



European
Network

NATIONAL REPORT GUIDELINE

Country: Iceland

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1) **Organisation/programme** (max 3000 characters)

- Do You conduct any programme(s) for the domestic violence perpetrators at the moment? If yes, please describe it/them briefly. If not, please explain why
- In 1998, at the initiative of a Men's Committee, appointed in 1994 by the Council for Gender Equality to engage men in discussions about gender equality, a psychological treatment for violent men was established as an experiment, called Men Take Responsibility (Karlar til ábyrgðar, KTÁ). After a few years the treatment was evaluated and it was recommended to continue the operation. However, no one was willing to shoulder the financial responsibility, and after some time of begging it had to be closed down in 2003. But there was a constant pressure on the government to reopen KTÁ, not least from women's' groups and particularly from the group running the Women's Shelter in Reykjavík. And in 2006 the minister of social affairs decided to reopen the treatment and finance it from the budget of the ministry. It has been running since then but the financial crisis in 2008 meant that funding was cut so that there is neither room for advertising nor expansion. Still, in a newly passed four year equality plan in Althingi, the Icelandic parliament, the treatment is singled out for expansion. Apart from that plan, KTÁ received an extra funding from a gender equality fund for three purposes. One was to increase the services to those living outside the capital area, another to increase services for the partners and the third to offer treatment for violent women. This is now being implemented.

- The treatment itself is based on voluntary participation. Perpetrators have to contact KTÁ themselves and make an appointment for the first interview. An exception is made when child welfare authorities refer a perpetrator to KTÁ. During the first interview an assessment is made of the problem and if the client is fit to participate in the program. More individual interviews follow and his partner is invited to an interview with another psychologist. In that interview the purpose of the treatment is explained and what changes she might expect to see. A thorough risk assessment is also made. If the perpetrator responds well to the initial interviews and is deemed fit to participate in a group (speaks Icelandic for example) then he is referred to a group where the main treatment takes place. This is usually a fairly high threshold for the perpetrators and we lose some at this point. However, the group sessions are invaluable and really speed up the treatment.
- The treatment is based upon a combination of cognitive therapy and anger management and founded on the principle that only the perpetrator is responsible for the violence that he uses.
- What type of (other) activities regarding preventing domestic violence have You conducted within last four years?
- KTÁ participates in all seminars, discussions and media events to which we are invited. Apart from that no particular activity has been initiated by KTÁ.
- What would you define as your most significant success regarding violence prevention within the last four years?
- The mere existence of this centre is our greatest success. Apart from our belief that it has made a real difference in the lives of a number of men, women and children, then its existence underlines for the society as a whole that violence is not acceptable, that the perpetrators are not monsters and that many of them see their behavior as problematic or wrong. We have also noted a development so that young men come to us after the first incidence, often in shock, and really do not want this to happen again. We think this is partly due to the increased openness about domestic violence where KTÁ certainly has made a contribution.
- Apart from this I would also single out therapeutic assistance to children who have lived in a violent environment as a major step forward. This was initiated by KTÁ but is run by the Government Agency for Child Protection. Its future is uncertain at the moment but I am fairly optimistic that it will ride the storm.
- What would you define as the biggest obstacles/challenges regarding violence prevention in your organisation within the last four years?

- Lack of funding and lack of staff. We could assist many more and many more would come to us if we could advertise and make ourselves more visible. However, we are hesitant to do that since it is difficult for us to take on more clients.

2) **Country** (max 1800 characters)

- The overview of general situation in Your country regarding work with perpetrators (e.g. What has change in your country legislation within the last 4 years? Most important legal and policy measures implementation; In which way they helped?)
- There are several indications that the issue of domestic violence has been moving up on the political and social agenda in recent years. For one thing Althingi passed a law on restraining orders in 2008 and another in 2011, which allows for the removal of a violent person from his or her home. In 2005 the National Commissioner of the Icelandic Police issued a policy procedure concerning domestic violence that laid out how the police should react and aid in these cases and how they should be registered. The aim was on the one hand to move the issue up on the agenda and on the other to try to harmonize the recording to make it easier to use it for purposes of research.
- In 2003 a governmental committee on “men’s violence against women in close relationships” was established. It brought together representatives from four ministries, The Centre for Gender Equality and the Association of Icelandic Municipalities. The committee initiated several projects such as the publishing of books on domestic violence which are intended for professional groups that are particularly likely to come across victims of domestic violence, the health service, midwives, the police and the social service. The committee also wrote a plan for action against domestic violence and violence against children that was adopted by the government in 2006 and was the basis for a number of projects and initiatives in that area.
- There have also been tentative attempts to introduce screening within the health care system as well as in social work. Then every woman is asked about her experience of violence past or present. This will probably become the rule within the antenatal care but it is uncertain if it will be taken further than that.
- Do You know any other organisations/programmes in your country which deal with domestic violence prevention mostly by work with perpetrators? If yes please point them out

- Not any formal organization no, but a group of men that belong to the Icelandic Feminist Association (Femínistafélag Íslands) are involved with the issue. They have been very active in initiating discussions about men's violence to women and particularly during the first weekend of August which has traditionally had many outdoor festivals all around Iceland. Rape rates have been high this weekend and the group has distributed pamphlets, tee-shirts and buttons to remind men of their responsibility. They also mingle with the groups going to different festivals and engage them in discussions about rape and male violence.

3) **Best practices** (max 1800 characters)

- Point out the best practices in work with perpetrators existing in your organisation/country
- I think that one of the main reasons for our success is that we have had close cooperation with the shelter movement right from the start. A representative from the shelter movement has always been on the advisory board and, as a matter of fact, it seems that the shelter is the main referrer to KTÁ. We have also had good cooperation with the police, something that we would like to take further but have been unable to do so for lack of funding.
- Can they be implemented in other organisations/countries? If yes - how?If no - why?
- I think this can be implemented in other countries but of course it helps that the population in Iceland is small, most of those working in the field know each other and so personal trust is an important factor.

4) **Needs and recommendations** (max 1800 characters)

- What has to be done in regard to prevent domestic violence in your country (mostly regarding to work with perpetrators)?
- There should be more focus on youths. Often they are not aware of the serious consequences of violence (physical and/or sexual) or how harassment and mobbing can destroy lives. We should focus on getting those who use violence to seek help as early as possible and we also should make the general public aware of their responsibility to intervene and tell perpetrators about the possibilities of treatment. But this also calls for increased funding something that is difficult in these years of financial crisis.

- Point out the most urgent, most important and most promising tasks and steps that should be focused on
- As regards domestic violence in general then I think that general screening in the health care service and the social service is what is most likely to move us forward. And I think we will see that in the next decade or so. It is also important to educate youngsters (but mainly men) on the long-term consequences of violence. As one said about a rape offer: "I thought that maybe she would feel bad about it for like a month or so, no more." This is ignorance that we need to root out. And we also need to focus more on particularly vulnerable groups, immigrant women and women with disabilities.