

“Should we discuss what happened yesterday when your mum threw your phone onto the ground?”

“Melvin is sad about what happened yesterday - do you think you can manage to talk about it now?”

# A Way Out of the Violence

KIBB\* - Treatment for Families in which Physical Child Abuse has occurred



**KIBB**



Stiftelsen  
Allmänna Barnhuset

*\*KIBB is the Swedish abbreviation for CPC-CBT, Combined Parent-Child Cognitive Behavioral Therapy*



**THE GLOBAL GOALS**  
For Sustainable Development



## Agenda 2030

KIBB as a treatment model can be related to several global targets in Agenda 2030. The treatment is a manner for municipal councils and other enterprises to create a sustainable society locally. Socially vulnerable children who get support early in life have greater possibilities of developing into healthy and prosperous adults.



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# Preface

Violence against children is a serious societal problem. The majority of the children that come to the attention of social services due to suspected child abuse continue to live at home with their parents.<sup>1</sup> KIBB treatment intervention aims to help parents to stop resorting to violence and instead to learn positive parenting strategies. In parallel, the child gets an opportunity to process the abuse experiences with the support of his/her own therapist. The violence is validated based on the child's perspective, and the parent receives concrete help in changing.

Violence against children has been forbidden by Swedish law since 1979. It is the responsibility of each parent to raise his or her child without violence. However, it is also the responsibility of social services to help children and parents in families where violence still occurs. In doing this, it is important clearly to address the violence and to offer measures that meet the needs of the entire family - without backing away from the violence.

Aside from KIBB, there are only a few interventions in Sweden aimed at supporting families in which violence occurs. Among these, only KIBB has been developed to help both the child to process his/her experiences, and the violent parent to learn new parenting strategies. The entire family receives treatment simultaneously. KIBB could actually be described as three treatments in one.

Children of ages three and up can take part in the treatment, and the child's account of the violence is the point of departure for the treat-

ment. It is the parents that need to relate to the child's narrative and not vice versa.

The treatment is designed for children and parents where the social services find that the family should continue to live together - or where the child is expected to be able to return home after a brief period away. When the goal is for the child to be able to continue to live with his or her parents, the parents need to understand the child's feelings and thoughts so that they can continue to help the child to process his or her experiences.<sup>2</sup>

A study from 2019 with 20 interviewed children, all of whom underwent KIBB, showed that the violence had ceased in all families after a completed treatment. Another study from the same thesis shows that children that received KIBB treatment had highly elevated frequencies of anxiety, depression, rage, PTSD and dissociation prior to the treatment, and that the symptoms following treatment had fallen to a normal level.<sup>3</sup>



# About the Treatment

- KIBB is conducted as an outpatient programme with one meeting per week.
- Children and parents both have their own therapists with whom they sit separately during a part of the treatment. Each session ends with the family being brought together. The time together gradually increases as the treatment continues and the child feels safer with his/her parents.
- The treatment follows a structured treatment manual with a special theme each week.
- KIBB contains four phases that together take sixteen weeks to implement.
- The violence and the parents' strategies are the focus of the entire treatment.

## Child Treatment

**KIBB aims to help children to process their violent experiences. During the treatment, they are gradually exposed to material addressing violence for the purpose of preparing them to process their personal experiences. In the first phase, the children learn, among other things, about violence and its various possible consequences. The purpose is to help children to identify their own reactions.**

In the second phase, children learn to identify, control and express their feelings. With the support of the therapist, the child learns various coping strategies for handling feelings of worry and stress, in order to deal with his/her anxiety. In order to understand and to control his/her feelings, the child gets help in understanding the connection between thoughts, feelings and behaviours. Many vulnerable children blame themselves for the abuse. They believe that they did something wrong, causing the violence. That is why it is pivotal within KIBB repeatedly to address these thoughts in order to assure the child that he/she is not responsible for the parents' behaviour and that violence is always the responsibility of the adult. This is also addressed in discussions with the parents, and the parents are therefore encouraged to take responsibility for their behaviour in front of the child.

The child's safety always comes first and is addressed throughout the entire treatment. In the third phase, the family draws up a safety

plan together. The plan contains various skills that they learned during the treatment. The purpose of the plan is to increase the family's safety and offer means to influence future incidents that may feel frightening or worrying. In the third phase of the treatment, the child also gets time and space to talk about the violent incident that resulted in the family being reported to social services or to the police. Since it may be an incident that is experienced as unpleasant and frightening, this may take time. The therapist helps the child to explain what the child has been through and how the parents behaved. One important part is assuring the child that he/she is not responsible for the violence.

In the final phase, the child writes trauma narrative. A condition for this is that the child feels safe with the parent and that the violence has ceased. The therapist encourages and helps the child to tell about a specific violent incident. Some children would rather draw or act out the incident, or perhaps use dolls or cards. Younger children may need the help of the therapist to write down their statements.

The trauma story is later shared with the parents. The child rehearses together with the therapist until the child feels ready to share the story with his/her parents. The parents then reply to the child's story by reading a letter to the child (see more under the *Parents' Treatment*).

# KIBB - in two rooms and a corridor

Sessions

1-3

4-7

Room 1  
Child



Make contact  
Identify feelings  
Talk about the violence

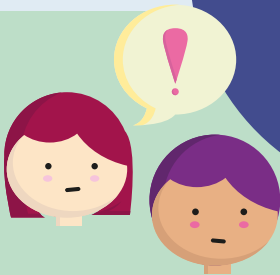
Express needs  
Deal with emotions  
Problem solving

The therapists can compare notes and coordinate in the corridor.

CORRIDOR

CORRIDOR

Room 2  
Parents



Consequences of the violence  
Involvement  
To give praise

Learn about violence  
Manage anger  
Parenting strategies

Shared moment

Joint learning

Concludes with a **shared moment** that becomes longer and longer toward the end of the treatment.

The treatment is conducted over 16 sessions and takes place in two separate rooms. In one room, the child meets a child therapist, and in the other the parents simultaneously sit with an adult therapist. Each session is then concluded jointly where the parents among other things may practice parenting strategies without violence.

8-11

12-16

Create a security plan  
Talk about safety

Trauma narrative  
Relief from guilt

CORRIDOR

CORRIDOR



Create a security plan

Clarification letter  
Take responsibility  
of the violence

Training  
skills

Hope &  
connection



# The Parent's Treatment

Many parents who come to treatment have themselves been subjected to violence as children. In the first phase, they are encouraged to discuss and process their experiences of violence. This can help the parent better to understand how his/her parenting style is understood by the child. The parents are encouraged to think about how children can be affected by growing up in a violent environment. Through psychoeducation, the parents learn about their child's development and needs, but also the consequences of child abuse. KIBB teaches the parents alternative, non-violent strategies. The parents learn actively to listen to their children, which also prepares them later to listen to the child's trauma narrative. The treatment also addresses the importance of the parents showing appreciation for their children, in confirming them and giving them praise.

In the second phase, parents learn to understand and express their feelings. It is common for parents to need help in dealing with their feelings, so anger management is an important part of the treatment. Just like the children, the parents learn how thoughts, feelings and behaviour affect each other.

The third phase involves setting up routines for being together at home. By clarifying what expectations everyone has of one another and

talking about what behaviour is acceptable, the family forms a security plan together. The plan contains among other things code words that everyone can use when they experience that their emotions are beginning to get out of control, places where each of them can go in order to calm down, plans for how everyone can calm down, but also plans for what everyone can do if someone does not manage to calm down. The purpose is to create clear routines so that the child/children feel safe at home.

In the last phase, the parents learn about the child's trauma narrative concerning the abuse, and they read it together with their therapist. One condition necessary is that the child wants the parents to hear the story and that the therapist assesses that the parents are ready for it. During the clarification phase concerning the abuse, the parents prepare a response to the child. The therapist helps the parent to write a clarifying letter in which the parent takes responsibility for his/her violent behaviour and explains what he/she has learned in the treatment and how he/she can change his/her parenting to be more positive. In his letter, the parent also responds to any fears, misunderstandings or other worries that the child has expressed in the trauma narrative. The therapists ensure that both the children and parents are prepared before they share each other's stories/letters.





# What does the therapist say?



**Emma Andersson**  
KIBB therapist,  
Social services in  
Kristianstad, Sweden

## **What are the main benefits of KIBB?**

It is that the violence is in focus throughout the entire treatment. Right from the beginning, when the family comes to the first meeting, there is a goal formulated that deals with the violence that the child has experienced. And since the treatment so clearly focuses on good and respectful interaction, the parents usually do not feel that we are blaming them. It is very good that the child's problem - that the mother and/or father are hitting - serves as a common theme through the entire treatment. The children are listened to throughout the entire treatment and they feel strengthened.

## **What is it like to treat parents and children simultaneously?**

The primary benefit is that I as a therapist get a good picture of how the family works together. When one sits in the separate rooms, the children have an opportunity to describe how they experience the situation at home without their mothers and fathers "correcting" them. In turn, the parents can express the problems they experience and with which they want to get help without blaming the children. One can then individually and during the shared moment work on events that happened during the week so that the parents better understand their children's experiences and find other ways to interact with their children.

## **What is it like to work with KIBB in practice?**

Working in pairs as a parent therapist and a child therapist is safe and very enlightening. We can compare notes on how the treatment is progressing and prepare children and parents on what they will practice during the shared moments. If one should end up in a situation where a report of concern needs to be made, one can prepare a plan for that together. It is also very good to have two sets of eyes on what is happening during the shared moments, where the child therapist has an extra focus on how the children experience various situations. The child therapist determines what the child/children can manage and handle in the shared sessions. The manual also makes sure that one does not miss important steps, and that the steps are done in the correct order. Child and adult therapists also make assessments continually throughout the treatment in order to ensure that the children are safe and experience a change.

## **How does KIBB differ from other treatment models?**

That the children in the last step are listened to and engaged by their parents who take responsibility for the violence that their children experienced, is what I feel is the greatest benefit of KIBB. It becomes possible to talk about the violence, and the family can understand and address the fact that the children have been scared and perhaps may be again in similar situations. That is what separates KIBB from all other treatment methods, that one works with the "offending parent" together with the other parent (if they live together) and with the child. This means that one makes especially certain that the children have permission from their parents to speak about the violence and how they experience the situation at home. KIBB is also directed toward the entire family, i.e., siblings or new partners if they live together with the parent. KIBB contains many different steps that together help to form a holistic perspective regarding the child/children.

## **Are there other benefits with KIBB?**

Therapists that work with KIBB become more comfortable in talking about violence, and it usually also spreads to the social worker who will be investigating the violence. There is a clear focus on the child in KIBB, so the therapists' role in having the child's story in focus when setting up goals and at initial meetings make the roles between the social worker and therapist clearer. As a KIBB therapist one starts to live as one learns, which means that one gets good at offering colleagues' positive feedback, and this spreads through the rest of the team! It is difficult and tiresome to work with KIBB, but when the turning point for the families comes, it is very uplifting to a therapist, and the joy one feels with those families that succeed spreads throughout the staff group. Network meetings for KIBB therapists allows one to get tips on new material to use, to receive tips and advice if one gets into a rut, and allows one to stay updated with regard to the manual and on the new knowledge on working with violence and trauma.

## **In what situations should KIBB not be used and why?**

KIBB should not be used where the assessment is that the violence is so severe that the children should not live with their parents. Neither should KIBB be used upon suspicion of honour-based violence or violence between parents, as that can lead to an increased risk to the child/the vulnerable partner. Neither should KIBB be used when there is an ongoing custody dispute, since the child can end up in a situation of divided loyalties that results in them not feeling safe to speak from their own experiences.

# Does KIBB work?

## Swedish research findings

In connection with the introduction of KIBB to Sweden in 2007, a pilot study was conducted that demonstrated that the method showed good results.<sup>4</sup>

In 2019, a thesis was presented that among other things examined the results of KIBB as a treatment intervention, *Putting words to child physical abuse: Possible consequences, the process of disclosure, and effects of treatment* by Johanna Thulin, associate professor at Linnæus University.<sup>5</sup> The thesis contains two sub-studies in which KIBB is addressed. There is a qualitative portion in which 20 children aged between 9 and 17 are interviewed, and a quantitative study that gauges the effects of KIBB.

In the quantitative study, 80 children took part in the first round of measurements where they could assess their experiences with violence, as well as their experiences of anxiety, depression, rage, PTS and dissociation prior to the treatment. The study then measures the effects of KIBB over time.

### Result - Qualitative study

The children had a positive overall view of their participation in KIBB. They described how the treatment helped them to get closer to their parents and to feel better. The children appreciated the structure of the treatment. The children liked the arrangement, both because they had the opportunity to talk without disturbance with a therapist of their own, get a chance to speak and to feel they were being listened to, but also because they got an insight into what their parents had discussed. The time alone with a therapist offered an opportunity to create a trusting relationship.

**All of the children stated that the violence had ceased. They noted that their parents used different means of calming down and dealing with their anger without it being taken out on them, e.g., deep breathing or counting to ten. When the children were no longer afraid of their parents, they could get closer to them in a different way and they dared to speak to them more.**

#### Trauma narrative was central

An important part of the treatment is in having the child write a trauma story. When the child is ready, he/she shares the story with his/her parents. By writing the story, the child's experience and understanding of the violence once more becomes the central element to which the parent needs to relate.

The parents may later respond to the child's story by writing a letter to the child and reading it aloud to him/her. Several children point out that both the writing and the listening are among the most important parts of the treatment.



*The letters we wrote really made a damn big difference. Like if the curve went from 0 to 10, it was like absolutely an eight. It was exactly like that was just what was needed. [...] It was like a relief; it was like I was allowed to say what they had repressed or didn't want to remember. [...] You could tell that they took it seriously. Now, afterwards, when I sat there, I thought they didn't care, but they did. [...] You could tell from them; they probably wouldn't have changed if we hadn't come here. Then I probably wouldn't even be living with them. [...] Mmm, it was the letters that did it, the best. That's what I thought was the best thing.*

*Boy, 16 years old*

The parents write, together with the parents' therapist, a clarifying letter in which they describe what they learned in their treatment, how they believe that they will act going forward, and take responsibility for the violence that they committed. During a common session, they read the letter out loud to the child.

**For some children, this was the first time they heard their parents talk about the feelings and admit that they did something wrong. Getting an apology from one's parents is described as a significant experience.**

Even if most of the children knew that it was prohibited to hit children in Sweden, they still blamed themselves for the violence. When a parent expressed that it was his/her own fault, the children were relieved of their guilty feelings. The children expressed how important it was to hear that, as well as the therapists repeating that the violence was not their fault.



*So earlier, I thought it would be really hard and I think I was more, like, affected by my dad's letter, because he was the one who was so incredibly closed off before, since mum could be a little more emotional, and I really wanted to hear her letter as well, but I was very surprised by the letter from my dad, because he sort of described it as he felt ashamed of what he had done, and he had never done that before. Rather he has sort of always pushed the problem on the children. [...] And that he always does the right thing, but now he explained or now he wrote that what he had done was wrong.*

*Girl, 14 years old*

In summary, the results show that the children appreciate KIBB. The treatment had helped them in several different ways:

- **The children no longer needed to live in fear of being subjected to violence.**
- **They could seek and receive support from their parents.**
- **The children described a closer relationship with their parents.**
- **They thought it felt better to be at home. A few of the children believed that they would not have been able to continue living at home without KIBB.**
- **The children thought that the treatment was child-friendly, and they felt they were involved and informed about what would happen.**
- **The treatment clearly addressed the reason for the report to the social services, namely, the violence to which the child was subjected.**
- **Many children described that this was the first time they got to hear an adult tell their parents that it was wrong to hit children.**

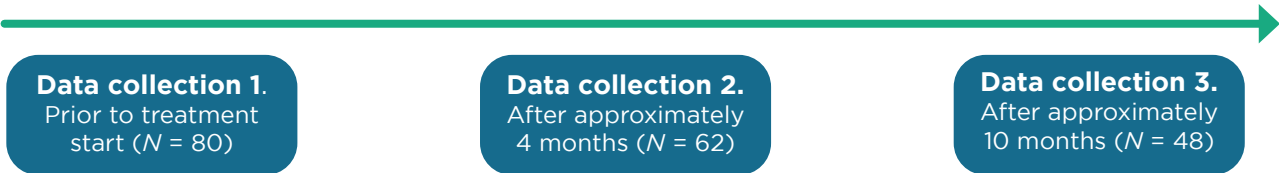
### **Common framework for understanding**

When the parents read the child's trauma story, it also creates a common framework of understanding for the child's experiences. Both children and parents get an opportunity to express their feelings, and the parents get support in taking responsibility for the violence. Several children emphasised the importance of this and the cognitive distortions (where the child blames himself) can be addressed. When the goal is for the child to be able to continue to live with the parents, the parents need to understand the child's feeling and thoughts so that they can continue to help the child to process his/her experiences.<sup>6</sup>



# Result of the Study on Effects

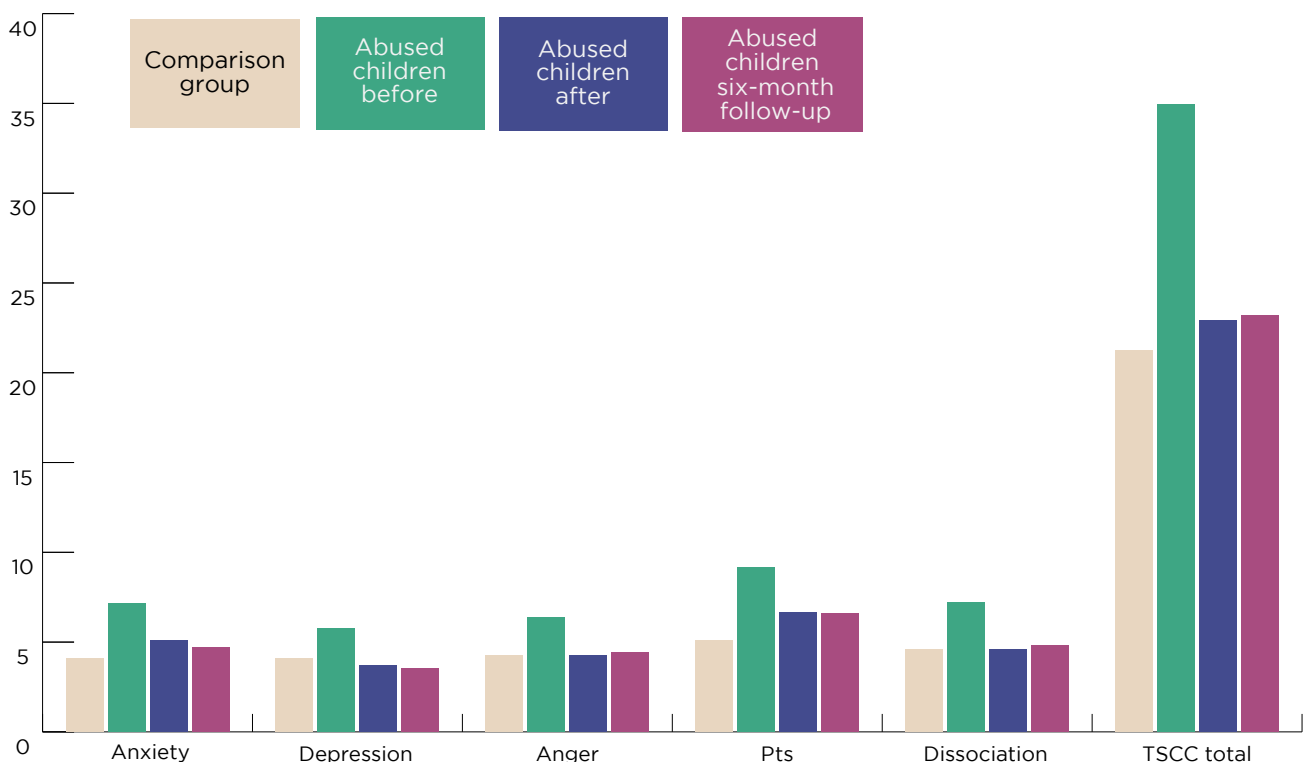
In order to study the effect of KIBB, a study design was used that encompassed three points of measure.<sup>7</sup> The children got to fill in several self-assessment forms: Before they began treatment, after the treatment was completed and six months after the conclusion of the treatment.



In total, 62 children took part in the post-measurement and 48 children in the six-month follow up. The results show that the children subjected to violence perceived a significant reduction of the parents' violence following treatment, with a maintained effect after six months. Furthermore, they perceived a significantly increased sense of well-being regarding all variables except anxiety, after the conclusion of the treatment.<sup>8</sup> Upon the follow-up six months later, the effect appeared to remain, and the anxiety subscale was significantly reduced too.

In order to further study the effect of the treatment, a study design was used in which the results are compared with what is known as normative values. If the levels are comparable without significant difference, this indicates that the clinical group not only improved its wellness, but has recovered.<sup>9</sup>

The normative value is what the value is considered to be in a representative group in the population, in this case a group consisting of 702 school children. The results show that the children subjected to violence had significantly more symptoms of trauma than the comparison group prior to the KIBB treatment with regarding all of the examined symptoms. After the treatment, there were no longer any differences regarding the children's perceptions of the levels of depression, anger and dissociation. The positive effect remained at the follow-up after six months, while also reducing symptoms of anxiety. The results can be seen to indicate both the effect of the violence on children, but also children's capacity, if receiving the correct support and help, to improve the level of wellness to levels comparable to a representative group of children.



**Table 1.** Change in symptom load.

# What does the researcher say?



**Johanna Thulin**  
Associate Professor,  
Institution for Social  
Work at Linnæus  
University, Sweden

## What is unique about KIBB?

From the point of view of the children, it is unique that they were listened to from the moment when they revealed that they had been subjected to violence. The adult they disclosed to alerted the social services, and the social services have then offered the family a measure to meet the needs the child has elucidated, i.e., to help the parents to stop using violence. KIBB is a treatment that is directed toward the entire family and contains a specific treatment for both children and the parents. KIBB focuses both on helping the violent parent to modify his/her behaviour and to become a more positive, present and engaged parent, but also in helping the child to process the abuse experiences. When the objective is that a family shall continue to live together, all those involved need to get help based on their perspectives and their roles. KIBB does not shy away from the serious consequences of the violence from either the child's or the parent's perspective.

## Why does KIBB work?

KIBB is both a thorough parental treatment that aims to teach the parent positive parenting strategies and the importance of a close and engaged relationship with the child, but it also focused on the family's main problem: the violence. Some adults, including those who work within social work and psychiatry, have previously found it difficult to approach the topic of parents' violence against children. In KIBB, they have the tools for how the violence is to be addressed and how they specifically can help the parent both to realise the harmful consequences to the child, but also the gains to be had by acting in a positive manner. For

the children, it is especially valuable that their narrative about the violence is central and that they do not need to adjust to other explanation models. The parent gets help in appreciating the child's experience and responding to it, and the child has his/her experiences validated.

## How can we help children to talk about violence?

By taking the time to listen to children. Many children try to talk, but adults do not really want to listen and then act by reporting to the social services. School and preschool can help children by offering trusting relationships in which children can have confidence in adults, but it is also important that they address the subject of child abuse and the rights of children. That way, children understand that they are not alone in their experiences, and that there hopefully is help available. There are many educational tools to use in theme works and lessons within preschool/school. When adults address difficult topics, they also show the children that they can handle talking about those things, which can increase the child's confidence in the adult. Children can also be worried about what might happen after they have talked, which adults also need to help them understand.

## How does violence affect the relationship between the child and the parents?

Violence affects the relationship in many ways, and this can be different for different children. However, there are no positive effects from being subjected to violence! It is common for children who have been exposed to feel that they are not as emotionally close to their parents as children who are not beaten. They do not feel that their parents are as accessible and engaged in their lives. If a child is afraid that the parent will become angry and think that the child is a bother, it is difficult to ask for help with homework or receive comfort if something happens in school, for instance. Some children do not know when the violence will occur and they live in constant fear of being subjected to physical abuse. This can mean that they avoid their parents and try to adapt in different ways in order not to increase their parents' stress or anger.

# Overview of KIBB training

The KIBB training course takes place over a period of 7-10 months and concludes with certification. The core of the education is the teaching seminars that take place on four occasions during the year. Each seminar involves an overnight stay of several days at a conference facility.

Between the seminars, preparations are made, and the material is studied. During the training, each member carries out one KIBB treatment of one family. The treatment is done with the support of a KIBB trainer providing telephone supervision on 12 occasions.

During the training, all the phases and steps entailed in KIBB are practised. Practical exercises are interwoven with studying. An exchange of information and experience between the participants is also an important component.

The training carefully follows the manual and the associated worksheets that constitute the very core of KIBB.

In total, it is estimated that it takes one day per week over the course of a year to carry out KIBB training.



# LEARNING SEMINARS

1

## Overview

Treatment, manual & training

## Basic knowledge

Child abuse, children & trauma, assessment instruments

## Theory & exercises

The initial phase of KIBB (sessions 1-3)

## Supervision

Division into groups and planning

Supervision on the treatment of a family takes place in parallel during the entire training.

2

## Overview

Follow-up of implementation & initiated treatments

## Theory & exercises

The intermediate phase of KIBB (sessions 4-11)

## Supervision

Self-care as a therapist

3

## Overview

Follow-up of treatments & teamwork

## Theory & exercises

The final phase of KIBB (sessions 12-16)

## Supervision

Preparation of examination

4

## Follow-up & relevant questions

### Repetition & enrichment

Central themes

### Implementation of KIBB in regular service

Participant's managers take part on the final day

### Exchange of experiences

Tools & tips from the participants

### Conclusion

Examination, quality assurance through networks & supervision

# What does the head of social services say?



**Linda Hörnsten**  
Head of Social  
services at Umeå  
Municipal Council,  
Sweden

## What made you decide upon KIBB?

When we did an overview in order to identify the families for whom we provide service, we found that a large number of the families that came to us had physical and mental abuse issues. This was a problem of which the social services had no knowledge nor had the tools to address.

When the policy directed us to work with the most vulnerable children, we realised that it was urgent to focus on violence. The municipality's department for support and development helped us to review the methods the National Board of Health and Welfare recommended, and our therapists were then involved in choosing KIBB as the method that the social services in Umeå would offer these families.

## Do you see any benefits to working with KIBB?

When some selected therapists had done KIBB training, the social services secretaries and managers were invited in to learn about the method and to get some practical examples of the approach. By showing that the therapists

are comfortable talking about and working with violence, the social services secretaries can now deal with the problem in the investigative procedure.

When the social services secretaries are satisfied that the violence will be addressed during the treatment, they then dare to highlight and address it in the family. This means that vulnerable children in our municipality can receive help and support.

One other benefit is that the children can be freed of their trauma symptoms, and not only does this decrease their own suffering, but it also changes their behaviour, which benefits the climate both in the family and in the school. In our service, it has even been shown that two children have had trauma symptoms that resulted in the same symptoms as a neuropsychiatric diagnosis, which resulted in the children after the treatment having been both symptom and diagnosis-free.

## Has KIBB changed the working situation or environment at your department in any way?

It has been very worthwhile for our therapists' own safety to work with such difficult matters in order to gain thorough training and a method to embrace. By means of the method having evidence, and in the therapists continually receiving method supervision, the treatment gains a framework and the therapists get support.



*I wanted it to get better. And after each session, I felt like it was a little better. Because at the beginning, my dad and I weren't talking to each other at all. We never spoke to each other; we fought all the time and now we can sit and talk, and we aren't yelling at each other and all that, and we can spend time together. In the past we couldn't be around each other.*

*Girl, 15 years old*



# Methods in Sweden

- for families in which children are subjected to physical child abuse and the child continues to live with or meets the violent parent

Interventions for children that will continue to live with a violent parent require careful safety assessments before, during and after the treatment. Treatment methods that bring together the child and the parent who committed the violence are not considered appropriate in cases of high risk for new violence or in events of sexual abuse, ongoing violence between the parents, serious abuse or threat, violence or oppression against the child or his/her parents from the family, relatives or other extended collective.

**KIBB (Combined Parent-Child Cognitive Behavioral Therapy, CPC-CBT)** is intended for children aged 3–17 who are subjected to physical child abuse and who continue to meet the parent who is committing the violence. Prerequisites for initiating treatment are that the child and the parent committing the violence are able to undergo it together and that the parents express a need for help in parenting based on what the child said about the violence. Effect studies are presented in this report.

**Project support** is a treatment module intended for children aged 3–9 with behavioural problems and their parents who apply inconsistent and strict parenting strategies. Studies have shown that the method can reduce the violence and neglect on the part of the parent toward the child.<sup>10</sup>

**KIBB and Project Support are the two forms of treatment that are particularly recommended for this target group in Swedish treatment literature and guidelines.**<sup>11</sup>

**Efter barnförhöret (After the Child Interview)** is a model for support and information to children and parents in direct connection with the child being interviewed by the police on suspicions of child abuse. The model is disseminated in Sweden and an evaluation is planned. Efter Barnförhöret can be a good start in order then to offer a healing treatment for the family.<sup>12</sup>

**Tryggare barn (Safer children)** is a parental support program for parents within the social services who have received a concern notification with regard to violence or violations against children. This is a course in calm parenting in which the focus is on reinforcing the relationship and preventing risk situations between children and parents. Research on the method is in progress.<sup>13</sup>

**Signs of Safety** is a model for ensuring the child's safety and protection during the child protection investigation and follow-up. The model contains structures for risk assessment, safety planning and follow-up, as well as a solution-focused methodology for discussions.<sup>14</sup>

**Parent Child Interaction Therapy (PCIT)** is a treatment that focuses on the interaction between children (2–7 years old) and parents with the aim of reinforcing the relationship between children and parents and which studies have shown can reduce violence and neglect on the part of the parent toward the child. However, the method is seldom used in Sweden.<sup>15</sup>



# FAQs about KIBB

## To which children is it suited?

The treatment is suited to children aged 3–17 who have been subjected to physical abuse by their parents. The abuse must not be of such a serious character that the social services deems that the child cannot live at home with the perpetrating parent. If the child is temporarily placed with a planned move back home, KIBB might be appropriate. However, if it has been deemed that the child cannot live with the parent, KIBB is not the correct alternative. KIBB is not appropriate in the case of sexual assault, honour-related violence or oppression.

## Must the parents admit to using violence?

KIBB is based on the child's own account of the violence and that a report has been received by the social services. It is required that the parents to some extent admit problems in their parenting in relation to the child having spoken of violence, and they must show a will to change their behaviour and to learn new parenting strategies without resorting to violence. Moreover, the parents must not be actively abusing substances or have a mental illness.

## How can you put the child together with the abuser?

KIBB is there for children when the social services assessed that the child can live with the abusive parent. The assessment seldom means that the violence is being addressed or that the concern that more violence will occur has subsided. Within KIBB, violence is spoken about openly, all tendencies toward new violence are followed up and risk assessments are made continually to ensure that the child is not done harm. The child therapist spends plenty of time in creating a safe relationship to the child. Many children having received KIBB have personally expressed that they would not have been able to stay living at home without the treatment.

## Does the treatment work and does the violence stop?

The research made on KIBB shows very good results from the treatment. Both children and parents show improved mental health after the treatment, with reduced/ceased violence in the family and a better relation between child and parent.

## Why is the training so comprehensive?

It is a great responsibility to have physically abused children in treatment together with the parent(s) who committed the violence. KIBB is an effective treatment, provided that the therapists know the method and carry out all the steps. The four seminars of the training focus on various phases in the treatment, which the attendees, in parallel with the training, practice under supervision. A boarding training format gives the participants the best conditions for practicing and becoming secure in the approach required in order to help families in an effective manner, to put a stop to the violence and to reduce the risk of the child being exposed to new violence.

## What is the difference between KIBB and other similar methods?

We have mentioned different methods available to the target group. KIBB is the only method that offers treatment both to the child and to the parents in parallel. The treatment is furthermore directed toward a wide age range and everyone in the family who is affected by the violence. KIBB helps the violent parent to stop using violence. The parent gets to learn more positive parenting strategies, while the child gets help in processing abuse experiences. In the shared sessions, the family also gets help in increasing the positive interaction.

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# A Way Out of the Violence

## KIBB - Treatment for Families in which Physical Child Abuse has occurred

**The majority of the children in Sweden that come to the attention of social services due to suspected child abuse continue to live at home with their parents. For most children, this applies without the violence being addressed or that the fear of new violence has subsided.**

The Convention on the Rights of the Child is clear - “the child shall be protected against all forms of physical and mental violence”. At the same time, several of the global targets in Agenda 2030 concern the child’s health and development, and one of them is to eliminate all forms of violence against children (target 16:2).

KIBB (CPC-CBT, Combined Parent-Child Cognitive Behavioral Therapy) is a treatment model for families in which there is a suspicion of child abuse. This is the only method in Sweden that offers help to both the children, parents and the entire family simultaneously.

KIBB entails three parallel treatments:

- The child gets to process the abuse experiences
- The violent parent learns new positive parenting strategies
- The entire family receives family treatment

Research from 2019 that investigated the effects of KIBB shows that the parents’ violence was significantly reduced after the treatment was completed.

This publication provides an insight into the KIBB treatment method from both the child’s perspective and that of various professionals. This also contains a summary of two research studies about KIBB.

How KIBB works:

- An outpatient treatment with one meeting per week.
- Children and parents both have their own therapist with whom they sit separately. Each session ends with everyone being brought together.
- The treatment follows a structured treatment manual with 16 different sessions to go through, one per week.
- The violence and the parents’ strategies are the focus of the entire treatment.



*When the policy directed us to work with the most vulnerable children, we realised that it was urgent to focus on violence. ...our caseworkers therapists then participated in choosing KIBB as the method that the social services in Umeå offers these families. ( ) When the social services secretaries are satisfied that the violence will be addressed during the treatment, they then dare to highlight and address it in the family. This means that vulnerable children in our municipality can receive help and support.*

*Linda Hörnsten – Head of Social services at Umeå Municipal Council, Sweden*



Training courses in KIBB are conducted by Children’s Welfare Foundation Sweden (Stiftelsen Allmänna Barnhuset). Children’s Welfare Foundation Sweden is a government foundation with the task of supporting methodology and skills development for the purpose of strengthening children and youth in socially vulnerable situations. Our work is based on the UN Convention of the Rights of the Child and is focused on increasing the skills of professionals that meet children, by developing and disseminating knowledge from research and practice. We conduct our own development projects, arrange conferences and seminars, and issue reports in current issues.

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