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 well as citizens, are part of major organisations, such as European Union Member States, the Council of Europe and the 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 on the risk assessment process.

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

Some aspects that should be taken 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)[1] or "*characteristics that increase the likelihood of re-assault*" (Gondolf, 2002)[2].
In IPV situations, it is possible to consider several types of risks, including the risk of homicide, suicide and re-assault, and risk factors, such as 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 identify the harm and *risk factors*.

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[1] World Health Organisation [WHO], 2012. *Risk Factors.* Available at: www.who.int/topics/risk_factors/en/

[2] Gondolf, E. W. 2002. *Batterer Intervention Systems: Issues, Outcomes and Recommendations.* Sage Publications, Thousand Oaks. p.167

Risk changes over time, it is not a static concept and it is influenced by several factors, such as:

- The situations of separation or disputes over child contact are nowadays recognised as situations of significant risk;
- 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 victims/survivors face, it is also possible to determine if there are *protective factors* present.

Risk Factors

Factors that place higher risk for women or increase the vulnerability of survivors

Protective Factors

Mitigate or eliminate risk or reduce vulnerability conditions

Figure 1: Risk vs. Protective Factors

Indicators are measurable conditions or behaviours.

Taking into account the characteristics of risk assessment, namely its dynamic nature, the diagram below, based on Department for Child Protection (2011)[3], intends to give a visual design of the continuum of the process overtime.

Figure 2: Risk process

Identification/Screening is a systematic process that:

- 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.[4]

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. In cases where it is properly applied, risk assessment is the basis for risk management.

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

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.

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[3] Department for Child Protection, 2011. *The Western Australian Family and Domestic Violence Common Risk Assessment and Risk Management Framework*. Perth Western Australia: Western Australian Government, p. 34
[4] Department for Child Protection, 2011. *The Western Australian Family and Domestic Violence Common Risk Assessment and Risk Management Framework*. Perth Western Australia: Western Australian Government.

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

Differences and 'harmful traditional practices', such as honour-based violence, forced marriages and 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.

Safety planning is a strategic process enabling victims/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 safety as well as their children's. The safety plan should consider the women and the children's needs and context, aiming for their safety and protection.

Figure 3: Victim/Survivor focus approach

The figure above shows that the victim/survivor must be at the centre of the risk management, all by considering the protective and risk factors.

3.2 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)[5]. 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).[6]

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.

- **Victim** is the *classic* term coming from the Latin *victimia, victim* and *victus*, meaning conquered or dominated, and is the concept used by the judicial system.

- **Survivor** is a concept that was developed as an alternative to the term victim, hence recognising that abused women are rarely passive victims but rather manage in varied and creative ways to resist and survive.

> *"Although I was a victim of a horrific crime, I've always considered myself a survivor. The difference between victim and survivor is more than semantic. Being a survivor is an attitude, it's a mind-set. Seeing me 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."*
> In Atossa Abrahamian, 2010[7]

Perpetrator refers to the person who commits violence, usually men.

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[5]Krug EG et al., 2002. *World report on violence and health*. Geneva, World Health Organisation. Available at: www.who.int/violence_injury_prevention/violence/world_report/en/

[6]CEDAW, 1992. *General Recommendation No. 19*

[7] Testimony of Trisha Meili *in* Atossa Abrahamian, 2010. *The Case of Survival.*

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, forcing to see or participate in pornography, etc.

Below we present some excerpts of a research by David Adams (2007)[8] describing patterns that often lead to sexual abuse and "in exterminis" to femicide.

> *"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.: withholding 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 leads victims/survivors to feel a high level of fear. Stalking may occur during a relationship or after the separation or break-up. E.g. watching the woman with hidden cameras; following and tracking the woman; contacting friends, family, co-workers or neighbours for information about the woman; sending unwanted packages, cards, gifts, or letters; going through the woman's possessions or garbage; damaging the victim's home, car, or other property; threatening to hurt the victim or her family, friends, or pets.

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[8]Adams, D., 2007. *Why do they kill? Men who murder their intimate partners.* Vanderbilt University Press

Femicide means the systematic killing of women. Russell redefined femicide as "the killing of females by males because they are female" (2001).[9] This includes mutilation murder, rape murder, women battery that escalates into killing.

Power & Control wheel is meant specifically to illustrate men's abusive behaviours towards women. It shows that power and control are at the heart of all abusive relationships. The wheel was developed by battered women from Duluth, Minnesota, who had been abused by their male partners and were attending women's educational groups sponsored by the women's shelter.

Figure 4: Duluth Wheel of Violence (Domestic Abuse Intervention Project) www.duluth-model.org

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[9]Russel, Diana E. H. & Harmes, Roberta A., 2001. *Femicide in Global Perspective*. New York: Teachers College Press, pp. 13-14.
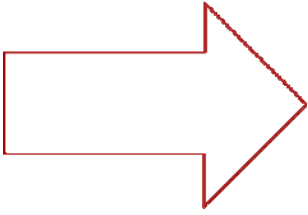
IPV has a continuous nature, being rarely a single incident. Over time, perpetrators are able to control and frighten survivor/s through several strategies, as presented above and illustrated by the Power and Control wheel.

3.3 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 has been highlighted by 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" [10].

"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 programs 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" [11].

On the other hand if we look at the document produced by Cardiff University: "*The Cardiff Women's Safety Unit: Understanding the Costs and Consequences of Domestic Violence*" (2005)

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[10] Day, T., McKenna, K., Bowlus, A. 2005. *The Economic Costs of Violence Against Women: An Evaluation of the Literature.* United Nations. Pp. 15-16
[11] Day, T., McKenna, K., Bowlus, A. 2005. *The Economic Costs of Violence Against Women: An Evaluation of the Literature.* United Nations. P. 45

> *"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 victims/survivors consider the emotional impact to have the most damaging and long-lasting effects.

> ***"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)[12]

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 the victim'/survivor's sufferance.

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[12]Day, T., McKenna, K. And Bowlus, A., 2005. *The Economic Costs of Violence Against Women: An Evaluation of the Literature* (p. 31).

Physical/Sexual	Psychological	Emotional	Economic	Social
Bruises	Low self-esteem	Shame	Absenteeism	Lack of social support
Broken bones	Depression	Feelings of guilt	Precarious and unstable	Isolation
Injuries	Anxiety	Fear	Low wages	Geographical isolation
Reproductive health and family planning	Eating disorders	Panic	Economic dependence	Unstable relationships
Pregnancy	Thoughts of suicide and homicide	Frustration	Financial control by the partner	
Abortions		Feelings of inadequacy		
Sexually transmitted infections		Insecurity		
Substance abuse		Difficulties in interpersonal relationships		
Sleep disorders		Lack of personal value		
Psychosomatic and cognitive disorders		Mental strain		
		Development of submission strategies		

Table 1: Examples of impact of IPV on women victims/survivors of violence

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,)[13]

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 intimate relationships (in case of young people).

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

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[13]Greater London Domestic Violence Project, 2008. *Sane Responses: good practice guidelines for domestic violence and mental health services.*GLDVP Mental Health Project. p. 161

The table below has been adapted by Judith Worel[14] and it 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.

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

Table 2: Examples of impact of IPV on children

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[14] Adapted by Judith Worell. *Children of Battered Women: The Impact of Domestic Violence.* Casa Myrna Vasquez

3.4 Understanding Support Intervention

Professionals who intervene in IPV situations should have an empowerment approach. They should also have knowledge in the field of human rights, international instruments and legislation, as well as some specific skills required to work on violence against women and children.

Professionals should also have knowledge of the dynamic nature of violence, the impact of IPV on victims/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 are fundamental to design an effective intervention.

Regardless of their educational background and organisational expertise, professionals should also 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 the ability to deliver clear information and respect women's decisions;
- Confidentiality, its boundaries and victims/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;
- A holistic and multi-agency approach is crucial to achieve better outcomes;
- Validation of the woman's experience;
- The planning of support interventions must be made in collaboration with the victim/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 barging power, reflects an assumption that both parties are equally at fault for violence, and reduces offender accountability"* and recommend that *"legislation should explicitly prohibit mediation in all cases of violence against women, both before and during legal proceedings"* (UN DAW, 2009)[15]*;*
- Professionals must be aware that their notes could be used as evidence in court proceedings, thus avoiding pejorative statements and, as far as possible, using direct quotes rather than summaries;
- Professionals must be prepared to answer or intervene in these situations. Records and notes about victims/survivors must be kept securely.

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[15] 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 (p. 38). Available at:
http://www.un.org/womenwatch/daw/vaw/handbook/Handbook%20for%20legislation%20on%20violence%20against%20women.pdf

A Code of Ethics is an important organisational instrument to guide the intervention of professionals. Some of the items presented above should be integrated in such a code. The table below illustrates some key examples of what a good intervention model should be and what should be avoided or even banished from professional practice in IPV situations.

Good Practices	Malpractices
Promoting an effective intervention - knowing well the role of his/her organisation and his/her own role in the support process. All professionals have the responsibility to support women's safety needs	Assuming that IPV is not his/her field or assuming that others will support women.
Respecting the woman's decision and her timing. She is the expert on her situation and is able to decide by herself.	Commanding women's next steps proposing solutions – deciding for them.
Recognising that is an IPV situation and that his/her role is to support women and not to advocate for perpetrators.	Standing between women and their partners/offenders – it may put both at risk (women and professionals).
Assuming that only the perpetrator can be responsible for his violence.	Claiming responsibility for the violence on women – e.g.: she may have said or done something to provoke him (blaming the victim).
Working together with women, supporting them in the decision-making process. A collaborative approach is more empowering.	Assuming that professionals have to know all answers
Calling for a multi-agency approach, since there are several needs to support.	Intervening alone, assuming all responsibility

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

The supporting intervention of professionals can be of crucial importance for the victims/survivors' safety and recovery, as well as to succeed in having a violence-free life, as illustrated below:
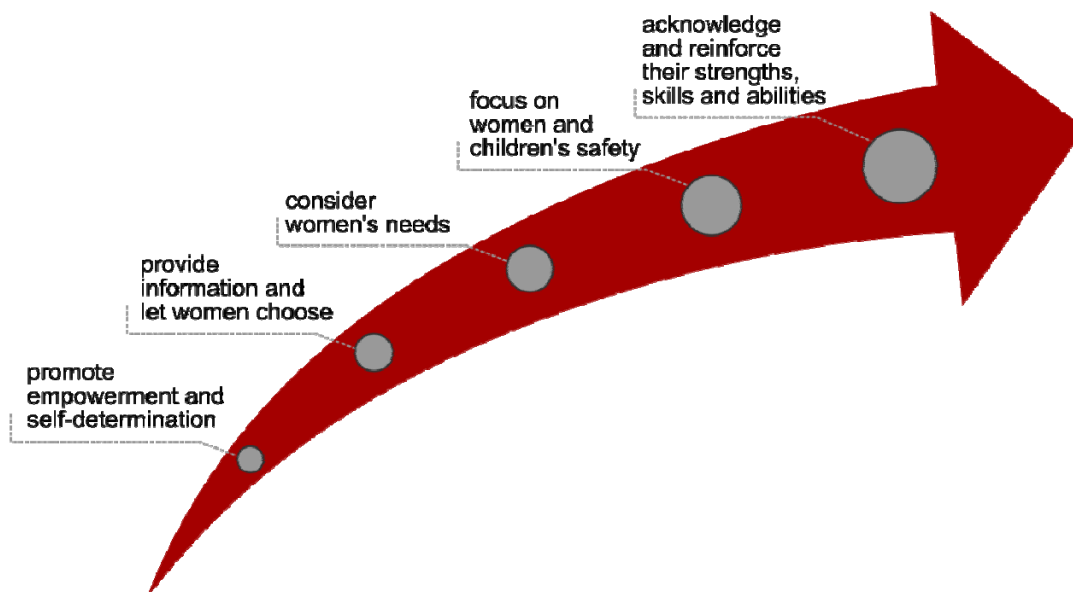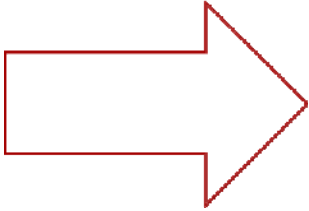
Figure 5: Important elements of the intervention chain and recovery process

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

Figure 6: Example of harmful responses

In a nutshell, 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 the risk – safety planning
4. monitoring risk contexts
5. and evaluating

Taking into account that IPV context may change suddenly, as well as the level, the nature and the perception of the risk

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