

Recognizing and treating violence in close relationships in the health care service in Norway

Merete Berg Nasset, Stig Jarwson, Jim Aage Nøttestad, Roger Almvik

St. Olav's University Hospital, div. of Psychiatry, Brøset dept. of research and education in forensic psychiatry

Abstract

Violence in close relationships has been on the Norwegian government's agenda for the past two decades. Government action plans have been published to increase the health and social services' focus on and clinical practice in the area of violence in close relationships. Everyone in Norway has/should be assigned a general practitioner. When persons subjected to violence seek help, their general practitioner, the emergency medical services or assault centres are often their first point of contact. They are responsible for assessing the need for further medical help and other assistance.

Keywords: domestic violence, Norwegian legislation, risk assessment

Introduction

Violence in close relationships is a widespread social problem, and stands out from other types of violence in that it occurs in relationships where the persons involved have emotional ties to each other, is often hidden, and is recurrent. The violence may be physical, psychological, material and/or emotional, and the victims often find themselves in a position of dependency on the perpetrator that makes it difficult to leave the relationship. This particularly applies to vulnerable groups such as children, pregnant women, people with functional or intellectual disabilities, elderly people, people from immigrant or refugee backgrounds, national minorities, lesbians, homosexuals, bisexuals and transgender people, people suffering from mental illness or substance abuse, and women in prison.

Violence in close relationships is defined by using several concepts, such as: domestic violence, family violence, intimate partner violence, spousal assault, intimate partner abuse and violence in close relationships. This makes it challenging to describe, especially because the concepts may be understood differently depending on national and cultural contexts. This paper uses the term 'violence in close

relationships' and includes violence towards children, intimate partners (men and women being the perpetrator or victim), ex-partners and others in the family sphere.

Violence is understood as: "Any act directed against another person which, through causing injury, pain, fear or offence, makes the other person do something against their will or stops them from doing something they want to do." (Isdal, 2000). This includes physical, psychological, latent, material and sexual violence.

Brøset Centre for Research and Education in Forensic Psychiatry

Norway has three regional centres for research and education in forensic psychiatry and psychology: Bergen (Helse Vest); Oslo (Helse Sør-Øst); and Trondheim (Helse Midt og Nord). The Brøset Centre for Research and Education in Forensic Psychiatry is part of St. Olav's University Hospital, Trondheim, Norway. The research centre is responsible for research and development in the field of forensic psychiatry. Focus areas are risk assessment and management, risk associated with severe mental disorders, sexual crimes and sexual violence, and violence in close relationships. The centre works in a multidisciplinary environment, consisting of employees from different disciplines with expertise within their respective fields.

Which health actors are involved when facing victims of violence from an intimate partner or other relative?

The municipalities must, pursuant to the Health and Care Services Act, ensure that everyone residing or staying in the municipalities is offered the necessary health and care services. Victims of violence and abuse in close relationships must be provided with professionally sound healthcare (*Meld. St. 15 Forebygging og bekjempelse av vold i nære relasjoner. Det handler om å leve (2012–2013)* [Preventing and Combating Violence in Intimate Relationships. A Matter of Life]). If necessary, they must be referred to the specialist health service. Health and care services for persons subjected to violence and abuse are part of the responsibility imposed on municipalities and regional health authorities. Norwegian healthcare professional practice in recognizing and treating victims of violence in close relationships is regulated by two important laws: The Act relating to Healthcare Personnel (Helsepersonelloven; LOV-1999-07-02-64) and the Patients' Rights Act (Pasient- og brukerrettighetsloven; LOV-1999-07-02-63), Ministry of Health and Care Services. The division of tasks between municipal level and specialist health service level is based on professional evaluation of the complexity, frequency and degree of severity of individual cases. By specialist health service is meant both somatic services, mental healthcare, and interdisciplinary specialist treatment for substance abuse (see Act relating to Specialist Health Services, section 2–1a), regardless of whether or not the cause is related to violence, abuse or other reasons.

Everyone in Norway has/should be assigned a general practitioner. When persons subjected to violence seek help, their general practitioner, the emergency medical services or assault centres are often their first point of contact. If there is a need for specialist treatment, the abovementioned points of contact will refer patients to somatic and/or mental healthcare, including the District Psychiatric Centre, or to private

practice psychologists or psychiatrists. Examining children who have been subjected to violence or sexual abuse requires specialist expertise and is therefore a task for the specialist healthcare service. However, maintaining a professionally sound specialist healthcare service in rural districts in Norway can be difficult, so cooperation with the municipal healthcare service in transferring expertise may be called for.

Public health clinics and the school health service are charged with providing health-promoting and preventive services to pregnant women, children, and young people up to the age of 20 and to their parents or guardians. All Norwegian municipalities are required by law to provide public health clinics and school health services. These services must be cohesive, and must tend to the physical and mental health of children and young people and their families. These services cover medical examinations, vaccination, assertive community treatment (home visits), health information and counselling activities. It should be easy to seek help at the public health clinics and school health service, regardless of the size of a problem. Users are not expected to pay a user fee for receiving help from the public health clinics or the school health service. The public health clinics and school health service have contact with most of the children and their families in Norway. They can help discover cases of violence against pregnant women and help children and women who are being subjected to violence to receive the medical help they need. In 2013 the Government allocated grants to the municipalities towards recruiting psychologists to the municipal healthcare services. The purpose of this was to strengthen preventive and psychosocial support in the municipalities. The municipal psychologists could play an important role in discovering violence in close relationships, supervising other professional personnel and in gaining an overview of what support services are available in their municipalities.

Home-based services such as home visits by municipal healthcare practitioners could help towards discovering and preventing vulnerable groups, such as the elderly and persons with disabilities, being subjected to violence and assault from close caregivers. This measure was included in Competence Reform 2015.

Persons subjected to violence can find it difficult to receive dental treatment. In the white paper *St.meld nr.35 (2006–2007) Tilgjengelighet, kompetanse og sosial utjevning — Framtidas tannhelsetjenester* [Accessibility, Competence and Social Equality: The Future Dental Health Service], it was decided to map dental health among persons who had been subjected to torture or abuse. As a result, a team of dentists and psychologists was set up with responsibility for examining and treating persons who had been subjected to torture or abuse and who suffer from odontophobia.

The Norwegian Health Directorate has published a guideline for the health service in the assault centres. The purpose of the assault centres is defined as follows: “a healthcare service whose specific purpose is to provide services to persons who have been subjected to sexual abuse or violence in close relationships” (*Veileder om overgrepsmottak 2007, IS1457* [Guidance on Assault Centres], issued by the Norwegian Directorate of Health). The aim is to reduce adverse health consequences in the short and long term. The assault centres are primarily financed by the municipalities, even though most of them are located in accident and emergency units or hospitals. The work involved in serving the assault centres involves both the primary and specialist healthcare services as well as the police.

Recognizing and assessing violence in close relationships

In many situations it is important to assess the risk of further incidents of violence in relationships where violence has occurred. The risk assessment tool: “Brief Spousal Assault Form for the Evaluation of Risk” (B-SAFER) is a checklist based on empirical data and experience from Canada and Sweden (Kropp, Hart & Belfrage, 2010). The B-SAFER should be used in connection with all cases of violence in close relationships. This tool helps to assess the risk level for potential future violence and the level of severity of violence. In the most extreme case it can assess a potential threat to life.

The Norwegian version of the B-SAFER is named: “the Spousal Assault Risk Assessment: Short Version” (SARA:SV) (Nøttestad & Lynum, 2011) and is used by healthcare practitioners, medical forensic experts and the police. We will refer briefly to how the police use this checklist, hereafter named the SARA:SV. The National Police Directorate has prepared its own guide. Brief references to this guide are given below.

The purpose of using SARA:SV is to prevent new incidents of violence from occurring. It contributes to developing and clarifying police cooperation internally within the police district and externally with other agencies and entities in society, like the health care service or child welfare system.

SARA:SV provides a means of further developing preventive measures by the police in the area of violence in close relationships. This work should proceed simultaneously as the criminal case is being investigated.

The legal basis for implementing and using SARA:SV by the Norwegian police is provided in the white paper on preventing and combating violence in close relationships (*Meld. St. 15 (2012–2013) Forebygging og bekjempelse av vold i nære relasjoner*) and the Government's action plan *Et liv uten vold* [A Life without Violence] (2014–2017). SARA:SV is to be implemented in all police districts in Norway. Implementation began in 2013.

SARA:SV contains 15 risk factors: 10 risk factors relating to the perpetrator and five victim vulnerability factors. The first five risk factors identify individual characteristics of the perpetrator, such as pattern of violence and attitudes underlying violent behaviour. The next five risk factors identify psychosocial characteristics. The final five risk factors identify the victim's vulnerability factors/behaviour that may contribute towards sustaining the violence and constitute an added risk to the victim.

The risk assessment is intended to reveal whether individual risk factors are present in the current situation, i.e. during the past four weeks and/or earlier in the couple's relationship.

SARA:SV should not be used without having full access to the manual and training.

The essential point of using SARA:SV is that the risk assessment is followed up with measures that reduce the risk of violence.

Violence in close relationships in vulnerable groups

The white paper *Meld. St. 15 (2012–2013) Forebygging og bekjempelse av vold i nære relasjoner. Det handler om å leve* [Preventing and Combating Violence in Intimate Relationships. A Matter of Life] addresses violence in close relationships in vulnerable groups. This white paper is the first to be presented to the Storting (Norwegian parliament) dealing with violence in close relationships. The primary aim behind it is to facilitate the prevention of violence in close relationships and to improve the help given to victims in general and to vulnerable groups in particular.

After the white paper was discussed in parliament, actions plans were drawn up for different vulnerable groups.

One of them deals with women who are subjected to forced marriage and genital mutilation: *Action Plan against Forced Marriage, Female Genital Mutilation and Severe Restrictions on Young People's Freedom (2013–2016)*.

In 2005, the Ministry of Children and Equality issued the National Strategy to Combat Violence and Sexual Abuse against Children (2005–2009). In 2007, the Ministry of Equality also launched the Action Plan against Forced Marriage (2008–2011). Four ministries have now proposed a strategy for following up children exposed to violence and sexual abuse: *Childhood Comes but Once: National Strategy to Combat Violence and Sexual Abuse against Children and Youth (2014–2017)*. This work has been coordinated by the Ministry of Children, Equality and Social Inclusion, and proposes 42 different measures.

The elderly and people with disabilities are dealt with in *Meld. St. 45 (2012–2013) Frihet og likeverd. Om mennesker med utviklingshemming* [Freedom and Equality. On People with Intellectual Disabilities].

Violence during pregnancy can have serious consequences for the health of the woman and the child. A study conducted by the Norwegian Centre for Violence and Traumatic Stress Studies (NKTV) showed that most women were positive to being asked by midwives about exposure to violence during pregnancy (Hjemdal & Engnes, 2009). National guidelines for pregnancy care and uncovering violence have been prepared (Norwegian Directorate of Health, 04/2014).

No national action plan has been prepared dealing with violence in close relationships with respect to lesbians, homosexuals, bisexuals and transgender people.

Likewise, no such plan has been prepared for people suffering from mental illness or substance abuse, but they are covered along with other vulnerable groups by the measures specified in *Et liv uten vold. Handlingsplan mot vold i nære relasjoner (2014–2017)* [A Life without Violence. Action Plan against Domestic Violence]. The same applies for Sami people, national minorities, and women in prison.

The white papers and action plans must be viewed in connection with each other and with other documents dealing with violence in close relationships. The Norwegian Directorate of Health has appointed a working group to prepare a guideline for the health service's activities for dealing with violence in close relationships: “Guidelines for health care services’ work with domestic violence: violent offenders: (2016)”. The guideline will be published during 2016 and is aimed at all employees in the

healthcare services, both in primary care and specialist health services, to increase the understanding and strengthen the competence among employees in the healthcare services to act on violence. It offers recommendations on how health care providers can identify violence and assess and manage risk of future violence. The guideline also includes an overview of other support services. Finally, a National web portal about domestic violence, rape and other sexual abuse was launched in 2016. The portal is operated by the Norwegian Centre for Violence and Traumatic Stress Studies (NKVTS) and commissioned by the Ministry of Justice (<https://dinutvei.no/>).

Other services provided to victims of violence and abuse

Initially, Norwegian crisis centres only offered help to women who had been subjected to violent in close relationships. The first crisis centre was set up in 1978, and today (2014) there are 46 of them throughout Norway.

The services offered by the crisis centres are mostly aimed at women and their children who have been subjected to material, financial, physical and/or sexual violence by a partner, boyfriend, sibling or other family members. They are also offered to women who are in danger of being or who have been subject to forced marriage. Since 2005, the crisis centres also offer assistance and safe shelter to women who are victims of human trafficking or who have been exploited in prostitution.

Since January 2010, when the Act relating to Municipal Crisis Centre Services entered into force, responsibility for operating them was assigned to the municipalities, and men who were subjected to intimate partner violence could also seek help there. Sections 1 and 2 state the purpose of the Act and the required content of crisis centre provision:

“Section 1 Purpose of the Act

The purpose of the Act is to ensure a sound, cohesive crisis centre provision for women, men, and children who are subjected to violence or threats of violence in close relationships.

Section 2 Crisis centre provision requirements

The municipalities shall ensure a crisis centre provision that can be used by persons who are subjected to domestic violence or to threats of domestic violence and who need counselling or secure, temporary accommodation.

The service should provide users with support, guidance, and help with contacting other services in the system and should include:

- a) a crisis centre or equivalent safe and temporary accommodation that is free, available all year round and 24 hours a day, and*
- b) free daytime services, and*
- c) a year-round, 24-hour telephone helpline offering advice and guidance, and*
- d) follow-up during the re-establishment stage; see section 4.*

The municipalities should take care of children in a way that is adapted to their specific needs, and should also ensure that children's rights under other legislation are fulfilled.”

The Act stipulates that the municipalities should ensure that victims of violence receive cohesive follow-up by coordinating the services provided by the crisis centres and those provided by other service providers in the system, but major challenges still exist in the support system. Only a few municipalities have prepared municipal action plans and have formal networks and cooperation procedures, and the service provision in most municipalities is still poorly organised.

Another service is the Support Centre for Victims of Incest and Sexual Assault (SMISO) in South Trøndelag, which is a private foundation reliant on public funding from state and local authorities and the health authority. SMISO is also tasked with spreading information and knowledge about sexual abuse and with highlighting social factors that can contribute to legitimising sexual abuse.

SMISO offers individuals help to self-help for dealing with trauma and moving forward. The centre is a low-threshold service, and no referral is needed. The services are free, and the staff and other users are bound by confidentiality.

There are five centres nationwide, which are organised regionally and operated according to guidelines issued annually by the Ministry of Children, Equality and Social Inclusion in the form of Circular Q22.

Dissemination

In 2004, the government created the Norwegian Centre for Violence and Traumatic Stress Studies (NKVTS). The centre's tasks included research and development, education, guidance and advice. NKVTS conducts research into the phenomenon of violence in close relationships, risk factors for violence in close relationships and the consequences of violence.

To enhance competence levels, the government created five Regional Resource Centres on Violence, Traumatic Stress and Suicide (RVTS) in 2007. The objective for these centres is to help provide a more cohesive service by raising competence levels and improving cooperation between sectors, agencies and levels of administration. The RVTSs provide services for competence building, consultation, and guidance on relevant services and organisations.

References:

- Isdal, P. (2000). *Meningen med Volden*. Oslo: Kommuneforlaget.
- Justis- og beredskapsdepartementet. Meld. St. 15. Forebygging og bekjempelse av vold i nære relasjoner. Det handler om å leve (2012–2013).
- Act relating to Healthcare Personnel (LOV-1999-07-02-64)
- Patients' Rights Act (LOV-1999-07-02-63)
- Act relating to Specialist Health Services (LOV-2014-06–20-40)
- Helse- og omsorgsdepartementet. St.meld. nr. 35. Tilgjengelighet, kompetanse og sosial utjevning — Framtidas tannhelsetjenester (2006–2007).
- Helsedirektoratet. Veileder om overgrepsmottak (2007), IS1457.
- Kropp, P. R., Hart, S. D., Belfrage, H. Brief spousal assault form for the evaluation of risk (B-SAFER). Version 2, 2010. Proactive Resolutions.

- Nøttestad, J. A. & Lylum, C. Bedømming av risikoen for gjentatt partnervold (SARA: SV) Versjon 2. Brukermanual. (Norwegian version).
- Barne- og likestillingsdepartementet. Action plan against forced marriage, female genital mutilation and severe restrictions on young people's freedom (2013–2016).
- Barne- og likestillingsdepartementet (2005) strategi mot seksuelle og fysiske overgrep mot barn (2005–2009).
- Barne- og likestillingsdepartementet (2007) handlingsplan mot tvangsekteskap (2008–2011).
- Childhood Comes but Once: National Strategy to Combat Violence and Sexual Abuse against Children and Youth (2014–2017). Ministry of Children, Equality and Social Inclusion.
- Barne- og likestillingsdepartementet. Meld. St. 45. Frihet og likeverd - Om mennesker med utviklingshemming (2012 – 2013).
- Hjemdal OK, Engnes K. Å spørre om vold ved svangerskapskontroll: rapport fra et forsøksprosjekt i fire kommuner. Oslo: Norwegian Centre for Violence and Traumatic Stress Studies, NKVTS; 2009.
- Helsedirektoratet. Nasjonal faglig retningslinje for svangerskapsomsorgen -hvordan avdekke vold (04/2014), IS-2181.
- Justis- og beredskapsdepartementet. Handlingsplan mot vold i nære relasjoner: 'Et liv uten vold' (2014–2017).
- Krisesenterlova* [Act relating to Municipal Crisis Centre Services] (LOV-2009-06–19-44).