be routines to ensure a fast and clear reaction to continued violence.
Interventions adapted to target groups

In addition to being related to the risk level, interventions must also be adapted to the individual man. A man may need several different types of help. Some of these needs can directly impact his battering behaviour, while others do not necessarily do so. It may be, for example, that the man in question, in addition to having problems related to violence, also needs help with an addiction or a mental illness. In that case, it can be important to offer several different interventions, which, inter alia, will enable the man in question to complete the intervention against violence, which, in turn, increases the probability that he will cease engaging in violent acts.71 Another type of intervention-related need may be linked to the man's social network. Does he socialize with friends and relatives, for example, who may excuse or exacerbate his violence? What is important from a quality perspective is that those different needs be investigated and assessed, and that the work with the man in question is adapted to his specific situation and needs.

Designing interventions that are specially adapted to various groups of men is, for the present, an area for development in Sweden. There are few who are working with interventions for those committing honour-related violence, with violent men who primarily engage in intimate partner sexual violence, with violent men who take advantage of their partner's functional impairment, young men who have engaged in intimate partner violence, as well as culturally sensitive or culturally focused interventions for violent men. The type of specially-directed interventions that are most developed are efforts for battering fathers and men who have responsibility and care for children, too.72

Note 71. See further, SALAR (2011), Chapter 6.
Personal capacities and circumstances

The principle that interventions should be based on needs also relates to adapting routines and methods to the individual man with respect to educational level, language mastery, learning style, cognitive ability and cultural background. The assessment of these aspects is important in making a decision as to whether the man in question will be offered an individual or a group intervention.

The research literature sometimes divides batterers into various categories based on the victims of violence (against partners and children, only, or more generally), and to what extent the violence has been repeated and associated with power and control. To a certain extent, categorization is also done based on personality disorders, if any. There is currently a dispute as to how well founded and useful this type of categorization is when applied to interventions directed to batterers. It has proven to be rather complicated to link specialized personality traits with types of violence and perpetrators to various interventions that succeed in stopping violence. On the other hand, there is relatively strong agreement that risk assessment and knowledge of the degree of danger presented by violent men are important conditions in being able to choose an appropriate intervention.

Type of violence

Other needs for adapting interventions relate, inter alia, to the type of violence the man in question engaged in. Some men primarily engage in sexual violence, and this needs to be taken into consideration in choosing an intervention. A challenge in this regard is that interventions that are directed to men’s intimate partner violence, on one hand, and sexual violence on the other, currently are considered two separate areas of knowledge and practice. One area requiring future improvements is linking interventions against men’s use of sexual violence to knowledge about men and masculinity norms.

Note. 73. Olver et al. (2011), Woodrow & Bright (2011).
Note. 74. See e.g. Holtzworth-Munroe & Stuart (1994), Johnson (2008).
Note. 75. Jarl and Stolt (2010).
Note. 76. For an example of how a theory about masculinity norms can be linked to men’s engaging in sexual violence, see Berg (2017).
Substance abuse and mental illness

As already mentioned, there can sometimes be additional problems that must be worked on together with the battering, such as substance abuse or various other forms of mental illness. Research on the incidence of intimate partner violence and risk factors for violence between partners indicate that substance abuse of alcohol and drugs, *per se*, do not explain the violence.\(^77\) At the same time, it is well documented that many of the men who engage in violent behaviour against women also have a substance abuse problem. Research in this area discusses the importance of taking note of this double problem, and integrating interventions for handling substance abuse with work with men who have engaged in battering.\(^78\)

Other forms of mental illness must also be noted. If there are signs of serious psychological dysfunction, specially adapted interventions and cooperation with psychiatric healthcare may be required. One general recommendation based on existing evaluations is that the issue of mental illness should be considered to a greater extent in work with violent men.\(^79\) Research has noted a number of different problems relating to mental illness, such as depression, in violent men who have participated in batterer intervention programmes. The incidence of substance abuse and other forms of mental illness in certain violent men brings up the issue of how social services and the healthcare system cooperate on interventions for violent men, and how responsibility for various parts of the interventions are divided between municipalities and county councils.

Responsibility for care of children

Another example of the need for adaptation relates to cases where the man has responsibility for the care of children, which brings up the issue of parenting ability and the need for interventions directed to the man in question as parent, and as an adult with responsibility for the well-being of the child. Chapter 2 describes the Canadian *Caring Dads* programme, as an example of an intervention directed to batterers as parents. Those who developed the programme stated that existing parenting programmes, such as “The Incredible Years”, are not appropriate for work with fathers who use

Note. 77. See e.g. Capaldi et al. (2012), Longobardi & Badenes-Ribera (2017), NCK (2014).
Note. 78. See e.g. Johansson (2010); Murphy & Ting (2010); Thomas & Bennett (2009); Ting et al. (2009).
Note. 79. Corvo et al. (2008); Gondolf (2002 & 2012).
violence against women or their children, as these fathers have special treatment needs.\textsuperscript{80} As controlling behaviour, feelings of ownership, and self-centeredness are the primary problems of these fathers, this intervention should not begin by focusing in various ways on increasing parental control over the children. At the start, batterers are also seldom prepared to change their parenting, which highlights the importance of motivational efforts early on in the intervention.

One experience of work with violent men in the field is that the desire to be a good father, and thus serve as a good example for one’s children, can be a strong motivational factor for a violent man. Different views of children and parenting can be a source of discord, and an underlying factor in the battering. Parenting can therefore often be a constructive way to begin efforts to make a change in the man. The will to be a good father can also be a way to understand the child’s perspective and to help the man see relationships in the family from the child’s point of view.\textsuperscript{81}

**Young men**

Sometimes the batterer can be young and uses violence in the intimate partner relationship. Internationally, violence in relationships between young people (often called “dating violence”) has been noted, both as a question for preventive interventions, and when violence occurs.\textsuperscript{82} Generally, amongst young people, it is more common for women to engage in violence, or for both parties to do so, compared with the situation in older age groups. At the same time, researchers in this area indicate that in the case of young people, there is a gendered pattern in that young women report being subjected to serious violence – violence resulting in injuries and sexual violence – to a much greater extent than what the case is for young men. It is also more common that young women are subjected to several forms of violence at the same time, such as physical, psychological and sexual violence. Young women also report greater fear as a result of the violence, as well as more violence after a relationship has ended. This gendered pattern is also seen in the higher incidence of violence in self-defence amongst young women, as well as the fact that young men reported a higher incidence of subjecting their partner to controlling behaviours.\textsuperscript{83}

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Note. 80. Crooks et al. (2006); Kelly & Wolfe (2004); Scott & Crooks (2004).
Note. 82. Eriksson (2016).
Note. 83. Barter et al. (2009). See also Hokoda et al. (2012).
Internationally, there are various examples of specialized work, such as a group programme for teenage batterers. In Sweden, however, violence in young couples’ relationships is an under-researched area with low numbers of specialized interventions, which is why there is a great need for development and improvement efforts. Another matter that should be taken into consideration is that cyber violence is a more central issue in research about violence in young couples, and studies show that there is a correlation between violence online and other kinds of violence. Online violence is one more component in a pattern of power and control both while a relationship exists, and/or after it has ended.84

Other differences that should be taken into account in the work with young men are how violence is perceived by young people, and by their surroundings. A Swedish study about violence in young couples shows, inter alia, that the practice of placing the guilt on the victim can be stronger when it concerns young persons, compared to adult perpetrators and victims of violence.85

Cultural adaptation

In Chapter 1, we stated that critical examination of cultural notions and expectations, especially masculinity norms, is of key importance in work concerning men’s violence against women. When designing interventions directed towards batterers, additional forms of cultural adaptation can be required, as well as an active approach to cultural minority and majority positions.

As mentioned above, interventions adapted for men who engage in honour-related violence is an area for development and improvement, especially with regard to efforts to promote change and treatment. Internationally, research has not highlighted the problem of honour as an independent area of batterer intervention. On the other hand, the question of ethnic minority positions has been highlighted, and it has been stated that if a batterer belongs to an ethnic minority, there can be specific requirements as to how the intervention can be offered and implemented. There have been discussions regarding to what extent programmes to promote change and other interventions are appropriate for men from ethnic minority groups. The discussion regarding the need for cultural adaptation has, inter alia, problematized both the way to approach, and the ways to work with, men from minority groups. One key issue has been that the professionals working with batterers are often predominantly members of the ethnic majority, which affects efforts with violent men from ethnic minorities. Another issue has been the extent to which the
interventions need to be adapted, as there are culture-specific assumptions about men, violence, family, etc, built into the models. Finally, the research debate has also brought up the issue of to what extent work with these men should take into consideration discrimination and inequality associated with ethnicity and racialization.

Up until now, there have been few examples of studies on culturally focused interventions, and more research is needed. However, research indicates the importance of the assessment of suitable interventions also taking into consideration the cultural identity and self-image of the batterers. The method of ignoring culture can have especially negative effects in approaching men who strongly identify with a minority culture, or who have experiences of discrimination and institutional racism.

Cultural adaptation is not just about minorities, but also about the majority culture. Experiences of work with violent men in Sweden indicate that certain men from the Swedish ethnic majority may encounter difficulty in recognizing themselves in the description of violent men that is communicated in programmes from the United States and the United Kingdom, for example, where violent men can be presented as having attitudes of gender-inequality that extend to financial matters, household work, and responsibility for children. Swedish men, however, can engage in violence and violate their partner’s sexual integrity, even though relations are more “gender-equal” with regard to unpaid care work, division of household work, and responsibility for children. Cultural adaptations of interventions are, in other words, an area for development and improvement both with respect to minorities, and the majority, in Sweden.

**LGBTQ relationships**

Interventions for violent men also need to be available for men for engage in violence against a male partner. Existing research shows that violence in Lesbian, Gay, Bisexual, Transsexual and Queer relationships (abbreviated LGBTQ) is relatively common. According to a major study conducted in Sweden, approximately one in four LGBTQ persons has been the victim of some form of psychological, physical or sexual violence committed by a current or former partner. This vulnerability also applies to young persons.

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Note. 87. Gondolf & Williams (2001).

Note. 88. Eriksson et al. (2006).

Note. 89. Hester et al. (2010), Longobardi & Badenes-Ribera (2017).

Note. 90. Holmberg & Stjernqvist (2006).
There are studies that indicate violence in couples relationships can be just as common, if not more so, amongst LGBTQ youth, as compared to heterosexual youth, with young transsexuals being an especially vulnerable group.91

It is worth noting that even studies of violence in LGBTQ relationships show a gendered pattern in battering and vulnerability. Men, for example, subject their partners to sexual violence to a larger extent than what women do, while women primarily subject their partners to physical and psychological violence.92 These tendencies have also been described in relationships involving LGBTQ youth.93 Other specific patterns to take into account in working with violent men in LGBTQ relationships is how the very identity of an LGBTQ person can trigger the battering, especially when the victim is in the proverbial closet. The batterer can use the fear of homophobia to prevent the victim from seeking help, or threaten to “out” the victim’s identity as an LGBTQ person.94

Sammanfattning

- Activities that are directed to violent men should have routine methods to uncover severe mental illness and substance abuse.
- Activities that are directed to violent men should work with an intensive intervention during the first months if the target group are men who have engaged in a great deal of violence or committed other crimes of violence.
- Activities that are directed to violent men should adapt the interventions to the personal conditions of the man in question and the type of violence he engaged in.
- There can also be a need for adaptations for young men, men with responsibility to care for children, cultural contexts, and men who engage in violence in LGBTQ relationships.

Note. 91. Dank et al. (2014).
Note. 92. Hester & Donovan (2009); Holmberg & Stjernqvist (2006).
Note. 93. Dank et al. (2014).
Note. 94. Dank et al. (2014); Longobardi & Badenes-Ribera (2017), NCK (2009).
Working with the batterer’s approach to change

An additional adjustment of interventions for individual men relates to an assessment of the receptiveness, motivation, and propensity to change. In other words, does the man have an honest desire to change, and is it possible to work with him?95

Motivation efforts

Motivation efforts are a central component in the interventions directed to violent men. These efforts include motivating the man to engage in the interventions and various activities with a goal of having the man remain and complete the intervention. As dropping out increases the risk of recidivism, ongoing motivation efforts are very important.96

Attitudes that prevent change

Violent men can approach violence in a number of ways. Some of the men deny that they engaged in any violence, while others can admit that something happened, but at the same time provide explanations why what they did was not violence. Others can accept responsibility for what took place, but at the same time, they do not feel they are guilty of violence. Finally, there are violent men who accept both the responsibility and the guilt for what they have done.97 The batterer’s attitude toward responsibility and guilt is a very important factor in his motivation to seek help for his violent acts.

Note. 95. Radatz & Wright (2016).
Note. 96. Olver et al. (2011).
Working with the batterer’s attitudes must be done with an understanding of how masculinity norms affect and support violence. One way to explain why men can continue with intimate partner violence is that they do not perceive their actions as violence. Men may not realize that they engaged in violence until they seriously injured the woman as a result of aggravated violence. Otherwise, the men feel they were just involved in an argument or row. Research regarding violent men in treatment show that it is not until the men place the events in their context that they begin to identify their actions as violence or assault.98

It is common for men who have engaged in violence to use various forms of rationalization to explain their behaviour. Examples of these can be that they were provoked, were stressed out or pressured, and because of this they reduce their responsibility and attribute the reasons to external factors.99 Violent men often have difficulty accepting that they are women-beaters.100 The violence is separated from the batterer’s own identity, so they can emphasize that they see themselves as a “nice” or “normal” man who admittedly has done some terrible acts. The batterer hides, normalizes and makes light of his actions, and ascribes guilt and shame to the woman. These attitudes towards one’s violence can also be viewed as a way to handle the shame associated with being exposed as a batterer.101

Working with violent men’s attitudes becomes important from a woman’s and a child’s perspective, as well, as the man’s (father’s) view of reality also affects the woman and the children.102

Note. 98. Gottzén (2013).
Note. 100. Gottzén (2013).
Step by step change

When working with a violent man, it is important to adapt the intervention to where he is in his process of change, and how receptive he is to change.\textsuperscript{103} The change can be illustrated in the form of a spiral with different levels. See Figure 6.\textsuperscript{104}

At the first level in the spiral of change, the person is not aware of the need to change, and he has not begun thinking about it (pre-deliberation). At this stage, it is not certain that the man is even receptive to attempts to offer him an intervention. What is needed, instead, are efforts to get him to see the violence and its consequences, both to him and to those he has victimized. It is not until the next level (deliberation) that the man begins to realize the disadvantages of his behaviour, and starts thinking of changing. In this phase, the man re-evaluates the advantages and disadvantages of violence.

Note. 103. Eckhart et al. (2013).
Note. 104. This model for change is usually called the trans-theoretical model. See Miller and Rollnick (2009), Prochaska et al. (1992).
The next stage is the preparation for change, during which the man also tries various change strategies. It is not until the fourth phase (implementation) that he takes action and begins to take responsibility for the violence and for himself. The process of change ends in a maintenance phase, during which the man tries to keep the change he has achieved.\footnote{105}

An additional aspect relates to the batterer’s receptiveness to the change. Receptiveness is determined inter alia, by what degree of urgency the change has for the man in question, and what belief he has in his own ability to change.\footnote{106} This is illustrated in Figure 7.

\begin{figure}
\centering
\includegraphics[width=0.5\textwidth]{batterer-receptiveness-to-change.png}
\caption{The batterer’s receptiveness to change}
\end{figure}

Motivational interviewing (MI) is often used as a method, and is adapted to the change phase the man is at during the time in question. If the man’s degree of urgency is low, the sessions are needed to help raise it. With a high degree of urgency, the sessions can instead be focused on raising the man’s ability to believe in himself, or to concretize the steps he needs to take in order to achieve or maintain a change in his behaviour.

One important question regarding quality improvement is how the structure and content of the intervention can contribute to maintaining the man’s motivation, and contribute to his continued progress in the process of change.\footnote{107}

Note. 105. See also Farbring & Forsberg (2010).
Note. 106. Miller & Rollnick (2009).
Summary

- Batterers often have attitudes that prevent change. Traditional masculinity norms are risk factors on the individual, relationship, group and societal levels, as they affect and support violence. It is also common that the batterer hides, normalizes, makes light of his actions, and ascribes guilt and shame to the victim.
- Motivational efforts are a key aspect of interventions directed to the batterer.
- Motivational efforts are important both to cause men to seek help, as well as getting them to remain in, and complete their interventions.
- Change often comes step by step, and motivational efforts need to be adapted to the change level the man is on now.
Choice of intervention

Beginning with the general literature about crime-prevention interventions, we can reach a conclusion that the intervention should include elements from cognitive behavioural therapy (CBT) and social learning theory, especially if the batterer is at high risk for continued violence.\textsuperscript{108} It is difficult to draw more specific conclusions at present, based on the research in this area.

Information about conventional batterer intervention

From an international perspective, the conventional intervention directed to violent men are psychoeducational groups, inspired by the batterer intervention programme that was developed in Duluth, Minnesota in the 1980s, the Domestic Abuse Intervention Project (DAIP).\textsuperscript{109} The interventions that have been studied most are these conventional programmes of the Duluth model, and various types of cognitive behavioural therapy given in groups. In most of the cases, the interventions are connected to the justice system, and the men have been sentenced to treatment.

A number of meta-studies have been conducted during the past 15 years that indicate flaws in the evaluations that have been made so far, and the need for continued studies so that it will be possible to decide which are the most efficient interventions directed to batterers.\textsuperscript{110} These studies provide a basis for cautious optimism as to the possibility of contributing to reducing violence through interventions for batterers, even though there has been a paucity of favourable effects documented up until now.\textsuperscript{111}

Note. 108. Radatz & Wright (2016).
Note. 110. Arias et al. (2013); Babcock et al. (2004); Babcock et al. (2016); Eckhart et al. (2013); Feder et al. (2005); Smedslund et al. (2007).
Note. 111. For example, Babcock et al. (2004); Murphy & Ting (2010).
When interpreting and using results from this type of meta-studies, one should bear in mind that the men who took part in the evaluated programmes can be deemed to be difficult to treat, as in many cases, they had no motivation, and had not sought help of their own volition, but rather had been sentenced to treatment. In addition, in most cases, the meta-analyses related only to physical violence, and the report of total repeated violent acts, but not the change in the patterns of violence over time. Reductions in the incidence and severity of violence, however, can mean a great deal in the situation of the victims, and can also prove to be important in developing and improving interventions.\footnote{112}

In summary, the evaluations that have been made up until now do not give any clear ground for determining which type of intervention should be offered to violent men under municipal and county council auspices in Sweden. An additional difficulty when choosing an intervention to offer is that the names of the various interventions do not necessarily reflect their actual content. For example, programmes that claim to be based on the Duluth model often have many features of cognitive-behavioural therapy, and programmes that claim to be based on CBT may include elements from the Duluth model to such an extent that the two interventions may be very similar to each other, even though they are called by different names.\footnote{113}

### Information about interventions in Sweden

Another challenge relates to the fact that the interventions that are currently offered by entities operated by municipalities, county councils and independent organizations in Sweden, at least partially, are based on traditions other than that of the Duluth model.\footnote{114} An important source of inspiration is the work developed at *Alternativ til vold* (ATV) in Norway. Somewhat simplified, this intervention model can be described as semi-structured, and efforts to work with the men are based on the idea that the men themselves seek help when they feel they are in a crisis.\footnote{115} They are offered three initial sessions that include a survey of the violence involved. This is followed by either individual or group sessions. Regardless of the form the intervention takes, the intervention process is characterized by five different phases. The first phase relates to the violence, and at least three violent episodes (the first, the most recent and the worst) are reconstructed and discussed in detail. The idea behind this is to show the man a close-up of his battering, and get him to see

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Note. 113. See Babcock et al. (2004), Cannon et al. (2016).
this violence as a reality and a problem. The next phase emphasizes the man’s responsibility. The man in question should gain insight about his responsibility for his actions and feelings and learn to communicate his willingness to take that responsibility in word and deed to those around him, especially those who are victims of his violence. The third phase emphasizes the context of the violence. How did it arise? What function did it fill, and how did it relate to the past and present life situation of the man in question? The fourth phase examines the effects and consequences of the violence. Here, empathy with the victims, their situation and their feelings, are key parts of the work at this point. The last phase of these efforts for change is focused on providing alternatives to violence. The ATV model requires an active approach from the therapist in his or her work with men who engage in violence against women. The professional must have a clear approach to men’s violence, and to relations between the genders. At the same time, this active focus and clarity regarding men’s violence must be combined with respect, support and empathy when encountering the individual man. This is a fundamental condition for effecting change and improvement.

Additional examples of influences other than the Duluth-model include interventions that are partially based on systems theory, or the varied basis of the work conducted at Swedish crisis centres for men. Most crisis centres use an approach inspired by a combination of pedagogics, cognitive-behavioural therapy, and crisis psychology, even though there is generally an emphasis on one of these. In addition, with a few exceptions, none of these interventions are manualized, nor are they described in enough detail to enable an observer to assess whether they include the various components that are discussed in research literature. One can ask, for example, to what extent an intervention is psychoeducational, how much CBT does the intervention contain, and to what degree one works with mentalization. This means that although there can be a great deal of experience of an intervention and detailed professional knowledge of how to work with it, there may be no evaluations of what effects the intervention produces.

When choosing which intervention should be offered, one needs to realize that the target group for programmes under the auspices of Swedish municipalities and county councils tend to at least partially differ from the target group for which the programme was evaluated. Internationally, interventions for individuals with high risk of recidivism have been researched most, while these entities in Sweden can work not only with men who are at high risk for recidivism, but also with those who are at medium and low risk for future violence.\footnote{Note. 116. National Board of Health and Welfare (2010).}
Keep up with developments

The area of interventions for batterers continues to develop rapidly; new and promising results are being published all the time. In recent years, for example, there have been many attempts to improve the effects of interventions by adapting them more to individual men.\textsuperscript{117} From a quality improvement perspective, this dynamic state of knowledge of intervention models requires decision-makers, administrators and practitioners that work with batterers to carefully monitor developments in this area.

Summary

- The basis for interventions that work with batterers should be one or several evaluated interventions and/or models.
- There must be a clear description of the intervention so that it can be evaluated.
- The target group and its various treatment needs must be defined.

Note. 117. Eckhart et al. (2013).
Quality assurance, monitoring and evaluation

An important part of the quality assurance of interventions is treatment fidelity, that is, how faithfully they adhere to the method used, and this relates to how the intervention is implemented and whether it is continually evaluated. Another key area is an understanding of the special challenges involved in working with batterers, as well as education and knowledgeable supervision for the professionals implementing the intervention.

Adequate education, skills and expertise, and supervision

In order for interventions to be implemented as intended, the professionals that work with the men must have adequate expertise and skills regarding the areas of masculinity and violence, intimate partner violence, and working with violent men. Today, there are academic-level educational programmes regarding men’s violence against women and violence in close relationships at many universities and colleges. Pursuant to a government decision, ordinances for professional degree programmes in physiotherapy, law, medicine, psychology, social work and dentistry will be changed in 2018 to include required topics on men’s violence against women and violence in close relationships. Despite this, however, it is more difficult to find education that specifically relates to work with violent men, as this is an area that is still developing. Regardless of available education through ordinary courses at universities and colleges, the authority responsible for this area should also be responsible for ensuring that its personnel receive adequate basic education regarding

Note. 118. Radatz and Wright (2016).
violence against women. They also need education about the specific interventions that their unit offers, as well as knowledgeable supervision. One experience from work in the field is that working with various forms of violence demands a great deal from the professionals involved. Consequently, each unit dealing with violence should have access to outside guidance and supervision, with a supervisor that possesses specific skills and expertise relating to men’s violence against women and intimate partner violence.119

**Handling conflicts between accounts of violence**

One aspect of the need for supervision is related to the specific interventions offered. Another part relates to the challenges of working with men’s violence against women, and especially with violent men, regardless of which intervention is chosen. When men engage in violence against a woman with whom they are, or have been in a close relationship, there are at least two accounts of the violence – the victim’s and the batterer’s. Hearing the batterer and his victim give differing accounts of the violence and abuse involved is a common situation encountered by professionals in various agencies, including programmes and activities directed to batterers. This is illustrated in Figure 8.

**Figure 8.** This picture illustrates examples of various versions of the same event, which is common in cases that relate to violence120

Note. 120. This figure is taken from SOU 2015:55, page 173.
In the various accounts of the violent incident, there is often an underlying conflict, and there sometimes is very little agreement between the accounts. It becomes a matter of “he said, she said”. The violence has often been committed within the home, and is hidden from the outside in various ways. The person identified as the batterer may not meet the notions that his surrounding may have of a “monster”, and the alleged victim may also not meet the expectations of how a victim should be and act. Both professionals and friends and relatives of the batterer and the victim who learn about the violence may express doubts or be afraid of pre-judging an innocent person before he is found guilty. The choice of words used to describe the violence can also contribute to making the accounts murky and difficult to relate to. Sometimes people speak about a mutual “row” that both the parties are equally at blame for, when in reality, the incident was one involving an aggravated assault for which only one of the parties is responsible. The discrepancy between the accounts of the batterer and the victim often create the basis for conflicts that can arise in the cooperation between different agencies and organizations. A basic knowledge of the mechanisms and expressions of violence must therefore exist within the entire coordinated intervention system.

To accommodate the fact that the perpetrator and the victim give differing accounts, and to initially take sides with the victim is a major challenge for the entities involved, but it is tremendously important to prioritize the victim’s safety.

Handling the risk of collusion

A professional’s work with batterers presents special challenges in handling the often powerful projective reactions displayed by the man. He denies, hides, makes light of, and often interprets things his way so as to ascribe guilt and shame to the victim. A professional who meets and works with a batterer must have a good knowledge of violence and the reactions of its victims, trauma reaction, survival strategies and counter-reactions. Based on this knowledge, a professional working directly with the batterer must do the following:

› Prioritize the security and safety of women and children.
› Recognize the violence.
› Stop blaming the victim.
› Clearly display the violence and its consequences.
› Do not legitimize or minimize the violence.
› Advocate a change in the way women are viewed.
› Be clear about responsibility and guilt.121

Note. 121. Olsson (2017).
A professional also needs to create a positive working alliance with that part of the man who wants to change. For the professional, it is important to seek comprehensibility and try to understand the batterer and to some extent, try to create a relationship with him. Going beyond seeing him as a devil, taking the time to listen to and believe what he says, the professional must create a trusting relationship. At the same time, however, the profession should always be suspicious and know that he or she is not getting the entire story.

Partner contact/victim service enables professionals working with the batterer to obtain knowledge and information about the men and their past and present behaviour. This can often include brutal and horrendous incidents of violence and abuse. At the same time, a meeting with the violent man may have its pleasant and useful moments. These divergent pictures of the batterer are difficult for the professional to deal with. When meeting with a violent man it is crucial to be able to distinguish the person from the violent acts, and to continue to believe that every person can change.122

Both research and experience with violent men have noted the risk that the professional may collude with the perpetrator violence that the man committed. In other words, consciously or subconsciously contributes to the lessening or hiding of the man’s violent acts.123 Education and supervision help to counter this. The literature emphasizes, inter alia, that male professionals that work with violent men face a particular challenge, as sometimes there may be only a subtle difference between, on one hand, trying to create a good therapeutic alliance with the men by bringing up experiences that men have in common, and on the other hand, entering into collusion with violent men, and thereby maintaining the notions that contribute to violence.124 In addition, women and men as professionals may have different ideas of what should be viewed as collusion, and this can also create tension in working teams.125

Note. 122. Navis (2017), and discussions with professionals with lengthy experience of working with violent men under the auspices of the SALAR Network to Combat Violence Against Women.
Challenges for helpers

Experiences from the field also reveal additional aspects of challenges that professionals face. Examples of these can include the fact that violent men are a group for which guilt and shame are prominent affects that very much influence that relationship between the professional and the batterer. This is a client group that to a large extent makes light of the violence, and this, in turn, demands that the professional keep the focus on the violence. The relationship between the man in question, and the professional is what carries the client through the process of change. For the professional, it can be a demanding and difficult process to understand how badly the man treated both those who are close to him and himself, as well. The emphasis of the batterer’s accounts both of this own vulnerability, and of what he subjected others to can affect professionals in different ways at times, and sometimes it can be difficult to continue with the work. The professional can experience a type of empathy-fatigue when working, as it becomes difficult to manage to understand the batterer from his own perspective. The professional loses with ability to empathize with the situation of the batterer for a shorter or longer period.126

Particularly in cases where the workload is heavy, and support is inadequate, there is a risk that a professional who works with batterers may suffer from secondary trauma. Signs of secondary traumatization may include a feeling by the professional of becoming more “thick-skinned” or cynical. This can also lead to avoidance of social contact, somatic problems, stress or sleep disorders.127 It is therefore important to have supervision and guidance, and the support of colleagues, as well as managers taking responsibility for the personnel’s situation.

Experiences of supervisors also indicate that a key part of working with issues of violence for long periods of time is being able to take care of yourself and monitoring yourself regularly for warning signals about how your own mental and physical health is affected by this demanding work. Professionals who work with issues of violence are advised to cultivate self-compassion and strive to achieve a balance in life based on one’s private and professional priorities.128

Note. 127. Devilly et al. (2009).
Evaluation as part of the model

In The various components of the interventions used need to be continually evaluated to ensure work quality, treatment fidelity and the application of the interventions as intended. Evaluations can range from monitoring how intake procedures and risk assessment are working, to studies of what happens in meetings between the professional and the batterer, and even an evaluation of how well the routines for monitoring are working.

When starting new units or interventions, the need of evaluation must be considered. The fundamental premise should be making a unit evaluable from its inception. This requires, inter alia, a detailed description of the intervention or interventions offered, and a well-thought-out plan for documenting and monitoring the work.

Systematic assessment

A first step and minimum level regarding the compilation of a knowledge base about the activity conducted and the interventions offered in units directed to batterers includes assessments of the men seeking help and their need of help, as well as the needs of their partner and any children who may have been adversely affected by violence.

Systematic monitoring

The next step consists of efforts to bring about the systematic monitoring of the men who have been offered interventions, as well as the partners and children who have been offered support through partner contact/victim service and support for children.

Systematic monitoring consists of documenting the work and describing and measuring on an ongoing basis the problems and needs of individual users, the interventions they receive, and the results produced through interventions. The knowledge that this systematic monitoring contributes is useful in improving the hands-on work with users (individual monitoring), as well as in developing the intervention or unit (intervention development) by compiling the information on the group level. In combination with more developed, systematic and knowledge-based assessments of the men who take part in the interventions, and their needs, systematic monitoring before, during and after the intervention provides important and detailed information on the local level that can serve as a basis for continuing quality assurance work. The National Board of Health and Welfare currently offers

support to municipalities and county councils that wish to improve their efforts by systematic monitoring, and there is even a special module developed for the area relating to violence.130

The users’ perspective

The needs and requests of the users involved are a key aspect in the discussion of evidence-based practice, as are documented effective methods and professional expertise and experience.131 Including the users’ perspective in evaluation has become an increasingly important issue in the field of social work.132 Ultimately, this is about power and the perspective that should apply as the general premise for interventions against violence (sometimes known as privilege of interpretation). Often some form of user satisfaction is included in the evaluations that are done. Evaluation research, however, has criticized this type of measurement, among other reasons, because it gives a very limited view of a user’s experience and perspective. When a user is asked how satisfied he or she is with the intervention, the user thinks primarily of matters that relate to views on his or her own case. If users instead are viewed as experts because of their experience, this role would require them to contribute opinions about how the intervention is working for the user group, in general. The issue of how the users’ perspective should be used in evaluations of interventions for violent men is complicated by the fact that not only the perspective of the batterers must be considered, but also that of their partners/victims and children.

Evaluation of coordination

Coordinated interventions and cooperation place demands on both top elected officials and civil servants, as well as on structures for cooperation between the actors that are meant to work together against men’s violence.133 When improving the quality of entities and interventions, it is important not only to evaluate the interventions directed to men and to the partners and children in their proximity, but also the coordination of the intervention. Evaluations of the effects of coordinated interventions present a number of methodological challenges, but despite these difficulties, this type of evaluation is necessary

Note. 130. The National Board of Health and Welfare has developed a computer-based tool called SUV for entities that work with intimate partner violence for 1) victims and 2) batterers. Entities can register their interest in using SUV by contacting the National Board of Health and Welfare.

Note. 131. Oscarsson (2009).


Note. 133. See SALAR (2011), Chapter 7.
and can provide knowledge useful for improvement and development efforts.\textsuperscript{134} It is important in the context of these evaluation that the safety of women and child victims be viewed as a paramount value, so that the evaluation does not focus on other things, such as the number of cases of violence reported to the police, or how efficient the coordination of interventions is from the perspective of government agencies or entities. In order to focus on the safety of the victims, risk and safety studies of how cooperation and coordinated interventions function in reality for women and child victims are needed.\textsuperscript{135}

**Summary**

- Work with various forms of violence is demanding for professionals and can create challenges relating to cooperation within and between various entities and interventions.
- Each unit dealing with violence should have access to outside supervisors and/or consultants with specific expertise regarding men’s violence against women and intimate partner violence.
- The professionals who work with batterers need to have adequate basic knowledge about issues of masculinity and violence, intimate partner violence and work with violent men.
- Professionals who work with violent men must constantly be aware of the risk of colluding with them.
- Working with issues of violence over time can create stress for professionals, and supervision and support are crucial for creating a sustainable working situation.
- The various parts of the interventions need to be evaluated continually in order to assure the quality of the work, and that method or methods on which the interventions are based are being used as intended.

Note. 134. Nowell (2009), Post et al. (2010).
Note. 135. Sadusky et al. (2010).
Guiding entities and activities towards high-quality interventions

This chapter summarizes this report’s most important premises, areas for improvement and challenges for those guiding their entities towards higher quality in batterer intervention.

**Basic premises**

**The intervention system and the intervention ladder**

Interventions to change batterers cannot be viewed in isolation. Interventions work as a part of an entire intervention system and how well that system works will determine how effective interventions are. In the local and regional context, the efforts to bring about change have focused on getting violent men to stop engaging in violence can be a part of an intervention ladder that extends from discovery and motivational efforts to efforts to promote change and support, treatment and finally, monitoring and maintaining the change achieved.

- Interventions for batterers should be part of a more extensive chain of interventions.
- Regular activities and entities in the healthcare system and the social services should work systematically to discover batterers and motivate them to take part in an intervention.
The motivational work is a central aspect of work with batterers, both before and during interventions.

Interventions that fall into the promoting change and support category can be part of the ordinary work of the social services, as well as offered by a specialized function or unit.

More long-term and in-depth interventions to change batterers can be defined as treatment, and subject to specific requirements as to qualifications, expertise, supervision and documentation, if the entity in question is offering treatment.

Specific routines for monitoring after the intervention are needed. There should be clear indications as to how the monitoring should function and who will be responsible for ensuring that it takes place.

Strategies for improved quality

A coordinated system with various levels of interventions for batterers can serve as a basis for strategies for improving efforts to change batterers. A first premise for increasing the quality of the work is that the entities and activities are directed to the target group that fulfils the quality requirements that generally must apply to municipal and country council entities and activities. Based on research, certain general recommendations can aid in for developing effective interventions directed to violent men and minimizing the risk that the interventions will cause any harm.

The basic premise for entities that work with batterers must be one or more evaluated interventions and/or models. If the interventions are not evaluated on the basis of how effectively they counter violence, such an evaluation should be undertaken. If the entity or activity is not currently monitored, a system for doing so should be developed.

There must be a clear description of the interventions that entity works with. Important elements of the description include the formulation of the bases for efforts regarding men’s intimate partner violence, as well as the description of various components of each intervention. If this kind of description does not already exist, one should be developed.

The target group and its various needs must be defined. If this kind of description does not already exist, one should be developed. Systematic monitoring is a support for gaining a greater understanding of the target groups an entity encounters, and the problems and needs of users.

Routines must be in place for continual risk assessments and security matters during the work with a batterer.

An offer of partner contact/victim service and support for children must be connected to the work with batterers.
> Routine methods should be in place to discover batterers with serious mental illnesses and substance abuse problems, and forms developed for referral to, and cooperation with, entities and activities for these target groups.

> Intensive intervention should be used during the first months in cases where the target group consists of men who have engaged in a great deal of violence or have committed other violent crimes.

> There must be routines to ensure a rapid and clear reaction to repeated violence by the batterer during ongoing intervention.

> There must be periodical monitoring and a clear reaction if the batterer is absent or has dropped out of the intervention.

> There must be a well-thought-out plan for documentation, monitoring and evaluation of the intervention. The perspective of users should be taken into account.

> The entity or activity should be part of the cooperation with other actors in the local and regional context.

### Areas for improvement

There are currently two areas that require improvement in raising the quality of interventions for batterers. One relates to which of the agencies has the legal duty and administrative authority to offer violent men help in ceasing to use violence and the nature of that duty, and the second one is to compile a systematic knowledge base of relating to the efforts relating to interventions for batterers in Sweden.

#### Legal duty and administrative authority

As mentioned above, there is currently no legal duty for municipalities, county councils or regions to engage in efforts to change violent men. Regulations and general recommendations regarding intimate partner violence, to some extent focus special attention on batterers who have responsibility for children, and mention that social services, should be able to offer interventions to battering parents and other adults who live with children, based on the needs of each child. Note. 136. At the same time, there is neither any nationwide control nor any clarity with respect to which are the interventions referred to, and who should have the legal duty and administrative authority for this area. Interventions to change batterers can include, inter alia, efforts to promote change and more long-term treatment. This can be psychosocial support, psychosocial treatment or psychological treatment. The differences between these

is not a precise one, but one thing is clear: psychological treatment must be conducted by the healthcare system, while psychosocial support can be provided under municipal auspices, as long as the interventions do not include healthcare or medical treatment components, but instead are within the ambit of social work. This is important to clarify because both psychologist and licenced psychotherapists are considered healthcare personnel, and psychological treatment is associated with special requirements both regarding the qualifications and expertise of personnel, as well as relating to supervision, documentation and monitoring. In addition, the Municipalities Act provides that municipalities, county councils and regions must not perform each other's functions.

Although violent men may need long-term psychological treatment to change their violent behaviour, engaging in violence against one's partner and children is not to be viewed as an illness. Consequently, it is not self-evident that psychological treatment for batterers should be conducted by the healthcare system. Currently, it is largely activities under the auspices of municipalities that expressly conduct various forms of efforts to change violent men and offer them long-term interventions.

In addition to the necessity of delineating the respective duties and administrative authority of the healthcare system and social services with regard to interventions for batterers, it is important to more precisely define the possibilities the social services have to offer interventions for violent men in the form of service interventions, in contrast to requirement of more in-depth investigations and assistance assessments, prior to being able to approve an intervention. Professionals who work with batterers stress the importance of having low entry thresholds so that it should be fast and simple for the violent men to access support. Requiring an intervention decision will make the process of seeking help more difficult for the batterer. The issue of whether an intervention should be provided as service or as assistance is also relevant to whether it will be possible to document and monitor the interventions, because processing of personal data may only take place in cases where a decision has been made pursuant to the Social Services Act.

In summary, the issue of how to assure access to efforts to change violent men, particularly in the case of psychological treatment, is an important area for future improvement and development. This is one of the issues that the investigation regarding interventions for men who engage in intimate partner violence is tasked with investigating.

Note 137. Chapter 4, Section 1 of the Patient Security Act (2010:659).
Note 140. S 2017:02, the investigation will present its final report on 1 June 2018.
**Knowledge base**

As mentioned above, there is lack of effectiveness studies of interventions for violent men offered by municipalities and country councils in Sweden. This lack of research support for the interventions currently being offered in Sweden should prompt elected officials and higher civil servants assume responsibility both for ensuring, firstly, that the interventions are described in the greatest possible detail so that it becomes possible to determine how that should be conducted and what components they should actually contain, and secondly that the effects of these interventions should be evaluated. As major effectiveness studies with a high degree of scientific quality are complicated and expensive to conduct, one important question is how existing entities can cooperate so that studies of individual interventions and activities can be combined so as to compile a broader knowledge base regarding the work being conducted.¹⁴¹

**Challenges**

There are currently a number of political decisions, both national and international, that provide that men's violence against women must be combatted and stopped. In many aspects of this, there is a strong consensus (at least in political declarations) that this work is important and must be prioritized. It is becoming more common to have local and regional action plans and guidelines that clearly express a desire to move towards efforts to combat men's violence. Practically everyone is in agreement that all women and children who are victims of violence must have their needs for support, protection and treatment satisfied, regardless of where they live or whether or not they have special needs.

Despite these good intentions and political consensus, there are still areas of deficiencies in societal interventions to combat violence especially with regard to support for the victims of violence. These deficiencies include inadequate information as to where a woman can turn for help, the lack of, or inadequate, support, support that does not satisfy a woman's specific needs, and unnecessary formal requirements for the victims of violence. There can also be a lack of cooperation amongst government agencies.¹⁴² As shown in this publication, there remains much to do in order to improve work with violent men.

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¹⁴¹ See e.g. Woodrow and Bright (2011).
¹⁴² E.g. Ekström (2016).
Handling the struggle for privilege of interpretation

Despite the political consensus, there are also conflicts regarding the perspective that should apply as the general premise for interventions against violence (sometimes known as the privilege of interpretation). As highlighted in the National strategy to combat men’s violence against women and honour-related violence and oppression investigation, there is an ongoing conflict in this policy area both as to the privilege of interpretation and about what should be considered the “correct” knowledge and focus for future work. The dispute primarily centres on whether the main explanations for men’s violence against women and honour-related violence and oppression should be sought on the individual or the structural level. In addition, there are also differences when it comes to perspectives regarding power and gender.143

As early as in 2005, the public inquiry on gender equality highlighted how different ways of understanding violence can lead to different societal responses. These different ways of understanding the problem, however, can also lead to the same interventions. There is a risk that conflicts regarding the “correct” model to use for an explanation can be counter-productive, and that it is more important to evaluate and improve the results of given interventions.144 It should also be noted that there is a very clear political consensus regarding the need to stop men’s violence against women, and this consensus can be seen by the fact that successive governments with varying political compositions have prioritized this issue, and that Sweden has signed various international conventions.146 Thus, in the local and regional context, elected officials have played an important role in handling this tension and finding constructive ways to proceed in order to ensure that political intentions and commitments get transformed into local and regional practice and that interventions directed to batterers maintain a high level of quality.

Improving and developing activities in a politically charged area

In order to progress with the work of improving and developing high-quality interventions for batterers, agencies and organizations must change. Interventions against violence need to be integrated with ordinary structures to a greater extent. There must be an increase in knowledge of this area. Efforts to combat violence must be prioritized with adequate resources allotted and improved control and leadership.

As is the case with all organizational changes, there may be an unwillingness to change or even open opposition. Organization research views opposition

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Note. 143. SOU 2015:55, pages 50 et seq.
Note. 144. SOU 2005:66.
as something that naturally arises, regardless of whether the changes relate to improving efforts towards gender equality and combatting men’s violence against women or developing and improving efforts in entirely different areas. Efforts to bring about change are difficult regardless of the area in which the change is to be made. Studies of organizational change and implementation show that information, education or training, alone, do not necessarily result in a change of behaviour. Successful efforts to bring about change require, inter alia, political, financial and organizational support, and often requires several different strategies and persistent efforts in order to achieve the changes desired.146

In addition to the general difficulties of bringing about change in an organization, effecting change in the area of gender equality is characterized by special problems and opposing. One reason for this is that gender equality efforts call into question notions and identities about ourselves as women and men and make visible power relations between the genders. In addition, men’s violence against women is an especially highly-charged gender equality issue that relates to areas that have long been defined as private, such as sexuality, family and gender relations. In addition, the discussion of men’s violence against women is a hot and controversial political issue.147 In this area, it is not possible to ignore power structures and conflicts of interests between the genders. Speaking about and illustrating men’s violence against women means illuminating the power relationship between women and men, and particularly men’s exercise and position of power, and these are unpleasant topics for many. Masculinity norms that buttress violence permeate all levels of society including the very organizations that work with batterers and victims of violence. In addition, in the general population, as well as in politics and amongst the decision-makers who are expected to lead the work and the changes, there are also both victims and batterers. All this calls for leadership and persistent work to create change.148

Creating equal conditions

One of the controversies we find in politics, research and practice in the area of violence relate to how concepts such as neutrality, objectivity, professionalism and impartiality should be applied in relation to intimate partner violence. The importance of impartiality, as well as the principle of gender neutrality (i.e. that all individuals must be treated equally, regardless of gender) are some of the most fundamental building blocks of a democratic
society. Equal treatment for all individuals is also the basis of the policy of gender equality. Based on a gender-equality perspective it is difficult to speak of intimate partner violence without speaking of gender. It is the very fact that men and women are not treated equally is why gender equality policy exists. The knowledge that women and men, and girls and boys do not have the same right to, and opportunity for, bodily integrity is the very reason why we currently have national and international conventions and declarations regarding men’s violence against women. Taking responsibility for increased quality of interventions directed to violent men is therefore an important step in achieving gender equality and to safeguard human rights.

**Getting support through the SALAR Network to Combat Violence Against Women**

The SALAR Network to Combat Violence Against Women is meant for contact persons who work to promote the protection of women and combat intimate partner violence in the municipalities, county councils and regions. A purpose of this network is to offer the members support regarding current national issues, changes and future development needs, as well as promoting the sharing of experiences and knowledge of work to combat violence against women. The members of the network have an ongoing opportunity to exchange experiences and ideas and to obtain current information about violence against women in a web forum, as well as being invited to meetings twice a year. For SALAR, this network represents a way of maintaining a continuous dialogue amongst members in order to find out their needs and protect their interests.

For additional information on how you can become a member of this network, please visit the SALAR website, skl.se/kvinnofrid.

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Changing violent men.
Changing violent men

IMPROVING THE QUALITY OF BATTERER INTERVENTIONS

One important aspect of efforts to prevent violence is an increased focus on changing men who engage in, or have engaged in, violence against women with whom they have or have had a close relationship, with special priority given to the safety and security of the victims of violence. The Swedish Association of Municipalities and Regions (SALAR) hopes that this publication will contribute to a deeper understanding of what is required in order to increase the sustainability and quality of these efforts.

This publication is based on the best available knowledge derived from existing research and the tested experience of professionals in the field about the conditions necessary for high-quality interventions aimed at changing batterers. We hope that this publication will provide knowledge needed to support improved quality of activities and entities in municipalities, country councils and regions that offer to help batterers with the process of change.

As entities and activities, as well as recidivism prevention, make up a growing but unregulated field, this publication also serves to identify important areas for future development and improvement.