

The interaction of ideology and institutions in treating violent men in Sweden

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Abstract: Since Sweden has a reputation for having a pragmatic, technocratic approach to solving social problems, the question arises as to why the country uses different methods at the national and the local level for treating violent men. If studies show that one method is superior to others, we would expect both levels of government to use similar treatment methods. Despite the emphasis on pragmatic solutions, ideology plays an important role, as the Swedish government in recent decades has largely accepted the New Public Management approach to governance. However, because of differences in institutional arrangements, it becomes logically appropriate for the national level to utilize a different type of therapy (Cognitive Behavioral Therapy) than the local level (Psycho Dynamic Therapy among others). Thus, a combination of an ideological shift to New Public Management and institutional differences can explain the differences in therapeutic approaches, rather than reliance on scientific studies.

Keywords: cognitive behavioral therapy; prison and probation service; New Public Management; neo institutionalism

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Introduction

This article analyses the manner in which New Public Management (NPM) has influenced Swedish social workers, who deal with violent men. Sweden offers violent offender treatment to prevent the *ex-post-facto* recidivism of violent behaviour. The country has a reputation for being progressive, with a prison system based more on rehabilitation than punishment. The Swedish model also has a reputation for being technocratic in its belief on using the most efficient, modern solutions to solving its social problems. The Swedish Prison and Probation Services (SPPS) publicly present the treatment as a way of achieving positive and permanent change in the quality of life of perpetrators. Yet, when it comes to treating violent men it relies on cognitive behaviour therapy (CBT), which has rather poor results. There is no scientific evidence that CBT has any positive influence on violent men, and neither is there any evidence that this therapy prevents relapse. So why does the SPPS, in a country that prides itself on having a rational bureaucracy, insist on using a method that achieves rather poor results?

This question becomes even more interesting when comparing the SPPS to the voluntary treatments that the local governments run. At the local level, the governments are more flexible and apply a variety of methods, such as psychodynamic therapy (PDT) as well as CBT. It is not possible to investigate whether this greater flexibility at the local level leads to better results than the more rigid application of CBT at the national level, because the local level programs are for those who voluntarily seek help and therefore, are more highly motivated than those incarcerated prisoners at the national level, who have little choice but to go into therapy. In addition, because the prisons belong to the SPPS, which is a national organization, their treatments have been evaluated more systematically than the local-level treatments, which do not have a central authority evaluating them. Nevertheless, we can still discuss *why* the local level has been more flexible than the national level.

This article argues that the differences between the levels have to do with the institutional setting that influences the implementation of NPM in Sweden. On the one hand, NPM favours CBT because it requires a shorter treatment period than other methods, such as PDT and it is easier to evaluate. On the other hand, NPM also promotes decentralization and the use of non-state actors to carry out policies and services. This encourages local governments to be more flexible as they are not controlled and evaluated by central authorities and encourages the local governments to cooperate with NGOs.

Methods

We use a qualitative and heuristic case study design, which assumes the object of study is non-static and the focus is on finding knowledge that contributes to a better understanding of the social mechanisms behind the SPPS's actions. Similar to the phenomenological method, this study uses analytical induction to search for the essence of the case (Merriam, 2009; Creswell, 2017).

We analyse the SPPS' programmes for violence treatment in general and in particular the treatment of perpetrators of intimate partner violence (IPV), which we compare to the municipal-level programs for voluntary treatment of violent men. To ascertain the policies, we look at their official documents. The SPPS present their policies on their official homepage and all data for conducting the investigation are downloaded from the SPPS's official website and the documents available there (<https://www.kriminalvarden.se/>) starting from 2020 onwards and updated in case there are changes relevant to the investigation. When citing texts in Swedish, the translations are our own.

Theory

This section discusses the introduction of NPM in Sweden and what it has implied in the Swedish context, before going on to explain our neo-institutional approach.

New Public Management in Sweden

In Sweden, the Social Democrats announced the first NPM reforms in 1985, with their report 'The Renewal of the Public Sector' (Tänzler et al, 2012). As Bruhn, Lindberg, and Nylander (2017:181) observe,

[i]n Sweden neo-liberal values about economism and the small state, and the NPM doctrine of governance started to gain ground in politics and public service already in the late 1980s'.

They also complain that the move toward NPM has led to the 'dismantling of available alternatives for social interventions'. However, this is not true at the local level, but at the national level their statement is true for the treatment of violent men.

NPM is tied to neo-liberalism for several reasons. First, it sees those getting services or treatments as 'consumers', which individualizes problems and takes them out of their social context. Second, it aims to organize social work more cost-efficiently, which requires the state to play a controlling role to ascertain those

policies are carried out most 'efficiently'. Third, to make it possible to evaluate different groups, NPM encourages standardising treatments. Fourth, and in partial contradiction to the previous point, the neo-liberal ideology behind NPM reforms supports decentralization and outsourcing, so that there is competition for services.

Even though part of the neo-liberal ideology supports decentralisation when it comes to the police and prison system, NPM has led to increased centralization because centralization makes it easier for authorities to exercise control over their results (Andersson & Tengblad, 2009). On the other hand, one study finds that increased standardisation has made it easier for social workers to carry out their tasks (Skillmark et al, 2019). However, in the Swedish context this makes sense, since social workers normally work for the regional governments and not the national government, which allows for more flexibility. Also, this study was about the assessment rather than treatment of people with problems.

Also, in Sweden, the introduction of NPM has meant more centralization and control for activities that the state is responsible for, such as prisons, where in Sweden no political parties advocate outsourcing to private actors or NGOs. Thus, the move toward increased control and standardisation means more hierarchy and centralization. When it comes to the local level, to some extent the opposite is true, in that local governments can experiment more and when it comes to treating those with mental issues like violence, local governments are more able to outsource. In Wollmann's (2004, p.649) words:

through the (aforementioned) Local Government Act of 1991 the municipal councils were given wide autonomy to decide on the organisational structure of their respective local authorities, including the question how to organise the delivery of social services. The new legislation explicitly allowed the municipal councils to transfer and to contract out local government functions to 'a (local government-owned) corporation, a trading partnership, an incorporated association, a non-profit association, a foundation, or a private person.

CBT therapy fits in well with the neo-liberal NPM discourse because it is a relatively quick type of therapy, and it is easy to measure. Thus, one Swedish psychiatrist wrote in the Swedish psychiatry association's magazine (Wahlström, 2013:52) about CBT's 'complete victory' in Swedish psychiatry. He further complains that it is a simplistic method and has led to the situation in which patients, who have complicated problems, are viewed simplistically by technocrats.

Bruhn, Lindberg, and Nylander (2017:187) point out that:

CBT programs fit extremely well with ... fundamental values about crime and crime prevention typical of neoliberal ideology. The aim with these programs is to raise the participants' awareness of how earlier behaviour patterns and cognitions have affected their social situation, that is in our case drug abuse and criminality...The

individual shall learn to replace non-functional thoughts and behavioural patterns with functional ones.

Despite the moves toward NPM, studies have shown that local governments in Sweden have been more flexible in carrying it out than national governments. As Bergmark et al. (2017:100) remark:

If policymakers endorse a single course or a single-bullet approach of action to implement a policy, and that action fails, the entire policy might fail as a consequence. Therefore, politicians who are risk-averse often choose strategies that include a variety of actions, a shotgun approach. Accordingly, they can make major decisions and can be assured that they are on record for trying everything possible, while at the same time they can avoid 'going all-in'.

It is more difficult for central authorities to control actions of local governments than it is for them to control activities that are under centralised control, such as the prison system. Consequently, it is easier for local policymakers to consider alternatives to CBT and try the 'shotgun' approach, in which they grant more autonomy to organizations carrying out social policies and social services.

The institutional setting

According to neo-institutional theories, the institutional structures give people working in the public sector incentives to act in certain ways. This part of neo-institutionalism comes close to what Hall and Taylor (1996) call rational choice institutionalism. In our case, Hall and Taylor's (1996) definition of historical institutionalism also makes sense. Because of historical decisions, public administration in Sweden has followed a certain path. Sweden has a tradition of having strong local and regional governments that are responsible for implementing many of the welfare policies. Security issues, such as the military and prisons have though been the concern of the central state. Given this division, it is not surprising that mandatory treatments for imprisoned violent men, are under the control of the central state, while voluntary treatment of violent men, is under the control of the local governments, as they are mental health issues rather than criminal ones. However, once the government accepts the NPM discourse and implements reforms, then different institutions will give different institutional rational and normative incentives on how to behave.

Here we argue that at the national level for the SPPS, policymakers have a strong incentive to choose treatments that are easy to measure and control, which favours CBT treatments over others, despite the lack of evidence supporting its usage in such

settings. However, another aspect is support for decentralization, treating citizens or residents as ‘consumers,’ who can choose different ‘products’ and seeing public administration as middle-people, who can choose between a variety of suppliers (that is private and non-profit organizations as well as public organizations). At the national level for the prison system, it is difficult to implement this aspect of NPM, especially because – in contrast to the USA – there has not been any public discourse about allowing private companies to run prisons. However, when it concerns voluntary treatment at the local level, the municipal governments could more easily treat the violent men as consumers, and it was easier to outsource the treatment to men’s groups that treating violent men using alternative treatments. Also, the control function becomes weaker at the local level, as there is only one national government but many local governments, making it difficult for central authorities to control what is happening in local governments.

Background

As already noted, the SPPS solely uses CBT for treating violent men. The local governments have been more flexible and use several methods, including PDT and they outsource the treatment to men’s groups. This section first discusses the differences between the two methods, then it discusses the way the prison authorities justify their choice. We argue that they do not base their reliance on CBT on any national or international research that shows CBT gives better results than PDT or other methods. Instead, the choice is based on the logic of NPM. Meanwhile, at the local level, the logic of PDT as well as the historical institutional develops that gives local governments responsibility for non-criminal mental health issues encourages a more flexible attitude toward treating violent men.

General differences between psychodynamic therapy and cognitive behaviour therapy

While both CBT and PDT are based on the person’s life experiences, they use different methods of treatment. PDT has psychoanalytic influences and uses retrospective conversations to actualize clients’ childhood experiences and emotions, while CBT avoids retrospection and is forward looking, correcting undesirable behaviours with the learning of new thought patterns to give people greater control over their ability to make informed decisions. At the same time, the method is less flexible, as it is often sequentially based on the following manuals (Hofman, Asmundson & Beck, 2013; Käver, 2006; Daleflod & Lardén, 2004).

Evaluations of general CBT and PDT treatment

A review of the research literature by the Swedish Agency for Health Technology Assessment and Assessment of Social Services (2005a, b) has shown that CBT and behavioural therapy with exposure, have a positive effect on anxiety disorders in adults while PDT foremost has a positive effect on post-traumatic stress disorder. Consequently, one type of therapy should not be used for all occasions, but rather it depends on the type of mental disorder that somebody has. At the same time, the Swedish Agency for Health Technology Assessment and Assessment of Social Services (2005 a, b) concludes that no empirical evidence is available to compare the effect of different treatment methods, since studies of PDT treatment are currently non-existent, and that behavioural problems recur after the completion of treatment by both CBT and PDT. However, considering the publics' and politicians' optimistic expectation of the ability of the sciences to solve problems, it is understandable for the authorities to outwardly show their self-reliance (Domenighetti, Grilli & Liberati, 1998).

Although the Swedish Agency for Health Technology Assessment and Assessment of Social Services (2005a, b) report clearly implies that there is lack of support for the long-term effect of CBT treatment on mental health, the report has had an impact on the application of knowledge management procedures within both the National Board of Health and Welfare and the SPPS, which are required to base treatment and recommendations on the 'best available knowledge'. Thus, national evaluations of CBT-based violence therapy within the SPPS show no verified reduction in relapse and confirm the results from international evaluations (Haggård, Freij, Danielsson, Wenander & Långström, 2017; The SPPS, 2014, 2013, 2011; Grann, 2011).

Despite the lack of supporting evidence, the official discourse in Sweden is almost unambiguous about CBT as the best treatment method. The National Board of Health and Welfare (2017), which carries the task of developing national guidelines and evaluating therapeutic activities, assigns a priority to CBT-based treatment for people with depression and anxiety symptoms.

Much research indicates that treatments should be flexible, and the most appropriate type of treatments depends on the types of cases. Even though not much research has been conducted on the Swedish experiences with differentiated therapy, several studies (Johnson 2011; Langhinrichsen-Rohling, 2010; Kelly & Johnson, 2008) suggest a distinction between different forms of IPV which require different types of treatments. Their findings go against the notion of using CBT as a universal treatment method. Bidirectional violence is more frequent but usually less severe, whereas unidirectional couple violence, the proactive control of a female partner with violence and threats of violence, is rarer but usually more serious (Bohall, Bautista & Musson, 2016; Dutton & Corvo, 2007).

Kelly and Johnson (2008) and (Johnson, 2011), refer to reviews of abuser

programs that show minimal success. Moreover, studies of program effectiveness seldom make any distinctions among types of violence or types of perpetrators. Treatment programs might be effective with some participants, but not with others. The research on different types of IPV suggests that perpetrator interventions from both the SPPS and the social work professionals must be tailored to the type of violence in which the participants are engaged.

NPM at the national level has led to an overreliance on CBT and prevented the type of flexible multifaceted approach that is necessary to combat the various types of disorders that cause IPV. However, NPM and its emphasis on privatization and outsourcing has also given the local governments more influence than before, to employ alternative types of treatments for helping violent men.

The general organisation of violence treatment in Sweden

As already noted, the SPPS is under national state control, while the local governments have responsibility for treating violent men, who seek treatment on a voluntary basis.

The National Level

CBT treatment skills are now mandatory for obtaining permission to perform therapeutic tasks in both institutional and non-institutional care within the Swedish criminal justice system. Furthermore, the SPPS is a complex organization and a continuous process. It includes the recruitment and training of personnel, logistics systems to operate prisons and support, accreditation and evaluation systems, scientific development, and evaluations and legitimation of its activities from a scientific board. The extensive size, the time and effort changes would entail the establishment, and the adjustments that are made to rationalize and perform cost savings, limit the possibility of changing the system.

All the SPPS's treatment programs are based on CBT. There are three CBT-treatment programs aimed at people who have general problems with aggression and violence. 'Entre' is available at about 13 locations and works with criminals who want to exit criminal groups. 'Puls' is available at about 29 institutions and at 26 locations and aims at problem-solving, socializing, life goals and self-control. 'VPP; the violence prevention programme' exists in two versions and is aimed at persons who have committed violent crimes and murders and is available at about four establishments and at two locations. Furthermore 'Seif' is a treatment program aimed at men and women involved in sexual crimes, replacing the 'ROS; relation and coexistence programme'. Seif is available at about eight establishments and at eight locations.

However, this study only concerns the prison service's treatment for IPV. The SPPS (2020) has two CBT-treatment programs that are aimed at people who have been convicted of having used violence against close relatives. 'The relationship and coexistence programme' is aimed at adults involved in domestic violence, including

child abuse. The ‘integrated domestic abuse programme’ aims to teach men why they use violence and then how to change their behaviour? It is present in about five institutions and at around 30 locations. The pilot programme ‘preventing domestic violence’ shall prevent repeated violence and gradually replaces the ‘integrated domestic abuse programme’.

The Municipal Level

While the SPPS uses only learning-theory-oriented treatment programmes and CBT, the municipal governments for open violence treatment usually use the method ‘alternatives to violence’ (ATV) (Isdal, 2002) consisting of a mix of CBT and PDT. According to the Swedish National Board of Health and Welfare (2020), about 63 municipalities use ATV. ATV has a feminist point of view and considers violence to be a deliberate and rational means of maintaining power and dominance over a female partner and child. Unlike the CBT programmes, ATV takes its starting point in the client’s childhood experiences and is intended to develop clients’ empathy and responsibility for their actions. According to ATV, men who have been subjected to child abuse should learn to understand how these experiences transform into feelings of powerlessness and violent reactions. Furthermore, participants empathically learn to understand what victims of violence go through, to be motivated to choose constructive alternatives to violence. This is a case in which organizations have been involved in promoting its use, as its applications in Sweden were developed by the organizations such as ‘Utväg Södra Älvsborg’ (The Way Out, Southern Älvsborg) in cooperation with the Gothenburg city Social Resource Administration. Actually, the Utvåg organization in Sweden is only a partial NGO, as it is based on a working group set-up by the police, the Swedish Church, several NGOs such as the women’s shelter, and the country’s psychiatry organization for children and adult psychiatry (<https://www.utvag.com/om-utvag/historik/>).

The National Board of Health and Welfare (2020) also reports that about seven municipalities primarily use the method ‘Meet Fathers/Parents with Problems of Violence’ (MPV). MPV is based on discussions with parents who use violence against their partner or children. It is designed to be part of an investigation that the local authorities carry out on childcare and aims to increase the parent’s motivation to initiate treatment or other change work. The social worker Göran Lindén developed this method and trains people to carry out the therapy. Some organizations at the municipal level use other methods, such as ‘Non-Violence Groups’ and ‘Discussions on Violence’. Other forms of therapy have also given inspiration to the therapeutic methods used at the local level, including those based on motivation discussions and mindfulness. These methods see violence against one’s partner as a behaviour that one learns and is controlled by the thoughts one has about one’s own person,

partner, and the violence as a problem-solving method.

Even though not many studies have been carried out on the influence of these types of therapy, one study shows that compared to men in closed violence therapies based on CBT, men in voluntary ATV-therapy are less frequently convicted of crimes or drug addiction (Isdal, 2002). However, it is difficult to compare the two cases, since those who are already convicted of crimes are more likely to commit crimes than those who are not convicted and attend open treatment. Thus, the local governments are more flexible and open to alternative types of treatments, rather than dogmatically confining themselves to CBT treatments.

Again, the differences in treatment cannot be explained in terms of the scientific results of the different methods, but rather the differences can be explained by the institutional differences. NPM has led to greater centralization of the state-run prison system and its demands on control and standardization has favoured the demand to use only one type of therapy. CBT fits in well with this type of thinking as it is much easier to monitor than PDT and PDT-based alternatives-to-violence treatments because these treatments are longer term, more complex and more difficult to measure.

Conclusion

Sweden has a reputation as being a modern, progressive, and pragmatic country, based on social engineering, where policies are based on the latest scientific results. However, our case shows that this is not the case in reality. Instead, when the ideology of NPM became established, it led to different types of treatments for violent men, and these differences cannot be explained by differences in the results of scientific studies, but rather differences in the institutional logic of different organizations. Mandatory treatment for convicted violent men, falls under the control of the SPPS, which runs the penal system. Since it is a centralized system, it is easier to impose a unitary system with tight controls over treatment programs. For this type of organization, the part of NPM that emphasizes cost-efficiency, uniformity and control of results makes the most sense. It is the 'logically most appropriate' type of policy. CBT is easiest to codify into a unitary treatment, it is also the easiest to measure and to quantify, as the other methods require a more holistic approach that is more difficult to control and quantify. Previous studies conclude the increased control and assessment of public services that NPM brings, has led to the de-professionalisation of public service employees in Sweden (Ahlbäck Öberg et al. 2016; Hedegaard & Ahl, 2013). There is a high risk that this is happening to social workers at the national level, who are involved in the treatment of violent men. Since the local level is more flexible and research indicates that there are different types of IPV that require different interventions, social workers at the

local level can gain greater professional autonomy in helping violent men.

In Sweden the municipalities have responsibility for the voluntary treatments. Since there are 290 municipalities in Sweden (Swedish Association of Local Authorities and Regions, 2021) it is more difficult to centralize the system for treating violent men. This decentralization makes it easier for a more pluralist system to emerge in which different municipalities rely on different types of therapies. This trend is reinforced by the part of NPM ideology that emphasizes decentralization and the use of non-public alternatives, as the municipalities often cooperate with non-state organizations in carrying out the treatments.

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