

# Collection of good practices/treatment programs

## Domestic violence

### 1 Introduction

The rationale behind developing an overview of perpetrator programmes on domestic violence within the prison and probation service is that the identification of relevant approaches can serve to inspire policymakers and practitioners elsewhere. This mapping is a result of the first expert group meeting on Domestic Violence in 2019. Domestic violence is a problem all over Europe and programmes developed in one EU country might be useful also for another country. There is a clear need for many EU countries to develop methods for dealing with domestic violence cases and perpetrators. The aim of this mapping is to encourage further development and cooperation in this important field. This overview therefore shall not be seen as a blueprint that can be applied anywhere, but rather to encourage innovation and analysis among potential users and beneficiaries. This collection aims further at bringing together policymakers, practitioners, beneficiaries and other experts that face similar challenges.

The aim of this specific format is to collect information about perpetrator programs and practices in the area of treatment of domestic violence offenders.

**Guidance template** (Please fill in one template for each programme that you deliver.)

	<b>Explanation</b>
<b>Name of the perpetrator programme</b>	Relational Violence Programme (RVP)

<b>Owner/developer Year</b>	Developed by the Swedish Prison and Probation Service (SPPS) during 2013-2016. Accredited by a scientific panel 2017.
<b>Geographical scope</b>	Prisons and Probation offices in Sweden.
<b>Key features of the perpetrator programme</b>	<p>RVP is structured around and categorized into three main themes: <i>1) Emotional stability, 2) Relationship patterns, and 3) Attitudes</i>. In all three themes and phases a special focus on <i>substance abuse</i> is possible when applicable. The three themes together with substance abuse aims at addressing several of the most criminogenic needs for domestic violence: <i>antisocial cognition, poor self-regulation, jealousy/extreme preoccupation, lack of self-control, poor communication and conflict/problem solving skills, substance abuse as well as antisocial associates</i>.</p> <p>The treatment is carried out in three phases:</p> <p><i>Phase 1: Alliance, motivation and assessment</i> This phase aims to establish alliance, explore the client's motivation to change and expectations for treatment as well as to work with stabilization and development of a treatment plan through case formulation. The case formulation i.e. the systematic assessment and organization of the client's problems and criminogenic needs aims to emerge into; formulation of treatment goals and a description of the client's valued direction, a hypothesis of how the client's treatment needs (relevant to understand the domestic violence) are developed and maintained, as well as a treatment plan for the next phase which focus on strategies for change.</p> <p><i>Phase 2: Exploring and processing themes and relevant areas of treatment needs</i> The second phase is where the facilitator and the client are working towards behavioural change i.e. learning new and more constructive strategies. The sessions are based on the three themes in RVP, and are processed with emphasis on the client's problems and needs as described in the case formulation. All three themes has its own model of change linked to different treatment components and modalities. For clients with substance abuse this is addressed continuously in the context of the work with each theme.</p> <p><i>Phase 3: Managing future risks and maintaining changes</i> The final phase aims to maintain the cognitive and behavioural changes that the client's undertaken, as well as planning for the future after completion of the treatment programme.</p> <p>RVP is delivered by internal staff.</p>
<b>Risk assessment</b>	The RNR-Assessment. A comprehensive risk, needs and responsivity

	<p>assessment of all clients in the SPPS.</p> <p>Spousal Assault Risk Assessment Guide (SARA), when applicable.</p>
<b>Target group</b>	<p>RVP targets individuals sentenced for domestic violence towards one or several significant others. In RVP significant others include current or previous partners in heterosexual- or same sex relationships as well as parents, children, siblings or other significant others. The concept of violence includes all types of violence and other abusive behaviours that may occur between related individuals (physical, sexual or emotional/psychological violence). The programme is gender inclusive.</p> <p>RVP is primarily developed for clients in correctional settings with a high risk of reoffending.</p>
<b>Theory/Methodology used</b>	<p>RVP is largely based on what has been proven effective for other type of criminal behaviour, i.e. social learning theory, which applies techniques and strategies of Cognitive Behavioural Therapy (CBT). Moreover the programme is consistent with the overall treatment principles on risk, need and responsivity (RNR). RVP is also addressing known risk factors for domestic violence and in particular factors that are possible to be affected by psychological treatment.</p> <p>RVP is delivered in a flexible one to one format. The programme facilitator adjusts both the main focus of the treatment, and how the individual treatment interventions are applied based on the client's specific risks, criminological needs and personal responsivity. The same applies to the extent and intensity of treatment. At the same time, like other CBT treatments, RVP follows a clear structure with phases, themes, treatment strategies and principles for session structure and agenda.</p>
<b>Individual or group programme</b>	Individual
<b>Duration of the perpetrator programme</b>	The length and intensity of RVP is mainly determined by continuous evaluations of relevant behavioural changes and goal achievements. Recommended treatment length is between 25-40 sessions with 1-2 sessions a week. The sessions should be between 1 – 1,5 hours.
<b>Victims safety</b>	<p>According to the Social Services Act, the municipalities are responsible for supporting victims. Voluntary organizations also receive contributions from the state to support victims of domestic violence and sexual abuse.</p> <p>Ongoing strategic development of preventive programmes and protective measures, in close cooperation with national police, the</p>

	National Board of Health and Welfare and the Gender Equality Authority. All in line with the Government's long term strategy to stop men's violence against women.
<b>Monitoring and training</b>	<p>SPSS has national guidelines for selection and certification of programme facilitators with requirements for the programme facilitator, training, supervising and rules and criteria for certification. RVP places special requirements on the programme facilitator in terms of competence and experience. The training in RVP is defined as a qualified further education within the SPPS educational regime. It requires a behavioural academic degree and at least one up-to-date certification in an individual treatment programmes used in SPPS. It is of particular importance to take into account the programme facilitator's sense of responsibility and cooperation skills in the supervising and certification process.</p> <p>The training follows a three-step process. The first step consists of a five day training period. The second step consists of a two day training period, six to eight month after the first one. The second step of the training is for facilitators who have started RVP with clients and are working with the case formulation. It aims at collegial guidance from trainers and other RVP facilitators in training through presentation of their case formulations. The third step is a two day training period that follows 4-5 months after the second step. It is for the facilitators who are working actively with clients in phase two of the programme. In the third step of the training the participants are asked to read articles provided by the trainers and to show ability to apply RVP based on knowledge gained from the articles. This is done through roleplaying, self reflection and feedback from other participants.</p>
<b>Evaluation</b>	An evaluation performed by the SPPS is ongoing.
<b>Transferability</b>	<p>The SPPS is the owner of the programme. The programme has not yet been tested outside the correctional services in Sweden.</p> <p>The manuals are written in Swedish.</p>
<b>Digitalisation</b>	<p>Certain sessions may, exceptionally, be conducted via video conferencing.</p> <p>A development work is under way for more digital solutions.</p>
<b>Volume</b>	About 100 clients have completed the programme so far.
<b>Lessons learnt</b>	Case formulation is a craft that not necessary all facilitators manage. In order to maintain valid and reliable formulations

	<p>intensive supervision from experienced supervisors is of the essence. Case formulation probably needs a separate training process before starting RVP with clients.</p> <p>Supervision in case formulation with skilled facilitators leads to well formulated case formulations and treatment plans. Most facilitators manage the flexible format and can tailor the sessions addressing relevant criminogenic needs and adjust the approach for specific responsivity.</p>
<p><b>Current status</b></p>	<p>RVP is an accredited programme in the SPPS, and running with long term financing. The programme will be implemented in more prisons and probation offices the following years.</p>
<p><b>Other initiatives on Domestic violence?</b></p>	<p>Close cooperation with social services, addiction care, psychiatry, employment service etc. when needed.</p>