

Effective Multi-agency Co-operation for Preventing and Combating Domestic Violence

Training of Trainers Manual



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and
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Introduction

Domestic violence is one of the most serious and pervasive forms of violence against women. It is used to exert power and control over another individual, and leads to serious health damage, physically and emotionally, and may end fatally. Apart from physical injuries, it causes fear, distress and loss of self-confidence. Physical, sexual and psychological violence are employed to aggravate the feeling of vulnerability, lack of control over one's own body and feelings of hopelessness and shame. As a result of this, it destroys the victim's will power and prevents her or him from being free and safe.

Domestic violence exists in all Council of Europe member States and occurs at all levels of society. A survey carried out in 2014 by the European Union Agency for Fundamental Rights, for which more than 40,000 women were interviewed in 28 countries, revealed that 22% of women have experienced physical and/or sexual abuse by a partner since the age of 15¹. In Poland, domestic violence is also widespread, with women representing 65% of victims, and 25% of victims being minors². Inversely, men account for 92.8% of perpetrators, reflecting the gendered nature of such violence.

In order to tackle domestic violence effectively, it is imperative to increase awareness of this issue, among the general public, but most importantly among professionals providing protection and support to victims. Training can greatly contribute to help professionals working in this field to treat victims with respect and sensitivity, and prevent secondary victimisation. But training is also an essential tool in ensuring effective multi-agency co-operation.

On their own, agencies cannot be successful in solving such a deeply entrenched problem. Co-ordinated measures and multi-agency partnerships are necessary to address the root causes of the problem. Interventions tackling domestic violence need to be centred on the needs and the rights of the victims, and multi-agency training is crucial in effectively preventing domestic violence against women and their children.

Purpose and structure of the training of trainers manual

This training of trainers manual has been developed under the framework of the project "Polish Family – Free from Violence", funded by the EEA and Norway Grants, and jointly implemented by the Ministry of Labour and Social Policy and the Council of Europe. The project aims at supporting Polish authorities in improving the skills and capacities of professionals providing protection and support to victims of domestic and gender-based violence. Applying a training of trainers approach, the project will serve to train members of 500 interdisciplinary teams, set up at local government level following amendments to the Act on Counteracting Family Violence in 2010.

¹ European Union Agency for Fundamental Rights (2014) *Violence against Women – An EU wide survey. Results at a glance*. Luxembourg: Publications Office of the European Union.

² Office of the Government Plenipotentiary for Equal Treatment (2014), *Report on the implementation of the Beijing Declaration and Platform for Action (1995) and the outcomes of the twenty-third special session of the General Assembly (2000)*. Available at: <http://www.unece.org/index.php?id=35455>

The primary purpose of this manual is to serve as a resource for trainers to explore some of the benefits and key principles of multi-agency work for supporting victims of domestic violence and violence against women. However, the manual may also be used by individual professionals as a learning resource for background theoretical and practical information, as well as a source of best practice models.

Firmly grounded on the standards of the *Council of Europe Convention on preventing and combating violence against women and domestic violence* (Istanbul Convention) and on good practice in implementing these standards, the manual is divided into two parts.

Part I is addressed to professionals engaged in co-ordinated interventions, and is composed of seven main sections covering various areas of multi-agency work in cases of domestic violence and violence against women:

- Section 1: Understanding the basic principles and standards of the Istanbul Convention
- Section 2: Adopting a victim-centred and human rights-based approach
- Section 3: Safety and protection of victims as core goals of interventions
- Section 4: Avoiding secondary victimisation and victim-blaming, and addressing stereotypes
- Section 5: Identifying situations of high-risk, including the risk of severe violence and lethality
- Section 6: Working together in multi-disciplinary teams for the provision of empowering support to victims
- Section 7: Victim-oriented work with perpetrators

Except for Section 1 on the Istanbul Convention, each section begins with an introduction to the theoretical background of each main area of multi-agency work, and is followed by practical exercises and key messages in the form of hand-outs. Trainers may use the manual to tailor their training sessions according to the needs and interests of the participants. Practical exercises are aimed at raising awareness and promoting discussion among participants, with the view to helping them to identify their own attitudes and value judgements in their daily work with victims and with other agencies and services. Moreover, hand-outs may be printed out and distributed to participants at the beginning of each practical exercise. Finally, each section also includes resources and additional reading for those interested in further expanding their knowledge base.

Part II is exclusively addressed to trainers, and describes the variety of methods that are used throughout this training manual in order to train participants and effectively carry out practical exercises.

Glossary of key terms

Domestic Violence

This manual addresses violence by men against women and their children and in particular its occurrence within the domestic sphere. Whilst other victim experiences are recognised, women remain disproportionately affected by gender-based violence, and in particular by domestic violence. The violence also impacts children either directly or indirectly. Domestic violence in this context refers to “all acts of physical, sexual, psychological and economic violence that occur within the family or domestic unit or between former or current spouses or partners, whether or not the perpetrator shares or has shared the same residence with the victim” (Article 3, Istanbul Convention).

Gender

Gender refers to “the socially constructed roles, behaviours, activities and attributes that a given society considers appropriate for women and men” (Article 3.c, Istanbul Convention).

Gender-based violence

Gender-based violence against women refers to “violence that is directed against a woman because she is a woman or that affects women disproportionately” (Article 3.d, Istanbul Convention).

Gender-specific approach

According to the Istanbul Convention, a gender-specific approach implies recognising that violence against women and domestic violence are rooted in historically unequal power relations between women and men, and that in order to effectively address the problem, all measures taken should be aimed at achieving *de jure* and *de facto* equality between women and men.

General support services

General support services refer to help offered by public authorities such as social services, health services and employment services, which provide long-term help and are not exclusively designed for the benefit of victims only but serve the public at large. Such statutory services play an important role, especially as a first contact point and in referring victims to specialist or women’s support services.

High-risk

The term high-risk is used in relation to situations in which women and their children are at risk of experiencing severe forms of violence or violations of their rights to life, health and freedom such as: murder and attempted murder, violence by weapons or dangerous objects, violence causing severe injuries requiring emergency medical treatment, violence causing repeat injuries, death threats, severe and on-going coercion and control, rape, stalking, deprivation of liberty, and forms of slavery and torture. High-risk is not a characteristic of a victim, but rather a level of danger posed by the perpetrator. Victims cannot be divided into groups fixed according to the level of risk posed, because risk is a dynamic concept and it is constantly changing; every victim of violence can experience situations leading to an increase or decrease in levels of risk.

Multi-agency case conferencing

Multi-agency case conferencing is a specific form of multi-agency work using special methods involving the exchange of personal information of victims in order to improve the support, protection and empowerment of victims and to reduce the risk of harm.

Multi-agency work/partnership

The term multi-agency work and multi-agency partnerships are often used interchangeably. They refer to the process and outcomes resulting from different agencies concerned with the problem of domestic violence against women and their children, committing themselves to joint working to improve overall effectiveness. The term “partnership” suggests that all agencies are equal, which of course is not the case. Agencies differ in terms of their size, power, status, structure, resources and responsibilities. This manual highlights that it is important to pay attention to these differences, to balance them where possible and to consider their impact on joint working.

Risk

Risk refers to any risk of physical or psychological harm for victims in the context of domestic violence against women and their children.

Risk assessment

Risk assessment refers to the process of identifying and estimating the level of risk in a specific situation, using a systematic approach examining a series of risk factors which may be assisted by the use of a risk assessment tool. Risk assessment should be reviewed at regular intervals and carried-out by trained practitioners together with victims of violence as “experts by experience”.

Safety management and risk management

In this manual, safety management and risk management are used interchangeably as terms and are concerned with victim-centred approaches and measures which seek to assess and reduce risk. In reducing risk, preventive measures are needed to empower the victim, as well as measures aimed at the behaviour and circumstances of the perpetrator and at stopping the violence.

Specialist or women’s support services

The term “specialist or women’s support services” covers a vast array of specialist services applying a gender-specific approach and aimed at supporting women victims of violence and their children, such as women’s shelters, national women’s helplines, women’s centres, rape crisis and sexual assault centres, specialised services for migrant and minority ethnic women, out-reach services, independent domestic violence advocacy, and intervention centres.

Victim

In this manual, the term “victim” is used in order to recognise that women and children experiencing violence have been subjected to an act of violence and have a right to justice, protection, support and compensation. Using the term “victim” does not mean that victims are seen as passively “enduring” violence; it is important to acknowledge that victims try in many ways to prevent, resist and cope with the violence they experience. Victims are active in the process of prevention and intervention, not just objects of a process; they are “experts by experience” who need to be respected and empowered to be agents of change in their lives.

Victim and human rights-centred

In accordance with the Istanbul Convention, this manual places the needs and rights of victims as the central priority and applies a gender-specific approach, recognising that violence against women and domestic violence constitute a violation of human rights and a form of discrimination, and as such need to systematically be tackled by specific measures.

Violence against women

Violence against women is “understood as a violation of human rights and a form of discrimination against women and (refers to) all acts of gender-based violence that result in, or are likely to result in, physical, sexual, psychological or economic 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 3.a, Istanbul Convention).

PART I

**RESPONDING TO DOMESTIC VIOLENCE THROUGH
MULTI-AGENCY WORK**

Section 1: Understanding the basic principles and standards of the Istanbul Convention

The Council of Europe Convention on preventing and combating violence against women and domestic violence³ (Istanbul Convention) is the most far-reaching international treaty in the field of preventing and combating violence against women and domestic violence. It also seeks to change the hearts and minds of individuals by calling on all members of society, in particular men and boys, to change their attitudes towards violence. In essence, it is a renewed call for greater equality between women and men, because violence against women is deeply rooted in the inequality between women and men in society and is perpetuated by a culture of intolerance and denial.

Opened for signature in May 2011, entered into force on 1 August 2014, and ratified by Poland on 27 April 2015, the Istanbul Convention builds on international standards, case law and best practice from Europe and beyond. For the first time in history, the Convention makes it clear that violence against women and domestic violence can no longer be considered as a private matter, but that states have an obligation to tackle it effectively, whether in times of peace or in situations of armed conflict. By accepting the Istanbul Convention, states parties are obliged to change their laws, introduce practical measures and allocate resources to prevent effectively violence against women and domestic violence, protect victims and prosecute the perpetrators. It also breaks new ground by requesting states to criminalise the various forms of violence against women, including physical, sexual and psychological violence, stalking, sexual harassment, female genital mutilation, forced marriage, forced abortion and forced sterilisation⁴.

In the following paragraphs, the core principles of the Istanbul Convention are highlighted. More information on specific provisions of the Convention can be found in the different sections of this training manual.

Violence against women as a human rights violation and a form of discrimination

Drawing on international human rights law⁵, the Istanbul Convention recognises violence against women as a human rights violation (see Section 2). The Convention also recognises the structural nature of violence against women, as both a cause and consequence of unequal power relations between women and men in all spheres of society. As such, all forms of violence against women, including domestic violence, are regarded as being part of a social mechanism which allows or tolerates discrimination against women. Through violence, significant numbers of women are barred from fully enjoying their human rights, developing their full potential and leading independent lives. Violence against women is thus a major obstacle to their full advancement.

³ The Polish version of the Convention is available at: <http://www.coe.int/t/dghl/standardsetting/convention-violence/convention/Convention%20210%20Polish.pdf>

⁴ Articles 33 to 40, Istanbul Convention.

⁵ In particular General Recommendation No. 19, adopted by the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) Committee.

Gender equality as crucial for the prevention of violence

The measures of the Istanbul Convention are firmly based on the premise that violence against women cannot be eradicated without investing in greater equality between women and men and that in turn, only real equality between women and men and a change in power dynamics and attitudes can truly prevent violence against women. The key to combating violence against women is not crime control. It is making sure that women and men are equal partners, have the same rights and responsibilities, the same opportunities and that their contribution to society is equally valued and respected. Consequently, the Convention contains a number of provisions which aim at advancing the status of women in society *de jure* and *de facto*.

Prejudices, customs, traditions and other practices based on the inferiority of women or on stereotyped roles for women and men abound. Naturally, they influence gender relations and interpersonal relationships. They also affect how women are treated and perceived by public institutions and societal structures, but also by, for example, the legal system (see Section 4). For this reason, the Istanbul Convention aims at changing attitudes and eliminating stereotypes not only at the level of individuals, but also at the level of institutions. It does this, for example, by placing the obligation on states parties to conduct regular awareness-raising campaigns (Article 13), introduce teaching material at all levels of education (Article 14), regularly train all professionals in contact with victims (Article 15), set up perpetrator programmes (Article 16), and involve the private sector and the media as partners in tackling violence (Article 17).

Domestic violence affects women disproportionately and also affects children

The Convention recognises violence against women and girls as a distinctly gendered phenomenon because it is violence targeted at women to control them or their sexuality. In the case of domestic violence, women are particularly affected to a much larger extent than men (Article 2, paragraph 1). Because of their disadvantaged position in society, women also have fewer resources and means to escape such violence and get the support they need. While it is important to recognise that most victims of domestic violence are women, it is equally important to recognise that many of these women have children. In some cases, the violence is directed at both, women and children. In other cases, children are not targeted themselves but witness violence against their mothers or family members. Either way they suffer and either way they need to be protected, and the Convention makes this a requirement (for example, Articles 26, 31 and 56). At the same time, the drafters of the Convention recognised that men are not immune to domestic violence, and that this violence needs to be addressed (Article 2, paragraph 2). For this reason, states parties may also apply the Convention to all victims of domestic violence, including men, while paying particular attention to women victims.

The human rights, needs and safety of the victim come first

The Convention makes it clear, that in order for victims to get the best support possible, their rights, needs and safety must be placed at the forefront of all interventions. This means offering protection and support when women at risk need it most, treating them with respect and sensitivity, and empowering them to make informed decisions that best reflect their interests.

Co-ordinated and multi-agency approach

The Convention addresses the need to co-ordinate measures and to implement them by way of effective co-operation among all relevant actors playing a role in preventing and combating violence against women and domestic violence (Article 7, paragraph 2). More specifically, the Convention requires that in providing support to victims and witnesses, states parties must provide for effective co-operation between all relevant state agencies, including the judiciary, public prosecutors, law enforcement agencies, local and regional authorities as well as non-governmental organisations (NGOs) and other relevant organisations and entities (Article 18, paragraph 2). It also recognises the work and expertise of NGOs in this field and asks states parties to co-operate effectively with these organisations (Article 9). The issues of risk assessment and risk management, the need for co-ordinated safety and support measures, and for regular training on multi-agency co-operation are addressed in Articles 15 and 51.

Monitoring

Finally, the Convention also establishes a monitoring mechanism to assess how well its provisions are put into practice. This monitoring mechanism consists of two pillars: the Group of Experts on Action against Violence against Women and Domestic Violence (GREVIO), an independent expert body, and the Committee of the Parties, a political body composed of official representatives of the states parties to the Convention. Their findings and recommendations will help to ensure states' compliance with the Convention and guarantee its long-term effectiveness.

RESOURCES



**Council of Europe Convention on Preventing and Combating Violence
Against Women and Domestic Violence**

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Section 2: Adopting a victim-centred and human rights-based approach

Applying a victim-centred and human rights-based approach in supporting victims is not only necessary in order to fulfil international obligations, but is first and foremost necessary to make sure that victims seeking help feel truly supported by our interventions. When receiving protection and support, victims should not in any way feel disrespected, patronised, judged or pressured. This might sound self-evident, however it is not always the case, because even as professionals we run the risk of exercising harmful mechanisms, such as victim-blaming or stereotyping (see also Section 4). It is important that we are aware of such mechanisms and that we reflect this awareness regularly in our practice, for instance with the support of supervision.

One unhelpful mechanism that can prevent professionals from providing empowering support is called “othering”, where the victim is perceived and treated as the “other”. In other words, the victim is considered to be an outsider. This is a psychological phenomenon of our unconscious and it serves the purpose of protecting us- we may think things such as: the violence cannot happen to me, the victim must have done something wrong to deserve such violence, and so on (see also Section 4). The reality is that violence can occur to anyone – violence against women and domestic violence is unfortunately widespread and exists in all countries: the European Union-wide survey of the Fundamental Rights Agency on violence against women carried-out in 2014 shows that every third woman in the European Union (EU) has experienced some form of violence since the age of 15⁶. We have been or can become victims ourselves; additionally, our families can be affected, including our daughters, sisters, mothers, friends, and even neighbours or colleagues at work.

The “othering” mechanism is particularly harmful because it leads to the isolation and exclusion of victims from the community, rather than to compassion and inclusion. What victims need most is the solidarity of others - their awareness and kindness - so that the wounds that violence leaves on their bodies and souls can heal, and that they are not further traumatised by unhelpful reactions and responses.

A good method to recognise the needs of victims of violence is to consider their perspective, by asking ourselves: what do we need as victims? (see Exercise 2.1 - Our own experience of violence).

Respecting the right to privacy and the right not to be subjected to violence

Two sets of basic human rights are at the core of our work to prevent violence against women and domestic violence: first, there is the human right to live a life free from violence (Article 4, Istanbul Convention), which includes the right to life, health and freedom and the right not to be subjected to torture or to inhuman and degrading treatment (see European Convention on Human Rights). Thus, the right to a life free from violence is a fundamental human right and must be safeguarded (Article 4, Istanbul Convention). At the same time, the right of the victim to

⁶ European Union Agency for Fundamental Rights (2014). *Violence against Women – An EU wide Survey. Results at a glance*. Luxembourg: Publications Office of the European Union.

privacy must be observed (Article 8, European Convention on Human Rights). It is not legitimate, for instance, to put pressure on victims to separate from the abusive spouse or partner or to put pressure on the victim to stay. It is the personal right of every victim to decide whether or not she wants to stay in a relationship. The support for victims needs to be unconditional and respectful of the right of the victim to self-determination. Pressure to change can, and should, be put on the perpetrator regarding his or her abusive behaviour, never on the victim.

Key messages:

- Basic human rights, the right to live free from violence, and the right to family life, need to be guaranteed for all victims of domestic violence. This is not an easy task, and means that changes in the behaviour of the perpetrator need to be demanded, mandated and promoted.
- Guiding principles for interventions should include:
 - Restriction of freedom and demand for change in perpetrators' behaviour
 - Provision of unconditional support to victims and their children

Identifying and respecting victims' needs and rights

All victims of domestic violence and violence against women have similar basic needs, which are: the need to be listened to and to be believed, as well as the need to be safe and to be protected from harm. Moreover, victims need financial means to support themselves and their children, they need affordable housing. They do not need to be judged for their behaviour or be blamed for their choices. They need to be encouraged and empowered to take steps to resist violence and exploitation, and to realise their right to live free from fear and violence. As professionals, we also need to respect and understand that some victims do not want the ones who harmed them to be sanctioned by the law because they may still love them or because they are part of their family or are the father of their children.

While the basic needs of victims are similar, individual needs vary according to the unique situation of each victim. Services should take the time to identify carefully the individual needs together with the victim, and to base the help offered on this joint assessment of needs.

Protection and support for children

In severe cases, child protection authorities might need to remove a child from a family temporarily or permanently. However, this should be seen as the last resort and other measures need to be taken to secure the wellbeing of the children without separating them from their mother. Barring orders, for example, are an effective means to ensure that the perpetrator leaves the residence and the children do not lose their home.

It is not advisable and not legitimate to use the possibility to take the children away from the mother as a threat to put pressure on her to separate from the perpetrator. A woman victim of violence should also not be accused of not protecting the children. Victims have no control over the behaviour of the violent partner and are not responsible for it. The responsibility lies with the perpetrator and he is the one to be held accountable.

Pressure and accusations will most likely lead to a situation where the victim does not feel supported but rather feels punished. Sometimes, as professionals, we pressure victims because we ourselves feel helpless, but it is important to bear in mind that this is not the way to ensure successful prevention. Pressure can lead to the victim being fearful of seeking help resulting in a more desperate situation for the victim, while the perpetrator gains more power over the woman and the children.

We should also avoid contradictory measures, such as first requiring the victim to separate because of the wellbeing of the children, and after separation, requiring the mother to facilitate contact of the children with the father. Article 31 of the Istanbul Convention, for example, requires judges to take into consideration any known incidents of domestic violence when they decide on custody or visitation rights. There have been examples of the abusive parent being granted visitation or even custody rights simply because it was considered to be in the best interest of the child to maintain contact. The Istanbul Convention clearly establishes that violence against the non-abusive carer or the child itself should always be taken into account when decisions are taken on the exercise of parental rights and that the exercise of visitation or custody rights should never jeopardise the safety of the victims or that of their children. Articles 22, 23 and 26, further call for specialist support for children exposed to domestic violence, based on their needs. This includes age-appropriate psycho-social counselling and respect for the best interests of the child.

Key messages:

- Children are always affected by the violence perpetrated against their mother or another family member; they are witnessing the violence and its impact, such as injuries, verbal abuse, destroyed objects, etc.
- Violence against the mother represents psychological violence against the children.
- When women are abused by their spouse or partner, their children are not only indirectly, but often also directly victimised and can suffer physical, sexual and psychological violence at the hands of the perpetrator⁷.
- Children can only be safe if their mothers are safe, and vice versa; it is essential to address the provision of protection and support to women and their children in a holistic manner.
- It is important to recognise that the mother and her children form a family unit that is essential for the well-being and safety of children in cases of domestic violence. It is necessary to strengthen and support this unit, and to avoid dividing and weakening it.

⁷ Hester, M. et.al. (2006). *Making an Impact: Children and Domestic Violence*. 2nd edition, Bristol: Jessica Kingsley Publishers.

Building the victim's trust in the system

When providing assistance, we need to acknowledge that it is not easy to seek help. It is not self-evident that as a victim of violence we walk into the premises of an agency and start to talk openly about the violence we have experienced. Agencies need to recognise the courage this takes, for instance by saying “Thank you for coming here and trusting us to help you, we know that it is not easy. We will offer you the best professional help we can”. The EU-wide survey on violence against women⁸ revealed that 66% of the women surveyed did not even report the most serious incidents of violence to the police or another organisation. There are several reasons why women do not report acts of violence such as: shame and embarrassment, fear of the perpetrator, fear of not being believed by the police or by other agencies, fear of negative outcomes that could result from a lack of adequate reaction by authorities, fear of being subjected to victim-blaming and other reasons. Agencies need to be aware of these obstacles and need to engage actively in measures for building the victim's trust

One important element of building trust is to make sure that one advocate is assigned to each victim and that she feels comfortable with this person. Meeting different people can cause stress and lead to secondary victimisation (see Section 4). The victim should also have the right to change advocates if she does not feel comfortable with the one who has first been assigned to her case (see Section 5).

Right to privacy and data protection

We cannot automatically assume that victims will agree to share their information with other agencies. On the contrary, the victim needs to be guaranteed confidentiality, while at the same time being informed about the limitations of such confidentiality. In order to share information with other agencies, it is essential that the victim's consent is given. The principle of dealing very carefully with the personal data of every victim and restricting the exchange of such data is crucial to the goal of empowering victims (see Section 5).

Empowering and holistic support for the victim

The empowerment approach “is grounded in the belief that victims of domestic violence should have access to information, (advocacy,) education, and other necessary social and economic support to make informed decisions”⁹ that best meet their rights and needs. Victims of violence are not passive and helpless, even if the violence might make them feel so at times. Victims can have control over their lives, the capacity to act independently, and to make their own choices. Victims cannot control the violence, but they can control the services and the help they choose, and what steps they take in order to escape violence and rebuild their lives.

⁸ European Union Agency for Fundamental Rights (2014). *Violence against Women – An EU wide Survey. Results at a glance*. Luxembourg: Publications Office of the European Union.

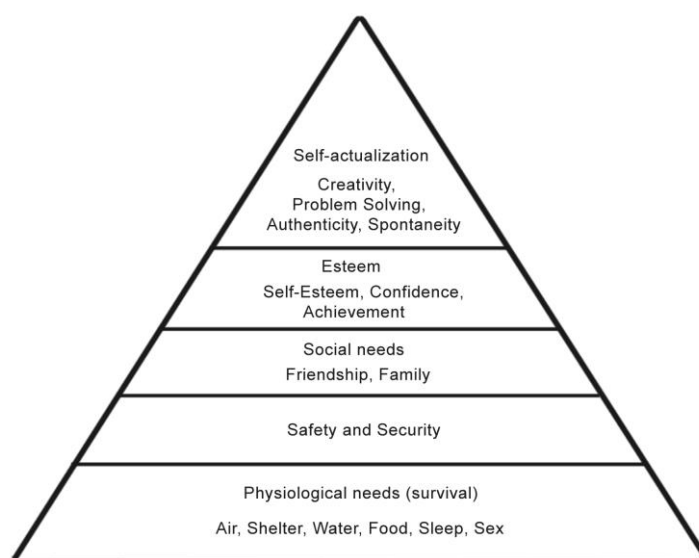
⁹ Ofstehage, a. et al. (2011). “Empowering victims of domestic violence”, Social Issue Report: Sept 2001, pp.3. Boston: Root Cause. Available at: <http://www.rootcause.org/docs/Resources/Research/Empowering-Victims-of-Domestic-Violence/Empowering%20Victims%20of%20Domestic%20Violence-%20Social%20Issue%20Report.pdf>

Key messages:

- It is of utmost importance that institutions and agencies offering protection and support respect the right of victims to self-determination and do not exercise control or power over them.
- Exceptions to these principles should only be made in cases of immediate danger to the life, health, or freedom of a person; in such cases the police or other agencies need to act without the consent of the victim.
- Empowering support focuses on the resources and the strength of the victims, not on their weaknesses.
- Victims should never be judged or blamed for a particular behaviour (see Section 4).
- Empowering support implies that victims are:
 - being understood and believed;
 - being informed about their rights, so that they can make informed decisions;
 - being respected in their decisions and validated in their experiences;
 - being actively supported in identifying and realising their rights and needs (see Exercise 2.3).

Holistic and co-ordinated support

The Istanbul Convention requires parties to “offer a holistic response to violence against women” (Article 7, paragraph 1). Holistic support means that all vital needs of the victim are met; this is necessary in order to be able to live a life free from violence. Such support includes social and economic rights, the right to permanent and affordable housing, the right to free health care, to education, access to justice, access to the labour market, the right to a residence permit independent of the spouse or partner, as well as political, cultural and other rights. According to the Maslow Pyramid¹⁰, the basic needs of every person, which have to be regarded in multi-agency work, are:




¹⁰ Maslow, A. H. (2014). *A Theory of Human Motivation*, article from 1943, preprinted, Floyd/USA.

Professionals working in multi-agency teams are in a unique position to provide what in the literature is called a co-ordinated community response (CCR). One of the first models of such a response was developed in the 1980s in Duluth, Minnesota, and was called the Duluth Domestic Abuse Intervention Project (DAIP). Such Community Intervention Projects (CIPs) focus on reforming, improving, and co-ordinating institutional responses to domestic violence within a community.

DAIP has identified eight key components of CIPs:

- (1) creating a philosophical approach that centralises victim safety;
- (2) developing policies and protocols that enhance victim safety;
- (3) enhancing networking among service providers;
- (4) building monitoring and tracking systems that strengthen system accountability;
- (5) advocating for women victims of violence within the criminal justice system and the broader community to ensure a supportive infrastructure;
- (6) providing sanctions and rehabilitation opportunities for perpetrators;
- (7) undoing the harm violence against women does to children; and
- (8) evaluating the CCR for victim safety and perpetrators' accountability¹¹.

RESSOURCES

-  **UN Women - Virtual Knowledge Centre to end Violence against Women and Girls**
<http://www.endvawnow.org/en/>

PRACTICAL EXERCISES

Exercise 2.1 Our own experience of violence

Aim	The aim of this exercise is for participants to put themselves in the shoes of victims or witnesses of violence, so that they may become aware of their needs.
Target groups	This exercise is suitable for all professions.
Time	Work in pairs (45 minutes); Whole group discussion; Summary and provision of input by trainer (45 minutes). Total: 90 minutes.
Resources needed	Flipchart, markers.

¹¹ Shepard, Melanie F., Pence, Ellen L. (Eds.) (1999). *Coordinating Community Response to Domestic Violence – Lessons from Duluth and Beyond*. London/New Delhi.: Thousand Oaks.

Method Work in pairs; Whole group discussion.

Instructions

The participants form pairs. The trainer asks them to recall a situation in which they have experienced or witnessed violence (it is up to participants which form of violence they choose - it can be any situation of violence that comes to the mind of the participants). The trainer instructs the participants to be attentive to their own needs and checks if they feel safe and comfortable to reveal the experience that comes to their mind. If participants choose to do so, they relate the incident to their partner.

Guidance for reflection

One participant tells the story and the other listens and supports the self-reflection by asking open, non-judgmental questions:

- What was the situation that came to your mind?
- What happened? What happened to you?
- How did you feel? What did you do in this situation?
- What strategy did you use to help yourself?
- Was there anyone around? Did you get support?
- Was the support helpful? What was helpful about it? What was not helpful?
- What (else) would you have needed in this situation?
- Who did you tell about the incident and why? Who did you decide not to tell and why?
- If you were injured or threatened during the incident - did you report the violence to the police?
- If you did not report to the police, what hindered you from doing so?

After telling the story, the listener supports the narrator by:

- Thanking her/him for sharing the story.
- Show support for deciding to share the story with the whole group or not and - if yes - which parts he/she would like to share and which not.
- Encouraging her/him to get further support if the incident is still upsetting them and by asking what she/he would need before continuing - a glass of water, a short walk around the block, etc.

Such methods are important in order to "get out" of the story again, to regain some distance and to regard it as something that is over.

Reflection in the group

After the work in pairs, the trainer reconvenes the group and asks if participants want to share their story and their insights in the exercise. The trainer elaborates common points, for instance, what were helpful reactions and what relates the work to the principles of a victim-centred and human rights-based support.

Exercise 2.2 My first experience

Aim	The aim of this exercise is to make participants aware of how difficult it is to talk about intimate and private issues, and what is important for victims to disclose.
Target groups	The exercise is suitable for all professions, however, it especially serves counsellors and professionals in charge of interviewing victims, such as police officers or judges.
Time	Small group exercise (45 minutes). Whole group discussion; plus summary and provision of input by trainer (45 minutes). Total: 90 minutes.
Resources needed	Hand-out 2.2 – First consultation
Method	Small group exercise; Whole group discussion.

Instructions and guidance for reflection

The participants form smaller groups of four. The trainer asks participants to share their first sexual experience with each other. After telling their story, the small groups should reflect on the telling of the story by using the following questions:

- How did it feel for me to talk about my first sexual experience? What helped me to talk about it? What hindered me from doing so?
- How would it feel to tell a story of sexual violence or rape to the whole group?
- How would it feel to tell this in the police station?
- What would we need as victims in order to disclose our story of sexual violence?
- What should counsellors/interviewers pay attention to?

Group reflection

After the small group exercise, the whole group reconvenes. Participants are asked to share their experiences in the group work. The trainer summarises the insights while focusing on the following questions:

- What would we need as victims in order to disclose our story of sexual violence?
- What should counsellors/interviewers pay attention to?

At the end, the trainer supplements the work of the group with her/his input.

Exercise 2.3 What we need as victims of violence

Aim	The aim of this exercise is to understand and recognise the needs of victims of violence.
Target groups	The exercise is suitable for all professions providing first support to victims.
Time	Role-play (15-20 minutes); Short reflection (10 minutes); Whole group discussion, plus summary and provision of input by trainer 60 minutes). Total: 90 minutes.
Resources Needed	Case study, Hand-out 2.2 – First consultation
Method	Role-play; Whole group discussion; Summary and provision of input by trainer.

Instructions

The trainer asks participants to form groups of four.

Case study: You are a 30 year old woman who has been married for ten years, and has two children. In the last few years, your husband has become increasingly aggressive, and he has been controlling you for three years; he has also started to abuse you physically. You have heard a radio programme about violence against women in which women were encouraged to seek help. Through the helpline number announced in the radio programme, you have been encouraged to get assistance and you have been referred to the local counselling centre for family problems.

Alternative scenario: The victim turns to the specialised centre for victims of domestic violence.

Roles:

- 1 Woman victim of violence
- 1 Counsellor
- 2 Observers (one for each role)

The observers help the players to get into the role and also to get out of the role playing.

Reflection with the trainer

After the group work, the whole group reconvenes. Participants are asked to share their experiences in the role-play. Groups are asked to reflect together using the following structure:

- **Victim:** How did I experience the help offered? (the participant should explain the experience from moment they first come into contact with the counsellor to the end of the session)? What were helpful interventions by the counsellor? What was difficult? What else would I have needed?
- **Counsellor:** How did I feel as a counsellor? What was my course of action? How did it work? What was helpful, what was less helpful? What could I have done differently (from the first contact to closing)?

The observers then provide their feedback according to the same set of questions.

At the end, the trainer answers questions, summarises the findings and supplements them with her/his input (Hand-out 2.2).

HAND-OUTS AND KEY MESSAGES

Hand-out 2.1 Checklist - How to initiate support for victims¹²

Starting the supporting journey

- Make sure the victim is supported by a specialist or women's support service (women's shelter, women's centre) applying a victim-centred approach.
- If there are no such specialist services, refer the victim to a general victim support service.
- If this is also not available, refer the victim to a service which is able to provide holistic, long-term support accompanying the victim.

Tasks for the specialist victim service or other service supporting the victim – basic framework

- Contact the victim and offer her support (pro-active approach).
- Inform the victim about your agency or organisation, what services she can get from you, and what rights she has as a service-user.
- Learn about her needs and develop a support-plan together.
- Offer holistic support (see Hand-out 2.2).
- Safety should be at the centre of your help (see Section 3).
- Inform the victim about your confidentiality rules.
- Inform the victim about how and when she can reach you in an emergency situation.
- Inform the victim where she can lodge complaints if she is not satisfied with your service.

Multi-agency services

- Inform the victim about the multi-agency team.
- Consider if it would make sense and bring additional value to the victim if you involve the multi-agency team.
- What does the victim need from other agencies? What can they offer?
- Is it a situation of high-risk? If yes, consider recourse to a multi-agency case conference (see Section 6).
- Inform the victim about the team and about the rules of data exchange.
- Discuss with her what she would need from the team.
- Get consent from the victim for discussing her needs in the multi-agency case conference.
- Represent the needs of the victim in the case conference, make sure the interests, needs and rights are guarded.
- Report back to the victim about what support is offered to her by the team, discuss with her how to proceed.

See also Section 5 on risk assessment and safety management and Section 6 on multi-agency work.

¹² Adapted from: WAVE (2006). *Bridging Gaps - From Good intentions to good cooperation*. Vienna: WAVE, pp. 99.

Hand-out 2.2 First Consultation

If a woman who has experienced violence approaches your agency or organisation, it is important to do the following:

Environment, setting

- Provide a safe and comfortable place to talk.
- If the woman brings her children, have somebody there to take care of them, or at least a room where they can play (make sure there are some toys or books or paper and pencil for the children to play with).
- Give her sufficient time to calm down.
- Make her feel comfortable: offer her a cup of coffee or a glass of water; provide paper tissues.
- Make sure you have information material about domestic violence and other forms of violence against women and leaflets from specialised agencies (women's services) available in various languages.
- Place posters with helpline numbers on the wall to demonstrate that you know about the problem and that the woman is not alone.

Clarifying what you can do

- Find a competent person to talk to her.
- Introduce yourself to her.
- Greet her with empathy and compassion.
- Tell her that it is very courageous for her to come forward and tell her story, and that this is a positive step.
- Avoid any accusatory questions such as "Why did you not come to us sooner?"
- Tell her that you want to help her or help her to get help.
- Tell her that all information will be handled carefully and confidentially.
- If you cannot guarantee confidentiality, inform her about the procedures you have to comply with.
- Encourage her to speak, while also informing her that she is not obliged to speak to you, for instance, if this has consequences she is not prepared to face at that moment (for instance, the police in most countries are required to file a complaint if a victim reports violence).
- Let her decide freely if she wants to talk to you or not and show her that she has choices (this is a very important aspect for empowering victims; if you impose anything on the victim, she will feel more powerless).
- Tell her that you will help her to find another agency or organisation (a women's crisis centre or shelter) to help her if the woman hesitates to talk to you; assist her to get into contact with that agency or organisation.

Understanding the situation

If the victim decides she wants to talk to you:

- Listen carefully; show interest in her story.
- Acknowledge that it is difficult to talk about violence; tell her that she does not need to feel ashamed, that it is not her fault, that other women are in the same situation, that there is help available.
- Be aware that talking about the violence can reactivate the trauma and that the victim can become extremely distressed; be very sensitive and cautious.
- Tell her again that you want to help her, that she is not alone; give her hope and encourage her.
- Tell her that she can take time to talk; she does not need to feel under any pressure.
- Ask open questions to encourage her to talk (e.g., who did that to you, what happened yesterday, what did you do then, how did you feel, etc.).
- Avoid closed questions, e.g., did your husband beat you, do you want a divorce (the goal at this point is for you to gain an understanding of the situation and to help the woman understand her situation, and the next step is to find out what she needs).
- Avoid asking too many questions and appearing to be intrusive or interrogating.
- Avoid asking for detailed information about the violence if you have not yet established a relationship of trust and a sustainable helping relationship, or if your agency cannot offer such help.
- In the first consultation, it is not necessary to ask about the whole history of the problem; leave it up to the woman to decide how much she wants to share; the goal is to understand her actual situation in order to be able to help her.
- Show compassion and respect for the way she has been dealing with the situation; ask her what she has done so far to protect herself and to change the situation.
- State clearly that the violence is not her fault and that there is no excuse for violence; at the same time, avoid making negative comments about the violent partner.
- Avoid expressing any blame of the victim.
- Do not ask any accusatory and intervening questions like: "Why did you marry him?" or "Why do you not divorce him?" or "Why did you have children with him?" These are personal decisions that have to be respected; moreover, such questions are not helpful; they make those seeking help feel bad as help-seeking persons and do not contribute to empowering them; their spirits have to be lifted in such a situation, not lowered!
- During the conversation, repeat from time to time what the victim has said to make sure you have understood her and to show that you understand her.

Finding out about the victim's immediate needs

- Especially shortly after the violent attack, ask her if she is in any pain or if she is injured.
- Ask her if she needs medical help and arrange it.
- Try to help her to find out what she needs **at the present moment**.
- The most crucial question at this moment is whether it is safe for her to go back home, and what has to be done immediately about her own and her children's safety.
- Try to find out how dangerous the situation is for her and her children; how great is the risk that the violent partner will attack her again the same day or in the coming days?
- If she is indecisive as to whether or not she wants to separate from her partner, tell her that she should not put herself under pressure, that such a decision takes time and that she should take the time she needs and get support and counselling to clear her mind.
- Tell her that, in a dangerous situation, a temporary separation can be very important to ensure her safety.
- Take into account that women might also have financial problems, no income, problems with their workplace or their residence permit because of the violence; ask her what other needs of this kind she might have, and inform her about the possibilities available to her.

Safety planning and information

Safety planning should be a standard response in every agency that victims may turn to for help:

- Inform the victim about the possibilities for legal protection and about safe accommodation in a women's shelter.
- In situations of immediate danger, help initiate the issue of a barring order by the police or a protection order by the court.
- If no possibility of a barring order or protection order exists, or if the perpetrator is very dangerous, help the victim and her children to find accommodation in a women's shelter.
- If there is no women's shelter in your region or if the shelter has no free space, help the victim to find some other safe accommodation (family, friends, general shelters).
- Go through a safety-planning sheet with the victim and make sure she has information about emergency phone numbers and services that can further help her.
- Encourage the victim to involve her children in safety planning.

Arrangement and closing

- Tell the victim what further help or support you can offer her.
- Provide the victim with your contact details and tell her when and how she can reach you.
- If you are not a specialised agency (women's shelter, women's crisis centre, intervention centre, women's helpline) dealing with the problem of violence against women and their children, advise her to seek support with such an agency and actively help her to connect her with such services.¹³

¹³ Adapted from: WAVE (2006). *Bridging Gaps - From Good intentions to good cooperation*. Vienna: WAVE, pp. 99.

Section 3: Safety and protection of victims as core goals of interventions

Understanding and applying a non-discriminatory approach

In the context of domestic violence, there are women who run a high risk of repeated abuse: for example, women who are dependent on the perpetrator and who have little or no prospect of leading independent lives. In many countries, low incomes and a lack of affordable accommodation are primary reasons why women are forced to continue living with their current or former partners, and consequently often suffer further violence¹⁴. Poverty and dependence are the most frequent risk factors for violence.

Some victims experience multiple forms of intersecting discrimination, which makes them particularly vulnerable to violence and reduces their possibilities to free themselves from the abuse. This is often referred to as intersectionality, an approach that explains how multiple forces work together and interact to reinforce conditions of inequality and social exclusion as the root causes of violence. Migrant women, for instance, whose right of residence is linked to their abusive partner or as undocumented migrants, face intersecting discrimination and many obstacles when trying to re-build their lives. Another example of intersectionality is the disadvantages women with disabilities might face, which may be compounded if they are also from a minority ethnic group, such as for instance Roma women.

The Istanbul Convention, for instance, requires that all victims, without discrimination on any ground, receive appropriate protection and support according to its standards:

“The implementation of the provisions of this Convention by the Parties, in particular measures to protect the rights of victims, shall be secured without discrimination on any ground such as sex, gender, race, colour, language, religion, political or other opinion, national or social origin, association with a national minority, property, birth, sexual orientation, gender identity, age, state of health, disability, marital status, migrant or refugee status, or other status” (Article 4, paragraph 3).

It is important, but also challenging, to apply the approach of non-discrimination against any group and ensure respect for diversity when providing services and protection to victims of violence against women and domestic violence. In some cases, we might not even be aware that through our actions we are discriminating against a particular group.

¹⁴ WAVE (2004). *Bridging Gaps-From good intentions to good cooperation. Manual for effective multi-agency cooperation in tackling domestic violence*. Vienna: WAVE, pp. 16.

Key messages:

- A good method to become aware of possible discrimination in the agency and to eliminate them in practice is regularly to ask the following questions:
 - Are there groups of victims who are excluded from protective measures and services?
 - If yes, which groups?
 - How can discrimination be avoided?
 - What measures are needed to become more inclusive?

See also Exercise 3.1. Inclusion instead of discrimination – Check-list for a human-rights based approach in our agency.

Due diligence to prevent and protect

State agencies have a duty actively to protect victims from all forms of violence. According to jurisprudence from the European Court of Human Rights, this positive obligation arises where the “authorities knew or ought to have known at the time of the existence of a real and immediate risk to the life of an identified individual from the criminal acts of a third party and that they failed to take measures within the scope of their powers which, judged reasonably, might have been expected to avoid that risk”.¹⁵

Under international human rights law, the state has therefore both negative duties and positive duties: state officials must both respect the law and refrain from the commission of wrongful acts and must protect individuals from their commission by other non-state actors. Such an obligation is enshrined in Article 5 of the Istanbul Convention. Paragraph 1 addresses the state’s obligation to ensure that authorities, officials, agents, institutions and other actors acting on behalf of the state refrain from acts of violence against women, while paragraph 2 sets out states parties’ obligation to exercise due diligence in relation to all forms of violence against women, including domestic violence, perpetrated by non-state actors. In both cases, failure to do so will incur state responsibility.

Safety

Safety is an essential need and right of every human being. For victims of violence it has many facets: feeling safe when seeking help, having access to safe accommodation in a women’s shelter, or having access to counselling in a place where victims can be sure they will not meet the violent partner or other perpetrators. Safety can also mean receiving effective legal protection, for instance through the issuing of an emergency barring order in cases of immediate danger, which forces the perpetrator to leave the residence they share with the victim. Safety is an important task and it is paramount for all agencies dealing with violence against women and domestic violence, as well as for multi-agency work. Moreover, safety planning is an essential method in supporting victims, and needs to be carried out regularly with regard to all victims, not only for victims in high-risk situations (for information on risk factors and safety planning, see Section 5).

¹⁵ European Court of Human Rights (2009), *Judgement case of Tomasic and others v. Croatia*.
[http://hudoc.echr.coe.int/sites/eng/pages/search.aspx?i=001-90625#{"itemid":\["001-90625"\]}](http://hudoc.echr.coe.int/sites/eng/pages/search.aspx?i=001-90625#{)

Safety is also an important issue for staff working in agencies or services involved in providing support and protection to victims, since the violence of perpetrators can also affect us as professionals: we can be threatened or attacked when supporting victims, or harassed and stalked by perpetrators. In particular, specialised women's and other victims' organisations have a high-risk of becoming targets of aggression. In multi-agency work, police and the judiciary should also look after the safety of the staff of victims' organisations.

Each organisation dealing with violence against women and domestic violence should carry out safety audits regularly. A safety audit¹⁶ should look at all procedures involving victims and should be able to answer the following questions: Is this procedure safe for the victim? What measures provide safety? What might jeopardise the safety of the victim and her children and how can this be avoided? Every agency should have a written and regularly evaluated safety plan for working with victims as well as for staff. Agency staff should never part from a victim without having discussed the issue of safety in the actual situation (for more details on safety issues, see Section 5).

Alternatives to violence – ensuring independence

Social and economic rights should be guaranteed for victims of violence against women, so that they have a chance to live empowered and independent lives. The Istanbul Convention, for example, states that measures taken shall “aim at the empowerment and economic independence of women victims of violence” (Article 18, paragraph 3). This aspect is particularly important in the prevention of violence, since women who are dependent on a partner or the family are at higher risk of victimisation by domestic violence. Social and economic rights are also essential in providing victims with a way out of violent relationships, which is made easier when a woman has access to her own income. An important element to be also taken into account is that women are often the primary caretakers of their children.

Consequently, the following social and economic rights should be guaranteed for all women, and in particular for women who experience violence:

- right to affordable housing: women victims of violence should not be compelled to live with a violent partner, especially after separation, because of the lack of affordable housing. Similarly, victims of violence and their children should not have to remain in women's shelters due to a lack of affordable housing;
- right to free or affordable childcare;
- right to education and training, including free language courses for migrant and refugee or asylum-seeking women;
- right to support in accessing the labour market, to guarantee the subsistence of women and their children;
- right to adequate financial aid (at a level that ensures subsistence) for all women who do not have access to sufficient income;
- access to free health care for all women victims of violence and their children.¹⁷

¹⁶ The Safety Audit tool was developed by Praxis International and is freely accessible under: http://praxisinternational.org/iata_what_is_a_safety_audit.aspx

¹⁷ WAVE (2014). *WAVE Report: Specialized women's support services and new tools for combating gender-based violence in Europe*. Vienna: WAVE, 2015.

Rights of refugee, migrant, and ethnic minority victims ¹⁸

Migrant, refugee, undocumented or ethnic minority women might face an increased risk of violence and negative impacts of abuse, not because their ethnicity causes an increase of the risk in itself, but because they often face additional and multiple forms of disadvantages, such as a residence status depending on the violent partner, or a lack of recourse to public funds. Women with an insecure residence status or undocumented migrant women also often face the problem of having limited or no access to services such as shelters.

This situation may also lead to significant barriers in accessing certain types of interventions such as turning to the police, and may increase the period of time that women are exposed to abuse. A lack of understanding of available services and language barriers might increase the obstacles to seeking help. Migrant and minority ethnic women victims of violence may also experience abuse at the hands of other family members (for example, so-called “honour” crimes¹⁹), which makes it even more difficult for women to leave their violent spouse or partner. Thus, it is very important for migrant, refugee and ethnic minority women to receive adequate help from specialised women’s support services, and that these services are actively participating in multi-agency partnerships.

RESOURCES



Intersectionality approach to violence against women

<http://www.vawlearningnetwork.ca/focus-areas/intersectionality>

¹⁸ For more on how the Istanbul Convention protects migrant, refugee, undocumented and asylum-seeking women that are victims of violence against women and domestic violence:

http://www.coe.int/t/dghl/standardsetting/convention-violence/thematic_factsheets/Migrant_EN.pdf

¹⁹ For more on “crimes committed in the name of so-called “honour”:

http://www.coe.int/t/dghl/standardsetting/convention-violence/thematic_factsheets/Honour%20Crimes_EN.pdf

PRACTICAL EXERCICES

Exercise 3.1 Inclusion instead of discrimination

Checklist to apply a human-rights based approach for ensuring inclusiveness

Aim The aim of this exercise is to make representatives of agencies or organisations, who are responsible for providing services to all victims, aware of possible discriminatory practices, and to support them in developing and implementing inclusive policies.

Target groups Management of agencies or organisations providing protection and services to victims of violence against women and domestic violence.

Time Small group exercise (45 minutes).
Whole group discussion (45 minutes).
Total: 90 minutes.

Resources needed Flipchart and/or paper, markers/and or pens to take notes.
Hand-out 3.1. Table for applying a human rights-based approach for ensuring inclusiveness.

Method Small group exercise; Whole group discussion.

Instructions

The trainer asks participants to form groups. Participants from the same agency or organisation are advised to join the same group. Using Hand-out 3.1 as guidance, the trainer asks the groups to discuss which possible groups of victims are being excluded from the provision of their services.

Guidance for reflection

The trainer needs to ensure that this exercise is carried-out in a positive atmosphere. The exercise is not about accusing members of agencies, but about making agencies aware of possible obstacles for certain groups of victims to access their services.

HAND-OUTS AND KEY MESSAGES

Hand-out 3.1 Table for applying a human rights-based approach for ensuring inclusiveness

It is advisable for the management of agencies or organisations to integrate into their policies the obligation to check regularly on the problem of discrimination and to apply measures to ensure inclusion. The following table can support agencies and organisations in developing and implementing such policies.

Possible grounds for exclusion (Istanbul Convention, Article 4, paragraph 3)	Are there groups of victims who are excluded from protective measures? If yes, which groups?	If yes, why are they excluded?	How can these groups be included?
Sex, gender ²⁰			
Race			
Colour			
Language			
Religion			
Political or other opinion			
National or social origin			
Association with a national minority			
Property, Birth			
Sexual orientation			
Gender identity			
Age			
State of health			
Disability			
Marital status			
Migrant or refugee status			
Other status			

²⁰ It is important to note that according to the Istanbul Convention special measures taken to protect women and girls from violence are not to be considered discrimination (Article 4, paragraph 4).

Section 4: Avoiding secondary victimisation and victim-blaming, and addressing stereotypes

Breaking the cycle of violence and leaving the perpetrator can be a difficult process. It is not unusual that women return to the perpetrator or that, for example, they do not want to make statements to the police. It is important to understand that this is part of the process of separation and it is the victim who is the expert on her situation, and that as a result, she has the right to make her own decisions. The role of the system is to offer her enough support and safety measures to encourage her to take the steps that will lead her to safety and a life free from violence.

Practitioners often tend to focus on the termination of a violent relationship as a primary goal. However, the reasons behind a victim choosing to remain in a violent relationship are varied and complex. It must be recognised that this is the victim's decision and that to insist that she ends a relationship contravenes her human rights as enshrined by the European Convention on Human Rights (Article 8). However, a decision to stay does not diminish her other fundamental right to be free from violence, and it is important for practitioners also to recognise this.

Many practitioners have a tendency to take a neutral position in dealing with victims and perpetrators, and believe that couple therapy and/or mediation can solve the problem of domestic violence. However, forcing victims of domestic violence to participate in mediation or family therapy may lead to secondary victimisation, because violent relationships have different internal dynamics based on the unequal positions of the victim and the perpetrator, and the abuse of power and control. Mediation and family therapy can be very helpful for conflicts where both sides have same power, do not have fear and are not intimidated, but this is not the case in situations of domestic violence. On the contrary, reaching an agreement with perpetrators is extremely difficult, if not impossible, because they want to keep their power and control, and are not open to any changes. In other words, for the perpetrator, reaching an agreement implies having the victim do what he wants.

Many victims must deal not just with the consequences of violence they have experienced, but also with the misunderstanding of others, including judgemental attitudes blaming them for provoking the violence, or regarding them as individuals with low self-esteem who unconsciously seek violence. Blaming or placing all or part of the responsibility for the violence on the victim instead of on the perpetrator is part of a process called secondary victimisation. Thus, an important aspect of preventing secondary victimisation entails practitioners sending a clear message that it is the perpetrator who is responsible for the violence and that there is no excuse for such behaviour.

Secondary victimisation

Secondary victimisation can be defined as additional trauma caused by stereotyping and victim-blaming attitudes, behaviours, practices and processes engaged towards victims of domestic violence - or other forms of violence against women- by institutions, service providers, the media, community and/or family.

Brown²¹ used the term secondary victimisation to describe the injustices that occur to victims after experiencing trauma. Secondary victimisation can occur if helping professionals do not support or validate the victim, but rather appear to blame her for the violence. Many victims report that this secondary victimisation can be more painful than the initial victimisation²². As a result, it can be very difficult for victims to cope when they are blamed for what has happened to them. If the victim has a re-traumatising experience from contact with institutions and/or services, it can minimise her trust in the system as well as minimise her belief that there is someone who can help her and her children, in addition to increasing the probability that she will not seek help in the future.

Therefore, we -as advocates of domestic violence victims and professionals working in this field- have an important role in applying a victim-centred approach (see Section 2), and in preventing additional trauma. To do so, it is important to look first at our own attitudes and prejudices, and develop a more sensitive approach. We need to question our own tendencies for “othering” (see Section 2), which is part of a victim-blaming attitude.

Dealing with the issue of domestic violence and violence against women is not an easy task and we need to be sensitive to our own emotions, experiences with violence, and traumatic situations. In some cases, the experience of victims can be overwhelming, not just for them but also for ourselves and we may have a strong need for some emotional distance. However, if we are not aware about our emotions and needs, we may have a tendency to rationalise the victim’s experiences to protect ourselves. Especially in such situations, the tendency not to believe or to blame the victims can easily appear.

Victim-blaming

Victim-blaming is a devaluing act that occurs when the victim(s) of a crime or an accident is held responsible — in whole or in part — for the crimes that have been committed against them²³. This blame can appear in the form of negative social responses from legal, medical, and mental health professionals²⁴, as well as from the media and immediate family members and other acquaintances.

There are many reasons why people have a tendency to blame victims: most of these reasons are based on misunderstandings, stereotyping, misconceptions about victims, perpetrators, the nature of violent acts and the need to feel safe. Perpetrators blame victims to “justify their actions in order to avoid punishment and maintain freedom to abuse in the future. A perpetrator’s justification for their actions and continued abuse appears to stem from a sense of entitlement and their desire to have power over others”²⁵.

People want to have a sense of control and safety over their own destinies. Instead of recognising and punishing the criminals, victim-blaming is a quick and simple solution. For many, it is easier to blame the victim rather than to punish the perpetrators, because it

²¹ Brown (1991), cited in Hattendorf, J. & Tollerud Toni R. : Domestic violence: Counselling strategies that minimize the impact of secondary victimization in Perspectives in Psychiatric care Jan – March 1997, Vol.33., No.1, pp.14 (10).

²² Ibid.

²³ Victim Blame. (2007). Retrieved April 3rd, 2015 from <http://www.ibiblio.org/rcip/vb.html>

²⁴ Coates, L., Richardson, C., & Wade, A. (2006 May). Reshaping Responses to Victims of Violent Crime. Presented at Cowichan Bay, B.C., Canada.

²⁵ Schoellkopf, J. C., (2012). "Victim-Blaming: A New Term for an Old Trend". Lesbian Gay Bisexual Transgender Queer Center. Paper 33. Available at: <http://digitalcommons.uri.edu/glbtc/33>

maintains the status quo and gives underprivileged and oppressed groups an idea that they can avoid abuse and social injustice if they behave in a particular fashion²⁶.

Researchers have developed several theories regarding victim-blaming, such as those based on the belief in a just world, attribution error, and invulnerability theory:

The “just world hypothesis”

This theory is based on an individual’s belief that the world is a safe, just place where people get what they deserve, or in other words, that good things happen to good people, and bad things to bad people. According to this theory, people may believe that victimisation was caused through some fault of the victim²⁷. In this case, those who believe in a just world maintain their belief because they do not see an innocent, suffering victim, but rather they see the victim as someone who “deserves” their misfortune²⁸. Blaming the victim maintains beliefs of personal responsibility and some level of control over social outcomes²⁹.

Attribution Error Theory

According to Kelly and Heider, there are two categories of attribution: internal and external. Individuals make internal attributions when they recognise that a person’s personal characteristics are the cause of their actions or situation. External attributions, however, have individuals identify the environment and circumstances as the cause for a person’s behaviour³⁰. As Schoellkopf states: “fundamental attribution error occurs when someone’s actions and experiences are attributed to their personality, and the influence and impact of the situation is ignored”³¹. From this point of view, people who make this error view the individual victim as partially responsible for what happened to them and thus ignore situational causes (for example, the responsibility of the perpetrator for his actions).

Invulnerability Theory

Invulnerability theory refers to the principle of victim-blaming as a means of protecting one’s own feelings of invulnerability. People rely on a sense of a security to maintain mental well-being and to reject the idea of losing control of their life or body. Victim-blaming gives society a false sense of security by deciding that the victim must have done something wrong. To remain invulnerable, one decides to avoid doing the particular action that the victim did. By creating an “us-versus-them” boundary (so-called “othering” – see Section 2), people separate themselves from victims and create a false belief that something like this cannot happen to them³².

²⁶ Ibid.

²⁷ The Canadian Resource Centre for Victims of Crime (2009). “Victim blaming”. Retrieved April 3rd, 2015 from http://crcvc.ca/docs/victim_blaming.pdf

²⁸ Victim Blame. (2007). Retrieved April 3rd, 2015 from <http://www.ibiblio.org/rcip/vb.html>

²⁹ Kay, A.C., Jost, J.T., & Young, S. (2005). “Victim Derogation and Victim Enhancement as Alternate Routes to System Justification”. *Psychological Science*, 16 (3), 240-246.

³⁰ The Canadian Resource Centre for Victims of Crime (2009) Victim blaming, Retrieved April 3rd, 2015 from http://crcvc.ca/docs/victim_blaming.pdf

³¹ Schoellkopf, J. C. (2012). “Victim-Blaming: A New Term for an Old Trend”. *Lesbian Gay Bisexual Transgender Queer Center. Paper 33*. pp.9, <http://digitalcommons.uri.edu/glbtc/33>

³² Schoellkopf, J. C. (2012). “Victim-Blaming: A New Term for an Old Trend”. *Lesbian Gay Bisexual Transgender Queer Center. Paper 33*. <http://digitalcommons.uri.edu/glbtc/33>

Examples of victim-blaming situations, attitudes and myths

- It is only a family dispute.
- It cannot be that bad if she is still with him.
- It is just her who is blaming him - others say he is nice man.
- Why you did not leave earlier?
- What did you do that the situation turned out so bad?
- He is not beating her, so there is no violence.
- It cannot happen to me or to my family members.
- It is her fault.

Effects of victim-blaming

Victim-blaming can have negative and devastating effects at different levels. On an emotional level, we can speak about re-traumatisation with negative consequences on the well-being and mental health of victims. On an interpersonal level, it may lead to a mistrust of others and the continuation of social isolation that is a significant risk factor for the repetition of further violence. On a structural level, we can see the subsequent effects that victim-blaming has on the reporting of further incidents of violence. Victims who receive negative responses and are blamed tend to experience greater distress and are less likely to report future abuse³³.

Victims who have been blamed prefer to avoid secondary victimisation in the future, so they tend not to report further violence³⁴. Besides the effect it can have on a victim's decision to report an act of violence, victim-blaming can also impact a confidante's willingness to support a victim's decision, her willingness to testify, the authorities' commitment in pursuing cases and prosecuting offenders, a jury's decision to convict, a prosecutor's decision to recommend incarceration and a judge's decision to impose a prison sentence³⁵.

As the European Union Agency of Fundamental Rights survey on violence against women (2014) reveals, reporting rates of incidents of violence against women to the police and other services are low and need to be increased. Addressing stereotyping and victim-blaming is a very effective measure in this regard.

Being a victim of abuse is traumatising and causes victims to lose their sense of security and control over themselves. By blaming themselves, victims do not feel a sense of control and cannot regain a sense of power over their own destinies. By taking responsibility for the actions taken against them, victims feel that if they avoid the behaviour that purportedly caused their abuse, they will avoid the abuse in the future³⁶.

³³ Coates, L., Richardson, C., & Wade, A. (2006, May). Reshaping Responses to Victims of Violent Crime. Presented at Cowichan Bay, B.C., Canada.

³⁴ George, W.H., & Martinez, L.J. (2002). "Victim Blaming in Rape: Effects of Victims and Perpetrator Race, Type of Rape, and Participant Racism". *Psychology of Women Quarterly*, 26(2), pp.110-119.

³⁵ Ibid.

³⁶ Schoellkopf, J. C. (2012). "Victim-Blaming: A New Term for an Old Trend". *Lesbian Gay Bisexual Transgender Queer Center*. Paper 33. pp.9, Available at: <http://digitalcommons.uri.edu/glbtc/33>

The Stockholm syndrome

Victims of violence show similar behavioural patterns as hostage victims. This fact emerges from a study of the psychological impact of hostage-taking after a bank robbery in Stockholm.

The “Stockholm syndrome” applies in the following conditions:

- the victim’s life is at risk;
- the victim cannot escape or believes she/he cannot escape;
- the perpetrator is friendly at times;
- the victim is cut off from the outside world.

If these conditions coincide, the victim tends to develop a bond with the perpetrator – in the case of both hostage situations and of domestic violence. If the violent partner is willing to make small concessions or show some form of friendliness, the victim has new hope and is ready to give the perpetrator another chance³⁷. The Stockholm syndrome, in the form of a victim’s identification with the perpetrator, can occur in the children of abused women, who witness violence and threats, either directly or indirectly³⁸.

RESOURCES



Gracia, E. (2014), “Intimate partner violence against women and victim-blaming attitudes among Europeans” , Bull World Health Organ 2014;9, pp. 380–381.

<http://dx.doi.org/10.2471/BLT.13.131391>

³⁷ WAVE (2006). Bridging gaps: From good intentions to good cooperation. Available at: http://wave-network.org/sites/wave.local/files/homepage_bg_manual_fromgoodinterventionstogoodcooperation3_0.pdf

³⁸ WAVE (2000). WAVE Training Programme on Combating Violence against Women. Available at: http://www.wave-network.org/sites/default/files/Manual_Gesamt_second%20edition_ohneCover.pdf

PRACTICAL EXERCICES

Exercise 4.1 Feelings and needs

Aim	Sensitising participants to the problem of secondary victimisation and raising awareness about strategies on how to avoid it.
Target groups	All professionals working in close contact with victims and involved in multi-agency work.
Time	Role-play (5-10 minutes); Small group reflection (5 minutes); Whole group discussion (15 minutes); Feedback. Total: 30 minutes.
Resources needed	Instructions for role-play person 1, Instructions for role-play person 2, flipchart, markers.
Method:	Role-play; Small group exercise; Whole group discussion.
Instructions	The trainer asks participants to form groups of three. The trainer gives “Instructions for role-play person 1” to one person, “Instructions for the role-play person 2” to the second person, and the third person will act as an observer, taking note of what he/she sees, hears and feels. Participants should not share or discuss instructions between themselves. The trainer assures participants that they do not have to share the story or the content of discussions in the small groups with the whole group. Participants are free to set their own limits as to what they want to share or not. Allow 5-10 minutes for the role-play.

Instructions for role-play person 1

Think about a story from your personal or professional life where you needed to overcome problems, difficulties, challenges or a conflict situation, and you were unsure on how to solve them. Tell this story to your partner.

Instructions for role-play person 2

Listen to the story that your partner tells you. During his/her storytelling, ask additional questions in order to make your partner feels as if you do not really believe it, try to find some part of the story where it would be possible to raise your doubts or even find possible responsibility of your partner for the situation he/she is dealing with. If there is something that went wrong, try to blame your partner for it. You can also try lowering your partner’s competences by giving him/her advice: “you should have done this or that”, etc.

Guidance for reflection

After the small group work, the trainer asks first those who were telling their story to share with the whole group how they experienced the role-play. They should first be asked about their feelings, and then about their needs. The trainer writes their feedback on the flipchart.

For the facilitation, the trainer can use the following questions:

Questions on feelings

How did it feel for you to share your story? Was it easy to start sharing? Do you think your partner gave you enough space to explain what you wanted? How did you feel? Do you think your partner was interested in your story? Do you think he/she had an understanding of your feelings? Did you feel supported? Did you feel trusted?

Questions on needs

What would you change? What would help you to feel safe and supported? What questions should not have been asked and why? What would you need?

Once the first part of the feedback is finished, the trainer asks the second person to share their feelings, in particular: what was important for them to hear from their partners during the feedback session, and what did they learn for their work with victims of domestic violence. The trainer then asks observers to share what they saw, heard, and felt.

Exercise 4.2 Common myths about domestic violence against women

Aims	Identification and confrontation of common myths about domestic violence against women.
Target groups	All professionals working in close contact with victims and involved in multi-agency work.
Time	Individual work (5 minutes); Whole group discussion (30 minutes depending on the size of the group). Total: 35 minutes.
Resources needed	Hand-out 4.1 - Myths and facts about domestic violence I, Hand-out 4.2 - Myths and facts about domestic violence II, flipchart, markers.
Method	Individual work, Whole group discussion.
Instructions	The participants are given Hand-out 4.1 with a list of myths which they will mark as either true or false.

Guidance for reflection

The whole group discusses the reasons behind these myths. At the end of the discussion about each statement, the trainer can summarise the explanation of each statement from Hand-out 4.1. After the group discussion, Hand-out 4.2 is distributed to all participants. Allow time for questions after the distribution of the hand-out.

Alternative method

Brainstorming session about domestic violence myths.

Instructions

The trainer may start a brainstorming session and discussion about domestic violence myths using the following questions:

- Are there any common myths about domestic violence that you know of?
- What do these myths assume about the causes of domestic violence?
- How do these myths undermine our effort in domestic violence prevention and victim support?

Guidance for reflection

The trainer writes down participants' ideas in the order that they are given on a flipchart. During the guided discussion, the trainer should revisit relevant parts of the answers to the statements above and also highlight the following ideas³⁹:

- Myths about domestic violence develop in part because it can be difficult to understand why one person would hurt another, particularly in the context of an intimate relationship.”
- “Myths about domestic violence generally blame the victim or some other factor, such as alcohol or anger, for the violence. As a result, these myths divert attention from the actions of the abuser. Domestic violence, however, is an intentional conduct. It is critical that all responses to domestic violence share a common understanding of domestic violence and focus on the abuser’s actions.”
- “Understanding the myths and realities of domestic violence can help us focus on the responsibility of the abuser. This focus on the responsibility of the abuser is a critical part of any effective strategy for protecting victims and holding abusers accountable.”

After the group discussion, the trainer distributes Hand-out 4.2 to all participants.

³⁹ UNODC (2011). *Preventing and responding to domestic violence. Trainer’s manual for law enforcement and justice sectors in Vietnam*. Edition 2. Hanoi.

Exercise 4.3 Stockholm syndrome

Aim	Sensitise participants to the Stockholm syndrome and reasons why it might be difficult for victims to leave a violent relationship.
Target groups	All professionals working in close contact with victims and involved in multi-agency work.
Time	Reading the story (5 minutes); Work in pairs (10 minutes); Whole group reflection (15 minutes), and feedback. Total: 30 minutes.
Resources needed	Flipchart.
Method	Work in pairs; Whole group discussion.

Instructions

The trainer asks the participants to picture themselves in the following scenario:

You have gone to the bank to withdraw money from your account because you are going away on holiday the next day. You are accompanied by your three-year-old daughter. Suddenly two criminals, both masked and armed, appear in the bank and shout: "Everybody lie down!". They order the bank clerk behind the counter to hand over the money. One criminal points his gun at the bank clerk, the other at the bank customers lying on the floor. All of a sudden, police sirens start wailing outside in the street. The criminals are trapped in the bank. They decide to fight it out and take everybody in the bank hostage.

After describing the situation, the trainer asks the participants to divide into pairs and to spend 10 minutes discussing the following questions:

- How would I handle this situation? What would my feelings be? (emotional level)
- What thoughts would go through my mind, and what courses of action would I consider? (cognitive level)
- What would I actually do? (active level) ⁴⁰

Guidance for reflection

The trainer asks participants to report to the whole group on their pair work. The trainer writes the results on the flipchart, dividing input according to the three levels. Finally, the trainer asks the whole group to discuss how they, as hostages, would have wanted the police to act and what would have given them a greater sense of security.

Note for the trainer

After this exercise, the trainer explains the theory of Stockholm syndrome and points to its links with domestic violence.

⁴⁰ WAVE (2000). *Training Programme on Combating Violence against Women*. Available at: http://www.wave-network.org/sites/default/files/Manual_Gesamt_second%20edition_ohneCover.pdf

Exercise 4.4 Why do women stay with an abusive partner?

Aim	Sensitise participants to the situation of victims, and reasons why it might be difficult for victims to leave a violent relationship.
Target groups	All professionals working in close contact with victims and involved in multi agency work.
Time	20 – 30 minutes, depending on the group size.
Resources needed	Flipchart, markers.
Method	Brainstorming; Whole group discussion.

Instructions

The trainer asks participants to brainstorm about what women may be at risk of or what they may lose if they leave the perpetrator or take legal steps against him. The trainers write input from participants on the flipchart.

Guidance for reflection

The trainer should talk about the following aspects, in case they are not mentioned by participants during the brainstorming:

What a woman is at risk of:

- She may lose her home.
- She may lose or put her children at risk.
- She may lose her relationship.
- She may lose her status, she may be economically dependent on the perpetrator, therefore she could put herself and her children at risk of poverty.
- She may lose her legal status.

The trainer connects these aspects with personal needs according to Maslow's pyramid of needs (see Section 2).

- She might lose her home – this risk refers to the endangerment of the basic need of safety.
- She might lose or put her children at risk – risk of losing children refers to the endangerment of the basic need of safety, love, care and sense of one's life, also to the fear of harming the children.
- She might lose her relationship in which she invested a lot of energy and time – this refers to the basic need of love and acceptance.
- She might lose her status and she might be economically dependent on the perpetrator, therefore she might put herself and children at risk of poverty – this refers to the endangerment of the basic need of food, sleeping and safety.

HAND-OUTS AND KEY MESSAGES

Hand-out 4.1 Myths and facts about domestic violence I

Statement:	A major cause of domestic violence is alcohol and drug abuse. If the perpetrator undergoes treatment for alcohol abuse, he will stop the violence.
Answer:	True False
Statement:	A victim of domestic violence should immediately leave her violent partner; she does not have any legitimate reasons for staying in a violent relationship.
Answer:	True False
Statement:	Men are victims of domestic violence as often as women are.
Answer:	True False
Statement:	Men who commit violence are violent because they cannot control their anger and frustration.
Answer:	True False
Statement:	Men who commit violence are often good fathers and should have joint custody of their children if the couple separates.
Answer:	True False
Statement:	Couples counselling, family therapy or mediation is the solution for domestic violence.
Answer:	True False
Statement:	People who are religious do not perpetrate domestic violence and do not become victims.
Answer:	True False
Statement:	Perpetrators are generally violent persons.
Answer:	True False
Statement:	When perpetrators are violent, it is because they “lost their temper,” and not because they meant to hurt their partner.
Answer:	True False
Statement:	Domestic violence does not affect children living in the family, it is a problem that concerns only adults.
Answer:	True False
Statement:	Victims have done something to cause the abuse.
Answer:	True False
Statement:	Domestic violence is a problem that affects unmarried couples, perpetrators will stop the violence once they get married.
Answer:	True False
Statement:	There is no correlation between animal abuse and domestic violence.
Answer:	True False

Hand-out 4.2 Myths and facts about domestic violence II

Statement: A major cause of domestic violence is alcohol and drug abuse. If the perpetrator undergoes treatment for alcohol abuse, he will stop the violence.

Answer: False. Although alcohol and drugs are often associated with domestic violence, they do not cause the violence. Many perpetrators do not drink or use drugs, and those who do, usually do not show aggression towards unknown people, colleagues or bosses, but direct violence at their partners. Perpetrators often use intoxication as an excuse or argument not to have to take responsibility for their actions. It is important to realise that domestic violence and alcohol/drug abuse are two separate issues and need to be treated independently.

Statement: A victim of domestic violence should immediately leave her violent partner; she does not have any legitimate reasons for staying in a violent relationship.

Answer: False. Staying in violent relationship can paradoxically be one of the strategies to minimise the risk of violence escalation. Separation is one of most reliable risk factors for severe violence. A victim may reasonably fear that a perpetrator will carry out threats to harm her, himself, the children, friends or family. Therefore, victims need external support and a safety plan in order to improve their safety while leaving a violent partner. There are also many social, economic and cultural reasons why women stay in abusive relationships (see also Exercise 4.4).

Statement: Men are victims of domestic violence as often as women are.

Answer: False. Research shows that women are victims in 95% of domestic violence cases. Reports of violence against men are often exaggerated because perpetrators will accuse their partners of violence as a way to avoid or minimise their own responsibility. In addition, men who do experience domestic violence have more access to resources to leave violent situations than women do.

Statement: Men who commit violence are violent because they cannot control their anger and frustration.

Answer: False. Domestic violence is intentional conduct, and perpetrators are not “out of control”. Their violence is carefully targeted at certain people, during certain moments and in certain places. Perpetrators generally do not attack their bosses or people on the streets, no matter how angry they might get. Perpetrators also follow their own internal rules about abusive behaviour. They often choose to abuse their partners only in private, or may take steps to ensure that they do not leave visible evidence of the abuse. Perpetrators also choose their tactics carefully—some destroy property, some rely on threats of abuse, and some threaten children. Studies also indicate that in fact, some perpetrators become more controlled and calm as their aggressiveness increases.

Statement: Men who commit violence are often good fathers and should have joint custody of their children if the couple separates.

Answer: False. Studies have found that men who abuse their wives also abuse their children in 70% of cases. Even when children are not directly abused, they suffer as a result of witnessing one parent assault another. Perpetrators often display an increased interest in their children at the time of separation, as a means of maintaining contact with, and thus control over, their partners.

Statement: **Couples counselling, family therapy or mediation is the solution for domestic violence.**

Answer: False. Couples counselling or family therapy is NOT recommended for couples trying to end the violence in their relationship due to the specific dynamic of power and control underlying the violence. Best practice shows that perpetrators should attend specialised programmes teaching perpetrators of domestic violence to adopt non-violent behaviour in interpersonal relationships and victims should be supported by specialised centres and a domestic violence advocate. In cases of separation, mediation or family therapy is NOT recommended in order to “teach” the couple bilateral communication and/or to gain agreement on custody of children or divorce.

Statement: **People who are religious do not perpetrate domestic violence and do not become victims.**

Answer: False. Perpetrators can be religious people, including priests and parsons. Many victims have deep religious beliefs, which may encourage them to keep the family together at all costs.

Statement: **Perpetrators are generally violent persons.**

Answer: False. Most perpetrators do not use violence in other non-intimate relationships to resolve conflict. “Perpetrators typically present a different personality outside the home than they do inside, which complicates a woman’s ability to describe her experiences to people outside the relationship.”⁴¹

Statement: **When perpetrators are violent, it is because they “lost their temper,” and not because they meant to hurt their partner.**

Answer: False. Perpetrators use violence because it helps them gain and maintain power and control, not because they lose control of their emotions.

Statement: **Domestic violence does not affect children living in the family; it is a problem only among the adults.**

Answer: False. Domestic violence has a significant impact on children living in the household. Children who grow up in violent families exhibit serious emotional and psychological problems from exposure to domestic violence. As a coping strategy, some children might have a tendency to identify with the perpetrator and to lose respect for the victim, which can lead to the trans-generational cycle of violence.

Statement: **Victims have done something to cause the abuse.**

Answer: False. Perpetrators are responsible for their behaviour and choose their actions. Abuse is NEVER the fault of the victim.

Statement: **Domestic violence is a problem that affects unmarried couples; perpetrators will stop the violence once they get married.**

Answer: False. After marriage many perpetrators strengthen their feeling of power and control and their possessiveness can even increase. Therefore attacks can also become more frequent and severe.

Statement: **There is no correlation between animal abuse and domestic violence.**

Answer: False. Many perpetrators use the violence against animals or use threats to hurt/kill pets as a tool of emotional violence in order to maintain their power and keep family members obedient.

⁴¹ Wilson, K.J. (1997). *When Violence Begins at Home: A Comprehensive Guide to Understanding and Ending Domestic Abuse*. Alameda CA: Hunter House Publishers.

Hand-out 4.3 Key messages about myth and facts

- There are many widespread myths and stereotypes about domestic violence. They are presented as statements explaining causes of domestic violence, behaviour of victims and perpetrators. These statements are usually based on a misunderstanding of the dynamic of violent relationships, and an imbalance of power and control in violent relationships. Many of these myths are based on victim-blaming mechanisms, and theories such as “just world theory”, attribution error theory and invulnerability theory (see Section 4) can explain their origin. As a result, it is not the perpetrator who is held responsible for the violence, but rather the victim, alcohol, drugs, anger or other factors are blamed for the violent behaviour of the perpetrator.
- It is therefore crucial to be aware that it is the perpetrator who is responsible for his violent behaviour and that domestic violence is intentional behaviour intended to gain and keep power and control over the partner. In this way, violence, manipulation and coercive tactics are used as tools for creating fear and enforcing obedience.
- Because there are many reasons women experiencing violence may want or need to stay in a relationship, and because it is their human right to do so (see Section 1), it is important to think of effective ways to change the behaviour of violent men.
- A focus on the responsibility of the perpetrator is a critical part of any effective strategy for protecting victims and holding perpetrators accountable. In addition, because many of these myths are so widely held, it is important to learn how to address these myths when we encounter them as we educate and train others about domestic violence.

Victims of domestic violence often disclose that:

- they are being told what to do and what not to do by the perpetrators;
- they are viewed as the problem by the perpetrators;
- they are not trusted;
- they are blamed for the violence they experienced.

If a woman victim of domestic violence takes the steps to break the cycle of violence, she is putting her basic needs at risk. Therefore, she needs support and understanding for her feelings, and needs access to clear information about the ways in which she can overcome the risks and what kind of support and protection she can expect from the system.

Section 5: Identifying situations of high-risk, including the risk for severe violence and lethality

Domestic violence is typically a repetitive crime with a tendency to escalate over time. Cases of severe intimate partner violence, murder or attempted murder, also sometimes referred to as femicide, usually have a history of previous abuse⁴². Many victims and perpetrators of severe violence and murder or attempted murder are already known to the system as they have had previous contact with different institutions dealing with domestic violence (police, health care providers, support services, etc.). From the preventive and protective perspective there are big differences between cases of general and domestic violence, which give a unique opportunity to protect victims of domestic violence. Moreover, there is an obligation of the state to protect those whose lives are at risk⁴³. All actors in the system have a responsibility to decide what actions will be taken against the perpetrator and also what measures will help to protect the victim. Risk assessment can help in this decision-making process.

Identifying risk factors

Identifying risk factors

Identification of risk factors is an initial and vital step in the risk assessment process. Over the past few years, there has been an increasing effort in Europe towards a more systematic risk assessment and identification of risk factors. A literature review shows that the simplest and most reliable risk-identifier for domestic violence is previous assault, or repeated victimisation. The greater the frequency of previous assaults, the more likely it is that further assaults will occur. Another significant risk-identifier is that of separation. Indeed, separation is the point in time at which many women who have been subjected to violence make contact with agencies⁴⁴. Assessing the risk level of separation is connected to the level of child contact, which can provide the opportunity for violence to continue or escalate. Research from the United Kingdom shows that after separation, more than 75% of women from the sample suffered further abuse and harassment from their ex-partners and that child contact was a moment of particular vulnerability for both women and children⁴⁵.

Risk assessment

The aim of a risk assessment is not to predict risk, but rather to assess it in order to provide adequate safety measures and protection to victims. We cannot eliminate risks, however we can implement protective measures (see Section 3) to reduce harm. Risk assessment can be defined as a “probability calculation that a harmful behaviour or event will occur...it involves an

⁴² The term *femicide* refers to the act of women being killed by men or more specifically by male spouses or partners/boyfriends, or by former male spouses or partners/boyfriends. The term is often used to draw attention to the gender-specific causes and consequences of these killings.

⁴³ See European Court of Human Rights (2009). Judgement case of Tomasic and others v. Croatia, Para. 51. Available at: [http://hudoc.echr.coe.int/sites/eng/pages/search.aspx?i=001-90625#{"itemid":\["001-90625"\]}](http://hudoc.echr.coe.int/sites/eng/pages/search.aspx?i=001-90625#{)

⁴⁴ Walby, S., Myhill, A. (2000). *Reducing Domestic Violence ...What Works? Assessing and managing the risk of domestic violence*. Police Research, Reducing Crime, Special Interest Series, Crime Reduction Research Series, University of Leeds. Available at:

<http://webarchive.nationalarchives.gov.uk/20110218135832/rds.homeoffice.gov.uk/rds/prgpdfs/assess.pdf>

⁴⁵ Humphreys, C., & Thiara, R. K. (2003). “Neither justice nor protection: Women’s experiences of post separation violence”. *Journal of Social Welfare and Family Law*, 25, pp. 195-214.

assessment of frequency of a behaviour or event, its likely impact and who it will affect⁴⁶.” In the context of this training manual, “risk” is understood as the risk of victims of experiencing serious harm, an escalation of violence or being murdered. Harm is understood as psychological as well as physical, sexual and violent harm. Serious harm is life threatening and/or traumatic and recovery (physical and/or psychological) from it can be expected to be difficult. The risk of harm is an estimate or assessment of the likelihood of harm or dangerousness posed by an individual perpetrator⁴⁷.

Risk is dynamic and constantly changing, sometimes even over short periods of time, according to the changing situation of the individual victim. There are a number of aggravating factors or particular circumstances that can raise the level of risk, for example, separation, a court hearing, child contact, unemployment, etc. Therefore, risk should be assessed systematically, on a regular basis, and in close co-operation with the victim. Risk assessment is a constant process and should be followed by safety planning and risk management, a review of its effectiveness, and re-assessment.

In the process of risk assessment, we need to take into consideration the existing individual risk factors and answer the following questions:

- How serious is the risk of harm, escalation of violence and/or homicide?
- What potential does the perpetrator have to harm or to kill the victim? How do we assess what the perpetrator might be capable of?
- What impact can assessing the risk of violence have on the victim and her children? How “big” can the offence be?
- How soon might an offence occur? Will it happen as soon as circumstances allow, or as soon as social and system controls and limits are absent?

Benefits of risk assessment

- If properly applied, it serves as a language for communicating our concerns about danger and the recommended steps to be taken for preventing violence⁴⁸.
- provides more appropriate responses to deteriorating situations and escalating violence.
- ensures better matching of safety plans to the level and nature of risk.
- applies co-ordinated responses from a range of agencies to complex cases.
- engages in improved safety planning and increased protection for women and their children.

⁴⁶ Kemshall, H. (1996). *Reviewing Risk: A review of research on the assessment and management of risk and dangerousness: Implications for policy and practice in the Probation Service (A Report for the Home Office Research and Statistics Directorate)*. Home Office.

⁴⁷ Ibid.

⁴⁸ Kropp, P. R. (2004). “Some questions regarding spousal assault risk assessment”. *Violence Against Women*, 10 (6) pp. 693.

- can also help to increase the victim's awareness of the risks she faces and come to a more realistic appraisal of the danger in her situation⁴⁹, because in spite of evidence that abused women's perception of high-risk is often accurate, Campbell's' 11-city study found that only about half of the women who were victims of actual or attempted murder by their partners assessed their risk accurately⁵⁰.

Safety planning

Women and children who experience repeated violence are severely traumatised, and, for them the first step towards recovering and moving on in life is to establish safety and to restore control⁵¹. The safety and security of victims must be central to all interventions and co-operation processes. Safety planning should follow the risk assessment and be constantly revised. Safety planning must be done in co-operation with victims, and never with the victim being isolated from the process. The victim knows the perpetrator best and, at the point of reaching out for help, she has likely already tried various strategies to minimise risk. It is essential to understand which strategies have worked for the victim, and which strategies need to be developed or improved.

Some victims decide to remain in the abusive relationship, or are forced to stay with the perpetrator, because they do not have any other alternatives available at that point in time. It is important to adapt safety plans to the actual situation of the victim. A safety plan will look differently if the victim stays with the perpetrator, if she plans to leave, after separation, or in situations of child contact. As a part of safety planning we need to keep in mind that many victims leave and return to the violent relationship several times before they leave permanently, and manage safety accordingly. It is also important to be aware of the fact that not all victims benefit from the perpetrator's arrest and from protection orders.

Focusing on risk factors and safety planning within each agency

As mentioned above, safety planning requires close co-operation with the victim. However, it is important to keep in mind that securing safety and protection is not the responsibility of the victim; it is the obligation of the state and its agencies. Therefore, it is the task, especially of law enforcement, but also of other agencies, to care for the safety and protection of victims. Whenever it is possible, detailed safety planning should be undertaken by specialised victim support services, but if the victim seeks help with a particular agency, all practitioners should have the knowledge and skills to start the risk assessment and safety management process leading to an increase in the woman's safety⁵².

Good practice in assessing and managing risk

Risk assessment and safety planning should be an integral part of service provision. All agencies dealing with the issue of domestic violence against women should develop clear (written)

⁴⁹ Roehl J, O'Sullivan C, Webster D. and Campbell J. (2005). *Intimate Partner Violence Risk Assessment Validation Study. Final report*. US Department of Justice.

⁵⁰ Campbell, J. C. et al. (2003). "Risk Factors for Femicide in Abusive Relationships: Results From a Multisite Case Control Study", *American Journal of Public Health*, Vol. 93, No.7, pp. 1089-1097. Available at: <http://www.dangerassessment.org/DATools.aspx>

⁵¹ Herman, J.L. (1992). *Trauma and Recovery: The Aftermath of Violence*. New York: Basic Books.

⁵² WAVE (2012). *Protect II: Capacity Building in Risk Assessment and Safety Management to Protect High Risk Victims*. Vienna: WAVE.

policies and procedural guidelines for risk assessment and safety planning/risk management. As a part of quality standards, each agency should have a standardised practice, which includes a clear identification of responsibilities and defined effective processes that focus on the needs of victims, with the safety and prevention of further violence at the centre of attention. Interventions and co-operation processes should be constantly monitored and evaluated regarding their effectiveness.


Safety measures are important also during the victim's visit in different agencies. All legal and statutory measures available should be applied to increase safety for the victims. It is important to ensure that victims are safe when entering an agency, staying at the agency, and when leaving the agency.

These measures are especially important in situations where victims can meet the perpetrator in the premises of the agency. Whenever it is possible, the safety of the victim should be considered and appointments with the victim and the perpetrator should not be made at the same time or in a manner in which they can meet while entering or leaving the agency. The safety of staff should also be part of every agency's policy and a safety plan for staff should be included in quality standards.

Focusing on risk factors and safety planning with support from multi-agency teams

For effective safety planning and risk management, co-operation of key agencies is a necessity. Multi-agency team meetings can serve as a good base for risk assessment and safety planning in high-risk cases. As mentioned above, close co-operation with the victim is crucial for quality risk identification. However, it could be overwhelming and stressful for a victim to undertake the procedure of risk identification with all members of the multi-agency team at their meeting (see Section 2 and Exercise 2.2). Best practice shows, that if there is one agency (if possible a specialised organisation providing support for victims of domestic violence) or an advocate assigned to the victim, who represents her in the multi-agency meeting and whom she trusts (see Section 6), the willingness of the victim to disclose and co-operate closely with the multi-agency team increases and the risk of secondary victimisation decreases (see Section 4). This agency or advocate can do the risk assessment interview with the victim prior to the meeting of multi-agency team and then relay the risk factors present. It is important to keep in mind that safety planning should support the victim and improve the quality of her life. It is not a list of her "duties and responsibilities", it is a summary of options available to her and actions that will be taken by agencies to support her.

RESOURCES

-  **WAVE (2012). *Protect II: Capacity Building in Risk Assessment and Safety Management to Protect High Risk Victims*. Vienna: WAVE.**
Available also in Polish:
http://www.wave-network.org/sites/default/files/protectii%28polish%29final%28july2012%29_opt_0.pdf

PRACTICAL EXERCICES

Exercise 5.1 Understanding the concept of risk

Aim	Raise awareness about different approaches to the notion of risk, and show diversity in the understanding of risk.
Target groups	All members of multi-agency teams (police, judiciary, specialist or women's support services, other victims' services and civil society organisations, social services, child protection and health services, probation, programmes for perpetrators, etc.).
Time	5-10 minutes.
Resources needed	1 Chair.
Method	Demonstration; Whole group discussion.

Instructions

The trainer uses a solid chair and stands on it. While standing on the chair, the trainer asks participants about the risks they can identify from different perspectives. A second trainer can facilitate the discussion with statements such as: "If I were a doctor, I would see the risk of the person falling down and causing an injury"; "If I were a house keeper, I would see the risk of the chair breaking, or that the ground might be scratched", etc. Encourage participants to look at risk from different perspectives.

Guidance for reflection

This exercise helps participants understand different perceptions of risk and different approaches to it. Trainers can emphasise that despite us observing the same situation, we may pay more attention to different aspects of risk. For co-operation and joint work it is crucial that participants understand their viewpoint on risk and that they find a common approach to addressing it.

Exercise 5.2 Risk factors

Aim	Raise awareness among professionals of the significant risk factors for serious harm, and the escalation of violence and homicide.
Target groups	All members of multi-agency teams (police, judiciary, specialist victim support services, other victims' services and civil society organisations, social services, child protection and health services, probation, programmes for perpetrators, etc.).
Time	Individual work (5-10 minutes); Whole group discussion (35 minutes). Total: 45 minutes (depending on group size).
Resources needed	Hand-out 5.1 Five categories of risk, Hand-out 5.2 List of Risk factors, flipchart.

Method Individual work; Whole group discussion.

Instructions

The trainer distributes Hand-out 5.1 to participants, and asks them to fill in the risk factors that correspond to each category.

Guidance for reflection

Once they have finished, the trainer asks participants to share their ideas with the rest of the group and write their inputs on the flipchart. The trainer goes over each category. The trainer distributes Hand-out 5.2, and all the risk factors that were listed are discussed. Participants should be informed that this list is not a complete inventory of possible risk factors, however all these risk factors are evidence-based and it is important to consider them (although not exclusively) in the process of risk identification and risk assessment.

Exercise 5.3 Case study: Risk identification

Aim Raise awareness among professionals of the significant risk factors for serious harm, escalation of violence and homicide.

Target groups All members of multi-agency teams (police, judiciary, specialist victim support services, other victims' services and civil society organisations, social services, child protection and health services, probation, programmes for perpetrators, etc.).

Time Individual work (10 minutes); Whole group discussion (20 minutes).
Total: 30 minutes.

Method Individual work; Whole group discussion.

Resources needed Hand-out 5.1 Five categories of risk.

Instructions

The trainer divides participants into small groups of 4-5, and asks them to read the case study individually. In the group, the participants will fill-out Hand-out 5.1, by writing down all the risk factors that they identify from reading the case study.

Case study

Ewa and Piotr have been married for ten years. Piotr works as an accountant for a local hotel and Ewa is a teacher. Ewa has one child from a previous relationship, and she and Piotr have two children together. Piotr is known to the police as he was already prosecuted for assaulting a former partner. Piotr has very strict rules about how the household should be run and insists that Ewa does all of the household chores. Piotr first assaulted Ewa during her pregnancy: he slapped her on the face. Piotr apologised for this assault, but has since then punched and kicked Ewa and thrown household objects at her, including a china plate. Ewa hopes that if Piotr gets help for his problems, his behaviour will stop. She often makes excuses for his behaviour and

thinks that if she behaved better, Piotr would not get so angry with her. At the same time, she often worries that Piotr will not stop, and is afraid of what he is capable of. Ewa is planning to move out of the home that she shares with Piotr, as she thinks she needs some distance from him for a while; she is however worried about going through with her decision, as she is also afraid of his reaction and has few friends and no supportive family (they do not approve of her marriage with Piotr).

Guidance for reflection

The trainer asks one person from each group to discuss the risk factors they have identified. The trainer then writes the risk factors down on the flipchart.

Exercise 5.4 Case study: Safety planning and safety management

Aim	To allow participants to apply the acquired knowledge on risk assessment and safety planning to their practical experience.
Target groups	All members of multi-agency teams (police, judiciary, specialist victim support services, other victims' services and civil society organisations, social services, child protection and health services, probation, programmes for perpetrators, etc.).
Time	Individual work (30 minutes); Whole group discussion (30 minutes). Total: 45 - 60 minutes, depending on group size.
Method	Individual work; Whole group discussion.
Resources needed	Case study from Exercise 5.3, results from Exercise 5.3. – identified risk factors, Hand-out 5.3 Structure for safety planning.

Instructions

Divide participants into groups reflecting the structure of multi-agency teams (different professions and agencies should be presented in each group). Participants use the case study and results from Exercise 5.3. that they have identified in this case study. The trainer asks the groups to fill out Hand-out 5.3 and address all risk factors identified.

Guidance for reflection

In this exercise, the process has the same importance as the result. Before the groups refer to the concrete safety measures they propose, ask for feedback on the process- how did they co-operate, did they find something that worked or helped in their co-operation, what obstacles did they face, what helped to overcome these obstacles, how did they feel about the co-operation? Following this reflection, the trainer moves onto the results and asks each group to nominate one person who will report the results to the rest of the participants.

Note for the trainer

It is advisable to monitor the process of co-operation in working groups and facilitate possible challenging situations.

HAND-OUTS AND KEY MESSAGES

Hand-out 5.1 Five categories of risk

Write down the risk factors falling within each of the listed categories of risk. Write down what you think the victim's perception of risk is, and how it can be important to the risk assessment.

Category of risk	Risk Factors
Perpetrator's attitudes and behaviour	
History of violence	
Forms and patterns of violence	
Aggravating factors	
Victim's perception of risk <i>(Do you think this can be important in the process of risk assessment? Why?)</i>	
Notes	

Hand-out 5.2 List of Risk factors

	Risk factor	Category of risk
I. History of violence		
1.	Previous domestic violence against women	Across studies of risk factors for domestic violence against women, prior domestic violence is shown to be the most common risk factor ^{1, 2, 3, 4} .
2.	Violence towards the children or other family members	Frequent violence within the home will extend to other family members, including children. Initial concerns for the safety of a child can reveal far more extensive patterns of violence within a family. Children may also be used by the perpetrator as a method of emotional manipulation and control over a victim. (Duluth Model of Domestic Violence). ⁵ There is some evidence that risk towards children who are experiencing violence is often not taken seriously. ⁶ The rights of the child and safeguarding actions for children are a parallel concern for practitioners engaging in risk assessment.
3.	Generally violent behaviour	Perpetrators of domestic violence also often exhibit general anti-social attitudes, behaviours and a use of violence outside of the domestic sphere. ^{7,8} Violence outside of the family indicates a general tendency to use violence, can increase the risk to the woman victim, and poses a risk to other people including practitioners.
4.	Violation of protective orders	Violations of protective orders (by police, criminal or civil courts), and contact or non-contact orders, are associated with an increased risk of future violence ^{9, 10} .
II. Forms and patterns of violence		
5.	Severity and frequency of violent acts	An increasing severity and frequency of violent acts are one of the most significant factors of severe and potentially lethal assaults ¹¹ .
6.	Use of / threats by weapons	The use of, or threats to use weapons are a significant risk factor for serious and lethal violence. In domestic violence, all weapons including fire arms, knives and dangerous objects that could be used as an instrument to hurt the victim must be considered ^{12, 13, 14, 15, 16} .
7.	Controlling behaviour and isolation	Controlling behaviour is perceived as a significant risk factor for repeated severe and potentially lethal violence ^{17, 18, 19} . Isolation is a common strategy for control and can take on severe forms like deprivation of liberty (locking women up).
8.	Stalking	Stalking is related to lethal and serious violence against women, and coupled with physical assault, it is significantly associated with murder and attempted murder ²⁰ .
9.	Sexual violence	Sexual violence is commonly experienced as part of domestic violence against women ²¹ . Women who are sexually assaulted are more likely to be subjected to more serious injury and serial abuse in domestic violence ²² .

10.	Threats to kill, threats to harm, coercion	Practical experience has shown that severe violence is often preceded by threats. Coercion can take on different severe forms, including forced marriage ²³ .
11.	Strangulation and choking	Strangulation and choking are very dangerous forms of violence; approximately half of the victims of homicide face a strangulation attempt in the year before their death ^{24, 25, 26} .
III. Risk factors related to perpetrator behaviour		
12.	Issues related to drug and alcohol use	Whilst drug and alcohol use is not a cause of or an excuse for domestic violence against women, a perpetrator's alcohol and drug use is associated with an increased risk of homicide and more severe violence ^{27, 28} .
13.	Possessiveness, extreme jealousy and other forms of harmful attitudes	Extreme jealousy and possessiveness are associated with severe violence ^{29, 30} . In addition, the patriarchal attitudes of perpetrators, such as very rigid concepts of male or family honour and a sense of ownership of women can impact risk ^{31, 32} .
14.	Issues related to poor mental health, including threats and attempts to commit suicide	Perpetrator mental health problems, including depression, are associated with an increased risk of repeat and severe violence. Threats to commit suicide and a perpetrator's poor mental health are risk factors for homicide-suicide cases. In 32% of homicide cases, the perpetrator committed suicide afterwards ^{33, 34, 35} .
15.	Economic Stress	Changes in the perpetrator's financial status and unemployment are strong risk factors in homicide cases related to domestic violence and link to concepts of masculinity and gender roles ³⁶ .
IV. Victim's perception of risk		
16.	Fear for herself and others	Research shows that there is a strong correlation between the self-assessment of risk by the victim and the actual use of violence by the perpetrator. However, some victims of violence may also minimise and underestimate the violence. In a study of femicide by Campbell et al (2003) approximately half of victims did not perceive there to be any risk that the perpetrator would kill them ^{37, 38, 39, 40, 41} .
V. Aggravating factors		
17.	Separation	Separation is commonly understood as a significant risk factor for severe harm or homicide ⁴² .
18.	Child Contact	Conflict in relation to child contact is common following separation and often poses a risk of repeat violence for both women and children ⁴³ .
19.	Step child living in the family	Risks factors of domestic violence between partners or spouses include any of the perpetrator's stepchildren living in the home ⁴⁴ .
20.	Violence during pregnancy	About 30% of domestic violence starts in pregnancy. Violence during pregnancy is a risk factor of severe and lethal violence. Pregnant women have a greater risk of both minor and severe violence than non-pregnant women ^{45, 46, 47, 48, 49} .

Hand-out 5.2 References

- ¹ Kropp, R. and Hart, S. (2000). "The Spousal Assault Risk Assessment (SARA) Guide: Reliability and validity in adult male offenders". *Law and Human Behavior*, Vol.24, No.1, pp. 101-118.
- ² Grann, M. and Wedin, I. (2002). "Risk Factors for Recidivism among Spousal Assault and Spousal Homicide Offenders". *Psychology, Crime & Law*, Vol. 8 No. 1, pp. 5-23.
- ³ Snider, C. et al. (2009). "Intimate Partner Violence: Development of a Brief Risk Assessment for the Emergency Department". *Society for Academic Emergency Medicine*, Vol. 16, No. 11, pp. 1208 – 216.
- ⁴ Campbell, J. C. et al. (2009). "The Danger Assessment, Validation of a Lethality Risk Assessment Instrument for Intimate Partner Femicide". *Journal of Interpersonal Violence*, Vol. 24, No. 4, Sage Publications, pp. 653-674.
- ⁵ Paymar, M. and Barnes, G. (2004). "Countering Confusion about the Duluth Model". Accessed on 12/06/15 from: <http://www.theduluthmodel.org/pdf/CounteringConfusion.pdf>.
- ⁶ Mullender, A. et al. (2002). *Children's Perspectives on Domestic Violence*. London: Sage.
- ⁷ Hester, M. (2006). "Asking about domestic violence – implications for practice", in Humphreys, C. and Stanley, N. (Eds), *Domestic Violence and Child Protection – directions for good practice*. London: Jessica Kingsley Publishers.
- ⁸ Dutton, D.G. & Knopp, R. P. (2000). "A review of Domestic Violence risk instruments in Trauma". *Violence and Abuse*. Vol 1 No 2. pp. 171-181.
- ⁹ Kropp, R. and Hart, St. (2000), pp. 101-118.
- ¹⁰ Grann, M., Wedin, I. (2002), pp. 5-23.
- ¹¹ Snider, C. et l. (2009), pp. 1208 – 1216.
- ¹² Ibid.
- ¹³ Echeburua, E., et al. (2009). "Assessing Risk Markers in Intimate Partner Femicide and Severe Violence". *Journal of Interpersonal Violence*, Vol. 24, No.6, Sage Publications, pp. 925-939.
- ¹⁴ Humphreys, C. et al. (2005). *Prevention not prediction? A preliminary evaluation of the Metropolitan Police Domestic Violence Risk Assessment Model (SPECCS)*. London: Centre for the Study of Safety and Wellbeing, University of Warwick and Child and Woman Abuse Study Unit, London Metropolitan University.
- ¹⁵ Campbell, J. C. et al. (2003). "Risk Factors for Femicide in Abusive Relationships: Results From a Multisite Case Control Study". *American Journal of Public Health*, Vol. 93, No.7, pp. 1089-1097.
- ¹⁶ Bailey, J. et al. (1997). "Risk factors for violent death of women in the home". *Archives of Internal Medicine*, Vol. 157, No.7, pp. 777-782.
- ¹⁷ Decker M R., Martin S L., Moracco K E. (2004). "Homicide Risk Factors among Pregnant Women Abused by Their Partners". *Violence against Women*, Vol. 10, No.5, Sage Publications, pp. 498-513.
- ¹⁸ Humphreys C, et al. (2005).
- ¹⁹ Echeburua, E. et al. (2009), pp. 925-939.
- ²⁰ McFarlane, J. M. et al. (1999). "Stalking and Intimate Partner Femicide". *Homicide Studies* November 1999 vol. 3 no. 4, pp. 300-316.
- ²¹ Howarth, E. et al. (2009). *Safety in Numbers: A Multi-Site Evaluation of Independent domestic Violence Advisor Services*, London: The Henry Smith Charity. Accessed on 12/06/2015 from: <http://www.henrysmithcharity.org.uk/documents/SafetyinNumbersFullReportNov09.pdf>
- ²² Humphreys C, et al. (2005).
- ²³ Robinson, A. (2010). "Risk and intimate partner violence", in Kemshall, H. and Wilkinson, B. (Eds) *Good practice in risk assessment and risk management* (3rd Edition). London: Jessica Kingsley Publishers, pp. 123.
- ²⁴ Glass, N. et al. (2008). "Strangulation is an important risk factor for attempted and completed femicides". *Journal of Emergency Medicine*, 35, 329-335.
- ²⁵ Block, C. R. et al. (2000). *The Chicago Women's Health Study: Risk of serious injury or death in intimate violence: A collaborative research project*. Washington, DC: U.S. Department of Justice, National Institute of Justice.
- ²⁶ Snider, C. et al. (2009), pp. 1208 – 1216.

- ²⁷ Decker M R., Martin S L., Moracco K E. (2004). "Homicide Risk Factors among Pregnant Women Abused by Their Partners". *Violence against Women*, Vol. 10, No.5, Sage Publications, pp. 498-513.
- ²⁸ Bailey, J. et al. (1997), pp. 777-782.
- ²⁹ Robinson, A. L. (2006). "Reducing Repeat Victimization among High-Risk Victims of Domestic Violence, the Benefits of a Coordinated Community Response in Cardiff, Wales". *Violence against Women*, Vol.12. No. 8, Sage Publications, pp. 761- 788.
- ³⁰ Snider, C. et al. (2009), pp. 1208 – 1216.
- ³¹ Dutton, D.G. and Knopp, R. P. (2000). "A review of domestic violence risk instruments in Trauma". *Violence and Abuse*, Vol 1 No.2.
- ³² Hilton, N.Z., Harris, G.T. and Rice, M.E. (2001). "Predicting Violence by serious wife assaulters". *Journal of Inter Personal Violence*, Vol 16 No 5 pp. 408-423.
- ³³ Randall, K. and Hart, S. (2000). "The Spousal Assault Risk Assessment (SARA) Guide: Reliability and validity in adult male offenders". *Law and Human Behavior*, Vol.24, No.1, pp. 101-118, <http://www.springerlink.com/content/n1716vh2852l3637/>, Accessed 16.11.2010.
- ³⁴ Regan, L. et al. (2007). *If Only We'd Known: An exploratory Study of Severe Intimate Partner Homicides in Engleshire*. CWASU. London Metropolitan University.
- ³⁵ Campbell, J.C. et al. (2003). "Risk Factors for Femicide in Abusive Relationships: Results From a Multisite Case Control Study". *American Journal of Public Health*, Vol. 93, No.7, pp. 1089-1097.
- ³⁶ Campbell, J. C. et al. (2009). "The Danger Assessment, Validation of a Lethality Risk Assessment Instrument for Intimate Partner Femicide". *Journal of Interpersonal Violence*, Vol. 24, No. 4, Sage Publications, pp. 653-674.
- ³⁷ Roehl, J. et al. (2005). *Intimate Partner Violence Risk Assessment Validation Study*. Final report. US Department of Justice
- ³⁸ Weisz, A., Tolman, R. and Saunders, D. G. (2000). "Assessing the risk of severe domestic violence". *Journal of Interpersonal Violence*, Vol. 15m No.1, pp.75-90.
- ³⁹ Gondolf, E. W., and Heckert, D. A. (2003). "Determinants of women's perceptions of risk in battering relationships". *Violence & Victims*, Vol. 18, No.4, pp.371-386.
- ⁴⁰ Heckert, D. A., and Gondolf, E. W. (2004). "Battered women's perceptions of risk versus risk factors and instruments in predicting repeat reassault". *Journal of Interpersonal Violence*, Vol. 19, No.7, pp. 778-800.
- ⁴¹ Campbell, J.C. et al. (2003), pp. 1089-1097.
- ⁴² Humphreys, C., and Thiara, R. K. (2003). "Neither justice nor protection: Women's experiences of post separation violence". *Journal of Social Welfare and Family Law*, Vol.25, pp. 195-214.
- ⁴³ Ibid.
- ⁴⁴ Campbell, J.C. et al. (2003), pp. 1089-1097.
- ⁴⁵ Humphreys C, et al. (2005).
- ⁴⁶ Snider C, Webster D, O'Sullivan C, Campbell J C. (2009): "Intimate Partner Violence: Development of a Brief Risk Assessment for the Emergency Department". *Society for Academic Emergency Medicine*, Vol. 16, No. 11, pp. 1208 – 1216, http://www.dangerassessment.org/uploads/Snider%20et%20al_%20Brief%20IPV%20Risk%20Assessment_SAEM_AEM_blinde%20doc.pdf, 16.11.2010.
- ⁴⁷ Lewis, G, Drife, J, et al. (2001). *Why mothers die: Report from the confidential enquiries into maternal deaths in the UK 1997-9*. Commissioned by Department of Health from RCOG and NICE, London:RCOG Press.
- ⁴⁸ McWilliams, M. and McKiernan, J. (1993). *Bringing it out into the open: Domestic violence in Northern Ireland*. Belfast: HMSO.
- ⁴⁹ Gelles, R. J. (1988). "Violence and pregnancy: are pregnant women at greater risk of abuse". *J. Marriage Fam.* 50, 841.

Hand-out 5.4 Key messages on risk assessment and safety planning

Risk assessment

- Risk should be assessed in co-operation with the victim.
- Risk should be assessed systematically and on a regular basis (risk is dynamic: it is constantly changing, in some cases even over short periods of time and in different contexts).
- Risk assessment on its own is not enough - it is a constant process and should be followed by safety planning, risk management and review of its effectiveness and re-assessment.
- Good risk assessment cannot be done in isolation: all relevant actors need to be involved.

Properly conducted risk assessments can lead to:

- reduction and prevention of risk;
- effective safety planning and empowerment of victims;
- reduction of ineffective and prejudicial responses;
- consistent and more reliable practice⁵³.

Safety planning

- Safety planning is effective only when the victim herself is actively engaged.
- Safety planning involving the victim includes highlighting the steps she can take to enhance her safety and that of her children.
- It is important that the process of safety planning is explained fully to the victim in order to avoid raising false expectations. The safety plan alone will not make the victim safe.
- Practitioners need to be honest and open about the risk level, the unpredictable nature of domestic violence and the implications of carrying-out each action.
- Safety and protection are not the responsibility of the victim - they are an obligation of the state. Therefore, it is the task, especially of law enforcement, but also of other agencies, to manage the safety and protection of victims⁵⁴.

⁵³ Adapted from: Robinson, A. (2011). "Risk and Intimate Partner Violence", in H. Kemshall and B. Wilkinson (eds.) *Good Practice in Assessing Risk*. London: Jessica Kingsley Publishers.

⁵⁴ WAVE (2012). *Protect II: Capacity Building in Risk Assessment and Safety Management to Protect High Risk Victims*. Vienna: WAVE.

Hand-out 5.5 Steps in developing a safety plan

1. Identify the needs and concerns of victims

- Start by talking about what the victim feels would be helpful and what she needs from you.
- Ask the victim about her biggest concerns. There may be multiple issues, but try to identify those which continuously arise (child custody/visitation, financial issues, immigration concerns, etc.).
- What are some of the actions she has taken in the past to deal with these concerns? Did they work? If not, what other options could she try?
- What are the possible outcomes of this new strategy (both positive and negative)?
- How does she think her partner will react to these measures⁵⁵?

2. Identify present risk factors

- The list of risk factors should be used systematically as a checklist for risk assessment.
- Pay attention to the aggravating factors (see Hand-out 5.2 List of Risk factors).
- If the abuse is primarily emotional, find out what frightens the victim most (what threats does the perpetrator use, what kind of psychological violence does he use) and what are the perpetrator's primary tactics (isolation, deprivation of liberty, economic violence, threats, etc.).

3. Identify strategies and safety measures that the victim has already used

- What strategies has the victim used in the past to escape from violence and what options were available to her at that time (did/does she have access to the phone during or after the incident, did/can she leave, did/can she leave with her children, etc...)?
- How did the perpetrator react?
- What worked and what can put her and her children in greater danger?

4. Identify possible options

- What options and measures are available to her now?
- What steps will you and other agencies take and what measures can be applied?
- When analysing possible options, it is important to check if these measures are truly available to the victim, and if she thinks these measures will work in order to increase her safety. It is helpful to go through questions such as: How will she access these options? What will the process look like? How long it will take? What can she do in the meantime until relevant options become available? What will she need to access these options (financial means, phone, transportation, etc.)? What barriers can these options create? How she can overcome them?

5. Finalise the safety plan

- The final safety plan should include concrete steps, measures and interventions that will be taken by concrete institutions and organisations, as well as steps that can be taken by the victim in case of risk.

⁵⁵ Adapted from: Ohio Domestic Violence Network (2007). *Domestic Violence Advocacy Fundamentals*. Available at: <http://www.odvn.org/>

Section 6: Working together in multi-disciplinary teams for the provision of empowering support to victims

As was discussed in Section 1, the co-ordination of services and multi-agency co-operation are one of the key requirements of the Istanbul Convention.

General support services, such as social services and health care services, play an important role in facilitating the recovery of victims from violence, and in providing “financial assistance, housing, education, training and assistance in finding employment” (Article 20). It is the task of general support services to refer victims to specialist victim support services and the Convention requires states parties to “provide or arrange for specialist women’s support services to all women victims of violence and their children” (Article 22).

Thus, three steps are foreseen for the effective prevention of violence and the provision of support to victims:

- Counselling and advocacy for victims by specialist victim support services for all women and their children;
- General support services providing financial assistance, housing, employment etc. to recover from violence and referring victims to specialist victims services;
- Effective multi-agency co-operation to protect victims and prevent further violence.

Agencies can only help if victims trust them and turn to them. An important question that arises is therefore: How can we gain the trust of victims?

Besides providing the best professional support possible, an awareness of the dynamics in our societies between institutions, agencies, and individuals, as well as an awareness of the existing power imbalances and dependencies, is key.

Prerequisites of multi-agency work

Core principles to build the victim’s trust in the support system and to address her needs

Building victims’ trust in multi-agency teams is crucial for effective prevention. We should not take it for granted that victims have trust in our agencies; therefore, we have to earn and maintain this trust and be aware that we can quickly lose it if the victim feels disregarded, misunderstood or pressured. To meet the needs of victims, all agencies need to implement the principles of empowering support (See Section 2).

Leaving the door open

If victims do not keep appointments, this can be a sign of a lack of trust or dissatisfaction with the services they are being provided with, but also simply a sign that the victim no longer needs our support. If the latter is the case, we need to respect this choice. If victims feel disappointed or disregarded, agencies need to set up measures to re-gain the victim’s trust. The fact that victims do not show up for an appointment might make them hesitant to call again if they need help. Therefore, it is important that agencies explicitly communicate to victims that they are welcome to contact them at any given time, even if victims have repeatedly missed an appointment, or did not take the steps they were supposed to or had planned to take.

Dealing with power cautiously

We also have to bear in mind that some agencies are powerful institutions, and that victims might be afraid of opening up to them because we exert power over them or because they are dependent on our help. For example, a statutory child protection agency has the power to remove the children from the family, or social services have the power to grant or withhold social welfare benefits. It is important that we deal very carefully with our institutional power and reflect on it regularly, for instance through supervision. Specialist victim support services should stand on the side of victims and should not have any power over them. To better understand the victim's perspective and to avoid "othering" from happening (see Section 2), it can be helpful when multi-agency teams regularly carry out Exercise 6.1.

Gender-specific approach in multi-agency work

According to the Istanbul Convention, all support is to be based "on a gendered understanding of violence against women and domestic violence and (...) focus on the human rights and safety of the victim" (Article 18, paragraph 3). The term "gendered understanding" means that the problem of violence against women is not dealt with as "gender-neutral", but as a problem that has to do with the gender inequality and power imbalance between women and men in our societies (see also Section 1). Promoting gender equality and ending power and control over women must therefore represent the core goals of general and specialist support services.

The importance of unburdening the victim and providing care

Victims of violence are in a stressful situation of fear and uncertainty, especially if the violence is perpetrated by their spouse or partner. In this case, their primary support system, the very one that should be helping and caring for them, is the source of their pain. It is hard for victims to acknowledge that their partner is abusive, and sometimes victims hide the violence due to fear and shame. Victims are traumatised and full of sorrow and concern for their children and other family members, and even for the perpetrator. It takes a lot of energy to fulfil everyday chores and duties and to go on with their lives. The trauma and the impact of this violence are not always recognised by their environment. Sometimes even professionals expect victims to "function normally". Victims should be reminded that it is not possible, and is even unhealthy, to function "normally" in such a stressful and traumatic situation.

Professionals from agencies should regularly reflect on their practice, for instance with the support of supervision, by asking: Are the measures we are planning/implementing helpful? Are they lifting the burden from the victim or doing the opposite? What would the victim consider as constituting real support?

Key messages

- **Unburdening the victim is an important element of empowering support**, together with the principle of the right of the victim to make her own decisions.
- **Victims need care and support** provided for them by professionals instead of telling them what to do.

- **Multi-agency teams are in an ideal position to take some of the burden off the victim's shoulders**, by co-ordinating services and providing non-bureaucratic help, and sparing victims from having to go to several agencies for help, etc.
- If professionals from agencies are not careful in **making sure that their support is strengthening the victim**, they might even unintentionally weaken her and her children, which can ultimately do more harm than good.
- Professionals should also **avoid falling into the trap of demanding things from the victim**, which puts additional stress on her.
- Agencies also need to be aware of the danger of making assumptions about the victim; violence causes severe injuries to the body and soul, especially if it is committed by an intimate partner or parent, and the symptoms of the impact of violence should not be mistaken as symptoms of mental illness or personality disorders. **The victim should not be forced or pressured into any treatment, and it must be clear that help is offered rather than imposed.**
- It is important to **regularly check with the victim if the support offered is helpful**, and to ask her explicitly for feedback. Methods of feedback should be integrated in the work of agencies (for instance, in the form of anonymous feedback sheets).

The role of specialist victim or women's support services in multi-agency work

Victims have the right to be supported by a specialist support services (for instance helplines, women's shelters, counselling services or crisis centres)⁵⁶. According to the Istanbul Convention, the task of local multi-agency teams is to provide general support and to refer victims to specialist support services. For example, the 32 existing regional centres in Poland are providing a basic structure for such specialist support, and it is advisable that local interdisciplinary teams establish a system of referral and close co-operation with the specialist centres, in order to optimise the support for victims.

If the closest specialist support centre is too far away for the victim to reach, the multi-agency team should decide which local organisation is best equipped to provide empowering counselling and advocacy to victims. This agency should then work together with the specialist regional centre. All steps need to be taken together with the victim.

Role of the independent victim advocates

As described in Section 2, the task of specialist victim's support services is to provide comprehensive and empowering support to the victim and to her children. These services play a crucial role for the victim and need to be at the centre of multi-agency co-operation. If this is not the case, there is a big danger that the support system will not be able to gain the victim's trust.

⁵⁶ See the glossary for the definition.

The following tasks and standards are crucial:

- All women victims of violence should be supported by an advocate from a specialist victim support service.
- Advocates or domestic violence counsellors should provide counselling to help the victim reflect on her situation, learn about her rights, and to develop and carry out safety plans; they also provide practical support – accompanying the victim to the police or to court and taking action on her behalf to realise her rights.
- The advocate should represent the victim in multi-agency case conferences.
- When the assigned advocate is not on duty, specialist support services need to provide support to the victim in acute situations; therefore, such services should be ideally available 24/7 or at least 12 hours a day (8.00am to 8.00pm).

Support for children witnessing violence

- It is highly recommended that there be a second advocate available for supporting the children of the victim; the support of children is also foreseen in the Istanbul Convention (Article 26)⁵⁷.
- In order to provide family-friendly and empowering services, children should be offered support in parallel to the mother; this way childcare is provided simultaneously. This is in accordance with the Istanbul Convention Article 18, paragraph 3 suggesting that a range of support to be located at the same premises. If there are not enough resources to provide a support person for the children, the victim's advocate needs to include the care for the children in her or his work. Advocates from specialist support services and statutory child protection agencies should work closely together to provide the best and co-ordinated support for the protection of the family.

Dealing with complaints and respecting victims as experts of their own situation

When providing support, it might happen that as members of agencies we make mistakes or deal with our power in a way that is disempowering for victims.

Victims need to know where they can lodge complaints, how the agency concerned will deal with the problem, and how their needs are met and justice can be restored. It is the task of the victim's advocate to support victims in lodging complaints - this is the reason why advocates need to be independent. It can also happen that the advocate from the specialist support service makes a mistake: in such a case, it is advisable that the victim is supported by an ombudsperson to file a complaint. The procedure of how and where they can file a complaint needs to be transparent to the victims. Complaints should always be taken seriously and the feedback from victims and advocates should be actively sought. Victims may be invited as experts in multi-agency teams to give their feedback on how measures can be improved (see Hand-out 6.1).

Role and tasks of multi-agency teams

As mentioned above, if they work in a supportive and empowering way, multi-agency teams can be an effective tool to release victims from some of the burden they carry. Working together

⁵⁷ See page 13.

effectively requires that all agencies involved do their “homework” and deal with the problem in an effective way within their own agency.

Key messages:

- Agencies involved in preventing violence and protecting victims fulfil important tasks; it is therefore necessary that **each agency establishes clear guidelines on how it relates to violence against women and domestic violence and on how to train and provide professional staff.**
- **Bilateral co-operation** with other agencies **and co-operation in multi-agency teams** need to be **part of the internal guidelines**; only clear commitments can lead to effective co-operation⁵⁸.

Activities, functions and structures of multi-agency work

Goals and areas of work for multi-agency teams

Multi-agency work is most effective if it is based on clear goals and regulations and carried out at the structural, as well as at the individual level.

Three areas of multi-agency work can be identified:

1. **Implementation of laws and procedures:** the work of multi-agency teams is usually based on national or regional laws and procedures. Clear guidelines for implementation of laws and procedures are necessary in order for these teams to work effectively. It is advisable that elements in laws and procedures that obstruct a victim-centred and human rights-based approach, should be identified, reviewed, and improved.
2. **Provision of co-ordinated help for individual victims (individual advocacy):** case conferences should be limited to special cases such as the protection of victims in high-risk situations. It is not necessary to hold a case conference in all cases.
3. **Co-ordination and improvement of measures (institutional advocacy):** an important goal of multi-agency work is to co-ordinate better and to improve measures to prevent violence and protect victims - for instance by promoting the establishment of specialist support services. Multi-agency work in this area should be carried out in a systematic way, for instance by contributing regularly to the evaluation and implementation of a regional action plan. Such a plan should be based on an evaluation of the status quo and should include concrete goals and targets. An important function of institutional advocacy work is also to provide information and experiences of multi-agency work to the regional and the national level.

⁵⁸ WAVE (2012). *Capacity Building in Risk Assessment and Safety Management to Protect High Risk Victims. A Learning Resource*. EU DAPHNE project PROTECT II. Vienna: WAVE, Module 2.1.

Structure

Both areas – individual and institutional advocacy - need to be managed well in order to contribute to effective interventions. This can be ensured by the following:

- **common visions and goals** with safety for victims as a priority;
- **commitment of all members, clear procedures and rules** for co-operation;
- **a co-ordinating structure** to plan and convene the meetings, to take notes and distribute them, and to make sure working procedures and goals are observed;
- **effective chairing of work meetings and case conferences;**
- chairing of meetings for institutional advocacy and individual advocacy are necessary.

Key messages:

- **Co-operation and prevention work between agencies needs to happen on a day to day basis** especially, but not only, in cases of acute danger. Multi-agency case conferences are additional tools for more intensive support that victims need in special situations, for instance during times of high-risk.

Concept of “foreground-background” support

- Being confronted with a whole group of helpers can be overwhelming for victims; but knowing that they have an advocate on their side, and that a whole team of experts from different agencies supports the advocate, can also be empowering.
- As stated, the victim’s advocate should be the main support and “anchor” for the victim and act “in the foreground”, so to speak.
- The important role of a multi-agency team is to back the advocates up in their work, and to support them in their provision of specialist expertise – for instance, in documenting the injuries in healthcare facilities or in issuing a protection order.
- It is important, that all relevant agencies provide prompt and concrete help in an un-bureaucratic way, which meets the victim’s immediate and basic needs (financial aid, child care, etc.).
- A multi-agency team does not always need to meet in person to support a victim, but rather it can also be a “virtual team” that the advocate and the victim can turn to for help.
- It is also not always necessary that the whole team meets to discuss a case – this could at times even be a drain of resources. The whole team should only come together if the expertise of all the members is needed.

Key messages:

- The **prevention of repeat and severe violence, including homicides**, requires that agencies work closely together and that case **conferences to prevent such violence be carried out regularly** (see Section 5).
- Next to the function of supporting individual victims, multi-agency teams should also work together to **co-ordinate and improve measures of prevention and support** (institutional advocacy). See section below.

Respecting the human rights of victims and data protection – core principles of information-sharing

As stated in Section 2, it is necessary to respect the victim's rights to data protection when personal information is shared in multi-agency teams. The core principles in this regard are:

- The victim is informed about the teams and gives her consent to the sharing of certain data.
- An advocate from a specialist victim support service represents the victim.
- The task of the advocate is to make sure that the rights and needs of the victim are at the centre of the multi-agency case conference, in which several agencies come together to provide co-ordinated support to a victim⁵⁹.
- The advocate needs to ask the following questions: Are the measures planned by the multi-agency case conference in the interest of the victim? Do they respect her rights and needs? Are they empowering the victim? If this is not the case, the advocate needs to have the competence to demand the dismissal of the measure concerned.
- It is important that the exchange of data is strictly restricted to the goal of providing safety and protection to the victim. Personal information that is not relevant to the goal of safety should not be exchanged (e.g., information about the health of the victim, an addiction problem or events in her personal history). It is the task of the team's chair to make sure the rules of data protection are clear to all and observed.
- The victim needs to be informed by the advocate about meetings concerning her and agree on any measures taken.
- If the victim does not have an advocate (yet), her case should not be discussed in a multi-agency case conference, because there is the danger that the victim-centred approach will be difficult to apply. If there is no specialist support service, the agency that is most competent to provide victim support can be asked to take the role of the advocate or counsellor, provided the victim agrees to it and has developed trust in the agency.

⁵⁹ See also the definition in the glossary.

Building strong partnerships - Dealing with conflicts and tensions in multi-agency work

As always, conflicts and tensions can arise when people are working together. This happens even more frequently if professionals from different agencies come together: diverse tasks, competences, structures, professions, cultures and beliefs can be the source of problems and disagreements. Time and effort are needed to build strong partnerships in order to provide protection and support to victims based on their rights and needs.

The following points offer some guidance for building strong partnerships and avoiding conflict:

- clear commitment, at the management level, from all organisations and institutions involved;
- continuity in terms of participation in multi-agency work;
- willingness to invest time and resources to deal with conflicts and tensions in multi-agency work. Provide space and help for constructive reflections and discussion, for instance with a supervisor or coach.

Dealing with gaps in the system and strengthening capacities for providing support

When working together and trying to provide the best help to victims, we might encounter gaps in our system of protection and support. This can be frustrating because it hinders us from providing the help we would like to offer to victims and to realise the rights they are entitled to. For instance, victims might need permanent housing and not only temporary shelter. This is a measure that cannot be provided quickly. Multi-agency teams can, for instance, contribute to the improvement of the housing situation for victims, by including housing authorities in the team and providing data about the number and needs of victims for housing.

Multi-agency teams should engage in the co-ordination and improvement of measures to prevent violence against women and domestic violence and protect victims (institutional advocacy). The teams need to be recognised by municipalities and policy-makers, and their institutional advocacy work should lead to improvements in service provision.

Evaluation

Multi-agency work needs to be documented and evaluated regularly. The evaluation of supporting individual victims should include the monitoring of cases to check if the goal to stop the violence has been reached or not.

PRACTICAL EXERCICES

Exercise 6.1 Our multi-agency partnership seen through the eyes of a victim

Aim	The aim of this exercise is to look at the work of professionals involved in multi-agency partnerships from the perspective of the victim and to sensitise these professionals to the needs of victims of violence.
Target groups	All members of multi-agency teams (police, judiciary, specialist victim support services, other victim services, civil society organisations and NGOs, social services, child protection and health services, probation, programmes for perpetrators, etc.).
Time	Small group exercise (45 minutes); Whole group discussion (45 minutes) Total: 90 minutes.
Resources needed	Flipchart/paper and markers/pens to take notes.
Method	Small group exercise; Whole group discussion.
Instructions	<p>The trainer asks the participants to form groups of 5-6 persons and to imagine how they would perceive the service of the multi-agency team as a victim of domestic violence or other forms of violence against women. The questions set out below can lead the reflection exercise.</p> <p>If I look at our multi-agency team from the point of view of a victim of violence, what would be my first impressions, thoughts, or feelings?</p> <p>What would I see as helpful and supportive?</p> <p>What might I find difficult?</p> <p>Would I want an entire team to deal with my case?</p> <p>Do I want all agencies to share information about me without my consent?</p> <p>What do I expect from existing measures (such as the Blue Card in the Polish context)?</p> <p>What suggestions would I make to improve the work of the multi-agency team?</p>

Each group should nominate a rapporteur to take notes and to report the main results back during the whole group discussion.

Guidance for reflection

The trainer asks the rapporteurs to present the main results of the group work.

In order to wrap up the discussion, the trainer asks the whole group to reflect on the following questions set out below.

- What are our strengths as a multi-agency partnership?
- What are our weaknesses?
- What are things we need to improve and how?
- How do we transfer the results of the reflections back to our work? What is the place and time to deal with it? Who will make sure the issues discussed will be put on the agenda?

Exercise 6.2 How our multi-agency partnership works – Reflections on our practice

Aim	The aim of this exercise is to reflect on the current goals, tasks and structure of the multi-agency team of which participants are a part.
Target groups	All members of multi-agency teams (police, judiciary, specialist victim support services, other victim services, civil society and non-governmental organisations, social services, child protection and health services, probation, programmes for perpetrators, etc.).
Time	Small group exercise (45 minutes); Whole group discussion (45 minutes). Total: 90 minutes.
Resources needed	Flipchart/paper and markers/pens to take notes. Hand-out 6.1- Building strong partnerships and action plans - Checklist and key messages
Method	Small group exercise; Whole group discussion.

Instructions

The trainer asks the participants to form groups of 5-6 persons and to reflect on the work of their multi-agency partnership. As a structure for reflection, the group uses Hand-out 6.1. The results are noted on a flipchart.

Guidance for reflection

The trainer asks the rapporteurs to present the main results of the group work. The trainer wraps up the exercise by asking the whole group to summarise their discussion.

Exercise 6.3 Teamwork to empower victims and prevent violence

Aim	The aim of this exercise is to “rehearse” together how a multi-agency case conference to support victims might work.
Target groups	All members of multi-agency teams (police, judiciary, specialist victim support services, other victim services, civil society and non-governmental organisations, social services, child protection and health services, probation, programmes for perpetrators, etc.).
Time	Preparation (20 minutes); Role-play (20 minutes); Whole group discussion, and theoretical input by the trainer (50 minutes). Total: 90 minutes
Resources needed	Case study Paper and pens to take notes Hand-out 6.1 Building strong partnerships and action plans - Checklist and key messages

Method Role-play; Whole group discussion; summary and provision of input by trainer (based on the hand-out).

Goal of the role-play

The trainer explains the concrete goal of the role-play, which is to discuss the needs of the victim, and to come-up with a multi-agency support and safety plan.

Instructions for the role-play

The trainer explains the role-play and encourages participants to choose a role. Half of the participants act, the other half first takes on the role of coaches during the preparation phase, and then as observers during the role-play.

Roles:

- Chair of the multi-agency case conference
- Co-ordinator (has convened the meeting and notes decisions taken regarding support and safety for the victim)
- The victim's advocate from the specialist victim support service
- The victim (as a witness, not talking)
- Other members of the multi-agency team: police, judiciary, municipality, social services, health, housing, probation, employment agency, etc.

Participants decide which agencies need to be present, and then the roles can be chosen: the role of chair, co-ordinator and victim's advocate need to be assigned to the participants by the trainer. The trainer hands-out the case study. The actors prepare their roles with the help of the coaches. The participant chairing the meeting convenes the meeting, and starts and finishes the play after approximately 20 minutes. Observers sit in the back and take notes.

Guidance for reflection

- The trainer first asks the victim and the victim's advocate for their feedback.
- Then the agency members, the chair and the co-ordinator are asked for their feedback.
- After each actor has given their feedback, the observers are asked by the trainer to share their observations.

The trainer summarises the results according to the following structure.

- How did the participant playing the victim experience the role-play? What was positive? What was not so positive?
- How did the participant playing the advocate experience the role-play (both positive and not so positive elements should be provided)? Was the goal to represent the rights and needs of the victim fulfilled? If yes, how? If not, what were the obstacles? How can they be overcome in practice?
- How did the role of the chair work? What was positive, what was difficult?
- How did the role of the co-ordinator work? What was positive, what was difficult?

After this reflection, the trainer asks the participants to leave their role and be themselves again.

Summary

The trainer asks: What did we learn from the role-play for our practice?
Results are noted on the board by the second trainer.

At the end of the exercise, the trainer provides input on the basis of Hand-out 6.1.

HAND-OUTS AND KEY MESSAGES

Hand-out 6.1 Building strong partnerships and action plans - Checklist and key messages

Measures and steps that help to build strong and constructive partnerships:

1. Building the partnership

- Identify committed members of the multi-agency team or partnership.
- Develop a joint definition of the problem of violence against women and domestic violence as well as a joint vision of work.
- Contribute to a regional action plan to improve the support and protection of victims and hold perpetrators accountable.

2. Activities of multi-agency teams or partnerships

Possible activities include:

- co-ordination and improvement of support for victims and prevention of violence (institutional advocacy);
- multi-agency case conferences (individual advocacy) in cases when it is needed, such as in high risk situations.

3. Structure : Establish a clear and effective working structure for multi-agency teams

- membership, commitment;
- procedures of work;
- co-ordination role and tasks in multi-agency work;
- chair, role of chairing multi-agency meetings and case conferences.

4. Core element of victim support: The specialist victim support services

- identifying specialist support services providing advocacy to all victims;
- building and strengthening the capacities of the specialist support system.

5. Local action plan to co-ordinate and improve the system of empowerment for victims and of prevention of violence, and to contribute to regional and national action plans (institutional advocacy)

- Develop an action plan of how to best support victims and prevent violence with available resources.
- Establish goals and indicators to evaluate if the goals have been met (for instance, a goal could be that a certain number of victims should be provided with permanent housing).
- Carry out the action plan, evaluate it regularly (at least annually), and renew the plan.

6. Collect data and information on:

- number of incidences of violence and the effectiveness in stopping violence and holding perpetrators accountable;
- number of victims seeking protection and support, as well as the help they received and the effectiveness of the help ensuring a life free from violence;
- legal and other measures for protection and support.

In collecting data from agencies (administrative data), minimum standards of the Istanbul Convention should be met (Article 11)⁶⁰.

7. Content of Local Action Plan for empowering support of victims and the prevention of violence

Ideally, the action plan should contain measures in all areas relevant to the empowerment of victims and the prevention of violence:

- immediate protection in cases of danger to life, health or freedom;
- fast procedures in prosecution, in criminal and civil courts;
- police emergency barring orders and court protection orders;
- immediate help from a specialist women's support service for each victim and her children;
- safe places/women's shelter for women and their children (number of places);
- support and protection if the victim wants to separate from the perpetrator;
- legal aid and accompaniment in criminal and legal proceedings;
- health care - access to competent and sensitive health services and professional documentation of injuries and psychological harm, free of charge;
- economic rights - financial aid for women with no income, and financial aid for children;
- housing – support to find affordable permanent housing;
- work and education;
- support for children, childcare, school, etc.;
- support for minority, ethnic, and migrant women;
- support for women victims of violence with disabilities;
- perpetrator programmes to hold perpetrators accountable and to stop the violence;
- other measures.

8. Multi-agency case conferences in cases of high-risk (individual advocacy). See Section 5.

- Goal: provide and implement individual multi-agency support and safety plans for the empowerment and protection of the victim concerned.
- Criteria are needed for cases which are identified as high-risk situations.
- Establish rules for case conferences, including rules for data protection of victims.
- Make sure the victim's rights and needs are represented by the victim's advocate from the specialist women's support services.
- Evaluate if the case conferences and resulting measures are effective in stopping the violence.

9. Participation and inclusion of victims' rights and needs

- Promote the participation of victims as experts by experience in your local partnership; they could for instance be invited to become members of an expert Council in the multi-agency team.
- It is especially important to include victims facing multiple and intersecting discrimination (victims with disabilities, from minority ethnic groups, from low income and low education groups, etc.).

⁶⁰ Ruuskanen, E. and Aromaa, K. (2008). *Administrative data collection on domestic violence in Council of Europe member states*. Strasbourg: Council of Europe.

- Create a supportive environment in multi-agency teams so that members feel encouraged to talk about their own experiences of violence, in both their family and personal environment; we need to be able to bring in our professional expertise as well as the expertise of victims or of their family members and friends.

10. Addressing gaps, building regional and national partnerships

- Document gaps in the system and develop recommendations for how to address these gaps
- Address any organisations/institutions concerned, and share the experience and recommendations of the multi-agency team with them.
- Build a system of partnerships at the regional and national level (link with regional and national action plans).
- Address policy-makers and legislators at the regional and national level, as well as the administration, with the recommendations concerning their area of responsibility and accountability.

Section 7: Victim safety-oriented work with perpetrators

Work with perpetrators is NOT an alternative but a supplement to legal sanctions, in order to help perpetrators change their violent behaviour, to avoid recidivism, and also to protect victims.

Work with perpetrators includes all measures addressing perpetrators and aimed at stopping the violent behaviour, such as barring orders, protective orders in criminal or civil law, detention, sanctions, probation, work in prison, or anti-violence programmes run by men's centres. Such work needs to be integrated into "state-wide effective, comprehensive and co-ordinated policies encompassing all relevant measures to prevent and combat all forms of violence" against women and domestic violence, a requirement of the Istanbul Convention (Article 7, paragraph 1).

Principles of victim safety –oriented work with perpetrators in the Istanbul Convention

The Istanbul Convention requires parties to implement the following measures:

Article 16 – Preventive intervention and treatment programmes

1. Parties shall take the necessary legislative or other measures to set up or support programmes aimed at teaching perpetrators of domestic violence to adopt non-violent behaviour in interpersonal relationships with a view to preventing further violence and changing violent behavioural patterns.
2. Parties shall take the necessary legislative or other measures to set up or support treatment programmes aimed at preventing perpetrators, in particular sex offenders, from re-offending.
3. In taking the measures referred to in paragraphs 1 and 2, Parties shall ensure that the safety of, support for and the human rights of victims are of primary concern and that, where appropriate, these programmes are set up and implemented in close co-ordination with specialist support services for victims.

Article 16 establishes the principle that all programmes for perpetrators of sexual and domestic violence need to prioritise the safety of the victim, and ensure that their support and human rights are of primary concern. This establishes the principle that any kind of programme for perpetrators should integrate into their planning the support of the victim concerned. This is not an abstract but a concrete principle, establishing the right for every victim to be safe, have her human rights protected, and to receive support while the perpetrator is in a programme.

The logical consequence of this principle is defined in the third paragraph of Article 16, namely that perpetrator programmes must be established in close co-ordination with specialist support services for victims. This framework rules out perpetrator programmes working in isolation without co-operation from specialist support services for victims.

Safety issues

Safety issues in the context of work with perpetrators include inter alia:

- Victims and perpetrators of violence against women and domestic violence are NOT invited to interviews together.
- Work with perpetrators, such as anti-violence training, takes place on premises separate from venues where support is provided to victims.
- The safety of victims, women and their children, is at the centre of the work with perpetrators, and every victim concerned is offered comprehensive support during the programme, as well as after the perpetrator has completed or dropped-out of the programme.
- Repeat risk assessment and repeat safety planning are standard measures offered to victims during and after the programme.
- It is the right of the victim to decide whether and when she wants to receive the services offered or not. It is not acceptable to pressure or force victims to receive support.

Goals of perpetrator programmes

Unfortunately, it is not enough to stop being physically violent in order to change from a person using violence to a non-violent and caring person. The goal is ultimately to respect the partner and the children, to care for them and to build relationships that are loving and nourishing. This process of change is likely to take longer than the duration of a perpetrator programme, and might need additional measures such as medical and therapeutic help. But perpetrator programmes should, at the same time, apply a holistic approach and aim at creating positive attitudes and helping perpetrators to refrain from violence.

Programmes should help perpetrators to:


- stop any form of violent behaviour: physical, sexual and psychological violence; as previously stated, it is not enough if participants of programmes learn to refrain from violence but continue nevertheless to exert power and control over victims;
- take responsibility for their actions and refrain from victim-blaming, minimalising and denying the violence or putting the responsibility on others or on circumstances (e.g., I was drunk, I was under stress at work, etc.);
- learn that violence is never legitimate and that there is no excuse for it;
- become aware about the victim's situation and their feelings (empathy);
- understand and take responsibility for the effect the violence has had on the partner, that it has probably destroyed any feeling of trust and love, and that the partner might not want to continue the relationship;
- understand the effect the violence has on the children, the destruction of trust and creation of fear;
- respect the wish of the partner and the children not to have any contact; this is a prerequisite to re-building trust;

- refrain from putting any pressure on the victim or the children, from contacting or following them, and from any unwanted contact or behaviour;
- respect any barring or protection order.

If they live together with the victim:

- not resort to violence, not even in difficult situations (e.g., if the partner is “provocative”) or conflicts;
- learn to deal with their own problems of fear, anger or jealousy without making the partner responsible or taking it out on the victim or on the children;
- learn peaceful and respectful communication techniques;
- learn to listen carefully and to understand the wishes of the victim, the children and other people;
- learn to express their own needs in a positive way without expecting them to be fulfilled;
- learn how to be responsible and respect the equal rights of the partner;
- not expect the partner to care for them and not to exploit them in any way;
- care for the partner and care for the children;
- share all family responsibilities fairly, engage in household work and care for the family and the wider environments;
- share the financial resources and burdens fairly;
- provide a nourishing and protective home for the children;
- respect the partner’s wishes and needs and her freedom to make her own decisions;
- learn to care for themselves, including getting medical and therapeutic help if necessary (e.g., if they have an addiction problem);
- learn to express love, affection and care as the foundation for a good partnership and fatherhood.

RESOURCES

-  **Hester, M & Lilley, S-J (2014). *Domestic and Sexual Violence Perpetrator Programmes: Article 16 of the Istanbul Convention: A collection of papers on the Council of Europe Convention on preventing and combating violence against women and domestic violence*. Strasbourg: Council of Europe.**

Available at:

http://www.coe.int/t/dghl/standardsetting/convention-violence/thematic_factsheets/Article%2016%20English.pdf

PRACTICAL EXERCICES

Exercise 7.1 Principles of safety-oriented work with perpetrators

Aim	The aim of this exercise is to make participants familiar with the principles of safety-oriented work with perpetrators.
Target groups	All members of multi-agency partnerships engaged in work with perpetrators.
Time	90 minutes.
Resources needed	Flipchart and markers or paper and pens to take notes. Hand-out 7.1 Key principles of working with domestic violence perpetrators. Hand-out 7.2 Article 16 of the Istanbul Convention.
Method	Small group exercise; Whole group discussion.

Instructions

The trainer asks the participants to form groups of 5-6 persons. The hand-outs are distributed to participants and they are asked to:

- make themselves familiar with the requirements of Article 16;
- read the key principles in Hand-out 7.1; and
- discuss which of these principles are implemented in their current practice and how they could work towards comprehensive implementation;

The group is also asked to nominate a rapporteur and to take notes.

Guidance for reflection

The trainer asks the rapporteurs to present the main discussion points.

In the summary round of the session, the trainer asks the group to reflect on the following questions set out below.

- What are our achievements in the work with perpetrators? What are the gaps?
- What steps could we take to close some of the gaps?

HAND-OUTS AND KEY MESSAGES

Hand-out 7. 1 Key principles of working with domestic violence perpetrators ⁶¹

Current standards, guidelines and existing evidence suggest that intervention programmes with perpetrators should:

- prioritise the safety of the women partners and their children by working in collaboration with victim support services. Programmes should offer women partners both group and individual support and assure that they are informed about the goals and the content of the programme, as well as the limitations of the programme. It is also important to inform the victim how her partner can use his attendance to manipulate or control her and of the possibility of receiving support and safety planning for herself;
- include the perspective of children living in abusive relationships as a priority, both in the direct work with men and within the wider intervention with other agencies;
- create a clear and comprehensive definition of violence against women and observe the explicit principle that violence against women and children is unacceptable and that perpetrators are accountable for their abusive behaviour;
- assist perpetrators to change, by recognising that their use of violence is a choice that they make: challenge any denial, justification or blaming of others (while treating the perpetrator with respect);
- use an ecological model (such as the interactive model developed by Hagemann-White in 2010⁶²) to understand the complexity and different paths that may lead to violence and how perpetration factors may be disrupted at the societal, institutional, community and individual levels;
- be tailored towards different groups or “types” of perpetrators (based on their different criminal and personality needs);
- implement programmes as part of an integrated/multi-agency approach and deliver them over a minimum of two years. This requires significant investment and long-term commitment in terms of financial resources;
- take measures to maximise programme retention and completion;
- accommodate different referral routes or paths of entry;

⁶¹ Hester, M & Lilley, S-J (2014), “Domestic and Sexual Violence Perpetrator Programmes: Article 16 of the Istanbul Convention: A collection of papers on the Council of Europe Convention on preventing and combating violence against women and domestic violence”, Strasbourg: Council of Europe, pp. 16-18.

⁶² Hagemann-White C. et al. (2010) *Factors at play in the perpetration of violence against women, violence against children and sexual orientation violence – A multi-level interactive model* (part of the Feasibility study to assess the possibilities, opportunities and needs to standardise national legislation on gender violence and violence against children for the European Commission; JLS/2009/D4/018), Publications Office of the European Union, Luxembourg.

- take into account the different sources of motivation at intake/initial assessment and monitor this throughout the programme to detect any possible changes in motivation over time;
- implement systematic risk assessment and management, including risk assessment at the intake phase and when the perpetrator's behaviour indicates a possible change in level of risk. Risk assessment must include a variety of information sources, for example as a minimum, it should include the victim's/partner's perspective and any official data available (police and other agency data). The use of extensive risk assessments can help to identify and monitor sources of motivation as well as any change over time, and can be instrumental in helping other agency staff, such as health, social or children's services, in order to understand the dynamics of a relationship, including within a specific cultural context, as well as how to respond appropriately;
- ensure a high-level of qualification and training for facilitators (including a comprehensive understanding of the dynamics of violent relationships alongside a commitment to violence-free relationships and to gender equality) and offer specialist domestic abuse training to support other agencies' work;
- monitor, document and evaluate both processes and outcomes. Lessons learned from evaluation suggest that:
 - programmes should work with a wide definition of "success" which includes the more "subtle" outcomes for women partners (and their children), and measure outcomes based on the factors/variables that can be changed, such as perceived severity or assumed responsibility, rather than an overall change in perpetrators' behaviour per se;
 - programmes should constantly monitor perpetrators' motivation to complete treatment and be able to identify different motivations and treatment trajectories exhibited by different groups of perpetrators. Success must not be measured on programme completion rates or self-reported levels of violence alone. However, data from perpetrator self-reports may be useful to other agencies, for example by contributing to child protection decisions in court proceedings or supporting women in making decisions to take civil action;
 - evaluation should triangulate data sources to measure outcomes/success to include women partner reports where possible, as well as official data⁶³ and self-reported levels of violence to measure whether the safety of the partner or her children has improved, or the feelings of safety or quality of life have improved;
 - different activities within a programme may need to be evaluated separately;
 - evaluation should use comparison groups wherever possible and establish 6 months as the minimum period for follow-up after programme completion⁶⁴.

⁶³ Including criminal justice data such as arrest, incidents of physical or other abuse, intimidation, etc.

⁶⁴ Adapted from: WAVE (2008). *Training Manual for Improving Quality Services for Victims of Domestic Violence*. Vienna: WAVE.

Hand-out 7.2 Istanbul Convention Article 16 on work with perpetrators

Article 16 – Preventive intervention and treatment programmes

1. Parties shall take the necessary legislative or other measures to set up or support programmes aimed at teaching perpetrators of domestic violence to adopt non-violent behaviour in interpersonal relationships with a view to preventing further violence and changing violent behavioural patterns.
2. Parties shall take the necessary legislative or other measures to set up or support treatment programmes aimed at preventing perpetrators, in particular sex offenders, from re-offending.
3. In taking the measures referred to in paragraphs 1 and 2, Parties shall ensure that the safety of, support for and the human rights of victims are of primary concern and that, where appropriate, these programmes are set up and implemented in close co-ordination with specialist support services for victims.

PART II

METHODOLOGY FOR TRAINERS

USE OF METHODS AND TEACHING AIDS

In order to emphasise the effectiveness of practical exercises, various methods are used throughout this training manual. Different techniques and methods can help trainers to expand on the topics in a variety of ways and reach the aims of each section. Set out below is a brief description of the most important methods⁶⁵.

Listening

Active listening is one of the most important qualities required of the trainer and of the participants. A good listener will always be attentive and will allow others to finish what they have to say without interrupting.

Presentation

Presentation means first activating the knowledge that already exists within a group and structuring it in accordance with the approach the trainer intends to adopt. Trainers should ensure that all the participants can make their own contributions without having one participant dominating the discussions.

Discussion

Through discussion we can critically review a given topic, explore causes and identify correlations, for instance with regard to the question of why do women stay in violent relationships. The trainer initiates the discussion among the participants and ensures that all of the participants stay on track in order not to lose sight of the subject at hand and the starting-point of the discussion. There should be room for the presentation of opposing views.

Group work

Dividing the participants into small groups is a useful way of dealing with more complex issues in detail and of providing scope for the largest possible number of participants to contribute to the discussions. Be sure to define the objectives for group work clearly. The trainer might, for instance, write the topic, issues, size of the group and time schedule on the flipchart. The trainer should help the participants in the course of their group work by asking how they are doing and, about five minutes before the end of the allotted time, point out how much time is left.

Role-plays

Role-plays allow the opportunity to explore and consider various courses of action within a protected environment (“safe space”) and thus to gain a better understanding of the predicament and needs of victims. In the course of a role-play, the participants enact a given scene. They are given a brief verbal or written description of the part they are to play. Ideally, participants should volunteer for the roles. The participants not playing a role act as observers. Pairs should always be assigned an observer whose job is to watch exactly what happens during the role-play (what do I hear/ see/feel?) and to report on her/his observations during the

⁶⁵ Adapted from: WAVE (2008). *Training Manual for Improving Quality Services for Victims of Domestic Violence*. Vienna: WAVE.

ensuing discussion. Personal confrontation with an issue can be challenging, so the ensuing discussion is especially important. The discussion should always begin with the role of the victim, then that of the professional, followed by the observer(s) and the trainer.

Exiting from the role: It is very important for the trainer to help the role-players slip back out of their roles. The trainer should make it adequately clear that the role and the person playing it have nothing to do with each other. The exit phase takes place either before or after the discussion.

Case studies

Case studies can be a helpful method in the training of multi-agency teams as they provide the chance to work on possible solutions to problems or to examine the feelings of the people involved in the case described. This manual contains examples of case studies, however trainers may prepare their own case study to be presented to the participants. If trainers use a “real-life” case, it is essential to alter or delete the characters’ personal information (name, address etc.) to protect their anonymity.

Theoretical information – Visualisation

When presenting theoretical information and background, it is useful to provide the information in the form of written material, because the participants can concentrate on only a limited amount of spoken information and will retain only a fraction of it for any length of time. Trainers can distribute particular hand-outs with key messages from individual sections to participants before they start with the theoretical part. Information can be memorised more easily when there are audio and visual stimuli presented simultaneously, so the preparation of a power point presentation with visualisations is recommended.

Feedback

During feedback, participants and trainers share a few words on what their impression is of a certain situation, a certain statement or an experience. It is important to ensure that they do not try to classify other people’s behaviour but simply portray their own responses and impressions. The main point is to verbalise one’s own state of mind in the given situation (for example by saying: “I didn’t feel that people were taking me seriously”).

Key point for trainers

20/40/80 rule: Learners remember more when visuals are used to support the verbal presentation and best when they practice the new skill. We remember 20% of what we hear, 40% of what we hear and see, and 80% of what we hear, see and do ⁶⁶.

⁶⁶ AED, LINKAGES and USAID (2005). Training Methodologies and Principles of Adult Learning. Application for training in infant and young child nutrition and related topics. Training of trainers course. . Available at: <http://www.linkagesproject.org/media/publications/Training%20Modules/TOT-Adult-Learning.pdf>

PREPARING FOR THE TRAINING SEMINAR

Before the training, it is important to consider practical issues related to the organisational matters and training process. In the **preparation process** it is important to consider the points set out below.

Room: Should be quiet, comfortable and inviting, a pleasant ambient temperature, and have adequate space for group work. You might also consider work in small groups – if there is enough comfortable space to work in smaller groups or in pairs, or if there is a possibility to divide space by moving tables or moving an enclosure.

Venue: In general it is not a good idea to use the participants' place of work since this diverts attention from the training. The venue should also be accessible for disabled people.

Equipment: Comfortable chairs, an extra table for informational material, as well as hot and/or cold beverages.

Teaching aids: All the necessary teaching aids should be installed and checked in advance (overhead projector, flipchart, video recorder etc.). Writing utensils should be prepared for the participants.

Target group: If it is possible, find out the participants professional backgrounds and experience with the issue of domestic violence, and their experience with multi-agency work (there may be participants with different levels of experience).

Training units: It is advisable to schedule a longer break (20-30 minutes) after about one-and-a-half or two hours. Given the demanding nature of the material, this is necessary to avoid exhaustion.

CREATING A SAFE, FAIR, POSITIVE AND CONSTRUCTIVE TRAINING ATMOSPHERE

As in all team work, it is crucial to create a safe and fair learning atmosphere for any type of training with multi-agency groups, especially if we keep in mind how sensitive, emotional and conflicting the topic of domestic violence and violence against women can be. To create a safe atmosphere, it is important to facilitate the introduction of participants and their expectations, as well as establish common rules at the beginning of the training. The following suggestions can be adapted according to the particular situation by the trainers themselves.

Introduction: Even though some participants may already know each other, it is important that all participants introduce themselves, the services they represent, their experience in working with domestic violence and within multi-agency partnerships, etc. As an ice-breaker, trainers can ask participants to share some more personal, but safe information, for example, if they have or had a pet, what is their favourite film or song, what sports do they like, etc.

Expectations: For trainers it is important to know what expectations the participants have. It might be helpful to ask participants what they would like to learn, how they would know that the training was beneficial for them, what they expect the difference will be between the start and the end of the training, etc.

Timetable: The participants may find it helpful to be able to “see” the structure and timetable of the course. To meet this need, trainers could photocopy sheets or an agenda showing the duration of the various training units, breaks, etc., or write this information on a flipchart.

Agreements: Before the training course begins the trainer should reach an agreement with the participants on certain points. Although suggested by the trainer, these points can be amended or supplemented.

The major points should include:

- **confidentiality:** personal experiences, which come up during the course, are to be treated as confidential information.
- **individual responsibility:** each participant is responsible for the quality of her/his work during the course.
- **respect:** respect and esteem for each other means letting others finish what they are saying, being careful with one’s own formulations (feminist terminology, avoidance of sexist and/or racist language) ⁶⁷.

Trainers should end the session by asking if there are any remaining questions or comments related to the discussed topic. Keeping track of feedback will allow trainers to make changes to future presentations.

After the training sessions, trainers should make time to answer questions and offer advice (on a one-to-one basis, not in front of the other participants), and ensure that the information participants share is treated confidentially.

Dealing with challenging situations and topics

Domestic violence against women and other forms of violence against women is a very sensitive topic that can give rise to different and sometimes powerful emotions. During the training, trainers can face various challenging situations, for example, participants/sub-groups dominating the group processes, conflicts and resistance, etc.

As mentioned above, it is advisable for trainers to be familiarised with the group composition, the participants experience with co-operation within multi-agency groups, and their expectations. This information can be useful in the preparation for possible challenges during the training process.

Possible challenges arising from the nature of multi-agency co-operation

Multi-agency co-operation can be difficult and challenging. There is often a big difference between policy statements and what is actually achieved on the ground. Sometimes practitioners are not aware of all they need to know about other agencies and their procedures,

⁶⁷ WAVE (2008). *Training Manual for Improving Quality Services for Victims of Domestic Violence*. Vienna: WAVE.

and they can be unclear about these agencies' core aims, roles and responsibilities, especially as they view them and prioritise them.

This can lead to conflict situations and different priorities in partnership work⁶⁸. Between co-operating institutions and organisation, there may exist an imbalance of power and resources that may lead to rivalries and competition. It is important to talk about any tensions that emerge among the participants instead of disregarding them. Trainers can have the participants discuss the causes of the tensions in small groups or talk about it together in the whole group. In many cases, it will become apparent that conflicts and tensions are closely bound with difficult work situations and that they reflect the situation of the people concerned.

If the trainer is to train multi-agency teams who already work together, they will bring their history of their existing group dynamic to the training. The trainer may find herself/himself in a situation where participants will ask her/him to judge their previous decisions or discussions. It is important for trainers to demonstrate their respect for the experience and knowledge participants have, and bring their attention to the exercise or topic trainers are discussing at present, as a possible space where they can find new ways of dealing with a particular situation within a safe, facilitated environment. It is also important that trainers not let their own ideas and preconceptions about certain professional groups hinder or restrict the effectiveness of the trainer's work.

Possible challenges arising from the personal experiences of participants

Due to the high prevalence of domestic violence and other forms of violence against women within the population, it is also likely that professionals have experiences of violence. Therefore, trainers should be aware of the fact that participants may include those who are/were victims, or were children witnesses of domestic violence. It is important to recognise this and to deal with it in a sensitive and human rights-based way. Sensitive handling of participants' own experiences is crucial, to make them feel safe and respected and to avoid secondary victimisation.

It might be useful for trainers to imagine how they would refer to different topics if victim, perpetrator and children were present in the room. It is important to conduct training in such a manner that the victims feel respected and not labelled or blamed. The guideline for a trainer's attitude in such cases should be based on avoiding "othering" (see Section 2), so the approach should be that anyone in the seminar could potentially be a victim. This approach also helps other participants to see situations from a victim's perspective and to prevent secondary victimisation (see Section 4).

There is also a possibility that among male participants there will be some who committed acts of violence against their partners (perpetrators). In this case, there could be some resistance. Before each training course, trainers should think about how they would deal with a situation like this – the answer will depend on the specifics of the situation, the composition of the group and the trainer's own personality.

⁶⁸ WAVE (2012). *Protect II: Capacity Building in Risk Assessment and Safety Management to Protect High Risk Victims*. Vienna: WAVE.

These suggestions might be useful:

- trainers should not talk about it directly to the participant concerned, but go through the principles against violence with the group (see Aims of the Training course);
- trainers should speak to the participant concerned during the break and explain that an unequivocal stance on violence is a requirement for working with victims of violence.

Among participants there can be people who experienced domestic violence as children witnesses or from other family members. There is a possibility that they may identify with the victim or with the perpetrator, which may lead to different reactions, as mentioned above. The experiences and coping strategies of children witnessing violence in their homes should be validated and acknowledged.

Possible challenges arising from preconceptions and myths about domestic violence

Despite the fact that trainers will train professionals working in field of domestic violence, it is possible that participants can be influenced and/or have a view based on widespread preconceptions and myths. Consequently, trainers should be prepared to deal with this kind of resistance and dynamic. It is advisable to discuss any preconceptions voiced openly as well as to raise and name those that were not explicitly verbalised but can stand behind different resistance responses. Trainers can use exercises about myths from Section 4 to deal with this phenomenon.

Ethical issues: Diversity, respect and non-discrimination

Establishing a respectful working atmosphere in the group is an important precondition for dealing with racial or other prejudices, sexism, homophobia, victim-blaming and other discriminatory attitudes, which can occur frequently. If views such as “that’s normal in their culture” or “Muslims in general have much less respect for women” are voiced, trainers should question these opinions and point out that cultural standards can never be used to justify violence. Training should be conducted in a manner which respects diversity and non-discrimination.

Other possible challenges and conflict situations

From experience, trainers should assume that every training course will include at least one participant who knows of a case where “*the information isn’t like that at all*”. This could lead to conflicts, so it is advisable to state at the very beginning of the course that there will always be exceptions, but that these isolated exceptions in no way disprove either the scientific evidence available, nor the long-standing experience of the experts.

Trainers should work out in advance what they will do if some participants begin to *dominate the discussion*. Trainers should be prepared to handle conflicts, which can arise from opposing standpoints among the participants. They should also try to avoid resorting to an authoritarian style, but at the same time establish clear lines.

Key recommendations for trainers in challenging situations

- be aware of one's own sensitive points;
- pick allies in the group and try to find out what other people think;
- establish rules at the beginning of the training, such as "mutual respect";
- do not forget the positive side of resistance: explore the kind of resistance (background, reasons) since it provides an opportunity to develop group dynamics⁶⁹.

RESOURCES

- 📖 WAVE (2000). WAVE Training Programme on Combating Violence against Women. Available at:
http://www.wave-network.org/sites/default/files/Manual_Gesamt_second%20edition_ohneCover.pdf

⁶⁹ Fröschl, E., Löw, S. (1996). *GegenGewalt an Frauen handeln. Ausbildungskonzept für Trainerinnen*, Vienna.