European Manual on Risk Assessment

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E-M⚠RIA

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FOREWORD

Across Europe domestic violence/intimate partner violence affects between one and two in every five women. These women also live with children who are themselves exposed to this abuse. Across Europe, and indeed the globe, hundreds of women are also murdered by current or, more commonly, former partners each year. Understanding risk in domestic violence/intimate partner violence is this self-evidently important, but too few of us know how to do this in a systematic and systemic way. Understanding risk does not just mean which factors are likely to lead to homicide. It also means understanding risk in a broader sense to include the risk of poverty, the risk of homelessness, the risk of suicide, the risk of isolation. In other words, as survivors have been telling us for years, we need to be careful not to focus solely on physical abuse as the only source of harm. The impacts of domestic violence/intimate partner violence are far more than physical; this is a contributory factor to many of the social problems Europe faces, such as teenage pregnancy, poor educational attainment, substance use, mental health problems and is an enormous drain on criminal justice resources. In addition, domestic violence costs millions in public services, lost productivity, time off work and missed schooling. As such, domestic violence/intimate partner violence affects us all directly or indirectly.

Based on human rights principles, this manual provides in detail all the information and tools a professional needs to better understand, identify and manage the risks posed by domestic violence/intimate partner violence. Tasking a holistic approach, it recognises that risks are not just generated by the abuser's fists but that domestic violence/intimate partner violence can also have a devastating impact on women's self-esteem and capacity to engage as a full citizen, affecting their lives long after they have reached a place of safety and bruises have healed. Consequently guidance is also provided to promote the recovery of survivors; to restore their empowerment and autonomy.

The manual also promote a multi-agency response to domestic violence/intimate partner violence to meet the range of needs of survivors and their children. Partnership work between agencies is essential if we are to achieve effective interventions. This means addressing contested issues such as information sharing, data protection, and confidentiality. It means sharing power and responsibility across a system which stretches beyond your agency's boundaries. It means understanding each other's roles and it means working creatively together to make the system seamless so there are no gaps into which survivors can fall.

When the above is put into place, domestic violence/intimate partner violence can be reduced and prevented, as has been proven in many jurisdictions round the world. Reducing homicides and serious injuries are often the first achievements of implementing such an approach and this manual also contains the necessary tools to reduce the other risks that domestic violence/intimate partner violence creates.

Domestic violence/intimate partner violence is not inevitable; it can be challenged and prevented if everyone plays their part. It should be our hope that we can all live in homes which are safe sanctuaries, but for far too many women and children this remains a distant dream. My hope is that this manual will help professional across Europe to bring that dream a lot closer to reality.

Davina James-Hanman
Director of AVA – Against Violence and Abuse

List of acronyms

ACPO	Association of Chief Police Officers
AVA	Against Violence and Abuse
CAADA	Co-ordinated Action Against Domestic Abuse
CEDAW	*Committee on the Elimination of Discrimination against Women*
COE	Council of Europe
DA	Danger Assessment
DAIP	Domestic Abuse Intervention Programme
DASH	Domestic Abuse, Stalking and Honour Based Violence
DV	Domestic Violence
EU	Europe Union
EWL	European Women's Lobby
HMCPSI	Her Majesty's Crown Prosecution Service Inspectorate
IPV	Intimate Partner Violence
LGBT	lesbian, gay, bisexual and transgender
NAP	National Action Plan
NGO	Non-governmental Organisation
OSCE	Organization for Security and Co-operation in Europe
SARA	Spousal Assault Risk Assessment
UN	United Nations
UN DAW	United Nations Division for the Advancement of Women
UN-CSDHA	United Nations Centre for Social Development and Humanitarian Affairs
VAC	Violence Against Children
VAW	Violence Against Women
WAVE	Women Against Violence Europe
WHO	World Health Organisation

INTRODUCTION

1

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*"[4]
>
> in Committee for the Elimination of Discrimination Against Women [CEDAW],
> 1992, para. 23

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/survivor. It also impacts her family and the community in which she lives. Intimate Partner Violence occurs in all societies and is transversal to 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, 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 victims/survivors are essential.

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[4]Committee for the Elimination of Discrimination Against Women [CEDAW], 1992. *General Recommendation No. 19*. Para. 23. Available at: www.un.org/womenwatch/daw/cedaw/recommendations/recomm.htm#recom19

1.1 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 victims/survivors of violence.

Safety and security are basic conditions for victims/survivors to recover from their abusive relationship and to (re)-build their lives violence free.

The main objectives of the project are:

- to create instruments and tools that allow a high level of efficiency in the protection and safety of the victims/survivors and to prevent further victimisation;

- to promote the recovery of victims/survivors of domestic violence, and consequently their empowerment and autonomy, and to prevent further victimisation;

- 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).

1.2 Need Analysis[5]

Primarily, all partners implemented a need analysis, 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 available training for professionals and women victims/survivors.

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

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[5]For more information consult the **Need Analyses Final Report** available at www.e-maria.eu

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*"[6]. In some countries, plans exist only on paper but are never implemented or do not lead to concrete action. Nevertheless, the differences in tackling male violence against women by governments have resulted in different levels 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 WAVE (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*"[7].

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.

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[6] European Women's Lobby [EWL], 2011.*National Action Plans on Violence Against Women in the EU - EWL Barometer*. (p.4). Available at www.womenlobby.org/spip.php?article2480&lang=en

[7] Women Against Violence Europe [WAVE], 2011. *Country Report: Violence against women and migrant and minority women - 2011*. (p. 15) Austria. Available at: http://www.aoef.at/cms/doc/CR_komplett_2011_NEU.pdf

Women's Needs

The majority of women victims/survivors expressed also the desire to participate in training courses that support them in order 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;
- Be aware of their rights;
- Recognise and assess the 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 their application, legal 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 victims/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.

1.3 Why a European Manual

This European Manual focuses on the needs of women and girls and follows a human rights-based approach. We consider that it will be an important contribution for the safety and security of women victims/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, victims/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 yet to be built.
- The promotion of the victim/survivor recovery through the empowerment and educational approach is not a common culture yet.

Considering the current mobility of citizens within the EU, it is clear that a more coherent approach with common guidelines is crucial in order to ensure a better protection of victims/survivors and the accountability of perpetrators.

This Manual on Risk Assessment is meant to provide guidance to support the practice of professionals, with a special focus on law enforcement, legal practitioners and frontline professionals, as well as other professionals that intervene directly on women and children victims/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.

Consequently, the final result should contribute towards the prevention of re-victimisation and a decrease in the number of women killed in the context of gender-based violence, particularly intimate partner violence.

Along this Manual, examples of good practices in the risk assessment and management process will be presented in order to establish proposals contributing to the adoption of a common approach at local, national and European levels, and an effective and quality intervention model in view of the protection of the victim'/survivor's rights.

1.4 How to Use the Manual

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

For a broader understanding of the topic, the consultation of additional documents and information, presented in the end of the Manual, is advised.

It is crucial that professionals working on a daily basis with victims/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.

1.5 Principles

The Manual is based on a set of principles, as follows:

- 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 a gender-based violence;

- It recognises that many abusive behaviours are crimes and therefore 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 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 victims/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 to all ages, social and economic stages, religious, ethnic and cultural groups;

- It recognises that IPV occurs within in the context of LGBT relationships;

- It recognises that IPV affects and has impact on women, young people, children, disabled women and children, older women or other people in vulnerable situations.

1.6 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
- all those responsible for the implementation of risk assessment and risk management procedures.

WOMEN HUMAN RIGHTS CONTEXT

Chapter 2 Women Human Rights Context

2.1 Women Human Rights

In order to fully understand the complexity of intervention in the field of domestic violence against women/Intimate Partner Violence, the awareness about women's human rights and some historical landmarks is essential.

The concept of women's human rights is historically recent and resulted from a progressive process that has a significant milestone with the Universal Declaration of Human Rights 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)[8].

Human rights are universal because everyone is born with and possesses the same rights, regardless of where they live, their gender or race, or their religious, cultural or ethnic background. Inalienable because people's rights can never be taken away. Indivisible and interdependent because all rights – political, civil, social, cultural and economic – are equal in importance and none can be fully enjoyed without the others. They apply to all equally, and all have the right to participate in decisions that affect their lives.

Article 2 of the Declaration states that:

> *Everyone is entitled to all the rights and freedoms set forth in this Declaration, without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status. Furthermore, no distinction shall be made on the basis of the political, jurisdictional or international status of the country or territory to which a person belongs, whether it is independent, trust, non-self-governing or under any other limitation of sovereignty.[9]*

The Declaration was recognised as a great instrument of consensus on human rights in the 20th century. However, it was also recognised that women rights were not initially contemplated in such universal instrument.

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[8]UNFPA website. Human Rights Principles. Available at: http://www.unfpa.org/rights/principles.htm
[9]United Nations, 1948, Universal Declaration of Human Rights. Available at: http://www.un.org/en/documents/udhr/index.shtml

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 salary. Thus, the 2nd wave of the women's movement started a long process to demonstrate, gain recognition and incorporate women's rights as human rights, to 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*" [10] as stated by Hillary Clinton and included in the Vienna Declaration.

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 Mexico Conference, 1975

- The Copenhagen Conference, 1980

- The Nairobi Conference, 1985

Alongside these conferences, the International Conference on Population and Development, held in 1994 in Cairo, explicitly recognised the reproductive rights of women.

The 4th World Conference on Women, held in 1995 in Beijing, created a human rights agenda for women, resulting in the Declaration and Platform for Action which considered twelve critical areas of concern for women. It consolidates the references for the promotion, implementation and monitoring of the agreed strategies and formed at the United Nations level a body where the women's movements and NGOs can report. It undoubtedly contributed towards the advancement of the fundamental human rights of women.

In parallel, women's movements increased their activism worldwide, requesting governments to take action and demanding accountability mechanisms. It also demands an end to the impunity for violators of women's human rights and for the implementation of a culture of accountability.

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[10] Vienna Declaration and Programme of Action, UN General Assembly, 12 July 1993 (p.18) Available at: http://www.unhcr.org/refworld/topic,459d17822,459b17a82,3ae6b39ec,0.html

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/survivors and establishes how different services should be implemented at a community level.

In April 2011, the Convention on Prevention and Combating Violence Against Women and Domestic Violence[11] 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. For the time being, only Turkey, Albania and Portugal (the 1st country of EU Member State) 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.

2.2 What is Violence Against Women

Every day women are victims/survivors 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, 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.

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[11] Council of Europe [CoE] – Directorate General of Human Rights, 2011. *Convention on Preventing and Combating Violence Against Women and Domestic Violence*. Available at: http://www.coe.int/t/dghl/standardsetting/convention-violence/default_en.asp

Nevertheless, only in 1992 did the UN Committee for the Elimination of Discrimination Against Women, under General Recommendation Nr. 19, clarify 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 violating women's rights and culture cannot justify or legitimise the existence of violence, nor should they serve as an excuse to deny human rights and equal opportunities

Overall, 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, and prevents women from participating in decision-taking processes, both in public and private life. It has short and long-term consequences and impacts in various ways, including social, economic and health, and in the worst cases it may result in death.

RISK
LANGUAGE

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)[12] or "*characteristics that increase the likelihood of re-assault*" (Gondolf, 2002)[13].

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

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

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 fire-arms, 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*.

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)[14], 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.[15]

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.

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[14] 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
[15]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 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 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)[16]. 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).[17]

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[18]

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

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[16]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/

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

[18] 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)[19] 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; dam-

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

aging the victim's home, car, or other property; threatening to hurt the victim or her family, friends, or pets.

Femicide means the systematic killing of women. Russell redefined femicide as "the killing of females by males because they are female" (2001).[20] 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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[20]Russel, Diana E. H. & Harmes, Roberta A., 2001. *Femicide in Global Perspective.* New York: Teachers College Press, pp. 13-14.
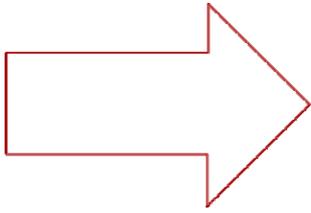
IPV has a continuous nature, being rarely a single incident. Over time, perpetrators are able to control and frighten survivor/s through several strategies, as presented above and illustrated by the Power and Control wheel.

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" [21].

"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" [22].

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

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)

> *"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)[23]

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.

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	
Injuries	Anxiety	Fear	Low wages	Isolation
Reproductive	Eating disorders	Panic		Geographical isola-

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

				tion
health and family planning	Thoughts of suicide and homicide	Frustration	Economic dependence	Unstable relationships
Pregnancy		Feelings of inadequacy	Financial control by the partner	
Abortions		Insecurity		
Sexually transmitted infections		Difficulties in interpersonal relationships		
Substance abuse		Lack of personal value		
Sleep disorders		Mental strain		
Psychosomatic and cognitive disorders		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,)[24]

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.

The table below has been adapted by Judith Worel[25] 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.

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

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

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

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)[26];

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[26] 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

- 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.

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:
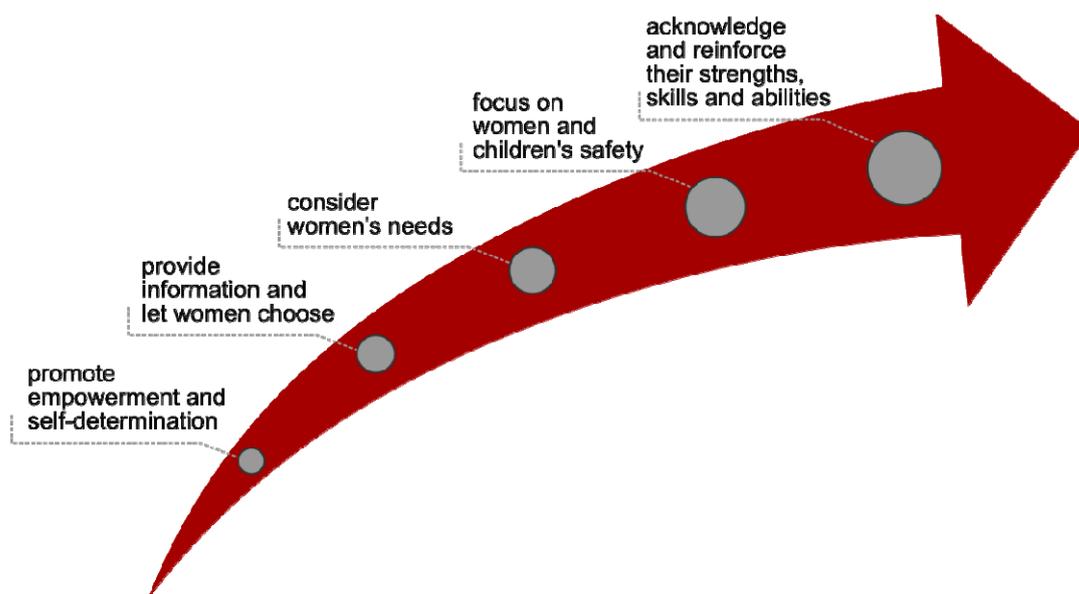
Figure 5: Important elements of the intervention chain and recovery process

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
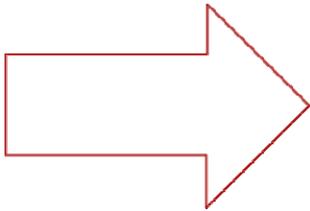
In a nutshell, risk has a dynamic nature and depends on the context, therefore risk assessment and management is a continuous process of:

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

E-MARIA

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EUROPEAN MANUAL FOR RISK ASSESSMENT

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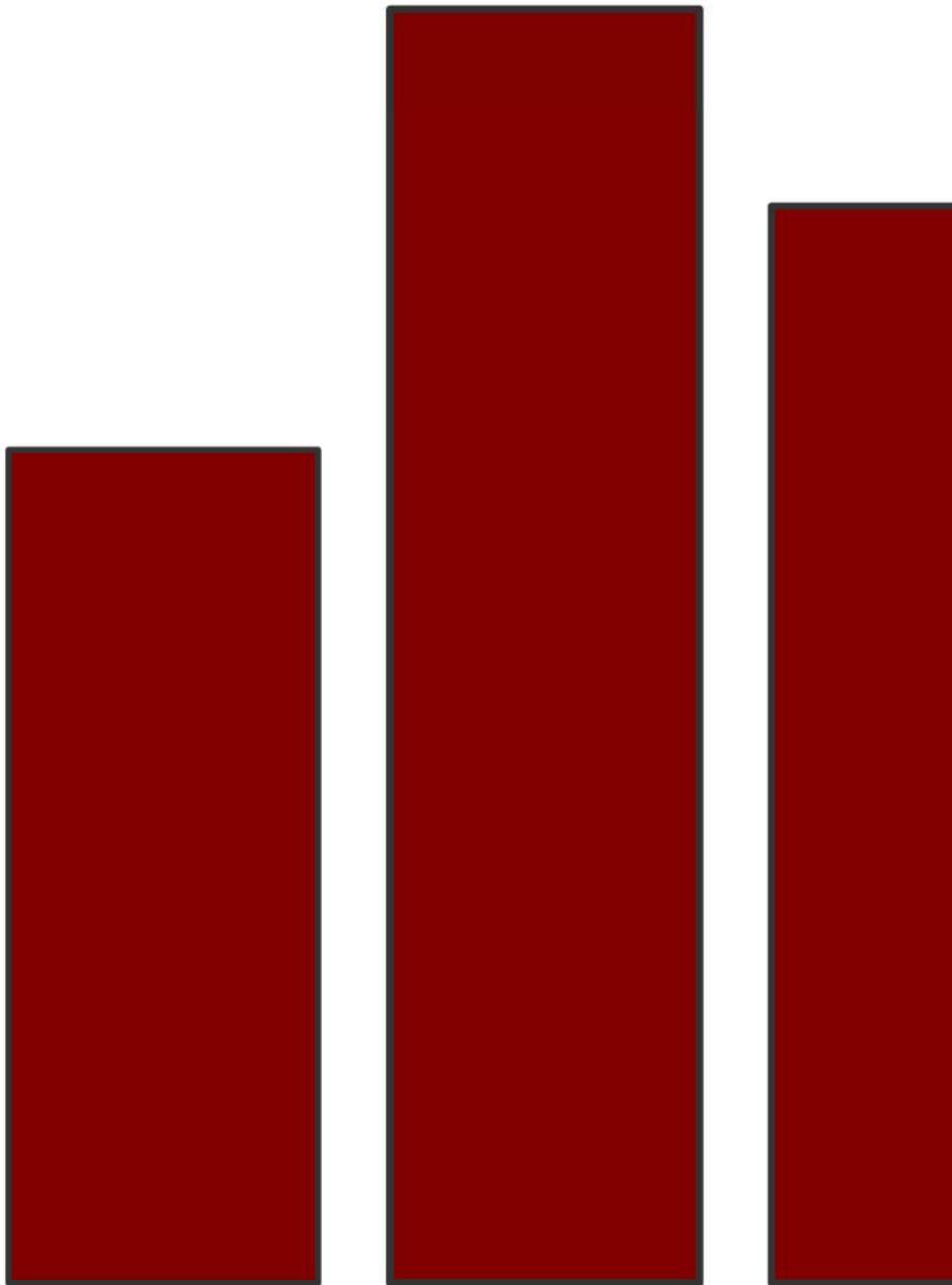
RISK
ASSESSMENT

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 survivors, 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 DV/IPV situations were only identified when the victims/survivors, for some reason, contacted the service. The main conclusion was that violence in the family context was invisible.

As such, in some specialised community networks on DV/IPV, a systematic process of screening was introduced, in order 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.

4.1 Objectives

According to Laing (2004), 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.*"[27]

It intends to increase the protection and safety of victims/survivors, supporting the intervention of professionals by adopting common references.

4.2 Principles

- Risk Assessment is a process that can only be made with the victims'/survivors' collaboration;
- Victims/Survivors own assessment of their safety and risk levels must be considered. Research shows that victims/survivors have the most accurate assessment of their own risk level;
- Victims/Survivors must be listened to without the presence of the perpetrator, family and/or their community members;
- Children should have the opportunity to talk;
- 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.

Nowadays, it is common knowledge that victims/survivors must have a role in the risk assessment process. They must be listened to and acknowledged as one of the best predictors of repeated re-assaults.[28]

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[27]Laing, 2004; cited by 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. 14

[28]US Department of Justice - National Institute of Justice [U.S. NIJ], 2009.*Practical Implications of Current Domestic Violence Research: For Law Enforcement, Prosecutors and Judges - Special Report.* Available at https://www.ncjrs.gov/pdffiles1/nij/225722.pdf

4.3 Proceedings

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. Nevertheless, the risk assessment should be also considered by helplines, i.e., in the contact by phone with victims/survivors. Thus, it is important that professionals collect the most important information, since there could have some constraints, such as little time to engage in a conversation, the sudden arrival or presence of the perpetrator, among others (consult the **Appendix 2** regarding the information to collect).

Often the first call for help is made to the police/helpline. When this happens it is important to seek relevant information for risk assessment, such as:
- When and where the assault occurred;
- Level of violence – frequency and intensity;
- The existence of weapons by the perpetrator;
- Information about the crime scene;
- Whether there were some witnesses;
- Need of urgent support.

Any agency using a risk assessment framework needs to agree on:
- aims and objectives
- reasonable duration of an assessment
- how to encourage victims/survivors' participation, through verbal and non-verbal communication
- how to ask the victim/survivor to use the information (request of consent and what for)
- confidentiality of information – its limits and promises
- who implements risk assessment
- the required training, skills and knowledge to implement risk assessment
- what will be done with the information gathered
- what will be communicated to victims/survivors and what information and/or advice to give
- what will be shared with the system what information and format is appropriated regarding the different services/professionals
- where the information will be filed and who will have access to it
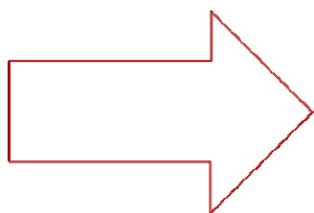
The responsibility of assessment and management of perpetrators risk is upon agencies and not survivors. In case of significant harm to children and adolescents or to women (including lethality), professionals must consider and agree on the best procedure that safeguards and protects them.

Risk assessment must not be reduced to the application of questionnaires because of the complexity of the many diverse factors that are present in each situation. Implementing risk assessment methods requires that the professional has previous knowledge on the risk factors.

He/She should consider the women's perception and have a safe and supportive approach in order for women and children to disclose their fears. This will contribute to identify the ones at risk of further violence and the nature of risk, as well as the strategies to reduce the risk. In some cases women minimise their own risk and underestimate the risk level that arises mainly as a survival strategy. Thus, after the assessment it is important to inform women about the risk they are facing for further process of risk management.

4.4 Risk Factors

As mentioned previously, risk level is given through the result of the assessment. For the assessment, there are several factors, such for example[29]:

RISK FACTOR	WOMEN — EXPLANATION
Pregnancy/Newborn	The pregnancy could be a period when violence starts or increases. It is an indicator of future harm to the woman and her child.
Isolation	It is a sign of vulnerability. The lack of resources does not allow the victim/survivor to get help. Isolation increases the likelihood of violence.
Fear	Being afraid can increase the violence.
Depression/ Mental Health Problem	Factor of vulnerability for women, due to their inability to accurately assess their situation.
Suicidal Ideas/ Attempts	Indicates vulnerability of the woman.

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[29] Consult the following documents to deeper knowledge on the risk factors:
Family Violence Coordination Unit, 2007. *Family Violence: Risk Assessment and Risk Management.* pp. 53-55.
Women Against Violence Europe [WAVE], 2011. Protect II – Capacity Building in Risk Assessment and Safety Management to Protect High Risk Victims – A Learning Resource. Austria. Pp. 87-93
Richards, L., Letchford, S. & Stratton, S., 2008. *Policing Domestic Violence.* Oxford University Press pp. 121-155

RISK FACTOR	PERPETRATOR 1 EXPLANATION
Use/Access to weapons	A weapon can injury or kill someone and/or destroy property. Its use indicates a high risk level (in terms of predicting a future behaviour). The access to weapons, including firearms, greatly increases the likelihood of serious injuries or even the murder of a victim.
Use of violence/ Threats to harm	Psychological, emotional and physical violence demonstrates the violence history (and its continuing nature) and could predict further violence.
Attempt to choke	Choking or strangulation is often used as attempt to murder.
Use of violence/ Threats to harm or kill children	Usually child abuse coexists with IPV in domestic violence situations. Children are also victims/ survivors of DV., directly or indirectly (as witness), which will affect their personal development.
Use of violence/ Threats to harm or kill other family members	It is a way to provoke fear on the victim/survivor and thus control her behaviour.
Use of violence/ Threats to harm or kill pets or other animals	There is a correlation between IPV and pets abuse, killing or threats to harm. There are cases that perpetrators use pets as a form of control over family members.
Damage or throwing objects	Similar to the threats or violence over animals, damage or throwing objects is a form of control over family members. It can have also a hidden message: *you will be next*
Suicidal ideas/ Attempts	It represents a risk factor for murder-suicide.
Sexual violence	It can include acts such as forced sex (against their will) or unwanted practice. Reporting sexual assault is likely to mean that there is violence history.

RISK FACTOR	PERPETRATOR 2	EXPLANATION
Previous or current court order violation		To have violated previously or actually a Court Order indicates that the perpetrator is not willing to obey, and so it is a serious indicator of possible further violence. It can be also combined with history of arrest and incarceration and type of crime.
Alcohol and/or drug misuse/abuse		The use or abuse of substances can decrease the social functioning and increase the risk of violence.
Control/ Possessiveness or obsessive behaviour		The perpetrator can exercise complete control over victim/survivor (her activities, finances, and family and friends relations). In situations that he is in charge, combines several forms of violence can be combined
New technologies		The new technologies, such as mobile phones, GPS, computer/internet, can be used by the perpetrator to control the women, and also to maintain her condition of isolation. It also allows him to keep in touch constantly with victims/survivors. They can be also used to blackmail women (for example, regarding some more private content).
Stalking		Stalking and coercive control are highly connected. In association to physical violence is strongly connected to murder or its attempt.
Professional activity/ unemployment		By one hand is important to know their professional activity, since it allows knowing if the perpetrator has access to weapons/firearms, privileged information (being able to control her). By another hand, unemployment or sudden situation of unemployment is associated to increased risk and even femicide. It is also an indicator of spare time that could be used to control her.
Depression/ mental health issue		Murder-suicide in IPV has been associated with depression, as a mental health problem.
Violence history		Perpetrators, who had experienced violence in childhood or witnessed violence against their mothers, have more tendencies to use violence against family members. Violent perpetrators who have a violent past, comparing with those who does not have, usually use violence more frequent and severely.

RISK FACTOR	CONTEXT	EXPLANATION
Separation	The period immediately after a separation or taking action is high risk for the victims/survivors.
Disclosure	If the perpetrator knows that the woman has disclosed and is acceding services or tries to leave the relationship, she may be at risk of escalating violence.
Violence escalation	The increase in severity and/or frequency of violence (i.e. more often and worse) is associated to femicide.
Threats to kill	The threats are often accompanied by the violence escalation, i.e. increase of the frequency and severity of violence.
Financial difficulties	Low income and financial difficulties (e.g. no enough money for basic needs) represents a risk for violence.

4.5 Approaches

There are several approaches to the implementation of risk assessment, which also evolved over time:

Clinical Approach
- This approach refers to the professional judgement in determining the risk.
- The professional has complete discretion over which information is considered and there are no constraints on the information that can be used to reach a decision.
- The subjective judgement is also based on the information available about the perpetrator.

Actuarial Approach
- This approach integrates statistical evidence into assessment.
- This involves weightings or scores derived through analysis and reseach.
- It uses tools based on scales or matrices developed on retrospective evidence-based analysis of factors associated with the outcome of interest (for example, episodes of violence).
- When all factors in the risk assessment instrument are complete, the individual's level of risk can be determined.
- The instrument is a tool for information gathering and the result obtained is limited, since many actuarial tools are based on small known foresinc samples.
- Does not allow for bespoke management plans as it only focuses the end user on the risk factors in the model, rather than other factors that may also be relevant but not included.

Structured Professional Judgement
- This approach usually combines the clinical and actuarial approaches (as guidelines that recommends what information should be collected and identifies the core risk factors), promoting the evidence-based framework for consistency.
- This approach takes also into consideration the specific situation and the context.
- Is the most common procedure, person-centred and focused on unique aspects of the case.
- With little evidence and decisions are based on intuition of professionals

In addition, considering that women are the experts of their own situation (perpetrator and relationship dynamics), they are good assessors of their own risk. Women's perception of risk combined with professional judgement results in a more accurate prediction of risk and likelihood of re-assault/femicide. This perception is a significant predictor of risk.

4.6 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.

UNITED STATES	EUROPE
The Danger Assessment (DA), 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 visit http://www.dangerassessment.org/	**SARA** - Spousal Assault Risk Assessment; it is a screening tool rather than an evaluation tool. It intends to determine the risk level for the women, children, family members or other people involved. It is composed of 20 questions. http://www.biscmi.org/documents/ Spousal_Assault_Risk_Assessment.pdf
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 of 26 questions.	**DASH** – Domestic Abuse, Stalking and Harassment and Honour Based Violence (DASH 2009) Risk Identification, Assessment and Management Model, with the main aim to identify the risk and provide an appropriate resources/support, using MARAC for serious cases. For more information visit http://www.dashriskchecklist.co.uk/
	Respect also developed a written guidance on how to use the tool. For more details consult: www.respect.uk.net/

Table 4: Examples of risk assessment instruments

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.
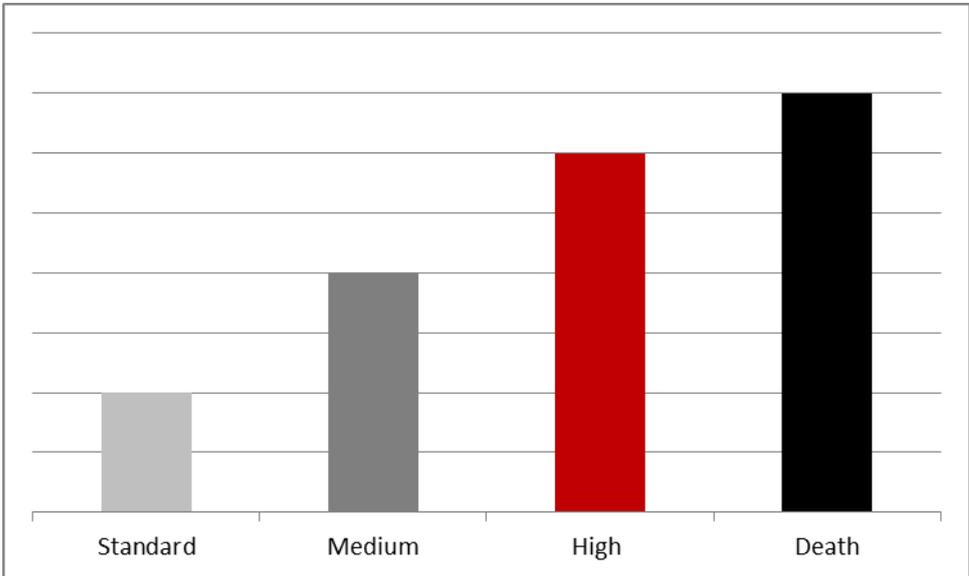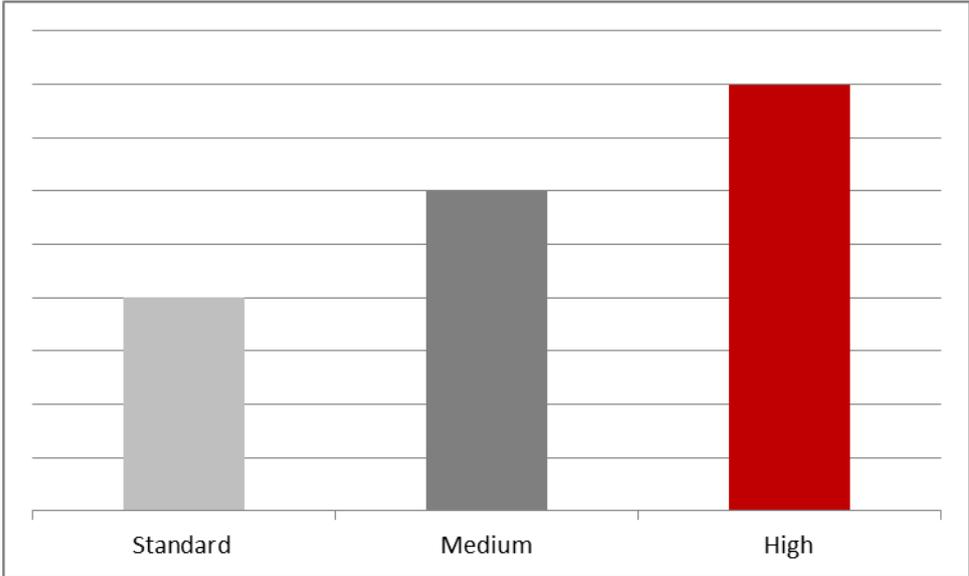
Figure 2: Risk levels by colours

The instruments must be validated at national level, 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 be done in collaboration with the victim/survivor.

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

Remarks:
- In all process, we must adequate the language to the person in front of us, avoiding misinterpretations. For instance, "chocking" can be in reality an attempt of strangulation;
- The information gathered during the risk assessment process should be treated accordingly to the data protection. However, working in a multi-agency approach requires the share of information, which should have protocols in place;
- Although women answer to several questions at the same time, when using an instrument, all questions should be asked, in order to assure that we do not forget any question;
- In cases of extreme danger, professionals must be extremely assertive in communicating the risk of murder to the women and inform about shelters.

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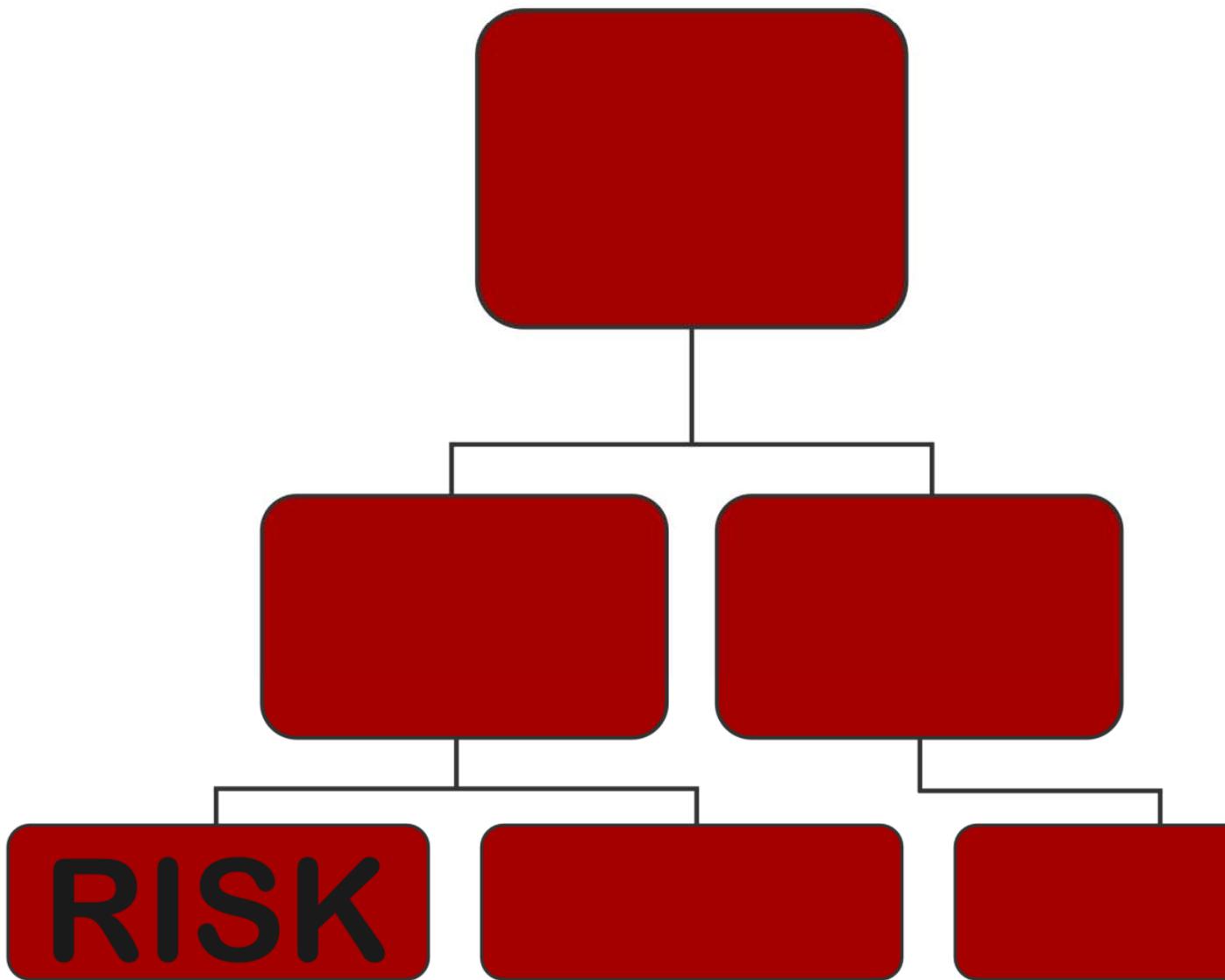
RISK

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 3: Early identification of high risk offenders[30]

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[30] Jeanne 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., 2012[31]

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, 2011[32].

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.

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

[32] 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).


Monitoring
Perform risk assessment over time in order to adjust the management strategies if necessary. It can be performed by several organisations involved in the process.

Support Services
Delivery of health and social services to empower survivors. It can include health, legal and employment issues.

Supervision
Restriction of individual freedom and rights of perpetrator to avoid reassault. It is performed by legal officers.

Safety Planning
It is the most important step since it aims to ensure the minimisation of the impact in case that violence continues and involves the mobilisation of resources in view of protection. Can be performed by several organisations.

Figure 4: Risk management process[33]

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.

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[33] Adapted from Kropp, P., Hare, R., Lyon, R., 2002. *Risk Assessment of Stalkers.* Criminal Justice and Behavior. 29(5), pp. 590-616
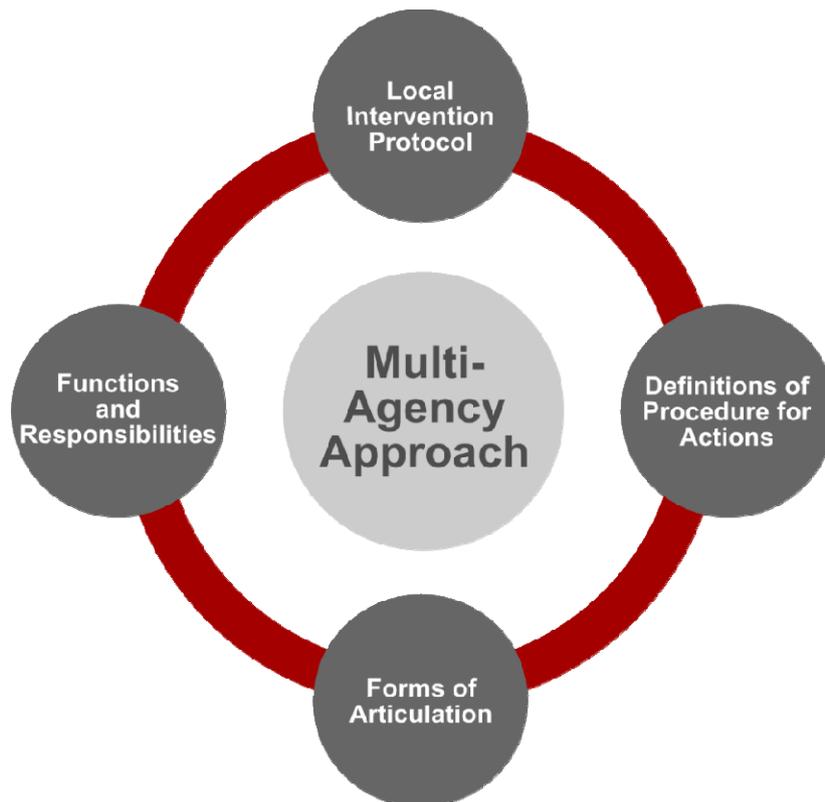
Figure 5: Multi-agency approach requirements

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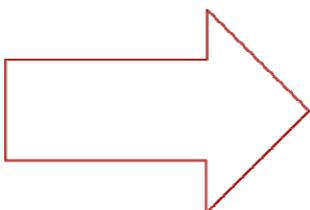
> Confidentiality is a core principle of intervention and is directly linked to the principle of responsibility/accountability of professionals concerning the survivor's safety and wellbeing.

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.
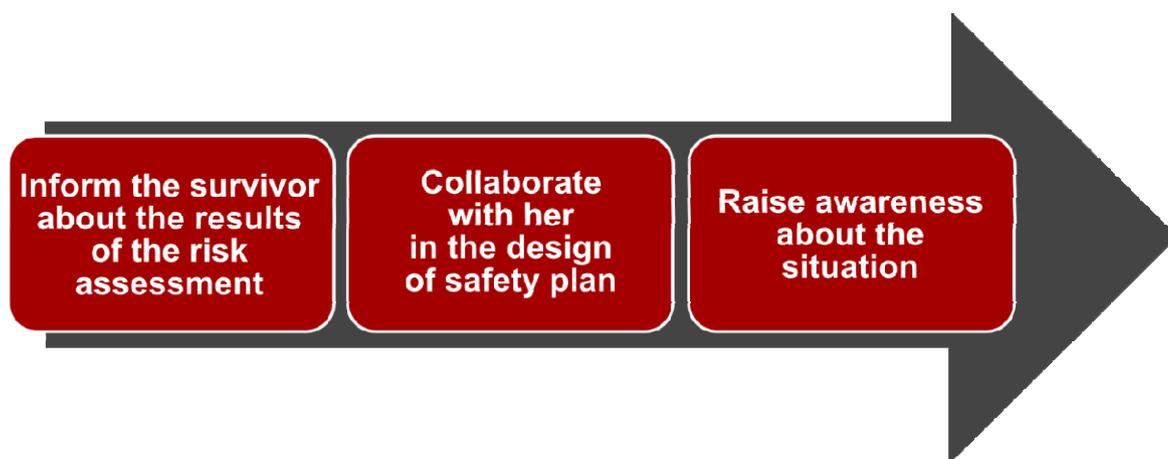

Figure 6: Collaboration between professionals and victims/survivors: steps to consider

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.
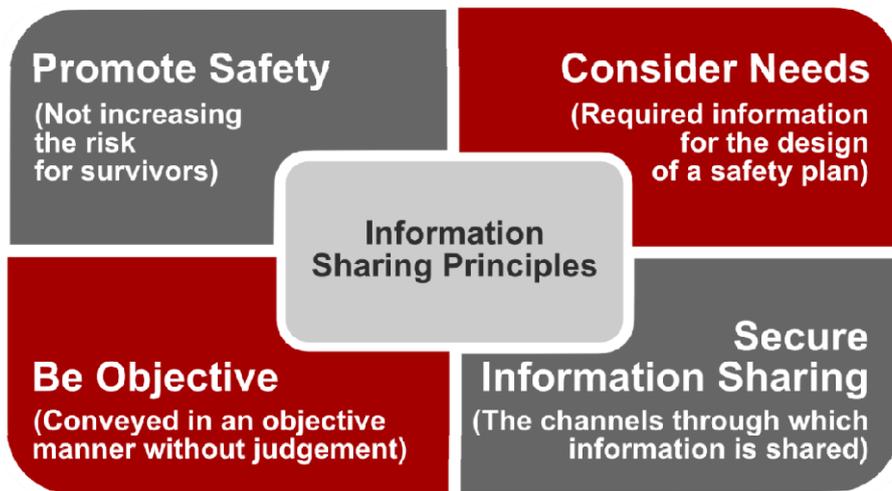
Figure 7: Information Sharing Principles

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.
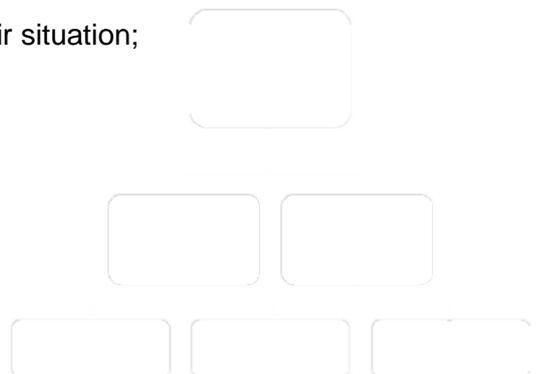
In case victims/survivors refuse the multi-agency approach intervention (including sharing information), professionals can work individually with the victim/survivor in order to develop their personal safety plan.
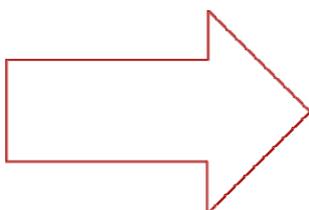
Confidentiality Exceptions:

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 pro-fessionals 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 incoher-ent and disconnected intervention plan. Please consult **Appendix 3** for potential referral process.
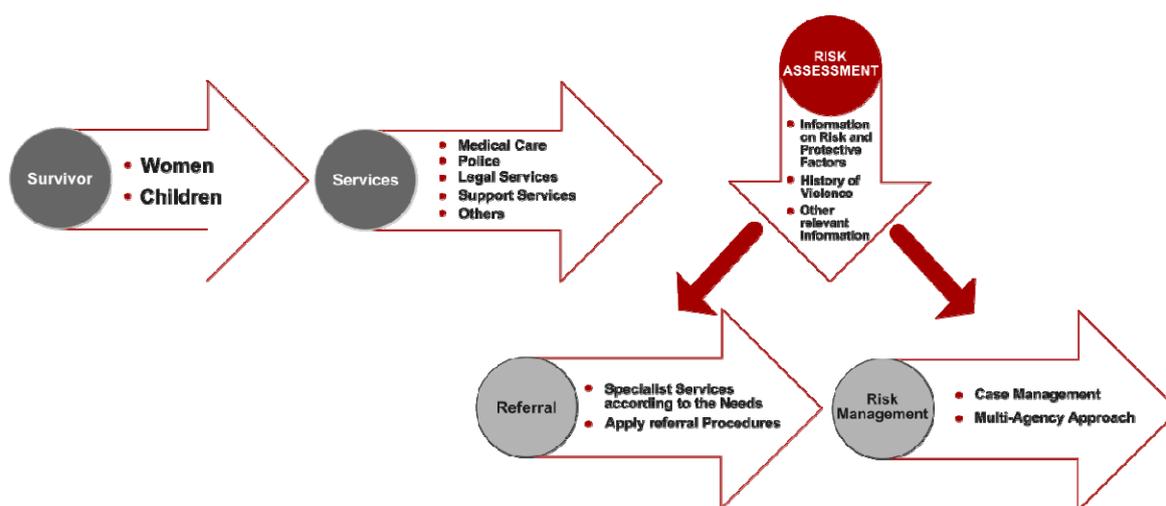

Figure 8: Overview of the Risk management process including the referral

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 survivals 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.
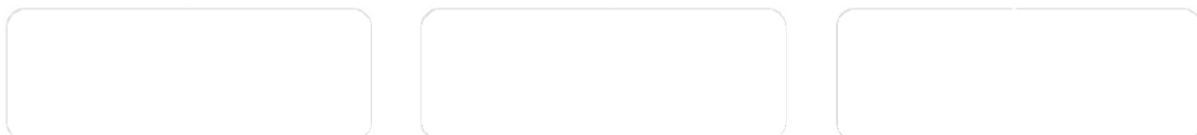
5.6 High risk situations

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.
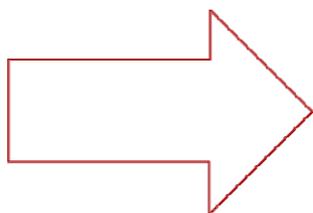
> In case of referral to a shelter/refuge, it is important to explain that shelters/refuges are temporary safe and confidential houses for women and children in high-risk situations, aimed to protect their physical and psychological integrity and to promote their individual empowerment and autonomy.

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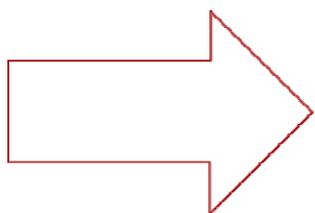
> When professionals suspect that a serious crime is about to occur and there is an immediate need for protection, they must involve police forces even without the survivor's consent.

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.

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.
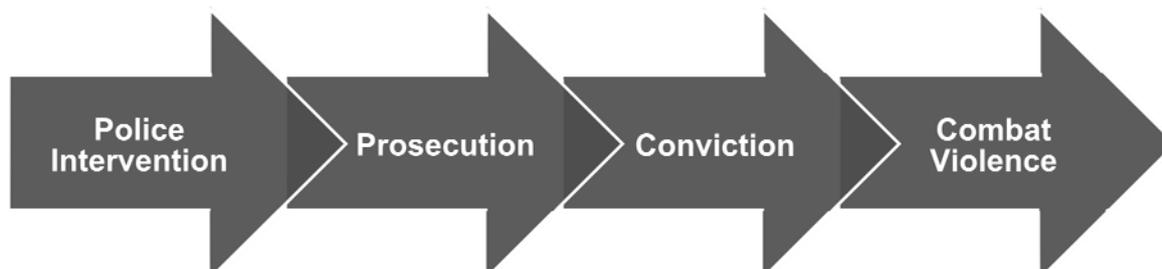

Figure 9: Legal mechanisms to combat violence

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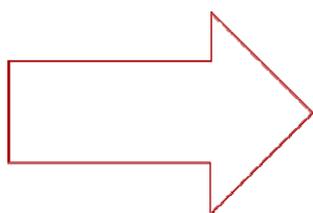
> The support in a crisis situation is critical, requiring immediate intervention, especially when the victimisation occurred within the last 48 hours.

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.
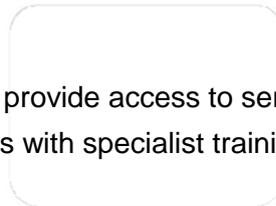
In an emergency situation, it is essential to provide access to services such as:

- 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.
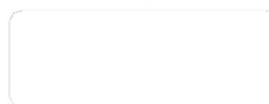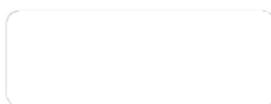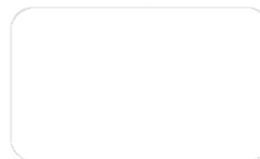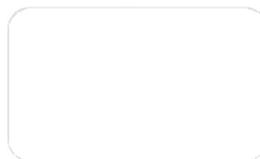
5.9 Safety Plans

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 5: Safety Plan levels

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

Figure 10: 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:
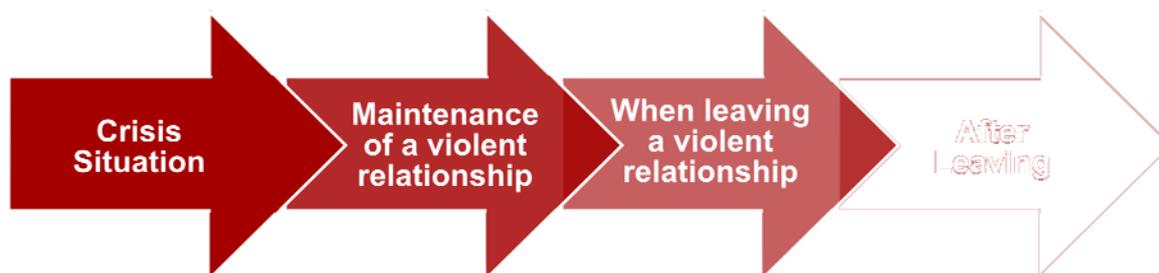

Figure 11: Different situations which may need a safety plan

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 larg*e proportion of people responsible for children's deaths are father figures with a history of violence towards their partners and the child."* [34]

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.

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[34]James-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

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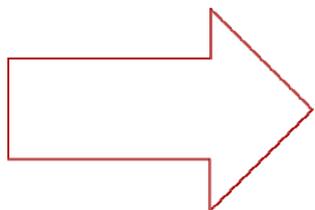
The risk assessment process must integrate the children's risk and needs and the protective ability of the non-abusive adults, in all situations
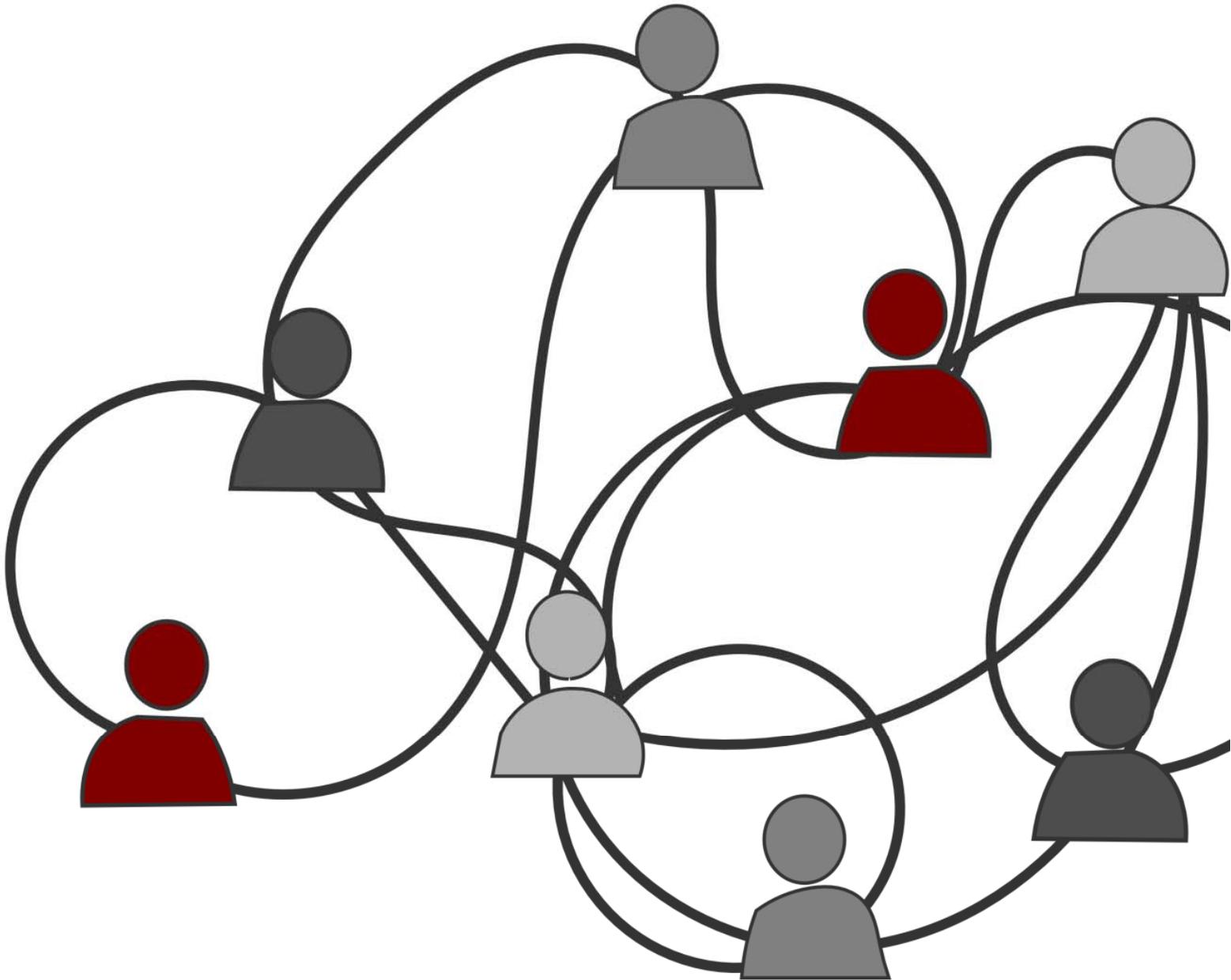
COMMUNITY NETWORKS
& PARTNERSHIPS

Chapter 6 Community Networks & 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.

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

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

The Council of Europe has made addressing violence as one of its priorities since 1993, but it took until *30 April 2002* to finally adopt the Recommendation Rec(2002)5 of the Committee of Ministers on the protection of violence against women,[35] 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 general measures for assistance for and protection of victims/survivors (reception, treatment and counselling) are established. 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;*

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[35]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

Later on, in 2008, the Council of Europe set the minimum standards for the provision of support services to women victims/survivors of gender violence[36] framed by the following *Key themes and overarching principles*:

- *Working from a gender analysis perspective;*
- *Safety, security and human dignity;*
- *Specialist services;*
- *Diversity and fair access;*
- *Advocacy and support;*
- *Empowerment;*
- *Participation and consultation;*
- *Confidentiality;*
- ***A coordinated 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.*

Both the 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"[37] of a planning strategy to combat DV/IPV by allowing solutions to be defined and for a holistic intervention package to be implemented.

6.1 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 in order to achieve effective protection, provision and prevention, and ensure that the needs of victims/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.

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[36]Council of Europe, 2008.*Combating violence against women: Minimum standards for support services.* p. 36 Available at: http://www.coe.int/t/dg2/equality/domesticviolencecampaign/Source/EG-VAW-CONF(2007)Study%20rev.en.pdf
[37]United Nations – Centre for Social Development and Humanitarian Affairs [UN - CSDHA], 1993. *Strategies for Confronting Domestic Violence: a Resource Manual.* New York: United Nations

Table 6: Differences between Network and Partnership

In the context of IPV, and taking into account the responsibility that organisations and professionals have to guarantee the safety and security of victims/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 victims/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.
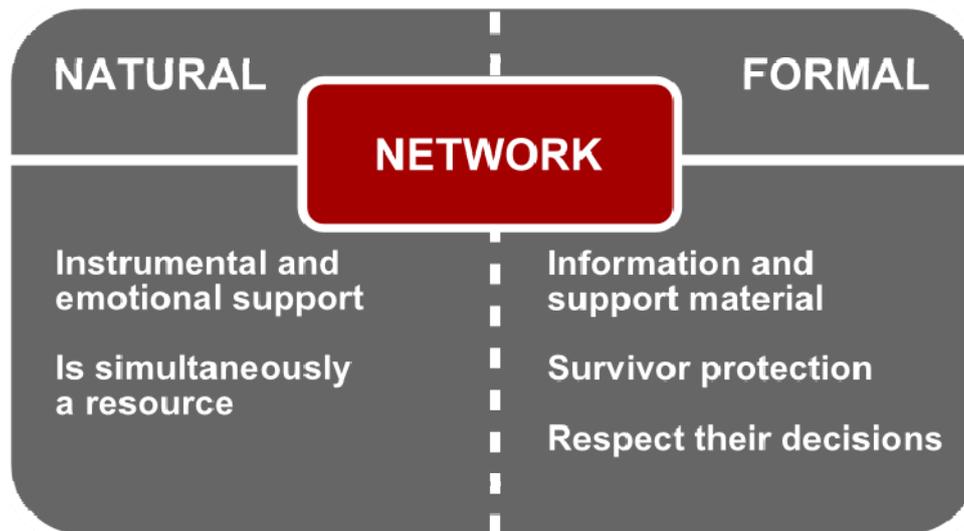
Table 7: Differences between Natural and Formal Networks

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:

- recognise of the complexity of the problem and its consequences;
- learn about other services and resources;
- increase the effectiveness of providing services;
- provide mutual help;
- meet the multiple needs of victims/survivors;
- develop new forms of seamless coordination of efforts and appropriate re- sponses.
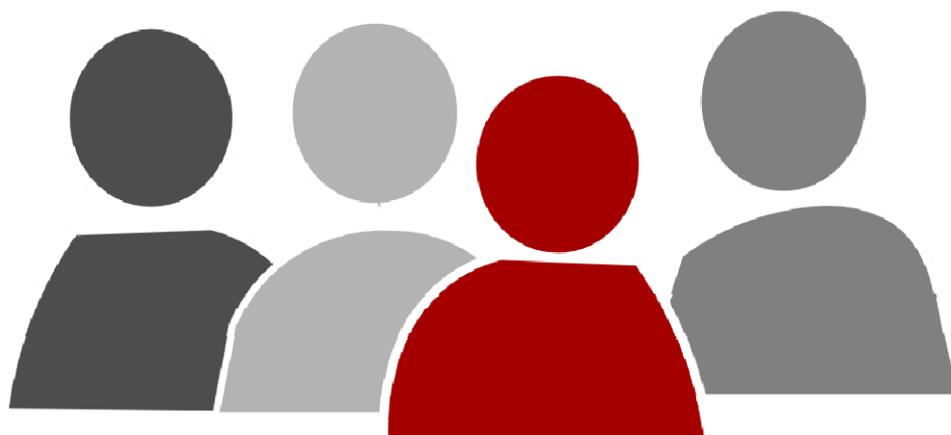
The partnership intervention should be centred on victim'/survivor's needs and perspectives, as we can observe in the figure below.
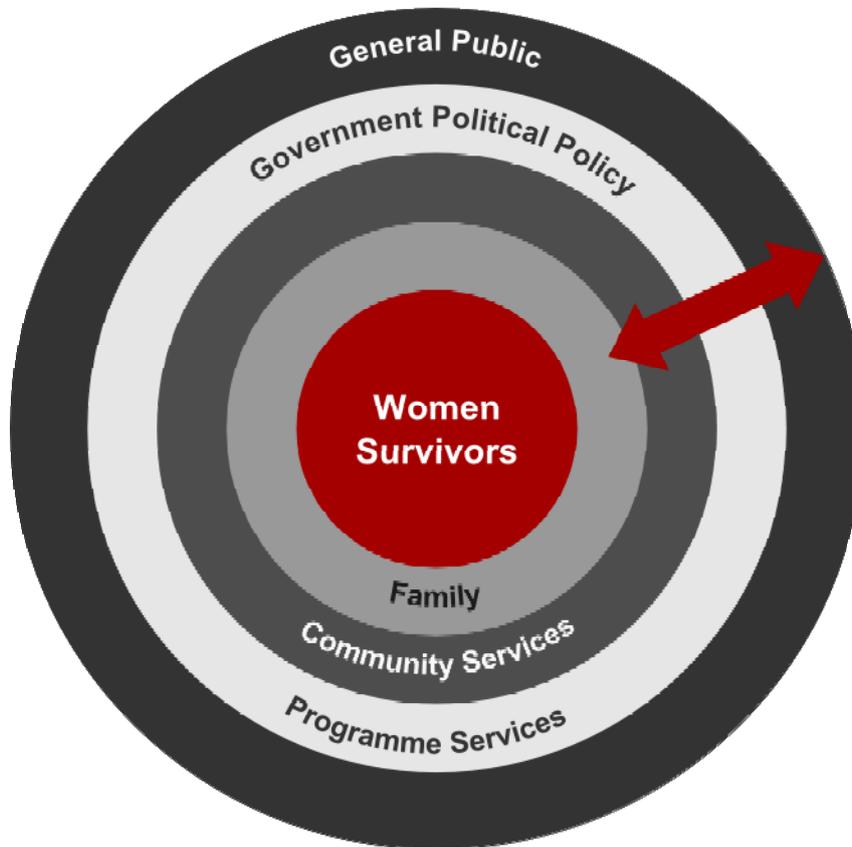

Figure 12: The modified ecological model – from Domestic Violence Advisory Council (2009)[38]

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, victims/survivors' safety and well-being.

6.2 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 of co-operation.

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[38]Domestic Violence Advisory Council, 2009. *Transforming our Communities*, Ontario. P. 29. Available at: http://www.women.gov.on.ca/owd_new/english/resources/publications/dvac/dvac_report.pdf

These protocols should include the following aspects:

- *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:
  o IPV types and dynamics
  o Risk factors and risk levels
  o Risk assessment and the tools to apply it
  o Procedures of intervention
  o Information-sharing protocols
  o 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 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 abiding by the boundaries of confidentiality;

- *Rules on confidentiality*
  Policies concerning confidentiality and information sharing should prioritise victims'/survivors' rights within the network/partnership. This includes maxi-

mising the victims'/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 the following ones:
- ▪ Membership
  - o Do the partners clearly identify the objectives of the partnership and intervention?
  - o Do the partners clearly identify the theoretical and methodological principles of the intervention?
  - o Do they review the mission and shared values?

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

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

- ▪ Effectiveness
  - o Were the objectives achieved?
  - o Did the results achieved correspond to the pre-established objectives?
  - o Have the organisations learned and incorporated within themselves the procedures for intervention?
  - o Were changes made according to the contexts?
  - o Were there any unforeseen consequences?

6.3 Objectives

The main objective of an IPV specialised network/partnership is to increase victims'/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 as police forces, social services and health services among others.

These networks will facilitate access to support services, mobilising immediate and coordinated responses, taking into account the needs of victims/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 victims/survivors safety;
- improve the effectiveness of responses to IPV;
- meet the real needs of victims/survivors;
- ensure victims'/survivors' access to goods and services;
- prevent secondary victimisation;
- provide a continuous support;
- increase perpetrator accountability;
- promote the victims/survivors empowerment and recovery;
- change social attitudes and beliefs.

6.4 Procedures

To achieve these goals and implement intervention strategies, it is necessary to constitute a partnership considering the following steps, as seen in the following picture.

Figure 13: Steps to design community networks

Professionals shall be aware at all times that the success of the on-going intervention process depends on the following actions and steps:
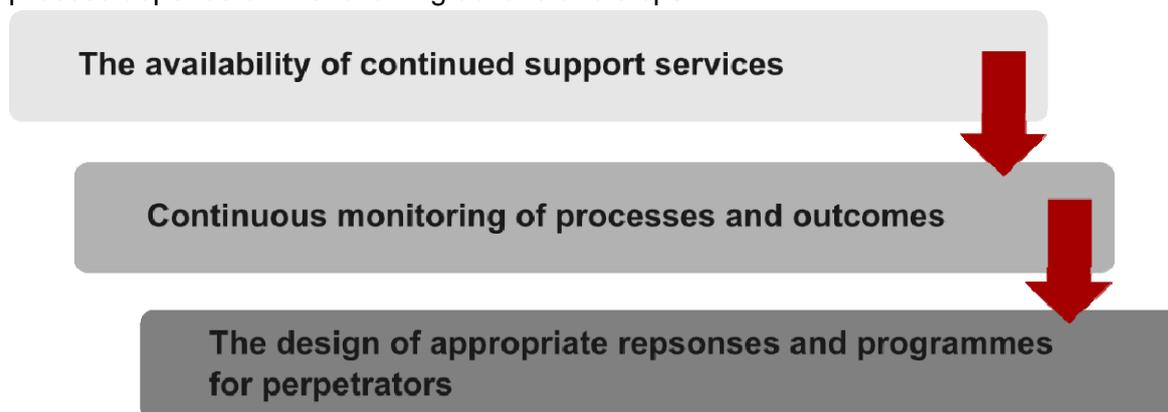

Figure 14: Conditions to guarantee the on-going process

Identification of Key Agencies

To achieve a systemic and multi-agency approach in this field and considering the several needs of victims/survivors (women and children), the following organisations, services and actors should be involved.

Figure 15: Example of agencies who should be involved in the partnership

However, some specific actors are crucial, namely the ones presented in the following table.

Survivor Supporting Services

- Women NGOs / Associations or any equivalent specialist service
- Provide support to survivors (for example: shelters, individual support, legal advice, advocacy services, selfhelp groups/support groups)
- Aim to help women to regain the control over their life and rebuild their life
- Intervene on the basis of increasing safety and protection to achieve empowerment and recovery and a life without violence.
- Support women's decisions.

Police Forces and Judicial System

- Since in many countries DV/IPV is a crime, the security forces have a double role:
  - Protect survivors
  - Enforce restraining orders to perpetrators
- One of the main mechanisms of public response to IPV
- Establish measures to control the perpetrator in order to prevent reassault
- Its work is ineffective if not embedded in another type of strategies

Health Services

- As a result of injuries and violence, often women access health services
  - Provide specific and adequate treatment accordingly to survivors needs
- Health professionals can associate the injuries and other symptoms with IPV not always reported or acknowledged by professionals or women
- Often represent the only opportunity for women to ask for help and support
  - Gather information and make a risk assessment
  - Apply referral procedures

Children Protection Services

- When there are children involved
- Focus on the children's safety and wellbeing
- Look for the "best interests of children"

Programmes for Perpetrators

- Address the violence and reduce the odds of reassault
- May provide important information about lethal and risk level, taking into account the ethic code and data protection
- May provide information about the effective impact of intervention programmes in changing perpetrators' behaviours

Table 8: Key members and actors of a Partnership

For a more comprehensive, systemic and preventive model, it is required to also involve 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 victims/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 victims/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 victims/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)[39] (see the following table).

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[39]UN - CSDHA, 1993. *Strategies for Confronting Domestic Violence: a Resource Manual.* New York: United Nations

BARRIERS	ADVANTAGES
● Misunderstanding of the problem and its dynamics;	● Common understanding about IPV;
● Denial about the existence of the problem;	● Increase access to privileged information;
● Resistance to a joint approach;	● Updated knowledge about methodologies, strategies and good practice;
● Interdisciplinary approach can mean bringing together divergent views on the issue;	● Acquisition of new skills;
● Amount of work involved;	● Maximisation of resources;
● Lack of support by organisations;	● Development of synergies;
● Lack of financial and human resources;	● Information flow;
● Involvement of less flexbible and bureaucratic structures, especially public organisations;	● Better assessment of needs, planning and coordination;
● Involvement of certain professionals/ organisations which do not have much history of working together with the community;	● Added support for/between professionals and increased motivation;
● Competition between organisations to obtain funds, undermining the objectives of the partnership.	● Increase in the number of complaints and perpetrators held accountable;
	● More effective, responsive and co-ordinated support for survivors;
	● Avoidance of compartmentalisation and segmentation of problem solutions;
	● More effective government consultation.

Table 9: Barriers to and advantages of the Network Partnerships
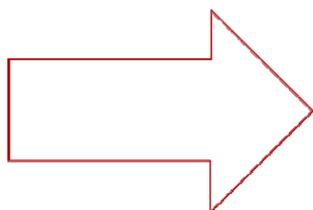
Networks and Partnerships should be adapted to the community where they are working, considering the formal and informal dynamics of communities.

6.5 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 victims/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 girls' needs, 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/survivors 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 victims/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 victim'/survivor's safety and wellbeing

Therefore this European Manual in Risk Assessment and Management 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 and children human rights.

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