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Chapter 1: Introduction

“Family violence is one of the most insidious forms of violence against women. It is prevalent in all societies. Within family relationships women of all ages are subjected to violence of all kinds, including battering, rape, other forms of sexual assault, mental and other forms of violence, which are perpetuated by traditional attitudes. (...) These forms of violence put women’s health at risk and impair their ability to participate in family life and public life on a basis of equality.”

Intimate Partner Violence (IPV) is one of the most widespread forms of domestic violence and has complex and negative consequences that affect the physical, psychological and socio-economic condition of a victim. It also impacts her family and the community in which she lives. Intimate Partner Violence occurs in all societies and is transversal through all ages, social and economic status, religious, ethnic and cultural groups. IPV also occurs in the context of lesbian, gay, bisexual and transgender- LGBT (long term) relationships. However, it mostly affects and has impact on women and girls, children, disabled (women and children), elder women or other persons in vulnerable situations.

For the purpose of this manual, we address only violence perpetrated by men against women and children, hereafter called Intimate Partner Violence (IPV), which is one of the many forms of gender-based violence and as such is addressed by several international and national instruments.

IPV is a serious Human Rights violation and requires that Member States assume their responsibility in the elimination of violence against women, protection of victims/survivors and accountability of perpetrators. To successfully combat and eliminate IPV and DV, it is essential the involvement of all relevant actors that constitute a national referral mechanism and the development of systematic measures both for prevention and elimination of violence and protection of survivors.

E-MARIA Project

The E-MARIA Project intends to contribute towards improving interventions in domestic violence, developing innovative approaches and instruments for risk assessment in order to more accurately assess the likelihood of re-assault and to promote the safety and security of survivors of violence.

Safety and security are basic conditions for survivors to recover from their abusive relationship and to (re)-build their life without violence.

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The main objectives of the project are:

- to create instruments and tools that allow a high level of efficacy and efficiency in the protection and safety of the survivors and to prevent further victimization;
- to promote the recovery of survivors of domestic violence, and consequently their empowerment and autonomy, and to prevent further victimization;
- to promote the collaboration among stakeholders involved in the support and safety planning of women and children, as well as to develop formal and informal networks.

The project is composed by a partnership of four entities from four different countries, namely: AMCV – Association of Women Against Violence (PT) as project coordinator, BUPNET GmbH – Bildung und Projekt Netzwerk (DE), die Berater (AT) and SIF – Social Innovation Fund (LT).

Why a European Manual

This European Manual focuses on women and girls needs and follows a Human Rights-based approach. We consider that it will be an important contribution for the safety and security of women survivors of Intimate Personal Violence (IPV) taking into account the gap between the daily reality of women’s lives, national laws and international state commitments in this field.

Issues like those listed below must be recognised and become part of our concerns and integrated into the design of future interventions.

For example:

- Women are still being killed by their partners or former partners, despite the increase of awareness regarding IPV;
- The efforts and commitment of professionals in the protection of women and children, survivors of violence, are still not wholly effective;
- The involvement of several key agencies at community level is still lacking;
- An integrated and coherent approach, between the different professionals, public services, NGOs and other entities intervening in IPV situations, is still missing;
- A common understanding about domestic violence, IPV, gender violence and risk language is not yet built;
- The promotion of the survivor recovery through the empowerment and educational approach is not yet a common culture.
Considering the mobility of citizens nowadays within the EU, it is clear that a more coherent approach with common guidelines is of the most importance to ensure a better protection of survivors and the accountability of perpetrators.

This Manual on Risk Assessment is meant to provide guidance to support the practice of professionals, with special focus on law enforcement, legal practitioners and frontline professionals, as well as other professionals that intervene directly with women and children survivors of violence. It also intends to contribute to their intervention processes in order to build a common language, embrace and reinforce common principles of intervention on risk assessment and management.

All these actions will eventually contribute to prevent re-victimization of survivors and decrease the number of women killed in the context of gender-based violence, more specifically, intimate partner violence.

Along this Manual examples of good practice in the risk assessment and management process are presented, in order to propose and contribute for the adoption of a common approach at local, national and European level, but also for an effective and quality intervention model in view of the protection of the survivor’s rights.

**Need Analysis**

In the first project phase, all partners implemented need analysis activities, the main aim of which was to assess the current state of risk assessment and management in domestic violence at a European level, focusing on existing risk assessment and management tools and practices, safety planning, legal aspects and implications as well as on available training for professionals and women survivors.

In this context, beyond desk research and data collection, professionals from different fields, such as law enforcement, legal practitioners and social workers, as well women survivors of IPV have participated in this activity through interviews, questionnaires and focus groups.

The main results of the Need Analysis were:

**European Context**

According to the European Women’s Lobby (2011) “political responses and resources allocated to this issue have been piecemeal, unequal and mostly inadequate at both national and European level” (p.4). In some countries, plans exist only on paper but

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5 For more information consult the Need Analyses Final Report available at www.e-maria.eu
have never been implemented or do not lead to concrete action. Nevertheless the differences in tackling male violence against women by governments have resulted in different level of domestic violence intervention, namely on protection of women and children, prosecution of perpetrators, prevention and support provided.

The data on women’s shelters on the WAVE⁷ (2011) indicates that in 2011 there were “2,349 women’s shelters in the whole of Europe, providing approximately 28,000 shelter places to women and children survivors of violence. According to the minimum standard of one place per 10,000 inhabitants, a total of approximately 82,000 places would be needed in Europe. Thus, there is a shortage of approx. 53,800 places. The average rate of women’s shelter places is 0.34 per 10,000 inhabitants” (p. 15).

Professionals’ Needs

- Most professionals are aware of the existing international legal instruments, which guide their professional practice.
- Most of them are familiar with risk assessment tools; nevertheless they have a lack of procedures to support their practice and/or multi-agency intervention. The same applies to the development of safety plans without established coherent procedures.
- The majority of the participants expressed the desire to take part in specific training courses on risk assessment and management and its procedures, as well as on professional/organisational roles.

Women’s Needs

The majority of women survivors expressed also the desire to participate in training courses that support them to:

- Recognise the specificity of the situation of domestic violence that they are living in;
- Identify the signs of violence and be aware of the violence and its various types, available resources and existing support;
- Have knowledge about their rights;
- Recognise and assess the real and actual risk when experiencing violence;
- Develop and apply individual protection strategies aimed to increase their safety while living with the perpetrators, as well as after leaving them;
- Strengthen their process of autonomy.

The Need Analysis Report confirms that there is a deficiency on knowledge and training on risk assessment and management (tools and its application, legal

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measures, procedures etc.), safety planning and DV intervention and professional roles. It also showed that there is a need for training programmes on risk assessment.

The Report also confirmed the lack of coherent and sustainable training for women survivors, the need to understand and contextualise the DV situations, as well as to get more information about their rights and how to protect themselves.

**How to Use the Manual**

The main focus of the Manual is risk assessment and management in the context of Intimate Partner Violence as gender-based violence. Therefore its approach is centred on women and children survivors of violence.

In this Manual, children are all girls and boys under 18 years old, as defined by the United Nations. There is no chapter dedicated to children, but their specificities and needs are taken into account.

The Manual has an **Introductory Chapter** and five core chapters.

- **Chapter 2 Women Human Rights Context** – provides an overview of women Human Rights landmark documents, work and progress with specific reference to violence against women (VAW) and IPV;
- **Chapter 3 Risk Language** – gives an overview of intimate partner violence (basic understanding), risk definitions and dynamics as well as basic assumptions of the intervention in this field;
- **Chapter 4 Risk Assessment** – offers practical tools for understanding myths, indicators, methods, procedures and professionals roles;
- **Chapter 5 Risk Management and Monitoring** – outlines the intervention process, safety plans, multi-agency approach and information-sharing.
- **Chapter 6 Community Networks** – includes the construction of a coordinated and integrated response on IPV.

This manual is not intended to be a stand-alone guidance document for risk assessment in DV cases. It is designed to complement other existing guidelines and standards that can help have a broader understanding of the risk assessment and management processes. In the end of the Manual, there is a list of recommended bibliography for further information.

Several researches have been conducted in the field of domestic violence and intimate partner violence. It is crucial that professionals working on a daily basis with survivors keep the strong link with researchers and academics and link “women voices” to women movements work and research for a more comprehensive and tailored response.
Principles

The Manual is based on a set of principles, which guide its construction:

- It has a Human Rights based approach;
- It focuses on women and girls needs;
- It recognises violence against women and girls as a Human Rights violation;
- It recognises Intimate Partner Violence as gender-based violence;
- It recognises that many abusive behaviours are crimes and punishable by law;
- It recognises that the majority of perpetrators are men and that they should be held accountable for their acts;
- It defends that the EU Member States must guarantee the protection of women, girls and children;
- It recognises that women and children have the right to be safe and live a life without violence;
- It defends that women have the right to confidentiality and to safe intervention;
- It advocates that professionals should respect women’s decisions and validate their experience of violence;
- It claims that, in order to make an informed decision, professionals must inform women about their rights and options;
- It is based on the principle of empowerment and encourages professionals and agencies to adopt this approach, in order to empower and strengthen survivors of violence;
- It proposes that interventions should support women and children to (re)build their lives;
- It recognises women as agents of their own change;
- It recognises that IPV occurs in all societies;
- It recognises that IPV is transversal at all ages, social and economic stages, religious, ethnic and cultural groups;
- It recognises that IPV occur also in the context of LGBT relationships;
- It recognises that IPV affect and have impact on women, young people, children, people with disabilities (women and children), older women or other people in vulnerable situations.
Target Group

The Manual is designed for professionals intervening in the field of Intimate Partner Violence, with a special focus on:

- legal practitioners;
- law enforcement professionals;
- professionals from frontline services, and
- those responsible for the implementation of risk assessment and risk management procedures.
Chapter 2: Women Human Rights Context

Women Human Rights

To understand the complexity of intervention in the field of domestic violence against women/Intimate Partner Violence, it is essential to be acquainted with Women’s Human Rights and some historical landmarks.

The concept of Women’s Human Rights is relatively recent and resulted from a progressive process that has a first significant milestone with the Universal Declaration of Human Rights (UDHR) adopted by the UN General Assembly in 1948, which aimed the promotion of peace and defence of Human Rights. This Declaration states that Human Rights are universal, indivisible, inalienable and interdependent (Article 1\(^9\))

And the Article 2\(^9\) states that:

\[Everyone\text{ }is\text{ }entitled\text{ }to\text{ }all\text{ }the\text{ }rights\text{ }and\text{ }freedoms\text{ }set\text{ }forth\text{ }in\text{ }this\text{ }Declaration,\text{ }\]  
\[without\text{ }distinction\text{ }of\text{ }any\text{ }kind,\text{ }such\text{ }as\text{ }race,\text{ }colour,\text{ }sex,\text{ }language,\text{ }religion,\text{ }political\text{ }or\text{ }other\text{ }opinion,\text{ }national\text{ }or\text{ }social\text{ }origin,\text{ }property,\text{ }birth\text{ }or\text{ }other\text{ }status.\text{ }\]

\[Furthermore,\text{ }no\text{ }distinction\text{ }shall\text{ }be\text{ }made\text{ }on\text{ }the\text{ }basis\text{ }of\text{ }the\text{ }political,\text{ }jurisdictional\text{ }or\text{ }international\text{ }status\text{ }of\text{ }the\text{ }country\text{ }or\text{ }territory\text{ }to\text{ }which\text{ }a\text{ }person\text{ }belongs,\text{ }whether\text{ }it\text{ }be\text{ }independent,\text{ }trust,\text{ }non-self-governing\text{ }or\text{ }under\text{ }any\text{ }other\text{ }limitation\text{ }of\text{ }sovereignty.\]

Human Rights are universal and inalienable as they are an intrinsic part of the person, by virtue of being a human being, thus no man or woman can be deprived of these rights. The indivisibility of fundamental Human Rights implies that none of them is more important than the other, whether they relate to civil, cultural, economic, political or social issues, Human Rights are inherent to the dignity of every human person. Consequently, all Human Rights have equal status, and cannot be positioned in a hierarchical order. They are interdependent as denial of one right invariably impedes enjoyment of other rights.\(^9\)

The UDHR represents an important instrument of consensus on Human Rights of the 20\(^{th}\) century. However, the UDHR proved to be insufficient or protect and defend internationally agreed Human Rights also for women. The UDHR failed to address existing gender-based stereotypes and cultural attitudes that were an inherent part of many societies.

Aware of this, women’s movements campaigned to have an active role in society based on equality in political decision making, social and cultural opportunities and in salary. Thus, the 2\(^{nd}\) wave of the women’s movement started a long process to demonstrate, gain recognition and incorporate Women’s Rights as Human Rights, to


\(^{9}\text{UNFPA website.Human Rights Principles. Available at: } http://www.unfpa.org/rights/principles.htm\)
overcome the obstacles and prejudices against women created by cultural and patriarchal stereotypes.

In 1993 at the World Conference on Human Rights held in Vienna, the UN Member States formally proclaimed that the rights of women and girls should be part of the UN activities in favour of Human Rights, including the promotion of international instruments of Women’s Human Rights. With the Declaration and Vienna Programme of Action, resulting from this Conference, it was assumed that “Women’s Rights are Human Rights” as stated by Hillary Clinton and included in the Vienna Declaration, 1993, p. 18.

This position was an outcome of previous initiatives implemented by the United Nations during the Decade for Women (1976-1985) which aimed to raise awareness of Women’s Human Rights all over the world:

- The Conference of Mexico, 1975
- The Copenhagen Conference, 1980
- The Nairobi Conference, 1985

Besides, the International Conference on Population and Development, held in 1994 at Cairo, explicitly recognised the reproductive rights of women.

The 4th World Conference on Women, held in 1995 at Beijing is considered a real landmark in the promotion of women rights and created a human rights agenda for women, resulting in the Declaration and Platform for Action which considered twelve areas of concern for women that Member States have endorsed. It consolidates the references for the promotion, implementation and monitoring of the agreed strategies and it established a body at the United Nations level to which the women’s movements and NGOs can report.

Worldwide, women’s movements increased their activism, requesting governments to take action and demanding accountability mechanisms. They also demanded for the end of the impunity of the Women Human Rights violation and propose a culture of accountability.

In 2008, the Council of Europe published an important document – Combating Violence Against Women: Minimum Standards for Supporting Services. The document focuses on the support and protection for victims and establishes how different services should be implemented at community level.

In April 2011 the Convention on Prevention and Combating Violence Against Women and Domestic Violence10 was adopted by the Council of Europe Committee of

Ministers. It opened for signatures on 11th May 2011, in Istanbul and will enter into force following ten ratifications. At this moment, only Turkey and Albania have ratified the Convention.

Despite the Universal Declaration of Human Rights, women continue to see their fundamental rights referred to a secondary level of subordination, based on prejudice, economic and political interests and traditions, far from a really full enjoyment. The major discrimination against women and gender inequality is gender-based violence, including Intimate Partner Violence.

What is Violence Against Women

Every day women are victims of violence and other types of systematic and serious discrimination, largely tolerated in our societies. In the last decades, violence against women has been recognised as a gender-based violence and a Human Rights violation.

The 2nd wave of women’s movements raised awareness of violence against women as a problem and as a concern of the public sphere, rather than a private matter, hitherto tolerated. The women’s movement promoted the increasing of awareness about women rights and challenged the impunity of the perpetrators.

Recognising the problem, the United Nations adopted the Convention on the Elimination of All Forms of Discrimination Against Women, in 1979. The majority of UN Member States has ratified the Convention. This Convention is considered as guidelines that promote equality between women and men, through ensuring the equal access by women to, and equal opportunities in, public and political life, education, health and employment. It also establishes what constitutes discrimination against women and actions to implement efforts to eliminate such discrimination.

Nevertheless, only in 1992, the UN Committee for the Elimination of Discrimination Against Women, under General Recommendation Nr. 19, recognised that violence against women is gender-based violence, due to different functions and roles associated to gender and affects women disproportionately. In 1993, the United Nations adopted the Declaration on the Elimination of Violence Against Women, which defines violence against women as follows:

**Article 1**

For the purposes of this Declaration, the term "violence against women" means any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.

**Article 2**

Violence against women shall be understood to encompass, but not be limited to, the following:
(a) Physical, sexual and psychological violence occurring in the family, including battering, sexual abuse of female children in the household, dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence and violence related to exploitation;

(b) Physical, sexual and psychological violence occurring within the general community, including rape, sexual abuse, sexual harassment and intimidation at work, in educational institutions and elsewhere, trafficking in women and forced prostitution;

(c) Physical, sexual and psychological violence perpetrated or condoned by the State, wherever it occurs.

Patriarchal traditions and practices violate women’s rights and culture cannot justify or legitimise the existence of violence, nor should serve as an excuse to deny Human Rights and equal opportunities.

Violence against women feeds gender inequalities and reinforces the submission of women. It is complex, since it is rooted in interpersonal relations, community and culture. It is a concern for all EU Member States, since it violates the fundamental and basic rights of women, as well as prevents women from participating in decision-taking processes, both in public and private life. It has consequences and impacts in the short and long-term in various ways including social, economic and health, and in the worst cases, may result in death.
Chapter 3: Risk Language

Language has an important role in communication and a main role in the models of intervention. The lexicon of each professional is full of different experiences and ideologies including those of their employing organisation.

As such, there is a need to construct a common understanding and shared meanings so as to build a specific terminology in this area of intervention.

Professionals as citizens are part of major organisations namely Member States, European Union, Council of Europe and United Nations and as those entities are committed with international instruments so are they in their professional work. That means this is not a personal choice but an individual and collective responsibility.

Being so, we will go further along this chapter on concepts that are recognised to be of extreme importance in the risk assessment process.

Understanding Risk Language

In the last decades, several instruments were developed all over the world to assess the danger level of the perpetrator and the risk level for survivors, including lethality.

Nevertheless, none of the instruments developed are able to foresee the risk level efficiently. However, they are very useful to gather information in a systematic manner and to compare it with previous knowledge and experience.

Some aspects to take into consideration:

**Risk factors** are considered “characteristic or exposure of an individual that increases the likelihood of developing a disease or injury” (World Health Organisation [WHO], 2012)\(^\text{11}\) or “characteristics that increase the likelihood of re-assault” (Gondolf, 2002).\(^\text{12}\)

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In IPV situations several types of risk shall be taken into consideration, including risk of homicide, suicide and re-assault, and risk factors, for example, the access to firearms, use or abuse of substances, among others.

The gathering of information as well as the identification and characterisation of the involved persons and contexts are fundamental to analyse and to identify the harm and risk factors.

Risk changes over time, is not a static concept and is influenced by several factors, for example:

- The situations of separation or disputes over child contact are nowadays recognised as situations of significant risks;
- Also sexual violence experienced for long periods, indicates severe forms of violence, representing a significant risk of grievous bodily harm or homicide.

**Protective factors** are the conditions, attributes or elements that, when present, can mitigate or eliminate the risk or reduce vulnerability conditions.

Moreover, as long as we can assess and determine the risks that survivors face, is also possible to determine if there are protective factors present.

**Figure 1: Risk vs. Protective Factors**

<table>
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<tr>
<th>Indicator</th>
<th>Description</th>
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<tr>
<td><strong>Indicators</strong></td>
<td>are measurable conditions or behaviours.</td>
</tr>
<tr>
<td><strong>Screening</strong></td>
<td>is a systematic process that:</td>
</tr>
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</table>

- enables early identification of people who are affected by family and domestic violence, often before the situation has escalated and before they (and/or their children) have suffered serious physical or psychological harm;
• provides an opportunity for further action to be taken to assist them to be safe.\textsuperscript{13}

\textbf{Risk assessment} is the process of evaluating the type of risk, its extent, nature and impact:

Risk assessment is a dynamic process and according to the situation and context the risk level may increase or decrease. When is properly applied, risk assessment is the basis for risk management.

Moreover, risk assessment does not predict the risk accurately. It refers to the likelihood of further occurrence and/or severity of the impact. It also informs about who may be at risk.

\textbf{Risk management} refers to the response to the risk identification and assessment to ensure the prevention of risk, involving different strategies and a multi-agency approach. A better understanding of the risk will allow a better approach to identify risk factors and decrease the severity of harm. It involves the design of a safety plan with the woman.

Risk management should consider that women and children have different needs and thus require different resources.

Differences and ‘harmful traditional practices’, such as for example honour-based violence, forced marriages, female genital mutilation, must come to the attention of professionals when doing the risk and management process. Thus professionals must have specific knowledge about the different cultural contexts in order to prevent increasing the risk level and isolation of women and children.

\textbf{Safety planning} is a strategic process enabling survivors, with the support of professionals and organisations, to make use of the existing and available resources in order to be aware of the risk and increase their own safety as well as their children safety. The safety plan should consider the women’s and children’s needs and context, aiming their safety and protection.

\textsuperscript{13}Department for Child Protection, 2011.\textit{The Western Australian Family and Domestic Violence Common Risk Assessment and Risk Management Framework}. Perth Western Australia: Western Australian Government.
The graphic above highlights that the risk management must be centred on the victim/survivor, considering the protective and risk factors.

**Understanding Intimate Partner Violence**

**Intimate Partner Violence** is the “behaviour within an intimate relationship that causes physical, sexual or psychological harm, including acts of physical aggression, sexual coercion, psychological abuse and controlling behaviours” (Krug et al., 2002). This definition covers violence by both current and former spouses and partners according to the WHO publications: World report on violence and health (2002); and Preventing intimate partner and sexual violence against women – taking action and generating evidence (2010).

**Gender-based violence** refers to the “violence that is directed against a woman because she is a woman or that affects women disproportionately. It includes acts that inflict physical, mental or sexual harm or suffering, threats of such acts, coercion and other deprivations of liberty” (CEDAW, 1992).

**Gender** refers to the identification of social roles attributed to each sex, which influences the construction of identities, while sex refers to the biological differences between men and women.

**Victim or survivor** refers to the person who experienced/suffered or is currently experiencing violence, often women and children.

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15 CEDAW, 1992. General Recommendation No. 19
- **Victim** is the classic term coming from the Latin *victimia*, *victim* and *victus*, meaning conquered, dominated and is the concept used by the judicial system in the law.

- **Survivor** is a concept that was developed as an alternative to the term victim to recognise that abused women are rarely passive victims but rather manage in varied and creative ways to resist and survive. It is a concept that started in the 70s with the feminist movement, introducing an empowerment and healing promoting perspective as the testimony of Trisha Meili who was brutally raped and left for dead when jogging in Central Park attests:

  “Although I was a victim of a horrific crime, I always considered myself a survivor. The difference between victim and survivor is more that semantic. Being a survivor is an attitude, it’s a mindset. Seeing myself as a survivor means taking responsibility - not for the beating and rape, but for where I put my energy each day going forward. Seeing myself as a survivor helped me to heal.”

**Perpetrator** refers to the person who commits violence, often men.

**Intimate Partner Violence** and ** Domestic Violence**

As stated by the CoE Convention on Preventing and Combating Violence Against Women and Domestic Violence, domestic violence can assume several forms and perpetrated by different actors who are member of the family or domestic unit against other members of the family or unit, such as spouses, children, parents and others. Intimate partner violence, as the term suggests, specifically refers to abuse and violence against an intimate partner.

Intimate partners use different ways to abuse and control their victims:

**Physical Abuse** – e.g.: slapping, hitting, punching, biting, pulling hair, burning, use of weapons etc.

**Psychological and Emotional Abuse** – e.g.: using man privilege, threats, shouting, insults, neglect, isolation, intimidation, threatening to commit homicide and or suicide, coercive control, etc.

**Sexual Abuse** – e.g.: any forced sexual contact, forced pregnancy or abortion, controlling information or access to birth control, pressure to perform sexual acts with other people, forced to see or participate pornography acts, etc.

Below we present some excerpts of a research by David Adams (2007)\(^{16}\) describing patterns that often lead to sexual abuse and “in exterminis” to femicide.

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“The faster pace of relationship with short courtships was also reflected in the frequency of sex. Killers in these relationships were twice as likely to report that they had sex on at least a daily basis with their partners. Several of these men claimed that they had been having sex multiple times per day. Daily sex was an immediate feature of these relationships, often beginning on the day the two people first met or had their first date. Sex in these relationships was often accompanied by mutual alcohol (…) None of the thirty-one killers admitted ever to raping his partner or forcing her to have sex, and only four even admitted to using any kind of pressure or coercion to obtain sex, though none thought that this constituted sexual coercion. This information from killers about sexual coercion contrasts radically with information obtained from the victims of attempted murder. Nearly three-fourths of these women reported having been raped by their partners. (…) A majority of victims also complained that their abusers had sometimes demanded sex immediately after a beating. Several victims said that they had found this to be particularly humiliating (…) Those who provide treatment to batterers have cited how serious abusers’ frequent expectations of sex immediately following an act of violence reflect their “quick fix” thinking.(…) Sex after violence appears to serve several functions for the batterer, aside from any sexual arousal that he might experience. One is that for some abusers, sex signifies forgiveness on their victims’ part. (…) A second function of sex after violence for some abusers is that it reconfirms claims of ownership on their partners. (…) For some abusive men nothing seems to signify possession more than sex, and particularly sex conquest. (…) prior to this, according to most of the women, their partners had come across as fun, romantic, and sensitive to their needs and concerns, Some victims noted a rapid escalation of abuse once they began having sex or began living with their abusers. Others noted a more gradual escalation. (…)”

Financial Abuse or exploitation – e.g.: with holding or controlling access to money, where to work, and what to buy, stealing or taking away benefit payments or personal money, preventing access to household financial information

Stalking refers to the repeated harassment and intimidation behaviour that lead survivors to feel a high level of fear. Stalking may occur during a relationship or after the separation or break-up.

Femicide means the systematic killing of women. Russell redefined femicide as “the killing of females by males because they are female” (2001). This includes mutilation murder, rape murder, women battery that escalates into killing.

Summarising, IPV has a continuous nature, being rarely a single incident. Over time, perpetrators are able to control and frighten survivor/s through several strategies, as presented above and illustrated by the following Power and Control wheel.

---

Figure 3: Duluth power and control wheel\(^{18}\)

DOMESTIC ABUSE INTERVENTION PROJECT
202 East Superior Street
Duluth, Minnesota 55802
218-722-2781
www.duluth-model.org

\(^{18}\)Domestic Abuse Intervention Project [DAIP]. *Power & Control Wheel*. Available at: http://www.theduluthmodel.org/training/wheels.html
To consult other wheels adapted of DAIP wheels, please consult the following link: http://www.ncdsv.org/publications_wheel.html
The Power & Control wheel was developed by battered women in Duluth, Minnesota, who had been abused by their male partners and were attending women’s educational groups sponsored by the women’s shelter. This wheel is meant specifically to illustrate men’s abusive behaviours toward women. It shows that power and control are at the heart of all abusive relationships.

Understanding the Impact of IPV

Impact on the society
Intimate Partner Violence is not a private or individual matter and the impact of violence on the economy of States was highlighted by the World Bank Reports since 1993.

Studies have been conducted since then, namely in the UN context “The Economic Costs of Violence Against Women: An Evaluation of the Literature, 2005” from which we would like to emphasise the following:

“In examining the literature on the costs of violence against women it is crucial to remember that the numbers indicate only what can be measured. The estimates discussed in this report are not comprehensive estimates of the actual costs of violence against women, but very conservative estimates of those costs that can be measured. Even though the estimates are conservative, results from various countries indicate that the measurable national costs of violence against women are in the billions of dollars annually. For New Zealand Snively (1994) estimated the costs at $NZ 5.3 billion, Greaves et al (1995) found costs of $CDN 4.2 billion for Canada, the Women’s Advocates (2002) estimated costs for the US at $12.6 billion, and for Britain Walby (2004) totalled costs at 23 billion British pounds” (pp. 15-16).

And

Conclusions
“The costs of violence against women are enormous. Economic development is limited as long as violence against women exists. All of the economic costing literature indicates that the whole of society pays for the costs of not addressing this pressing social concern. The sooner that countries bring in effective policies and programmes to end violence against women, the sooner they will begin to reduce the economic cost of that violence to their society and benefit in the long run” (p. 45).

On the other hand if we look to the document produced by the Cardiff University: “The Cardiff Women’s Safety Unit: Understanding the Costs and Consequences of Domestic Violence”

“4. The costs associated with domestic violence in Cardiff were conservatively estimated at £15.5 million annually. If distributed evenly across all households in Cardiff, this would be an annual ‘tax’ of £125. In contrast, the operating costs of the WSU are about £250,000 annually, or a tax of less than £2 per household. The conclusion is that implementing innovative and coordinated multi-agency approaches is a tiny fraction of the costs currently associated with domestic violence.”

Given the above, violence against women is now widely recognised as a violation of women’s Human Rights and is a priority issue on the political agenda.
**Impact on Women**

However, despite the several forms in which abuse may manifest itself, most survivors consider the emotional impact to have the most damaging and long lasting effects.

“c. Intangibles: Pain and Suffering

Not all consequences of violence involve the use of goods or services. Some effects are intangible in nature. These include pain and suffering and loss of life. Miller et al (1996) argued that it is important to include a measure for pain and suffering in cost estimates to correctly identify which social problems are most important for policy-makers to address. When they examined the costs of all personal crime in the US, Miller et al found the direct and indirect costs amounted to $105 billion annually. But when they added the intangible costs of pain and suffering, the total estimate more than quadrupled to $450 billion. This argument is persuasive, and has led to some subsequent estimates of the costs of violence that have included measures for these intangibles in the sum of the accounting model.”(Day, T., McKenna, K. And Bowlus, A., 2005, p. 31)\(^\text{19}\)

The table below describes the direct impact of IPV on the survivors/victims, who have endured the abuses. It shows five axes all equally important that also have or may have a secondary impact on the family and society, as a result of victim’s sufferance.

**Table 1: Examples of impact of IPV on women survivors of violence**

<table>
<thead>
<tr>
<th>Physical/Sexual</th>
<th>Psychological</th>
<th>Emotional</th>
<th>Economic</th>
<th>Social</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Bruises</td>
<td>• Low self-esteem</td>
<td>• Shame</td>
<td>• Absenteeism</td>
<td>• Lack of social support</td>
</tr>
<tr>
<td>• Broken bones</td>
<td>• Depression</td>
<td>• Feelings of guilt</td>
<td>• Precarious and unstable</td>
<td></td>
</tr>
<tr>
<td>• Injuries</td>
<td>• Anxiety</td>
<td>• Fear</td>
<td>• Low wages</td>
<td>• Isolation</td>
</tr>
<tr>
<td>• Reproductive health and family planning</td>
<td>• Eating disorders</td>
<td>• Panic</td>
<td>• Economic dependence</td>
<td>• Geographical isolation</td>
</tr>
<tr>
<td>• Pregnancy</td>
<td>• Thoughts of suicide and homicide</td>
<td>• Frustration</td>
<td>• Financial control by the partner</td>
<td>• Unstable relationships</td>
</tr>
</tbody>
</table>

**Impact on Children**

“Children are at risk of physical injury and their mental health is affected by experiences of domestic violence. Even if they are not the direct target (...) Exposure to domestic violence is a major risk factor for child mental health problems” (Greater London Domestic Violence Project, 2008, p. 161)\(^20\)

In such cases, they may:

- witness violence (watching violent acts and behaviours, hearing disputes, observing the physical and emotional impact of violence);
- try to intervene, in order to protect their mother or siblings;
- be direct victims;
- experience violence in their own intimate relationships (in case of young people).

In any of these situations, children interpret, predict, assess and learn their role in the family, in problem solving and how to protect themselves.

The table below has been adapted by Judith Ware\(^21\) and describes the impact of Domestic Violence on children of battered women at emotional, cognitive and behavioural level in the three age groups: pre-scholar, scholar and teen. It is particularly important for professionals in general and teachers in particular to help identify early signs in children of battered women and to act promptly.


\(^{21}\)Children of Battered Women: The Impact of Domestic Violence” Adapted by: Judith Worel, Ph.d.University of Kentucky
Table 2: Examples of impact of IPV on children

<table>
<thead>
<tr>
<th>Age</th>
<th>Emotional</th>
<th>Cognitive</th>
<th>Behavioural</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Panic, anxiety</td>
<td>Events tend to be forgotten</td>
<td>Passivity and retreat</td>
</tr>
<tr>
<td></td>
<td>Attachment, anxious with both parents</td>
<td>Limited understanding of violence</td>
<td>Loss of competences (incontinence, lack of autonomy)</td>
</tr>
<tr>
<td></td>
<td>Anxiety for being separated from the parents</td>
<td>Concern with the perturbation of routine</td>
<td>Mutism, lack of answers</td>
</tr>
<tr>
<td></td>
<td>Dulling of the emotions</td>
<td>Desire to have a united family</td>
<td>Nightmares and sleep disorders</td>
</tr>
<tr>
<td></td>
<td>Irritability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pres-</td>
<td>Depression, sadness, preoccupation, shame, fault</td>
<td>Deficit of concentration and of memory</td>
<td>Loss of school profit</td>
</tr>
<tr>
<td>scholar</td>
<td>Feel responsible and impotent to intervene</td>
<td>Intrusive thoughts and images of the violence</td>
<td>Social passive and inhibited behaviours</td>
</tr>
<tr>
<td></td>
<td>Not trusting the adults</td>
<td>Imagine to save the victim or the family</td>
<td>Psychosomatic complaints</td>
</tr>
<tr>
<td></td>
<td>Anxious and hypersensitive to indicators of danger</td>
<td>Try to realise the violence</td>
<td>Aggressiveness and cruelty with others</td>
</tr>
<tr>
<td></td>
<td>Ambivalent feelings for the aggressor</td>
<td>Ambivalence on the separation of the family</td>
<td>Provocative and disobedient</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Destruction of objects</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Represent the trauma through the play</td>
</tr>
<tr>
<td>Scholar</td>
<td>Fault, shame, thoughts of suicide</td>
<td>Deficit of concentration and memory</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Rage, fury, explosive feelings</td>
<td>Intrusive thoughts and images of violence</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ambivalent alliance with one of the parents</td>
<td>Confusion between love and violence</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Depression, feelings of impotence</td>
<td>Believes that attacking is normal</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Lack of empathy with others</td>
<td>Blames others for his behaviours</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Suspects and distrusts the adults</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teen</td>
<td></td>
<td></td>
<td>Loss of school profit</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Run away from home</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Sexual increased activities</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Substance abuse</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Antisocial behaviours</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Lack of cooperation with adults</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Interpersonal behaviours</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Violent behaviours in his/her relationships</td>
</tr>
</tbody>
</table>
Understanding Support Intervention

It is important that professionals who intervene in IPV situations have an empowerment approach and an adequate knowledge in the field of Human Rights, national and international instruments and legislation, as well as some specific skills on how to deal with violence against women and children.

Professionals should also have knowledge of the dynamic nature of violence, the impact of IPV on survivors, the factors that influence women’s decisions – namely leaving or remaining in the violent relationship, the strategies used by perpetrators and the risk factors that are fundamental for designing an effective intervention.

Independently of their educational background and organisational expertise, professionals shall always take into account the following:

- An early and appropriate intervention in IPV situations is important for a better risk prevention;
- Professional communication skills required to achieve an empowerment approach include active listening and a non-judgmental attitude as well as a capacity to deliver clear information and respect women decisions;
- The confidentiality, its limits and survivors consent to share information are key issues when intervening in IPV situations;
- Safety and protection needs must be a primary concern;
- Professionals must consider also the women’s needs in all areas of their life;
- Professional must be culturally competent in the communities they serve;
- An holistic and multi-agency approach is crucial to achieve better outcomes;
- Validation of the woman’s experience;
- The planning of support interventions must be done in collaboration with the survivor and thus individually designed (A good practice for one person may not be adequate or desirable for another even when circumstances are similar);
- Some practices, like mediation, are not recommended as it “presumes that both parties have equal bargaining power, reflects an assumption that both parties are equally at fault for violence, and reduces offender accountability.” (UN DAW, 2009, p.38)²², and recommend that “Legislation should explicitly prohibit mediation in all cases of violence against women, both before and during legal proceedings” (UN DAW, 2009);

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• Professionals must be aware that their notes could be used as evidence in court proceedings and thus avoid making pejorative statements and as far as possible, use direct quotes rather than summaries;
• Professionals must be prepared to answer or intervene in these situations. Records and notes about survivors must be kept securely.

A code of Ethic is an important organisational instrument to guide the intervention of professionals. Some of the items presented above should be integrated in such code.

The table below illustrates some key examples of what should be a good intervention model and what should be avoided or even banished from professional practice in IPV situations.

Table 3: Examples of good and malpractices in the intervention process

<table>
<thead>
<tr>
<th>Good Practices</th>
<th>Malpractices</th>
</tr>
</thead>
<tbody>
<tr>
<td>Promote an effective intervention - knowing well the role of his/her organisation and his/her own role in the support process.</td>
<td>Assume that IPV is not his/her field or that others will support women.</td>
</tr>
<tr>
<td>All professionals have the responsibility to support woman’s safety needs</td>
<td></td>
</tr>
<tr>
<td>Respect women decision and her timing. She is the expert on her situation and is able to decide by her own.</td>
<td>Command women’s next steps proposing solutions – deciding for her.</td>
</tr>
<tr>
<td>Recognise that is an IPV situation and that his/her role is to support women and not to advocate for perpetrators.</td>
<td>Stand between women and their partners/offenders – it may put both at risk (women and professional).</td>
</tr>
<tr>
<td>Assume that only the perpetrator can be responsible for his violence.</td>
<td>Put responsibility for the violence on women – e.g.: she may have said or done something to provoke him. (blaming the victim)</td>
</tr>
<tr>
<td>Work together with women, supporting her in the decision making process. A collaborative approach is more empowering.</td>
<td>Assume that professionals have to know all answers</td>
</tr>
<tr>
<td>Call for a multi-agency approach, since there are several needs to support.</td>
<td>Intervene alone, assuming all responsibility</td>
</tr>
</tbody>
</table>
The support intervention of the professionals can be of crucial importance to the survivors’ safety and recovery, as well as for the success and a life without violence, as illustrated below:

**Figure 4: Important elements of the intervention chain**

Professionals must be aware that a malpractice may be harmful, putting survivors in a situation where they may be re-victimised or even at a greater risk of violence, compromising the support intervention process.

**Figure 5: Example of harmful responses**

<table>
<thead>
<tr>
<th>Blame the survivor</th>
<th>Ignore the violence</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Harmfull Responses</strong></td>
<td></td>
</tr>
<tr>
<td>Label survivor</td>
<td><strong>Misdiagnose</strong></td>
</tr>
<tr>
<td></td>
<td>(diagnose a psychological reaction)</td>
</tr>
</tbody>
</table>
Summarising, risk has a dynamic nature and depends on the context, therefore risk assessment and management is a continuous process of:

1. identifying hazards/danger – risks indicators
2. assessing risk levels
3. taking action for decreasing risk – safety planning
4. monitoring risks contexts
5. and evaluating

Taking into account that IPV context can change suddenly, as well as the level, nature and perception of the risk.
Chapter 4: Risk Assessment

Risk Assessment is part of an integrated and holistic approach to IPV, aiming to identify the risk of further victimisation, including the risk of homicide, through the identification of risk factors. It can be supported by instruments.

Risk Assessment requires that professionals develop some skills, knowledge and, above all, some attitudes when dealing with women and children survivors. It is important to actively listen to the survivor, validating their experience, as well as to read between the lines when making the ‘professional judgement’ about risk level.

Risk assessment is preceded by the screening/identification of violent situations by professionals, neighbours, or other citizens in the community that may not be directly involved in IPV issues.

In the last decades researchers and evaluation studies realised that IPV/DV situations were only identified when the survivors, for some reason, contact the service. The main conclusion was that violence in the family context was invisible.

As such, in some specialised community networks on IPV/DV, a systematic process of screening was introduced, to enable early identification allowing for earlier, preventive intervention.

The Risk Assessment process involves the application of a range of instruments that are part of a broader framework. Training of professionals is a basic condition for the effectiveness of the process.

Objectives

According to Laing (2004)\textsuperscript{23}, risk assessment is conducted by professionals primarily for the aims listed below:

- “evaluate the risk of re-assault;”
- “evaluate the risk of homicide;”
- “inform service responses and criminal justice approaches;”
- “help victims understand their own level of risk and/or validate their fears/own assessment;”
- “provide a basis from which a case can be monitored by service providers.” (p.14)

\textsuperscript{23}Laing, 2004; cited by Department for Child Protection, 2011.\textit{The Western Australian Family and Domestic Violence Common Risk Assessment and Risk Management Framework}. Perth Western Australia: Western Australian Government. p. 14
The overall objective of a risk assessment is to increase the protection and safety of survivors, supporting the intervention of professionals by adopting common references.

**Principles**

- Risk Assessment is a process that can only be made with the survivors collaboration;
- Survivors own assessment of their safety and risk levels must be considered. Research shows that victims have the most accurate assessment of their own risk level;
- Survivors must be listened to without the presence of the perpetrator, family and/or their community members;
- Children should have the opportunity to talk (see children section);
- Professionals have the responsibility to assess, manage and monitor the perpetrators risk;
- Professionals, in case of significant harm to children, must consider and agree on the best procedure that safeguards and protects them;
- It is important to clarify the limits of the risk assessment and management process;
- No improbable or unrealistic promises should be made.

It is nowadays recognised that survivors must have a role in the risk assessment process. They must be listened and recognised as one of the best predictors of repeated re-assaults. 

**Proceedings**

Taking into account the characteristics of risk assessment, namely its dynamic nature, the diagram below, based on Department for Child Protection (2011), intends to give a visual design of the continuum of the process overtime.

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The risk assessment is a comprehensive process of gathering information about the history of abuse, its context and the identification of the risk level and any protective factors. It should also be considered by help lines, i.e. in the contact by phone with survivors. It is important that professionals collect the most important information, since there could be some constraints (for example, not enough time to speak, the perpetrator be around or arrives suddenly, among others). Please consult the Appendix 1 regarding the information to collect.

Risk assessment must not be reduced to the application of questionnaires because of the complexity of the factors that are present in each situation.

**Instruments**

Several risk assessment tools were developed to be used by services intervening in domestic violence situations. Many tools have also been developed to assess the risk, not only of further re-assault but also the risk of femicide or suicide.

Some instruments are presented below.

**Table 4: Examples of risk assessment instruments**

<table>
<thead>
<tr>
<th>United States</th>
<th>Europe</th>
</tr>
</thead>
<tbody>
<tr>
<td>- The <em>Danger Assessment</em>, developed by Jacquelyn Campbell, which intends to determine the level of danger of being killed by her intimate partner. It is composed by two parts: a calendar and a scoring questionnaire with 20 items. For more information <a href="http://www.dangerassessment.org/">http://www.dangerassessment.org/</a>.</td>
<td>- SARA – Spousal Assault Risk Assessment, it is a screening tool rather than an evaluation tool. It intends to determine the risk level to the women, children, family members or other people involved. It is composed by 20 questions. <a href="http://www.biscmi.org/documents/Spousal_Assault_Risk_Assessment.pdf">http://www.biscmi.org/documents/Spousal_Assault_Risk_Assessment.pdf</a></td>
</tr>
<tr>
<td>- BIG 26, developed by Domestic Abuse Intervention Programme (DAIP) in Duluth, Minnesota, USA. It intends to assess the dangerousness of a perpetrator through a questionnaire composed by 26 questions.</td>
<td>- DASH – Domestic Abuse, Stalking and Harassment and Honour Based Violence (DASH 2009) Risk Identification, Assessment and Management Model, with main aim to identify the risk and provide an appropriate resources/support, using MARAC for serious cases. For more information: <a href="http://www.dashriskchecklist.co.uk/">http://www.dashriskchecklist.co.uk/</a></td>
</tr>
<tr>
<td>- <em>Respect</em> also developed a written guidance on how to use the tool. For more details consult: <a href="http://www.respect.uk.net/">www.respect.uk.net/</a></td>
<td></td>
</tr>
</tbody>
</table>
In practice tools are used to assess the risk level of dangerousness through a measurable scale of indicators. Some instruments consider three levels of risk and others consider four levels of risk and most of the time the risk levels are associated to colours as we can see in the figure below.

**Figure 7: Risk levels by colours**

The instruments must be validated at the national context, even if it is an adaptation of existing instruments. It is important to consider that different countries may have different approaches to IPV (at legal/criminal, social and health level) linked to specific cultural identities and influences.

The policies and protocols inherent to the tool are equally important. Nevertheless, the procedure should not become a tick box exercise. The fulfilment of the risk assessment instrument must have the collaboration of the survivor.

In order to increase the effectiveness of responses to the needs of survivors of IPV/DV it is important that instruments, approaches and frameworks are adopted at national level, Regions or States.


Chapter 5: Risk Management

Risk Management aims to promote the safety and security of the survivors (women and children); it considers the survivors’ needs and respects their decisions.

It requires a multi-agency approach, which should consider the risk level, the design of a safety plan with the women, as well as the implementation of legal measures to protect the survivors. Additionally, it should take into account the confidentiality and information sharing, requesting the consent of the survivor.

In the integrated approaches of IPV intervention models presented until now different points were identified - the screening and risk assessment - which allow professionals to evaluate the dangerousness of the situation.

The prioritisation of the risk demands a coordinated and strategic response from the community resources namely social services, judicial system, NGOs and other agencies, in order to guarantee the prevention, monitoring and control of further potential harmful occurrences, especially in high risk situations.

Risk Management is a continuous dynamic process that changes in time according to the feedback/data from the monitoring process.

According to the illustration of Jeanne Geiger Crisis Center, Inc. (2012) – see figure below – an early risk assessment of high risk offenders requires a multi-disciplinary team for an ongoing coordinated monitoring and containment of perpetrators.

Figure 8: Early identification of high risk offenders[^26]


“Through increased monitoring of high risk offenders and information sharing, the Team works to ensure that these cases are strategically addressed within the criminal justice system."
"The Team creates an improved domestic violence response; one that provides new options for victims. This approach has significantly expanded the safety net for victims, often allowing them to stay in their homes and communities rather than escape to shelter" (Jeanne Geiger Crisis Center, Inc., 2012, p.6)\(^\text{27}\)

**Objectives**

The main aim of risk management is the development of an integrated strategy to reduce/prevent the risk of further assaults, previously identified and evaluated.

**Principles of Risk Management**

- "work with the victim to design, implement and monitor a personal safety plan;
- work collaboratively with other agencies identified to be involved in supporting the victim in a formalised interagency response;
- work with other agencies according to agreed support roles to design, implement and monitor an interagency safety plan;
- monitor and review the risk on a regular basis" (Department of Child Protection, 2011, p. 37)\(^\text{28}\).

**Proceedings**

The risk management process must be viewed broadly and it should

- identify goals, objectives and strategies;
- define roles and responsibilities;
- design safety plan for survivors and children to address their multiple needs;
- mobilise individual support services and legal advice among others;
- have a coordinated response with other organisations;
- direct intervention to perpetrators.

Ideally, risk management is carried out by several organisations, respecting their roles and responsibilities, working collaboratively. The four key activities of this process are: monitoring, support services, supervision, safety planning. Please see the following figure.

---


Information sharing

Professionals should implement appropriate intervention mechanisms at local level in order to facilitate and improve communication between different organisations and themselves.

They should have knowledge of the existing services in the community, their role and responsibilities and be aware of any existing intervention protocols locally or/and at national level. All involved professionals should be familiar with the existing protocols, the articulation procedure and mechanisms as well as the responsibility matrix.
As it has been described above information sharing should be a practice, within the agreed limits, between the partner organisations contributing to a more effective intervention on IPV.

It is critical to remember that information sharing is for the benefit of survivors not professionals and that survivors are entitled to privacy and confidentiality.

Confidentiality is a core principle of intervention and is directly linked with the principle of responsibility/accountability of professionals concerning the survivor’s safety and wellbeing.

As such, seeking survivors’ consent to share information is essential to ensure that interventions are both effective and empowering:

- Professionals must share with survivors the information that directly concerns their life;
- Not to do so will increase women’s vulnerability and risk;
- The information must be constantly updated and reported in a safe way to women, taking into account the dynamic of risk, especially if women are still living with their perpetrators.
Professionals should share the information of risk assessment, i.e. the results of the risk level. According to the results, the professional should design with the survivor the safety plan and raise awareness about the situation.

This allows survivors to:

- contribute to a more informed understanding of the situation;
- improve their personal strategies of safety and protection.

Until recently, professionals have protected themselves from sharing survivors’ personal data, under the umbrella of confidentiality and data protection. This attitude becomes indirectly an alliance with the perpetrator, keeping the secret and perpetuating family violence.

It is nowadays recognised that the priority of professionals must be the wellbeing of women and children, namely keep survivors alive.
It is also essential to consider the following aspects:

- **informed consent**\(^{29}\) – survivors must know and understand what information will be shared, for which purposes and to whom, as well as understand the limits of confidentiality;
- consent must be given freely and not coerced;
- consent must be explicit and written – it is a good practice to have a written document signed by the survivor, clearly setting out what information can be shared.

There are some constraints that may influence survivors not to trust professionals and to refuse their consent for information sharing, such for example:

- having had previous negative experiences;
- believing that the intervention may aggravate their situation;
- having fear of losing their children;
- not believing they will be taken seriously;
- not believing in the protective system;
- having fear they will be blamed by professionals;
- not believing that there could be alternatives;
- not knowing about the existing support services;
- not knowing their rights.

In those cases where survivors refuse the multi-agency approach intervention (including sharing information) professionals can work individually with the survivor to develop their personal safety plan.

### Confidentiality Exceptions:

- In case of high-risk situations, when an urgent intervention is required
- When children’s safety and/or welfare is at risk, child protection services or other competent authorities must be informed.

### Referral

A referral is the process of recommending other specialised services/institutions or professionals to give additional support to survivors, regarding their needs and safety issues.

\(^{29}\) Please note that in some countries, e.g. in Austria, the police can act without survivor’s consent, and intervention centre are activated without victims request.
In a multi-agency collaborative approach the referral process should be carried out in a coordinated and comprehensive manner to prevent services duplications and ensure a coherent and interlinked intervention plan. Please consult Appendix 2 for potential referral process.

**Figure 13: Overview of the Risk management process including the referral**

The referral may include, among others, the following services:

- Specialised services in supporting survivors of IPV, including emergency services and shelters/refuges;
- Child and young people protection services;
- Law enforcement and judicial system;
- Health care services, including Forensic Medicine;
- Housing;
- Immigration Service.

Referrals to other services may be necessary when, for example:

- survivors safety and well-being are compromised;
- survivors are at risk if they stay in the violent situation;
- safety is compromised by factors that contribute to increasing the risk;
- a crime has happened or is about to happen;
- legal advice or legal procedures are required;
- urgent medical care, including psychiatric, is needed;
- translation services are required;
- counselling for survivors (women and children) is needed;
- perpetrators request for help.
An effective referral requires:

- Sharing sensitive information about the situation, particularly about the history of violence avoiding secondary victimization;
- Considering the safety and protection of survivors;
- Sharing risk assessment and management information with other support services;
- Ensuring that survivors have resources and means to arrive safely to the support services;
- Contacting the referred services to ensure that the survivals arrived safely and be informed about the follow up;
- Agreement between the involved services on different responsibilities and roles, particularly with regard to the risk management process, as well as the identification of case management;
- Ensuring that the referral process does not endanger the safety of the survivors, including reinforcing the issue of confidentiality.

The referral process must be accompanied by a report, as complete as possible, about the situation including the following information:

- Clear identification of the services institution/organisation, contact details;
- Identification of the perpetrator/s;
- Information about specific needs (including health, legal and children among others);
- Ongoing judicial procedures - civil and criminal court process, including criminal complaints;
- Identification of potential geographic or/and other areas of risk;
- Reasons for the referral;
- Potentialities and constraints of the intervention process.

**High-risk situations**

When a risk assessment indicates a level of risk survivors will often need immediate protection.

Therefore, it is essential that survivors are supported about:

- information and advice on their legal rights;
- advice on specialist services (contact details and possible referral);
- information about emergency numbers/helplines;
- the contact number and address of the nearest police station and encouraged to dial an emergency line;
- immediate support for designing a safety plan, including personal protection strategies and possible referral to a shelter/refuge.

In case of referral to a shelter/refuge, it is important to explain that shelters/refuges are temporary safe and confidential houses for women and children in high-risk situations, aimed to protect their physical and psychological integrity and to promote their individual empowerment and autonomy.
The referral to a shelter/refuge requires the consent of the survivor, a technical report explaining the need, information on the risk assessment and management, as well as informing women that the data collected will be sent to the shelter/refuge.

As part of the risk management process, survivors who are referred to a shelter/refuge may have, for security reasons, to:

- restrict contact with their natural support network (family, friends, coworkers) and their community;
- leave their employment or request a confidential transfer to a safe place;
- change her phone number;
- change any children’s phone numbers;
- change children to another school;
- consider certain safety rules such as ensuring the confidentiality of the shelter/refuge address and contact details;
- to adapt themselves to a new environment.

When survivors in a high-risk situation do not accept/want support, professionals should make efforts to ensure that:

- they know their legal rights and support services available;
- all potential options for the design of the safety plan have been considered;
- risk assessment and management were documented;
- survivors are aware that further support is available whenever required, regardless of their actual decisions.

When professionals suspect that a serious crime is about to occur and there is an immediate need for protection, they must involve police forces even without survivor consent.

All efforts should be developed to encourage survivors to increase safety, for them and for their children. If there is involvement of children, child protection services should be informed and the children’s risk assessment documented (see topic regarding children). Professionals must keep mothers informed of these procedures and ensure that they understand the reasons for these decisions.
Legal Issues

Measures

There are some legal mechanisms to prevent the continued crime that work as protective factors, such as:

- increased police surveillance at the survivors home;
- portable security devices for the victims that are at risk, such as alarms;
- video surveillance placed in the homes of high-risk survivors (in case survivor is no longer living with the abuser);
- monitoring of perpetrators through electronic bracelet/device;
- restraining orders – Example: perpetrator is prohibited from frequenting places like (survivor’s work, home, ...) or to get close to survivors (women and children);
- increasing sanctions on the perpetrator when violations occur;
- intervention programmes for perpetrators;
- arrest and prosecution.

Understanding Legal Issues

It is nowadays recognised that victims/survivors are entitled to state protection, through restraining mechanisms, for example arrest and prosecution of the perpetrator. The criminal process helps to transmit the message that these kind of criminal behaviours are condemned by society, and perpetrators should be held responsible and accountable for their own actions.

Figure 14: Legal mechanisms to combat violence

The above process seems to be the most effective mechanism to combat violence. Restraining procedures (at crime scene and police station) may reduce the risk of re-assault. The introduction of compulsory judicial process has also a positive effect on IPV management.

The police have a central role in IPV and risk management. On the one hand they can implement immediate protection for survivors’ and on the other hand they are able to implement legal measures over the perpetrator, responding effectively to the situation. It is important to inform survivors about the entire process in order that they can more
effectively plan their safety. The survivors’ needs should be central to the whole process.

Often women have several lawsuits associated to their violent situation, including criminal prosecution and civil proceedings. Information on these processes is relevant to the risk management process.

The criminal justice system is more aware about the risk and the need for a risk management and safety plan for victims/survivors than the family law which is focused on the “best interests of the children”. This tension can create risk, namely:

- Notifications and court hearings as in criminal process. Especially before the key dates of activity (such as judicial interrogation, trial, ...) often increase the risk for survivors, since perpetrators may seek access or intimidate/threaten, as a way of discouraging the survivor from supporting the process;

or

- When there are potentially conflicting decisions, such as the presence of a restraining order on the perpetrator and an order for visiting the children.

It is necessary that the family and criminal courts recognise that:

- IPV/DV cases need a different approach from cases where violence does not exist;
- the lack of coordination between civil and criminal cases lead many women at an increased risk.

It is important that protective measures are promoted to minimise the risk, such as:

- the provision of testimony recorded(to avoid re-victimization);
- witnesses protection mechanisms;
- provision of legal support services, nominating a representative to accompany the official investigations;
- providing necessary safety measures for the victim/survivor to avoid contact with the perpetrator;
- using a safe address for judicial contacts and documents.

The judicial authorities shall use, when appropriate, restraining measures during criminal proceedings or accessory penalties, such as the order of removal and prohibition of contact with the victim/survivor and preventative detention.

**Examples of Constraints on the Legal Mechanisms**

**Data protection** –Safety can be compromised if survivor’s data is not adequately protected.
**Fragmentation of the justice system** – may also undermine the resolve of the victim because of the different processes and courts, continually having to repeat her story, promoting secondary victimization.

**Stalking** – must be taken seriously and recognised as high risk behaviour.

**Programmes for Perpetrators** – there are additional measures that should be implemented under supervision by specialist professionals and organisations taking into account the proportion of the risk level, and in consultation with the victim’s support organisation.

It is important to maintain a structured and consistent support for survivors during a perpetrators participation in these programmes. The professionals should guide the intervention to protect survivors from any potential harm, during and after the participation in the programme.

The protection strategies may include different actions:

- making the link between these programmes and the justice system;
- establishing appropriate confidentiality;
- monitoring the risk of re-assault during the rehabilitation process and after with follow up strategies.

Perpetrators are relevant to the risk management process. Cooperation between the organisations working with perpetrators, police and survivor support organisations is important for a more efficient and effective planning of survivors’ safety.

**Crisis Risk Management**

The crisis risk management process may include immediate intervention, especially in high-risk situations. IPV can provoke a crisis situation, which may interfere with risk assessment and management.

The duration and intensity of the crisis depends on three key factors:

- the degree of violence/traumatic event;
- their own resiliency and ability to cope with the problem, including their available resources;
- the type and quality of the support received after the traumatic event.

The support in a crisis situation is critical, requiring immediate intervention, especially when the victimisation occurred less than 48 hours.

This intervention shall meet the following key criteria:

- an immediate assessment and provision of services to survivors;
• an intensive intervention, focused and limited in time, with specific objectives;
• an active process adjusted to the specificities of the situation.

There are a set of strategies for an effective intervention that can be used:

• **Reduce anxiety and distress**: it is common to find survivors in a state of great anxiety and distress. In such circumstances, it is necessary to speak with survivors in a safe and calm manner;
• **Demonstrate interest**: to be empathetic and showing willingness to listen, to explore choices and options and by, promoting their self-confidence;
• **Establish a trusting relationship**: the initial contact is fundamental; it is important to identify the relevant events, especially those that led a person to seek help; having a conversation about the last 48 hours will provide a lot of useful information that will identify key issues;
• **Clarify the practical requirements that survivors need to cope**: Pay attention to their psychological state (degree of anxiety, distress, suicidal thoughts, among others) in order to understand if their condition allows professionals to take the steps for an immediate intervention;
• **Evaluate the natural support network**: identify family, friends, co-workers and available resources;
• **Improving communication**: professionals must strengthen the relevant conversation with survivors; watch and discourage agitated and not communicative behaviour.

As part of crisis intervention, there are several tasks that professionals should undertake, with a view to improving risk management. These include the following:

• **Empowerment**: support the survivors to recognise their ability to survive the abuse and to find solutions, believe in their perception of risk;
• **Validate survivors rights and decisions**: inform survivors of their rights, including judicial procedures, the advantages, disadvantages and limitations of each option, respecting their decisions;
• **Optimise existing resources**: Be aware of the services available and their roles and responsibilities, provide services as well as coordination with other organisations, facilitating the support process;
• **Develop a safety plan in collaboration with the woman**: collecting useful information with the survivor to identify resources you can offer her to complement steps she might take to reduce the risk or increase her safety;
• **Support the survivors in taking a longer term view (life project)**: encourage her to explore plans for the future, focusing on her own needs and wishes and to identify resources she may need to rebuild her life.

Therefore is always necessary to monitor and manage risk, including identifying the places considered to be risky.
In an emergency situation, it is essential to provide access to services such as:

- centres and crisis intervention teams with specialist training in this field;
- help and hotlines;
- shelters/refuges and other emergency services;
- juridical assistance - evidence is collected and recorded to ensure the defence of survivors’ rights.

**Safety Plans**

The safety plan is a set of measures and strategies that aim to increase women and children’s safety and must be designed with the survivor. Each safety plan is unique.

Safety involves more than assessing the potential for future assault. It should also include increasing women’s space for action: the protection of human dignity, freedom and the right to live a life without violence.

These must be considered at both personal and community level.

**Table 5: Safety Plan levels**

<table>
<thead>
<tr>
<th>Safety Plans</th>
<th>Personal safety:</th>
<th>Multi-institutional:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>- working with survivors individually</td>
<td>- response given by several organizations</td>
</tr>
<tr>
<td></td>
<td>- not involving other organizations in the process</td>
<td>- monitoring the situation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- approach is led by a case manager</td>
</tr>
</tbody>
</table>

To implement a safety plan it is not only vital to involve the survivors but also different fields of intervention and support in view of the different needs of the survivors. Please see the figure below.
Specialist services refers to specific needs of survivors: disabled women, minority ethnic women, refugees and asylum seekers women, migrant women, black women, gypsy/traveller women, older women, lesbian, gay, bisexual and transgender people and young women.

The design of the safety plan depends on the individual characteristics and needs of each survivor. Some women have a high level of autonomy, capacity planning and decision-making and may not need as large a range of support services; other women may need considerable support.

The safety planning process intends to improve the static and dynamic resources related to the survivors’ safety. The safety dynamic implies the involvement of the survivor and professionals from different fields, trying to respond quickly and effectively before the circumstances change. The static safety relates to strategies and equipment, such as improved lighting, installation of video cameras, security gates, and door control points, among others.

Therefore professionals should adapt the intervention to each woman’s needs and circumstances.
To be involved in a violent relationship and survive it, requires the development of coping strategies and skills and a set of knowledge, including assessing and managing risk, which must be recognised and valued. Survivors will have invariably developed several strategies to try to prevent the violence and to manage the risk, as well as to safeguard children. An effective safety plan identifies these and builds on them.

Safety plans can be implemented in a variety of situations. Please see the figure below.

**Figure 16: Different situations which may need a safety plan**
There are some strategies that can reduce the likelihood of violence. It is a good practice to work with survivors to consider which of the following they can put in place to increase their safety:

**Table 6: Safety strategies applied to different contexts**

<table>
<thead>
<tr>
<th>When still at home</th>
<th>When preparing to leave</th>
</tr>
</thead>
<tbody>
<tr>
<td>▶ Identify at home the safest areas. These are often the largest spaces with doors and/or windows that allow a quick exit to the outside;</td>
<td>▶ If possible and safe to do so keep a record of all incidents of violence.</td>
</tr>
<tr>
<td>▶ Avoid the most dangerous areas, such as the kitchen, garage or other locations where sharp objects are stored that can be used against you;</td>
<td>▶ Try to avoid the perpetrator finding out about your exit safety plan; leave only when you feel safe to do so or with the support of the authorities. It is recommended to leave when he is not around.</td>
</tr>
<tr>
<td>▶ Do not wear scarves and long necklaces that can be used to strangle you;</td>
<td>▶ Find a safe place to: keep some money, have a copy of car keys, important documents or copies, and other important items such as clothes, toys for children and other things you may need for a few days.</td>
</tr>
<tr>
<td>▶ Share your situation with people you trust (friends or neighbours) and agree with them a code for emergency situations (a sign, a gesture, a word, an object in the window);</td>
<td>▶ Develop an exit plan, which includes possible alternatives, and avoid places that are predictable and known by perpetrator, such as your family home;</td>
</tr>
<tr>
<td>▶ Always have a phone with emergency numbers written in easy keys and memorise the numbers of people you trust;</td>
<td>▶ If there is no safe place to go, look for specialist support such as a shelter / refuge— that can help you to identify your options;</td>
</tr>
<tr>
<td>▶ Agree with the neighbours that in case of hearing suspicious noises or screaming, they should call the emergency number;</td>
<td>▶ Share with people you trust your exit plan. If necessary, ask for support to be accompanied when leaving Try to have some money and mobile phone charged.</td>
</tr>
<tr>
<td>▶ Learn how to protect the privacy of calls made;</td>
<td>▶ Try to collect some important documents, such as:</td>
</tr>
<tr>
<td>▶ If you are in danger, you must run away from home and call the emergency numbers;</td>
<td>o Identity Card / Citizen Card (your own and children)</td>
</tr>
<tr>
<td>▶ If possible do not leave home without the children.</td>
<td>o Taxpayer Card</td>
</tr>
<tr>
<td>▶ Teach children to: ask for help, not get involved in the violence, and to hide in a secure area of the home;</td>
<td>o Social Security Card</td>
</tr>
<tr>
<td>▶ Agree with children an emergency code for them to call the emergency number, call a neighbour or leave home;</td>
<td>o Passport</td>
</tr>
<tr>
<td>▶ Have an escape plan, practice leaving home in the dark, you may have to escape during the night;</td>
<td>o Birth certificates (your own and children)</td>
</tr>
<tr>
<td>▶ Have in mind the location of the nearest public telephone;</td>
<td>o Divorce papers (if relevant)</td>
</tr>
<tr>
<td></td>
<td>o Residence permit / work visa</td>
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<tr>
<td></td>
<td>o Vaccines bulletin</td>
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<tr>
<td></td>
<td>o Health cards</td>
</tr>
<tr>
<td></td>
<td>o Check books and ATM cards</td>
</tr>
<tr>
<td></td>
<td>o School Documents</td>
</tr>
<tr>
<td></td>
<td>o Work documents (e.g. employment contract, receipts)</td>
</tr>
<tr>
<td></td>
<td>o Bank and insurance papers</td>
</tr>
<tr>
<td></td>
<td>o Medical reports and receipts</td>
</tr>
<tr>
<td>Identify a safe place in case of leaving home and the means of transports;</td>
<td></td>
</tr>
<tr>
<td>If you are injured, go to a hospital emergency and request them to record the injuries and physical marks (photos and report);</td>
<td></td>
</tr>
<tr>
<td>Learn self-defensive tactics.</td>
<td></td>
</tr>
<tr>
<td>o Photocopies of contracts</td>
<td></td>
</tr>
<tr>
<td>o Documents relating to any legal cases</td>
<td></td>
</tr>
<tr>
<td>o Documentation of previous incidents (police reports, court orders, copies of medical examinations)</td>
<td></td>
</tr>
<tr>
<td>o Personal calendar and contact list</td>
<td></td>
</tr>
</tbody>
</table>

⚠ Try to collect some essential objects, such as:
- o House and car keys
- o Money
- o Toys / items (pacifier, nappies children's favourite toy, etc)
- o Books for children, including school books
- o Medicines
- o Objects with special sentimental value
- o Key documents (including for a car where relevant)
- o A photograph of the perpetrator

### After leaving the violent relationship

⚠ Change the phone numbers, get a private number and always check before answering unknown numbers. If possible change your mobile phone to avoid being tracked through GPS service. Be aware that your location can be found through digital photos so take care if sending these to anyone.

⚠ Do not disclose your new address: the confidentiality of the residence is a basic rule for safety. Make sure you warn trusted family members and friends to not disclose your new contacts and residence to anyone.

⚠ If possible, change the location and working hours of your employment

⚠ Change the school of your children

⚠ Inform the school/kindergarten about people who are allowed to pick up your children

⚠ Change your usual routine, transport and places, such as banks, supermarkets, playgrounds, among others

⚠ Avoid walking alone and pay attention if someone is following you

⚠ Apply for restraining orders, such as preventing the perpetrator from having contact with you and the children, and always keep with you a copy of the order

⚠ If you use bank cards on joint accounts, the perpetrator can identify the locations where the transactions were made. If really necessary, it is important to do it in a place far from your usual routines and residence

⚠ If you have to meet the perpetrator for some reason, it is important to do it in a public place, near a police station and be accompanied by someone you trust or by a police officer

⚠ If you have to call the perpetrator, call through an anonymous number

⚠ Special attention must be paid to the use of social networks on the internet, since it is possible to see the location. Do not make your personal data public and only allow those you really trust to see it as other people and friends of friends can access your profile.
Even if the risk level is low, care should still be taken to ensure that nothing can compromise the safety of the survivor or her children.

**Children and Adolescents**

The risk management process should consider the existence of children and design a safety plan for them too.

There are several tools and guidelines on this topic. Among them the Manual *Sane responses*\(^\text{30}\) that represents one of the most clear and well explained research supported document on wellbeing, mental health and IPV/DV issues.

This research shows:

- "In households with children, the children witness about three quarters of the abusive incidents;"
- "About half the children in such families have themselves been badly hit or beaten;"
- "Sexual and emotional abuse is also more likely to happen in these families;"
- "One in three child protection cases have a history of domestic violence;"
- "A large proportion of people responsible for children’s deaths are father figures with a history of violence towards their partners and the child." (p. 161)

It is recognised that there is impact on child development either if she/he is a direct or an indirect victim.

There are different factors that influence this impact, like the level of violence witnessed or suffered, the age of the child and the family and friend’s relationship and support.

Professionals must be aware that children rarely disclosure unless they feel safe and doing so their sufferance may rest invisible.

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**The risk assessment process must integrate the children’s risk and needs and the protective ability of the non-abusive adults, in all situations.**

Chapter 6: Community Networks and Partnerships

The multi-agency approach is fundamental for a successful intervention in IPV situations, centred on survivors needs. It could assume the form of Community Networks and Partnerships.

This Community Networks and Partnerships require an active and real involvement of the key actors and organisations, through the existing of protocols and procedures.

International guidelines on intervention with survivors of IPV have been designed in the last decade.

The Council of Europe has made the combat against violence one of its priorities since 1993, but it took until 30 April 2002 to eventually adopt the Recommendation Rec (2002)5 of the Committee of Ministers on the protection of violence against women which specifically recommended, among others measures, that the governments of member states should:

- IV. Encourage all relevant institutions dealing with violence against women (police, medical and social professions) to draw up medium- and long-term co-ordinated action plans, which provide activities for the prevention of violence and the protection of victims;
- V. Promote research, data collection and networking at national and international level;

In the Appendix to this Recommendation it establishes General measures for assistance for and protection of victims (reception, treatment and counselling) Member states are called to

- 23. ensure that victims, without any discrimination, receive immediate and comprehensive assistance provided by a co-ordinated, multidisciplinary and professional effort, whether or not they lodge a complaint, including medical and forensic medical examination and treatment, together with post-traumatic psychological and social support as well as legal assistance; this should be provided on a confidential basis, free of charge and be available around the clock;

Later on, in 2008 the Council of Europe set the minimum standards for the provision of support services to women survivors of gender violence framed by the following Key themes and overarching principles:

- Working from a gender analysis perspective;
- Safety, security and human dignity;

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31 Council of Europe, Recommendation Rec(2002)5 of the Committee of Ministers on the protection of violence against women, adopted at 2002. Available at: https://wcd.coe.int/ViewDoc.jsp?id=280915

△ Specialist services;
△ Diversity and fair access;
△ Advocacy and support;
△ Empowerment;
△ Participation and consultation;
△ Confidentiality;
△ **A co-ordinated response:** services operate within a context of relevant inter-agency co-operation, collaboration and co-ordinated service delivery;
△ Holding perpetrators accountable;
△ Governance and accountability;
△ Challenging tolerance (p.36).

Both United Nations and the Council of Europe consider that strategies to mobilise communities have the potential to transform social norms and patriarchal structures that underpin violence against women.

The United Nations considers “cooperation as the key for the success”\(^{33}\) of a planning strategy to combat DV/IPV by allowing solutions to be defined and for a holistic intervention package to be implemented.

**Understanding Community Network and Partnerships**

The complexity of Intimate Partner Violence requires a coordinated and integrated response. It is recognised that no organisation can effectively work with this issue alone, since it requires several services (health, social justice, education and so on) to intervene to achieve effective protection, provision and prevention, to ensure that the needs of survivors are met and that perpetrators are held to account.

Therefore it is fundamental that a collaborative multi-agency approach is developed through the implementation of a local network or partnership.

Despite being similar, these two concepts are indeed different (Ornelas & Vargas Moniz, 2011), as shown in the table.

**Table 7: Differences between Network and Partnership**

<table>
<thead>
<tr>
<th>Network</th>
<th>Partnership</th>
</tr>
</thead>
<tbody>
<tr>
<td>• non-hierarchical group of individuals and organizations</td>
<td>• greater leadership</td>
</tr>
<tr>
<td>• Flexible roles</td>
<td>• greater definition of risk-sharing features and benefits</td>
</tr>
<tr>
<td>• Diffuse leadership and decision-taking process</td>
<td></td>
</tr>
</tbody>
</table>

In the context of IPV, and taking into account the responsibility that organisations and professionals have to guarantee the safety and security of survivors, it seems more appropriate to adopt the partnership work model.

Thus, efforts must be coordinated between several organisations to create and integrate a seamless intervention, which becomes more comprehensive, holistic and interdisciplinary. To be effective, representatives of several sectors/needs will be required.

This approach intends at the utmost level to empower and to promote recovery of survivors, promoting gender equality as well as the accountability of perpetrators. The central objective is to develop coordinated policies and practices across agencies with each partner contributing resources to facilitate this process of change.

Nevertheless, family, friends, co-workers, neighbours, i.e. the natural network, should also be mobilised to complement the support given by the organisations and professionals, as they are able to give a different type of support.

Table 8: Differences between Natural and Formal Networks

<table>
<thead>
<tr>
<th>natural network</th>
<th>formal network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Instrumental and emotional support</td>
<td>Information and support material</td>
</tr>
<tr>
<td>Are simultaneously a resource</td>
<td>Survivor protection</td>
</tr>
<tr>
<td></td>
<td>Respect their decisions</td>
</tr>
</tbody>
</table>

The importance of an interdisciplinary approach is to coordinate the provision of services and to avoid duplication and gaps. Professionals and community members should work together in order to achieve the following objectives:

- recognition of the complexity of the problem and its consequences;
- learning about other services and resources;
- increase the effectiveness of providing services;
- mutual help work;
- meeting the multiple needs of survivors;
- developing new forms of seamless coordination of efforts and appropriate responses.
The partnership intervention should be centred on survivor’s needs and perspectives, as we can observe in the figure below.

**Figure 17: The modified ecological model – from Domestic Violence Advisory Council (2009)**

In a formal network and partnership, all the actors involved have a specific role. The way organisations cooperate determines the success and effectiveness of interventions/responses and ultimately, on survivors’ safety and well-being.

**Core Issues**

The implementation of a multi-agency partnership model enables the development of an integrated and multidisciplinary approach and a collaborative work with different actors. Thus, the network/partnership must be based on clear protocols which act as formal agreements to co-operation.

These protocols should include the following aspects:

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Mission, vision and common objectives
It must be focused on women’s priorities and not on organisations/professionals priorities. Together, they must identify the mission of the network/partnership.

Roles and responsibilities of each element
It should be clear to all actors involved which role they play in the intervention process. The responsibilities must be shared by all actors involved. An agreed coordination must be decided to guarantee a positive dynamic of the network.

Definitions of IPV
A shared understanding of IPV and risk must be adopted for effective risk assessment and management within the partnership. Several aspects must be considered, including:
- IPV types and dynamics,
- Risk factors and risk levels,
- Risk assessment and the tools to apply it,
- Procedures of intervention,
- Information-sharing protocols,
- Risk management process, including referrals and individual safety plans.

Principles of action
A common language and understanding facilitates cohesion and organisational involvement. These should be clearly defined, along with the main aims and objectives of the network/partnership, which should be shared, measurable and realistic.
This model is not based on a hierarchy and the decision-making process is shared by all the participants, in order to assure democratic, inclusive and holistic governance. The development of a trusting relationship is fundamental to accomplish a “team spirit” and cohesion. This will require participants to be self-motivated and connected with each other. Each member is an essential element of the network/partnership and each has different and valuable contributions to share.

Mechanisms of information-sharing
Decision making, communication, monitoring and evaluation should be shared in a collaborative way. The mobilisation of complementary skills and expertise of each partner must be utilised, allowing the exchange and deepening of ideas and experiences. Communication channels must be agreed and procedures established, allowing a free flow of information with the boundaries of confidentiality.

Rules on confidentiality
Policies concerning confidentiality and information sharing should prioritise survivors’ rights within the network/partnership. This includes maximising
the survivors’ right to control their own lives within the limits previously outlined.

**Referrals procedures**
The network should collectively design a binding framework of intervention and referral.

**Options and legal / protection procedures**
The network partners must work taking into account the national legal framework and the international binding Instruments relating to VAW/DV/IPV, Human Rights and children rights.

**Support services available**
Each network partner must know and must have the contact of all community resources available as well as an understanding of the work they provide.

Evaluation procedures should also be established, which should allow for regular reflective reviews on the objectives and working practices.

Thus, some indicators and criteria should be defined, such as, for example the following ones:

**Membership**
- Do the partners clearly identify the objectives of the partnership and intervention?
- Do the partners clearly identify the theoretical and methodological principles of the intervention?
- Do they review the mission and shared values?

**Participation**
- Have the partners actively worked towards achieving the objectives?
- Have the partners proven to be committed to the implementation of the objectives, acting actively in pursuit of the proposed results?

**Compliance**
- To what extent is the performance of teams in accordance with the level of the roles assigned to it?
- To what extent are the principles translated into operational practice?
- To what extent are the guiding principles being followed?

**Effectiveness**
- Were the objectives achieved?
- Did the results achieved correspond to the pre-established objectives?
- Have the organisations learned and internalised the procedures for intervention?
- Were made changes in the contexts?
- Were there any unforeseen consequences?
Objectives

The main objective of an IPV specialised network/partnership is to increase survivors’ safety and protection, as well as to meet their needs. These networks/partnerships should involve at least one specialist DV/IPV organisation and include cooperation with local organisations, such for example police forces, social services and health services among others.

These networks will facilitate access to support services, mobilizing immediate and coordinated responses, taking into account the needs of survivors identified through the risk assessment and management processes, as well as triggering judicial and legal measures to restrain the perpetrators behaviour. For example, in high-risk situations, it is essential to gather adequate information and to undertake a risk assessment to justify the application of protection measures, including actions to restrain the perpetrator.

A community network/partnership on IPV has the following primary tasks and objectives:

- increase survivors safety;
- improve the effectiveness of the responses to IPV;
- meet the real needs of survivors;
- ensure survivors’ access to goods and services;
- prevent secondary victimization;
- provide a continuous support;
- increase perpetrator accountability;
- promote the survivors empowerment and recovery;
- change social attitudes and beliefs.

Procedures

In order to achieve these goals and implement the intervention strategies the following steps shall be undertaken to constitute a partnership that can bring results.
Professionals shall be aware at all times that the success of the on-going intervention process depends on the following actions and steps – see the figure below.

**Identification of Key Agencies**

To achieve a systemic and multi-agency approach in this field and considering the several needs of survivors (women and children), the following organisations, services and actors should be involved.
However some specific actors are crucial, namely the ones presented in the following table.
For a more comprehensive, systemic and preventive model, it is required to involve also governmental and other social actors of civil society. Actors that potentially send a message on tolerance to IPV should not be involved.

Public opinion is influenced by the position taken by certain social members of the community with social prestige and credibility. In some communities, it is also essential
to mobilise informal community leaders, with power to influence and spread information to the community.

Concerning the identification of the key actors the challenge is to overcome the good intentions and become operative, participatory and responsible towards the safety and needs satisfaction of survivors. Therefore, the actors should have the adequate competencies and expertise for a more effective intervention, i.e. actors be really involved and actively participate in the partnership activities, ensuring that commitments are fully satisfied.

In many situations, the first disclosure by survivors is to services that do not intervene directly in the field of IPV. Thus, it is important that these services and professionals are prepared to give basic information and make the appropriate referral, not reacting to the situation based on myths and stereotypes.

The training of those professionals represents a critical axis for the effectiveness and quality of community resources, response and/or referral since they do the ‘setting the scene’ and influence how much trust survivors subsequently have in engaging with other agencies.

Networks and Partnerships can be a challenge for professionals from different organisations and educational backgrounds. There are many benefits but also barriers to overcome, which were also identified by UN - CSDHA (1993)35 – please consult the following table.

Table 10: Barriers to and advantages of the Network Partnerships

<table>
<thead>
<tr>
<th>Barriers</th>
<th>Advantages</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Misunderstanding of the problem and its dynamic;</td>
<td>- Common understanding about IPV;</td>
</tr>
<tr>
<td>Denial about existence of the problem;</td>
<td>- Increase access to privileged information;</td>
</tr>
<tr>
<td>Resistance to a joint approach;</td>
<td>- Updated knowledge about methodologies, strategies and good practice;</td>
</tr>
<tr>
<td>- Interdisciplinary approach can mean bringing together divergent views on the issue;</td>
<td>- Acquisition of new skills;</td>
</tr>
<tr>
<td>Amount of work involved;</td>
<td>- Maximization of resources;</td>
</tr>
<tr>
<td>- Lack of support by organizations;</td>
<td>- Development of synergies;</td>
</tr>
<tr>
<td>- Lack of financial and human resources;</td>
<td>- Information flow;</td>
</tr>
<tr>
<td>Involvement of less flexible and bureaucratic structures, especially public organizations;</td>
<td>- Better assessment of needs, planning and coordination;</td>
</tr>
<tr>
<td>Involvement of certain professionals/organizations who do not have much history of working together with the community;</td>
<td>- Added support for/between professionals and increased motivation;</td>
</tr>
<tr>
<td>Competition between organizations to obtain funds, undermining the objectives of the partnership.</td>
<td>- Increase in the number of complaints and perpetrators held accountable;</td>
</tr>
</tbody>
</table>

Some Myths about Partnership work

Partnership is very common approach in domestic violence work. However, there are several myths about it that are important to consider:

**Myth 1 - Partnership is a panacea**
Partnerships cannot be seen as the model of intervention that will solve, “miraculously”, all sorts of social problems in all contexts.

**Myth 2 - Partnership is based on a standard model**
Partnerships should adapt their interventions to their specific contexts including available resources. For example, urban settings offer a range of responses, which do not exist in rural settings. Partnerships should also be flexible and dynamic, adapting to changing circumstances.

**Myth 3 - The partnership is an end in itself**
The partnership is a strategy for action, which aims to solve problems rather than replace any of the individual component parts.

**Myth 4 - The partnership aims to save money and resources**
Although one of the advantages of working in partnership is to maximise resources, it does not mean that this leads to a reduction of human and financial resources, or to an indiscriminate removal of all overlaps of resources or services. In certain situations, this overlap may be required.

**Myth 5 - The idea of partnership is an intervention chain**
The design of an intervention in a linear chain model of working with an entrance and an exit door is not consistent with the resolution of complex issues such as IPV. The partnership must be flexible to respond to the help seeking and recovery processes of survivors which are rarely linear.
Conclusions

From all the literature consulted, for the elaboration of the present Manual on Risk Assessment, it was clearly highlighted that all EU Member States have ratified international conventions and treaties that commit them to combat violence against women as a Human Rights violation.

These commitments implies, not only, to develop minimum standard services for victims/survivors, but also to “exercise due diligence to prevent, investigate and, in accordance with national legislation, punish acts of violence against women, whether those acts are perpetrated by the State or by privates persons.” UN, Declaration on the Elimination of Violence against Women (1993) in Article 4(c) and the CEDAW in its General Recommendations No. 19 reinforce that “States may also be responsible for private acts if they fail to act with due diligence to prevent violations of rights or to investigate and punish acts of violence.”

The Manual is focused on women and girl’s needs. It has a Human Rights gender-based approach and intends to prevent re-victimisation and to decrease the number of women killed in the context of gender-based violence.

Taking into account all the international instruments that result from the respective treaties from UN, Coe and EU we briefly propose the existence of:

- Harmonisation of legislation at EU level;
- NAP – National action plans on violence against women;
- Common indicators to measure the progress of national and European policies on VAW and VAC;
- Regional, national and local guidelines for the intervention on DV/IPV;
- Coordinated community response to victims of DV/IPV;
- Initial and advanced training of professionals on DV/IPV;
- Certification of professionals on risk assessment and management;
- Construction of a common language on risk assessment and management.

Furthermore, there are core issues that must be given special attention when intervening with survivors as:

- The dynamic nature of violence;
- Children as direct/indirect victims;
- The recognition of women’s perception as one of the best ways to predict re-assault or potential lethality;
- Confidentiality as an intervention principle directly linked with the responsibility/accountability of professionals concerning the survivor’s safety and wellbeing.
Thus, this European Manual in Risk Assessment will be a contribution to improve the intervention on DV/IPV and a reference for those who wish to enter deeply in the field of Women’s and Children’s Human Rights in domestic violence and intimate partner violence.


Department of Economic and Social Affairs - Division for the Advancement of Women [UN DAW], 2010. *Handbook for legislation on violence against women.* New York: United Nations. Available at:
Domestic Abuse Intervention Project [DAIP]. *Power & Control Wheel*. Available at: [http://www.theduluthmodel.org/training/wheels.html](http://www.theduluthmodel.org/training/wheels.html)


Appendix 1: Handling With IPV/DV Calls

Flow Chart for Handling Domestic Violence Calls

in Oklahoma Department of Human Services – Family Support Services Division, 2008 Domestic Violence Awareness Guide. p. 52
Appendix 2: Potential referral procedure

In Family Violence Coordination Unit, 2007.