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**“It’s very complex”: Professionals’
work with domestic violence (DV)**

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Report – FGI and interviews 2022

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Summary

This study explores Norwegian professionals' experiences of working within partner violence (PV) prevention area, including, cross-sectoral and interdisciplinary cooperation as well as possible successful strategies and measures in this area. This report is one of the deliverables of the “Integrated System of Domestic Violence Prevention” (ISDVP) project and of the agreement with The State Treasury, the Institute of Justice in Warsaw, Poland. This study contributes to research on professionals’ experiences of interprofessional collaboration in the domestic violence prevention area – a similar study was conducted in Poland. To facilitate an interdisciplinary and interagency group discussion, five focus groups (with 19 participants) were conducted. The analysis reveals that there is inter- and intra-sectoral collaboration in the domestic violence prevention area. There are marked challenges but also notable success stories. The participants talked about several barriers to cross-sectoral collaborations, such as i) professional requirements of confidentiality, mandate, and/or duty to report, especially in the domestic violence prevention stages; ii) the complexity and plethora of practical and organizational measures and initiatives as well as who does what and when, particularly when helping a client navigate through the system; and iii) the difficulty in defining as well as uncovering domestic violence because it can be understood differently by various parties, especially from a cross-cultural perspective and gender stereotypes. In terms of effective management of multisectoral collaboration, the participants mentioned i) several tools and models, e.g., SARA and Flexid, and ii) organization of emergency shelters; and iii) networking. Besides, the participants reported a need for a nuanced and multifocal approach to domestic violence prevention, including addressing the specificities of different vulnerable groups such as the elderly and the LGBTQ+ community. They also talked about the importance of initiatives aimed at removing the stigma and taboo around domestic violence, also through targeting higher education establishments.

Introduction

This study explores Norwegian professionals' experiences of working within partner violence (PV) prevention area, including, cross-sectoral and interdisciplinary cooperation as well as possible successful strategies and measures in this area. This report is one of the deliverables of the “Integrated System of Domestic Violence Prevention” (ISDVP) project and of the agreement with The State Treasury, the Institute of Justice in Warsaw, Poland. All planned activities shall follow the Council of Europe Convention on Preventing and Combating Violence Against Women and Domestic Violence, often called The Istanbul Convention (Council of Europe, 2011). This study contributes to research on professionals’ experiences of interprofessional collaboration in the domestic violence prevention area – a similar study was conducted in Poland.

Method

In order to facilitate an interdisciplinary and interagency group discussion, focus groups were conducted (Silverman, 2008). During spring 2022, the research group reached out to several agencies (both public and private) that are responsible for cases where domestic violence is suspected. The aim was to shed light on challenges related to the prevention of domestic violence and understand how different professions interact in these types of cases.

Sample

The research group conducted five interviews in four municipalities, of which three were focus group interviews with participants from different agencies within a municipality, and two were interviews with one to two employees from a single agency. In total, there were 19 informants.

The four municipalities involved in the study, varied in terms of their geographical location (representing the northern, western, eastern, and southern parts of Norway), and the numbers and density of the population:

- Municipality 1: Large city located in the east of Norway
- Municipality 2: Medium size city located in the south of Norway
- Municipality 3: Medium size city located in the western part of Norway

- Municipality 4: Small city located in the north of Norway

The participants represented different agencies, both public and private, as well as occupied various positions and represented several professions, spanning a wide range of domestic violence provisions:

- Child Welfare/Protection Services (Barnevernstjenesten): four people
- Family Counselling Services (Familievernkontoret): three people
- Police: three people (Support Centre),
- Crisis Shelters (Krisesenteret): two people
- ATV (alternatives to violence): one person
- The National Mediation Service (Konfliktråd): one person
- Health and Care departments in municipal administration: four people (strategic planning, crime prevention, multicultural dialogue, diversity/equality)
- The Church's City Mission (Kirkens bymisjon): one person

Data collection, analysis, and ethical considerations

The interviews were conducted, and recorded, online (video calls) during spring 2022, after oral informed consent was received. The interviews lasted about 90 minutes each and were transcribed verbatim. The semi-structured interviews were conducted by one to two of the researchers. The generated data were analyzed utilizing thematic analysis (Braun & Clark, 2006).

The Norwegian Center for research data (NSD) assessed that the processing of personal data in this project is in accordance with privacy regulations and required ethical guidelines were followed (NESH, 2016), including assuring informed consent from the participants and ensuring their anonymity.

The agencies' main work and mandates:

There is a growing recognition that political and administrative systems face increasingly complex problems (Willumsen & Ødegård, 2016), and domestic violence prevention, is one

such example. The so-called “wicked problem”, meaning a situation where successful solutions do not follow the established administrative divisions, but are cross-sectoral and require efforts from several sectors, professionals, and levels remains a practical challenge. Norwegian governments have implemented many plans, actions, and measures over the past 20 years to prevent, protect victims of and prosecute perpetrators of, domestic violence, as well as developed coordinated policies and interprofessional collaboration in this area (Baseline report by the Government of Norway, 2020). Preventive efforts have been implemented at several levels of domestic violence provisions, including the period before violence emerges and intervening when violence is ongoing (Moen et al., 2018). Moreover, prevention of domestic violence requires increased multidisciplinary coordination and collaboration from various bodies, such as the criminal system (e.g., the police and the judiciary), the social system (e.g., child protection/welfare and family counselling), health and care services (e.g., maternity care professionals, dentists, doctors, counsellors, nurses, etc.) and the community at large (e.g., families, friends, schools, and churches) (Prop 12S, 2016–2017). In delivering effective prevention, different kinds of competence and measures from various services are needed. However, serious competence deficiencies and a lack of coordinated services, across various sectors and services, and failures at all levels, including cooperation across sectors and services handling domestic violence cases have been noted (Røsdal et al., 2019).

Norwegian municipalities are required by multiple laws, e.g., Kindergarten Act (2005), the Health Care Act (2011), the Child Welfare Act (1992), the NAV Act (2006) and the Shelter Act (2009) to prevent and report domestic violence and sexual assaults as well as are also to work across sectors.

Local authorities also work on preventing violence in intimate relations by ensuring that their communities know what domestic violence is and that they have information about where they can go to get qualified and coordinated help. The municipalities work within the fields of crime prevention, multicultural dialogue, diversity/equality, and on a more strategic level, with overall planning to prevent domestic violence. For example, Action plan against domestic violence has been recommended by the government since 2007 and 40 % of Norwegian municipalities now

have an action plan in place. Hence, we included participants from the health and care departments in municipal administration in one focus group.

Child Welfare Services (CWS)

The core mandate of the local CWS is to prevent, and protect from, abuse and maltreatment within the family (Child Welfare Act, 1992). Child welfare law entails a range of compulsory measures, but the CWS is primarily supportive services. The threshold measures are supposed to be low and about 72% of these measures are voluntary with around 60% receiving support while living in their biological parents' homes (Statistics Norway, 2021). These support measures (e.g., advice, supervision, programmes) are tools to prevent problems from lasting or escalating in families at risk of abuse or neglect.

Another important part of the CWS's mandate is a statutory responsibility of cooperation to ensure the safeguarding of children's interests by other agencies or services (e.g., midwife services, health centres, family counselling services, schools, and kindergartens). Paragraphs 3-1 of the Child Welfare Act states that the CWS has a responsibility to uncover and act on neglect and behavioural, social, and emotional problems at a sufficiently early stage. The CWS also refer children and families to other services in the municipality or in the region.

Family Counselling Services (FCS)

This is a specialist service that centres on family-related problems. The FCS professionals shall offer treatment and counselling where there are difficulties, conflicts, and crises in the family (Family Counselling Service Act 1997). They provide mandatory mediation between parents with children under the age of 16, who separated or broke up and children can also be included in the mediation. Family counselling centres provide free-of-charge services to couples, families, and individuals experiencing domestic or relational problems. While some offices are run by church organisations, others are run by municipalities. In Norway, these services represent the core of services for families needing guidance and/or help to deal with relationship problems (Molden et al., 2019), and since 1998, all counties in Norway are required to provide family counselling offices for their communities (Andersen & Lorås, 2019). The

services have to be accessible, specifically, all Norwegians should have less than two hours of travelling time to their nearest family counselling office (Lunke & Johnsson, 2019).

The Family Counselling Services are also staffed with “violence coordinators” who specialize in domestic violence. They are consulted in cases to map out, inter alia, power balance, jealousy and control issues, and note violence, both latent and active incidents. The Family Welfare Services provide psychotherapeutic treatment and must cooperate with other service providers if cooperation is necessary to provide the users with a comprehensive and coordinated service (Family Counselling Act 1997, § 1-a). They direct people to other agencies or support services such as crisis shelters, police and so forth when this is needed. In larger municipalities, the agency has a special focus on immigrant groups, including different courses.

Police Support Centre

Support center¹ is a department within the police that offers support to victims of domestic violence and these centres are established in all Norwegian Police districts. The department is independent of the investigative law enforcement arm of the police. It offers individual support, risk assessment and emergency plans, supervision on how to report an offence, witness support, help to apply for criminal injuries compensation as well as help for offenders. The police can also impose an interim exclusion order and offer different sorts of anti-violence alarms. The Police shall cooperate with other authorities and organizations that are assigned tasks that affect the police field of activity if rules given in or pursuant to the law do not prevent it (Police Act 1995). The centres also have a system in place for referring victims to other relevant agencies.

Crisis Shelters:

Crisis shelters are there for victims of violence and/or abuse from a partner, family member or other people close to them². The shelters offer protection, advice and guidance to women, men, and children. Anyone can receive help from a crisis shelter even if it is not an emergency, and even if they are not in immediate danger. People can contact the shelters without a prior

¹ <https://www.politiet.no/kontakt-politiet/stottesenter-for-kriminalitetsutsatte/>

² <https://dinutvei.no/en/english/what-is-a-crisis-shelter/>

appointment or referral. The service is free. Staff at crisis shelters have relevant training and/or experience working with violence and abuse. The staff have a duty of confidentiality. Every local authority is required by law (Crisis Center Act 2009) to provide a crisis shelter service.

Occasionally, several local authorities join to provide a crisis shelter service. Most crisis shelters are suitable for users with reduced mobility, and local authorities must provide alternative solutions if such a provision does not exist.

The service includes:

- a safe place to stay for a limited time
- counselling
- help with contacting health and support services
- information about rights and opportunities
- advice and guidance (including legal advice)
- counselling groups and activities
- follow-ups

Citizens can receive help from a shelter even if they are not staying there. In contacting the centre, people can also remain anonymous. Professionals, and relatives of victims of violence, are also welcome to contact the shelter. Following § 4 of the Crisis Center Act 2009, the municipality must, in addition to following up with individual users, collaborate with other services, if it is necessary to provide the user with comprehensive and coordinated services, also to ensure that the centres cooperate with other services on general grounds.

[ATV \(alternatives to violence\)](#)

Alternativ til Vold (Alternatives to Violence; ATV)³ is a non-profit nongovernmental organisation that provides courses, treatment, and professional expertise on violence, with a particular focus on domestic violence. The organization's threefold mandate is to provide psychological treatment, develop professional knowledge and disseminate knowledge on domestic violence. The organization considers domestic violence to be a social problem. While the treatment is offered to both victims and offenders, ATV is most known for treating offenders. Its work is primarily financed by state and local governmental contributions. ATV has 13 offices that cover

³ <https://atv-stiftelsen.no/english/>

specified regions. The northernmost ATV office has a particular responsibility to ensure that its services reach the Sami population.

The National Mediation Service (Konfliktrådet: NMS)

The National Mediation Service is a service for people in conflict or after an offence⁴. The services are regulated by the Mediation Service Act 2014. The NMS is free of charge. All residents may contact their local mediation service requesting a mediation meeting and/or restorative process. The restorative process focuses on facilitating a dialogue between parties that are in conflict or after an offence. The process gives an opportunity to process the incident(s), and work through chaotic thoughts, feelings, and unanswered questions. Furthermore, the perpetrator is also given the opportunity to take responsibility. Victims can describe their experiences and ask questions that only the perpetrator can answer. The aim of the process is for the parties to explore possibilities together and to reach an understanding as well as an agreement on how they can restore or resolve their situation as best they can. The process is voluntary, and the parties can withdraw at any time throughout the process. The process is prepared and facilitated in dialogue with the parties by an impartial mediator. There are about 550 volunteer mediators in Norway.

The Church's City Mission⁵ (Kirkens bymisjon)

The Church's City Mission is a non-profit organization working in towns all over Norway for people who struggle with everyday life. The organization provides a range of support services and measures, such as, for example, substance abuse, poverty, work, housing, diversity, and inclusion.

⁴ <https://konfliktraadet.no/>

⁵ <https://kirkensbymisjon.no/>

Key findings:

Difficulties

Hard to define violence

Domestic violence is difficult to define, and it is a demanding process which was noted by the participants. It is difficult to both, know what constitutes violence (since violence has different dimensions, not just physical, but also psychological, financial, digital etc.), and know whether there is violence in a relationship. There are often differences in how clients define and describe violence, and views on what constitutes violence vary between partners as well as between different couples. Sometimes it is difficult to know when it is a “conflict” and when it is “violence”. How one defines violence and where to set the boundaries can be affected by a person’s background and previous experiences of violence.

Hard to uncover domestic violence and choose appropriate measures to prevent and combat it

The participants reported that discovering whether the risk of violence/actual violence is part of a relationship is a demanding process. For example, violence is often part of complicated relationships, sometimes victims themselves do not know that what they are experiencing is violence. Moreover, being in the same room as the perpetrator, or how revealing violence will affect their children can sometimes scare the victims from talking about experiences of violence

Asking questions about domestic violence can, according to the informants, be an important way to find out if violence is taking place. Often, however, it will take time and trust to find out, but mapping tools can be useful (see list below). Some participants stated that it is easier to ask and uncover violence if there are mandatory questions that everyone is asked, for example, midwives speak to new mothers.

The relationship between the professional and the family can be structured differently, and this is something that can affect how professionals and families work together, and the opportunities and choices available when working with a family. For example, whether the

treatment or therapy is voluntary or compulsory, the therapist's/professional's background, and whether the couple works together during joint meetings or in separate meetings.

Reading the interviews, it would appear that most measures provided are for victims of domestic violence. Help/support and/or treatment for offenders, in cases where violence has occurred, are only provided by ATV. Preventive measures, such as courses and classes, (e.g., anger management) are provided by multiple other agencies.

The informants pointed out that it is important to guide/refer clients to other agencies if they cannot offer the right service/treatment/therapy themselves or if they uncover other problems that clients need support dealing with. This requires knowledge of the available services, and it is seen as an advantage to know individuals working in other professions and agencies.

Views about the gendered DV

According to many of our informants, there is a risk of bias amongst service personnel when it comes to domestic violence and gender. Many say that they automatically assume that the man is the offender in cases of violence and that this is something they must be aware of in their work.

The participants also work with men who are victims of domestic violence, but they state that it can be more difficult to uncover. The violence may appear and is experienced, differently e.g., stigma and fear of losing children can prevent men from speaking up about what they are experiencing. But when the problem is uncovered and defined, the approaches for providing help for men are the same as for women.

Participants also noted that they observe more cases where women are violent towards children.

Some participants reflected on the importance to consider the connection between gender and multiculturalism in their professional practice. Working with different ethnic groups may confront professionals with other perceptions of gender roles and definitions of what

constitutes violence, and it is important to be aware that working within these groups may require different approaches.

Also, issues related to LGBTQ+ were highlighted as needing attention, including a perceived lack of competence related to LGBTQ+ sexuality and relationships/family life across agencies and professions.

Children are affected by DV

Children are victims/survivors of many domestic violence cases that our informants are engaged in, be it through children's own experiences of violence or their witnessing of violence between the parents. In many cases issues regarding child custody translated into a demanding process for families.

It was reported that violence against children is difficult to detect, especially psychological violence, social control, digital violence etc., and this is something that many of the informants find challenging. Some participants differentiate between what they call “dangerous vs. harmful violence”, emphasizing that it is important to be aware that it does not have to be life-threatening physical violence before it is harmful and must be taken seriously.

Creating a safe environment for children of all ages to talk about their situation and taking time to build trust is important when working with families.

Follow-up over a period of time is seen as an essential part of working with children, not only because it can take time to uncover that violence, but also because problems connected to violence cannot be solved overnight. The participants said that they see it as important not to forget that children can live in perpetually violent family relationships, even though their parents have been in the system and have received help and support at some point. It is important to pay attention to the behaviour of children and adolescents to identify this. Schools are particularly important partners in this work.

Educating children on what constitutes violence, and how they can get help is also regarded as crucial. The “Angry Man” programme (described below), implemented in schools throughout the country is one such tool for increasing awareness of domestic violence.

Adolescents who show aggression can receive help and treatment at ATV. These are not necessarily cases where domestic violence has occurred, but this effort is seen as a preventive measure.

New family or parenting forms also raise new issues, for example, in the family counselling service where, for instance, homosexual couples who have unclear or complicated arrangements regarding their parenting - can find themselves in conflict about custody and visitation once the child arrives.

DV and cross-cultural issues

The interviews revealed that working with groups of different nationalities and ethnic backgrounds can be challenging and often requires more flexible approaches. Programmes for, and methods used in, domestic violence work have been often designed with people from the same background from ethnic Norwegian culture in mind. It can be challenging to find the best possible approach towards groups or individuals who bring with them a different context and a different experience of upbringing, understanding of violence, gender roles, etc.

The participants from the Family Counselling Services reported that people from minority backgrounds tend to use their services less than ethnic Norwegians unless it is mandatory mediation. The participants explained it as partly because of different attitudes towards violence and upbringing, and partly a perception that the professionals at the Family Counselling Services are more like a judge than a therapist. Hence, they work on developing methods for approaching these groups in new ways, such as courses, for example.

People working with minority groups also described that it is important to work with the culture shock and narratives surrounding these issues, that immigrants face, over a period of

time. They emphasized that it is important to initiate dialogue with leaders from different minority groups on the subject matter and enable the community itself to be an active partner in how to approach the problem. Working in such a way, enables cooperation and developing trust in the services and especially, developing voluntary and preventive as opposed to coercive measures.

Working to get people from minority backgrounds into the labour market is also seen as an important domestic violence prevention measure. Another important issue to address when working with people who have left or are in the process of leaving a forced marriage or other controlling relationships. Building their competence in how to look after themselves, e.g., education, work life, housing, and the demands and expectations of life outside marriage or a closed community.

The necessary, but difficult cross-sectoral and cross-professional cooperation and coordination. The informants described that there is some collaboration, but many expressed both the need and potential for more coordination across agencies and professions. There are formal networks and teams, such as consultative cross-agency teams or log meetings, on both case level and more strategic levels, and more informal cooperation based on the professionals knowing each other where, the individuals involved inform and consult each other. The interviewees indicated that schools, kindergartens and GPs can be important partners in their daily work, although not always through formal structures. This applies to both, preventive work, such as uncovering violence and follow-up work with people who are at risk of, or who have been exposed to, violence.

According to the participants, there are some formal barriers to cooperation such as confidentiality or authority/mandate. This occurs for the most part on the case level. It also appears that the duty to report (e.g., the duty to notify the Child Welfare Services and the Police in cases of suspected violence) may prevent people from seeking meeting places or measures and make preventive work more difficult.

They also pointed out practical or organizational barriers that may hinder cooperation. This may manifest as experiencing difficulties with keeping track of all measures and initiatives that exist, not knowing who works with what and whom. Ultimately, they described that this could make it difficult to see the whole picture and to provide their clients with optimally drafted and coordinated assistance.

Experiences of shortcomings – further needs

During the interviews, many of the participants stated that they experience shortcomings in the overall service for people affected by domestic violence. Different suggestions and needs were pointed out:

- More coordination across different efforts, professions and agencies
- Domestic violence as a theme must be addressed in more and different types of areas to remove the stigma and taboo connected to these issues
- Increase awareness of violence through study programmes for students in higher education (e.g., Policing, Law, Psychology, Health Care)
- More focus on violence against elderly people
- Increase the use of peers in self-help groups, etc.
- More focus on violence and cultural issues
- More measures towards perpetrators of violence
- More time and resources to work with couples at risk before they become parents.
- Increase understanding of and on LGBTQ+ families.

Experiences of successful measures and initiatives

Tools and models:

- “SARA” is a risk assessment tool based on a checklist of 15 basic risk factors that identify and reveal the risk of re[o]currence of domestic violence, so that various preventive measures can be initiated. This tool is used by Police and Crisis Shelters
- “Abuse Index” is a screening tool for capturing experiences of violence in past or present relationships. Primarily intended for therapists, used in Crisis Shelters.
- “Livet i familien” (“Life in the family”) is a tool used by Family Welfare Services to map out power balance in relationships.
- “Voldshjulet” (“The Violence Wheel”) is a model to help uncover patterns of violence and discuss risk and vulnerability factors.
- Anger management “The Brøset model” is an educational programme for professionals who work with perpetrators of domestic violence.

- “Flexid” is an awareness course for young people from a cross-cultural background, focusing on identity, skills, resources and challenges. The course is offered to, amongst others, municipalities, and is developed by a private foundation called Flexid⁶.

Statutory measures, examples:

- Emergency accommodation for women and men and their children is offered by crisis centres
- Mediation between parents with children under the age of 16, (after separation/break up) is offered by Family Counselling Services.
- Couples Therapy offered by Family Welfare Services
- Conflict Council (Konfliktrådet)

Measures for perpetrators of domestic violence

- Anger management classes are offered by various agencies in the municipalities.

Preventive measures:

- “Democracy Groups” is a measure offered by The Church's City Mission, that focuses on Norwegian society, legislation, and democracy/co-determination, but also information about specific local support services.
- “Gatejuristen” (“Street Solicitor”) by The Church's City Mission aims to offer legal aid to vulnerable groups.
- “Parents after break up” classes are offered by Child Welfare Services.
- «Bryt voldsarven» (“Break the Violence Legacy”) is aimed at parents who were raised in violence, in order to prevent violence from continuing in the next generations.
- "Family for the first time" is a programme offered by municipalities to first-time mothers with, for example, mental or physical challenges, challenging finances, limited social and familial network and social support that may be detrimental to their new parenting role. This is a Norwegian edition of the Nurse-Family Partnership.
- The International Child Development Programme (ICDP) is a preventive and group-based programme aimed at parents with children aged 0 – 18 years. The programme can be offered at the Health Centre, in the Family Welfare Service, by voluntary organizations and religious communities. Its purpose is to prevent psychosocial difficulties amongst children and adolescents by supporting parents and other caregivers in their roles.
- “Sinna Mann” (“Angry Man”) is a film and a teaching programme for schools aimed at students aged 10-13, about domestic violence and how a child in such a situation can get help.

⁶ <https://flexid.no/>

- Midwives “mapping” new mothers. This is a scheme covering different issues, and domestic violence is one of them.

Networking:

- Network against domestic violence and sexual offences, with participants from, amongst others, the Police, and the Crisis Shelter.
- Network against honour-related violence with participants from, amongst others, police, Red Cross, Child Welfare Services, learning centres and refugee services.

Conclusion

The research findings show that there is inter- and intra-sectoral collaboration in the domestic violence prevention area and that there are marked challenges but also notable success stories. The participants noted several barriers to cross-sectoral collaborations, such as i) professional requirements of confidentiality, mandate, and/or duty to report, especially in the domestic violence prevention stages; ii) the complexity and plethora of practical and organizational measures and initiatives as well as who does what and when, particularly when helping a client navigate through the system; and iii) the difficulty in defining as well as uncovering domestic violence because it can be understood differently by various parties, especially from a cross-cultural perspective and gender stereotypes. In terms of effective management of multisectoral collaboration, the participants mentioned i) several tools and models, e.g., SARA and Flexid, the latter being particularly helpful in a cross-cultural setting; ii) organization of emergency shelters; and iii) networking. Furthermore, the participants reported a need for a nuanced and multifocal approach to domestic violence prevention, including addressing the specificities of different vulnerable groups such as the elderly and the LGBTQ+ community as well as the importance of initiatives aimed at removing the stigma and taboo around domestic violence, also through targeting higher education establishments.

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