PREVENTION OF DOMESTIC VIOLENCE:

Literature and document review concerning the prevention of domestic violence, support of family relations and accessibility of services in Norway

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Summary

This report is a delivery within the "Integrated System of Domestic Violence Prevention" (ISDVP) bilateral project between Poland and Norway. The bilateral ISDVP project is implemented within the framework of the Norwegian Financial Mechanism (Norwegian FM) 2014–2021 and founded by Norwegian EEA grants. EEA grants represents the contribution of Iceland, Liechtenstein, and Norway towards a green, competitive, and inclusive Europe. The PL- Justice programme is within program area no22 "*Prevention of Domestic and Gender-based Violence"* in Iceland, Lichtenstein and Norway grants priority sectors and programme areas for 2014-2021. All planned activities shall follow the Council of Europe Convention on Preventing and Combating Violence Against Women and Domestic Violence.

The main objective of the ISDVP project is to improve the system for the prevention of domestic violence (DV) and gender-based (GBV) violence. This report intends to contribute to the fulfilment of the ISDVP project's overall aim to adopt and implement state-wide effective, comprehensive, and coordinated politics encompassing all relevant measures to prevent and combat all forms of violence in Poland. Moreover, following the PL-Justice–Norwegian FM Programme's agreement, the aim of this report is to present existing solutions and alternative measures for preventing DV in Norway and to review existing methods used in Norway for providing relational support.

To achieve these objectives, desk research has been the preferable method. Desk research (also known as secondary research) reviews governmental documents and reports (e.g., child welfare services), supranational-level documents and reports (e.g., the UN and EU levels), Norwegian research reports, social services acts and academic literature.

The review shows that the Norwegian approach to prevention is very broad, as it reflects the diversity and complexity of the problem as well as the understanding of DV. The Norwegian government emphasises the interactional aspects of violence in that violence involves an influential and continuous interaction between individuals and the various situations they encounter. Important risk factors are an interaction of societal and individual factors, such as

unequal power relations between the sexes; childhood experiences of violence; cultural and subcultural factors; consumption of alcohol and drugs; family disagreements; and conflicts. DV occurs in different ways, varies in severity, occurs in many types of close relationships and can affect individuals at all ages. DV is gender biased and produced within and part of a gender order. Persons of both sexes are victimised, but generally, women are more severely hit than men. Children are also an important group here, as they become disturbingly affected by DV.

Moreover, the Norwegian experiences, positive as well as negative, also point to a set of recommendations that could possibly be related to the challenges of the ISDVP project, as it aims to improve the system for the prevention of DV and GBV and to take the necessary legislative and other measures to adopt and implement state-wide effective, comprehensive efforts to prevent and combat all forms of violence. Our recommendations include experiences and factors which may be related to the task of successfully dealing with couples, or previous couples, in partnerships that are at risk of falling into violence. Hence, we recommend the following. The actual services should have different relational and individual tools at their disposal to cope with diversified needs. The recruitment of couples to the service should be voluntarily based, with opportunities for access by different channels. A new kind of service needs promotional efforts of a different kind. This must be planned for. The development of integrated services requires a cross-sectoral competence strategy aimed at increasing phenomenon knowledge, competence in action and interaction competence among individual service providers and in individual services. Finally, although the focus in the project is on couples, it is very important to integrate gendered perspectives in all the main components of the project, it's content and implementation.
Given the severity of DV, including GBV, the prevention of violence before it occurs is urgent and inevitable to combat GBV/ DV. Because the boundaries between prevention and treatment can be difficult to draw, prevention at all levels is important.

Introduction

This report is a delivery within the "Integrated System of Domestic Violence Prevention" (ISDVP) (PL-Justice & Norwegian FM, 2020) bilateral project between Poland and Norway. The ISDVP project is implemented within the framework of the Norwegian Financial Mechanism (Norwegian FM) 2014–2021(PL-Justice Programme). The project is founded by Norwegian EEA grants. EEA grants represents the contribution of Iceland, Liechtenstein, and Norway towards a green, competitive, and inclusive Europe. The PL- Justice programme is within program area no22 "*Prevention of Domestic and Gender-based violence"* in Iceland, Lichtenstein and Norway grants priority sectors and programme areas for 2014-2021 (Iceland, Lichtenstein, Norway Grants, 2014). The Programme agreement of Norwegian FM is between The Norwegian Ministry of Foreign Affairs and the Ministry of Department Funds and Regional Policy of the Republic of Poland, the latter as the Beneficiary State. The activities focus on capacity building and awareness raising to improve the prevention of violence. The main beneficiaries are victims of violence.

With this report advice is given to the Poland as beneficiary state, and the exchange of Norwegian experience, knowledge, and best practice in domestic violence prevention. The hope is it can be of use in the implementation of the ISDV project in Poland.

The main objective of the ISDVP project is to improve the system for prevention of domestic violence (DV) and gender-based violence (GBV; PL-Justice & Norwegian FM, 2020, p. 22). DV and GBV are among the most prevalent human rights violations in the world with respect to dignity, equality and justice and can be said to be the worst forms, as they violate the right to life (PL-Justice & Norwegian FM, 2020). Combatting and preventing DV and GBV are important to support the United Nations (2016) Sustainable Development Goals, as they ensure healthy lives and promote the well-being of all at all stages (Goal #3); achieve gender equality and empower all women and girls (Goal #5); and promote peaceful and inclusive societies for sustainable development, provide access to justice for all and builds effective, accountable and inclusive institutions at all levels (Goal #16). The ISDVP project is in compliance with the Council of Europe's Convention on Preventing and Combating Violence Against Women and Domestic Violence (also known as the Istanbul Convention; Council of

Europe, 2017). Preventing and combatting DV/GBV are a central focus in Europe, and many European countries have ratified the Istanbul Convention. Aspiring to create a Europe free from violence against women and DV (Council of Europe, 2011), all ratifying parties have agreed to implement *prevention*, *protection*, *prosecution* and *coordinated policies,* which constitute the four pillars of the Convention.

Prevention is particularly dealt with in Chapter 3 of the Istanbul Convention, which amongst other things, states that all ratifying parties shall (I) promote change in social and cultural patterns of behaviour based on the idea of the inferiority of women or on stereotyped gender roles; (II) take legislative and other measures to prevent all forms of violence covered by the scope of the Convention; (III) make the human rights of all victims a central concern; (IV) ensure that culture, custom, religion, tradition or so-called "honour" shall not be considered as a justification for any acts of violence covered by the scope of the Convention' (V) encourage all members of society, especially men and boys, to prevent violence; and (VI) take measures to empower women (Council of Europe, 2011, p. 5).

The prevention of violence before it occurs is inevitable to combat GBV/ DV. However, the boundaries between prevention and treatment can be difficult to draw, and it is therefore important to clarify how prevention is understood (National Research Council & Institute of Medicine, 2009). While prevention has been defined somewhat differently across various disciplines, prevention literally means "to keep something from happening" (Haggerty & Mrazek, 1994, p. 19). Several frameworks for classifying preventive efforts have been developed (e.g., Caplan, 1964; Gordon, 1983), and these frameworks have further been adapted to the different fields of public health (e.g., Krug et al., 2002). For instance, in the area of violence prevention, interventions have typically been classified as either *primary*, *secondary* or *tertiary*, where primary prevention is characterised as aiming to prevent violence before it occurs, secondary prevention is characterised by a focus on the more immediate responses to violence, and tertiary prevention is characterised by a focus on long-term care following violence (including rehabilitation, reintegration and attempts to lessen trauma or reduce the long-term disability associated with violence). Public health interventions in the area of violence prevention have further been classified according to

their target group, distinguishing between *universal* interventions that target the general population regardless of risk, *selected* interventions that target subsets of the population classified as at increased risk to perpetrate violence and *indicated* interventions that target individuals who have already perpetrated violence (Krug et al., 2002). The content of this report will include various forms of and prevention levels.

Furthermore, the ISDVP project refers to Article 7 in the Istanbul Convention: "Parties shall take necessary legislative and other measures to adopt and implement state-wide effective, comprehensive and coordinated politics encompassing all relevant measures to prevent and combat all forms of violence" (PL-Justice & Norwegian FM, 2020, p. 22).

Aim of the report

This report intends to contribute to the fulfilment of the PL-Justice project's overall aim (Annex II) to "take the necessary legislative and other measures to adopt and implement *state-wide effective, comprehensive and coordinated politics encompassing all relevant measures to prevent and combat all forms of violence*" (PL-Justice & Norwegian FM, 2020, p. 22, our emphasis). Moreover, following the PL-Justice and Norwegian FM's (2020) programme agreement (2020, p. 22), the aim of this report is to *present existing solutions and alternative measures of preventing GBV/DV* in Norway and *to review existing methods used in Norway for providing relational support* (bullet point 2, under component two, in the agreement). As also stated above, the planned activities shall be in compliance with the Istanbul Convention. Therefore, this report has two main objectives:

1. to give a broad account of Norwegian preventive efforts and measures at various levels; and
2. to review existing methods of relational support used in Norway.

Method

This report is based on desk research (also known as secondary research) of governmental documents and reports (i.e., child welfare services [CWS]), supranational-level documents and reports (i.e., the UN and EU levels), research reports, acts and academic literature. This method was chosen specifically to fulfil the aforementioned aims of the project. Presenting

and discussing a comprehensive overview of the Norwegian welfare state, its specificity, models, theoretical and sociopolitical assumptions as well as its limitations in relation to GBV/DV prevention is a solid starting point to understand and analyse (Stickdorn et al., 2018) its applicability (or lack thereof) in other contexts. By applying this research method, it was possible to gather the relevant secondary sources in one place and present them in English, thus making them accessible to wider audiences to present and discuss the current Norwegian situation.

Structure of the report

In the following, we offer a short presentation of the Norwegian welfare state and its characteristics. Then, we use a policy design perspective to describe and briefly discuss the Norwegian policies on prevention of DV that are implemented. We present the Norwegian model of causation by describing the Norwegian understanding of domestic abuse and its causes and follow with a description of the Norwegian model of intervention. We describe a few central actors and services and how they work. Due to the complexity of the field and the scope and extent of this report, we have limited the presentation of services and approaches. However, given the object of presenting existing methods of relational support, family counselling services (FCS) are described more in depth and given more attention than other services. Before we conclude and provide recommendations, we review Norwegian evaluations of the field of GBV/DV prevention.

The Norwegian welfare state

Norway is one of the Nordic-Scandinavian countries and includes the mainland, Svalbard and Jan Mayen. The mainland of Norway is 323,802 sq. km. The country shares borders with Sweden (east); Finland, Russia and the Barents Sea (north); the Skagerrak Strait (south); and the North Atlantic Ocean (west). The population is approximately 5.4 million, and about 15.8% of the population are 67 years old or older, and about 20.6% are 18 or younger (Statistics Norway, 2020). The life expectancy at birth for girls is 84.9 years and for boys 81.5 years, and with a historically low fertility rate, the numbers of children for women and men are 1.48 and 1.34, respectively. The last couple of decades have witnessed high immigration, which has contributed to a strong population growth in Norway. The immigrant population accounts for 14.7% of the population, and the largest group of immigrants have come from Poland (Statistics Norway, 2020). According to Stubberud et al. (2018), Norway was ranked second in the world in the Economic Global Gender Gap's 2017 report and first in the ranking of the United Nation's 2015 gender inequality index, which showed the employment rate to be 67.7% for women and 73.4% for men.

As a social democratic welfare state, Norway holds strong egalitarian values through a redistributive policy that provides a wide range of public welfare, such as education, health and social services. Universal services for all and the ideals of equality and social justice were key elements in the building of the Norwegian state. The state's broad policy demands public support and acceptance of high taxes to provide for individual welfare. Moreover, a significant part, about 10% of the state budget, is financed by income generated by the petroleum sector. Welfare services are characterised by comprehensiveness, generosity, universalism and gender equality (Forsberg & Kröger, 2010). Furthermore, a range of welfare services aim to secure a safe and secure childhood for children and young people, one in which the state has an active and redistributive role (Tuastad, 2014). The welfare state builds upon three main principles:

1. services should be equally good for all citizens,
2. access to services should be the same for all, and
3. out-of-home services should be the same for all.

Consequently, individual adjustments of welfare services are demanded, and needs-based measures that target specific groups who are in need of specialised services are added to the more universal measures.

The public sector is the dominant provider of welfare services in Norway. Although voluntary organisations and private businesses contribute to the provision of public welfare, they do so in limited amounts and with few legal responsibilities (Kobro, 2019). A report issued by the European Commission (Kobro, 2019) reveals that membership-based voluntary organisations contributed significantly to the creation of public welfare until the early 1980s, when the Norwegian Labour Party was a driving force in a string of state responsibility for societal issues and originated the term “welfare state”. New Public Management principles have created deep roots in the public sector since the late 1970s, early 1980s and onwards, although they have not disrupted the state-dominant model. The very good conditions that have framed the Norwegian welfare model in the last decades are about to shift. Over the last decades, there has been an increase in actors from the private sector, including both profit and non-profit organisations in several fields, such as child welfare, substance abuse treatment and migration areas as well as in the field of health services. With that said, the public sector is responsible for providing services to the residents, but services may also be bought from private actors (Kobro, 2019). There is an ongoing debate on what consequences this trend may have for service users. Some argue that the private sector is better equipped to meet service users’ needs, while others argue that such services provide less stability and that it is ethically questionable to profit on people’s disadvantaged situations.

Many welfare services in Norway are directly oriented towards families with children, which gives these families a high priority in Norwegian family policy. Moreover, in comparison with other countries, Norwegian society appears extremely “child-centred” (Hennum, 2014). Norwegian society perceives children as individual right bearers, and professionals are expected to value their rights, needs and voices and give children a claim on the state to protect their interests and provide them with a good or decent childhood (Hennum, 2014). This is not least because of the ratification of the United Nations Convention on the Rights of the Child (CRC, 1989). Major Norwegian political plans and strategies around DV aim at

protecting and safeguarding children in addition to adults (cf. the newest action plan for 2021–2024, Ministry of Justice and Public Security, 2021).

The responsibilities and duties of the Norwegian welfare state are divided into three levels. Municipalities are the primary provider of (social) welfare services in Norway and offer a wide range of services to citizens. The middle (i.e., the county level) is responsible for upper secondary schools, country roads and public transport, regional planning and business development, culture and cultural heritage and environmental issues. The last, the national level, is concerned with law and policy making. Moreover, the central government is also responsible for national insurance schemes, specialised health services (hospitals), specialised social services, higher education/universities, the labour market, the national road network, railways, agriculture and environmental issues, refugee and immigrant issues, armed forces and foreign policy.

A policy design perspective on the prevention of domestic violence[1] in Norway

Norway signed the Istanbul Convention on 11 May 2011. The Convention was ratified by the Norwegian Parliament in July 2017 and was put into effect on 1 November of the same year. How does the Norwegian government engage in prevention of DV? What kind of policy is made and implemented? In this section, our approach to describing this follows a policy design perspective (Peters, 2015).

A policy design perspective brings together different parts of the public policy domain as interpreted and carried out by interventions. Peters (2015) describes the policy design process as having three components:

1. a model of causation describing the problem and its causes that mirrors the way government aims to accomplish it in public policies;
2. a model of intervention describing how actors/institutions and policy instruments (programmes and more) work together in an implementation structure to work on the problem and its causes; and
3. a model of evaluating what is a good policy and good outcome from the intervention of government, as measured by different criteria.

However, our description in this paragraph does by no means present a complete analysis of this area. The idea is to give a short description and discussion of how the government looks at and deals with the challenge of DV prevention. Important documents in this regard include the following:

- Prop 12S (2016–2017) is a policy document presented to the Parliament that describes an escalation plan for 2017–2021 against violence and abuse. This document has an annex that builds on existing knowledge and is here presented as a baseline for policy design description regarding the causal model.
- The government's action plan to prevent and combat DV for 2021–2024 describes a number of actions. Prevention is one of six focus areas. The plan was

[1] Gender Based violence in included in the term domestic violence unless clearly stated differently from now on.

published in the summer of 2021 and gives us an overview of the current policy intervention model (Ministry of Justice and Public Security, 2021).

- A recently published report by the Norwegian Institute of Public Health gives a review of Norwegian research on preventive and help actions for preventing DV since 2010. The study shows which issues are the focus of research and which are given little attention (Hestevik et al., 2020).

These documents relate to the three components of Peters' (2015) policy design perspective, although many more documents are referred to and reviewed below.

The Norwegian understanding of domestic violence

The Norwegian government adopts a broad understanding of DV, including whom it affects, what it is and what the risk factors/causes are. DV occurs in various degrees and in many ways. The Norwegian government joins the World Health Organization's (WHO) four main types of violence: physical violence, sexual violence, psychological violence and care failure. Other types of violence are also included: forced marriages, genital mutilation, negative social control, digital violence, violence on artefacts, bullying and digital bullying. Moreover, the government also defines DV as encompassing both physical and nonphysical forms and as being perpetrated by intimate (ex-) partners and family members, in agreement with article 3b in the Istanbul Convention:

> "Domestic violence" shall mean all acts of physical, sexual, psychological or economic violence that occur within the family or domestic unit or between former or current spouses or partners, whether or not the perpetrator shares or has shared the same residence with the victim.

Moreover, in Norwegian action plans, "violence in close relationships" ("*vold i nære relasjoner*") is used consistently as an umbrella concept incorporating, amongst other terms, "domestic violence", "family violence", "partner abuse" and "battering". Violence in close relationships is used to distinguish this violence from far more random violence committed by attackers with whom the abused has no established or lasting relationship (Stubberud et al., 2018). Several relations are included in the DV concept. First, it comprises partnership relations of different kinds: heterosexual and same-sex partnerships, married people, cohabitants and couples not living together. Second, it also includes other kinds of relationships between family members: violence between siblings, between parents and

children, against grandparents, from in-laws and occurring in other direct family relationships. Adoptive, step-, and foster relationships are also included. Third, long-term care relationships and close friendships may also be counted under the DV umbrella. Hence, Norway has developed a *gender-neutral language* and legislation in this area (Bjørnholt, 2019). The use of terms has gone from "men's violence against women" and "abuse of women" to the more neutral "violence in close relationships", as shown. The change of terms reflects an attempt to embrace larger groups of victims, among them, men. It is also an attempt to embrace violence in other relations, as we have seen. However, this approach has been criticised for downplaying the gendered dimension of violence (Bjørnholt, 2019). Norway has repeatedly been criticised by the UN Committee on Women for its gender-neutral legislation and policy. Bjørnholt (2019) reveals that the committee argues that this does not ensure equality and equal rights for women. There is an ongoing discussion about whether the gender-neutral use of concepts and legislation obscures gender differences and undercommunicates women's greater exposure to violence in relationships (Bjørnholt, 2020). It has been argued that being exposed to violence from an intimate partner in a presumed gender-equal country like Norway "represents a particular minority position, and for whom the Norwegian gender equal legislation and discourse may become a part of the problem" (Bjørnholt, 2020, p. 31).

Nonetheless, based on an assessment that gender-neutral terminology is fully compatible with a gender perspective (Group of Experts on Action Against Violence Against Women and Domestic Violence [GREVIO], 2020), Norway recognises the gendered preamble of the Istanbul Convention, which states that "domestic violence affects women disproportionately, and that men also may be victims of domestic violence", and "that children are victims of domestic violence, including as witnesses of violence in the family" (Council of Europe, 2011, p. 2). The Norwegian Centre for Violence and Traumatic Stress (NKVTS) finds that Norwegian women and men are equally subject to less serious physical violence. However, the abuse of women by men tends to be graver and more often of a sexual character. Approximately 9% of women and under 2% of men report that they have been the target of grave physical violence by their partner. Nearly 4% of women state that they have been raped by their partner, whereas the numbers for men are close to zero.

Women are more afraid than men of being injured or killed, and for women, partner violence tends to occur more often. Furthermore, more women than men are killed by their partner, and it is usually men who commit partner murder (NOU, 2020). Norway has zero tolerance for violence against women and DV and considers freedom from violence a prerequisite for an equal society (Stubberud et al., 2018). The Norwegian government thereby supports the premise of the Istanbul Convention that violence against women is a manifestation of the historical unequal power relations and that successful eradication of violence and DV requires combatting all different manifestations of power inequality between women and men.

Furthermore, Norway is considered a pioneering country when it comes to ensuring children and young people the best possible upbringing (Kipperberg et al., 2019). Children are increasingly acknowledged as citizens with their own rights (CRC, 1989), and the rights of the child, as stated in the CRC (1989), are incorporated into Norwegian laws and the Norwegian constitution (1918). Following the CRC (1989), the child's right to participation (article 12), the principles of the best interest of the child (article 3), nondiscrimination (article 2) and the child's right to life were incorporated into the constitutional acts §104, 98 and 93, respectively. Article 19 in the CRC provides children with protection against being abused by their caregivers. Article 19 of the CRC (1989) defines violence against children as "all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment, or exploitation, including sexual abuse". Norwegian society has gained increased knowledge and awareness of children's exposure to violence and of possible conflicts of interest between children and their parents (Skjøten et al., 2019). Although it took a long time before abusive adult relationships were recognised as also significantly affecting children in the family and that violence between adults was considered in light of the consequences for the children living within these circumstances, the situation today is different (Skjøten et al., 2019). Today, children's witnessing of violence between parents is seen as child abuse (Hennum, 2008). Violence between parents is also a risk factor for children's exposure to physical violence (Mossige & Stephansen, 2016). Research also reveals that overlapping forms of violence, including sexual violence and violence related to pregnancy, childbirth and maternity, are an important part of women's experiences of

violence in relationships (Bjørnholt & Helseth, 2019). Research reveals that more mothers are exposed to violence than fathers and that great challenges are associated with being an abused mother due to the fear of what can happen to their children, the strain of safe-guiding children in extreme situations and the great stress and emotional work due to the violence both during cohabitation and after breakup with the perpetrator (Bjørnholt & Helseth, 2019). Violence in the family can attack the most important developmental arena for children's attachment and trust, and children in these situations live with a lack of security, support and comfort from their main caregivers (Flom & Handegård, 2015). The same persons engaged in violence abandon their competency to regulate the emotional climate and provide children with necessary support (Flom & Handegård, 2015: Jensen et al., 2014).

To sum up, the government has a broad definition and understanding of the DV problem. DV (including GBV) is a very complex area and includes the most serious homicides and systematic abuse in various forms of relationships perpetrated upon adults and children, as well as milder forms and single episodes. This understanding incorporates not only physical violence but also many ways that children and adults may be hurt, controlled, hit by fear, anguish, and so on, caused by their close relatives or others. The DV problem incorporates violence that can occur in most forms of close personal relationships.

The advantage of adopting a broad understanding of the problem is, in a sense, that nobody will be forgotten. However, given the limited resources and attention limits, this extensive problem definition also poses challenges for public policy in terms of focus and prioritisation.

A model of causation of domestic violence in Norway

In this section, we present some of the typical understandings of DV in Norway, although not in a casual way, as the title may imply. In correspondence with the wider understanding and wide definition of the problem, as presented above, regarding what this violence is about and which relationships and people are affected by these violent actions, several different risk factors are also described in a recent government policy document (Prop 12S, 2016–2017) as possible causes of this severe health and social problem.

Norwegian public reports, such as the recent writings of the Partner Homicide Committee (NOU, 2020), reveal various understandings of intimate partner violence in Norwegian society. The committee was appointed to review homicide cases where the perpetrator was a partner or former partner and to make recommendations to prevent such homicides in the future. Understandings of partner intimate violence have traditionally been characterised by two main tracks: one based on sociocultural perspectives and the other on individual perspectives (NOU, 2020, p. 63). Sociocultural perspectives explain DV as being related to societal structures and the sociocultural context of victims and perpetrators. Briefly explained, this perspective could, for instance, rely on a gender power analysis of the different roles and behaviours of males and females (children and adults) and how they are shaped and reinforced by gender norms within society. Societal expectations that define appropriate behaviour for men and women can create inequalities whereby one gender becomes empowered to the disadvantage of the other (WHO, 2009). Thus, from this perspective, women become, in some situations or societies, subordinate to men and have lower status, which permits men to have control over and greater decision-making power than women (WHO, 2009). Individual perspectives, in contrast, explain DV as being related to individual characteristics of victims and perpetrators, such as their biology, development or individual functioning. Such individual perspectives have relied heavily on psychological theories, for example, attachment theory and social learning theory (NOU, 2020). In recent years, this simplified person–situation dichotomy has been criticised because it does not take into account the complexity and variety of the problem. Researchers and the Partner Homicide Committee (NOU, 2020) have argued for the mutual impact of the two factors. The main idea is that violence involves a significant and continual interaction between individuals and the situation they encounter (NOU, 2020, p. 63).

The list below can be considered important factors seen from a *political perspective,* as it is based on a governmental escalation plan against violence and abuse (Prop 12S, 2016–2017). It is by no way a complete view from a critical research perspective. However, as shown, this is a complex area where the knowledge base is still limited.

- Cases of DV are found at structural, situational and individual levels, and all levels are in play and interact.
- DV is gendered. The abuse of women tends to be graver and more often of a sexual character compared to the abuse of men. DV is considered the manifestation of the historically unequal power relations between women and men, which has led to domination over and discrimination against women by men. The lack of equality combined with the sociocultural acceptance of men controlling their partners' behaviour are important risk factors.
- Violence as a personal experience or observation of others being victimised from childhood may lead to revictimisation in adulthood. Moreover, studies indicate an increased risk that children who are victims of violence themselves become perpetrators as youth and adults.
- Alcohol and drugs are risk factors that, together with other causes, for example, health-related causes, may trigger violence. Intoxication effects may trigger violence in a cohabitation that is marked by conflict.
- Family disagreement and conflict are related to an increased risk of violence. Women who leave marriages have a higher risk of becoming victims of violence and homicide. Family conflicts also expose children to violence.
- Some population groups seem more exposed to violence than others. Poverty may enhance people's exposure to violence. Young Norwegians who live in poor living conditions have an increased risk of becoming victimised. Victims of violence are reported to be of higher prevalence in the Sami (indigenous) population in Norway. People with migrant backgrounds represent the largest user group of crisis centres. Children with functional disabilities may experience more violence from caregivers, parents and others. Studies indicate that minorities, such as lesbians, gays, bisexuals and transgender (LGBT) persons, may be more exposed to violence and threats than the population in general.

As such, the DV problem is associated with numerous and associated risks at several levels that stretch across broad categories of GBV, including victimisation of a conflict- and

violence-coloured childhood and poverty, with specific groups of the population being particularly vulnerable and exposed to violence.

A Norwegian model of intervention

Efforts to combat domestic violence against women and others have been a priority for numerous Norwegian governments over the past 20 years (GREVIO, 2020). Efforts have been made for prevention at several levels, including prior to the emergence of violence and through stopping ongoing violence (Moen et al., 2018). To reduce the number of new cases of violence, the government argues that the risk must be reduced for the whole population (Prop 12S, 2016–2017). Hence, the government argues that several conditions can help prevent violence against children, young persons, and adults such as good conditions in upbringing, social inclusion, security, health, and the psychosocial environment.

Due to its complexity, prevention requires increased multidisciplinary coordination and collaboration from various bodies, such as the criminal system (e.g. the police and court system), the social system (e.g. child protection and family counselling), health and care services (e.g. maternity care professionals, dentists, doctors, counsellors, nurses, etc.) and the community at large (e.g. neighbours, families friends, schools and churches; Prop 12S, 2016–2017). In executing effective prevention, different kinds of competence are needed in services. Røsdal et al. (2019) point to three important competence areas. First is the need for knowledge about what constitutes violence and how contextual conditions can affect the risk of violence (phenomenon knowledge). Second is the need for competence in talking to victims and perpetrators (action competence). Third, service providers need to have knowledge about the role, mandate and regulations of their own and other sectors in order to ensure efficient interagency interaction.

A number of measures for raising competence on violence and abuse among professionals have been taken in Norway, and this topic has been given a great deal of attention in education and in many educational programmes (Røsdal et al., 2019). Nonetheless, reports have addressed serious competence deficiencies in various sectors and services, and failures have been reported at all levels, including cooperation across sectors and services in

handling DV cases (Røsdal et al., 2019). Hence, it is important to evaluate educational programmes and competence measures. It is also important to have knowledge about how educational programmes and pedagogical guidelines are used by municipalities and services, or whether they are used at all (Røsdal et al., 2019).

The recently published government plan on DV (Ministry of Justice and Public Security, 2021) also emphasises preventive work. Its prime objective is to prevent the occurrence of DV. The government plan aims to strengthen preventive measures by increasing the emphasis on causes of violence. Despite this, the government admits that most government tools are not directed at prevention but focus on providing care and advice aimed at alleviating some of the negative consequences of DV after it has occurred. Acute events demand actions, so they are given high priority at the cost of long-term and broad preventive work.

Within Norwegian society, we have witnessed a growing awareness, politically and professionally, of the prevalence of DV and its major consequences, specifically for involved children (Norwegian Ministry of Children, Equality and Inclusion, 2013). The Norwegian government has issued separate plans for DV and abuse against children and young people (GREVIO, 2020), and among other concerns, it highlights preventive measures for involved children (e.g., Norwegian Ministry of Children, Equality and Inclusion, 2013). The following are important elements of the preventive intervention strategy:

- Early preventive actions: Actions that may hamper violence from occurring are emphasised, as are early discovery of domestic violent actions.
- A multi-sectoral approach and cross-cutting contexts: Preventive actions are directed at many different sectors in social, health and welfare areas, such as CWS, FCS, municipal health services and the Norwegian Labour and Welfare Administration (NAV). The importance of multiple sectoral strategies and cross-sectoral work is emphasised, as preventive efforts in one sector have consequences for other sectors. An example given is preventive work in childcare services, kindergartens and schools which may lessen violent behaviour in adulthood. Other examples are the creation of *family violence coordinators*

(*familievoldskoordinator*) in 2002, the *states children's house*s (*statens barnehus*)[2] and *police councils* (*politiråd*).[3] All of these have contributed to increased cooperation between the police, municipalities and other actors.

- Different levels of preventive action: Primary, secondary and tertiary strategies are adopted. Some actions may be part of the general policies of welfare and equality, such as information about DV communicated in national campaigns and national guidelines following the national support system for organisations of faith and life-view. Types of actions directed at different risks are emphasised, such as parental support, treatment of perpetrators and protection of victims of violence.
- Children and families as target groups: In particular, children and their families are an important target group. Family care counselling in general is also included in the action plan.
- The municipalities' strengthened role: Municipalities have been given increased responsibilities. This is in part included in a new childcare reform. DV is increasingly emphasised in local public health work, such as within pregnancy and maternity care, health stations and school health services, and within CWS.
- Targeted population segments: The indigenous Sami people are given a section of their own in the action plan. Parental guidance for refugees is included as part of the introduction programme, as decided in a recent law of integration.

To sum up, a broad understanding of the problem of DV has been reflected in a broad spectrum of preventive intervention actions. Many actions have children as an important target group. The main strategy is a broad and generalised effort in creating alertness and the running of preventive actions in various services at different levels. Below, we give examples of existing solutions and approaches used in Norway to prevent DV.

[2] https://www.statensbarnehus.no/
[3] https://www.oslo.kommune.no/politikk/byradet/byradslederen/politiradet/#gref

Examples of existing solutions and approaches used to prevent domestic violence

Prevention of DV in Norway involves many actors doing an extensive amount of work. To some degree, existing solutions can be categorised according to which level they operate on, that is, national, regional (county) or local (municipal) level. However, such a categorisation is not as straightforward, as several actors operate on multiple levels. Nonetheless, below, we present a selection of preventive measures and good examples used at various levels.

National level

Ministries

Several ministries have DV on the agenda. Their efforts have resulted in many action plans, white papers, acts and official Norwegian reports. In 2021, two relevant action plans were launched: *Freedom from Violence* (Ministry of Justice and Public Security, 2021) and *Freedom from Negative Social Control and Honour-Related Violence* (Ministry of Education, 2021). Both plans include a long list of measures to prevent violence. The plans involve personnel training, establishing routines, strengthening competence, providing information, strengthening public health efforts and increased attention to animal cruelty, to mention a few. In the *Freedom from Violence* plan, for the first time, specific measures are directed towards the Sami people, the indigenous population in Norway.

The Ministry of Justice and Public Security has the responsibility of coordinating government efforts to combat DV. Additionally, a cross-ministerial working group has been set up that consists of civil servants from the Ministry of Health, the Ministry of Education, the Ministry of Labour, the Ministry of Children and Equality, the Ministry of Local Government and Modernisation, and the Ministry of Justice and Public Security. The working group also consists of representatives from the Directorate of the Police, the Directorate of Health, the Directorate for Children, Youth and Family Affairs and the Directorate for Labour and Welfare. This group has the main responsibility for the coordination, implementation, monitoring and evaluation of politics and measures covered by the Istanbul Convention.

Ministries also offer financial support to organisations that combat DV. Such support, and organisational support as well, is mostly arranged via related directorates. For example, the Ministry of Children and Families provides financial support to a private foundation that operates treatment facilities for perpetrators of violence, while its connected directorate, the Directorate for Children, Youth and Family Affairs (Bufdir), administers a grant scheme for measures to combat DV. Bufdir also provides operational support to organisations that combat DV. The Ministry of Justice and Public Security offers financial support to non-profit organisations via FCS. In 2021, 31 organisations received a total of about 2 million euros (ca. 20 million NOK) in project support. This covers activities like chat services, lessons, conferences, educational films, counselling, networking and more.

The Norwegian Health Directorate

National health authorities acknowledge their important role in preventing, hindering and revealing DV. For instance, they engage in cross-disciplinary services, through which they offer health services (e.g., in sexual assault referral centres and *statens barnehus* [the states children's house], a service for children and youth who are victims of violence or sexual assaults). They also provide violence risk assessments in cases of severe mental illness. National health authorities also suggest guidelines.

Norwegian Centre for Violence and Traumatic Stress Studies (NKVTS)

The NKVTS [4] is a public centre, mainly financed by the Ministry of Health and Care Services, the Ministry of Justice and Public Security and the Ministry of Children and Families. In addition, the Norwegian Research Council, the European Union and others finance projects. The NKVTS was owned by the University of Oslo until 2019, when it became part of the research institute NORCE Norwegian Research Centre.

The NKVTS conducts research, teaching, academic supervision and counselling, and consultation with the aim of preventing and reducing the social and health consequences of violence and traumatic stress. Factors relating to age, ethnicity and gender are central to its work. This centre also collaborates with international, national and regional (county) actors.

[4] https://www.nkvts.no/english/

Through research, NKVTS develops, informs and reports on good practice for practitioners in various fields and contributes to academic advancement in the field of violence and traumatic stress. Among other publications, NKVTS has authored an instruction manual for such work within the health care sector. The manual offers guidelines regarding violence and assaults against children, adults and the elderly; negative social control; forced marriage and gender mutilation; and offenders. It also provides information about definitions, laws, risks, consequences, treatment, helpers and more. In 2018, NKVTS published a report describing preventive measures against DV in Norway (Moen et al., 2018). It pointed to a lack of research findings on the effect of and evaluation of implemented measures.

Dinutvei.no

Dinutvei.no (yourwayout) [5] is part of the Norwegian government's efforts to prevent violence in close relationships. It is a national online guide to services, information and expertise on violence in intimate relations, rape and sexual abuse. The website is operated by the NKVTS and is funded by the Ministry of Justice and Public Security.

The webpage provides information in 14 languages (including Norwegian) and offers help to adults, including victims, offenders, family, friends and others who care and want help or advice. Information is also offered to professionals and organisations. The webpage includes updated descriptions of help services all over the country, access to advice and guidance, and information sharing on key issues related to violence and abuse.

The police

The police direct most efforts towards victims, offenders and people who suspect that others are victims of DV. Their webpage specifically differentiates between help for children, help for the elderly, help for persons without permanent residence permits who are victims of violence, help for potential victims of forced marriage, gender mutilation and negative social control, and help for offenders. The help offered by the police is very much the same: general support, supervision on how to report an offence, witness support, help applying for

[5] https://dinutvei.no/en/

criminal injuries compensation and help for offenders. The police can also impose an interim exclusion order and offer different sorts of anti-violence alarms.

While these efforts focus on situations where the violence has or is about to happen, the police also want to prevent violence. As such, the police cooperate with municipalities in councils called Coordination of Local Crime Prevention Measures (*Samordning av lokale kriminalitetsforebyggende tiltak*) and Police Councils (*Politiråd*). They use the *Spousal Assault Risk Assessment Guide* to decide the degree to which an individual poses a DV threat to his/her partner, children or other family members. A number of local campaigns/projects exist, for example, the Drammen Project, a project especially directed against abuse in minority communities in the municipality of Drammen. The police also conducted a campaign that aimed to increase awareness and knowledge of DV and of what sort of support the police offer. It was expected that this would increase the number of criminal charges. By targeting youngsters to make them aware of warning signs, the campaign also aimed to have preventive effects. However, the number of charges did not increase, possibly due to a limited understanding of victims' situation and their reasonings regarding contacting the police (Grøvdal, 2019).

The complexity of DV is a challenge for the police (Aas, 2014). Victims' stories are typically comprehensive, and the relations between victims and offenders hamper insight and are difficult to transfer into criminal cases. The police often struggle to understand victims' situations. Only parts of victims' stories are relevant to criminal law. Yet, as a discipline, DV is already specialised to some extent in the police organisations – particularly through the system of family violence coordinators, DV contacts and specialised investigation teams at some of the police stations in Norway.

Family counselling services (FCS)

Family counselling centres provide free-of-charge services to couples, families and individuals with domestic or relational problems. While some offices are run by church organisations, others are run by the public. In Norway, they represent the core of help services for families needing guidance and help with relationship problems (Molden et al.,

2019), and since 1998, all counties in Norway have been obliged to provide family counselling offices for their citizens (Andersen & Lorås, 2019). The services have some guidelines about accessibility, stating that all Norwegians should have less than two hours' travelling time to their nearest family counselling office (Lunke & Johnsson, 2019).

Family counselling centres, established first in the 1960s, base their practice on family therapy theory. There are many directions within family therapy theory with different professional understandings and characteristics. Nevertheless, a common characteristic is that the focus of the therapy is the relationship between the individuals involved and not their individual characteristics (Andersen & Lorås, 2019). Although many services offer family support therapy, FCS are the only Norwegian services that define the family/couple as their main client (NOU, 2019, p. 24).

FCS base their practice on relational therapy rather than individual therapy. Although the employees have varied backgrounds, for example, psychologists or social workers, they all have an education within family therapy. In a study of the employees' perceived work situation (Molden et al., 2019), the prevention aspect of FCS' work was found to be promoted as an important and central contributor to the quality within the core tasks of family welfare. Preventive activities are part of the service's core tasks, but they perceive they have to deprioritise this in competition with other and more measurable tasks (Molden et al., 2019).

In Norway today, there are a total of 41 FCS centres in 90 different locations. Among them, 17 offices are owned by church-based foundations, and 24 are owned by the state. The offices are differently composed but largely employ family therapists with social work and psychological backgrounds. Although church-based offices have a stronger history of religious affiliation, there is today a widespread belief that family users will not notice any difference in services and approaches, regardless of who owns and operates the office. FCS employ professionals with appropriate competence and experience who provide the same service regardless of ownership (NOU, 2019).

Every year, approximately 110,000 people receive FCS assistance, for instance, to improve partner relationships and cooperation or other challenges in the family and to receive mediation. FCS also meet with extended families in cases of intergenerational conflicts or in cases of new family formations, divorces or other issues.

As shown, over the last decades, Norwegian authorities have increased their national efforts to develop professionals' knowledge, expertise and cooperation skills in cases of DV. There was usually no standardised treatment courses within the services, and therapists themselves largely assessed the content and extent of the services provided (NOU, 2019). However, efforts have now been placed on *standardisation* of FCS' work with DV, and authorities have established a cutting-edge national competence centre for work on violence in close relationships ("*spisskompetansemiljø for famlievernets arbeid med vold i nære relasjoner*") referred to as SKM violence. SKM violence is responsible for training, guidance and quality assurance of FCS work nationally. A recent study by Rosten et al. (2020) explored how FCS deal with DV and showed that, although the prevalence of DV has always been an important issue in family counselling, it has not necessarily been addressed explicitly or systematically prioritised. The research showed that family problems related to DV have gradually been defined as a core issue in FCS, something which has challenged the services' traditional work approach (Rosten et al., 2020). Traditionally, family therapy has been characterised by systemic thinking, where problems are viewed as relational, rather than individual (and psychopathologic). It is also typical to view users as experts in their own life situations. Although family therapists perceive that such exploratory relational approaches are suitable for helping clients thematise and acknowledge problems that are often subjected to strong moralisation and stigma, the therapists now also report that DV cases challenge their traditional methodology. Family therapists experience that DV is increasingly viewed as a complex societal problem which their service is responsible for dealing with. Moreover, in dealing with DV, complex problems become visible that presuppose yet complicate cooperation with other public services at the local level (e.g. CWS). Within research on DV, public debates and other service areas, a consistent distinction is usually made between perpetrators and victims of violence (Rosten et al., 2020). However, family therapists feel that this clear division of roles does not fit well with the reality of

users, nor with their own systemic understanding. FCS therefore contribute with an alternative approach to the more widespread black-and-white categorisation that typically characterises other parts of the support system. Family therapists experience that some forms of violence and conflicts are common and ordinary in many families, yet can be stopped by relatively simple means in many situations. Nonetheless, focusing on DV cases is challenging within a service that also faces increased requirements for production and efficiency. It also makes it difficult to stay loyal to the ambition of welcoming any family that struggles, and to keep a low threshold service.

Moreover, family therapists are increasingly becoming part of a service that focuses on reparation and therapy, more than on prevention and early intervention (Rosten et al., 2020). "Clinical cases" form the main part of FCS work (NOU, 2019). Clinical cases are therapy and counselling dealing with cohabitation and partnerships, guidance of parents, family problems or help for children and adolescents. FCS also offer clinician group services and educational causes. The most common courses are for parents with a high level of conflict after breakup and for parents wanting to create good cooperation with each other after breakup. They also offer cohabitation courses, such as Prevention and Relationship Enhancement Program (PREP) courses (Markman et al., 2010) and Buffer course (*Bufferkurs in Norwegian*).[6] The PREP course is based on empirical research regarding predictors of relationship quality and stability. It focuses on teaching communication and conflict management skills and helping couples foster emotional safety, protect and preserve positive connections and deepen commitment (Thuen et al., 2017). The Buffer course is a Norwegian-developed course intended for couples who have been together long enough to have experienced that the same conflicts tend to reoccur. It is usually held either as a course over five class periods (weekly or less frequently, of 2 or 3 hours at a time) or as a weekend course. The course is philosophy neutral and is mainly based on research knowledge and systematic feedback from couples and course leaders. FCS also offer anger management courses, courses based on Circle of Security (COS)[7] principles, International Child

[6] https://www.bufferkurs.no/
[7] https://bufdir.no/Familie/Kurs/Vest/circle_of_security___foreldreveiledningskurs/

Development Program (ICDP) courses, supervisor certification in the Program for Parental Guidance / ICDP,[8] among others.

Accessibility of the Norwegian family counselling services (FCS)

As shown, universalism is a basic value of the Norwegian welfare state. People should receive services of equal value and impact. Two major aspects to fulfil this principle are equal access to services for all and equal quality of the services for everyone.

The accessibility of FCS was assessed in a study based on a nationally representative sample of 3,000 Norwegians aged 20–65 years (Sentio Research, 2017). Participants were asked an open-ended question about which service offers couples counselling, parental guidance, mediation, and advice about parental collaboration. The results showed that family counselling centres were only mentioned by 13% of the respondents. However, 65% of the respondents agreed that they were familiar with, or had heard of, the family counselling centres when specifically asked about this service. These findings show that there is relatively little knowledge of the family counselling centres in the Norwegian population. Norwegians also appear to be less familiar with the family counselling centres as compared to other government agencies. While most people were familiar with services like CWS (97%) and emergency shelters (87%), only about 65% were familiar with the family counselling centres. While there was some uncertainty about exactly what services are offered by the family counselling centres, 77% of the respondents agreed to the statement that parents with cohabitation problems can get help at family counselling centres, and 57% agreed to the statement that families in which someone commits violence can get help at family counselling centres. Also, 71% of the respondents agreed that the offer is free of charge, and 49% of the respondents agreed that they do not need a referral from a healthcare professional to access these services. Mediation following marital breakdown was the most familiar service (68%), followed by couples counselling (61%), while one of the least familiar services was anger management courses (33%).

[8]https://bufdir.no/Familie/Kontor/kristiansund/veilederopplaring_icdp/veilederopplaring_i_program_for_foreldreveiledningicdp/

In a study from 2019, Molden et al. asked professionals working in FCS about which factors they considered important for the quality of their services. The professionals highlighted factors such as professional expertise, availability for contact, waiting time, collaboration with other services/actors, geographical distances/travelling time, office facilities, waiting rooms and adaptation. The importance of geographical distance was also shown in the study by Sentio Research (2017), where 6% of the participants reported that the family counselling centres were located so far away from their homes that it was difficult for them to use this service. However, geographically, Norway is a vast country, and Lunke and Johnsson (2019) show that 10% of the population in the northern and mid-region of Norway may have to drive more than two hours by car to access their nearest family counselling centre. Similarly, more than 20% need to travel more than two hours by public transport to access their nearest family counselling centre. Although the centres are conveniently located according to population patterns (Lunke and Johnsson, 2019), such distances may nonetheless be an important barrier for some people to access these services (NOU, 2019, p. 20).

Another aspect of the accessibility of FCS is opening hours. Family counselling centres are only open during daytime, and according to Sentio Research (2017), 40% reported that they would be more likely to use the services if they were open in the afternoon and in the evening. At the same time, opening hours were seldomly used as a reason not to use FCS, which suggests that there may be other explanations for why some people with relationship problems do not use these services (Sentio Research, 2017). Availability in the afternoon and the evening also appears more important for younger than older people. While 50% of the respondents aged 20–30 reported that they would be more likely to use the family counselling centres if they were open in the afternoon or evening, this was only the case for about 25% of the respondents in the 60–65 age group (Sentio Research, 2017). Furthermore, people with higher education levels, people who have used FCS before, people with immigrant backgrounds (51% vs 40%) and nonheterosexual people (50% vs 40%) also reported that they would be more likely to use the family counselling centre if it were open in the afternoon or in the evening (Sentio Research, 2017).

Most people reported that they would contact the family counselling centre in the presence of major or ongoing conflicts in their relationship (29%) or when a breakup became an issue (20%), while only 2% would get in touch in the presence of minor relationship challenges for the purpose of improving their relationship (Sentio Research, 2017). Some (6%) also reported that they would first contact FCS if they decided to break up. Many were also unsure when they would contact the family counselling centre, and 15% stated that they would not contact the family counselling centre at all (Sentio Research, 2017). Older people, heterosexual people, people with lower levels of education and married or cohabiting couples without children were more likely to answer that they did not want to get in touch with the family counselling centre (Sentio Research, 2017). When asked where they would go to seek help outside of the family counselling centres, 33% would seek help from family or friends, 27% would go to a private practising psychologist/cohabitation therapist and 6% would seek help from a priest, imam or other representative from their denomination (Sentio Research, 2017). To sum up, the figures support the research of Rosten et al. (2020) showing that family therapists increasingly focus on reparation and therapy, more than prevention and early intervention.

People are, however, different depending on where they live, their personality, social network, education, economic resources and more. Their attitudes regarding partnership problems, how to cope with these and when and where to search for help may consequently differ. Nonetheless, in keeping with the value of universalism, it is key to offer equal quality of services to everyone. However, services are normally, to some extent, standardised and may consequently be variously equipped to handle the problems of people/couples with different experiences, needs and attitudes. Thus, there are challenges on both sides – the service receiver and the service provider – regarding the development of services for the equal benefit of all.

Table 1

Number of registered cases Family Counselling Centres, age and sex of main client, 2020

Age	Persons	Per cent	Women percentage	Men percentage
Below 25 years	1416	3.9	75	25
25–34 years	10078	27.5	74	26
35–44 years	15371	42.0	67	33
45–54 years	8062	22.0	60	40
55 years and more	1705	4.6	52	48
All	36632	100.0	67	33

Source: Statistics Norway, 2021, Table 10600.

Most clients, above 90%, were between 25–54 years old, while only a small number of younger and elder people use this service. The average age for marrying for the first time was 36.7 years for men and 34.1 years for women (Statistics Norway, 2021, Table 05742). The high share found in the age group 25–44 years may indicate that the first decade after marriage may be a critical phase for many couples. Twice as many women than men are registered as the primary contact, that is, the person that first contacted FCS. A possible explanation may be that the family centre is considered to be more relevant to women than to men. There is not much research on the impact of the gender factor in FCS, but there are indications that the services may be conceived as more female friendly. One aspect of this may be due to the fact that, in dealing with conflicts, women more often than men, will get daily childcare (NOU, 2019, p. the custody of children after divorce (NOU, 2019, p. 132).

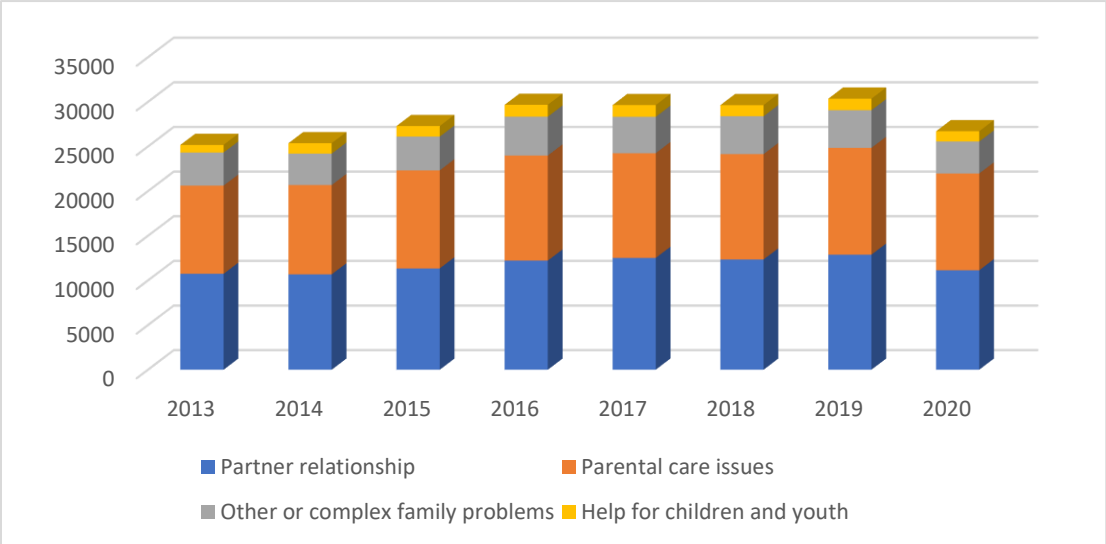

Figure 1. New cases, issues, 2020 (Source: Statistics Norway, 2021, Table 10522).

The partner relationship and parental care are the main reasons for visiting FCS. The demand has increased gradually over the years. In 2020, however, there was a dip in activity, possibly caused by the COVID-19 epidemic. The number of cases focusing on the partner relationship increased by 20% from 2013 to 2019, whereas the growth of cases on parental care issues was slightly higher (21%).

Table *2*.

Primary clients' labour market situation, 2020

	Per cent
Employed full time	72.0
Employed part time	8.7
Unemployed – job seeking	1.5
Education	4.1
Parental leave	3.5
Other public support	9.5
No income	0.7
	100.0

Source: Statistics Norway ,2021),Table 10600.

Most of the clients who contacted FCS (80.7%) were full- or part-time employed. Counting persons on parental leave as employed, the share increases to 84.2%. Adding education, the aggregate share of people in employment/education activity increases to 88.3%. In comparison, the population between 15–74 years was as follows in 2020:[9] employed – 67.2%; unemployed and job seeking – 3.2%; in education – 7.7%; incapacitated for work – 8.1%; retirees – 10.8%; homeworking and other – 3.1%. Thus, in the population as a whole, 74.9% were actually employed or under education, which is a percentage clearly below the client pattern of FCS. These numbers are an indication that people outside the labour market and the education system are underrepresented at FCS; that is, marginalised groups are to a lesser extent getting access to this service.

[9] https://www.ssb.no/arbeid-og-lonn/artikler-og-publikasjoner/befolkningens-tilknytning-til-arbeidsmarkedet-2020

Anger management model – the Brøset model

The Brøset model[10] is a service that helps people who voluntarily ask for help for their bad behaviour regarding intimate partner violence. The model was developed at a hospital in mid-Norway more than 20 years ago. The model has become a nationwide low threshold service. It is offered by FCS, health institutions, childcare services and prison services. The model has diffused from a local innovative project to a nationwide applied practice by means of training courses for personnel. In 2018, the 22nd training cohort had started. At that time, 475 therapists had been educated in cognitive therapy and anger management (St. Olav's Hospital, 2018).

The model consists of a 30-hour group-based training course. The target group includes adult men and women who have adopted anger and violence as a manner to handle problems in their family life. Men's attitudes towards women are also dealt with in the course. The development of an understanding of gender equality is considered an important element of the model (St. Olav's Hospital, 2018).

The model has been evaluated in a recent randomised controlled trial study (Nesset et al., 2020; Nesset et al., 2021). The positive effects for the male participants were considerable regarding physical violence. Before treatment, 85% of the participants were physically violent towards their partners. After treatment, only 10% were still physically violent. Before the course, 60% exerted sexual violence. Afterwards, none of this kind was reported. As to psychological violence (e.g., threats and derogatory comments), the reduction in violence was also important, but still many had not stopped their bad behaviour.

The model was compared with a control group that applied a group-based mindfulness treatment. The latter was not a group with a particular focus on violence but on general psychological problems. However, this method was also shown to be effective for reducing violence. The control group adopting the mindfulness approach showed effective results comparable to the group participating in the anger management model. Over the course of a

[10] https://dinutvei.no/vold-i-naere-relasjoner/hva-er-sinnemestring-broset/

year, violent behaviour was substantially reduced for both groups' therapeutic approaches (Nesset et al., 2020; Nesset et al., 2021).

Another study of the Brøset anger management model revealed considerable positive effects (Palmstierna et al., 2012). The control group included people on the waiting list for treatment. They experienced only a small reduction in violent behaviour. The study signifies that it is demanding for this group (who do not receive help) to change their behaviour by themselves despite being motivated.

The Regional Resource Centres on Violence, Traumatic Stress and Suicidal Prevention (RVTS)

The Regional Resource Centres on Violence Traumatic Stress and Suicidal Prevention (Regionale Ressurssentrene om Vold, Traumatisk Stress og Selvmordsforebygging, in Norwegian; RVTS), is a resource for professionals who meet people affected by violence, sexual abuse, traumatic stress, migration or suicide problems. These centres are also involved in the system of preventive work in Norway. The main goal of these five competence centres, which covers different parts of Norway (Oslo, Kristiansand, Bergen, Tronheim and Tromsø), is to contribute to professional skill development through teaching, guidance, consultation and networking across sectors, agencies and levels of government. They have posted a range of resource materials on their website.[11] Among these resources are TALKsim (*SNAKKEsim*), which is a digital simulation site for simulating conversations with children. Here, professionals are given the opportunity to enter the role of different adults facing children where someone suspects the child has been subjected to abuse, violence or other forms of neglect. All in all, these centres contribute valuable materials and professional skill development in various services in Norway.

Regional level

Stiftelsen Alternativ til Vold (Alternative to Violence; ATV)

Alternativ til Vold (Alternative to Violence; ATV)[12] is a nonprofit nongovernmental organisation that provides courses, treatment and professional expertise on violence, with a

[11] https://www.rvts.no/ressurser
[12] https://atv-stiftelsen.no/english/

particular focus on DV. ATV's threefold mandate is to provide psychological treatment, develop professional knowledge and disseminate knowledge on DV. The organisation is based on society's understanding of DV as a social problem. While the treatment is offered to both victims and offenders, ATV is most known for treating offenders. The work is primarily financed by state and local governmental contributions. ATV has 13 offices that cover specified regions. The northernmost ATV office has a particular responsibility to ensure that its services reach the Sami population.

Stiftelsen Tryggere (the Safer Foundation)

The Safer Foundation [13] is a nonprofit organisation financed by private and public support schemes. It offers several measures to prevent violence and assaults, particularly violence in intimate relations, including boyfriend/girlfriend relations. The foundation informs about violence and possibilities to get help in schools, sport clubs and other organisations. While it offers support to all, it has a special focus on children and youth. Due to this, it includes digital violence, such as sharing pictures. It teaches anger management and offers dialogues, face to face or via video. It is also involved in training municipal employees and offers counselling to the public as well as to private organisations. Some of its efforts are conducted in cooperation with other actors. The organization has three offices, located in Oslo, Lofoten and Vesterålen, but it offers help to citizens in all parts of the country. Users of the service must pay an individual share.

Municipal level

Local authorities offer a range of services, many of which aim to support the elderly, the handicapped and families with children. Although municipality size and available services vary, local authorities are obliged by law to prevent and reveal DV and sexual assaults. The obligations are stated in various laws, such as the Kindergarten Act (2005), the Health Care Act (2011), the Child Welfare Act (1992), the NAV Act (2006) and the Shelter Act (2009), and include the offer to help both victims and offenders. The help for victims is detailed in the Shelter Act, which states that municipalities are to offer shelters and other needed services.

[13] https://tryggere.no/

Women, children and men shall have access to shelter, and the shelter shall offer housing, dialogue, telephone service and support during recovery (*reetablering*).

Regarding prevention, the municipalities shall ensure that citizens know what violence in intimate relations is and where they can go to get help. This requires that relevant personnel have competence in DV, a model for cooperation that ensures that vulnerable children and youth are identified and receive coordinated support, and consultation teams in which personnel must be able to discuss cases where they suspect violence and assaults.

Research has revealed an increased focus on local violence prevention (Sandmoe et al., 2021); however, among the Norwegian 356 municipalities, differences in service provision have been revealed. Large municipalities often have more competence and resources but are in danger of fragmented services. Small municipalities have shorter service and collaboration paths, but their vulnerability is greater, as they have fewer resources to use. Among the municipalities, 40% have made action plans against DV as recommended by the government since 2007.

TidligInn

A local programme relevant for preventing DV is TidligInn.[14] This is a training programme for employees in municipalities (midwives, public health nurses and general practitioners [GPs]) with the purpose of strengthening employers' competence in early identification and intervention in the event of mental health problems and DV among pregnant women and among parents with young children. The programme was initially a part of the Norwegian government campaign aiming to help children of mentally ill and/or substance-abusing parents. The training programme consists of three parts, and one of these parts asks about DV. Employees are provided with tools (abuse screening) so that they can ask directly about DV of all pregnant women using the general pregnancy follow-up programmes in the municipalities. This covers just about all pregnant women and young mothers in the given municipality.

[14] https://tidliginnsats.forebygging.no/Aktuelle-innsater/Opplaringsprogrammet-Tidlig-Inn/

Midwives, public health nurses and GPs are in a unique position to conduct early prevention, both before and immediately after childbirth. Talking about or uncovering violence is the first step towards breaking the circle of violence. Asking directly can provide insight into something that otherwise would be hidden (Hjemdal & Engnes, 2009), and this was also stressed by the participants in an evaluation report of TidligInn (Mathiesen & Skoland, 2016). In the interviews, midwives stressed the importance of asking directly about not only physical but also mental and sexual violence, as they experienced that women who were asked directly about violence were more likely to recognise and admit violence (Mathiesen & Skoland, 2016). Also, an important finding in the evaluation was that women did not mind being asked about violence if they were clearly informed that the violence-related questions were posed to all women independently of age, race, religion and so on. Finally, according to the midwives, the TidligInn programme made them feel more comfortable about asking "uncomfortable" questions related to violence, substance abuse and mental illness.

Child welfare services (CWS)

The prevention and protection of children and young people from abuse and maltreatment within the family are among the local CWS core mandates (Child Welfare Act, 1992). They also help ensure that children's interests are safeguarded by other services, such as midwife services, health centres, family counselling services, schools and kindergartens. Hence, CWS have a statutory cooperation responsibility, and paragraphs 3–1 in the act highlights the CWS responsibility for bringing to light neglect and behavioural, social, and emotional problems at a sufficiently early stage, to avoid lasting problems and for instituting measures to this end.

Furthermore, in Norway, child welfare is divided between the state (regional level) and the municipality (local level). The Children, Youth and Family Agency (Barne- ungdoms-, og familieetaten; Bufetat) constitutes the state level, which is organised into five regional offices with one centralised authority. Bufetat shall, among other duties, assist the municipality with out-of-home placement of children and is responsible for the establishment and operation of state welfare residential care, for the approval of public and private institutions and for offering some specialised help measures. Every municipality is

required to provide CWS to children and families in need. Due to many small-sized municipalities, several municipalities have organised their CWS as an intermunicipality cooperation.

Notwithstanding their duty of confidentiality, public employees, such as teachers, kindergarten teachers and nurses, are also obliged to report to CWS if they have reason to believe that a child is being abused or exposed to other forms of serious neglect. The municipalities' CWS are responsible for receiving these notifications, evaluating them, conducting investigations, offering voluntary measures and preparing compulsory cases for the courts. Although the child welfare law also entails compulsory measures, CWS are primarily supportive services, with about 72% of children with CWS measures receiving voluntary measures and around 60% receiving supportive measures while living in their biological homes (Statistics Norway, 2021). The CWS help measures are important tools for preventing lasting problems or further problem development in families at high risk for child abuse or neglect. The most common in-home measures are advice and supervision, and services also offer many of the programmes mentioned above (e.g. COS programmes). Many measures also aim to support parental skills, and many children receive measures to improve their development. CWS also refer children and families to other services in the municipality or in the region. More and more people are also receiving measures aimed at improving networks and collaboration with other services.

Skivenes (2011) defines the system as family sensitive and family therapeutic. Nonetheless, families in contact with CWS often have severely deficient societal lives and struggle with marginalisation in several areas. Research (Fauske et al., 2018) has revealed significant and large class differences between the general population in Norway and the clientele of CWS. Single parents and families with parents who were unemployed or for the most part unemployed are overrepresented (Fauske et al., 2018).

In sum, many services at the local, regional and national levels have responsibilities in DV prevention, and many measures are implemented throughout the country. However,

comprehensive help presupposes good cooperation and collaboration across sectors and services at all levels. Hence, the duty to collaborate and coordinate is stated in several acts.

Norwegian models of evaluation

The Norwegian Institute of Public Health recently mapped Norwegian research on preventive and supportive measures against violence in close relationships (Hestevik et al., 2020). The objective was to get an overview of the research in the field and to identify knowledge gaps and a basis for making evidence-based priorities for future research in the field. The results showed that a large majority of research is based on qualitative methods and few observational studies. The child welfare area and municipal health services were the arenas with the most studies, both in terms of preventive and supportive measures. Few studies were identified related to measures within FCS. The review does not provide information about the effect of various measures or associations and factors affecting the effectiveness of measures. Research (Hestevik et al., 2020) on measures for vulnerable groups, such as adults and children with special help or care needs, violence related to sexual orientation and gender identity, violence against older persons and violence related to substance abuse and mental disorders, seems to be of low priority. The review showed that there is a lack of knowledge about preventive and supportive measures against violence in close relationships in Norway and about the effect of measures.

As expressed in the recently published action plan (Ministry of Justice and Public Security, 2021), it may not be easy to evaluate preventive work. The plan gives an overview of the prevalence of DV for the whole population, including population segments like children and youth, elderly people, LGBT people, people with functional disabilities, migrants and Sami people. Most of the information is based on different surveys.

However, according to a recent research review, little research has been conducted on preventive and supportive measures (Hestevik et al., 2020). Most research targets people who are exposed to violence and abuse. The main emphasis was identified as being placed on CWS, municipal health services, police/judiciary, schools, kindergartens and DV shelters. Vulnerable groups had low priority. Most studies were qualitative, and very few studies

explored the possible effects and causal relations of different preventive and supportive measures. This conclusion was supported in an earlier review study on actions to prevent DV. Most actions are not evaluated. There is little systematic knowledge on the effects and results of different measures (Moen et al., 2018).

So far, the government model of DV evaluation seems subject to limited focus. It concentrates mainly on how the victims may be helped and on national-level monitoring of the problem and, to a lesser extent, on how several different preventive measures actually work. In this regard, it is important to note that one of the actions in the new action plan is to continue with the national development of indicators on different aspects of DV that may support municipal public health work.

A recent literature review of CWS work with children and young people who have experienced DV (violence, abuse and neglect; Kojan et al., 2020) revealed that there is a lack of research-based knowledge about CWS work in this area. The review, among other things, points to the following:

1. CWS statistics show that only a minority of children who experience violence are in contact with CWS, although the exact numbers are unknown.
2. One in 3 reports to CWS in 2018 was due to violence. Although 95% of these reports were investigated in 2018, in merely 12.7%, DV was the cause of the measure. Hence, the relationship between violence reports and violence preventive or combatting measures is disproportionate.
3. The quality of the literature on CWS work in this area is low. The qualitative research and longitudinal research about CWS work in this area is insufficient.
4. There is a lack of research involving children and parents who have experienced DV and have been in contact with the CWS.
5. CWS measures are insufficiently described in the literature, and we lack research on how the CWS understand and deal with different types of violence.
6. CWS cooperation with the police is relatively well covered in comparison with other sectors. There is a need for more research on CWS collaboration with other services, such as FCS, crisis shelters, hospitals, schools and kindergartens.

7. There is a lack of research on CW decision-making and particularly about supportive measures for children, parents and their families.
8. Several public reports and inspections of CWS have criticised CWS for their lack of competence in working with violence and abuse. The review, however, found few studies that have investigated this empirically.

In their report "Preventive Measures Against Violence in Intimate Partnerships: Mapping of Knowledge for Further Ahead" ("*Forebyggende tiltak mot vold I nære relasjoner: Kartlegging av kunnskap for veien videre*"; Moen et al., 2018), NKVTS offers an overview of measures included in the government's action plan "*Et liv uten vold*" ("A Life Without Violence") and which of them were evaluated. The overview shows that 11 of 20 measures were not evaluated. Evaluations were conducted of actors as well as of specific campaigns. The evaluated measures were directed at parents, migrant parents, youngsters and employees in kindergartens and schools. The actors evaluated were the Criminal Preventive Board (*Kriminalitetsforebyggende råd*) and RVTS. More evaluations are ongoing, for example, of the protective projects "*Jeg vet*" ("I know") and "*Snakke sammen*" ("Speak together"). The findings highlight the need for increased emphasis on universal and selective interventions to prevent the emergence of violence and abuse.

Furthermore, in reviewing universal and selective preventive measures beyond Norway, Moen et al. (2018) show that short-lived preventive measures and single measures seldom show any major effect or impact. Their mapping also reveals that most Norwegian measures have not been evaluated, so there is limited knowledge about what kind of measures would have an impact. It is difficult to single out relationships between cause and effect and provide research-based information about the significance, impact, effects or results of measures that have been carried out and are used in the field today. Nonetheless, studies have identified important experience-based knowledge about how measures have worked for users and employees in different parts of the world (Moen et al. 2018). On the basis of the literature in the field, they argue:

> It is of crucial importance that prevention of violence is seen in the context of a more general societal perspective, and as part of general welfare-, family-, health- and gender equality politics and policies. Good and successful preventive work demands early efforts, sustainability, cooperation and that

> different perspectives and knowledge traditions are included with a common goal of preventing violence and abuse. (Moen et al., 2018, p. 17)

Based on their survey and the literature in the field, they have identified the following five major principles for prevention associated with positive effects and promising results. It is imperative that the measures have the following characteristics:

- the measures are extensive, have a comprehensive approach and persist over time
- the measures are introduced at an early stage
- the measures are targeted and use several approaches to reach the goal group
- the measures have sociocultural relevance, and
- the measures are research based and undergo evaluation.

(Moen et al. 2018, p. 17)

They also believe that measures are purposeful if they meet the following criteria:

- they are equally available throughout the country
- are based on cooperation between relevant professional milieux
- are carried out in a supporting organisational context
- provide space for professionals to practise how to thematise violence in close relations, and
- are described clearly in municipal action plans.

(Moen et al., 2018, p. 18)

NKTVS's list of evaluated and non-evaluated measures is not complete, and more evaluations exist. In 2020, Norwegian Social Research (Norsk institutt for forskning om oppvekst, velferd og aldring, NOVA) evaluated the electronically controlled contact ban (electronic fetter) in cases of violence in intimate partnerships. In 2020, Norwegian Social Research (Norsk institutt for forskning om oppvekst, velferd og aldring, NOVA) evaluated the electronically controlled contact ban (electronic fetter) in cases of violence in intimate partnerships. Implementation of the measure thus far has been limited due to lack of knowledge. The main finding is that it has been used in severe cases, after other measures, and consequently, the victim has already been subjected to violence to such a degree that the fetter does not prevent traumatisation or violence (Dullum, 2020).

An evaluation has indicated that municipal action plans were most useful at the start of the planning period (Sandmoe & Nymoen, 2019). Several municipalities have evaluated their

action plans themselves. These evaluations are not scientifically documented, but the conclusions have been integrated into the revised versions of the action plans.

The Norwegian Institute of Public Health has reviewed Norwegian research on intimate partnership violence (Hestevik et al., 2020). A variety of measures were found and categorised. Of 74 studies, 30 dealt with preventive measures, 39 with supportive measures and five with both types of measures. The preventive measures found were courses/education for adults, mapping violence (including risk assessment), information and campaigns, and a few examples were courses/education for children and others. The preventive studies were mainly aimed at victims of intimate partner violence, families and personnel working with victims and/or perpetrators. The main emphasis was on measures within CWS, municipal health services, police/judiciary, schools/kindergartens and shelters (Hestevik et al., 2020). Most of the studies used qualitative methods, and the authors saw a need for studies that look at effects, associations and factors affecting the effectiveness of different measures (Hestevik et al., 2020).

One example of a tested and evaluated measure was a pilot trial of systematic collaboration between child health centres and FCS. The two agencies tested different ways to structure and systematise collaboration. One way was to offer parents counselling from family therapists from FCS at the child health centre. The parents appreciated it and reported that it strengthened their relationship. It was crucial to offer it via the child health centre. The parents would not have sought help from FCS, as that would carry implications of marital breakup and conflict that the parents did not wish to be associated with. The agencies also collaborated on the provision of training courses and group activities. Parents found these initiatives useful and informative and appreciated meeting others in the same situation and learning that challenges are common. A third type of initiative concerns a shared effort to increase competence among personnel. Personnel at child health centres learnt about topics related to marital relationships, which they had limited competence on, while family therapists learnt more about the activities undertaken at the child health centres and the need to focus on the children. The evaluation concluded that the position of child health centres provides opportunities for the expertise of FCS to be applied at an early stage to

parents who need it but otherwise would not or rarely seek help from family therapists (Brodtkorb et al., 2018).

The Nordic Institute of Studies of Innovation, Research and Education conducted a literature review of efforts to increase competence on violence and assaults among public servants (Wollsheid et al., 2020). The report presents (among other things) six evaluated measures. One is the minority adviser arrangement (*minoritetsordningen*), which places minority advisers at colleges. The evaluation concluded that advisers helped students and built competence/skills enhancement in the schools. However, it was difficult to ensure long-lasting commitment due to a lack of resources and the will to cooperate. The authors recommended more cooperation (Steen-Johnsen et al., 2010; Wollsheid et al., 2020). However, more cooperation has both advantages and disadvantages (Bakketeig et al., 2019). On the one hand, it might strengthen the support and reduce tensions between different services. On the other, it might blur the boundaries between help and control and, thus, make the service difficult to understand.

To sum up, prevention of DV may be difficult to evaluate. One reason for this is the challenge of evaluating the effects of preventive measures where the final objective is for negative incidences not to happen. The problem can be assumed to be particularly large in the case of DV, for several reasons. The problem itself is, to a large extent, hidden. It may be difficult to get information about when DV occurs, which people are involved and so forth. For that reason, dark numbers may be high. Many different actors and arenas are involved, which makes it difficult to understand how the different services interplay in dealing with (possible) victims and (possible) offenders. Finally, there is some knowledge on causal factors at the macro level. Nonetheless, the individual cases of DV may be difficult to understand, interpret and predict regarding the risks of how the relations between the offender and the victim, being in their respective life worlds, may turn into a violent connection.

Conclusions and recommendations

In general, our report has shown that the Norwegian approach to prevention of DV is a very broad one that reflects the diversity and complexity of the problem. It recognises that DV occurs in different ways and in many types of close relationships. DV is not only about physical violence. It also occurs as psychological, sexual and economic violence, and a mix of these types of violence, and varies in severity of violent acts. DV is gender biased; that is, persons of both sexes are victimised, but generally, women are more severely hit than men. Children are also an important group here, as they become disturbingly affected by violence towards one of their parents or themselves. The government emphasises the interactional aspects of violence in that violence involves an influential and continuous interaction between individuals and the various situations they encounter. Important risk factors are an interaction of societal and individual factors, such as unequal power relations between the sexes, childhood experiences of violence, cultural and subcultural factors, consumption of alcohol and drugs, family disagreements and conflicts.

This broad approach is demonstrated in reviews and evaluations of preventive tools and action plans in this area. The practices and experiences of different actors following different approaches point to several general principles for preventive work (Moen et al., 2018).

Moreover, we think that the Norwegian experiences, positive as well as negative, also point to another set of recommendations that could possibly be related to the challenges that this specific project must cope with. This includes experiences and factors which may be related to the task of successfully dealing with couples, or previous couples, in partnership that are at risk of falling into a violent relationship.

1. *The actual services should have different relational and individual tools at their disposal to cope with diversified needs.* The core of any service is how the service supplier meets the service receiver and how this meeting is experienced by the service receiver. Stated otherwise, from a service perspective, the issue at stake is what services and values the service users (here, the couples) get from the service supplier. In this case, the main question is what couples in need of help

get from the service regarding communicative message, follow-up, advice, therapy and so on. The FCS of Norway has traditionally adopted a systemic and relational approach as to how couples can work on their lives together. They may have different tools for that. However, DV has been and is increasingly becoming an important issue. That is a problem which, in many cases, will demand individual approaches and tools and not only the pure relational and systemic ones. For example, some FCS also offer anger management courses.

2. *The recruitment of couples to the service should be voluntarily based, with possibilities for access by different channels.* Given that relational and systemic elements are important, it may, per definition, be difficult, often impossible, to deliver an appropriate service if one of the parties of the partnership adopts a resisting attitude. However, it will anyhow be a challenge to recruit people with needs to a new kind of service. To identify couples in need and possibly at risk, such a service should develop a broad interface towards its environment. In the first place, the service should link up to institutions (e.g. police, social services, etc.) that may refer or recommend people to the service. Through these external actors, people who most evidently, as seen externally, are at risk may be invited to the service. Second, by opening direct contact opportunities, couples or one of the partners may contact the service on their own, that is, a kind of "customer front office". In this way, for instance, through web pages, couples or partners who keep their problems to themselves can get a private channel to ask for help.

3. *A new kind of service needs promotional efforts of a different kind. This must be planned for.* Promotion should be strongly emphasised, not least in the start-up phase. To reach couples with a possible need for help, they must know about the service. FCS in Norway are much less known as possible helpers than comparable services like CWS and crisis shelters. The reason for this is not clear, whether it is related to the specific Norwegian context and/or if it has to do with the content of the services themselves. For many people, it may be challenging to ask for professional help for their marriage/partnership. The accessibility study should

give more information about this and could thus form the basis for a promotion plan. Social marketing campaigns that inform about the services as help for people's partnership problems, as well as information to promote the services through professional and training arenas, can be elements of a promotion plan.

4. *Development of integrated services requires a cross-sectoral competence strategy aimed at increasing phenomenon knowledge, competence in action and interaction competence among individual service providers and in individual services*. Moreover, although better cooperation across services requires more competence at individual and service levels, it also requires better coordination of guidelines, educational offers and other measures across sectors. Challenges related to the prevention of violence need to be solved by several people with supplementary competence who are employed in various services and across sectors. A cross-sectoral competence strategy should aim to open barriers between the various sectors so that knowledge competence can more easily be moved horizontally between sectors and not just vertically internally in one sector. Probably, the results of evaluations of measures and assessments could then more easily be used across services and sectors. Finally, through a cross-sectoral competence strategy, services could develop a common understanding of the DV challenge/problem, thereby also developing a common approach to how to solve it.

5. Although the focus in the project is on couples, *it is very important to integrate gendered perspectives in all the main components of the project, it's content and implementation*. In the first place, differences in gendered roles and gendered consequences, are crucial elements as to how and why domestic violence problems occur and are maintained in couple-relationships. Secondly, to ensure user engagement and participation from both women and men, differences in gendered roles, attitudes, and activities must be given attention in the organization of and the promotion of the project.

Given the severity of DV, including GBV, the prevention of violence before it occurs is urgent and inevitable to combat GBV/ DV. Because the boundaries between prevention and treatment can be difficult to draw, prevention at all levels is important.

References

Aas, G. (2014a). *Politiet og familievolden [The police and domestic violence].* Universitetsforlaget.

Andersen, S. & Lorås, L. (2019). *Den historiske utviklingen av familieterapien som fagfelt [The historical development of family therapy as a field]* (VID report 2019/4). VID vitenskapelige høgskole. https://www.regjeringen.no/contentassets/60b7d738df7d4d54a0e8c535cdca2ab3/no/sved/01.pdf

Bakketeig, E., Dullum, J. & Stefamsen K. (2019) Samarbeid I saker om vold og overgrep. Mot en hybridisering av hjelpetjenestene? [Interagency collaboration in cases of domestic violence and abuse. Towards a hybridization of the welfare services]. *Tidsskrift for Velferdssforskning, 22*(3), 198–212.

Bjørnholt, M. (2019). Vold i parforhold – fortsatt et likestillingsproblem [*Relationship violence - still a gender equality problem*]. In K. Skjøten, E., Bakketeig, M. Bjørnholt & S. Mossige (Eds.), *Vold i nære relasjoner forståelser, konsekvenser og tiltak [Violence in close relationships understandings, consequences and measures]* (pp. 33–49). Universitetsforlaget. https://www.idunn.no/vold_i_naere_relasjoner/kapittel2_vold_i_parforhold_fortsatt_et_likestillingspr

Bjørnholt, M. (2020). Vold kjærlighet og makt i likestillingslandet [Violence love and power in the land of equality]. In A. Bredal, H. Eggebø & A.M.A. Eriksen (Eds.), *Vold i nære relasjoner i et mangfoldig Norge [Violence in close relationships in a diverse Norway]* (pp. 31–46). Cappelen Damm Akademisk. https://press.nordicopenaccess.no/index.php/noasp/catalog/view/99/480/3681-1

Bjørnholt, M., & Helseth, H. (2019). *Vold i parforhold- kjønn likestilling og makt [Violence in relationships - gender equality and power]* (NKVTS report 2/2019). Nasjonalt kunnskapssenter om vold og traumatisk stress. https://www.nkvts.no/content/uploads/2019/06/NKVTS_Rapport_2_19_Vold-i-parforhold.pdf

Brodtkorb, E., Businaro, N., Farstad, G.R., Glavin, K., Herland, M. D., & Voldner, N. (2018). *Styrket og tidligere tilbud til småbarnsforeldre. Systematisk samarbeid mellom helsestasjon og familievernkontor [Strengthened and earlier offers for parents of young children. Systematic collaboration between the health station and the family counselling centre]* (VID report 2018/2). VID vitenskapelige høgskole. https://vid.brage.unit.no/vid-xmlui/bitstream/handle/11250/2497004/Sammenstilt%2brapport.pdf?sequence=1&isAllowed=y

Caplan G. (1964). *Principles of Prevention Psychiatry.* Basic Books.

Child Welfare Act [Barnevernloven]. (1992). *Lov om barneverntjenester* [Act relating to Child Welfare Services]. (LOV-2021-06-18-1). https://lovdata.no/dokument/NL/lov/1992-07-17-100

Council of Europe. (2011). Convention on Preventing and Combating Violence Against Women (the Istanbul Convention). https://rm.coe.int/168008482e

Dullum, J. (2020). *"Omvendt voldsalarm". En evaluering av kontaktforbud med elekstronisk kontroll (straffeloven § 57) I saker om vold I nære relasjoner ["Reverse violence alarm". An evaluation of contact bans with electronic control (Penal Code § 57) in cases of violence in close relationships]* (NOVA report 15/20). Velferdsforskningsinstituttet NOVA. https://oda.oslomet.no/oda-xmlui/bitstream/handle/20.500.12199/6414/NOVA-Rapport-15-2020%20.pdf?sequence=1&isAllowed=y

Fauske, H. Kojan, B.H., & Storhaug, A. S. (2018). Social class and child welfare: Intertwining issues of redistribution and recognition. *Social Sciences, 7*(9), 143–156. *https://doi.org/10.3390/socsci7090143*

Flom, A., M. & Handegård, B., H. (2015). Where is the child in family therapy service after family violence? A study from the Norwegian family protection service. *Contemporary Family Therapy, 37*(1), 72–87. http:// 10.1007/s10591-014-9323-5

Forsberg, H. & Kröger, T. (2010). Introduction. In H. Forsberg & T. Kröger (Eds.), *Social work and child welfare politics: Through Nordic lenses* (pp. 1–9). The Policy Press.

Gordon R. (1983). An operational classification of disease prevention. *Public Health Reports* 98(2), 107–109.

Group of Experts on Action Against Violence Against Women and Domestic Violence (GREVIO). (2020). *Report submitted by Norway pursuant to Article 68, paragraph 1 of the Council of Europe Convention on Preventing and Combating Violence Against Women and Domestic Violence* (GREVIO/Inf(2020)15). https://www.ldo.no/globalassets/_ldo_2019/_bilder-til-nye-nettsider/jenter/norway-to-grevio.pdf

Grøvdal, Y. (2019). Hvor lite skal du finne deg I? Politiets kampanje mot vold i parforhold [How little are you going to accept? The police's campaign against violence in relationships]. In K. Skjørten, E. Bakketeig, M. Bjørnholt & S. Mossige (Eds.), *Vold i nære relasjoner: Forståelser, konsekvenser og tiltak [Violence in close relationships:*

Understandings, consequences and measures] (pp. 215–232). Universitetsforlaget. doi:10.18261/9788215032320-2019-12

Haggerty, R. J., & Mrazek, P. J. (1994). *Reducing risks for mental disorders: Frontiers for preventive intervention research.* National Academy Press. https://books.google.no/books?id=5V66-WRcGL8C&printsec=frontcover&dq=Reducing+risks+for+mental+disorders:+frontiers+for+preventive+intervention+research&hl=en&sa=X&redir_esc=y#v=onepage&q=Reducing%20risks%20for%20mental%20disorders%3A%20frontiers%20for%20preventive%20intervention%20research&f=false

Health Care Act [Helse- og omsorgstjenesteloven]. (2011). Lov om kommunale helse- og omsorgstjenester m.m. [Act on municipal health and care services etc.]. (LOV-2011-06-24-30). https://lovdata.no/dokument/NL/lov/2011-06-24-30?q=Helse%20og%20omsorgstjenesteloven

Hjemdal, O. K. & Engnes, K. (2009). Å spørre om vold ved svangerskapskontroll: Rapport fra et forsøksprosjekt i fire kommuner *[To ask obout violence at the maternity clinic check-up: Report from a pilot project in four municipalities]*. (Vol. nr. 1/2009). Oslo: Nasjonalt kunnskapssenter om vold og traumatisk stress.

Hennum, N. (2014). Developing child-centered social policies: When professionalism takes over. *Social Sciences 3*(3), 441–459. http://dx.doi.org/10.3390/socsci3030441

Hennum, R. (2008). Retten til beskyttelse mot vold, overgrep og utnyttelse [The right to protection against violence, abuse and exploitation]. In N. Høstmældingen, S. Kjørholt & K. Sandberg (Eds.). *Barnekonvensjonen. Barns rettigheter i Norge [The Convention on the Rights of the Child. Children's rights in Norway]* (pp. 224–277). Universitetsforlaget

Hestevik, C. H., Steiro, A., Smedslund, & G. og Harboe, I. (2020). *FORSKNINGSKART: Norsk forskning om forebyggende tiltak og hjelpetiltak mot vold i nære relasjoner [RESEARCH MAP: Norwegian research on preventive and remedial measures against violence in close relationships]* (Report). Folkehelseinstituttet [The Institute of Public Health]. https://www.fhi.no/globalassets/dokumenterfiler/rapporter/2020/norsk-forskning-om-forebyggende-tiltak-og-hjelpetiltak-mot-vold-i-nare-relasjoner-rapport-2020.pdf

Iceland, Lichtenstein, Norway Grants (2014). *Priority sectors and programme areas 2014-2021,* The blue Book. https://eeagrants.org/sites/default/files/resources/FMO_170774%2BBlue%2BBook%2BFinal%2BUpdate_2017_FIN.pdf

Jensen, B., Studsrød, I., & Viste, M. V. (2014). Partnervold: Under graviditeten var det skikkelig ille [Partner violence: During the pregnancy it was really bad]. *Fontene Forskning 2*(7), 18-30.

Kindergarten Act [*Barnehageloven*] (2005). Lov om barnehager [Act related to kindergartens]. (LOV-2005-06-17-64). https://lovdata.no/dokument/LTI/lov/2005-06-17-64

Kipperberg, E., Köler-Olsen, J. & Pedersen, E., et al. (2019). *Barnekonvensjonen i praksis fra barnets behov til barnets rettigheter [The Convention on the Rights of the Child in practice. From the child's needs to the child's rights]*. Fagbokforlaget.

Kobro, L. U. (2019). *Social enterprises and their ecosystems in Europe. Country fiche: Norway.* The European Commission. https://ec.europa.eu/social/BlobServlet?docId=20957&langId=en

Kojan, B. H., Nilsen, M., Storhaug A. S., Agerup, T., Clifford, G., & Lichtwark, W. (2020). *Barnevernets arbeid med barn og unge som har erfart vold og overgrep I nære relasjoner- en litteraturstudie [The Child Welfare Service's work with children and young people who have experienced violence and abuse in close relationships - a literature study]*. NTNU, Institutt for sosialt arbeid. https://www.ntnu.no/documents/1272526675/1281525946/NTNU_rapportserie_3.pdf/6181dcdb-ada2-8e62-e8eb-68e7ffaf00b7?t=1588875547866

Krug, E. G., Dahlberg, L. L., Mercy, J. A., Zwi, A. B. & Lozano, R. (2002). *World report on violence and health*. The World Health Organization. https://apps.who.int/iris/bitstream/handle/10665/42495/9241545615_eng.pdf

Lunke, E. B. & Johnsson, E. 2019. Tilgjengelig familievern. En analyse av befolkningens tilgang til Familieverntjenesten. [Available family services. An analysis of the resident's access to the Family Counselling Services] (Report 1714/2019). Transportøkonomisk Institutt.

Markman, H. J., Stanley, S., M., & Blumberg, S. L. (2010). *Fighting for your marriage* (3rd ed.) Jossey-Bass.

Mathiesen, I. H., & Skoland, K. (2016). *Evaluering av opplæringsprogrammet Tidlig inn–hva har skjedd i kommunene [Evaluation of the training program Early in - what has happened in the municipalities]?* (Report IRIS – 2016/054). https://norceresearch.brage.unit.no/norceresearch-

xmlui/bitstream/handle/11250/2631618/Rapport%20IRIS%202016-054%20Tidlig%20inn.pdf?sequence=1&isAllowed=y

Ministry of Education [Kunnskapsdepartementet]. (2021). *Handlingsplan: Frihet fra negativ sosial kontroll og æresrelatert vold [Action plan: Freedom from negative social control and honor-related violence] 2021–2024*. https://www.regjeringen.no/contentassets/bf09aa64a96c4d5e8a69abd4c723f8e9/no/pdfs/f-4464-frihet-fra-negativ-sosial-kontroll-og-aeres.pdf

Ministry of Justice and Public Security [Justis og beredskapsdepartementet] (2021). *Frihet fra vold: Regjeringens handlingsplan for å forebygge og bekjempe vold i nære relasjoner [Freedom from violence: The Government's action plan to prevent and combat violence in close relationships] 2021–2024*. https://www.regjeringen.no/contentassets/2dda3b36640d4dfbbbac11598a1dc792/209755-jd-frihetfravold-web.pdf

Moen, L. H., Bergman, S., & Øverlien, C. (2018). *Forebyggende tiltak mot vold i nære relasjoner. Kartlegging av kunnskap for veien videre [Preventive measures against violence in close relationships. Mapping of knowledge for the way forward]*. (Report 2/2018). Nasjonalt kunnskapssenter om vold og traumatisk stress. https://www.nkvts.no/content/uploads/2018/06/Rapport_2-18_Forebyggende-tiltak.pdf

Molden, T. H., Ulset, G., & Røe, M. (2019). *Kvalitet i familievernet: Ansattes vurderinger av betingelser for et faglig godt tjenestetilbud [Quality in family protection: Employees' assessments of conditions for a professionally good service offer].* (Report). NTNU Samfunnsforskning.

Mossige, S. & Stefansen, K. (2016). Vold og overgrep mot barn og unge Omfang og utviklingstrekk 2007-2015 [Violence and abuse against children and youths Extent and developmental features 2007- 2015].(Report 5/2016) NOVA. https://oda.oslomet.no/oda-xmlui/bitstream/handle/20.500.12199/5104/Vold-og-overgrep-mot-barn-og-ung-NOVA-Rapport-5-16-web.pdf?sequence=1&isAllowed=y

NAV Act. (2006). Lov om arbeids- og velferdsforvaltningen (arbeids- og velferdsforvaltningen) [Act on Labor and Welfare Administration (Labor and Welfare Administration Act]. (LOV-2006-06-16-20). https://lovdata.no/dokument/NL/lov/2006-06-16-20?q=Lov%20om%20arbeids-%20og%20velferdsforvaltningen

National Research Council & Institute of Medicine. (2009). *Preventing mental, emotional, and behavioral disorders among young people: Progress and possibilities.* The National Academies Press.

Nesset, M.B., Bjørngaard, J.H., Whittington, R., & Palmstierna, T. (2021). Does cognitive behavioural therapy or mindfulness-based therapy improve mental health and emotion regulation among men who perpetrate intimate partner violence? A randomised controlled trial. *International Journal of Nursing Studies, 113*(January 2021), 103791. https://doi.org/10.1016/j.ijnurstu.2020.103795

Nesset, M.B., Lara-Cabrera, M.L., Bjørngaard, J.H., Whittington, R., & Palmstierna, T. (2020). Cognitive behavioural group therapy versus mindfulness-based stress reduction group therapy for intimate partner violence: a randomized controlled trial. *BMS Psychiatry, 20*, article number 178. https://bmcpsychiatry.biomedcentral.com/articles/10.1186/s12888-020-02582-4

Norwegian Ministry of Children, Equality and Inclusion (2013). *Barndommen kommer ikke i reprise. Strategi for å bekjempe vold og seksuelle overgrep mot barn og ungdom [Childhood is not repeated. Strategy to combat violence and sexual abuse against children and young people] 2014–2017.* https://www.regjeringen.no/globalassets/upload/bld/strategi_overgrep_m.bokmerker_revidert.pdf

NOU 2019: 20. (2019). *En styrket familietjeneste: En gjennomgang av familieverntjenesten [A strengthened family service: A review of the family protection service]*. Barne og familiedepartementet [Ministry of Children and Families]. https://www.regjeringen.no/no/dokumenter/nou-2019-20/id2678371/?ch=5-

NOU 2020: 17. (2020). *Varslede drap? Partnerskapsutvalgets utredning [Alerted murders? The partnership Committee's report]. Justis og beredskapsdepartementet [Ministry of Justice and Public Security].* https://www.regjeringen.no/no/dokumenter/nou-2020-17/id2791522/

Palmstierna, T., Haugan, G., Jarwson, S, Rasmussen, K., & Nøttestad, J. A. (2012). Cognitive behaviour therapy for men voluntary seeking help for intimate partner violence. *Nordic Journal of Psychiatry, 66*(5), 360–365. https://doi.org/10.3109/08039488.2012.665080

Peters, G. (2015). *Advanced Introduction to Public Policy*. Edward Elgar Publishing.

PL-Justice & Norwegian Financial Mechanism (2020, July 24). *Programme agreement between the Norwegian Ministry of Foreign Affairs and the Ministry of Development Funds and Regional Policy of the Republic of Poland*. Norwegian Financial Mechanism 2014–2021.

Prop 12S. (2016 –2017). *Opptrappingsplan mot vold og overgrep [Escalation plan against violence and abuse] (2017–2021)*. Barne- og likestillingsdepartementet [Ministry of

children and equality]. https://www.regjeringen.no/contentassets/f53d8d6717d84613b9f0fc87deab516f/no/pdfs/prp201620170012000dddpdfs.pdf

Røsdal, T., Madsen, A.,Å, Næss, T., Larsen E., H. (2019). *Kompetanse om vold og overgrep i nære relasjoner: innledende kartlegging av føringer, opplæringsstrukturer og kompetansebehov*.[Competence about violence and abuse in close relationships: initial mapping of guidelines, training structures and competence needs] Oslo: NIFU (Report 2019:26). https://nifu.brage.unit.no/nifu-xmlui/handle/11250/2649896

Rosten, M. G., Øverli, I. T., & Gunderesen, T. (2020). *Truffet av volden. Familievernets arbeid med vold I nære relasjoner* [*Hit by violence. The family counselling services work with violence in close relations*] (NOVA Report 7/2020). Velferdsforskningsinstituttet NOVA. https://hdl.handle.net/20.500.12199/5928

St. Olav's Hospital University Hospital of Trondheim (2018, December 7). *20 år med Sinnemestring Brøsetmodellen [20 years of anger mastery Brøsetmodellen]*. https://stolav.no/nyheter/2018/20-ar-med-sinnemestring-brosetmodellen.

Sandmoe, A., & Nymoen, R. C. (2019). *Kommunale handlingsplaner mot vold i nære relasjoner: Hvordan brukes de og til hvilken nytte [Municipal action plans against violence in close relationships: How are they used and for what benefit]?* (Report 3/2019). Nasjonalt kunnskapssenter om vold og traumatisk stress, NKVTS. https://www.nkvts.no/content/uploads/2019/09/NKVTS_Rapport_3_19_kommunale_handlingsplaner_web.pdf

Sandmoe, A., Ruud, N., S. & Bergman, S. (2021). *Kommunenes helhetlige arbeid med vold mot kvinner og vold i nære relasjoner*, [The municipalities' comprehensive work with violence against women and violence in close relationships]. Nasjonalt kunnskapssenter om vold og traumatisk stress (NKVTS).

Sentio Research (2017). *Familievernkontoret kjennskap og inntrykk i befolkningen [The family conselling services knowlege and impressions of the residents].* https://bibliotek.bufdir.no/BUF/101/Familievernkontoret_Kjennskap_og_inntrykk_i_befolkningen.pdf

Shelter Act [*Krisesenterlova*]. (2009). Lov om kommunale krisesentertilbod [Act on Municipal Shelter Offers]. (LOV-2021-06-18-127). https://lovdata.no/dokument/NL/lov/2009-06-19-44?q=Lov%20om%20kommunale%20krisesentertilbod

Skivenes, M. (2011). Norway: Towards a child- centric perspective. In N. Gilbert, N. Parton, & M. Skivenes (Eds.), *Child protection systems- international trends and orientations*. New York: Oxford University Press.

Skjøten, K., Bakketeig, E., Bjørnholdt, M., & Mossige, S. (Eds.) (2019). *Vold i nære relasjoner Forståelser, konsekvenser og tiltak [Violence in close relationships. Understandings, consequences and measures]*. Universitetsforlaget. *https://www.idunn.no/vold_i_naere_relasjoner*

Statistics Norway. (2021). https://www.ssb.no/en

Steen-Johnsen, K., Liden, H., & Five Aarset, M. (2010). *Handlingsplan mot tvangsekteskap: Evaluering av utvalgte tiltak [Action plan against forced marriage: Evaluation of selected measures]*. (Report 2010:7). Institutt for samfunnsforskning. https://samfunnsforskning.brage.unit.no/samfunnsforskning-xmlui/bitstream/handle/11250/177507/R_2010_7web.pdf

Stickdorn, M., Hormess, E. Lawrence, A., & Schneider J. (2018). *This is service design doing: Applying service design thinking in the real world*. O'Reilly Media.

Stubberud, E., Hovde, K., & Aarbakke, M. H. (2018). *The Istanbul convention the Nordic way.* Forlaget Nora.

Thuen, F., Masche-No, J. G., & Raffing, R. (2017). Do homosexual couples with children benefit equally from relationship education program despite various backgrounds? Effects of a Danish version of the Prevention and Relationship Education Program (PREP). *Scandinavian Psychologist, 12*(4). https://psykologisk.no/sp/2017/09/e12/

Tuastad, S., E. (2014). Rettferdsagentane – samfunnsoppdraget til Barnevernet [The justice agents – the social mission of the Child Welfare Service]. In I. R. Ellingsen & R. Østerhaug (Eds.), *Barnevernets brennpunkt- beslutningsgrunnlag og beslutninger [The Child Welfare Service's focal point - decision basis and decisions]* (pp. 42–46). Universitetsforlaget.

United Nations. (2016). *Transforming our world: The 2030 Agenda for sustainable development.* https://sustainabledevelopment.un.org/content/documents/21252030%20Agenda%20for%20Sustainable%20Development%20web.pdf

United Nations Convention on the Rights of the Child (1989). Available at https://www.ohchr.org/en/professionalinterest/pages/crc.aspx

Wollsheid, S., Lyby, L., & Nesje, K. (2020). *Kunnskap om tiltak for å øke kompetansen på vold og overgrep blant offentlig ansatte: En litteraturgjennomgang [Knowledge of measures to increase competence in violence and abuse among public employees: A literature review]* (Report 2020:9). Nordisk institutt for studier av innovasjon, forskning og utdanning (NIFU). https://nifu.brage.unit.no/nifu-xmlui/bitstream/handle/11250/2647719/NIFUrapport2020-9.pdf?sequence=4&isAllowed=y

World Health Organization. (2009). *Violence prevention the evidence. Promoting gender equality to prevent violence against women* https://www.who.int/violence_injury_prevention/violence/gender.pdf