Executive Summary: Non Violent Resistance – a systemic treatment for harmful, destructive and self-destructive behaviours.

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Abstract

Originally developed as a form of treatment for aggressive and violent behaviour in children and young people, Non Violent Resistance (NVR) is a multi-modal systemic, family- and community-based form of intervention for serious behaviour problems in young people, for harmful and self-destructive behaviour, for self-harm, anxiety disorders and for entitled dependency of younger adults upon their parents. The range of applications of this approach continues to grow, as it is applicable to any problem area in which there is harmful or self-destructive behaviour. Rather that searching for 'underlying' factors or 'root causes' of the problem behaviour, NVR seeks to address the social determinants of harmful or self-destructive behaviour and can subsequently open possibilities for addressing previously unmet psychological needs in the younger person. NVR does not follow behavioural principles of contingent reinforcement, i.e. rewards or negative 'consequences'; it is not an approach to 'modifying behaviour'. NVR is also not entirely based on attachment theory, according to which attachment insecurity or early childhood trauma are root causes of problematic behaviour. However, certain aspects of the approach are informed by attachment theory; NVR emphasises inclusive practices rather than aversive discipline, while promoting increasing strength in parents and other caregivers. This is seen to promote what has been conceptualised as the 'anchoring function of attachment', a sense of security in the young person that can grow from experiencing determined resistance to their harmful or self-destructive behaviour, a resistance that is neither threatening, nor blaming or shaming. Following on from an introduction to the theoretical background and therapeutic methodology of the NVR approach, this executive summary introduces a variety of its applications, ranging from the treatment of anxiety disorders, trauma-focused work in NVR, intervention in schools and the wider community, to work with adult entitled dependency.

A young person's habitually defiant and aggressive behaviour towards significant others generally has a coercive effect (Patterson, 1982). Non Violent Resistance therapy (NVR) was developed by Omer and his team at the University of Tel Aviv (Omer, 2011, 2004/1, 2001), in order to support parents and other caregivers in developing effective ways of resisting such coercion. The adults' resistance aims to help overcome parental helplessness, improve family relationships and by virtue of these change processes ameliorate the conduct problems of the child. The approach draws from various traditions of family therapy and applies the philosophy and methods of socio-political nonviolent resistance to resisting violence within the family and community.

Whilst there is considerable research implicating a temperamental disposition in the development of aggressive behaviour patterns in children and young people (e.g. Bates *et al.*, 1998), Omer discusses a lack of physical and systemic presence, based on a wide array of studies into child aggression, as key factors in child violence (Omer, 2004/3). NVR helps raise adult presence and resist the young person's coercion by applying Mahatma Gandhi's and Martin Luther King's principles of socio-political non-violent resistance (Gandhi, 2004; Kurlansky, 2006) to the family environment, school and community. The problem of child-to-parent and adolescent-to-parent violence (CPV/APV)

has in recent years increasingly gained traction in the media and has been given more attention in academic circles and research (e.g. Holt, 2013).

An environment in which to practice control

Patterson (above) found that parents and their children get locked into vicious cycles, each attempting to achieve control over the other. Young people and their parents use language associated with control or obedience: "They can't *make me* do anything"; "I *have to* give him money when he threatens me"; "She gives me *no choice*". Locked in a 'logic of control', i.e. "I need to control, in order to stop being controlled / if I'm not controlling, then I am being controlled), parents often oscillate back and forth between *symmetrical* and *complementary escalation*. When parents insist on attempting to re-establish control over their child, a pattern of *symmetrical escalation* (Watzlawick *et al*., 1967) ensues, in which each reciprocal move by parent or child to get the upper hand raises the emotional intensity of the interaction. The very high levels of psycho-physiological arousal in the family which result from this pattern evoke mutually reinforcing anger and anxiety. Child and parent show little self-control, whilst developing an intense cognitive focus on the control of one another. However, once the emotional arousal, threat or actual violence reach critical levels, parents tend to relinquish their attempt to assert their authority. Feeling anxious and helpless, or embarrassed, ashamed or concerned about risk, parents are likely to start giving in to the controlling behaviour. In this manner, symmetrical escalation is followed by a cycle of asymmetrical *complementary escalation*, during which the adults yield to the younger person (Patterson *et al*., 1984). More and more of the young person's demands are met, as the parents find themselves acquiescing in the face of their own anxiety, shame, or sense of guilt, emotions which in turn are triggered by their child's threatening, embarrassing or blaming behaviour or threat of self-harm. As young people become more effective at exerting control and more violent, and a greater sense of helplessness grows in parents, teachers or carers, these significant adults are likely to show signs of what Dolberger et al (2016) have been conceptualising as 'erasure', a sense of not being seen by the child, of inter-personal isolation, and becoming disconnected from their own values, resources and aspects of 'self'. Some adults show signs of traumatisation, such as symptoms of post-traumatic stress or depression.

Parental (caregiver) presence

Key to NVR is an understanding of the concept of parental (or adult) presence. While we tend to have an intuitive grasp of personal presence, it can be difficult to describe parental presence in the context of family interaction. Parental presence is in part identified by the determination and ability not to be 'pushed aside', to occupy the parental and personal 'space' in the family, which is necessary so that all children are sufficiently supported and contained in order to thrive. Parental presence can start being established by the parents' physical presence *in a place and at a time of their own choosing*. The parents' presence increases, as they become able to distribute resources fairly within the family, guide the young person to act in appropriate, constructive and safe ways, and protect themselves and other people in the family and community more effectively. Their presence rises further, as they become more attuned to child needs, provide emotional support and care, mediate between their children, and help the previously aggressive or self-destructive child develop greater competence and autonomy. Research findings indicate that supervision and monitoring of children and young people are the most effective care responses when it comes to reducing risk-taking or dangerous behaviour (Smetana, 2008). In order to supervise effectively, parents need to feel confident about their ability and entitlement to do so. They

may believe their effort is futile, when they have found themselves unable to make the young person comply with their instructions. Concerned and persistent parental watchfulness has a positive influence on the parent-child relationship, not parental responses aimed at controlling the child. This aspect of parental presence has therefore been described as 'watchful' or 'vigilant care' (Omer, 2011).

From an attachment perspective, children require a reliable relationship with a person, whom they can experience as strong and wise (e.g. Bowlby 1982). Omer has argued that an internalised sense of security in part grows from experiencing and developing a positive expectation of 'strong' parental authority. Rather than assuming that a child's internal working model of relationship is irrefutably formed during the early stages of development, he posits that changes to parent-child interaction in the here and now can be effective in changing a child's representations of self and parent. Omer (2013) has described the 'anchoring function of attachment' as a restrictive, and thus protective quality of parental care – by restricting the child when behaving in aggressive or dangerous ways, the parent enables the child to experience her as strong, powerful in herself, and concerned for their welfare and the welfare of others. In this manner, the parent contributes to providing a realm of safety which augments the child's emotional containment.

Adult presence, authority and the supportive network

Acceptance of positional authority has diminished in today's western and westernised societies. Rather than seeking a return to this more traditional form of authority, which is characterised by rigid hierarchy, emotional distance between parent or carer and child, and a much more punitive style of discipline, NVR considers adequate adult presence to be a necessary condition for parental authority of the kind that is required in today's child-raising environment. The kind of parental or carer authority that can be established today is based on the concept of "social authorization" (Omer, 2011). Rather than insisting on respect from the child due to the adult's position and status, this "new authority" grows from parental presence, which enables the parent to maintain emotional closeness with the child, whilst at the same time refusing to give in to controlling behaviour. The parent's authorization to take such a position grows from within a community of supportive other adults. This community of adults encourages the parent to take a position of emotional closeness *and* to demonstrate strength of resistance to the child's demands and validates these two sides of the parent's efforts. At the same time, this community acts as a corrective, to ensure that the parent responds to the child in a fair, non-aggressive manner. This is a radically different stance from "What happens in the family stays in the family…" – characterising a discourse which in the past has consolidated the traditional power base within patriarchal family structures.

In practical terms, parents, carers and teachers gain authority by

- committing themselves to nonviolence towards their child and to adequate emotional and physical care (as witnessed and monitored by other adults from within the wider family or community, who become part of the parents' specific NVR support network),
- refusing to give in to the child's demands,
- documenting their child's violence and informing adult supporters of aggressive incidents.
- taking direct action in response to violent or other (self) destructive incidents, such as 'the announcement' or 'sit-ins',
- asking adult supporters to witness the child's aggressive behaviour when they take action,
- asking other adults to communicate their support of the parent's resistance directly to the child,

- making serious efforts to reconcile with their child, even and especially during conflict and after having taken action,
- giving the child opportunities and providing support to show restorative behaviour and
- promoting conflict resolution through negotiation.

NVR is also used where young adults fail to emerge into adulthood, do not function at a developmentally appropriate level and show entitled dependency; here, new authority is not required for the amelioration of their self-destructive behaviour. Dolberger has conceptualised 'new autonomy' as the crucial factor in this area of work with NVR (Lebowitz et al, 2012).

Parents, whose shame, depression or fear of reprisal by their child may previously have resulted in socially isolating themselves are therapeutically supported to build up and (re)integrate themselves in a resistance-supporting social network, which can encompass relatives, friends of the family, community members, parents of other young people, school teachers and other professionals. By organising therapeutic meetings which incorporate groups of supporters in the treatment process, NVR operates as a multi-modal intervention.

NVR and efficacy

There is a growing consensus that effective therapeutic approaches for adolescents with more serious conduct problems are systemic and multi-modal (Carr, 2009, Steiner 2004). Approaches which have met these criteria in the past have been Multi-systemic Therapy (Sheidow et.al., 2004) and, to a degree, Functional Family Therapy (Sexton and Alexander, 2004). NVR as an approach that also meets these criteria has been shown to have efficacy even where there are complex presentations.

A growing evidence base for NVR demonstrates not only behavioural improvement in young people, but importantly also improvement in parents and in family functioning. In addition to behavioural improvement and an over 90% retention rate in therapy even for families of adolescents, Weinblatt and Omer (2008) found that the approach led to reduced parental helplessness, improved parent mental health and improved perception of social support in parents compared to controls. A German study compared NVR for 11-18-year old young people who were showing oppositional, aggressive and anti-social behaviour with TEEN Triple-P and a waiting list control group (Ollefs, 2009). This study demonstrated significant improvement in parental presence, improved parenting behaviour, reduced parental helplessness and reduced parental depression for both treatment groups. NVR was superior to TEEN Triple-P by showing significant improvement in child externalising behaviour on Achenbach's CBCL. Improvement from therapy using NVR has further been demonstrated on a variety of systemic variables, which included reduced parental submission, increase in parental supervision, less dominant thinking, fewer power struggles and reduced negative emotions, as well as improvement in child behaviour (Lavi-Levavi, 2010). A more recent study, comparing an NVR-based intervention to 'treatment as usual' demonstrated the effectiveness of NVR with children and young people in foster care, most of whom have experienced severe childhood maltreatment, early childhood trauma and attachment insecurity (van Holen et al, 2017). A number of other studies without control groups have examined pre/post effects on child behaviour of NVR-based parenting groups, reduction in the need for restrictive interventions in in-patient child- and adolescent mental health services, reduction in helplessness in parents of young people with drug abuse and dependency problems, etc.

Methods in Non Violent Resistance therapy

In the course of the intervention, parents are introduced to a specific set of methods which lend a clear structure to the therapeutic process and help them re-organise their responses to their child. In this manner, long established interactional patterns around violence and aggression are changed. Some of these methods are outlined below.

De-escalation and parental disobedience (reclaiming freedom)

As punishment and controlling behaviour towards their child are likely to fuel symmetrical escalation, parents learn to become non- punitive and non-controlling. "Anti-punitiveness" has been identified as one of seven 'nonviolent personality' factors (Kool 2008; Kool and Keyes, 1990). By becoming non-punitive, parents increasingly contrast their child's aggression, and their own previous hostility, with a different kind of responsiveness, which invites the opening of new relational possibilities.

At the same time, parents or carers develop a greater awareness of their own previous "automatic obedience" and are encouraged to refuse giving in to coercive demands. They practice such 'parental disobedience' at their own pace, as and when they themselves feel ready to, by refusing to follow 'rules' stipulated by their child. They may also refuse services which have been misused by the young person. E.g., a teenage girl, who had grabbed the steering wheel of the family car and thereby created a dangerous situation, was subsequently refused to be driven anywhere in the car, until this could be deemed safe again. In another example, parents refused to give their son any money over and above a set weekly allowance (knowing he was using the money to buy drugs) in spite of his threats of violence towards them. In other instances, parents may simply 'go on strike' and refuse to provide services, which would enable the young person's pleasure or recreation, such as driving him to football training (notwithstanding he can still walk there or take the bus), as such a response would be premature, 'pretending everything is normal'.

Such action is carried out in a non-confrontational manner, thereby combining non-punitiveness and non-controlling responses with 'parental disobedience'. Another way of understanding 'parental disobedience' is to think of this kind of responding as 'reclaiming freedom': parents learn to understand – and reverse – their established reactions to controlling child behaviour. Such well-established reactions not only consist of giving in to unreasonable or dangerous demands set by their child, but also avoiding any behaviour of their own that could upset or anger their child or trigger an expression of distress. Parents may decide to stop showing verbal or non-verbal submission to the young person, or wish to no longer avoid their child's physical presence. They may decide they will no longer remain passive in the face of harmful behaviour towards themselves or others, but instead act in self-protective ways and become proactive in protecting others, such as a violent child's sibling. Parents may start to become pro-active in protecting the young person from their own self-destructive behaviour. Parents learn to identify, how in the past they have shown such avoidant, acceptant and submissive responses, but alternatively, how they themselves have also at times shown insistence upon a desired response and directed aggression towards their child. With therapeutic support in empathising with their child and developing an understanding of the impact of their own past controlling, punitive and aggressive communication, while at the same time developing an understanding of their submission and reversing it, parents become able to develop a more respectful and caring interactional style. This promotes parental responses which are at the same time resistant to the child's controlling behaviour, non-escalatory *and* emotionally containing of the child, adolescent or younger adult.

Refusing services becomes a key ingredient in the resistance of entitled dependency in young adults. Parents who have become accustomed to providing for most or all of their adult child's needs and wants learn to successively step back from providing such services, while offering support to the younger person to become more self-sufficient and autonomous.

Raising parental/adult presence in response to an incidence of violence, harmful or destructive behaviour

De-escalation and delayed responses: Self efficacy expectation is a powerful determinant of positive therapeutic outcomes (Bandura, 1997; Grawe, 1997). Parents will have been conditioned by their child's aggression to give in to his or her demands and observe 'taboos', which are articulated by the child in ways such as: *"This is my house, get out of the living room"; "Shut up, I'm not listening to your crap.",* *"Give me that money, you..." "Don't you dare bring her (the mother's friend) into this house."*, and by threatening violence, other harmful behaviours, self-destructive behaviour or self-harm. Parents' attempts to overcome their sense of helplessness by getting confrontational will have proven futile. These parents will need to develop a greater expectation of self-efficacy, if their behaviour is no longer to be motivated by fear, shame or anger, and if they are no longer to show passivity that is borne out of an overwhelming sense of helplessness. Parental self-efficacy can increase by taking well-planned, *delayed* direct action in response to any incident of violent, destructive or threatening behaviour. Reducing risk and bringing down levels of psycho-physiological arousal – both in the child and in the parents or caregivers themselves - becomes the immediate aim during an aggressive incident, whilst the actual response to the violent or otherwise destructive incident itself may take place hours or even days later. By carefully planning a decisive, yet non-escalatory, delayed response and enlisting the calming support of other adults, parents become enabled to act from a lower arousal baseline. Lower psycho-physiological arousal levels are conducive of "reasoning system" cognition, which is characterized by slow, controlled and emotionally neutral decision-making (Stanovich & West, 2000). A lower arousal level is also conducive of what has been described as 'reflective functioning' and improved 'mentalization' (Fonagy *et al.*, 2004), the process of developing differentiated understanding of one's own and the other person's cognitive and emotional processes. Clinical practice using NVR shows that by taking delayed action, parents become less likely to respond with survival system reactivity, (i.e. act, think and feel as if they were responding to severe threat), and instead 'step back' from their own thinking, thus becoming more aware of their own beliefs about and habitual responses towards their child. This form of psychological functioning enables greater self-control in the face of provocation. Behavioural self-control and affective self-regulation have further been identified as key psychological facets of the nonviolent personality. (Kool & Keyes, as above).

Transitional rituals can serve as markers for significant shifts in family relationships (Imber-Black and Roberts, 1995). In NVR, *the initial announcement* acts as such a transitional ritual. It enables parents to break the 'taboo' against challenging the young person's problematic behaviour, whilst at the same time expressing positive regard for him or her as a person. In this manner, the announcement becomes a marker for a shift to transitional forms of interaction which will pave the way to more peaceful and caring family relationships. In a calm and non-confrontational, but serious and rather formal manner, parents (or other carergivers) tell the young person that they will no longer accept violent or destructive behaviour, express their concerns regarding these behaviours, and inform the young person that they will involve other adults in their resistance. They also hand their declaration to the young person in written form. A number of therapies informed by social constructionist ideas use 'preferred futures' to help clients develop positive goal ideation and generate hope. I have found it very helpful for parents to include their vision of a violence-free preferred future for the child and family in

the announcement, serving as a built-in reconciliation gesture and reminding everyone involved that the child is not being identified with the violence. In a similar way, foster carers, caregivers in residential services for young people, teachers and others involved in dealing with a child can carry out a transitional ritual that marks the shift to a new way of responding to the child – by doing just that in a manner that is both demonstrative and unusal.

Sit-ins, usually in the young person's room, are carried out hours or even days after an aggressive or otherwise harmful incident, to demonstrate non-acceptance of such behaviour. By challenging the young person calmly and quietly, rather than withdrawing, excluding or punishing the child, sit-ins raise adult presence. Parents or caregivers communicate an expectation that the young person will exert self-control in the future, or make reparation for the harm they have caused; they tell the young person they wish to hear what he or she will do to avoid becoming violent again in the future, or how the young person would like to 'make up for what (they) have done'. However, parents do not insist on such a response, but wait quietly. Adult witnesses can act as a deterrent against further violence during a sit-in. As the young person is likely to try to re-establish their control with verbal or physical aggression, blaming or other responses which in the past have stimulated escalation, the sit-in becomes an arena in which parents can learn to practice emotional self-regulation. The formal structure of the sit-in supports this 'experiment' with new parental responses which deviate from the habitual reactions in long-established interactional patterns. In the face of the young person's retaliatory behaviour, provocation or other attempts to 'gain the upper hand', they sit in a quietly determined manner, whilst refusing to be drawn into arguments or confrontational exchanges. Determined silence expressing parental concern becomes a powerful message that parents are unwilling to engage in any interaction other than a constructive conversation, in which the young person answers their question and shows responsibility for addressing his or her own future behaviour.

Documentation and campaigns of concern. Violence in relationships isolates the individuals who are being targeted, thus reducing their social support. However, social support is necessary for its protective function, social validation of the individual, to buffer stress and promote negotiation where there are tensions. There are various reasons for the isolation of parents, such as victim shame, fear of blame or criticism, or fear of retaliation by the young person. To counteract the isolating effect of a young person's violence, parents and siblings are encouraged to document aggressive or destructive acts, give other adults access to this documentation, and ask these adult supporters to communicate their concern about the aggressive and controlling behaviour to the young person. Such *campaigns of concern* can be carried out for as long as the violence persists.

Telephone round and tailing are methods that have been developed to raise parental presence outside of the family home or school environment, especially when young people truant, come home outside of appropriate times, abscond and engage in dangerous, illegal and self-destructive behaviours when they are not directly supervised. Parents systematically map out the ecological environment their children move in, and seek to raise their presence by seeking to develop alliances with other adults, communicating with their child's peers, raising their vigilance for what their child is undertaking, and using their physical presence in protective ways. These and the other methods outlined above have been described at length (Omer, 2004, 2011).

Reconciliation

Research into information processing in conflict situations shows that stereotypical thinking about the other and speculation about the other's (negative) intentions organises behaviour in more hostile ways (Golec and Frederico, 2004). Demonic attitudes are beliefs in a deep-seated root cause, or "essence" for problematic behaviour in the other person or in oneself (Alon and Omer, 2006). Acts of

reconciliation can help family members stop speculating about negative intentions in the other person and begin to change their internal representations of one another. A young person, whose parent or carer persists in making reconciliation gestures, will find it much more difficult to 'hold on to' a negative internal representation of the adult. An adult, who makes gestures of reconciliation from a position of care for the child, will be more likely to see the child behind the violence and attend to their needs.

Nonviolent responses distinguish clearly between the child, adolescent or younger adult as a person, who remains an accepted member of the family and community on the one hand, and their aggressive behaviour on the other. Many parents who have had access to parenting programmes or similar interventions have learned to tell their child that they merely object to the aggression while accepting him or her as a person. However, simply *telling* a young person that they are accepted is generally not as helpful as acting in ways which are congruent with this claim. Action speaks louder than words, and by using specific *acts* of personal acceptance, adults condition themselves to become *genuinely* accepting of the child. Such congruently communicated and intrinsically felt interpersonal acceptance powerfully re-organises the parents' interaction with the child in daily life.

Reconciliation gestures strengthen the adult-child relationship (Omer 2004; 2001) by demonstrating to the child that parents, carers and teachers hold a positive image of the child in their mind, whilst at the same time resisting the violence or destructive behaviour. NVR promotes the use of such gestures as acts of unconditional positive regard. They can therefore not be used as rewards for desired behaviour and are persistently offered even in the face of ongoing problematic behaviour. This constitutes one of the key differences between NVR and behaviourally oriented approaches. The adult will need to overcome any expectation that the young person should respond with gratefulness, affection or remorse for previous wrongdoings, if their gesture is to be genuinely unconditional. In other words, parents use reconciliation gestures with the aim of fundamentally improving the relationship with their child, not as an instrument of behaviour modification. They need to learn to accept that the child is unlikely to show the desired response, if they are to communicate congruently that their reconciliatory moves are unconditional. Repeatedly making gestures of reconciliation, when previous ones have been refuted, will re-assure a young person of the un-conditionality of the parental response. In the relational logic of conflict, it becomes necessary to reject the parents' advance, in order to test whether they genuinely 'mean it'. This parental position of unconditionality is reflected in the Indian concept of "anasakti" (Tewari, 2000), or *detachment from the desired outcome of one's own action*. Interestingly, anasakti has been found to be associated with lower levels of aggression, and with better mental health (Pandey and Naidu, 1992). The implicit message is: "I hope this gesture will help us reconcile, but I will keep reaching out to you, no matter what you do. You are and remain my child, no matter how you respond". Such gestures can range from a small treat, such as cooking the child's favourite dish, to e.g. a highly significant apology for the parent's past failure to protect the child from abuse. Reconciliation gestures provide an opportunity for developing a child focus within the therapeutic process. Drawing parents' attention to the whole person, rather than focussing on the aggression alone, enables them to bear alternative schemata, i.e. more positive internal representations of their child in mind, whilst at the same time resisting coercion and other forms of controlling behaviour. Such alternative representations in turn enable the adult to become more perceptive of and responsive to their child's unmet needs.

Further applications of NVR

As NVR is a form of intervention that has been developed for dealing with controlling behaviour and does not require the cooperation of the person whose behaviour is harmful to others or self, it can be applied in a wide range of contexts, regardless of the specific diagnosis or identified problem. Indeed, resistance of controlling behaviour can help yield specific therapies more effective, when previous lack of cooperation has prevented the engagement of the young person or younger adult in treatment.

Anxiety problems in children and adolescents

It does not immediately become apparent that there is a link between anxiety problems and controlling behaviour. However, many children and young people do not access treatment for anxiety-related difficulties as they refuse to engage in therapy, and parents become habituated to their child's avoidance of situations which have the potential to trigger anxiety, developing pronounced accommodation of their child's anxious avoidance. The SPACE programme (Supportive Parenting for Anxious Childhood Emotions) integrates principles and methods in NVR with CBT, and helps parents shift the balance of their response patterns from accommodation ('protecting' the child) to supporting the child to face their anxiety triggers, thus enabling their gradual desensitization (Lebowitz and Omer, 2013/1). Preliminary outcome results have been very promising (Lebowitz et al, 2013/2), while a large scale randomised controlled trial is underway.

Adult entitled dependency

A serious difficulty in families is the apparent inability of older adolescents and young adults to develop life-stage appropriate functioning and autonomy. These older adolescents and younger adults show dependency on their -sometimes elderly- parents to have many of their physical needs met, appearing to feel entitled to the services they demand and receive. Often, but not always in conjunction with social self-isolation, the younger adult will avoid normative challenges and fail to develop the competencies that are necessary for autonomous living. (Lebowitz et al, as above, 2012). Increasingly characterized as the life-stage of 'emerging adulthood', these younger adults can be seen as failing to emerge into adulthood and require the parents' determination to withdraw from unconditionally providing services for them. Their demands are often backed up by threats of violence or ever increasing social withdrawal, and often frighteningly the threat of self-harm or suicide, which can act as a serious deterrent from asserting parental resistance to their dependency. Preventative responses to suicide risk on the basis of the nonviolent practice of 'raising presence' have been developed within the methodology of working with NVR (Omer and Dolberger, 2015).

Trauma- and child-focused NVR

The research paradigm making a mono-causal attribution of adolescent-to-parent violence (APV) has been critiqued, notably by Holt and Shon (2018). However, histories of trauma can be a pre-disposing factor, and parents can become re-traumatised by child aggression, while harmful or self-destructive behaviours obscure the unmet psychological needs of children who have experienced maltreatment and/or attachment insecurity. Parents in multi-stressed families who have experienced domestic violence by other adults or childhood maltreatment are frequently re-traumatised, when their children act with aggression or other controlling behaviours. Adoptive parents and foster carers of

traumatised children who act with aggression and who show manifestations of attachment insecurity, especially dismissive and rejecting behaviour, commonly show erasure (describe above) or even traumatic symptoms. Trauma-focused NVR addresses three areas of working with families in which trauma is present: transforming relationships between nuclear family and members of the larger system, so the family can become a recovery environment (Jakob, 2018), using NVR methods to help parents desensitize themselves to threatening and aggressive child behaviour and process traumatic experience, and developing a child focus to address unmet need in the traumatised child (Jakob, 2011; Jakob et.al., 2014)

Beyond these examples, applications of NVR and New Authority have been developed for work in a variety of different settings such as residential care, foster care, schools, eating disorders, pediatric problems such as non-compliance with treatment in type II diabetes or obesity in children, risk of child sexual exploitation, policing, adolescent drug misuse and many others.

Further Information

For an extensive bibliography on NVR, see: http://www.bigv.be/literature-list
Websites: www.nvrschool.com   www.partnershipprojectsuk.com

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