

“A better life for those affected by violence and trauma”



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Congratulations from Norway's Minister of Health

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— For the government, ensuring the wellbeing and safety of the country's inhabitants is fundamental to everything we do.

Fortunately, we have people to help us with advice based on research and insights. The Norwegian Centre for Violence and Traumatic Stress Studies (NKVTS) is one such helper. The Centre works in a cross-sectoral fashion, and every Norwegian government has made use of it since its establishment in 2004.

Knowledge about the consequences of terrorism, natural disasters, violence or forced displacement on those affected makes an important contribution to ensuring a secure life for the individual and a more secure society for us all. For twenty years, NKVTS has put these issues on the agenda through a combination of research, knowledge development, implementation and information-sharing activities. The organisation has conducted extensive studies of the impact of traumatic incidents that could happen to any of us.

Research into the scale of domestic violence, conducted in 2014 and 2023, as well as the impact of the 2004 Indian Ocean earthquake and tsunami, and the terrorist attacks of 22 July 2011 are all examples of research that has been, and still is, of significance for the welfare state. Such studies show how we as a society can help rebuild individuals' self-respect and create better lives for those affected by violence and trauma. The work NKVTS carries out also makes an important contribution to the government's ability to fulfil Norway's international obligations under the Istanbul Convention, the Refugee Convention and the Convention on the Rights of the Child.

According to all of these conventions, people subjected to violence and people who have become displaced from their homes have rights that are intended to enable them to participate in society on the same footing as everyone else.

Access to professional help is vital for many of those who have been displaced, subjected to violence or traumatised. Through the work NKVTS is doing to develop effective therapies and good implementation and treatment processes, many people will receive better assistance than has hitherto been the case.

We are living at a time of uncertainty about the future. At the global level, we are struggling against wars and national conflicts, while environmental problems challenge our very existence as we know it.

Safeguarding people's wellbeing and security is a shared endeavour involving many actors at the local, national and international level. Knowledge is a fundamental factor and an essential prerequisite for reaching this goal. It is therefore crucial that we as a nation maintain a national centre of expertise such as NKVTS. Quite simply, we need the pool of knowledge it can supply in an emergency. You are one of the factors that make us more secure in an insecure world. We need new, updated knowledge to support our joint efforts to create good and secure lives. This holds true for us as a society, and – not least – for those directly affected by violence and trauma.

We congratulate you on your first twenty years and wish you every success in the years to come.

Yours sincerely,
Jan Christian Vestre
Norwegian Minister of Health
and Care Servicesw



Photo: David Berg Tvetene/NFD

From the traumas of war to action plan, official inquiry and mandate

— Serious professional interest in the impact of psychological trauma emerged at the University of Oslo (UiO) in the 1950s. The focus at that time was primarily on the psychological stress reactions of soldiers, refugees and concentration-camp survivors in the aftermath of World War II. The doctors Leo Eitinger, who had been incarcerated in Auschwitz and Buchenwald, and Arne Sund, who had served in the Norwegian resistance during World War II, contributed to the development of disaster psychiatry as a specific field of study. With the study *Concentration Camp Survivors in Norway and Israel*, Eitinger also elevated the subject to the international level. This research led to the establishment of the Office for Disaster Psychiatry (*Kontoret for katastrofepsykiatri*) under the Stress Management Team for international peacekeeping operations. This was a joint entity between the psychiatric institutes group within the Faculty of Medicine at UiO and the Norwegian Armed Forces' medical service that operated from 1978. Later, in 1986, the Psychosocial Centre for Refugees (*Psykososialt senter for flyktninger*) was established. This centre was organised under the psychiatric institutes group within the Faculty of Medicine at UiO.

Since the 1970s, efforts have been made, particularly by the women's movement, to draw professional and political attention to the abuse of women in Norway, and increase knowledge of this issue. At that time, there was no organised assistance available for battered women and no statistics were kept of the number of women who were being abused. The first women's refuge in the Nordic region, which could provide shelter and accommodation for battered women, was established in Norway in 1978. In the period 1980–1985, six or seven such centres were established every year.

In the mid to late 1990s, more and more attention was paid to domestic violence and the people who were subjected to violence and abuse. This issue was put on the political agenda, in part through the first interministerial action plan (1995) and official inquiries into the situation in which victims of violence found themselves.

The Bjugn case in 1992 led to increased awareness of sexual abuse of children and adolescents. In 1995, a National Resource Centre for Sexually Abused Children (*Nasjonalt ressursenter for seksuelt misbrukte barn*) was created at Aker University Hospital and UiO's Faculty of Medicine. This was subsequently taken over by the City of Oslo's municipal administration. In 1996, the Competence Centre for Work with the Victims of Violence (*Kompetansesenter for voldsofferarbeid*) was established at Oslo University College.

In 1987, the Alternative to Violence Foundation (*Stiftelsen Alternativ til Vold*) was established to offer treatment to the perpetrators of violence. In 1989, the Institute for Clinical Sexology and Therapy (*Institutt for sexologi og terapi*) was created to offer help to the perpetrators of sexual abuse.

A number of regional institutions were also established in fields relating to the psychosocial follow-up of refugees and sexually abused children, as well as resource centres for



Photo: Bergens Tidende/Dag Bæverfjord

the prevention of suicide. In its 2004 Action Plan to Combat Domestic Violence, the government stated that a national centre would not have sufficient proximity to the bodies providing front-line services. In the government's opinion, stronger regional milieux were needed that could drive the development of competence and services in the domestic violence field, both locally and regionally.

The Centre for Disaster Psychiatry was also a key actor within the trauma field and had a wealth of knowledge.

In connection with the establishment of the Norwegian Centre for Violence and Traumatic Stress Studies (NKVTS) and sometime later the Regional Resource Centres for Violence, Traumatic Stress and Suicide Prevention (RVTS), the potential incorporation of the Centre for Disaster Psychiatry into the new organisational structure was considered. But in the end, the centre continued to function as an independent private limited company, providing clinical care and advice, and engaging in research studies.

Broader definition

Initially, the issue of domestic violence and abuse was limited to married or cohabiting women. Nowadays, the issue is defined more broadly and includes violence against children, violence against men and digital violence. Being a witness to violence has also been incorporated into the field, as has viewing the violence from the perspective of both perpetrator and the victim.

Since the 1970s, children and adolescents who experience violence and abuse have been a particularly important area. This corresponds with a general trend in society. The child's perspective was accorded increasing importance – the child's own voice was now to be heard. The right to use violence in child-rearing was abolished in 1972. In 1987, the prohibition on the use of violence in child-rearing was laid down in section 30 of the Norwegian Children Act. In the international trauma field, posttraumatic stress in children and adolescents started to be described from the early 1980s. Also deserving of recognition is the research conducted internationally by psychiatrist Leonore Terr, among others, and the work of



Leo Eitinger. Photo: NTB Scanpix

From the traumas of war to action plan, official inquiry and mandate

Kari Killen nationally, which contributed vital knowledge about children's reactions to violence, neglect and other potentially traumatising events.

First action plan in 1995

Since the first government action plan in 1995, the work of successive governments in the area of domestic violence has been interministerial, with the most important actors being the Ministry of Health and Care Services, the Ministry of Justice and Public Safety, and the Ministry of Children and Families. At the start of this collaboration, the need to further strengthen efforts to prevent violence was identified. These efforts would have to address both victims and perpetrators. Furthermore, there was a growing consensus that refugees, UN/NATO veterans, the survivors of accidents and natural disasters, as well as other groups that have been exposed to severe stress, represent interdisciplinary and cross-sectoral challenges.

This was partly why the then Norwegian Board of Health was tasked in 2000 with assessing existing violence and trauma-related competence at the national and regional levels. The Board was also required to propose ways of coordinating the available national competence and the organisation of services within the field. The Board's report on national competence, which recommended the establishment of a national centre of expertise, was presented to the Ministry of Health in June 2002.

The government ministries were concerned about the need for a better knowledge base in the field of violence and trauma, and therefore also the need to generate knowledge that maintained a high international standard and was tailored to Norwegian conditions. The centres already in existence were small, had tasks other than research to perform (the provision of clinical care and advice, teaching and information-sharing), and

contributed more to the fragmentation of knowledge than to its production and dissemination.

Official inquiry into the feasibility of a national centre

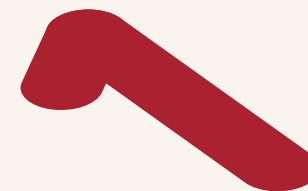
In its Proposition to the Storting (Bill and Draft Resolution), Prop. 1 LS (2002–2003), the Ministry of Justice described the work relating to the creation of a national competence centre thus: "The Ministries of Health, Children and Families, and Justice are working together to strengthen efforts to mitigate violence both with respect to the victims' situation and the perpetrators' need for assistance. In connection with these efforts, the three ministries propose that competence relating to violence and trauma be brought together in a single national centre." Corresponding statements could be found in the budget proposals of the Ministry of Health and the Ministry for Children and Families. The Ministry of Defence and the Ministry of Social Affairs also participated in the preparatory work relating to the centre.

In the autumn of 2002, a project was established to explore the feasibility of establishing such a centre. Participating in the project was the Norwegian Directorate of Health and the leaders of the existing centres. Representatives from the respective ministries at the undersecretary level constituted a steering committee, and the Directorate of Health was assigned the status of observer. The project's report was published on 14 March 2003.



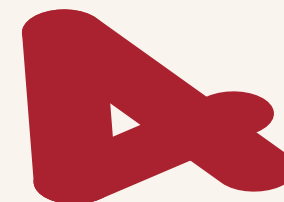
Photo: iStockphoto

The following centres participated in the inquiry:

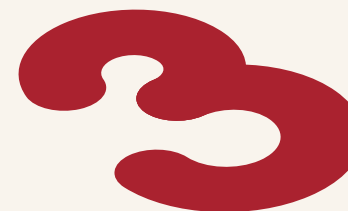


Competence Centre for Victims of Violence
(Kompetansesenter for voldsofferarbeid) (VOS) (Akershus University College)

National Resource Centre for Sexually Abused Children (Nasjonalt ressurscenter for seksuelt misbrukte barn) (NRSB) (City of Oslo)



Office for Disaster Psychiatry (Kontor for katastrofe-psykiatri) (KKP) (including the stress management team for international peace-keeping operations) (University of Oslo/the Norwegian Armed Forces)



Psychosocial Centre for Refugees (Psykososialt senter for flyktninger) (PSSF) (University of Oslo)



Alternative to Violence (Alternativ til Vold) (ATV) (Non-profit foundation)

Institute for Clinical Sexology and Therapy (Institutt for klinisk sexologi og terapi) (IKST) (private clinic)

From the traumas of war to action plans, research studies and mandate

ATV and IKST were independent providers of clinical care and although their incorporation into a new centre was not explored, inclusion of the issues they work with and those aspects of their operations that are state-funded was considered. The purpose of the centre was to enhance research, development, training and guidance in the field of violence and trauma, at the national level. The goal was “to improve the utilisation of resources and promote holistic

approaches to the field that encompass different perspectives and, ultimately, benefit users. Furthermore, the establishment of a national centre will result in new groups within the field of violence and trauma being incorporated into the national competence centre without constantly having to establish new competence centres or projects.” (Extract from the inquiry’s official report dated 14 March 2003).

Photo: iStockphoto



Mandate

- The Centre is a national competence centre with responsibility for promoting and developing knowledge in the field of violence and traumatic stress. The Centre’s knowledge and competence shall benefit those involved in violence and traumatic incidents. (Examples of involved parties include civilian and military active service personnel, victims of armed conflicts, victims of forced migration, victims of torture, violence and abuse, victims of major accidents and disasters, family members, next of kin, perpetrators/abusers, children who have witnessed violence and children who are the victims of severe neglect, including physical and sexual abuse.)
- The Centre shall attach importance to the significance of ethnicity, gender and age-related aspects within the field.
- The Centre shall be responsible for initiating, guiding, coordinating and performing research studies, development work, teaching/competence-building and information-sharing activities and for providing consulting/advisory services within the field.
- The Centre’s activities shall have a scientific foundation, with an emphasis on clinical work and experience.
- The Centre shall not itself engage in the provision of clinical care.
- The Centre shall have sufficient flexibility to address new issues (new target groups, new topics etc.) within the mandate’s scope.
- The Centre shall have an international orientation and ensure that this competence is utilised nationally.

(Extract from the inquiry’s official report dated 14 March 2003.)

A centre of expertise is created

— NKVTS was established through the merger of the existing centres. In order to bring a user perspective into the Centre’s work, collaboration with ATV and IKST was deemed a prerequisite.

At its inception, the Centre had 32 employees (approx. 30 full-time equivalents). There was an imbalance in the distribution of the employees’ expertise with regard to the different topic areas, with relatively less expertise concerning children and adolescents. Several of the units had staff vacancies at the beginning, which made it possible to recruit new people.

The first board of directors was appointed in the autumn of 2003. Bjørn Hol, dean of the Faculty of Medicine at UiO, was the board’s first chair. Government ministries and directorates also placed resources at the Centre’s disposal. The Centre rented office space at the Ullevål University Hospital campus.

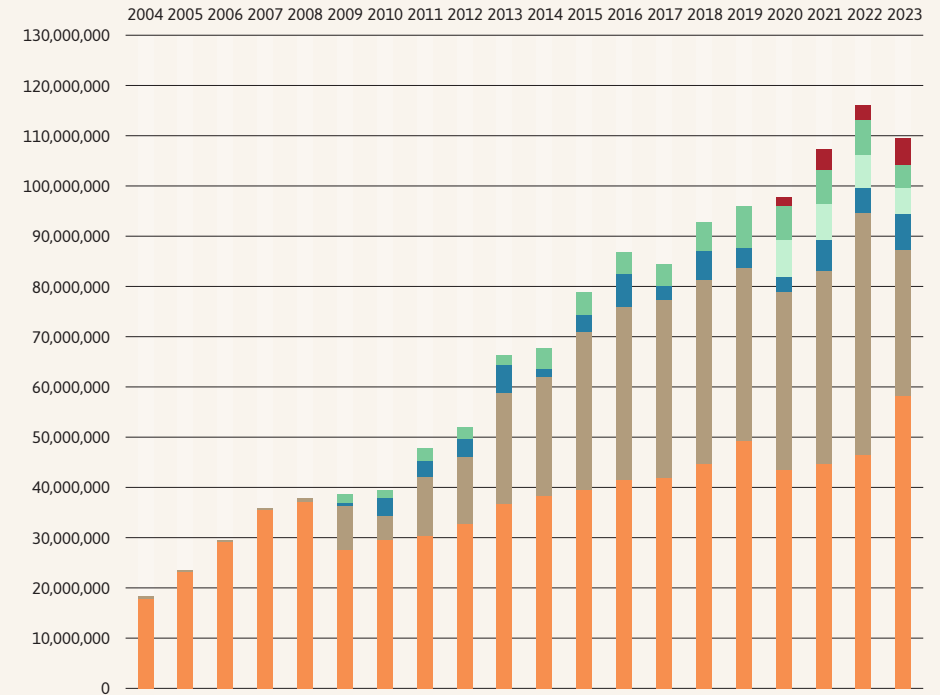
Ties to the University of Oslo

Several organisational alternatives were considered for NKVTS. Should it, for example, sort under the University of Oslo (two models were proposed), the NOVA social research institute or the Norwegian Institute of Public

Health? In the end, NKVTS was established as an autonomous legal entity – a limited liability company wholly owned by Unirand AS, which is itself wholly owned by UiO. The Centre’s activities are commissioned primarily by government ministries and directorates, such as the Ministry of Health, the Ministry of Children and Families, the Ministry of Justice and associated agencies. The ministries provide both basic funding and project funding through annual letters of appropriation. The Directorate of Health coordinates the preparation of the letter of appropriation on behalf of the ministries that contribute to the Centre’s funding. In the first few years, the Ministry of Defence also helped to fund the organisation and made available a research position that was on its payroll. The Ministry of Defence decided to terminate the appropriation of basic funding to NKVTS with effect from 2015. In addition to appropriations from the ministries, the Centre also earns revenue from other research-funding bodies, such as the Research Council of Norway, the EU, the non-profit foundation Stiftelsen Dam and other non-profit foundations.



Photo: iStockphoto



The graph shows changes in the NKVTS funding structure from its inception to the present day. The basic funding appropriation from the government ministries constituted around half (53%) of the Centre’s total revenue in 2023. NKVTS also receives earmarked grants from the national budget (27%). The bulk (70%) of these earmarked funds are spent on implementation-related activities. Funding from the Research Council of Norway accounts for 5%, while other grants received account for 6% of the Centre’s income. The framework agreement with the Directorate of Health accounts for 4%, with other commissioned activity accounting for 5%.

- Other commissioned activity
- Framework agreement with the Directorate of Health
- Research Council of Norway
- Grants for other partially funded activities; other
- Grants for other partially funded activities; government agencies
- Basic funding

A centre of expertise is created

2004—

NKVTS was incorporated on 17th November 2003 and went into ordinary operation on 1st January. Initially, its professional activities were organised in four thematic sections, while professional and administrative support was divided between two central staff departments.

When the Centre was established, it had only one employee with professorial competence and few with doctorates.

The Centre was tasked with contributing to:

- An increased focus on violence and trauma
- More research and evidence-based knowledge
- More information-sharing with practitioners
- Close relations with clinical practice
- Interdisciplinary endeavours – a wide range of approaches
- More teaching
- Robust professional environments
- Making a difference



In August 2004, the Centre was officially opened by the then Minister of Health, Ansgar Gabrielsen. A large number of people attended from government ministries and directorates, Oslo University Hospital, UiO, affiliated partners and representatives of user groups. Government authorities, users and practitioners all expressed high expectations for the new centre.

The following thematic sections were established:

Stress management and collective stress situations

– (covered by KKP) under the leadership of Lars Weisæth MD.

Violence, domestic violence and sexual abuse

– (covered by NRSB, VOS, ATV and IKST) under the leadership of senior sociology researcher Ole Kristian Hjemdal.

Forced migration

– (covered by PSSF) under the leadership of senior psychology researcher Nora Sveaas.

Children and adolescents

– (covered primarily by NRSB, but also by PSSF, ATV, IKST and VOS) under the leadership of senior researcher Grete Dyb MD.

A centre of expertise is created

Key professional contributors

It was important for the Centre's future development to be staffed by skilled professionals from the outset. Those who took leading positions from the beginning and helped chart the course for the Centre's further development were: Child psychiatrist Grete Dyb MD, who was responsible for building up capacity in the field of children and adolescents across the different sections, Senior sociology researcher Kristian Hjemdal, who was responsible for the field of violence and abuse, Psychologist Nora Sveaass, who was responsible for the field of traumatised refugees, and Professor of Psychiatry Lars Weisæth MD, who was responsible for disaster psychiatry and stress management.

The development of NKVTS would not have been possible without their high level of expertise, professional networks and devotion to their thematic areas. Throughout the Centre's 20-year existence, a great many professionals have played an important role as researchers and project managers. They are too numerous to list them all. However, based on the impact they have had on the establishment of the field of study, the following merit a special mention: Physician/psychiatrist Trond Heir, psychologist Tine Jensen, special needs educator Åse Langballe, anthropologist Lutine de Wal Pastoor, psychologist Siri Thoresen, criminologist Kristin Skjærten, physician Sverre Varvin and sociologist Carolina Øverlien.

Change of ownership

In 2019, UiO discontinued what it considered peripheral activities, such as NKVTS. The Norwegian Research Centre (NORCE) took over as the formal owner of NKVTS and Unirand's other subsidiaries, the Norwegian Centre for



Inger Elise Birkeland led the organisation from its inception until Cecilie Daae took over as chief executive in August 2023. Photo: Kristoffer Sandven

Child Behavioural Development (NUBU) and the Nordic Institute of Dental Materials (NIOM).

The change of ownership prompted considerable engagement at NKVTS. It was important for the Centre to keep the thematic areas together and retain its independence and distance from the government ministries, clients and other sources of income. NKVTS had found the limited company model to be advantageous, since it also offered clearly defined roles, flexibility and short decision-making pathways. With NORCE as its new owner, all this could be retained going forward.

Boards that have understood the organisation

NKVTS has a board of directors comprising seven members. Three board members are appointed by the organisation's owner, two are proposed by the government ministries and two are elected by and from among the employees. Emphasis has been placed on ensuring that the board is

Four people have chaired the board of NKVTS:



highly competent with respect to research, the sectors which use the knowledge generated by NKVTS and those affected by violence and trauma. The Centre's boards of directors have worked closely with the organisation, while maintaining the necessary distance to determine its direction and make any necessary course corrections.

Sustainable vision

NKVTS has had four strategy periods, each with plans that have guided the organisation's activities. In connection with the adoption of the plan for the second strategy period (2009–2015), the vision "A better life for those affected by violence and trauma" was established. The

objective is for all the Centre's activities to be of benefit to those affected. This is achieved through research studies, knowledge development, advisory services and information-sharing, as well as providing input to public consultations, participating in various debate forums, contributing to the development of partnerships, and membership in professional networks both nationally and internationally.

Dialogue with the services that work directly with those affected by violence and trauma, at the local, regional and central government level, is important. At the centre stands the promotion of systematic involvement of those affected by violence and trauma. It is they who should feel that our vision provides guidance and meaning.

A centre of expertise is created



Values

NKVTS has three clearly defined values that underpin everything the Centre does. Its values are:

Reliable

The work NKVTS performs must be robust, legitimate and independent. Quality is fundamental to the creation of real knowledge, and to being heard, believed and respected. Our work shall be characterised by professionalism and integrity, so that our partners and users trust us.

Socially relevant

Our social mandate is to contribute to a better life for those affected by violence and trauma. We achieve this by developing research-based knowledge that is disseminated and implemented in practice. Our commitment shall benefit society at large and our specific target groups.

Generous

We shall show respect, tolerance and openness for professional, personal and cultural differences, and allow room for error. We shall reflect and acknowledge the diversity in society. We are an organisation characterised by an inclusive working environment that cares for others and each other.

— The way the government ministries chose to organise work in the field of violence and trauma implied a centralisation of knowledge production through the establishment of NKVTS. By also establishing regional resource centres (RVTS), the ministries paved the way for local implementation of the knowledge acquired. Internationally, this way of organising work in the field is unique and has helped strengthen this field of study in Norway. One initial priority for NKVTS was to establish a sound strategy to enable it to realise the goal of developing the Centre's future research at an international level.

Setting the course

With high expectations and an ambitious mandate, it was important to set the right course. The Centre's first strategic plan pointed in a clear direction – it would prioritise research activities. Engaging in research activities at an international level was an important prerequisite for obtaining legitimacy as a national centre of expertise. At the same time, it was important to interact with national and local actors in order to be relevant.

The second clear priority was to act as an adviser to government ministries and directorates, regional resource centres and

post-graduate students. The regional resource centres (RVTSs) were established between 2005 and 2008, with the expectation that they would collaborate with NKVTS.

In the first strategy period, emphasis was placed on building up its expertise. As a newly established centre, NKVTS was, from the very beginning, an attractive place for researchers who had recently completed or were in the final phases of their doctoral studies within the field of violence and trauma. The Centre recruited staff with doctorates in a number of academic areas and specialisations (medicine, psychology, special needs education, sociology and criminology).

Regional organisation and partnerships

An important prerequisite for making the model a success, combining centralised knowledge production and local implementation as the government ministries wished, was to establish and strengthen expertise in the field of violence and trauma at the regional level. Another clear objective was that the knowledge generated by NKVTS should benefit the field of practice in the form of better services. This would provide plenty of opportunities to disseminate the research-based knowledge to practitioners nationwide. It would also enable the regional centres to provide feedback on the services' information needs.

The regional centres also covered the area of suicide prevention, with the National Centre for Suicide Research and Prevention (*Nasjonalt senter for selvmordsforebygging og forskning*) as the national research organisation.

Collaboration with the university sector

Great emphasis was placed on its employees embarking on doctoral studies and on established projects that included research fellowships. After five years in operation, the Centre had eight research fellows on staff.

From the outset, the Centre had collaborated

with the Faculty of Medicine at UiO to build up the field of trauma within the mental health area. This involved two Professor II positions being linked to positions at NKVTS – one in the area of adult psychiatry and one in the area of children and adolescents. One of the positions was funded by the Centre. NKVTS has subsequently established similar arrangements in partnership with the Department of Psychology at UiO's Faculty of Social Sciences and the Department of Public and International Law at the Faculty of Law. NKVTS has also collaborated with other higher education establishments, in part with respect to Professor II positions.

What should be studied?

The Centre's purpose is to conduct research into violence, traumatic stress and the link between them, and this has been emphasised from the very beginning. According to the Centre's mandate, all potentially traumatising events fall within its research scope, although domestic violence and abuse are a particular target. With respect to the study of violence, this means that research should cover not only the traumatic consequences of violence, but also risk factors, causes and mitigating measures.

As a national centre of expertise with a wide-ranging mandate, NKVTS covers many needs for research-based knowledge within the area of violence and trauma, alone and in partnership with others. This means that the Centre engages in epidemiological research at the population level, with high-level studies that examine risk factors and the consequences of violence, abuse and other traumas. Examples include refugees, the victims of violence, abuse or terrorism, and deployed military personnel. In recent years, various minority groups and their experience of violence and trauma have also been included. Research is also conducted into interventions and measures intended to prevent the consequences of exposure to



Photo: iStockphoto

violence and trauma and improve the lives of those whose health or level of functioning has been impaired by such exposure. Implementation-related research has also become an important part of the Centre's operations, as a result of the Centre's extensive implementation activities. Research into leadership and organisational change has therefore also been added to the Centre's field of activity.

The first research programme

In the Centre's first few years, several circumstances – planned and unplanned – helped to set its course. The tsunami that devastated Southeast Asia in late December 2004 put the newly established NKVTS to the test. Its main task in the initial phase was to advise the Norwegian Directorate of Health and the Ministry of Health, in collaboration with the Centre for Crisis Psychology in Bergen.

This work laid a solid organisational foundation for subsequent consulting activities in connection with crises and disasters. The Asian tsunami also gave NKTVS the opportunity to embark on new research within the field of natural disasters and stress management. A research programme was established, with eight sub-projects. In addition to trauma-related issues experienced by emergency relief workers, adults, children and families, the research also included the organisation of follow-up, the establishment and activities of the support group, and how affected immigrant groups in Norway felt during the tsunami disaster. The research was funded by the Norwegian Directorate of Health, the Research Council of Norway and the non-profit foundation Stiftelsen Dam. Four doctoral research projects were undertaken as part of this programme.

It has always been assumed that NKVTS would obtain external funding for its research, even though the basic grant covered the Centre's running costs in the first few years.



Photo: NTB

Since the Centre's establishment, such funding has come from government ministries in the form of project grants, as well as the Research Council of Norway, Stiftelsen Dam, the EU, hospital trusts and other bodies that finance research endeavours. This has given NKTVS the opportunity to grow and develop larger projects. Today, the government's basic funding appropriation constitutes a smaller proportion of the Centre's overall income than when it was first established.

Funding model

A model for creating synergies between different funding sources was developed early on, in conjunction with the tsunami-related research programme. The Directorate of Health provided a grant for the start-up of the project and collection of data, while other sources provided funding for its analysis and publication. This model paved the way for close links between advisory and research activities, and has been important throughout the Centre's

existence. It enabled NKVTS to quickly launch projects after crises and disasters, and ensured that the government ministries' priorities were followed up and that the grants were used for their prescribed purposes.

Greater opportunities for long-term and international collaboration also ensures increased quality. In this way, smaller grants for data collection can provide commissioning clients with more value for money, since they open the way for additional funding from other parties.

— The importance of the action plans

The government's Action Plan against Domestic Violence (*Handlingsplan mot vold i nære relasjoner*) (2004–2007) and Strategy against Physical and Sexual Abuse of Children (*Strategi mot fysiske og seksuelle overgrep mot barn*) (2005–2009) afforded NKVTS important opportunities and inspiration for research. Several doctoral research projects were undertaken. These included studies of young children who had come to harm and abused women's expectations and experiences with the judicial process.

In connection with the Strategy against Physical and Sexual Abuse of Children and Adolescents, NKVTS was commissioned to help develop systematic knowledge about children and adolescents who have been subjected to abuse, as well as knowledge about effective initiatives and treatment methods for children and adolescents who are in need of help after being subjected to violence and abuse. This was the starting point for the launch of a pilot project to examine the efficacy of trauma- focused cognitive behavioural therapy (TF-CBT) at a selection of the country's child and adolescent psychiatric clinics (BUPs). The project was conducted in the period 2008–2012 as a randomised controlled trial. The project showed that the method had greater effect than the therapy normally provided, it fit into the Norwegian BUPs' operations, it was well-liked by children, parents and therapists, and was cost-effective. This became the forerunner of extensive implementation activities in Norway's BUPs, and subsequently at district psychiatric centres (DPSs), with effect from 2013. The TF-CBT project resulted in four doctorates and a great many publications.

For NKVTS, it is a stated aim that knowledge shall be disseminated to those who can use it. The knowledge we have acquired through research into therapeutic practices and their subsequent implementation has been shared

with government and administrative authorities, and care service providers – and with those affected by violence and trauma, who are thereby ensured better help. The Centre's implementation activities are followed-up through research and therefore ensure opportunities for innovation and development in the care services being offered. At the same time, this enables universities and colleges to use our research for teaching purposes.

The action plans created new opportunities

In connection with the government's Action Plan Against Female Genital Mutilation (*Handlingsplan mot kjønnslemlestelse*) (2008–2011), NKVTS was commissioned to undertake several assignments. Among other things, the Centre was awarded a competence role in this field. This was a new area, one which provided the basis for expansion. The Research Council of Norway and the non-profit foundation Stiftelsen Dam have subsequently provided funding for projects relating to female genital mutilation (FGM). The Centre has been responsible for extensive information-sharing activities relating to FGM, including the creation of a dedicated digital guide. Two doctorates have been awarded on the basis of research on this topic.

The government's first Action Plan against Radicalisation and Violent Extremism (*Handlingsplanen mot radikaliserings og voldelig ekstremisme*) was launched in June 2014. In connection with this, the Centre, along with the regional resource centres, was tasked with helping to boost the health sector's understanding of violent extremism. NKVTS has undertaken several research projects on radicalisation and has helped to improve the competence of the police as well as health and social services with respect to this issue.

International partnerships and consulting

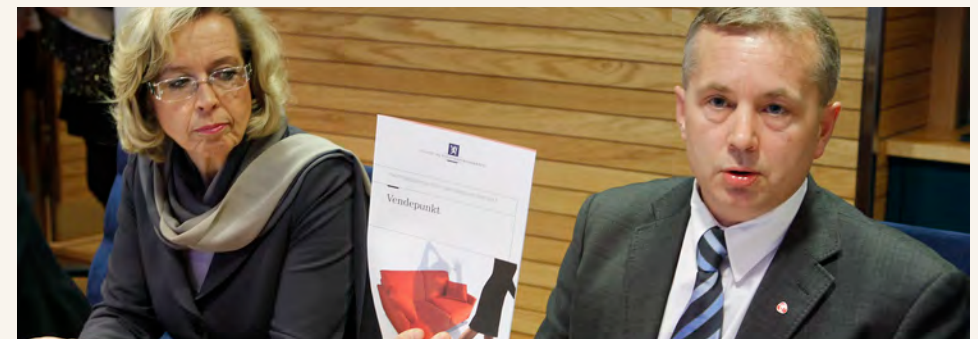
In order to conduct high-quality research into violence and trauma in Norway, it is vital to

be part of the international trauma-research community. Since its inception, NKVTS has been keen to establish close links with this community, and researchers from the Centre have participated in key professional milieux abroad. This has been particularly important in connection with consulting and research linked to crises and disasters, and has helped ensure that our advice is in line with the latest thinking.

World-leading experts in the USA and UK have provided specific advice on psychosocial follow-up when a crisis has occurred, such as the Southeast Asian tsunami in 2004, the terrorist attacks in Norway on 22 July 2011 and the landslide at Gjerdrum in 2020. Now, NKVTS advises other countries affected by crises and disasters. Our research has also benefited greatly from the inclusion of international researchers in advisory groups. Today, researchers from the Centre participate in a number of international advisory boards. Numerous useful international networks have been built up, in which researchers from NKVTS play key roles. NKVTS has always been part of this community through attendance at international symposia and participation in the boards of professional associations, such as the

International Society for Traumatic Stress Studies (ISTSS), the European Society of Traumatic Stress Studies (ESTSS), the Nordic Association for Preventing Child Abuse and Neglect (NASPCAN) and the International Society for the Prevention of Child Abuse and Neglect (ISPCAN).

NKVTS acted as the Norwegian secretariat for Daphne, an EU programme for the prevention of violence against children, adolescents and women, in the period 2007–2013. The Centre has also acted as coordinator and secretariat for the Nordic network for research into unaccompanied minor refugees, funded by NordForsk, in the period 2011–2015. The EU project RefugeesWellSchool, involving six countries, represents a significant network for international collaboration with respect to refugee-related issues. Since 2011, NKVTS has worked on several EEA-funded projects relating to domestic and gender-based violence. The Centre has also played an important role as a partner in the Norwegian Directorate of Health's partnership with Slovakia on the establishment of a Coordinating Methodical Centre (CMC) in the area of violence, and engaged in a partnership with Estonia's healthcare sector.



Norway's then Minister of Health and Care Services, Anne-Grete Strøm Erichsen, and Minister of Justice, Knut Storberget, during the presentation of *Turning Point*, the government's Action Plan against Domestic Violence 2008–2011. Photo: NTB

Research and results

— Steadily growing competence

Having from the very beginning placed a high priority on research and therefore recruited employees with the relevant background and experience, the Centre's competence increased relatively fast. This was partly driven by the research programmes linked to the Southeast Asian tsunami, the 22 July terrorist attacks and trauma-focused therapies. These research programmes contributed significantly to the education of our own doctoral students and to the further competence development of employees who had already been awarded their doctoral degrees. The proportion of employees with professorial competence has increased in recent years, and a new generation of post-doctoral researchers has joined the staff.



Photo: iStockphoto



In 2011, Gertrud Sofie Hafstad was the first to defend a doctoral thesis based on research findings from NKVTS (tsunami research programme). Her opponents were Professor Phillip Hwang (University of Gothenburg) on the left and Professor Tom Lundin (University of Uppsala) on the right. Photo: Endre Hafstad.

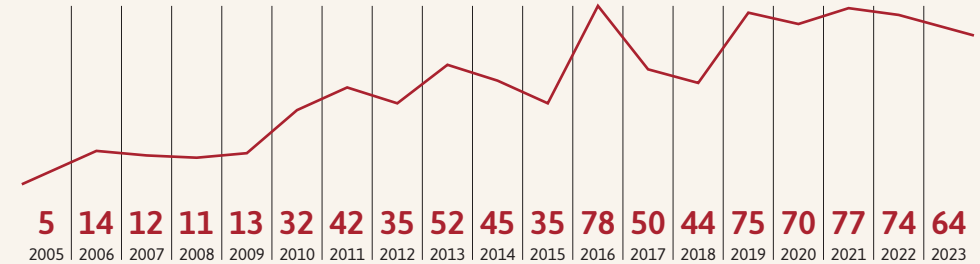
The first doctoral students

The first doctorates were awarded to researchers who had been in the final stages of their doctoral studies when they were employed by NKVTS. The first viva based directly on material from NKVTS was held in 2011 and concerned research into the 2004 tsunami. Since then, the Centre has produced doctorates within all its areas of study. At any given time, the Centre has 10–12 research fellows. In total, 32 doctorates have been awarded to employees of NKVTS

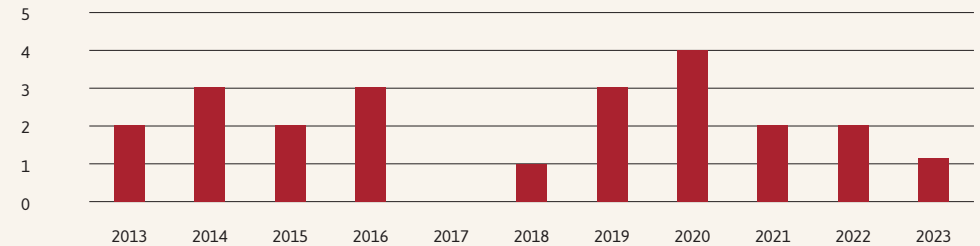
Publishing and performance measurements

The Centre's professional output increased substantially in connection with the tsunami programme and the other projects that were launched in the first few years. The goal was to develop and establish the centre's credentials nationally and internationally through research contributions of a high professional standard.

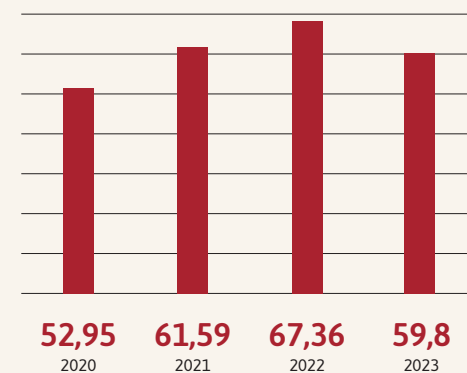
Academic publications



No. of doctorates awarded annually



Publication points obtained in the past four years



Many centres receive research grants within the healthcare sector. The Norwegian Ministry of Health and Care Services has measured the hospital trusts' research results over time. With effect from 2021, the Ministry introduced a similar arrangement for research institutes outside the specialist health service. In this context, NKVTS is part of a group of centres that engage in research into mental health issues. The results are measured in terms of research points, which are based on the number of awarded doctorates, publication points and the funds awarded by the Research Council of Norway (in NOK million).



Photo: iStockphoto

— NKVTS resulted from the merger of activities engaged in by different organisations, which therefore had different administrative resources and solutions. NKVTS expanded relatively quickly and became a major recipient of grant appropriations from several government ministries and directorates. This required the Centre to establish good administrative solutions that were tailored to its core activities – research, consulting and information-sharing.

In addition, the Centre established an effective structure for collaboration with the local trade unions.

Although the Centre has experienced solid growth, being “too big to be small and too small to be big” has occasionally been a challenge. This has been particularly evident in the area of support services.

Education and information-sharing

An important aspect of the Centre’s mandate relates to education, guidance and information-sharing. It is imperative that the accumulated

knowledge benefits users, practitioners in the widest sense and the public authorities. NKVTS shall pursue the research further than to academic publication; the Centre must also contribute to the implementation of the knowledge obtained.

Following its work in connection with the 2004 tsunami, NKVTS quickly put itself “on the map” both nationally and internationally. Several of the researchers became familiar names and faces in the media. This has also been the case in connection with subsequent crises and disasters, when our research has been in demand by the media. The major studies of the extent of violence in the population have also helped to raise the Centre’s profile.

Master’s degree

The importance of communication was highlighted in the Centre’s second strategy period. Channels for the dissemination of our research results were established and further developed, with priority being given to those working in the

field of practice. One step was to get violence and traumatic stress included in relevant education programmes.

In the autumn of 2009, NKVTS, along with the Centre for Addiction Research (SERAF) and the National Centre for Suicide Prevention and Research (NSSF) launched a three-year, experience-based master’s degree programme: Master of Psychosocial Interventions (suicide, addiction, violence and trauma). The course was offered by UiO’s Faculty of Medicine and had approximately 60 places. The master’s degree programme was unique in the Nordic region, with most students applying for the specialisation in violence and trauma. The programme was extremely well liked by students and scored highly in supervisory reports. Four cohorts completed the programme before it was discontinued in 2017 due to funding challenges at one of the partnering centres.

Many researchers at NKVTS have also had extensive teaching responsibilities at universities and colleges. This includes lecturing in psychiatry and psychotraumatology with a focus on adults, children and adolescents, psychology, criminology, sociology, odontology, epidemiology and methodology.

Need for visibility

As the Centre’s knowledge base expanded, so too did the need to share information and become more visible. Emphasis was placed on communicating through multiple channels.

The website nkvts.no is the Centre’s most important communication channel. The website is a central, national gateway to information and knowledge about violence and trauma for all of the Centre’s target groups. All of its reports can be downloaded free of charge from the website. Visitors can also read about all the projects conducted under the auspices of NKVTS. In addition, the Centre publishes summaries of Norwegian and many English-language peer-reviewed publications that have been

written specifically with a general readership in mind.

Over the years, NKVTS has developed a good mix of channels, including written and oral, digital and physical media, such as breakfast seminars, conferences, research reports, social media posts and newsletters. Membership of the association that operates the website forskning.no has been a separate endeavour.

The Centre has also become more visible in the media. In connection with the role NKVTS has played in various crises and disasters, engagement with the media has afforded important avenues for the dissemination of research-based knowledge. The Centre’s communications function has gradually become professionalised, with the first external communications manager being appointed in 2015.

Foundation

It has been important for NKVTS to establish and develop effective administrative services which support its core activities. Requirements with respect to documentation are extensive and statutory regulations must be met. This demands a high level of competence, which must either be established within the organisation or purchased from outside. NKVTS has done both. Maintaining an effective administration that is as small as possible, and tailored to the Centre’s activities and the requirements imposed by external actors has been a goal.

In line with the Centre’s development and increased size, NKVTS has professionalised its support functions relating to accounting, HR, communications, research support and administration in recent years, through the recruitment of additional competence, the digitalisation of work processes and the reorganisation of these functions.

Management and control of the Centre’s finances has been vital, not least to demonstrate that the grants received are translated into

activities and fully utilised for their earmarked purposes. The Centre's annual income has surged from around NOK 20 million when it was established to NOK 110 million in 2023. Revenue derives partly from basic funding appropriations and project funding grants from government ministries and directorates, partly from grants awarded by other national and international sources. In addition, NKVTS has in recent years tendered for commercial research contracts where these accord with our core activities. In 2019, for example, NKVTS signed a framework agreement with the Norwegian Directorate of Health relating to emergency preparedness and consulting services within all our thematic areas. Since then, the contract has formed the basis for all the advice we have provided during crises and disasters. A great deal of our consulting work has related to psychosocial follow-up in connection with the Covid-19 pandemic, the 2020 landslide in Gjerdrum and the terrorist attack during Oslo Pride in 2022. We have also provided advice on the majority of the Centre's thematic areas in addition to crises and disasters. The framework agreement was renegotiated in the autumn of 2023, with effect from 2024.

Budgeting and accounting processes are relatively complex and demand a high level of expertise in the area of finance and accounting, as well as knowledge of statutes and regulations in the area of public and private law. The Centre's HR function has developed in line with the growth in the headcount, as well as the increasing focus on occupational health and safety, recruitment and the employer's role in general. Today, the HR function contributes to the strategic development of NKVTS through systematic monitoring of the working environment and quality-assured recruitment processes.

Research ethics

Greater emphasis on research ethics and data privacy since the turn of the millennium has led

to increased regulation of these aspects. To a considerable extent, research within the field of violence and trauma involves the use of sensitive personal data; the issues are sensitive and the research is subject to strict regulation. Good infrastructure and organisation is required to meet these requirements. This, in turn, requires the organisation to be of a certain size.

NKVTS is keen to properly fulfil its ethical obligations. In partnership with NUBU and RBUP South and East, NKVTS established an ethics committee in 2022. This committee deals with cases involving suspected violations of recognised norms for research ethics. The Centre is now also establishing a research ethics committee of its own, to give researchers an opportunity to seek specific guidance on and support for ethical assessments of research projects that are underway or being planned. In addition, NKVTS makes use of SIKT as its health and safety representative.

The goal is for NKVTS to increase its external funding, particularly from the Research Council of Norway. For this reason, the Centre has worked systematically in recent years to develop a methodology for and become more skilled at writing funding applications. This has already produced successful results.

IT services have become a key aspect of research activities in recent years. The Centre purchased IT services from UiO until 2023, when NORCE took over as the supplier of these services.

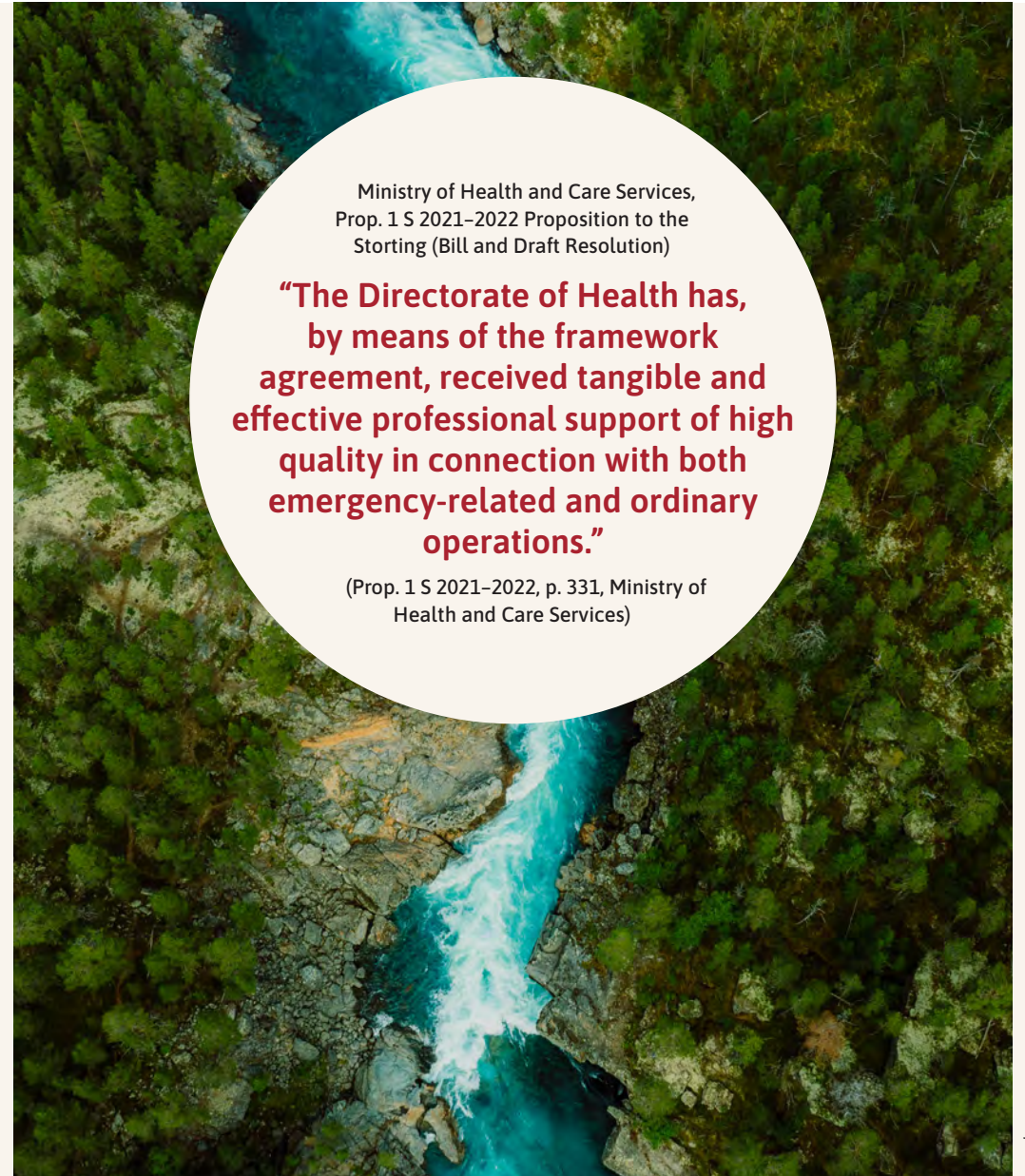
Online resources boost information-sharing

The government ministries want public services relating to violence and trauma to become more evidence-based. In connection with this, NKVTS has been commissioned to develop digital services. The Centre's information-sharing via digital channels is to be research-based and quality assured.

Ministry of Health and Care Services,
Prop. 1 S 2021–2022 Proposition to the
Storting (Bill and Draft Resolution)

“The Directorate of Health has, by means of the framework agreement, received tangible and effective professional support of high quality in connection with both emergency-related and ordinary operations.”

(Prop. 1 S 2021–2022, p. 331, Ministry of Health and Care Services)



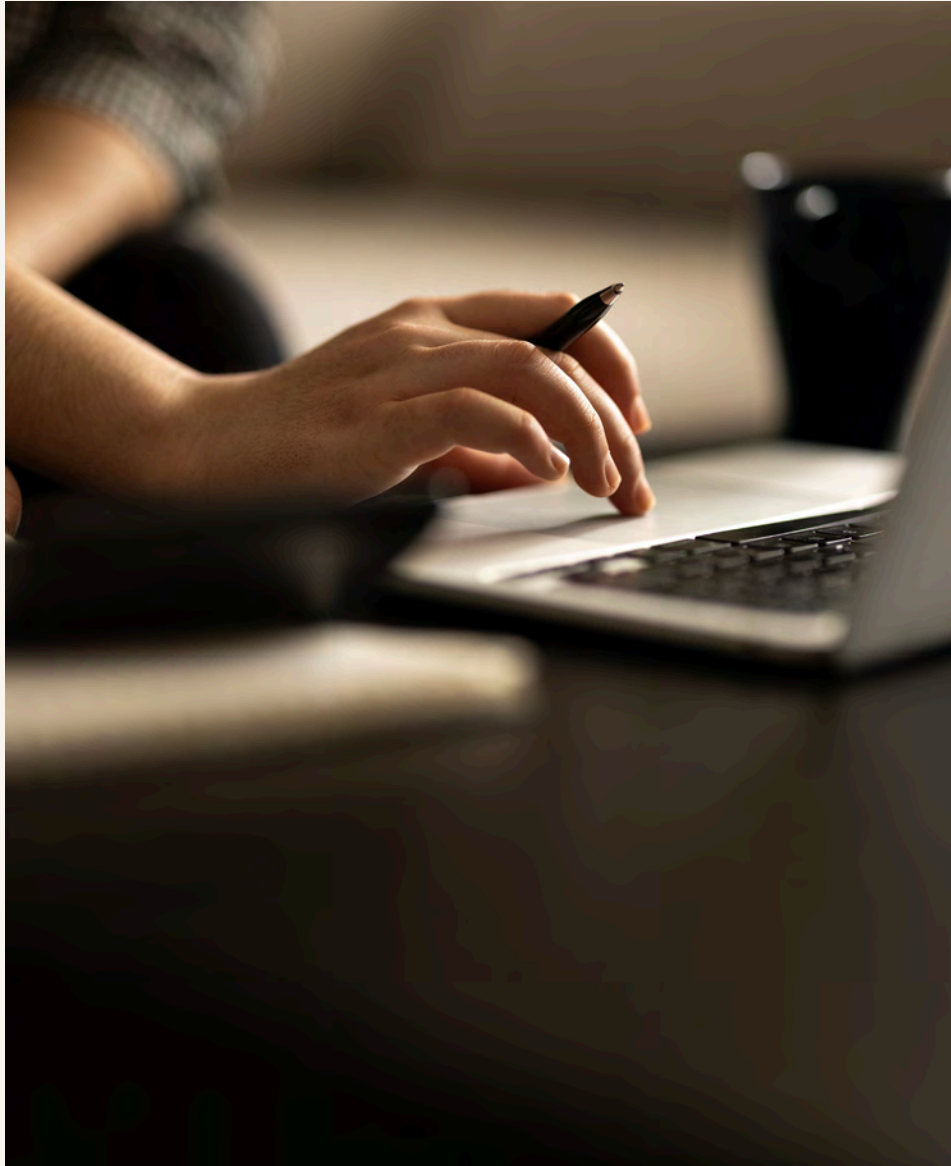


Photo: iStockphoto

dinutvei.no

www.dinutvei.no

As part of the government's efforts to prevent domestic violence, NKVTS launched a comprehensive guide to the topic in 2016. The website dinutvei.no provides a nationwide overview of information, knowledge and services relating to domestic violence, rape and other types of sexual abuse. The target groups are the victims and perpetrators of violence, as well as the staff of various care services. dinutvei.no also contains what is probably the country's most complete overview of the services available from public, private and non-profit organisations. The aim is for the website to help reduce the number of incidents of violence, and to enable both victims and perpetrators to obtain relevant help as quickly as possible.

Female genital mutilation (FGM) explained

www.kjonnslemlestelse.nkvts.no

This website has been created for those who encounter girls or women who have been subjected to or are at risk of FGM. It provides an overview of the topic, what can be done to prevent girls living in Norway from being subjected to FGM, and how to provide girls and women who have suffered FGM with the care they need. This guide contains advice about procedures, how to manage conversations, regulations, various aids and a list of places to contact for advice. The website also contains brochures on FGM in multiple languages.

Guide to the development of municipal action plans against violence and abuse

www.komplan.nkvts.no

Action plans against domestic violence and abuse are intended to improve the services offered to those subjected to violence, those who subject others to violence, and other affected parties. In conjunction with the regional resource centres, NKVTS has developed a guide that takes the reader step-by-step through the

process of developing such action plans. An action plan template has also been developed.

Guide to the health and social care services' work in the area of domestic violence

www.voldsveileder.nkvts.no

The health and social care services work with respect to domestic violence encompasses a wide area. This guide deals with violence against children and adults, and covers both victims and perpetrators. It is divided into four sections:

- (1) Violence and abuse of children
- (2) Abusers and perpetrators of violence
- (3) Negative social control, forced marriage and FGM
- (4) Violence against adults and the elderly

Information page on the duty to avert harm

www.plikt.no

The website plikt.no helps to raise awareness of individuals' duty to avert harm in connection with crimes of violence or sexual abuse. A survey conducted in 2018 by the Directorate of Children and Families showed that 74 per cent of the population had not heard about the duty to avert harm, and only one in ten of those employed in the health service, schools, kindergartens, after-school programmes (SFO) or youth clubs were familiar with the duty to avert harm and knew what it involved. plikt.no has been created at the behest of the Ministry of Justice and Public Safety, and was launched in 2019 as part of a suite of measures set out in A Life Without Violence, the government's Action Plan against Domestic Violence (2014–2017).

— The terrorist attacks perpetrated on 22 July 2011 will remain a milestone in the development of NKVTS as a national centre of expertise. The very day after the attacks, NKVTS was mobilised to advise the Directorate of Health on matters relating to the psychosocial follow-up of those affected – both at the national and municipal level. In this situation, the Centre’s international network was also mobilised and provided the researchers with advice. The follow-up model accorded with best practice and international research. It built on the principles of psychological first-aid and Skills for Psychological Recovery, as well as knowledge of what constitutes effective therapy following traumatic experiences.

Terrorism’s impact on those affected

In consultation with the Directorate of Health, an extensive research programme was also initiated after the terrorist attacks. This included survivors of the attack on the government building in Oslo, survivors of the attack on young people gathered on the island of Utøya and their parents, and the public at large.

The goal of the programme was to learn more about the impact of the terrorist attacks on those directly affected and the wider population, as well as on public services and society as a whole. In addition, research into the effect that society’s response had on feelings of trust and personal safety, as well as on health, level of function and participation, as the basis for an assessment of resilience and public security, was also requested.

Island of Utøya

The Utøya study is a longitudinal, interview-based study that follows the survivors of the terrorist attack and their parents through four wide-ranging rounds of data collection over a ten-year period from 2011. The study focuses on the attack’s effects on the individual’s health, level of function, participation in school and work, experience of trust and personal safety, as well as the importance of society’s response, including judicial process, the role of the media, hate crime and experiences with the health services.

During the study, those affected had the opportunity to take part at a later date if they did not wish, or were not ready, to participate in the early phases. In this way, 79 per cent of all those who were on the island of Utøya during the terrorist attack were recruited to share their experiences at one or multiple points in time. A key objective of the design and execution of the study was to ensure meaningful research questions and provide participants with necessary follow-up within the ordinary health and social services. The study was developed in close cooperation with the 22 July Support Group, AUF and the regional resource centres. This also included recruitment and information-sharing.

Over the course of the study, more than 60 peer-reviewed academic articles were published nationally and internationally. The study also resulted in a book, several chapters in anthologies, six reports and four doctorates. The study has therefore become a source of knowledge that is now included in guides and recommendations that relevant services and authorities both nationally and internationally can use to prepare for and execute an evidence-based psychosocial response in the event of terrorism and other crises or disasters. For example, the study has formed the basis for partnerships with other countries on the follow-up of terrorist attacks in France, New Zealand and Canada.

Government building in Oslo

As part of the study into the attack on the government building in Oslo, three rounds of data collection were undertaken. This has produced a great deal of new knowledge about the consequences of terrorism on a workplace and follow-up after such an event. The purpose of the project was to study the health and working environment of government employees after a bomb was detonated outside the main government building in Oslo on 22 July 2011. Data was collected via online questionnaires that were sent out 10, 22 and 34 months after the bomb attack, as well as via in-depth interviews with a selection of employees. Most of the government ministries (13 of 17) took part in the survey, and the link to register data made it possible to examine sickness absence over time. The project has given rise to some 40 academic articles published in international journals. The articles focus particularly on topics relating to stress reactions among employees and the significance of leadership, the working environment and security measures for individuals’ health and level of sickness absence in the first few years after the event.

Stress reactions were naturally most severe among employees who were at work when the bomb exploded. Nevertheless, many of those who were not at work at that time also suffered severe reactions. This seems to have been caused by a powerful sense of identification with the incident and with those co-workers who were more directly affected. In general, the stress reactions lessened over the course of the first three years, although many people continued to struggle with insomnia and mental health issues even after three years had passed. The study was conducted by NKVTS in partnership with the National Institute of Occupational Health (STAMI).



Both the Utøya and government building studies were co-funded by the Ministry of Health, the Directorate of Health, the Research Council of Norway and the non-profit foundation Stiftelsen Dam. Photo: NTB

Refugees

From the outset, the Centre's research into forced migration and refugee health sprang from the expertise that came from the Psychosocial Team for Refugees. In the initial phase, NKVTS carried out projects to explore the mental health status of recently arrived refugees at refugee reception centres. Expressive arts

therapy was tested as a way of improving social functioning and reducing mental health issues among young recently arrived refugees at transit centres (*Expressive Art Therapy in Transition – the EXIT project*). A longitudinal study of the treatment and rehabilitation of refugees who had previously experienced trauma (*Behandling og rehabilitering av traumatiserte flyktninger*)

Photo: Shutterstock



(TR-REFUGEES) was carried out. The subjects were undergoing treatment as patients at publicly funded district psychiatric centres (DPS) and by therapists contracted to the municipal health service. The patients were followed up for up to ten years, with surveys of their background and lived experiences, traumas, mental health, personality functioning, quality of life, acquisition of Norwegian language proficiency and participation in education or work.

NKVTS has increased the extent of knowledge about refugee children and adolescents. The Centre has conducted studies to explore the mental health and functioning of unaccompanied minor asylum seekers and how this group is followed up over the years, from arrival to settlement in a municipality. Several school-based projects have also been carried out with respect to unaccompanied minor refugees in the settlement and integration phases. These projects have focused on the individuals' educational and school situation (the FUS project) and educational and psychosocial transitions encountered by young refugees upon resettlement in Norway (the TURIN project). These projects were conducted in collaboration with other Nordic countries and were part financed by NordForsk. This resulted in a European network that received support from the EU through the EU's Horizon 2020 programme and the project RefugeesWellSchool. This project developed, tested and provided researchers with knowledge of school-based preventive initiatives that promote mental health and psychosocial wellbeing among young people with a refugee or migrant background. The study revealed that almost 50 per cent of the children and young people who took part in the survey had high levels of post-traumatic stress reactions. In addition, the study showed a link between mental health problems and experiences of discrimination. Knowledge derived from these projects established a good foundation for the development of trauma-sensitive schooling

for children and young people with a refugee background.

Need to prioritise refugee health initiatives

NKVTS aims to monitor groups exposed to potentially traumatising events over time. The goal is to find out how the health of such individuals evolves and provide the health, educational and welfare services with this knowledge, so that they can strengthen their ability to safeguard various groups' future participation in society. In connection with the arrival of a very large number of refugees from Syria in 2014 and 2015, NKVTS conducted a large-scale survey of newly arrived refugees (the REFUGE study) (*Helse og livskvalitet blant syrere i Norge*). The surveyed population comprised newly settled Syrian adults. The project was a response to the fact that there is no national overview of the health status of refugees arriving in Norway. On the basis of this study, register data on the 14,000 Syrians who were settled in Norway in 2017 is currently being compiled. The registers included in the study encompass data on health, work and education. Findings from the REFUGE study show the need for new initiatives to study the status of refugee health in Norway.

Today, more refugees than ever before are coming to Norway, primarily from Ukraine. For many, their experiences of warfare in their homeland will remain with them for the rest of their lives. Since Russia's full-scale invasion of Ukraine in 2022, NKVTS has been working with its partners to obtain, develop and share information and tools that could provide help and support to the managements and staff at reception centres as well as health and welfare service providers and educational establishments, so they can ensure that children, young people and families receive the assistance they need in a timely fashion. For Norwegian society, research into the health of refugees will provide important knowledge about the psychosocial preconditions for their future lives in Norway.



Photo: Torbjørn Kløvold/Forsvaret

Veterans

Since its establishment, NKVTS has conducted studies of military personnel and the strain they are subjected to by their service in the Norwegian Armed Forces. For example, the Centre has contributed to the Afghanistan Study, which is looking at the physical and mental health issues experienced by participants in the Norwegian

contingent. The Norwegian Armed Forces are also responsible for following up service members' families at home. NKVTS carried out a major study of veterans and their families that was commissioned by the Norwegian Ministry of Defence and co-funded by the Ministry of Health and Care Services, and the Ministry of Children and Families. The objective of the study

was to examine the strains and impacts on the day-to-day home life of children, adolescents and adults that occur when a close relative participates in an international operation. The study shows that participants' perceptions and experiences vary considerably. Some families have experienced substantial and long-lasting strains and adverse impacts, and say they would

not make the same choices again. Others have managed extremely well and do not feel that participation in international operations has resulted in noticeable adverse repercussions. The study also shows that the level of strain over time can result in some families experiencing health-related challenges.

Implementation speeds up and the research follows suit

— Implementation of evidence-based, trauma-focused therapies

After the terrorist attack on the island of Utøya in 2011, where a summer camp for members of the Labour Party's youth organisation was being held, it was decided that those affected would be followed up by their respective municipal authorities. Since the 2004 tsunami, most municipalities had built up an emergency response capability, which included the establishment of crisis management teams. This capability was to form the starting point for the municipal follow-up of the Utøya victims. However, the follow-up model also included provisions stipulating that those who needed specialised treatment were to receive a referral to a child and adolescent psychiatric outpatient clinic (BUP) or a district psychiatric centre (DPS). The research shows that a large proportion of those who experienced the terrorist attack on Utøya needed specialised mental health assistance. The 2004 tsunami and the 2011 terrorist

attacks have highlighted that the care services lack sufficient competence in the treatment of trauma. The research carried out by NKVTS has helped to increase knowledge of effective treatment methods and what is needed for such methods to be applied in clinical practice.

In 2011, when Norway suffered two coordinated terrorist attacks, the research project involving the trialling of trauma-focused cognitive behavioural therapy (TF-CBT) at selected BUPs was drawing to a close. Based on the positive results achieved by the project, the Directorate of Health wanted this methodology to be adopted by all BUPs nationwide. NKVTS was given responsibility for facilitating this. To date, the method has been adopted by approximately 80 per cent of the country's BUPs. This also marked the start of NKVTS's transition from a research centre to a research and implementation centre. NKVTS experienced new growth not only due to its terrorism-related research, but also to its extensive implementation-related activities.

Close relations with clinical practice

The Centre's implementation projects have enabled it to obtain data that helps to monitor how implementation takes place. At the same time, they provide a basis for studying the effect of the treatment methods implemented and for research that can reveal whether the implementation methods work in practice.

Implementation activities are time-consuming and require the Centre to have clinicians on staff. Through the implementation projects, NKVTS maintains close relations with clinical practice milieux in the municipal and specialist health services. This has provided unique knowledge about the follow-up of those affected by violence and trauma, and has helped to ensure that the Centre's research is relevant.

Demand for better treatment methods

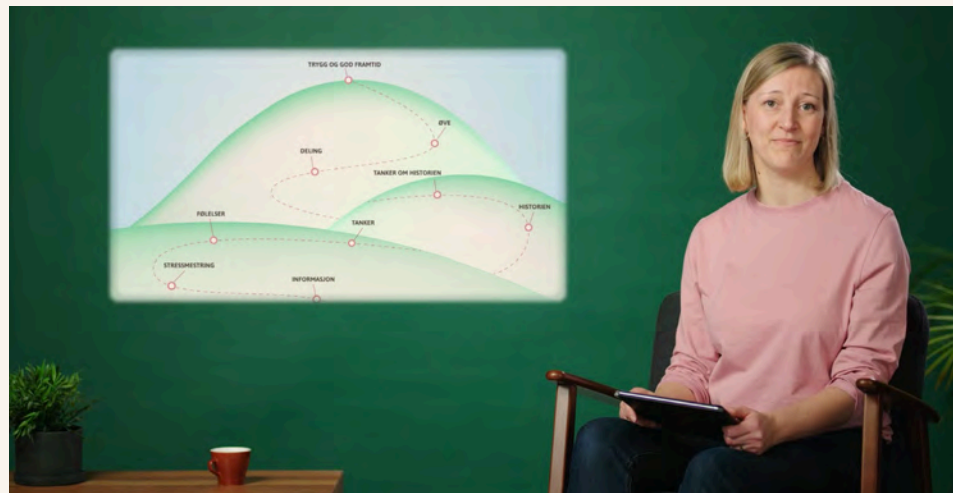
Those affected by violence and trauma have a right to the best available treatment methods. Research has shown that it can take many years for knowledge of evidence-based methods to be implemented by the services responsible for providing patient care – unless special measures are put in place. As the demand has grown for the treatment being given to be the best available and to have documented effect, it has also become more important that these methods are applied systematically and correctly, and that they are embedded in the organisation so they become a regular part of the services offered. Requirements with respect to the implementation of methods and initiatives have therefore increased. Research into which implementation methods are effective is a relatively new field. NKVTS conducts implementation-related research in partnership with the foremost implementation researchers in Norway and abroad. For example, the Centre is currently testing an implementation leadership programme called Leadership & Organisational Change for Implementation (LOCI).

In 2016, NKVTS also started implementing knowledge-based trauma therapy in the adult mental healthcare service. The project Implementing Trauma Therapies for Adults (*Implementering av traume-behandlingstilbud til voksne*) (ITV) implements Eye Movement Desensitisation and Reprocessing (EMDR) and Cognitive Behavioural Therapy for PTSD, as well as methods for the assessment and diagnosis of PTSD. 62 per cent of district psychiatric centres (DPS) in Norway have participated in the ITV project.

Implementing and documenting

In addition to the implementation of evidence-based methods in the specialist health service, the Centre has also launched projects to implement initiatives and methods in the municipalities and document their effect. This includes the Stepwise TF-CBT project (*Trinnvis TF-CBT / Trinnvis sammen i kommunale tjenester for barn og unge utsatt for vold og traumer*), which launched in 2020. A feasibility study has been carried out and a randomised controlled study is being performed to document its effect. A decision will then be taken about whether to roll out the method nationwide. The project is supported by the Research Council of Norway and the non-profit foundation Stiftelsen Dam, in addition to the Norwegian Directorate of Health.

In recent years, the Centre has also launched two major implementation and research projects funded by grants from the Research Council of Norway. One is called TREAT INTERACT and is implementing a school-based intervention to help children with mental health issues in Uganda. Additionally, in 2023, the Centre launched a project to test how municipal authorities can offer adequate help to those affected by crises and disasters (Early Support after Exposure to Trauma – EASE). The project will try out and measure the effect of an online method whose objective is to reduce the risk of those affected by crises and disasters developing chronic PTSD.



Researcher Karina Egeland presents the TF-CBT project. Photo: NKVTS

— Efforts to mitigate domestic violence have increased since the first action plan was adopted in 1995. The field now encompasses a wider range of target groups, risk factors and impacts. Understanding of the phenomena involved has increased, while the design of mitigating measures has broadened. In the intervening period, the requirement that policies be knowledge-based has become clearer and paved the way for increased research activity. The first report to the Norwegian Storting (white paper) on domestic violence was published in the spring of 2013. It formed the basis for further development of the study of violence.

Since its establishment, NKVTS has included employees with expertise in this area. However, apart from studies of its scope, it proved difficult to obtain external funding for violence-related research projects. This changed with the establishment of violence research programmes, which made it possible to bring in doctoral research students and build up a new generation of researchers specialising in the study of violence.

Violence research programmes

Following publication of the report to the Storting, a violence research programme was established for the first time, under the auspices of the Ministry of Justice. Other government ministries also contributed to this programme. Violence research programmes have been carried out in two five-year periods between 2014 and 2024. NKVTS has undertaken half of this research. The Norwegian social research institute NOVA at Oslo Metropolitan University (OsloMet) undertook the other half.

The research programme into domestic violence has given legitimacy to this field of study, elevated the research to a higher international level, shed light on the scale of domestic violence, highlighted new victim groups (older people, minorities and people with disabilities) and pinpointed new issues. This work paved the

way for the formation of two large and academically robust environments for the study of violence in Norway, which has also made it possible to foster a new generation of researchers in this field. The violence research programmes have laid a solid foundation for further research into domestic violence.

Groundbreaking studies

Since NKVTS was established, part of its assignment has been to maintain an overview of the scale of violence and trauma within the population. In 2006, the Centre established a partnership with the Norwegian Institute of Public Health with respect to surveying the extent of violence and abuse and performing epidemiological studies. The strategy was to analyse data from already concluded or ongoing health studies which included violence and abuse, and insert specifically tailored questions into these surveys. Examples include the Norwegian Mother, Father and Child (MoBa) survey and the Ung-HUNT study. This strategy worked well in relation to the establishment of epidemiology at NKVTS, and the partnership on these studies has provided valuable knowledge and resulted in five doctorates. To study the extent of violence and abuse in the population in more detail, the Centre has subsequently carried out its own surveys among children, adolescents and adults of all ages, including the elderly.

In 2014, NKVTS conducted its first national survey of the extent of violence and abuse. Figures for the adult section of the population were published in 2014, while figures for youngsters aged 16–17 were published in 2015. The project broke new ground in Norway, since the interviews were conducted by phone. The questions were framed in such a way that respondents' answers were unambiguous and not open to much interpretation. The study was funded by the Ministry of Justice and Public Safety.



In 2014, NKVTS conducted its first national survey of the scope of violence and abuse. Siri Thoresen being interviewed by a reporter from the Norwegian national broadcaster NRK's daily TV news programme *Dagsrevyen*. Photo: Runhild Granlie

The report to the Storting (white paper) on domestic violence proposed that regular surveys of the problem's scale be carried out, with the costs included as part of the violence research programmes. NKVTS conducted a new national survey of people aged from 18 to 74, the results of which were published in 2023. In addition to revealing that violence and abuse is widespread in Norway, the survey demonstrates a clear link between having experienced violence – and different forms of violence – and the scale of mental health symptoms. The results show that the extent of violence and abuse in Norway today constitutes a real public health problem. The survey also addresses the fact that developments in technology have created new arenas for abuse.

The UEVO study

In 2019, Bufdir commissioned NKVTS to survey the extent of violence and abuse against children and adolescents in Norway (*Ungdomsundersøkelse om vold og overgrep mot barn og*

ungdom i Norge) (the UEVO study). In connection with the survey's planning and execution, NKVTS developed a research rig and a research community with specialist expertise in the conduct of population-based surveys of violence and abuse against children and adolescents. More than 9,000 young people took part in the survey. This, too, was a groundbreaking piece of work. It was the first such survey to include participants as young as 12 years old without their parents' consent. This gave more young people the opportunity to participate and make their voices heard. NKVTS has been a driving force for the inclusion of respondents younger than 16 in this type of study. In 2017, this lobbying resulted in the adoption of a statutory regulation to the Health Research Act that gives children between the ages of 12 and 16 an autonomous right to consent to participation in medical and health-related research (*Forskrift om barn mellom 12 og 16 år sin rett til selv å samtykke til deltakelse i medisinsk og helsefaglig forskning*).



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Several rounds of data collection have taken place in the UEVO study and efforts are being made to establish a more stable funding solution so that this survey can be carried out at regular five-year intervals. In this way, NKVTS will help Norway to fulfil its obligations under the Istanbul Convention to monitor the extent of violence and abuse among the country's child and adolescent population.

Elder abuse

As part of the first violence research programme, a nationwide survey of the extent of elder abuse was published in 2017. The project was the first to study the personal safety and quality of life of elderly men and women living in their own homes in Norway. The objective was to uncover the extent of violence and abuse experienced by those aged 65 and above, and what relationship the victims have to the perpetrators. The study showed that elder abuse is a serious issue from both a social and health perspective, and that there are clear links between vulnerability to violence, health and physical and social functioning.

Female genital mutilation

Female genital mutilation (FGM) was included in the first violence research programmes.

The competence aspect has been consistently fulfilled, but the Centre's activities have gradually come to focus more on research. Two doctorates on the subject of FGM have been completed. Both the Research Council of Norway and the non-profit foundation Stiftelsen Dam have contributed funds. The research has focused on the scale of FGM in Norway, the resultant health issues, the assistance provided by various services and an evaluation of which initiatives are effective in stopping this practice.

Many topics covered

Twelve projects were included in the first period of violence research, from 2014 to 2019. These

had a broad thematic scope, ranging from the health status of children seen at the Children's House (*Statens barnehus*) scheme, to research into the perpetrators of sexual violence, violence and addiction, revictimisation, violence in intimate relations and FGM. Two doctorates were obtained during this programme period.

Three topics were covered in the second violence research programme period from 2019 to 2024: Violence and abuse in a population perspective – a study of the problem's scope. Sexual violence and young people's relationships and level of trust after rape (TRUST). Violence in intimate relations, including violence in the Sámi community.

Research into the perpetrators of violence and abuse

From the time of the Centre's establishment, it has been presumed that violence-related research should also include research into and the development of knowledge about the perpetrators of violence and abuse. This was also why resources from Alternative to Violence (*Alternativ til vold*) (ATV) and the Institute for Clinical Sexology and Therapy (*Institutt for klinisk sexologi og terapi*) (IKST) were affiliated with NKVTS in the form of several shared positions. The objective was, in part, to use the data these centres had to obtain more knowledge about the perpetrators of violence and abuse who were undergoing treatment, and the extent to which the treatment provided was effective. Multiple studies relating to ATV's activities were carried out and two doctorates were awarded on the basis of data from the clinic. Several additional projects have been undertaken in recent years. The primary objective has been to understand more about what lies behind the perpetration of violence and abuse. Interview-based studies of convicted sexual offenders and young people who have committed sexual abuse, have resulted in updated and important insights that can be applied in connection with preventive measures.

— NKVTS has a mandate to develop new knowledge in areas that represent major social challenges. That these challenges have been placed more explicitly on the political agenda has been important for the Centre's growth and development.

Highly competent and dedicated employees

The Centre has employed staff with the dedication and motivation to contribute to the field of violence and traumatic stress research. Many of them have been driving forces within their specialist fields and have had a burning commitment to helping change the circumstances of those affected. The Centre's staff do their utmost to provide assistance in disaster situations. In addition, many employees have experience as practitioners and offer sound advice to the public authorities when needed.

Good dialogue with government ministries

Since its establishment, NKVTS has attached importance to maintaining a good professional and administrative dialogue with government ministries and directorates. This is, in part, a natural consequence of the fact that the Centre was created by the ministries, which presumed that there would be a fruitful dialogue between them with respect to tasks and outcomes. The Centre's strategy is also to remain updated with respect to professional developments and needs, and use these insights to propose ideas for further research. This applies in particular to government endeavours regarding action plans, budgets and reports to the Storting (white papers). At the same time, it has been important for NKVTS to maintain its research autonomy and independence. This is facilitated by the organisation's status as a limited liability company.

Funding

NKVTS was established on the premise that it would receive a substantial basic grant to fund



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its operation. Initially, this corresponded more or less with the funding appropriations that were given to the centres that were merged into NKVTS. The grant was meant to cover the organisation's operation and staff in the form of researchers who could establish and undertake major projects with additional funding coming from elsewhere. The topics covered by the Centre have always had political priority, and the commissioning ministries have sought to foster professional development in the field of violence and trauma research. This has been expressed in actions plans, budgets and reports to the Storting (white papers), which have made it possible to finance projects through additional grants of funding over and above the basic appropriation. The role NKVTS plays in response to crises and disasters is a further example of this.

At the same time, it has always been a precondition that NKVTS would obtain external funding for various projects from other available sources of research funding, such as the Research Council of Norway, the EU, Stiftelsen Dam and NordForsk. Opportunities for external funding have improved as NKVTS has gradually increased its level of expertise and expanded its

professional network, and more attention has been paid to the significance of violence and trauma for public health and society at large.

Every penny spent on core activities

All of the Centre's activities target issues relating to the field of violence and traumatic stress. The Centre has a high level of expertise and experience with respect to undertaking projects in this area. The topics that NKVTS researches involve the use of sensitive personal data and require methods that safeguard this data and enable the recruitment of participants to the projects. Because the Centre has an interdisciplinary capability and uses both qualitative and quantitative methods, many issues can be explored from multiple angles, with even narrow and specific topics being seen in a larger context.

In keeping with the wishes of its funding sources, the entirety of the grants that NKVTS receives is used in the field of violence and trauma. In fact, appropriations from government ministries have also made it possible to obtain additional funding from other sources, such that endeavours in a prioritised area have been expanded. This applies to research into disasters and violence, as well as treatment methods and implementation.

Competence and quality make a difference

While NKVTS has wished to grow as an organisation, its objective has not been to maximise its size, but to maximise the quality of its work. Considerable emphasis has been placed on building the competence needed to underpin research at the international level and provide sound advice to government ministries and practitioners in the field, and to engage in teaching, guidance and information-sharing activities. The Centre's work is multidisciplinary and interdisciplinary. This has been particularly evident in those research programmes where the issues require a range of professional

approaches, methods and use of administrative support functions. Increased competence and quality in the research has resulted in larger grants from the Research Council of Norway, the EU and other research-funding bodies. In this way, NKVTS has acquired the muscle to continue developing its research activities, training research fellows and participating in international projects.

Administrative systems and procedures

Although a high-quality professional output has been crucial for the development of NKVTS, emphasis has also been placed on the implementation of good administrative solutions and a robust research infrastructure. Financial management and control has been a priority. The Centre was among the first to develop guidelines and procedures with respect to research ethics and the protection of personal data. This included, for example,

the establishment of an ethics committee. As the requirements for data protection and ethical standards have increased, such steps have been crucial for permitting the use of sensitive data for research purposes. Systematic efforts to monitor and develop the working environment at NKVTS have been important for staff retention and recruitment.

At the forefront

NKVTS has used its knowledge of violence and trauma in political contexts. This has been possible because the Centre has had a high profile in connection with crises and disasters. It has also been able to put forward ideas and proposals via its regular dialogue with the government ministries and directorates that commission its endeavours. This has provided good opportunities to incorporate, at an early stage, projects and initiatives that build on the best available knowledge about the way forward with respect to research and the development of services.

Where are we headed?

— It has been said that “Prediction is very difficult, especially if it’s about the future!” Nevertheless, we know that with the global challenges we face in the area of public security and emergency preparedness, the need for knowledge about and services for those affected by violence and trauma is only increasing. These challenges include the impact of climate change, pandemics, geopolitical tensions, terrorism, increasing migration, demographic changes and loss of sustainability, as well as rising social inequality and exclusion.

NKVTS studies not only the impacts of the unforeseen, but also the long lines of evolution in our own areas. At the same time, this knowledge enables us to stay ahead of events and developmental trends.

Our aim of helping to prevent and reduce the health-related impacts of violence and traumatic stress is becoming increasingly topical. As a national centre of expertise, we have a mandate to study the fields of violence and abuse, disasters, terrorism, stress management, forced migration and refugee health.

However, the overview of challenges we face shows that there is also a need for new research and knowledge in related areas. Among the most relevant today are the consequences of war, migration and, not least, different perspectives on refugee health. The wars in Ukraine and Syria clearly demonstrate how global factors impact a small country like Norway – suddenly and forcefully – through the arrival in this country of large population groups with ongoing or previous experience of war and a substantial need for assistance. For NKVTS, acquiring knowledge of the links between health status and participation in society is decisive. In this way, we can ensure that those victims of forced migration can be helped to attain a life of dignity and wellbeing. In a world of growing polarisation, it is important that the consequences

of international conflicts do not lead to division at the national level. We have seen that this can lead to radicalisation and extremism and, in the worst case, terrorism. Obtaining adequate knowledge of a complex topic of this nature cannot be done in a vacuum. NKVTS must work in close cooperation with interdisciplinary milieux both nationally and internationally in order to secure the best knowledge in our areas.

NKVTS has undertaken and will prioritise studies that document the scale of domestic violence. Such studies are important for tracking developments in the field in new areas as well, such as online abuse and structural violence. Behind this, too, lies a need to help ensure that Norway has the knowledge required to fulfil the international agreements and conventions by which it is bound.

Unfortunately, our studies of the scale of violence do not cover all groups in society equally well. Increased attention is being paid to honour-related violence and violence against those at either end of the human lifecycle (the very young and the very old). Nevertheless, NKVTS lacks sufficient knowledge of various groups’ experience of domestic violence.

Interest in the perpetrator’s perspective is also evolving. If we do not understand the perpetrators, we cannot prevent or preclude the perpetration of violence. The significance and growing scale of social inequality in Norway also prompts a need to understand and counteract its consequences for particularly vulnerable groups.

We know a lot about major crises and disasters of various types, not least what helps when everything falls apart. The consequences of terrorism against vulnerable groups is an important topic, and we see that our knowledge provides a basis for advising other countries that experience such incidents. This type of international information-sharing also covers a significant need to further develop various types



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Where are we headed?

of initiatives and therapies to address trauma in a broad sense, and, not least, how to implement the good initiatives.

We are constantly learning more about how good intentions and initiatives work in practice. Municipal authorities are extremely important in every context and are the foundation for efforts relating to prevention, treatment and crisis response in the areas of health, public safety and emergency preparedness in a broad sense. But the municipalities must have research-based knowledge, support and resources to fulfil all their tasks relating to violence and trauma, and this requires good collaboration at the local, regional and national levels in an ecosystem where every link in the chain is equally important. This means that NKVTS must become more aware of the municipalities' needs, collaborate even more closely with the regional resource centres and others with related responsibilities, and also provide support and on-the-ground assistance when needed.

Children and young people are our shared future and must be prioritised, whether the research focuses on violence or trauma. NKVTS will continue to explicitly commit to this.

The shared global challenges we face demand cross-functional collaboration if we are all to contribute to a "better life for those affected by violence and trauma". This applies to collaboration nationally and internationally, within academia and the public administration. Not least, it requires the dedicated and professionally ambitious people who work at NKVTS. I am proud to say that that is what we have in all areas.

The further development of the organisation, its management and staff will always be vital. NKVTS has a good owner in NORCE and a strong and straight-talking board of directors chaired by Herlof Nilssen. Both of these bodies are crucial for our mission in society. We will continue to uphold our core values: generous, reliable and socially relevant. Together, we will succeed in working towards our noble vision of creating "a better life for those affected by violence and trauma".



Photo: Kristoffer Sandven

Cecilie Daae
CEO

