

MANAGEMENT

Chapter 5 Risk Management

Risk Management aims to promote the safety and security of the survivors (women and children), and considers the survivors' needs and respect 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.

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.

In the integrated approaches of IPV intervention models presented until now different points have been identified - 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), an early risk assessment of high risk offenders requires a multi-disciplinary team for an on-going coordinated monitoring and containment of perpetrators (see figure below).



Figure 8: Early identification of high risk offenders¹

¹Jeanne Geiger Crisis Center, Inc. (Lead Agency), 2012. *Greater Newburyport Domestic Violence High Risk Team - Safety and Accountability Report*. p. 6

“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., 2012²

5.1 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.

5.2 Principles of Risk Management

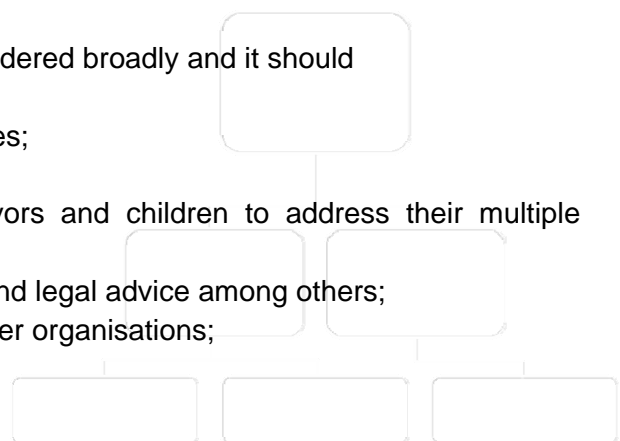
- The personal safety plan must be designed, implemented and monitored together with the victim/survivor;
- Work collaboratively with a multi-agency approach;
- The interagency safety plan must be designed, implemented and monitored according to the agreed support roles;
- The risk must be monitored and reviewed on a regular basis.

in Department of Child Protection, 2011³.

5.3 Proceedings

The risk management process must be considered broadly and it should

- identify goals, objectives and strategies;
- define roles and responsibilities;
- design safety plan for victims/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.



² Jeanne Geiger Crisis Center, Inc. (Lead Agency), 2012. *Greater Newburyport Domestic Violence High Risk Team - Safety and Accountability Report*. p. 6

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. 37

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 (see the figure below).

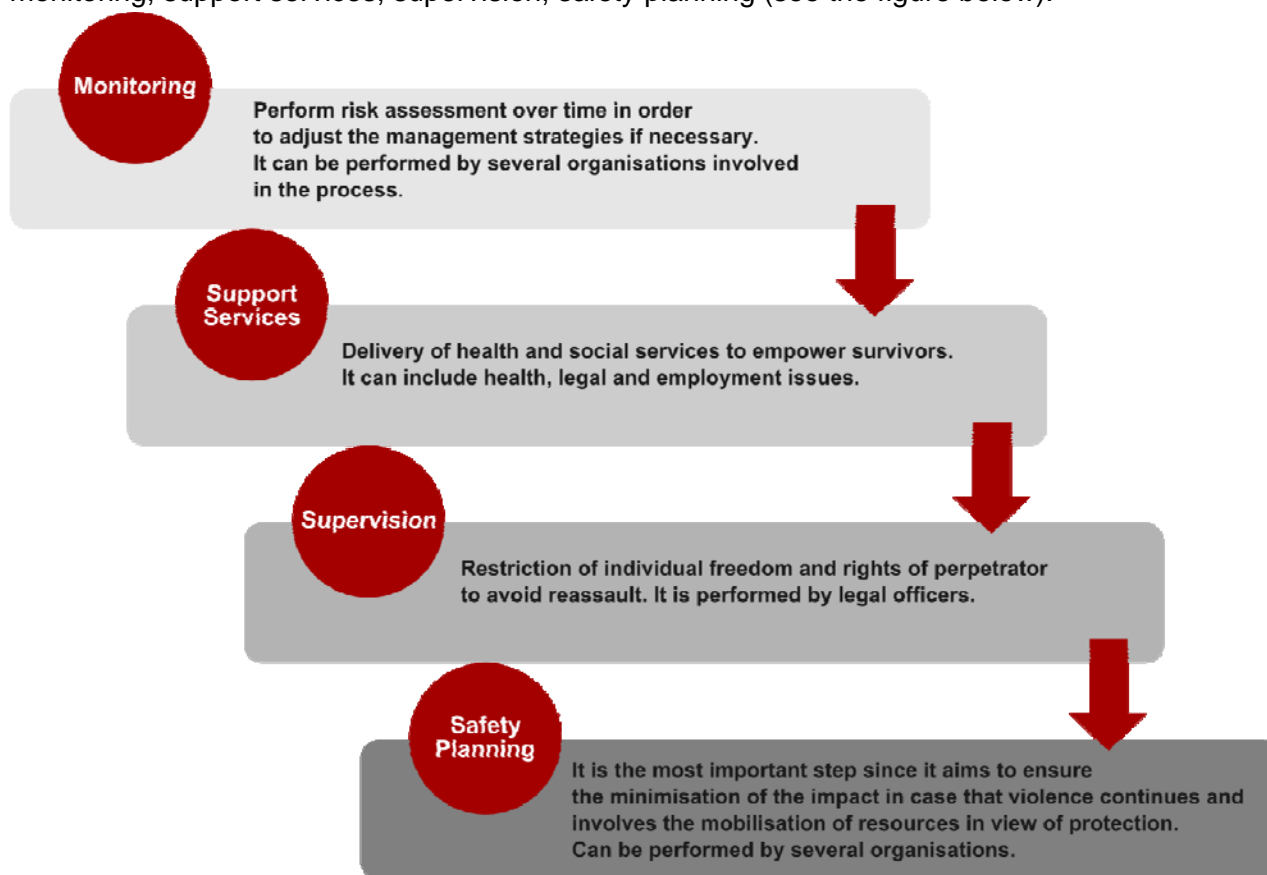


Figure 9: Risk management process⁴

5.4 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. It should be clear to all professionals involved the existing protocols, the articulation procedure and mechanisms as well as the responsibility matrix.

⁴ Adapted from Kropp, P., Hare, R., Lyon, R., 2002. *Risk Assessment of Stalkers*. Criminal Justice and Behavior. 29(5), pp. 590-616

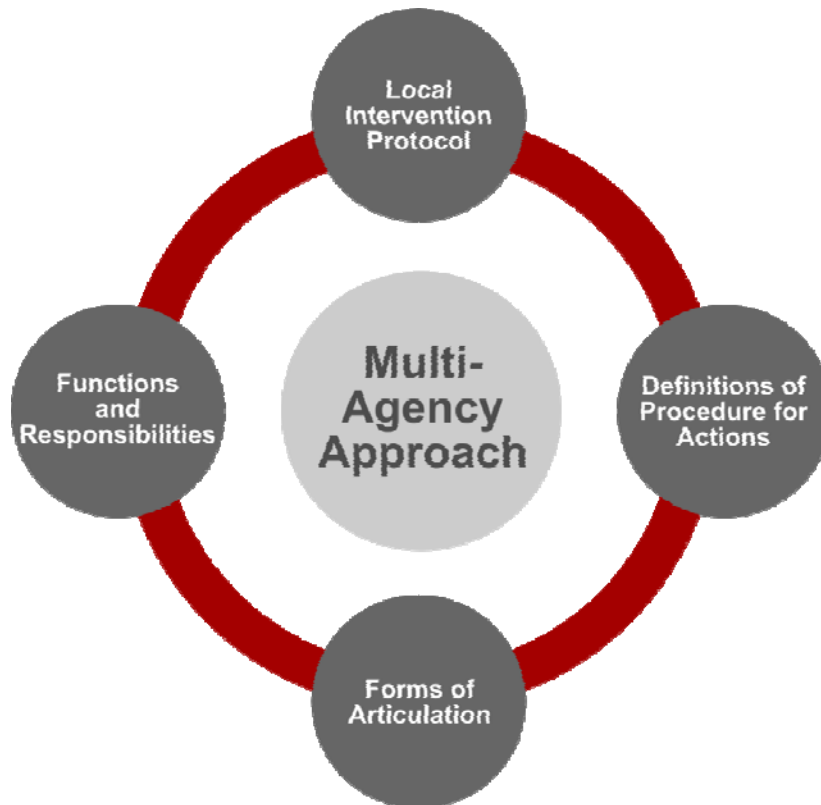
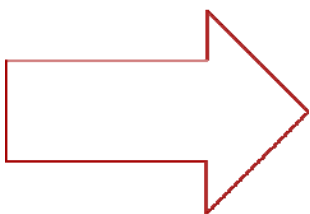


Figure 10: Multi-agency approach requirements

As described above, information sharing should be a practice, within the agreed limits, among the partner organisations contributing to a more effective intervention on IPV.

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



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

As such, seeking victim/survivor's consent to share information is essential to ensure that interventions are both effective and empowering:

- Professionals must share with victims/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.

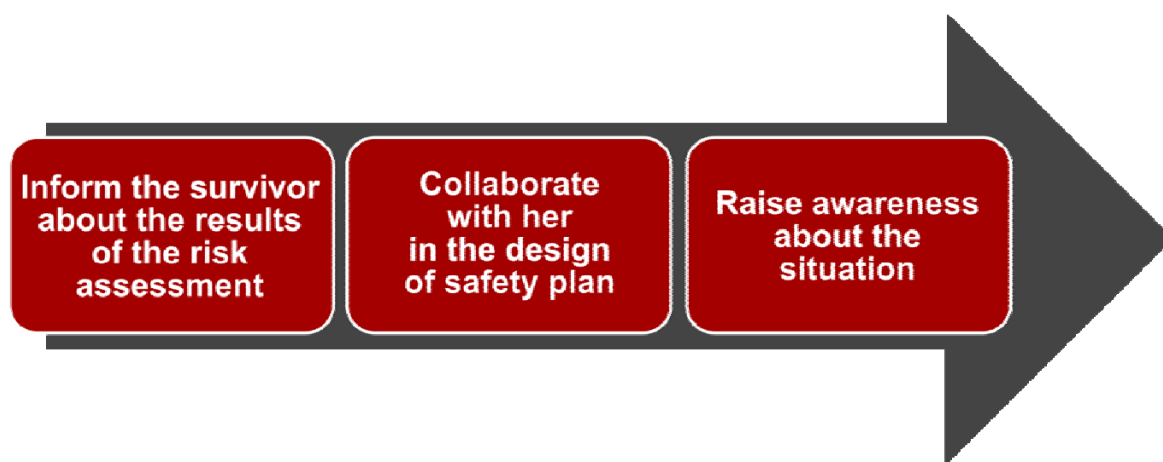


Figure 11: Collaboration between professionals and victims/survivors: steps to consider

Professionals should share the information of risk assessment, i.e., the results of the risk level. According to the results, professionals should design, with victims/survivors, the safety plan and raise awareness about the situation.

This allows victims/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 victims'/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 wellbeing of women and children, namely keep victims/survivors alive must be the professional's priority.

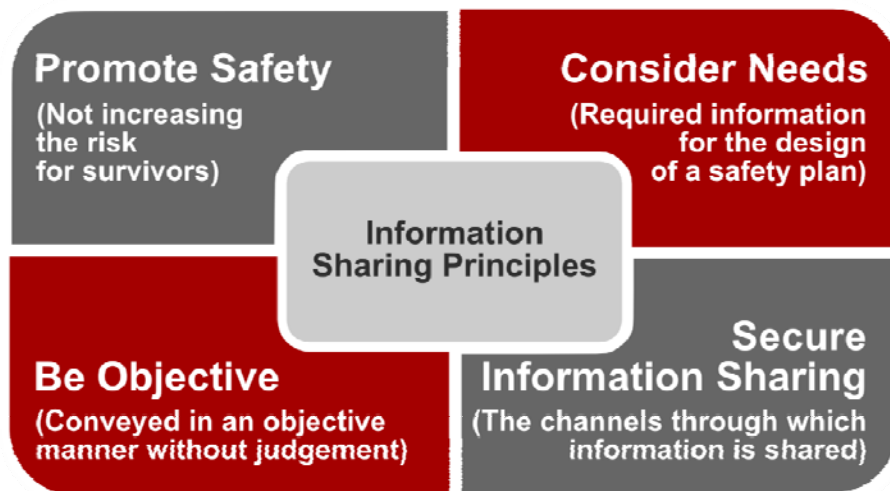


Figure 12: Information Sharing Principles

It is also essential to consider the following aspects:

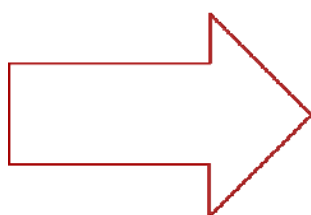
- informed consent – victims/survivors must know and understand what information will be shared, for which purposes and to whom, as well as understand the limits of confidentiality;
- consent must be given freely and not coerced;
- consent must be explicit and written – it is a good practice to have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

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

- previous negative experiences;
- believing that the intervention may aggravate their situation;
- fear of losing their children;
- not believing they will be taken seriously;
- not believing in the protective system;
- 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 case victims/survivors refuse the multi-agency approach intervention (including sharing information), professionals can work individually with the victim/survivor in order 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 are at risk, child protection services or other competent authorities must be informed.

5.5 Referral

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

In a multi-agency collaborative approach the referral process should be carried out in a coordinated and comprehensive manner to prevent duplication of services or an incoherent and disconnected intervention plan. Please consult **Appendix 3** for potential referral process.

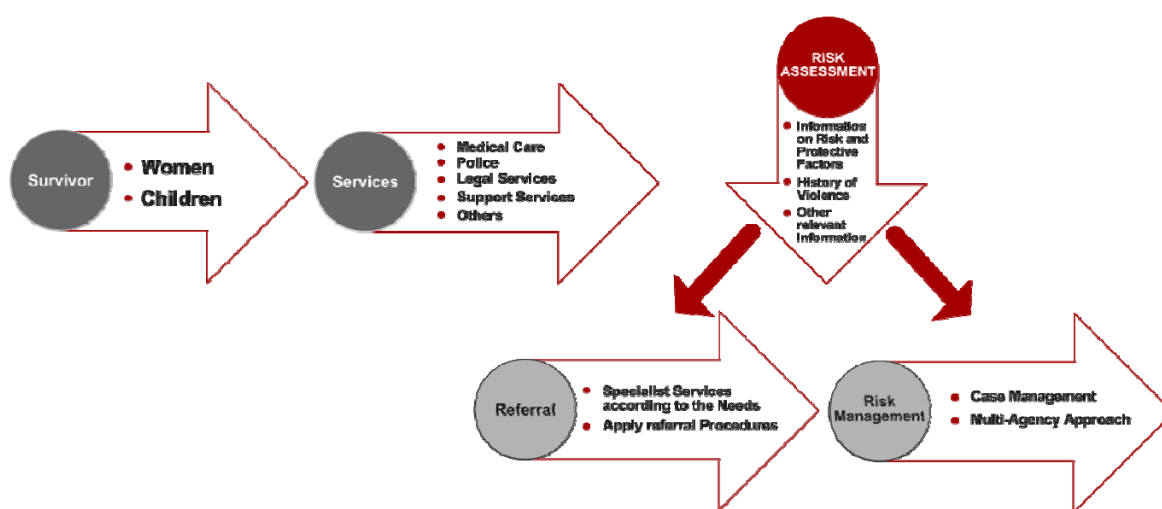


Figure 13: Overview of the Risk management process including the referral

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

- Specialised services in supporting victims/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:

- victims'/survivors' safety and well-being are compromised;
- victims/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 victims/survivors (women and children) is needed;
- perpetrator asks for help.

An effective referral requires:

- Sharing sensitive information about the situation, particularly about the history of violence avoiding secondary victimisation;
- Considering the safety and protection of victims/survivors;
- Sharing risk assessment and management information with other support services;
- Ensuring that victims/survivors have resources and means to arrive safely to the support services;
- Contacting the referred services to ensure that the survivors arrived safely and being 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 victims/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.

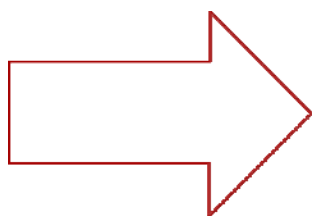


5.6 High risk situations

When a risk assessment indicates a level of high risk, victims/survivors will often need immediate protection.

Therefore, it is essential that victims/survivors are supported with:

- information and advice on their legal rights;
- advice on specialised 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 victim/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.

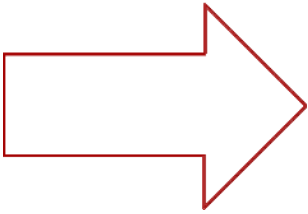
As part of the risk management process, victims/survivors who are referred to a shelter/refuge may have, for security reasons, to:

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

When victims/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 have been documented;

- victims/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 the survivor's consent.

All efforts should be developed to encourage victims/survivors to increase safety, for them and for their children. If children are involved, child protection services should be informed and the children's risk assessment documented. Professionals must keep mothers informed of these procedures and ensure that they understand the reasons for these decisions.

5.7 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 victims/survivors home;
- portable security devices for the victims/survivors that are at risk, such as alarms;
- video surveillance placed in the homes of high-risk victims/survivors (in case victim/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 (victim/survivor's work place, home, ...) or to get close to victims/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 convey the message that these kinds of criminal behaviour are condemned by society, and perpetrators should be held responsible and accountable for their own actions.

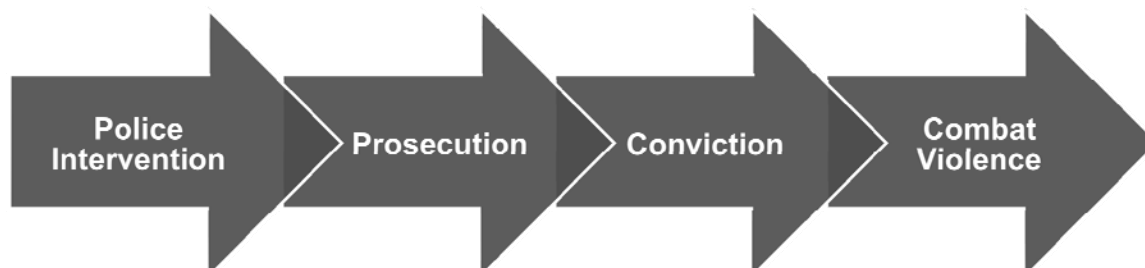


Figure 14: Legal mechanisms to combat violence

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 victims/survivors and, on the other hand, they are able to implement legal measures against the perpetrator, responding effectively to the situation. It is important to inform women about the entire process so that they can more effectively plan their safety. The victims/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.

Criminal justice officers puts major focus on risk management and safety planing for victims/survivors than the family law practitioners do because it 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 the risk for victims/survivors increases, since perpetrators may seek access to the information or intimidate/threaten the victim/survivor, as a way of discouraging the victim/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:

- DV/IPV cases need a different approach from cases where violence does not exist;
- the lack of coordination between civil and criminal cases leads many women to higher risks.

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

- the provision of testimony recorded (to avoid re-victimisation);
- witnesses protection mechanisms;
- provision of legal support services, appointing 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 preventive detention.

Examples of Constraints on the Legal Mechanisms

Data protection - safety can be compromised if victim/survivor's data are not adequately protected.

Fragmentation of the justice system - may also undermine the recovery of the victim because of the existence of different processes and courts, continually having to repeat her story, promoting secondary victimisation.

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 specialised professionals and organisations taking into account the proportion of the risk level, and in consultation with the victim/survivor's support organisation.

It is important to maintain a structured and consistent support for victims/survivors during the perpetrators' participation in these programmes. Professionals should guide the intervention to protect victims/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.

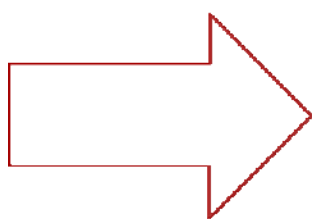
Perpetrators are relevant to the risk management process. Cooperation between the organisations working with perpetrators, police and victim/survivor support organisations is important for a more efficient and effective planning of victims'/survivors' safety.

5.8 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;
- survivors' 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 within the last 48 hours.

This intervention shall meet the following key criteria:

- an immediate assessment and provision of services to victims/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:

- **Reducing anxiety and distress:** it is common to find victims/survivors in a state of great anxiety and distress. In such circumstances, it is necessary to speak with victims/survivors in a safe and calm manner;
- **Demonstrating interest:** to be empathetic and showing willingness to listen, to explore choices and options and promoting their self-confidence;
- **Establishing 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 help to identify key issues;
- **Clarifying the practical requirements that victims/survivors need to cope:** paying attention to their psychological state (degree of anxiety, distress, suicidal

thoughts, among others) in order to understand if their condition requires professionals to take the steps for an immediate intervention;

- **Evaluating the natural support network:** identify family, friends, co-workers and available resources;
- **Improving communication:** professionals must strengthen the relevant conversation with victims/survivors; watch and discourage agitated and non-communicative behaviour.

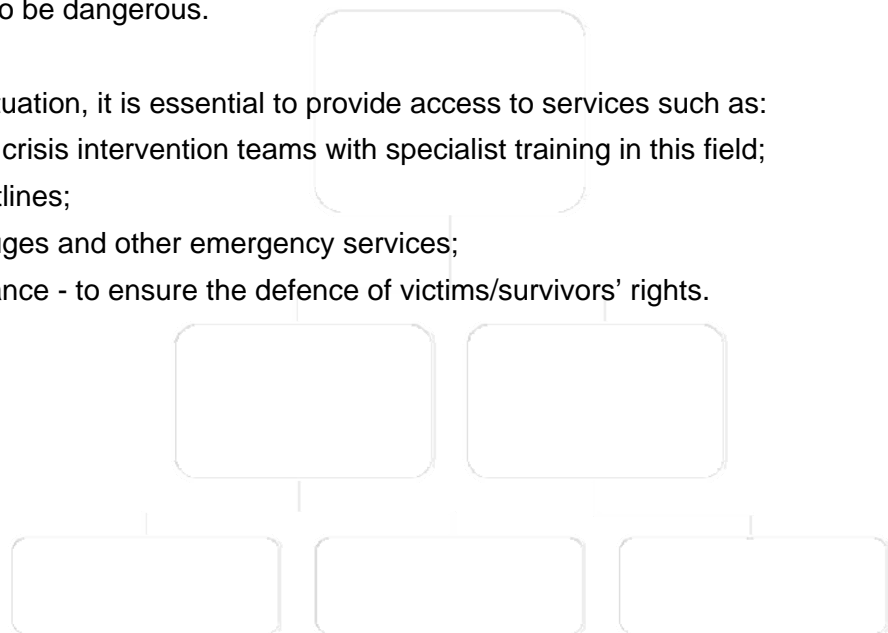
As part of crisis intervention, there are several tasks that professionals should undertake, with a view to improving risk management. These include the following:

- **Empowerment:** support the victims/survivors in recognising their ability to survive the abuse and to find solutions, believe in their perception of risk;
- **Validate victims/survivors rights and decisions:** inform victims/survivors of their rights, including judicial procedures, the advantages, disadvantages and limitations of each option, respecting their decisions;
- **Optimising 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;
- **Developing a safety plan in collaboration with the woman:** collecting useful information with the victim/survivor so that you are able to identify resources you can offer her in order to complement steps she might take to reduce the risk or increase her safety;
- **Supporting the victims/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 identifying resources she may need to rebuild her life.

Therefore is always necessary to monitor and manage risk, including identifying the places considered to be dangerous.

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;
- legal assistance - to ensure the defence of victims/survivors' rights.



5.9 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 victim/survivor. Each safety plan is unique.

Safety involves more than assessing the potential for future assault. It should also be about 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 levels.

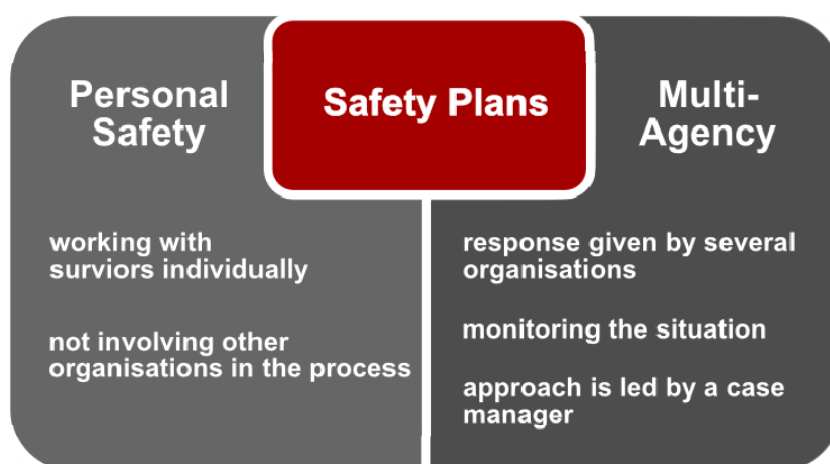


Table 1: Safety Plan levels

To implement a safety plan it is not only vital to involve the victims/survivors but also professionals from different fields of intervention and support in view of the diverse needs of the victims/survivors (see the following figure).



Figure 1: Potential organisations that may be involved in the multi-agency approach

- Specialist services refers to specific needs of victims/survivors: disabled women, minority ethnic women, refugees and asylum seekers women, migrant 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 victim/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 aims to improve the static and dynamic resources related to the victims'/survivors' safety. The safety dynamics implies the involvement of the victim/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.

In principle, 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. Women 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, as for example:

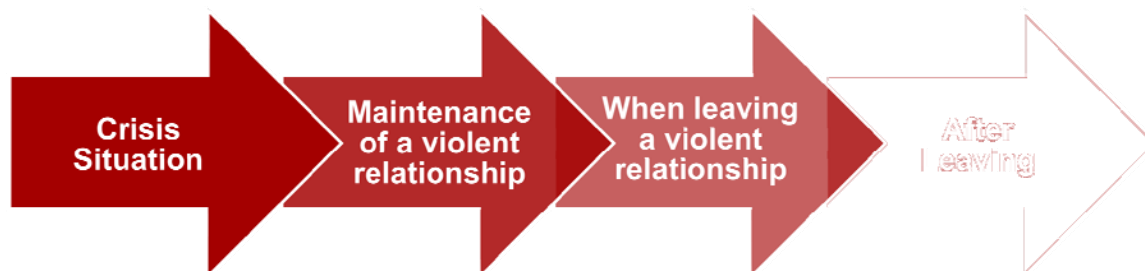


Figure 2: Different situations which may need a safety plan

There are some strategies that can reduce the likelihood of violence. It is a good practice to work with victims/survivors to consider which of the following they can put in place to increase their safety:

When still at home

- Identify your home's safest areas. These are often the largest spaces with doors and/or windows that allow a quick exit to the outside;
- Avoid the most dangerous areas, such as the kitchen, garage or other locations where sharp objects that can be used against you are stored;
- Do not wear scarves and long necklaces that can be used to strangle you;
- 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);
- Always have a phone with emergency numbers written in easy keys and memorise the numbers of people you trust;
- Agree with the neighbours that in case of hearing suspicious noises or screaming, they should call the emergency number;
- Learn how to protect the privacy of calls made;
- If you are in danger, you must run away from home and call the emergency numbers;
- If possible do not leave home without the children;
- Teach children to: ask for help, not get involved in the violence, and to hide in a secure area of the home;
- Agree with children an emergency code for them to call the emergency number, call a neighbour or leave home;
- Have an escape plan, practice leaving home in the dark, you may have to escape during the night;
- Have in mind the location of the nearest public telephone;
- Identify a safe place in case of leaving home and the means of transports;
- If you are injured, go to a hospital emergency and request them to record the injuries and physical marks (photos and report);
- Learn self-defensive tactics.

When preparing to leave

- If possible and safe to do so, keep a record of all incidents of violence;
- 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;
- 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;
- Develop an exit plan, which includes possible alternatives, and avoid places that are predictable and known by perpetrator, such as your family home;
- If there is no safe place to go, look for specialist support such as a shelter/refuge that can help you identify your options;

- Share with people you trust your exit plan. If necessary, ask for support to be accompanied when leaving. Try to have some money and your mobile phone charged;
- Try to collect some important documents, such as:
 - Identity Card / Citizen Card (your own and your children's)
 - Taxpayer Card
 - Social Security Card
 - Passport
 - Birth certificates (your own and your children's)
 - Divorce papers (if relevant)
 - Residence permit / work visa
 - Vaccines bulletin
 - Health cards
 - Check books and ATM cards
 - School documents
 - Work documents (e.g. employment contract, receipts)
 - Bank and insurance papers
 - Medical reports and receipts
 - Photocopies of contracts
 - Documents relating to any legal cases
 - Documentation of previous incidents (police reports, court orders, copies of medical examinations)
 - Personal calendar and contact list
- Try to collect some essential objects, such as:
 - House and car keys
 - Money
 - Toys / items (pacifier, nappies children's favourite toy, etc.)
 - Books for children, including school books
 - Medicines
 - Objects with special sentimental value
 - Key documents (including for a car where relevant)
 - 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 women or her children.

5.10 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* represents one of the most clear and well explained research-supported documents on well-being, mental health and DV/IPV 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.”*⁵

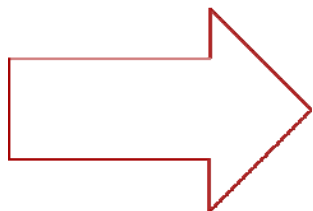
It is acknowledged that there is an impact on child development either if she/he is a direct or an indirect victim.

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 disclose unless they feel safe. If the disclose, their sufferance may rest invisible.

⁵James-Hanman, D. et al., 2007. *Sane responses: good practice guidelines for domestic violence and mental health services*. London: The Greater London Domestic Violence Project – Mental Health Project. (p. 161) Available at: [http://www.avaproject.org.uk/our-resources/good-practice-guidance--toolkits/sane-responses-good-practice-guidelines-for-domestic-violence-and-mental-health-services-\(2008\).aspx](http://www.avaproject.org.uk/our-resources/good-practice-guidance--toolkits/sane-responses-good-practice-guidelines-for-domestic-violence-and-mental-health-services-(2008).aspx)

As violence is learned behaviour special attention must be paid to girls and boys in order to avoid violence within their relationship. Specialised services must be involved in the support chain.



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



E-MARIA

EUROPEAN MANUAL FOR RISK ASSESSMENT

www.e-maria.eu

Project Coordinator



Association of Women Against Violence
Lisbon, Portugal

Margarida Medina Martins
Petra Viegas
Rita Mira
project.e-maria@amcv.org.pt
Tel. +35 21 380 21 60
www.amcv.org.pt

Project Partners

BUPNET

BUPNET GmbH
Göttingen, Germany

Sabine Wlemann
swlemann@bupnet.de
Ines Polzin
ipolzin@bupnet.de
www.bupnet.de



die Berater
Vienna, Austria

Maren Satke
m.satke@dieberater.com
www.dieberater.com



Social Innovation Fund
Kaunas, Lithuania
Ludmila Mecajeva
l.mecajeva@lpf.lt

Diana Basinskaite
d.basinskaite@lpf.lt
www.lpf.lt



www.e-maria.eu



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