PROTECT II

Capacity Building in Risk Assessment and
Safety Management to Protect High Risk Victims

A Learning Resource

ENGLISH

PROTECT II

Capacity Building in Risk Assessment and Safety Management to Protect High Risk Victims, Vienna 2012

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Preface

These Learning Materials were produced within the DAPHNE Project PROTECT II (project number JLS/2009-2010/DAP/AG/ 1253). The project was funded by the European Commission and co-funded by the Austrian Federal Ministry for Labour, Social Affairs and Consumer Protection and the Municipality of Vienna, Department for Women's Issues and the Department for Diversity and Integration.

The project was undertaken by experts from eighteen partner organisations from thirteen different countries (Austria, Bulgaria, Croatia, Czech Republic, Estonia, France, Germany, Italy, Poland, Slovakia, Spain, Sweden, United Kingdom), together with eight academic experts as advisory board members (listed below).

We thank all the people who were involved in carrying out this project for their contributions.

A full list of the experts and partner organisations can be found at the end of these materials.

Advisory Board Members of PROTECT II

- Sonia Chirinos Rivera, Judge, Special Court for Gender Violence, Spain
- Daniela Gloor, Social Insight, Switzerland
- Carol Hagemann-White, University of Osnabrück, Germany
- Birgitt Haller, Institute of Conflict Research Vienna, Austria
- Marianne Hester, University of Bristol, United Kingdom
- Amanda Robinson, University of Cardiff, United Kingdom
- Renée Römkens, University of Tilburg, The Netherlands
- Sylvia Walby, University of Lancaster, United Kingdom

How to Use these Learning Materials

To maximize the accessibility of these materials across Europe, any reference to specific regions or countries has been avoided. It is recognised, for example, that legal frameworks for supporting victims of domestic violence against women will vary in terms of their existence, development and implementation. It is therefore up to the individual user or trainer using these materials to consider the specific circumstances of their particular country and the context within which they are seeking to raise the various topics which follow.

Structure and Content

These materials may be used by individual participants downloading these materials from the WAVE website. However their primary purpose is as a resource for trainers to explore the possibilities and benefits of partnership working when dealing with high risk of harm domestic violence cases.

Module One examines the strong reasoning behind the case for partnership responses to victims in situations where there is a high risk of harm from domestic violence. It is likely to be particularly useful with groups or individuals who have yet to be convinced of this, or where at least some level of resistance is expected. It briefly outlines the benefits of partnership working, and presents some key first steps that can be taken in developing a multi agency case conferencing approach.

Module Two looks more specifically at multi agency partnership working in the identification, assessment and safety management of high risk of harm cases of domestic violence, with a discussion of multi agency case conferencing, best practice and guidance on achieving realistic first steps.

If you are looking at these materials for the first time, you may wish to look through them all in a sequential order. You may then find you wish to re-look at particular sections or, in the development of your own training events (if applicable) you may consider that certain sections and exercises will be of more use than others for your particular target audience. For example, if you are training a number of professional groups with little or no experience of working together then Module 1 is a good starting point. It is important to establish basic principles and concepts before going on to Module 2. (See Figure 0.1, Three Different Ways to Use these Materials might be used.)

If you are training professional groups who have some experience and commitment to partnership work with high risk situations of domestic violence then you may wish to start at Module 2. This module focuses strongly on the practicalities of risk identification, case conferencing, and partnership approaches to safety planning. You may find it useful to use some of the partnership activities in Section 1.4 to establish the type, level and effectiveness of any local partnership arrangements with your audience before deciding on the most relevant content from Modules 1 and 2.

Modules are broken into sections. This means that trainers can deliver those sections of a module that hold the most relevance to their audience, and each section can be downloaded and printed out separately. Each section begins with an introduction and overview of the topic heading. This includes details of the key messages and learning to be achieved.

You will also find details of research and additional reading which supports the particular topic. Trainers accessing these materials with a view to delivering them to others are likely to gain in confidence if they have researched the subject more widely and have considered how their target audience may respond.

Each section also includes at least one activity to aid learning on the subject. This includes brief details of the practical resources needed, the aim of the activity, timings, copies of handouts and participant instructions.

Trainer's Note

For ease of access when planning your own training sessions, you will find an additional appendix to these materials on the WAVE website download pages containing all of the suggested presentation slides and handouts included here.

It is also a very good idea for trainers to research country specific resources, information and data to support the key learning points in each module section. Highlighting the relevance to your own national, regional and local community context in this way is highly likely to increase the credibility of the training received.

Figure 0.1, Three Different Ways to Use these Materials

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│                                                           │
│   ┌──────────┐              ┌──────────┐                  │
│   │ Module 1 │ ──────────▶  │ Module 2 │                  │
│   └──────────┘              └──────────┘                  │
│                                                           │
│   A) Straightforward study Module 1, followed by Module 2.│
│                                                           │
│      ╱──────────╲                                         │
│     ╱ Some basic ╲           ┌──────────┐                 │
│     │ awareness   │ ───────▶  │ Module 2 │                 │
│     ╲  training  ╱            └──────────┘                 │
│      ╲──────────╱                                         │
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│   B) Participant has some awareness before study of Module 2.│
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│          ◇                    ┌──────────┐                │
│        ╱   ╲                   │ Module 1 │                │
│       ◇ Activity ◇ ───────────▶└──────────┘               │
│        ╲  1.4  ╱ ╲                                         │
│          ◇       ╲             ┌──────────┐               │
│                   ───────────▶ │ Module 2 │               │
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│   C) Begin with Activity 1.4 (from Module 1) then go straight on to study either │
│   Module 1 in full or Module 2.                           │
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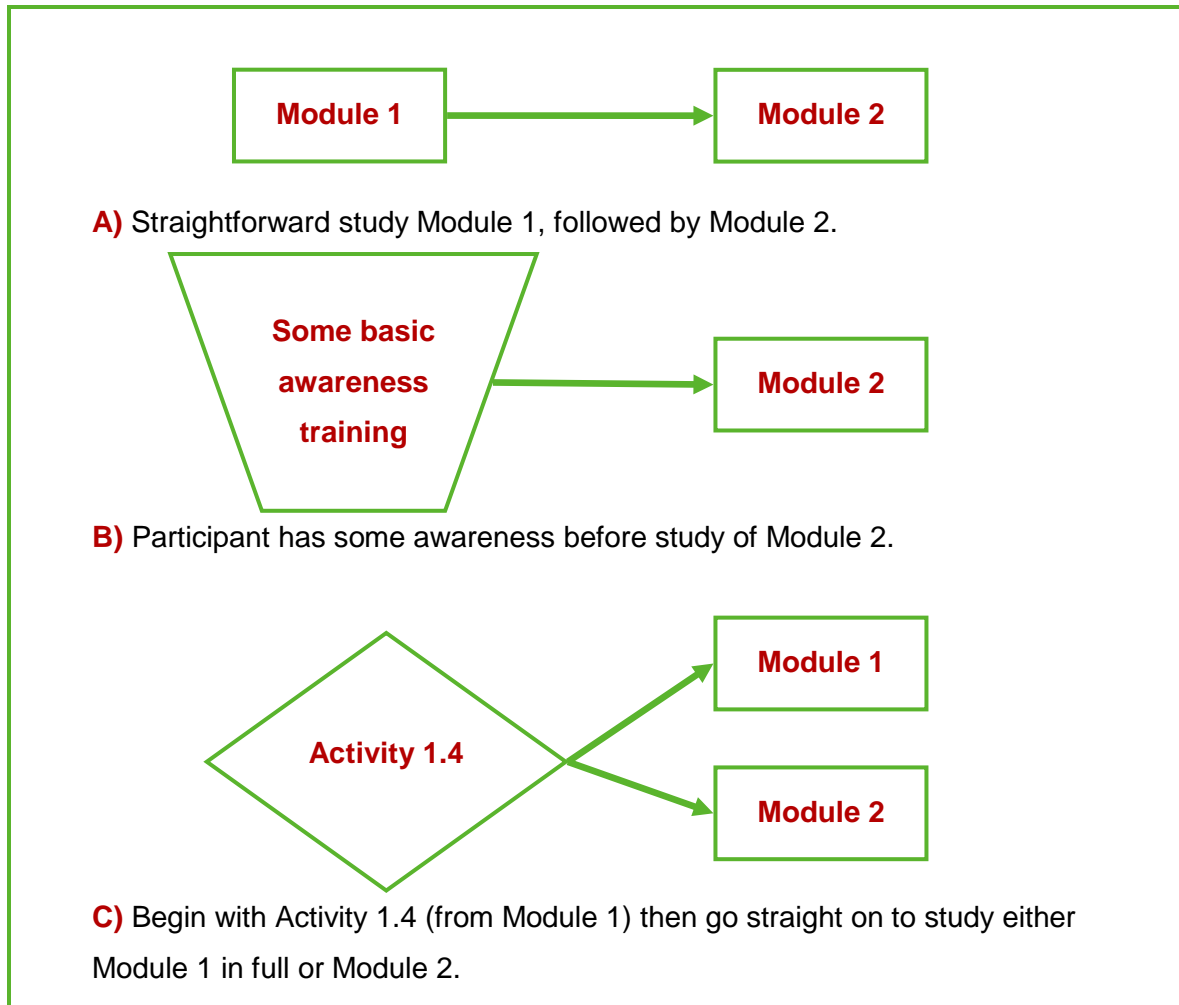
Additional feedback guidance can also be accessed where needed. This is primarily aimed to help those delivering this material to other groups. If you are working through these materials as a single user, do not look at the feedback guidance until you have completed the activity once for yourself. Then look at it and consider if there are any additional points or reflections that you did not originally think of.

Train the Trainer Seminar

A train the trainer seminar will be held in Sweden in May 2012 as part of the Protect II project, followed by four regional events. Participants will be trained so that they can go on to run similar training programmes in their own countries.

The requirements for becoming a trainer are:

- At least two years experience of working with women who have been victims of violence.
- An understanding of a gendered and woman centred perspective.
- Some experience of group work and if possible of training others.

The involvement of experienced practitioners from specialist women's support organisations will be very useful in any further cascade down of the training. These materials also highlight that engaging senior managers as initial participants in a training programme centred on this subject may prove particularly helpful in establishing a policy framework to support best practice development.

These learning materials are available on the WAVE website: www.wave-network.org. They are provided in various translations including: Bulgarian, Czech, English, French, German, Italian, Polish, Slovak, Spanish and Swedish.

Inquiries should be addressed to:

WAVE (Women Against Violence Europe)

European Network and European Info Centre Against Violence

Bacherplatz 10/4, A-1050 Vienna, Austria.

Protect II Glossary

Domestic violence, violence against women and their children, Gender based violence

This learning resource addresses male violence against women and their children and in particular the occurrence of this within the domestic sphere. Whilst other victim experiences are recognised, women remain disproportionally affected by domestic violence. The violence also impacts upon children either directly or indirectly. Violence in this context refers to all forms of physical, sexual and psychological violence and abuse according to the definitions used in international conventions and resolutions (see Introduction section - Definitions, page 18).

Victim, survivor, woman

Whilst the terms victim, survivor and woman are often used interchangeably in these materials, there are also some subtle differences. The term "victim" is generally used more in the context of laws and rights, recognising that women and children experiencing violence have suffered an injustice and have a right to justice, protection and compensation. The term "survivor" is applied in connection with the experience of violence to acknowledge that women do not just "endure" violence, but actively try to prevent, resist and cope with it. The term "woman" is used in the context of empowerment to make it clear that women are active in the process of prevention and intervention, not just objects of a process and that they are "experts by experience".

Victim centered

These materials place the needs and rights of victims as the central priority.

They support the provision of a gendered approach to services for victims which acknowledges that violence against women in the domestic sphere is very different from other forms of violence.

Women's support services

The term "women's support service" covers a vast array of specialist services aimed at supporting women survivors of violence and their children, such as women's shelters, women's helplines, women's centres, rape crises and sexual assault

centres, specialised services for migrant and minority ethnic women, national women's helplines, out-reach services, independent domestic violence advocacy, intervention centres and others. The commonality between these services is that they apply a gender-specific approach to addressing the causes of violence. They also seek to apply the quality standards that have been developed in the field over the last three decades.[1] Women's support services should ideally be run by independent women's Non Government Organisations (NGOs). The principle of independence is important to guarantee that women victims of violence and their children are at the centre of the activities. The organisation should be only committed to the rights and the support of victims and should not be influenced or directed by any party, religious group, state authority or any other institution.

It is recognised, however, that other organisations such as statutory agencies and general social and health based agencies can also contribute significantly to the support of women victims of domestic violence and their children. In some countries this commitment is very well developed and for some also legally bound.

Femicide

Femicide refers the act of women being killed by men and more specifically by male partners, ex-male partners or boyfriends.

Risk

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

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 violations of their rights to life, health and freedom such as: femicide/homicide, attempted femicide/homicide, violence by dangerous objects, violence causing severe injuries requiring emergency medical

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[1] See WAVE (2004) Away from Violence. European Guidelines for Setting up and Running a Women's Refuge. Vienna: WAVE.

Council of Europe,(2008) Council of Europe Task Force to Combat Violence against Women, including Domestic Violence (EG-TFV)-Final Activity Report. Strasbourg: Council of Europe.

Kelly, L., and Dubois, L., London Metropolitan University (2008) Setting the standard: A study on and proposals for minimum standards for violence against women support services. Strasbourg: Council of Europe, WAVE (2010) WAVE Country Report. A Reality check on European services for women and children survivors of violence. Vienna: WAVE.

treatment, violence causing repeat injuries, death threats, severe and ongoing coercion and control, rape, stalking, deprivation of liberty, 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 risks posed, because risk is a dynamic concept and is changing; every victim of violence can experience situations leading to an increase or decrease in levels of risk.

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 assessments should be reviewed at regular intervals and carried out by trained practitioners together with survivors of violence as professionals by experience.

Safety management and risk management

Safety management and risk management are used interchangeably as terms in these materials and are concerned with victim centred approaches and measures which seek to address and reduce risk. In a broader context, one which is beyond the scope of these materials, the term risk management is also often used to focus on preventative measures aimed primarily at the behaviours and circumstances of the perpetrator. Not all measures are so clearly distinguishable and in addressing and reducing risk both measures are necessary.

Professional judgement

In Section 2.2 and Section 2.3 of these materials the term "Professional judgement" is used. It is recognised the word "judgement" may hold a number of different connotations in different countries. For the purpose of these learning materials, 'Professional judgement" is defined as the process by which professionals use their own knowledge, experience and expertise to make a decision about risk. These judgements can only be described as 'professional' if they are based on knowledge about the most accurate and useful risk factors, formed as a result of good interviewing and information gathering techniques, informed by guidance and training. Judgement and decisions which are formed as a result of prejudices, stereotypes,

false beliefs, unsound knowledge and out of date information are not professional judgements.

Multi-agency work/partnerships

The terms 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, structures, resources and responsibilities. These materials highlight that it is important to pay attention to these differences, to balance them where possible and to consider their impact on joint working.

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 survivors in order to improve the support, protection and empowerment of victims and to reduce the risk of harm.

Introduction

The Aims and Objectives of PROTECT II

International policy and research[2] highlights that women are disproportionally affected by partner initiated domestic violence. Domestic violence also impacts upon children either directly, or indirectly by witnessing the violence (Council of Europe 2011).[3] These learning materials focus on the protection and support of these two groups. However, the proposed methods and measures may also be applied to other victims of domestic violence.

The numbers of women who are killed by their partners or ex-partners is extremely high. A Daphne research project conducted in 2006 estimated 1,400 women being killed over a period of 12 months by an intimate (ex-) partner across twenty seven EU member states.[4] In 2010 WAVE conducted a survey among nine partner countries focusing on the safety and protection of victims at a high risk of intimate partner violence.[5] The project results showed clearly that in all of the countries surveyed there were deficits in the systems to protect those women and their children. The following was of particular concern:

- The safety measures used were not always sufficient to protect the woman and her child(ren). For example legal measures to remove the perpetrator (where available) are not enough to secure the safety of the woman and child(ren) in high risk cases. In some instances this may even endanger the woman more.

- The severity of cases where there is a high risk of domestic violence did not always appear to be recognised or taken seriously by law enforcement agencies in some European countries.

- Processes of risk assessment if undertaken at all, were often inconsistent and unsystematic. Frequently the women herself was not engaged in the process.

PROTECT II is a follow-up EU Commission Daphne funded project. It aims to provide practitioners and managers of organisations working with victims in situations where there is a high risk of harm from domestic violence with tools to assist them in building capacity in

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[2] Council of Europe (2011) *Convention on preventing and combating violence against women and domestic violence.* Istanbul: http://conventions.coe.int/Treaty/EN/Treaties/Html/210.htm.

[3] Ibid.

[4] WAVE country report (2010): http://www.wave-network.org/start.asp?ID=23519&b=15, p.5, citation: http://www.psytel.eu/files/violences/IPV%20EU_Mortality/IPV%20EU_Mortality%20Synthese_En.pdf.

[5] WAVE Daphne Project PROTECT - *Identifying and Protecting High Risk Victims of Gender Based Violence - an Overview*: http://www.wave-network.org/images/doku/wave_protect_english_0309.pdf, p. 63.

risk assessment and safety management measures to protect these victims and their children. The Protect II learning materials are informed by the knowledge and experiences of Women's NGOs working on the issue of violence against women across the European partner countries, a range of academic and practice based research and the work of government agencies and statutory bodies.

The participating European partners incorporate a range of diverse starting points and varied approaches to tackling this societal issue. These learning materials extend beyond the basic information and awareness raising promoted in earlier WAVE documents to examine good practice models and realistic steps for implementation.

The materials seek to promote capacity building in risk assessment and safety management measures in the form of a partnership approach between Women's NGOs and government agencies. The aim of such partnerships is to prevent violence against women and to provide a better quality of life for every woman. The materials have been designed and developed as a collaborative project by the staff at WAVE, De Montfort University and CAADA in partnership with colleagues across Europe as listed previously. We hope you find them useful, easy to use and informative.

Background: The European Context and International Obligations to Prevent Violence against Women and their Children

States are bound by national and international law and treaties to prevent violence against women and children and to protect victims. Important strides in the international community's recognition of this world-wide problem were made in 1993 at the United Nations Human Rights Conference in Vienna. Here violence against women was recognised as a human rights violation.[6] Since that time key rights for victims and obligations for States and their agencies have been established such as:

- The United Nations Convention on the elimination of all forms of discrimination against women (CEDAW) General Recommendation 1992 stated that violence against women is a form of discrimination and is thus covered by the convention.[7]
- The CEDAW Committee has dealt with several cases of violence against women and has emphasized that States have a positive obligation to protect women from violence and that the 'perpetrator's rights cannot supersede women's human rights to life and to physical and mental integrity'.[8]
- The European Court of Human Rights (Kontrova v. Slovakia 2007, Tomasic v. Croatia 2009, Opuz v. Turkey 2009). The Court argued that State authorities have a positive obligation to take preventative measures to protect an individual whose life is at risk. 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 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'.[9]
- The Council of Europe Convention preventing and combating violence against women and domestic violence aims[10] to strengthen efforts to prevent violence to women and contains detailed provisions for the prevention and prosecution of all forms of violence against women.

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[6] United Nations (1993) *Vienna Declaration.* UN Document A/CONF.157/DC/1/Add.1.

[7] United Nations Committee on the Elimination of Discrimination against Women (CEDAW). (1992) *General Recommendation No. 19 on Violence against Women.* New York.

[8] United Nations Committee on the Elimination of Discrimination against Women (CEDAW) (2007) *Views on communication No. 6/2005*, CEDAW/C/39/D/6/2005, New York, para 12.1.5.

[9] European Court of Human Rights (2009) *Judgement Case of Tomasic and others v. Croatia.* Application no. 46598/06, Strasbourg.

[10] Council of Europe, (2011) *Convention on preventing and combating violence against women and domestic violence.* Istanbul: http://conventions.coe.int/Treaty/EN/Treaties/Html/210.htm.

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The Convention comes into force after ten signatories, including at least eight member States of the Council of Europe have agreed to be bound by the Convention. As of February 2012 eighteen European countries had signed the convention.[11]

The Council of Europe Convention also states that:

> *States are obliged to 'include a gender perspective in the implementation and evaluation of the impact of the provisions of this Convention'* (Article 6).

As part of this:

> *States are to 'adopt and implement state-wide effective, comprehensive and co-ordinated policies' and to 'offer a holistic response to violence against women'* (Article 7).
>
> *States are obliged to 'allocate appropriate financial and human resources for the adequate implementation of integrated policies, measures and programmes to prevent and combat all forms of violence covered by the scope of this Convention, including those carried out by non-governmental organisations and civil society'* (Article 8).
>
> *States are obliged to protect victims and have to 'take the necessary legislative and other measures to exercise due diligence to prevent, investigate, punish and provide reparation for acts of violence perpetrated by State and non-state actors'* (Article 5).

The United Nations Convention on the Rights of Child[12] (1989) also established important principles for the protection of children from violence:

> Article 19 which states that: *"State Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s), or any other person who has the care of the child."*

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[11]   Ibid.

[12]   United Nations (1989) *Convention on the rights of the child.* http://www.unicef.org/crc/.

Every child has the right to live free from violence. This is a fundamental human right that supersedes the visitation and custody rights of parents (see also Section 2.4.1 'Safeguarding Children' of these learning materials).

The Council of Europe Convention also pays particular attention to the risk of harm and the importance of risk assessment and risk management:

> Article 51 – Risk assessment and risk management
>
> *'Parties shall take the necessary legislative or other measures to ensure that an assessment of the lethality risk, the seriousness of the situation and the risk of repeated violence is carried out by all relevant authorities in order to manage the risk and if necessary to provide co-ordinated safety and support'*

Important measures to prevent violence against women have also been taken by the European Union. For example from late 2011 onwards the European Parliament and the Council of the European Union have been working on the provision of a European Protection Order (EPO) to assure victims of violence of protection when moving from one EU country to another.

Measures to prevent violence against women are also part of the gender-equality policy of the Union (see Strategy for equality 2010-2015)[13] and the European parliament has adopted several resolutions on the prevention of violence against women. In its resolution from April 2011, the parliamentarians stress:

> *".. the importance of suitable training for all those working with women who are victims of gender-based violence, especially of those representing the legal system and law enforcement, with special reference to the police, judges, social workers and healthcare workers"* (European Parliament resolution on priorities and outline of a new EU policy framework to fight violence against women)
>
> (April 2010, 2010/2209 (INI), Article 8).

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[13] European Commission Strategy for Equality between women and men (2010-2015), http://ec.europa.eu/governance/impact/planned_ia/docs/177_empl_equality_strategy_en.pdf.

Definitions

The United Nations Declaration on the elimination of violence against women states:

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

Violence against women shall be understood to encompass, but not be limited to, the following:

> *(a) Physical, sexual and psychological violence occurring in the family, including battering, sexual abuse of female children in the household, dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence and violence related to exploitation;*
>
> *(b) Physical, sexual and psychological violence occurring within the general community, including rape, sexual abuse, sexual harassment and intimidation at work, in educational institutions and elsewhere, trafficking in women and forced prostitution;*
>
> *(c) Physical, sexual and psychological violence perpetrated or condoned by the State, wherever it occurs.*
>
> (United Nations Declaration on the elimination of violence against women, 1993).[14]

In addition:

> *Violence against women is defined as "gender-based violence, that is, violence that is directed against a woman because she is a woman or that affects women disproportionately."*
>
> (United Nations Committee on the Elimination of Discrimination against Women (1992) *General Recommendation No. 19 on Violence against Women,* New York, para 6).

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[14] United Nations (1993) Declaration on the elimination of violence against women. New York.

During the first decade of this century various countries pursued studies of the prevalence of violence against women. Special attention was paid in these studies to violence from intimate partners. Concluding indications were that approximately 20% to 25% of all women have suffered physical violence during their adult life.[15]

Domestic violence against women and girls can take very severe forms such as:

- Grievous bodily harm.
- Deprivation of liberty (locking victims up for days or even years).
- Attempted murder and murder.

These crimes appear to be primarily motivated by concepts of power and control (expressed in a variety of ways such as extreme jealousy, possessiveness, accusations of "dishonouring" the family).

The partnership approach promoted by these learning materials may present particular challenges in countries without a history of working in this way, but they also present an opportunity to develop and improve the risk assessment and safety management of victims at a high risk of harm from domestic violence. The materials may be particularly well targeted initially to those at a senior management level who may be in a stronger position to establish a partnership approach with other key agencies, as well as holding responsibility for policy development and service delivery on domestic violence.

These materials recognise the importance of a co-ordinated, partnership response to victims in situations where there is a serious risk of harm such as death or serious injury. However whilst the focus in these materials is on women and their children at a high risk of domestic violence, the needs of other victims are clearly not dismissed. Responses to other victims remain extremely important, as every victim has the right to protection and support. Risk is also a dynamic phenomenon that changes over time. Therefore events and changes may occur which result in victims currently at a low risk status becoming more increasingly at risk or vice versa.

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[15] Federal Ministry for Family Affairs, Senior Citizens, Women and Youth (2004). Health, Well-Being and Personal Safety of Women in Germany. A Representative Study of Violence against Women in Germany - Summary of the central research results. Bonn.

Key principles underpinning the learning materials

These learning materials are based on the following key principles:

- All interventions should be victim centred.

- The focus is on improving services and providing a safe and positive experience for women and their children.

- Partnership and co-operation between agencies can be an effective way to support women at a high risk of violence and harm.

- Interventions and services should be non-discriminatory and avoiding any form of victim-blaming.

- Every woman should have the right to be represented by an independent women's support service in multi-agency partnerships and case conferencing in order to bring in her needs and interests.

- Independent advocacy should be sought for children to ensure their rights are addressed.

- Interventions and services should uphold the right of women to lead a violence free life, the right to empowerment and self determination and the right to confidentiality.

- Violence is not a private matter, but a public concern; therefore, violence in the private sphere should not be treated as less serious than other forms of violence.

- Victims are never to be made to feel responsible for the violence they have suffered; there is no excuse for violence; abusive behaviour must be stopped and perpetrators must be held accountable.

These principles should form the basis of any actions by organisations seeking to prevent violence against women. In this regard, the most important message for all parties is that:

To live a violence-free life is a basic human right, not a privilege.

MODULE 1

1.1 Where are you Starting From?

Aims

This section highlights to trainers a method of introducing the subject matter, seeking to encourage participants to reflect upon their own starting points, with a view to then examining how to improve practice in this area as they progress through the remainder of the training.

Introduction

As stated previously, these learning materials focus on the identification, assessment and safety management of domestic violence against women and their children and the protection of victims at a high risk of experiencing repeat and severe violence. The disproportionate impact of domestic violence on women and children has reinforced the gendered approach taken to the issue here. This may be challenged by some participants when delivering these materials. As a result trainers may wish to utilise some of the statements made in the introduction to these materials to reinforce the broader international recognition of the seriousness of this issue. It can also be emphasised however that much of the learning achieved here may be transferable to experiences with other victim groups, and perpetrator/victim scenarios.

The United Nations describes violence against women as a manifestation of historically unequal power relations between men and women, which have led to a domination over and discrimination against women by men, to the prevention of the full advancement of women (United Nations 1993).[16]

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[16] United Nations (1993) Declaration on the elimination of violence against women. New York.

Key Learning points (Can be used as a presentation slide/handout)

- In the 27 member states of the European Union, with a total of almost 500 million inhabitants, about 100 million women are estimated to become victims of male violence in their lifetime and one to two million women are victimised daily.[17]

- Every day in Europe women are killed by a partner or ex-partner.

- A survey on femicide carried out in the EU within a Daphne Project identified that over a 12 month period the deaths of approximately 2,419 women were related to intimate partner violence from which about 1,400 were direct acts of femicide by a male partner (Psytel 2010).[18]

- The more severe the violence against the wife or partner, the more extreme the violence against the children will be, and it will often not stop even after the mother has separated from her violent partner (Hester 2005).[19]

- Domestic violence can be lethal for children too, as a case that reached the European Court of Human Rights shows: two children were murdered by their father who had repeatedly abused his wife. After a violent incident, the woman escaped but the children were left with the father and the authorities did not take action to protect them from further harm. The European Court ruled that the state authorities had failed to protect the right to life of the two children (see Kontrova v. Slovakia 2007).[20]

Understanding the Issue

Many countries have already developed partnership arrangements for identifying and managing cases where there is a high risk of violence against women, using different models at local and national levels and with varying degrees of governmental support and legal obligation [**Structural/National**]. However for many others' practice in this area remains in its infancy.

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[17] WAVE country report (2010) http://www.wave-network.org/start.asp?ID=23519&b=15, , p.5, citation: http://www.psytel.eu/files/violences/IPV%20EU_Mortality/IPV%20EU_Mortality%20Synthese_En.pdf.

[18] Psytel-Ingenerie de l'information (2007) Daphne Project, IP V EU Mortality, http://www.psytel.eu/files/violences/IPV%20EU_Mortality/IPV%20EU_Mortality%20Synthese_En.pdf.

[19] Hester, M. (2005) Children, abuse and parental contact in Denmark, in: Eriksson, Maria et. al: Tackling Men's Violence in Families. *Nordic issues and dilemmas*. The Policy Press, Bristol, 13-30.

[20] Council of Europe (2007) *Case of Kontrova v Slovakia*. Application no. 7510/04: http://www.coe.int/t/dg2/equality/domesticviolencecampaign/resources/Kontrova%20v.%20Slovakia_en.asp.

Although advances in understandings may have been made and a gendered approach to the subject may have been adopted, it is still highly likely that practitioners from different agencies will still bring with them quite vastly different perceptions and attitudes towards the issue.

Even within organisations that have a clear statement of purpose in relation to the services they provide to victims [**Cultural/Organisational**], individual attitudes and views held by staff are likely to impact upon day to day service delivery [**Personal**].

Figure 1.1, Realms of Influence illustrates how these different areas of influence may relate to each other.

As the training progresses participants may consider how changes at one of the three levels impact upon the other two.

Figure 1.1, Realms of Influence
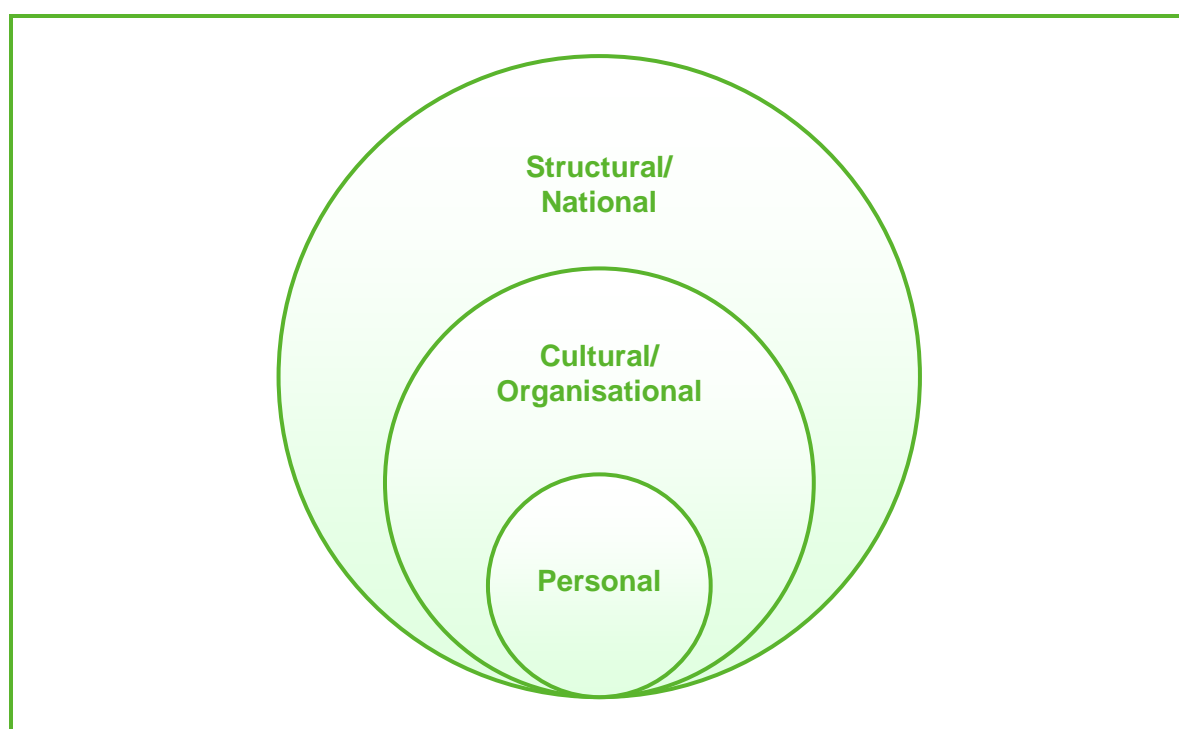
A Spectrum of Understanding

Tapley (2010)[21] describes the shift from thinking about domestic violence as a private matter between husband and wife, in which the state should not intervene, to a public concern of grave severity, highlighting gender oppression and male criminality against women, which the state has a public duty to address (p.137).

Developments in responses to domestic violence and femicide are intrinsically linked to progress in other areas of gender equality and will reflect the advancements made elsewhere for women in other arenas of reform such as education, political representation and employment. Radford and Tsutsumi (2004)[22] also remind us that domestic violence is an issue for women from all social classes, cultures and religion and that other factors of diversity may impact on both the nature of the abuse experienced and the opportunity and access to resources to secure safety.

Activity 1.1

Resources Needed

Slides/Handout which highlights key information on the prevalence of violence against women as stated above and in the introduction to these materials.

Handout 1.1 which explores individual participant views.

Timings

60 minutes.

Aim of the Activity

The activity handout provided encourages participants to reflect upon their own views and attitudes towards the issue of violence against women and to consider whether it is in accordance and compatible with the views of their host organisation and their wider national/ structural context.

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[21] Tapley, J. (2010) Working Together to Tackle Domestic Violence. in: Pycroft, A. and Gough, D. (Eds) *Multi Agency Working in Criminal Justice*. Bristol: Policy Press.

[22] Radford, L. and Tsutsumi, K. (2004) Globalisation and violence against women: inequalities in risks, responsibilities and blame in the UK and Japan. *Women's Studies International Forum*. 27(1): 1-12.

Presentation/Input

The activity commences with an input on the prevalence of the issue of domestic violence against women and the varied stages of development that have been reached across Europe in terms of Governmental and agency responses to the issue. The comparative angle should be utilised to highlight the potential for developing best practice and improvement whatever the participant's current working context and starting point.

Participant Instructions

Participants consider the series of statements in Handout 1.1 and plot their responses as appropriate considering their own personal view and standpoint, that of their host organisation and that which they consider best reflects their national context.

Feedback Guidance

Participants should be reassured that they will not be asked to disclose any personal views that they feel uncomfortable about sharing. The trainer should encourage them to consider whether there are any key areas of conflict and challenge that the exercise has raised when thinking about their own values and priorities, those of their host agency and their wider working context? Can they envisage any strategies which might start to address and resolve some of these challenges?

Similarly the exercise may assist them in identifying areas of strength and commitment where there is potential for developing best practice and more collaborative ways of working.

Handout 1.1, Views on Domestic Violence

For each of the statements listed below plot your response on a scale of 1-5. A score of 1 indicates that you strongly disagree with the statement made and a score of 5 indicates that you strongly agree.

Consider your responses and the current strengths or significant challenges this may highlight when thinking about developing best practice and more collaborative working in high risk cases of violence against women.

Select one of your observations to discuss with another participant and consider what steps might be taken to start and resolve the issue identified or build upon the positive factors highlighted, so its potential can be maximised.

Be prepared to feedback on one of your joint discussions to the larger group.

1. **Violence against women is generally thought to be a private matter.**

Strongly Disagree   *Strongly Agree*

1	2	3	4	5
☐	☐	☐	☐	☐

2. **Within my organisation there is a strong commitment to addressing violence against women.**

Strongly Disagree   *Strongly Agree*

1	2	3	4	5
☐	☐	☐	☐	☐

3. **We have limited, if any, tools of legal protection for women.**

Strongly Disagree   *Strongly Agree*

1	2	3	4	5
☐	☐	☐	☐	☐

4. I lack confidence in my own knowledge and understanding of this issue.

Strongly Disagree   *Strongly Agree*

1	2	3	4	5
☐	☐	☐	☐	☐

5. My organisation has a clear statement of purpose in relation to its approach to and support of women who have experienced violence.

Strongly Disagree   *Strongly Agree*

1	2	3	4	5
☐	☐	☐	☐	☐

6. There is a consistent approach nationally to this issue.

Strongly Disagree   *Strongly Agree*

1	2	3	4	5
☐	☐	☐	☐	☐

7. I am clear as to what my role and responsibilities are in relation to violence against women.

Strongly Disagree   *Strongly Agree*

1	2	3	4	5
☐	☐	☐	☐	☐

8. I feel isolated in my work with women who have experienced violence.

Strongly Disagree   *Strongly Agree*

1	2	3	4	5
☐	☐	☐	☐	☐

9. **I am aware of the issues of power and control which underpin violence against women.**

Strongly Disagree   *Strongly Agree*

1	2	3	4	5
☐	☐	☐	☐	☐

10. **The prevalence of violence against women is under-estimated.**

Strongly Disagree   *Strongly Agree*

1	2	3	4	5
☐	☐	☐	☐	☐

11. **Female victims have little confidence in any agency's ability to assist them.**

Strongly Disagree   *Strongly Agree*

1	2	3	4	5
☐	☐	☐	☐	☐

12. **I have an accurate and detailed knowledge of how other agencies respond to this issue.**

Strongly Disagree   *Strongly Agree*

1	2	3	4	5
☐	☐	☐	☐	☐

1.2 Building Shared Understandings

Aims

This section looks at some of the ways to build shared understandings and a common use of language between partner agencies. This is with the purpose of understanding each others' working processes and establishing jointly agreed, valued and achievable goals.

Introduction

The exercise and discussion of starting points in Section 1.1 are likely to have caused trainers and participants to reflect upon the wide ranging views, assumptions and prejudices held on the subject of violence against women. Effective partnership working requires an agreed use of language and terms, shared understandings, common definitions, agreement on core values, and a commitment to the same outcomes. These do not come easily!

For example:

- Different words and definitions can mean different things in different professional contexts.
- Different organisations and agencies have different priorities and concerns.
- Practitioners have their own fears and anxieties; prejudices, beliefs and myths.

Activity 1.2a and Activity 1.2b

Resources Needed

Trainers will need Handout 1.2a, Definitions and Rights, Handout 1.2b, Building Shared Understandings and the activity instructions detailed here, a flipchart and pen, and power point if this is available. The session is a mixture of a presentation, an individual exercise and reflection, work in small groups, and a large group discussion with feedback.

Aim of the Activities

The two activities in this section aim to use the United Nations and the Council of Europe Convention definitions of violence against women and Human Rights legislation as a method of exploring and agreeing the common goal, priorities and purpose of partnership working in cases where there is a high risk of violence towards women.

Timings

1st activity - 45 minutes.

2nd Activity - 60 minutes.

Overview of the Activities

Participants are asked to reflect on their knowledge and understanding of key definitions of violence against women and statements on the rights for individuals to be free from violence. This is undertaken initially as an individual exercise, followed by small group discussions and large group feedback. There is then a follow up activity which takes place as a small group discussion, examining views relating to commonly held myths and stereotypes associated with the core subject and leading towards some shared understandings of the issue of violence against women.

Presentation/Input

The trainer should begin by acknowledging that there are different perspectives, beliefs, and starting points in the room (referring back to '1.1 Where are you Starting From?' if this has been used with participants). The trainer should acknowledge that this is common, but that partnership work requires common understandings in order to be effective.

The trainer then presents the definitions provided in Handout 1.2a. These are shared with the participants using power point, flipchart or the handout as appropriate.

Handout 1.2a, Definitions and Rights

1. **Violence against women – definition.**

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

United Nations 1992, para 6; and Platform for Action, 4th United Nations World Conference on Women as cited by WAVE 2000, p. 14.

2. **The right to live free from violence.**

Parties shall take the necessary legislative and other measures to promote and protect the right for everyone, particularly women, to live free from violence in both the public and the private sphere.

Council of Europe Convention on preventing and combating violence against women and domestic violence 2011, Article 4

Consider the definitions and statements above.

Firstly, on an individual basis, answer the following questions. Then discuss your answers with colleagues in groups of 2-3. Be prepared to feedback on your discussions to the larger group.

1. Do I recognise these definitions from international and European human rights documents?

2. Are they used by my agency?

3. If not, which definition do we use? What are the differences?

4. What might be missing in our definition?

5. What do I (or we in the agency) do to put the definitions and statements presented here into practice?

6. What do I (or we in the agency) do that maybe undermines this definition and this right?

7. How are my views influenced by my professional role and the organisation I belong to?

Participant Instructions

The activity detailed in Handout 1.2b is initially completed on an individual basis, with participants instructed to answer the questions posed. The trainer should encourage participants to complete the activity as honestly as possible, but making them aware that they will then be required to share their responses with colleagues.

Feedback Guidance

The trainer asks the participants to share their observations in groups of 2-3. Large group feedback can be taken in a variety of ways, for example by asking each group to verbally highlight key points made, or by asking the group to summarise their observations on flip chart paper which is then placed on a wall for all other participants to see and which can be referred back to later in the training. The trainer should highlight significant commonalities in the feedback received and in particular any positive suggestions and solutions which have emerged in terms of ensuring these definitions and statements are more fully adopted.

The trainer then asks participants to work in groups of two or three to do the following Handout 1.2b.

Handout 1.2b, Building Shared Understandings

In groups of 2-3, discuss the following topics as they relate to violence against women. Discuss the reasons for your responses and be prepared to feedback on your discussion to the larger group.

1. Domestic Violence does not feature in most relationship breakdown or divorce cases. True or False?

2. One of the most effective safety strategies to prevent violence is for the victim to leave her violent partner. True or False?

3. Even where a partner is violent, contact with each parent is good for the child. True or False?

4. Violence against women is often a one off incident. True or False?

5. More Mothers kill children than fathers. True or False?

6. Parents know what is best for their children. True or False?

Following your discussion of the above statements, feedback and guidance will be provided by your trainer.

Then, back in your groups, consider the following:

7. How a shared partnership understanding of these and other issues relating to violence against women may improve agency responses and enhance strategies to secure the safety of women and children?

8. Where a shared understanding of an issue or priority is still problematic.

9. How might these differences between agency perspectives be resolved?

Feedback Guidance

The trainer takes feedback on the discussion held, highlighting the following key points of information.

1. Domestic Violence does not feature in most relationship breakdown or divorce cases. False. Approximately 75% of parents indicated that domestic violence had occurred during a relationship.

2. One of the most effective safety strategies to prevent violence is for the victim to leave her violent partner. Whilst this may be true in some cases there is also evidence that women are at a higher risk of violence and of being killed after leaving violent partners.

3. Even where a partner is violent, contact with each parent is good for the child. False. The safety and welfare of the children is the paramount concern when contact is being considered. Agencies need to ensure that contact occurs, if appropriate, in circumstances which do not pose any risk of harm to the woman or her children. It is the nature and quality of parenting by the contact parents which is important.

4. Violence against women is often a one off incident. False. Research into the prevalence of domestic violence highlights that many incidents of abuse and violence will usually have occurred, often over a significant period of time prior to the first notification of the authorities or support agencies.

5. More Mothers kill children than fathers. False. General patterns of domestic violence are much more characteristic of male filicide perpetrators than of female. Men who kill their children are more likely to have been violent to the child and to their partner before the filicide.

6. Parents know what is best for their children. This is a difficult one to answer as clearly it is not always the case. However the views of the woman are vital as will be examined in 1.3. However it may be the case that the rights and views of the children require separate representation to ensure that their welfare is safeguarded.

[23] Women's National Commission (2004) Myths and Facts about Domestic Violence and child contact. WNC.

As taken from the Women's National Commission Women's Aid Federation of England.[24]

The amount of common ground achieved in the small group discussions is likely to vary across different training events, but it is unlikely that an event will produce no commonalities between the participants. This activity will begin to more clearly identify areas of agreement, and reinforces the key message that shared understandings particularly of definitions, the impact of violence and rights is central to partnership work and the improved safety of women and children. Also that different perspectives need to be openly discussed as part of the partnership process, in order to ensure that priorities and action points are jointly agreed and owned.

> **Useful Sources for Section 1.2**
>
> Council of Europe Convention on preventing and combating violence against women and domestic violence 2011, Article 4. https://wcd.coe.int/ViewDoc.jsp?id=1772191.

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[24] Ibid.

1.3   Principles of Empowerment, Engagement and Support

Aims

This section will look at:

- The benefits of a victim centred approach.
- The recognition of the survivor's knowledge and central role in the identification of risk and safety management.
- The importance of empowerment, support and gaining the woman's trust.

Introduction

When working with victims where there is a high risk of intimate partner violence the main focus should be:

- To protect the Human Rights of the woman and her children to lead a violence free life.
- To provide safety for them.
- To prevent further violence.
- To empower the woman to identify and understand the nature of the risks posed to her.

The measures practitioners employ may have an immediate impact on the life, health and freedom of survivors of violence and their children. This potential should always be at the centre of any considerations.

> **Key Learning Point**
>
> *As the woman knows the perpetrator very well, her perception of risk is a very important determinant in assessing her level of endangerment.*
>
> WAVE (2010) Protect I[25]
>
> *Parties shall ensure that policies … place the rights of the victim at the centre of all measures and are implemented by way of effective co-operation among all relevant agencies, institutions and organisations.*
>
> Council of Europe, 2011[26]

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[25] WAVE (2010) *Daphne Project PROTECT - Identifying and Protecting High Risk Victims of Gender Based Violence - an Overview* http://www.wave-network.org/start.asp?ID=23494&b=15.

The Benefits of a Victim Centred Approach

When a victim centred approach is adopted:

- The woman should play an active role in decision making and applying steps to secure safety.
- She is listened to, and,
- She is responded to with respect.

Being a victim of violence does not make a woman helpless or un-knowledgeable. She may have tremendous fears, she might feel powerless and there may be inconsistencies in her statements and behaviour, but nevertheless she has a right to lead a violence free life and to make decisions for herself.

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

A victim centred approach is aiming to achieve a shared safety management strategy which the woman considers to be relevant and where responsibilities, actions and commitments are clearly identified and agreed. Where there is a clear sense of ownership and responsibility from all parties involved in safety management planning, including the woman herself, strategies employed to reduce risks are far more likely to succeed.

The Survivor's Knowledge and Central Role in the Identification of Risk and Safety Management

Empowerment provides women with the courage to make changes in their lives and take steps against the violent partner. However, the point where a woman leaves a violent relationship is also one of the main risk indicators that further violence, often escalating in severity, may occur.

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[26] Council of Europe (2011) *Convention on preventing and combating violence against women an domestic violence.* Article 7,2. http://conventions.coe.int/Treaty/EN/Treaties/Html/210.htm.

In partnership working communication, actions and decisions made need to be transparent in order for the woman to feel that agencies are working with her rather than imposing a framework upon her. A total loss of power and control will be at the centre of her experience as a victim and she should not repeat this in her dealings with agencies whose role it is to protect and support her.

Therefore, in order for practitioners to obtain a detailed and comprehensive assessment of the risks involved in a situation of domestic violence:

- They have to engage effectively with the victim.
- There should be a thorough process of information gathering of the nature and extent of the history of violence and control which has occurred. There should be an examination of experiences past and present such as death threats and severe injuries.

(A range of recognised triggers and risk indicators are examined in Module 2 of these materials).

Responses to domestic violence need to be specific and well informed. Failing safety measures may result in an increase in risk and turn out to be life threatening for the woman and her children.

The source of greatest knowledge is the woman herself. She should be at the centre of all interventions and all efforts should be employed to provide her with the opportunity to engage actively with agencies and be informed at every step. Advocacy and the use of an independent woman's support service, to inform and represent the survivor in relation to her rights and needs is a good practice example of how a survivor might be further empowered to participate in a safety management partnership.

Other sources which explore the empowerment of survivors as "professionals by experience" are listed at the end of this section.

Gaining the Woman's Trust

Gaining the trust of a woman is essential for the effective prevention of violence. It is important to remember that perpetrators often aim to reduce the trust and confidence a victim may have in other people's or an organisation's ability to help and support them. Prominent characteristics of violent perpetrator behaviour include:

- A minimisation of the victim's experiences.
- An undermining of her ability to make decisions concerning her personal life.
- Isolating her from others.
- Convincing her that nobody will believe and help her.
- Other strategies used to gain power and control over the victim, such as financial, emotional and psychological abuse.[27]

The impact of this can include a loss of self-esteem and self confidence. Establishing a rapport and building trust is extremely challenging in such a situation. The woman may also have had negative experiences and repercussions as a result of earlier contact with "helping" professions.

Practitioners may very easily make assumptions about the best way forward in managing a situation of domestic abuse, based on their professional knowledge of the common risks in such scenarios and the services available. However every situation needs to be assessed as a new, unique and individual experience. Without fully considering the woman's perspective safety actions recommended may simply not be realistic or achievable.

Where there appear to be conflicting rights, say with the needs and protection of children for example, practitioners must ensure that all perspectives are supported and heard, through advocacy and support. Any decision regarding the prioritisation of some individual rights over others is then an integral part of the partnership safety management process.

Even where the engagement with the survivor of the violence is effective initially, it may still be that a safety measure does not work to stop the violence, or the situation changes and the nature of the risk alters, escalating once again. Therefore sustaining a level of engagement with the survivor is essential, whereby practitioners and agencies are alerted immediately to any changes in risk and respond urgently. Effective communication, re-assessment and response are vital if the survivor is going to be assured that safety management is an

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[27] WAVE (2000) *Training manual on Combating Violence against Women*: http://www.wave-network.org/images/doku/manual.pdf 18 Nov. 2011, pp.43-62.

ongoing dynamic process rather than a one off exercise and therefore she is able to trust agency partnerships to protect her and her children.

Practitioners also need to recognise that some women may never fully engage or cooperate with support services and that the reasons for this may extend beyond issues of engagement and gaining her trust. A woman is absolutely entitled to retain a level of reserve, her right to privacy and to retain aspects of her personal information. This may help her to feel that she has some level of control over her situation and practitioners should respect that women are entitled to set limits and should not feel pressured to "tell all".

Key Learning Point

Remember that:

Victims of domestic violence often experience that:

- They are being told what to do and what not to do by the perpetrators.

- They are ordered around by the perpetrators.

- They are viewed as the problem by the perpetrators.

If women feel that this approach is repeated in any manner by support agencies, they will most likely not trust them. Therefore, please keep in mind:

- The need to listen to the victim's story carefully.

- The need to earn her trust so that she feels able to tell her story fully.

- The recognition that the practitioner needs to work with the victim to ascertain the best way forward for her, not assume and impose what they think is best for her.

Activity 1.3

Resources Needed

Presentation materials Handout 1.3 on key principles of empowerment, engagement and support as PowerPoint slide or handout. 3 to 5 chairs.

Aim of Activity

The activity seeks to provide some insight into the anxiety and discomfort of being requested to engage with people you do not know well in an experience where the conditions and outcomes are all unknown. Highlighting the courage required in agreeing to do so. Leading to a presentation and discussion of the principles of empowerment engagement and support.

Timings

45-60 minutes.

Participant Instructions

3 to 5 chairs are placed in front of the audience (depending on the number participants of the training).

The trainer asks 3 to 5 people to come to take a seat to do a role play. The nature of the role play is not specified.

Whilst encouraging people to participate, the trainer use phrases such as:

- Nothing bad will happen to you.
- I will protect you.
- This won't be life threatening.
- Trust me.
- You won't be ridiculed.
- I will make sure that you are safe.
- Do not be afraid.

When all chairs are taken, the trainer thanks the "role players" for their willingness and courage.

The trainer then asks the rest of the audience in general:

* Why did you not participate in the role play?
* Where you afraid?
* Didn't you trust me?
* Didn't you listen to me?

Feedback Guidance

Highlight to the group that nobody from the audience would have lost their job, their life, their children, their house by participating in this role play. It just took courage, trust in the facilitator, and a willingness to try things out and experiment with the unknown. There were varying degrees of willingness to do so. The reasons for this are diverse and particular to each individual. Why did some engage more readily than others? Did some feel they needed more information before they volunteered? Did they feel they had any control of the situation?

Make the link to the expectations practitioners may have about the need for victims to engage promptly with support and intervention services and the courage it requires to actually come forward and do so.

The trainer then presents and discusses the Principles of Empowerment, Engagement and Support detailed in Handout 1.3 as informed by the information provided earlier in this section and the suggested additional resources.

Handout 1.3, Principles of Empowerment, Engagement and Support

The Benefits of a Victim Centred Approach

- The woman plays an active role in decision making and applying steps to secure safety.

- She is listened to.

- She is responded to.

- There is joint ownership of a safety management strategy.

- It is more likely to succeed.

The recognition of the woman's central role in the identification of risk and safety management

- The greatest source of knowledge is the woman herself.

Victim empowerment, support and gaining the woman's trust

- All rights and responsibilities are clearly identified, discussed and agreed in partnership. Advocacy for both victims' rights and the rights of children is provided and part of the partnership.

- Agencies remain accountable and consistent, ensuring they undertake the actions and provide the support agreed.

- Information relating to changes in circumstances is responded to promptly.

Key Learning Point

The woman should be at the centre of the partnership process. She is entitled to be actively engaged and informed at every step of risk assessment and safety management.

The further implications of this section as they relate to multi agency risk conferencing are expanded upon in Module 2.

Useful Sources for Section 1.3

WAVE Manual Bridging Gaps – From Good Intention to good Cooperation (2006): *Participation of survivors.* p. 58 – 61, download: http://www.wave-network.org/start.asp?ID=289&b=15.

Hague, G., Mullender, A., and Aris, R. (2003) *Is Anyone Listening? Accountability and women survivors of domestic violence.* Routledge, London.

Hague, G., Mullender, A., and Aris, R. (2002): *Women's Aid England: Professionals by experience: Guide to service user participation and consultation for domestic violence services.*
http://www.womensaid.org.uk/page.asp?section=0001000100140008&sectionTitle=Reports+%26+Books

European Convention on Human Rights

Article 8 – Right to respect for private and family life:

Everyone has the right to respect for his private and family life, his home and his correspondence.

Article 2 – Right to life:

Everyone's right to life shall be protected by law.

Article 3 – Prohibition of torture:

No one shall be subjected to torture or to inhuman or degrading treatment or punishment.

Council of Europe, Treaty Office:
http://conventions.coe.int/Treaty/en/Treaties/Html/005.htm

1.4   A Partnership Approach: What is it and Why is it Important?

Aims

This section will look at:

- Why partnership work is helpful in managing domestic violence and in reducing harm to women and children.
- Some of the first steps that can be taken in building partnerships.
- How to identify any likely challenges and barriers to working collaboratively.
- Some ideas and best practice tips for dealing with these challenges and barriers.

Introduction

Partnership work is difficult and challenging. There is often a big difference between policy statements and what is actually achieved on the ground:

> **The fundamental point that government guidance and local strategies gloss over is that partnership work is difficult. There are differences in organisational culture, terminology, practice, operational priorities and training. Each partner regards the other with a degree of professional scepticism and sometimes downright distrust. Different interests, priorities and practice in multi-agency groups make collaborative work difficult. (Tapley 2010)[28]**

Activity 1.4

Resources Needed

Flip chart paper and pens, power point slides and handouts from below. The method of delivery is a mixture of presentation with questions and answers, and small group working on activities and discussion points.

Aim of Activity

To encourage participants to consider why is partnership working important, and to identify the benefits of working together. The activity is large and has five stages.

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[28]   Tapley, J. (2010) Working Together to Tackle Domestic Violence. in: Pycroft, A. and Gough, D. (Eds) *Multi Agency Working in Criminal Justice*. Bristol: Policy Press.

Timings

Each stage of the activity is likely to take approximately 30 minutes to complete.

Presentation/Input

The trainer can start the session by asking the whole group to consider two questions:

- Why is it important to work together?
- What are the benefits of working together?

The responses of the group can be used to present the key messages for this session as part of an introduction.

Key learning/messages for this session (this can also be used as an introductory slide)

- **Working together reduces the risk of serious harm or death for a victim.**

- **It increases the safety, health and well-being of victims and their children.**

- **It provides more resources and more integrated safety.**

- **Management plans are agreed to reduce the risk to the victim.**

- **Responses to victims are coordinated, better delivered and more effective.**

Following this the trainer can ask:

- What does working together actually help us to do better when we are dealing with violence against women?

Feedback Guidance

There will be a range of responses depending on local experiences and services available. However, the trainer should use the group's responses to move into the presentation of the following slide.

Figure 1.4, 'The Partnership Wheel helps us to…' illustrates how partnership work can contribute to the overall safety of victims and children.

Figure 1.4, 'The Partnership Wheel helps us to…'
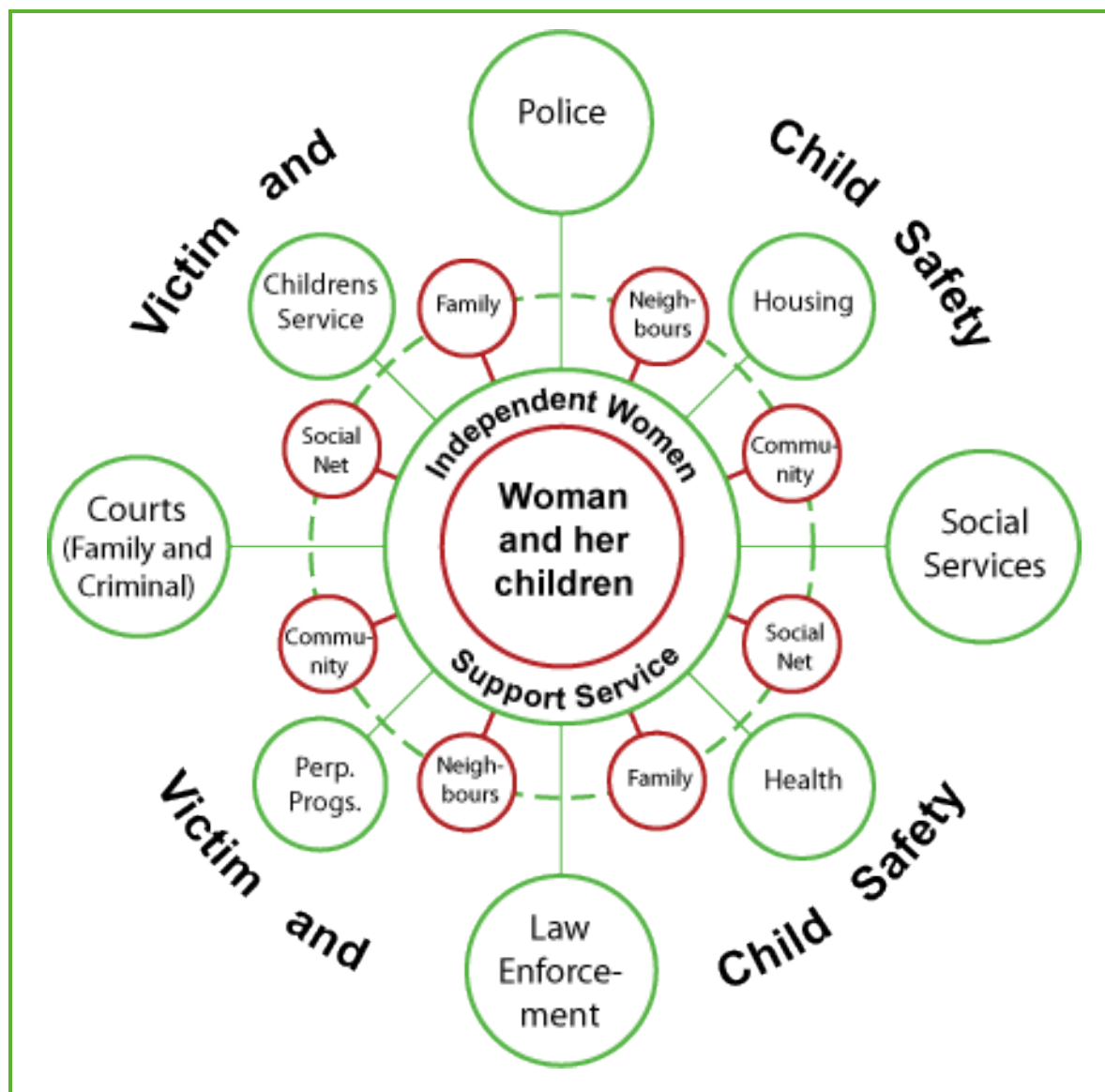
The **partnership wheel** shows the victim and her children at the 'hub', supported by women's support services which have a special role in representing survivors in multi-agency partnership. The smaller circles represent the woman's immediate family, community and social network who are often involved in supporting her with women's support services. The larger circles represent the statutory agencies, the police and the justice system and the range of other agencies and interventions required to provide safety. These are not always equal in size and resources, and some are more distant from victims than others. However, they must all play a role in providing safety. The strength of the connection and partnership between these agencies and services is critical to a holistic, quality service to the woman.

You can imagine that there are 'spokes' from these all of these agencies and services in the wheel that provide safety to the 'hub'. A missing spoke, reduces the strength and effectiveness of the wheel. The rim of the wheel is represented by the overall goal of victim and child safety.

> **Trainer's Note**
>
> It is recognised that not all of the functions detailed in the partnership wheel will operate in every country, regional or local context. An adaptable version of the wheel is provided in the appendix materials in order that trainers may delete or substitute agency provisions which may or may not apply. For example the provision of a distinct "Family Court" is not consistent across the European Community.

The metaphor of the **'partnership wheel'** can be helpful in getting participants to think about their role and responsibilities to reduce harm to victims and children. The partnership wheel should be provided as a handout as well as a slide.

> **The Partnership Wheel**
>
> **Interventions by different agencies should be closely interlinked and form a comprehensive network of support involving all the agencies concerned. Partners need to ensure that the partnership wheel is complete, with the victim in the centre, represented in multi-agency bodies by an independent women's support services of her trust, and with all necessary components having been fully considered and addressed.**
>
> **Services and support provided in all relevant sections of the wheel need to be maintained, as does communication between all of the partners who contribute to the wheel, as otherwise the victim may be exposed to further risk. The protection and safety of victims must be the primary goal of interventions and of the partnership wheel. All interventions must be adequate and effective so as to actually help the victims and prevent repeated violence.**

Activity 1.4a, Stage One

Handout 1.4a, Discussion Task

Think about the responses and management of violence against women in your working locality and region as a Partnership Wheel.

- List where the components of your partnership wheel in your region are strong.

- How do these strong links reduce the likelihood of high risk repeat victimisation?

Then:

- List where the components in your partnership wheel in your region are weak.

- How might these weak links increase the risk of repeat victimisation?

- List the actions that could be taken locally to improve the partnership wheel.

Finally:

- Are there any lessons from your answers about 'strengths' that you could use to improve the weak links you have identified?

For example, successes and partnerships in one area can sometimes be translated to another. If a number of agencies are able to agree a link is weak and is a threat to victim safety this may provide an initial first step towards change.

List any helpful lessons or points here:

Feedback Guidance

This should be in 4 stages:

1. A list of strengths and how these support effective responses to domestic violence.
2. A list of weaknesses and areas likely to lead to increased victimisation.
3. Actions that can be taken on the weak links.
4. Lessons and good practice from strengths that can be built on to improve the partnership wheel.

Participants can be given a partnership wheel handout without any lines and asked to highlight on the partnership wheel where their strengths and weaknesses are, for example by **highlighting strengths in bold lines, and indicating weaknesses by broken lines**. This may help them to target areas for first steps. Trainers will need to provide a partnership wheel without any lines for this part of the activity (Handout 1.4b). Where there are quite significant differences in the nature of service provisions, trainers may also wish to use a completely blank wheel, (Handout 1.4c) and allow participants to also identify which agencies are involved, or should be involved in partnership work and consider the nature of their current levels of communication with each other.

Handout 1.4b

Handout 1.4c

Woman
and her
children

Victim and

Child Safety

Victim and

Child Safety
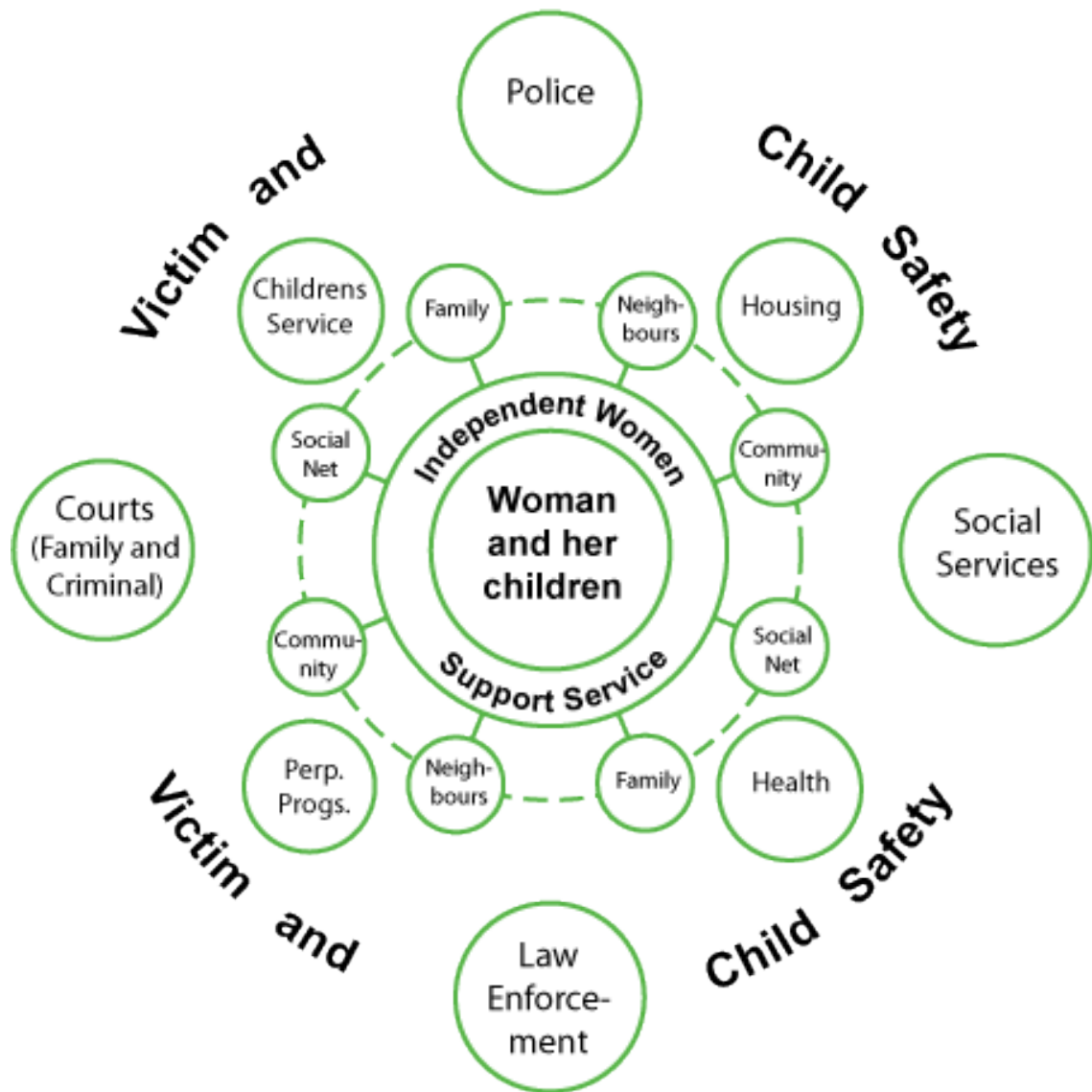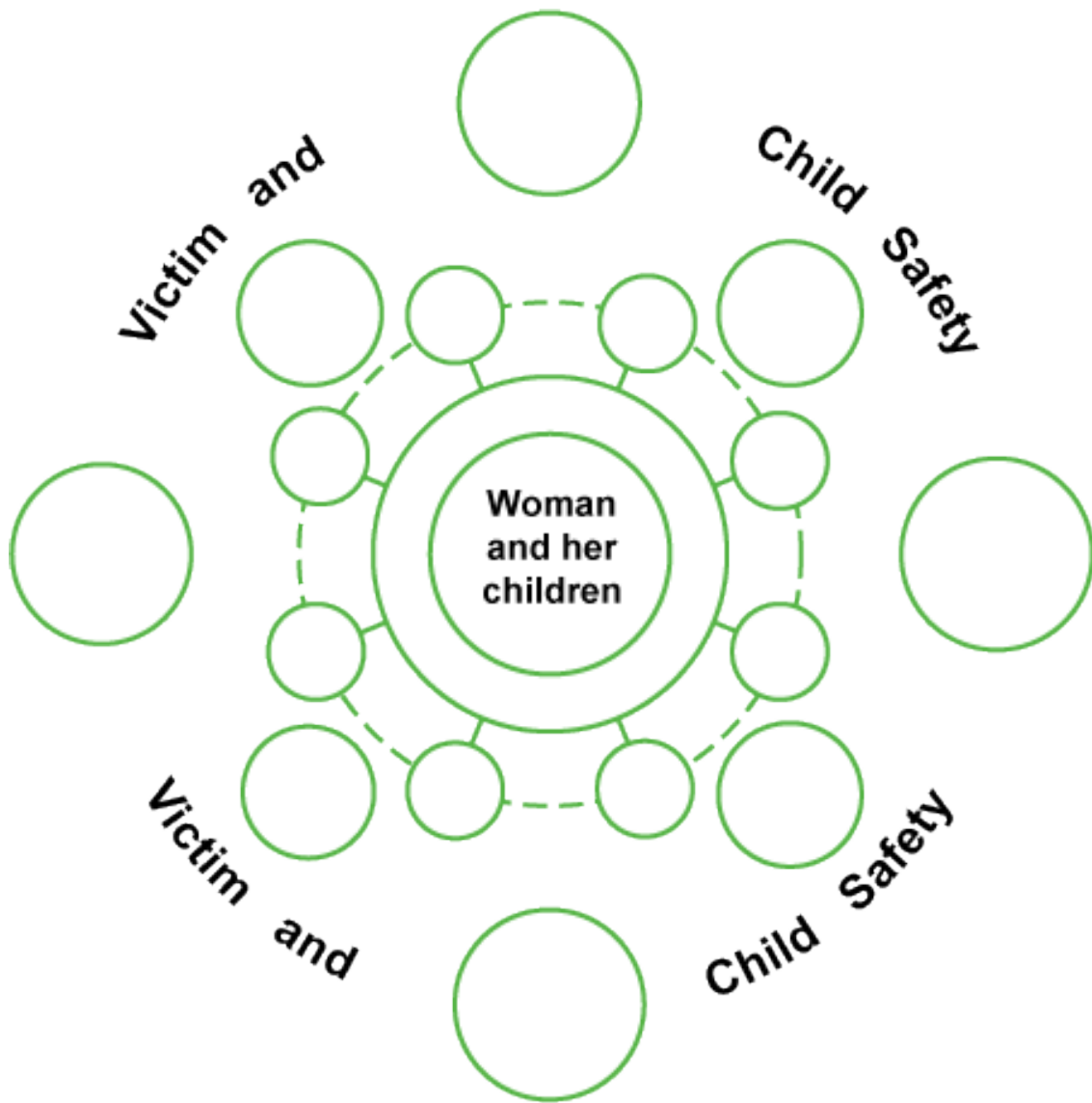
> **Trainers Note**
>
> It is important that participants list achievable actions that can be taken locally to improve the partnership wheel with victims.

Activity 1.4b, Stage Two: Best Practice First Steps

Aim of the Activity

To encourage participants to identify some first steps towards partnership that they will take, and some initial actions that can be taken after the training event.

Presentation/Input

Provide the exercise as Handout 1.4d. Ask participants to do this exercise individually at first, and if there is time to share their answers with one other participant. The trainer can suggest first steps to help participants if the exercise does not produce enough. Participants should be asked to consider each bullet point and what they will do.

Handout 1.4d, Actions to be Taken

- Who are you successfully working with now?

- Can they help you to approach other agencies?

- Who will you contact and what will you say?

- What common aims and goals can you establish?

- Would facts, figures and the voices/experiences of victims help you to make case?

- Focus on improving victim safety as the main aim - try to establish this as a core value.

- Decide what minimum working structure you need to get started.

It is also helpful if practitioners can envisage how other organisations see them. Understanding other agencies is an important first step in building partnerships.

Activity 1.4c, Stage Three: How do other organisations/agencies see us?

Aim of Activity

To encourage participants to explore how they see other organisations/agencies and how they see them?

Presentation/Input

Provide the exercise as Handout 1.4e. Trainers should ask participants to do this exercise in pairs, talking to each other about how they see each other's agency/organisation based on the questions below. This might sound difficult, but it is important to promote open discussion, and participants are asked to deal with differences and conflict in an open and respectful manner. Agencies will not always agree, and sometimes seeing your own agency as others do can be hard! However, sharing these views is the first step in the partnership journey.

Handout 1.4e, How do we see other organisations/agencies? How do they see us?

Take about 10 minutes to do this. When thinking about partnership work it is important to think about how we see other agencies/organisations and how they might see us.

Choose one organisation/agency you work with now or would like to work with, and think about the following questions:

- What are the aims and purpose of this organisation? How are they financed and managed? What contribution do they make to reducing domestic violence against women? What could they contribute? Can you think of any reasons that might stop them providing a service?

- What do you think about this organisation/agency? What experiences do you have in working with them? What was positive and worked well? Were there any problems? Do you have confidence in them? Do you trust them? Do you see their tasks as easier than yours? Is your organisation/agency more or less powerful than theirs?

Feedback Guidance

This will illustrate how at times practitioners do not know all they need to know about other agencies, and that they can be unclear about their core aims, roles and responsibilities, especially as they see them and prioritise them. This will inevitably lead to clashes, conflict and different priorities in partnership work. There are often strong assumptions, negative perceptions of others, distrust, and imbalances of power, these will sometimes be linked to prior negative experiences of that organisation. When the activity is used in mixed agency groups it can show that participants often have the same misperceptions, poor assumptions, and lack of trust in each other, and that most participants will identify power differences as a key issue. Poor perceptions and assumptions about each other are often the shared common ground. These can become the focus of first steps towards partnership, for example by:

- Sharing information on core aims, values, roles and responsibilities.
- Exploring why they think their assumptions might be right and why they might be wrong.
- Focusing on one real problem or barrier to working together and seeking to remove it together.
- Identifying barriers to trust and seeking to remove at least one barrier.
- The trainer can use these bullets as a summary slide.

Activity 1.4d, Stage Four: Working towards Effective Partnerships

Aim of the Activity

To develop the first steps towards effective partnership work, and to help participants to identify criteria for success and what they are going to do to make partnership and multi agency work real.

Presentation/Input

Developing partnership work takes time and effort, and there are difficulties, challenges and barriers along the way. Use the following Handout 1.4f (or make a slide of it) to start a discussion on first steps.

Handout 1.4f, Working towards Effective Partnerships

Effective partnerships take time and effort, and there are difficulties, challenges and barriers along the way:

- Lack of strategic planning across agencies.

- Lack of trust between agencies.

- Differing values, perspectives and concerns of NGOs and statutory agencies, and between statutory agencies.

- Conflicting legislation.

- Financial constraints and limited resources.

BUT YOU CANNOT WAIT FOR EVERYTHING TO BE PERFECT!

MAKE A START!

Adapted from Lloyd (1994)[29]; Hague, Malos and Dear (1996)[30].

See also Bridging Gaps (2006), chapters 9 and 10, WAVE. Available at: wave-network.org

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[29] Lloyd, C. (1994) *The welfare net: how well does the net work?* Oxford: Oxford Brookes University.

[30] Hague, G., Malos, E., and Dear, W. (1996) Multi-agency work and domestic violence: A national study of interagency initiatives. Bristol: The Policy Press.

It is best for practitioners to think of themselves as moving towards an effective partnership, with differing stages on the journey.

The next stage of the exercise asks participants to focus on creating and developing their local partnership wheel. This can either be done as an individual exercise or in small groups. Ask participants to consider:

In taking their first steps, what problems do they expect to encounter, and how they will deal with agencies and people who retreat from the idea of partnership. For example:

- Would it be helpful to try and establish what others are concerned about?
- What worries and anxieties might others have about working together? How can these be reduced?
- How can they build trust? For example, what has worked well for them in the past and what can they use here? For example, ask the question 'why do you trust others and why would they trust you'?
- If partnership wheels are reasonably well developed locally, ask them to identify what problems, issues and difficulties they are facing? What practical steps can be taken to solve these? What actions do they need to take to strengthen the partnership wheel?

Feedback Guidance

Trainer to take feedback, focusing on positive next steps that participants are going to take. During the feedback the trainer should acknowledge that barriers and conflict can play a negative part in partnership work, particularly in the early stages, but go on to focus on the criteria for success in the next sub section.

Activity 1.4e, Stage Five: Criteria for Success

Aim of Activity

The final stage of the activity focuses on how to develop effective partnerships. In order to be an active partnership, following through on actions agreed and achieving sustainable results, partnership work needs to reach certain criteria.

The trainer asks the participants to discuss the following points.

Handout 1.4g, Findings from German Research on Multi-agency Work

Intervention projects[31] achieve lasting and comprehensive changes, providing certain conditions are fulfilled:

- Linking top-down (management led) and bottom-up (front line practitioner led) strategies.

- Ensuring structures and activities at state level interconnect with regional structures and activities.

- Firmly incorporating the results of the work into institutional structures of each agency involved.

- Establishing permanent cooperation bodies that are tailored to the needs of the users.

- A coordination body is identified.

(German Federal Ministry for Family Affairs, Senior Citizens, Women and Youth, 2004, *Working together to combat domestic violence*. Cooperation, intervention research. Findings from the evaluation research assessing intervention projects against domestic violence, Berlin)

Participant Instructions

1. Do these findings reflect your own experiences of successful multi-agency partnership work?
2. What do you think are the important criteria that multi-agency partnerships have to fulfil in order to achieve good results and sustainable change?

Feedback Guidance

Take feedback from the group and list the results. Depending on the solutions provided by the group the trainer can also suggest the following Handout 1.4h.

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[31] The term Intervention projects is used in German-speaking countries (Germany, Switzerland, Austria) for multi-agency alliances which can operate on different levels – local, regional, national and with different levels of institutionalization.

Handout 1.4h, Criteria for Successful Partnership and Multi-agency Work

- A commitment of every agency to partnership work, including a commitment to regular and active participation.

- The identification of a responsible person to hold a decision making position.

- A commitment to implement the results of multi-agency partnership agreements within one's own organisation.

- A coordinating agency for the multi-agency partnership (can be rotating).

- The allocation of minimal essential resources to sustain partnership-work (personnel, money, materials, etc.).

- A common understanding of the problem.

- A commonly shared mission statement and vision.

- An analysis of the status quo and the need for change.

- A regular consultation process with survivors of violence.

- The development of strong partnership objectives and operational goals, with agreed strategies as to how these goals will be achieved.

- A written action plan for partnership developments, including a time table.

- The regular evaluation of the activities and adaption.

- A connection between the multi-agency partnership activities and other related initiatives.

The trainer should remind participants that some of the solutions suggested above have already begun in this particular training session!

To conclude, developing partnerships is:

More akin to marathon-running than to sprinting; stamina, patience, long-term commitment and passion are needed to reach the goal of significantly reducing violence against women and children- a goal that can definitely not be reached by single players in society, but only by teams of committed agencies and persons.

(From: Bridging Gaps, p.82. WAVE. Available at: www.wave-network.org).

Useful Sources for Section 1.4

German Federal Ministry for Family Affairs, Senior Citizens, Women and Youth, (2004), *Working together to combat domestic violence. Cooperation, intervention research. Findings from the evaluation research assessing intervention projects against domestic violence.* Berlin.

Grieger, K., Kavemann, B., Leopold, B. and Rabe, H. (2004) *From local innovations to standards of good practice: Intervention projects and their work. Final report of evaluation research*, accessed at: http://www.wibig.uni-osnabrueck.de/wibig1.htm.

Hague, G., Malos, E. and Dear, W. (1996) *Multi-agency work and domestic violence: A national study of interagency initiatives.* Bristol: The Policy Press.

Hague, G., Mullender, A. and Aris, R. (2003): *Is Anyone Listening? Accountability and women survivors of domestic violence.* Routledge, London.

Hester, M. and Westermarland, N. (2005): *Tackling Domestic Violence: Effective interventions and Approaches. Home Office Research Study 290*, London: Home Office.

Logar, R. (2005) *The Austrian model of intervention in cases of domestic violence*, *paper for the UN Study on Violence against women.* presented at the United Nation Expert Group Meeting "Violence against women: Good practice in combating and eliminating violence against women" 17–20 May 2005, Vienna, Austria, http://www.un.org/womenwatch/daw/egm/vaw-gp-2005/docs/experts/logar.dv.pdf.

Shepard, M. and Pence, E. (1999) *Coordinating Community Responses to Domestic Violence.* Sage Publications, Thousand Oaks.

Standing Together (2011) *Standing Together* [WWW], London, available at: http://www.standingtogether.org.uk.

1.5   Developing a Common Approach to Risk

Introduction

Section 1.2 explored the use of common definitions and common language that agencies seeking to work in partnership need to work on and agree together.

This section starts to build a common approach based on risk that is built upon in Module Two. This common approach requires a shared view and understanding of risk. This approach recognises that risk has always been with us when working with victims of violence, but that the words 'risk', 'risk assessment' and 'risk management' have not always been used. The following handout illustrates this point and should be used to introduce the session.

<div style="border:1px solid green">

Handout 1.5a, 'A risk led approach'

A risk led approach intends to identify and assess the risk to women and their children in order to reduce the risk of harm and of violation of rights.

It can be argued that an implicit risk led approach was at the very core of the women's movement against violence: by establishing women's shelters it was not only acknowledged that women and their children are at risk of being repeatedly victimised and harmed, they were also provided with an alternative to living with the violent partner and father. To provide a safe place is the core goal of women's shelters and technical security precautions as well as individual safety planning with women survivors of violence and their children are services provided (WAVE Manual, Away from Violence, 2004).

However, the term "risk" or "risk assessment management" did not appear in the earlier periods of interventions to address violence against women and their children. Women's shelters were, while always paying attention to risk factors by carefully listening to the women's stories of violence, focusing on safety planning of women and children, rather than on the process of assessing risk. To acknowledge that sometimes women and children were at high risk of being repeatedly or severely injured or even killed, was always part of the professional judgment skills in women's shelters, even if it was not called "risk assessment.

WAVE (2004) *Away from Violence. European Guidelines for Setting up and Running a Women's Refuge*, Vienna

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Following this introduction the trainer should acknowledge that there can be concerns about a focus on risk. The trainer can address these concerns by using the following question and answer format with the whole group.

Handout 1.5b, Some Important Questions

Why is a focus on risk helpful?

It can help us identify women who are at risk of repeat violence, serious injury or death, and cases where violence is escalating.

Does a focus on risk, especially on cases where there is a high risk of harm, mean we neglect others?

No. All victims are entitled to a service that meets their needs and the risks they are exposed to. It recognises that there are a range of services and interventions for victims. The focus on high risk emphasises the increased co-ordination and level of service required for victims at high risk of serious harm, and seeks to match services to the individual victim's needs and the risks they are exposed to. It also recognises that risk can fluctuate and change over time, and a change in circumstances can result in a low risk case becoming high risk thus requiring a different response.

Can we predict risk accurately enough in domestic violence cases?

Risk prediction is difficult and is not an exact science. Over time risk assessment tools have been developed, and there is general acceptance about the key risk factors for domestic violence, including for those victims at high risk of serious harm (see Module Two, Section 2.2 for these risk factors). These learning materials emphasise risk assessment rather than prediction, we cannot necessarily predict what perpetrators will do. The focus here is on risk assessment with the victim, where cases and situations are thoroughly assessed and relevant and effective safety management plans are developed (see Module Two).

> ***What does a focus on risk help us to do?***
>
> It can help us to match the best interventions to the issues, difficulties and problems of the case. In complex cases co-ordinated responses across a range of agencies working in partnership can have real benefit. It can provide a holistic approach with women at the centre, and can help to provide an effective service to women and children at risk of harm.

> ***Is risk assessment a goal in itself?***
>
> No, as mentioned before, risk assessment is only the start, it has to be matched with effective safety management. (see section 2.4 in Module 2).

Following this the trainer should move onto the main activity of this section.

Activity 1.5, Thinking about Risk and Safety

Resources Needed

Power point, flipchart and pens, handouts and slides from this section.

Aim of the Activity

The activity aims to help participants to think about risk, and to recognise that many of them will be carrying out implicit risk assessments in many aspects of their working life, including when working with victims of domestic violence.

Timings

This activity will take 60 minutes to deliver.

Presentation/Input

The trainer reminds participants of the Handout 1.5a, 'A risk led approach', and points out how a focus on risk and risk assessments is often implicit- they are often doing it anyway but not calling it that.

Participant Instructions

Using Handout 1.5c participants should be asked to think about their own work, and how often they are actually assessing risk, and what decisions they make based on those assessments? This will help participants to recognise that they do often use the idea of risk to make decisions.

Handout 1.5c, Thinking About Risk

1. Think about your work life and the decisions you usually make. How many of these decisions are 'implicit' risk decisions?

2. How do you currently do risk assessments?

3. How accurate do you think these risk assessments are?

4. What decisions do you base on risk assessments?

5. How good do you think these decisions are?

6. How do you currently do safety planning? Do you match it with the risk assessment and how?

And now:

7. How would you and your agency benefit from more explicit, reliable and accurate risk assessments?

8. How would interventions to victims be improved if you adopted a risk led approach?

Feedback Guidance

Take a small amount of feedback on questions 1-5 as this should quickly illustrate that practitioners and managers are often engaged in implicit risk assessments. Participants will quickly recognise this, and to some extent the lack of rigour with which these assessments are carried out. Questions 6-8 encourage participants to think about why and how more reliable risk assessment can be developed and the benefits to victims. The trainer should

finish the session by listing the benefits to victims on the flipchart. The trainer can also add the following if required:

Handout 1.5d, The Benefits of a Improved Risk Focus for Victims

- More appropriate responses to deteriorating situations and escalating violence.

- A better matching of safety plans to the level and nature of risk.

- Co-ordinated responses from a range of agencies to complex cases.

- Improved safety planning and increased protection for women and their children.

This concludes Module One.

To recap, Module One has covered:

- Key knowledge on the issue of domestic violence.

- Differing starting points and how to start to think about the issue.

- How to build shared understandings across agencies and organisations.

- Key definitions and terms.

- Principles of engagement, empowerment and support.

- The importance and benefits of a victim centred approach.

- The importance of a partnership approach and first steps in working together.

- Developing a common approach to risk.

Module Two will focus on:

- Good practice in the assessment of risk and safety planning for women victims of violence- specifically the module focuses on:

- Good practice in risk identification and the use of risk factors.

- Best practice in safety planning.

- Principles of effective multi agency case conferencing.

Now go to Module Two.

MODULE 2

Introduction to Module 2

This module focuses on the practices, systems and processes that can make partnership work happen, and improve risk assessment and safety management. In particular the module looks at:

- What agencies need to do- the critical requirements for effective safety management.

- The key processes and systems to make multi-agency case conferencing work.

- How to identify risk factors in domestic violence cases.

- How to guide professional judgement towards best practice and improve risk assessment.

- Best practice in safety management planning and delivery.

The module can be used in three ways:

- To help senior managers review the 'fitness' for purpose of their agency and staff to deliver high quality risk assessments and safety management to women at high risk of harm.

- To help senior managers build the systems and processes required for partnership work, and particularly for multi-agency case conferencing.

- To help agencies to train their staff and to improve frontline service delivery to women at high risk of harm.

2.1 Establishing Effective Agency Frameworks for Risk Assessment and Safety Management

Aims

The aim of this section is to encourage participants to consider good agency practice in managing risk assessment and safety management processes and how positive changes might be facilitated.

Introduction

An active management of interventions at an organisational level is required in order to be effective in the prevention of violence against women and their children. This section will examine how agencies can establish effective frameworks for good practice in risk assessment and safety management.

Key learning points

Two elements are of central importance in the prevention of violence and as prerequisites for effective multi-agency work and case conferencing:

- Clear guidelines and policies within agencies on how to deal with the problem of violence against women and domestic violence. Effective management structures and procedures for risk assessment and safety management.

- The provision of adequate support services for all women victims of violence and their children.

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1. **Clear policies and good practice in agency frameworks for risk assessment and the safety management of women victims of violence.**

Good practice in assessing and managing the risk of violence against women and ensuring the safety of both them and their children is characterised in agencies by the development of clear policies and procedural guidelines. This includes the clear identification of responsibilities, effective structures and processes which focus on the needs of victims, prioritising their safety and the prevention of further violence towards them.

Good Practice Examples

In several countries agencies have developed specialised units to deal with violence against women in order to improve the response to the issue and be more effective in the protection of victims.[32] Examples include domestic violence police units in Spain and the United Kingdom, where there are also specialised domestic violence courts and specialised criminal prosecutors in Germany and Austria.

In Spain the police have developed an integral monitoring system for cases of Gender-Based Violence (GBV System) to systematically assess risk situations and to provide appropriate interventions to lower the risk and to protect victims. An initial assessment is carried out when the violence is first reported to the police and is then repeated within a specific time frame according to the level of risk (within 72 hours for situations of extreme risk, 7 days for high risk, 30 days for medium risk and 60 days for low risk situations). Protective measures to manage the risk and provide safety may include, amongst others, intensive police monitoring and surveillance, protective orders issued immediately by specialised courts, electronic protection systems for victims and electronic monitoring for perpetrators.[33]

Activity 2.1a

Resources Needed

Flip chart, pens, if possible a projector and power point slides, and the Handout 2.1a and Handout 2.1b. The method of delivery is a mixture of small group work, a discussion of the presentation with questions and answers.

Timing

This activity will take approximately 120 minutes to deliver.

Aim of the Activity

The activity aims to encourage participants to reflect on what constitutes good agency practice in the assessment of risk and safety management of victims, with an exchange of experiences. Senior managers in particular should be encouraged to consider a more systematic approach to safety management by ensuring that clear organisational polices and

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[32] PROTECT I Expert Group Meeting (2010) "Good practice in preventing serious violence and protecting high risk victims", 26th of May 2010, Madrid.

[33] Ibid.

procedures are in place, with all staff being fully appraised of their roles and responsibilities. Sections 2.2 and 2.3 of these learning materials will then explore the finer details of risk assessment and safety management processes in more depth.

Presentation/Input

The trainer introduces participants to the concept of good practice in agency policy development and practice as detailed in Handout 2.1a. The trainer explains that these elements have been identified as good practice in managing risk assessment and safety management by agencies concerned with the support of victims and the prevention of violence against women.

Handout 2.1a, Key Features of Good Practice in an Agency Response to Managing the Risk and Safety of Women Victims of Violence

1. Clearly written agency policies and guidelines on how to deal with violence against women and domestic violence. The effective implementation and regular evaluation of such guidelines (including feedback from survivors).

2. Specialist units or staff within the agency, developing expertise and experience in addressing the issue.

3. Established procedures to identify cases of repeat and severe violence, which are consistently applied to ensure all cases are appropriately handled.

4. Risk assessment and safety planning which actively involves all victims as a standard procedure (Sections 2.2 and 2.3 of these learning materials examine this in more depth).

5. Measures to ensure that the victim's safety is guaranteed when they attend the agency, engage with its staff. (Is it guaranteed that victims can arrive, stay and leave the premises where meetings are held safely?)

6. Safety measures are in place to ensure agency staff are able to engage in their work safely too. (A safety plan for the agency).

7. Reviews of cases of extreme violence, femicide and attempted femicide are routinely held by the agency in order to identify deficits in practice and areas for improvement and policies and procedures are adapted accordingly.

8. Agencies engage in multi-agency partnerships to deal with risk and safety management. (Section 2.5 examines this point in more detail.)

Participant Instructions

The trainer asks the participants to form groups and allocates 2–3 of the above described elements of good practice to each group. If the training session devised is also to include Sections 2.2 and 2.3 (Risk assessment and safety planning with victims) then point 4 should not be addressed in this particular activity. Similarly if Section 2.5 is also to be undertaken then point 8 does not need to be included here.

Participants should consider the questions noted at the top of Handout 2.1b and use the worksheet to record the results of their discussion.

Each group is asked to feedback their answers and the trainer facilitates a short discussion on each point in the group. Participants should leave the session with ideas on how to implement some of these good practice elements within their own agency.

Handout 2.1b, Worksheet for Participants

Consider the elements of good practice in risk and safety management provided to you by the trainer.

Then consider the following questions:

- Do you have any examples, experience of this type of good practice and if so what is that experience?

- Can you give more detailed examples from your own agency or other agencies of this form of practice? (i.e. what does your written policy contain, how do you implement it; what measures do you have in place to guarantee the safety of victims coming to your agency; do you have a safety plan for your staff, what does it contain, …).

- What might be challenging, difficult when seeking to implement other areas of identified good practice?

- What steps could you take towards the implementation of some of the other areas of good practice?

		Examples, experience	Challenges	Steps towards implementation
1.	Written agency policies and guidelines			
2.	Specialist Units			
3.	Procedures to identify and handle repeat and severe cases			
4.	Risk assessment and safety planning actively involves survivors			
5.	Ensuring Victims safety in contact with agency			
6.	Measures in place for staff safety			
7.	Case review informs policy and practice development			
8.	Engaged in multi agency working			

2. The provision of an adequate number of quality women's support services.

Research and practice have shown that the support of women survivors of violence and their children by independent women's support services is a crucial element of prevention.[34] The Council of Europe Convention 2011 speaks of the necessity to "provide or arrange for specialist women's support services to all women victims of violence and their children."[35]

The representational and advocacy support of all survivors by an independent women's support service in multi-agency partnerships is also a central principle of a victim centred approach. Thus multi-agency partnerships should be aiming to ensure that there is an adequate provision of women's support services, accessible across their region, able to respond to a diverse range of needs.

Activity 2.1b

Resources Needed

Handout 2.1c

Timings

This activity will take approximately 60 minutes to deliver.

Aim of the Activity

To encourage participants to consider which women's support services exist in their region and what gaps there might be in service provision.

Presentation/Input

The trainer addresses the issue of the importance of independent women's support services as a prerequisite for multi-agency cooperation and presents the Council of Europe minimum standards for specialised women's support services as an example (Handout 2.1c).

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[34] Hanmer, J., Gloor, D., Meier, H. et al.(2006) *Agencies and evaluation of good practice: domestic violence, rape and sexual assault*, Report within the Research Project CAHRV (Co-ordination Action on Human Rights Violations), funded by the European Commission's Sixth Framework Programme. Also: Robinson, A. (2009) *Independent Domestic Violence Advisors: A multisite process evaluation*, research funded by the UK Home Office, London; WAVE (2011) *PROTECT - Identifying and Protecting High Risk Victims of Gender Based Violence - an Overview*, Report of the DAPHNE Project, Vienna.

[35] Council of Europe (2011) Convention on preventing and combating violence against women and domestic violence, Article 22.

Participant Instructions

The trainer asks the participants to form small groups of 2-3, to discuss the questions provided on the handout relating to their own service provision.

Trainer's Note

With some minor adaptation a similar activity could also be carried out in relation to the content of Section 2.5 (Principles of effective multi-agency case conferencing).

Handout 2.1c, The Adequate Provision of Women's Support Services

The Council of Europe Convention 2011 requires state parties to set up one state-wide round-the-clock telephone helpline free of charge for women survivors of violence (Article 24).

In the explanatory report it is also recommended that:

- Safe accommodation in specialised women's shelters should be provided, available in every region, with one family place[36] per 10,000 head of population.

- Appropriate rape crisis or sexual violence referral centres have to be set up for survivors and it is recommended that one such centre should be available per every 200,000 inhabitants.

Council of Europe (2011): Convention on preventing and combating violence against women and domestic violence, Article 23, 24, 25 and explanatory memorandum.

In small groups, discuss the following:

- Which women's support services are available in your region?

- What gaps might there be in service provision?

- What could you do together in multi-agency partnerships to assist in closing any existing gaps in service provision?

Note your responses down on a flip chart and be prepared to present your ideas to the larger group.

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[36] Family place = one place/bed per women and her children.

Feedback Guidance

The trainer should encourage participants to take a problem solving approach to the activity. How might they network, share and combine resources to address some of the deficits identified? The trainer may also encourage participants to consider how they might take this forward and report back to their agency and multi-agency forums (where they have been established) about the action points they have highlighted which may serve to improve service provision.

2.2 Identifying Risk and Risk Factors

The previous section focussed on agencies' performance and policies when dealing with violence against women and their children and more specifically how risk assessment and safety management should be a fully integrated part of all organisational policies. This section now moves to examine risk assessment processes in more detail, concerned with the individual survivor and the possible risk factors they face.

Aims

The aim of this section is to make participants aware of factors that pose a risk to survivors, to enable them to systematically collect relevant information to assess risk and to regard information on risk factors properly.

Introduction

Reviews of cases of severe violence and femicide reveal that information on risk factors is not always considered appropriately. As described in the introduction:

> *State agencies have a positive obligation to take preventive measures to protect an individual whose life is at risk; this 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".*
>
> European Court of Human Rights, Ruling Tomasic v. Croatia 2009, Para. 51

Domestic violence against women is typically a repetitive crime with the same victim and perpetrator, the seriousness of which tends to escalate over the course of a relationship.

By 'risk' in this context we mean the risk of victims experiencing serious harm, an escalation of violence or femicide. (For a fuller definition please refer to the Glossary.)

Risk Factors and Risk Assessment

Over the last ten to fifteen years, due to increasing concerns and awareness of the seriousness of issues of domestic violence and femicide, the work of practitioners, women's support services and academics has led to a more systematic identification of risk factors. As

research on risk factors has evolved, tools to aid risk assessment have been developed.[37] This has included risk indicators for those subject to the greatest and at times lethal levels of risk. This is based on an analysis of data on victims who have been killed or seriously harmed by an intimate partner or where a fatality has been narrowly avoided.[38, 39]

Before we look at risk factors in detail, it is important to review the state of our current knowledge on domestic violence risk factors.

As Kropp (2004) has noted: 'Properly applied, risk assessment can serve as a language for communicating our concerns about danger and the recommended steps for preventing violence' (p. 693).[40] The benefits of risk assessment are:

> • A common concern of agencies for the safety of victims and a common language for working together.
>
> • Consistent and more reliable practice.
>
> • It can reduce inefficient and prejudicial responses.
>
> • Aid safety planning and empowerment of victims.
>
> • Aid reduction and prevention of risk.
>
> 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.

There are however, important limits to our knowledge base on risk factors for domestic violence against women.

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[37] For a short description of the instruments see the literature review in the PROTECT I report: WAVE 2011.

[38] Campbell, J. C., Webster, D. W. and Glass, N. (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.

[39] Echeburua, E., Fernandez-Montalvo,J., de Corral, P. and Lopez-Goňi, J. (2009):Assessing Risk Markers in Intimate Partner Femicide and Severe Violence. *Journal of Interpersonal Violence*, Vol. 24, No.6, Sage Publications, pp.925-939.

[40] Kropp, P. R. (2004) Some questions regarding spousal assault risk assessment. *Violence Against Women*, 10 (6) 676-697.

Limits to our knowledge can be summed up as:

> - There is both practice and research ambiguity with the term 'risk'. It can be difficult for studies to identify what specific risk factors relate to which outcomes - emotional harm, injury, severe injury, or death.
>
> - It can be difficult to establish how risk factors interact, and whether interaction can exacerbate risk and lead to specific outcomes.
>
> - Research has not been able to give different weight or significance to differing risk factors. Some risk factors are more important than others, but we do not always know which.
>
> - Some risk factors have been deduced retrospectively from homicide/femicide reviews. It is not clear how transferable these risk factors are to a wider pool of potential victims or to different countries and regions.
>
> 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.

As also stated in Section 1.5, the aim is not to predict risk, but rather to assess it in order to provide adequate safety measures and protection to victims.[41] In other words, the aim is for practitioners to carry out 'structured professional assessments' using helpful guidance, well supported risk factors, and knowledge grounded in the evidence to assess the situation and provide measures to prevent escalation or repeat victimisation. Checklists do not provide a definitive assessment of risk. Rather they structure and guide professional assessment, they help practitioners to focus on the 'right things', and prompt further questioning and an investigative approach to risk.[42]

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[41] Douglas, K. S. and Kropp, R. (2002) A prevention based paradigm for violence risk assessment. Clinical and research applications. *Criminal Justice and Behaviour,* 26: pp 617-658.

Humphreys, C., Thiara, R., Regan, L., Lovett, J., Kennedy, L. and Gibson, A. (2005) *Prevention not prediction? A preliminary evaluation of the Metropolitan Police Domestic Violence Risk Assessment Model (SPECCS).* Centre for the Study of Safety and Wellbeing, University of Warwick and Child and Woman Abuse Study Unit, London Metropolitan University, London, p. 17.

[42] Kemshall, H. (1998) Defensible Decisions for Risk: Or It's the Doers Wot Get the Blame. *Probation Journal,* June issue, 45 (2) 67-72. London: SAGE.

'Structured' professional assessment should take into consideration:

- Practitioners may have good reason to believe that a woman cannot disclose all information to them. This could reflect extreme levels of fear, cultural barriers to disclosure, immigration issues or language barriers particularly in cases of 'honour'-based violence. In these circumstances a practitioner may conclude that the checklist is incomplete or leading to a lower risk score, and may over-ride the risk tool with their professional judgement.[43]

- Professional assessment should only be used to upgrade risk. Practitioners should not downgrade a risk based on their professional assessment. Remember risk can escalate, and initial judgements may be underpinned by inadequate information, or poor knowledge. Initial impressions can often be wrong. A lack of information does not necessarily mean lack of risk.

- With training and guidance practitioner judgement can achieve greater congruence (agreement) with key factors.[44]

- Finally, risk assessment should be an ongoing process which is also subject to regular review, reassessment and change.

The following part of the materials will look at known risk factors in cases of domestic violence against women. The list of risk factors (see Handout 2.2a) draws from the work of practitioners and research. It indicates the type of information that has been used as a framework to gather information about risk factors more systematically, to identify risk and to take appropriate actions.

Activity 2.2

Resources Needed

Slide Figure 2.2. The five categories of risk which illustrates the commonly recognised risk factors in domestic violence against women.

Activity Handouts 2.2a The evidence base for risk assessment and Handout 2.2b the case study of Maria and Walter.

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[43] CAADA (2012) *MARAC Guidance*. DASH Checklist. As accessed from
http://www.caada.org.uk/marac/RIC_for_MARAC.html on 2/3/12

[44] Robinson, A. and Howarth, E. (2011) Judging Risk: Determinants in British Domestic Violence Cases, *Journal of Interpersonal Violence*.

Timings

This activity will take 1 hour, 30 minutes to deliver.

Aim of the Activity

To introduce the known risk factors in domestic violence against women.

Presentation/Input

The activity commences with an input on the commonly recognised risk factors in domestic violence against women, using Figure 2.2 as a visual representation of this.

Handout 2.3a shows a list of those factors that practitioners should examine, preferably together with the victim when assessing the risk. Risk factors rarely occur in isolation. They are often inter-connected, and sometimes they exacerbate each other. Practitioners need to be alert to the **range and type** of risk factors in cases and how they might relate to each other. Whilst each of these factors may or may not mean anything on their own, when they are experienced as part of domestic violence, in combination with others on the list, they may indicate that someone is at high risk of significant harm or femicide. If practitioners are aware of these risk factors, they can try to identify them with the women they work with and take safety actions to address the risks and improve the safety of these women and children. It is also important to note that drug and alcohol, economic stress or mental health problems are not a risk factor in themselves and single direct correlations should not be made, they only become one in combination with violent behaviour.

> **Key Learning Point**
>
> Whilst some of the risk factors discussed here relate to social issues this list is not designed to present any stereotypical presentation of a typical victim or perpetrator of domestic violence. Victims of domestic violence are present across all social groups, age and lifestyle and the background of abusers is similarly diverse.

Participant Instructions

Trainers provide participants with a case study (or use the one attached) that includes known risk factors that relate to perpetrator behaviour and the risk of harm to a victim. Participants are asked to work in groups to consider what known risk factors are present in this case. Handout 2.2a is provided to assist participants to complete the table in Handout 2.2b.

Participants should consider the known risk factors outlined in the grid and their professional judgment.

Feedback Guidance

- What risk factors did participants identify?
- Do they have any concerns that are not captured?

Participants may add experiences from their own practice and this is a useful opportunity to share their own knowledge for the benefit of the whole group. To facilitate this discussion trainers may wish to ask:

- Do you recognise similar risk factors in your line of work?
- Are there any factors that surprise you?

At the end of the session the trainer should provide an in-put regarding more in-depth information about the risk factors on the list and about how information gathered on risk factors can be used.

As you will see in Section 2.3 of these materials these risk factors have been used to form risk identification tools which can structure a professional's view on the risk of victims of domestic violence.

Figure 2.2, The Five Categories of Risk in Domestic Violence

Handout 2.2a, List of Risk Factors

Triggers: Besides the following list of risk factors, practitioners have to note situations where there may be potential for escalation in violence. These situations might involve changes in a woman's situation, an escalation of perpetrators behaviour and potentially dangerous situations such as divorce dates and court hearings.

	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 the most common risk factor.[45, 46, 47, 48]

[45] 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, http://www.springerlink.com/content/n1716vh2852l3637/. 16.11.2010.

[46] 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.

[47] Snider, C., Webster, D., O´Sullivan, C. and 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 – 216, http://www.dangerassessment.org/uploads/Snider%20et%20al_%20Brief%20IPV%20Risk%20Assessment_SAEM_AEM_blinded%20doc.pdf, 16.11.2010.

[48] Campbell J C., Webster, D. W., Glass, N. (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.

2.	**Violence towards the children or other family members**	Frequently violence within the home will extend to other family members, including children. Initial concerns for 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) [49] There is some evidence that risk towards children who are experiencing violence is often not taken seriously.[50] 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.[51, 52] Violence outside of the family indicates a general tendency to use violence and can increase the risk to the woman victim and pose a risk to other people including practitioners.
4.	**Violation of protective orders**	Violations of protective orders (by police, criminal or civil courts), contact or non-contact orders, are associated with an increased risk of future violence.[53, 54]

[49] Paymar, M. and Barnes, G. (2004) *Countering Confusion about the Duluth Model* accessed on 29/2/12 from http://www.theduluthmodel.org/pdf/CounteringConfusion.pdf.

[50] Mullender, A., Hague, G., Imam, U. F., Kelly, L., Malos, E. & Regan, L. (2002) *Children's Perspectives on Domestic Violence*. London: Sage.

[51] 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.

[52] 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.

[53] Kropp, R. and Hart, St. (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/, 16.11.2010.

[54] Grann, M., Wedin, I. (2002) Risk Factors for Recidivism among Spousal Assault and Spousal Homicide Offenders. *Psychology, Crime & Law*, Vol. 8, No. 1, pp. 5-23.

II. Forms and patterns of violence		
5.	**Severity and frequency of violent acts**	An increasing severity and frequency of violent acts are one of most significant factors of severe and potentially lethal assaults.[55]
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.[56, 57, 58, 59, 60]
7.	**Controlling behaviour and isolation**	Controlling behaviour is perceived as a significant risk factor for repeated severe and potentially lethal violence.[61, 62, 63] Isolation is a common strategy of controlling and can take on severe forms like deprivation of liberty (locking women up).

[55] Snider, C., Webster, D., O´Sullivan, C. and 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_blinded%20doc.pdf, 16.11.2010.

[56] Snider, C., Webster, D., O´Sullivan, C. and 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_blinded%20doc.pdf, 16.11.2010.
Echeburua E, Fernandez-Montalvo J, de Corral P, Lopez-Goňi J (2009):Assessing Risk Markers in Intimate Partner Femicide and Severe Violence. *Journal of Interpersonal Violence*, Vol. 24, No.6, Sage Publications, pp. 925-939.

[57] Humphreys, C., Thiara, R., Regan, L., Lovett, J., Kennedy, L. and Gibson, A. (2005) *Prevention not prediction? A preliminary evaluation of the Metropolitan Police Domestic Violence Risk Assessment Model (SPECCS).* Centre for the Study of Safety and Wellbeing, University of Warwick and Child and Woman Abuse Study Unit, London Metropolitan University, London.

[58] Echeburua E, Fernandez-Montalvo J, de Corral P, Lopez-Goňi J (2009):Assessing Risk Markers in Intimate Partner Femicide and Severe Violence. *Journal of Interpersonal Violence*, Vol. 24, No.6, Sage Publications, pp.925-939.

[59] Campbell J C., Webster D W., Koziol-McLain, J., Block Carolyn, R., Campbell, D., CurryMarry, A., Gary, F., Glass, N., McFarlane, J., Sachs, C., Sharps, P., Ulrich, Y., Wilt, S., Manganello, J., Xu, X., Schollenberger, J., Frye, V., and Laughon, K. (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.

[60] Bailey, J., Kellerman, A., Somes, G., Banton, J., Rivara, F., Rushford, N. (1997):Risk factors for violent death of women in the home. *Archives of Internal Medicine*, Vol. 157, No.7, pp. 777-782.

[61] 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.

[62] Humphreys C, Thiara R, Regan L, Lovett J, Kennedy L, Gibson A (2005) *Prevention not prediction? A preliminary evaluation of the Metropolitan Police Domestic Violence Risk Assessment Model(SPECCS).* Centre for the Study of Safety and Wellbeing, University of Warwick and Child and Woman Abuse Study Unit, London Metropolitan University, London.

[63] Echeburua E, Fernandez-Montalvo J, de Corral P Lopez-Goňi J (2009) Assessing Risk Markers in Intimate Partner Femicide and Severe Violence, *Journal of Interpersonal Violence*, Vol. 24, No.6, Sage Publications, pp.925-939.

8.	**Stalking**	Stalking is related to lethal and serious violence against women, and coupled with physical assault, is significantly associated with murder and attempted murder.[64]
9.	**Sexual violence**	Sexual violence is commonly experienced as part of domestic violence against women.[65] Women who are sexually assaulted are more likely to be subjected to more serious injury and serial abuse in domestic violence.[66]
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.[67]
11.	**Strangulation and choking**	Strangulation and choking are very dangerous forms of violence; approximately half of victims of femicide face a strangulation attempt in the year before their death.[68, 69, 70]

[64] McFarlane JM, Campbell J, Wilt S, Sach C, Ulrich Y and Xu X (1999) Stalking and Intimate Partner Femicide, *Homicide Studies* November 1999 vol. 3 no. 4 300-316

[65] Howarth, E., Stimpson, L., Barran, D. and Robinson, A (2009) Safety in Numbers: A Multi-Site Evaluation of Independent domestic Violence Advisor Services, London

[66] Humphreys C, Thiara R, Regan L, Lovett Jo, Kennedy L, Gibson A (2005) *Prevention not prediction? A preliminary evaluation of the Metropolitan Police Domestic Violence Risk Assessment Model(SPECCS).* Centre for the Study of Safety and Wellbeing, University of Warwick and Child and Woman Abuse Study Unit, London Metropolitan University, London.

[67] Robinson, A (2010) Risk and intimate partner violence in H Kemshall and B Wilkinson (eds) *Good practice in risk assessment and risk management* (3rd Edition) London : Jessica Kingsley p123

[68] Glass, N., Laughon, K., Campbell, J. C., Block, R. B., Hanson, G., & Sharps, P.S. (2008) Strangulation is an important risk factor for attempted and completed femicides. *Journal of Emergency Medicine*, 35, 329-335.

[69] Block, C. R., Devitt, C. O., Fonda, D., Fugate, M., Martin, C., McFarlane, J., 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.

[70] 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_blinded%20doc.pdf, 16.11.2010.

		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 femicide and more severe violence.[71, 72]
13.	**Possessiveness, extreme jealousy and other forms of harmful attitudes**	Extreme jealousy and possessiveness are also associated with severe violence.[73, 74] In addition, patriarchal attitudes of perpetrators, such as very rigid concepts of male or family honour and a sense of ownership of women can impact risk.[75, 76]
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 the perpetrator's poor mental health are risk factors for femicide-suicide cases. In 32% cases of femicide the perpetrator committed suicide afterwards.[77, 78, 79]

[71] 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.

[72] Bailey J, Kellerman A, Somes G, Banton J, Rivara F, Rushford N (1997):Risk factors for violent death of women in the home, *Archives of Internal Medicine*, Vol. 157, No.7, pp. 777-782.

[73] 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.

[74] 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 – 216, http://www.dangerassessment.org/uploads/Snider%20et%20al_%20Brief%20IPV%20Risk%20Assessment_SAEM_AEM_blinded%20doc.pdf, 16.11.2010.

[75] Dutton DG & Knopp R P (2000) A review of domestic violence risk instruments in Trauma, Violence and Abuse. Vol 1 No.2.

[76] Hilton NZ, Harris GT and Rice ME (2001) Predicting Violence by serious wife assaulters. *Journal of Inter Personal Violence*. Vol 16 No 5 pp 408-423

[77] K Randall, 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/, 16.11.2010.

[78] Regan L, Kelly L, Morris and Dibb, E (2007) If Only We'd Known: An exploratory Study of Severe Intimate Partner Homicides in Engleshire. CWASU. London Metropolitan University

[79] Campbell J C., Webster D W., Koziol-McLain J, Block C R, Campbell D, Curry M A, Gary F, Glass N, McFarlane J, Sachs C, Sharps P, Ulrich Y, Wilt S, Manganello J, Xu X, Schollenberger J, Frye V, and Laughon K (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.

15.	**Economic Stress**	Changes in the perpetrator's financial status and unemployment are strong risk factors in femicide cases related to domestic violence and link to concepts of masculinity and gender roles.[80]
	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.[81, 82, 83, 84, 85]
	V. Aggravating factors	
17.	**Separation**	Separation is commonly understood as a significant risk factor for severe harm or femicide.[86]
18.	**Child contact**	Conflict in relation to child contact is common following separation and often poses a risk for repeat violence for both women and children.[87]

[80] Campbell J C, Webster D W., Glass N (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.

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

[82] Weisz, A., Tolman, R. & Saunders, D. G. (2000). Assessing the risk of severe domestic violence. Journal of Interpersonal Violence 15 (1),75-90.

[83] Gondolf, E. W., & Heckert, D. A. (2003). Determinants of women's perceptions of risk in battering relationships. Violence & Victims 18 (4):371-386, 2003.

[84] Heckert, D. A., & Gondolf, E. W. (2004). Battered women's perceptions of risk versus risk factors and instruments in predicting repeat reassault. Journal of Interpersonal Violence 19 (7), 778-800.

[85] Campbell J C., Webster D W., Koziol-McLain J, Block C R, Campbell D, Curry M A, Gary F, Glass N, McFarlane J, Sachs C, Sharps P, Ulrich Y, Wilt S, Manganello J, Xu X, Schollenberger J, Frye V, and Laughon K (2003):Risk Factors for Femicide in Abusive Relationships: Results From a Multisite Case Control Study, American Journal ofPublic Health, Vol. 93, No.7, pp. 1089-1097.

[86] 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, 195-214.

[87] Ibid

19.	Step child living in the family	Risks factors of intimate partner femicide include perpetrator's stepchild(-ren) living in the home.[88]
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.[89, 90, 91, 92, 93, 94]

The above list contains the risk factors most commonly listed in risk identification tools and are supported by empirical research. Recognition of the existence of these risk factors provides an effective starting point for professionals to begin to explore risk with women experiencing domestic violence. However, there are other issues that will impact the risk and experiences of these women. These issues will include but are not limited to:

- A lack of measures to protect victims such as a shortage of shelters, limited legal options or ineffective implementation of the law.[95]

- Women's diverse needs may impact upon their ability to seek help or impede their access to services. These needs may relate to physical disability, mental health needs and learning disabilities.

- Migrant, refuge or minority ethnic women might face an increased risk of violence and negative effects 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

[88] Campbell J C., Webster D W., Koziol-McLain J, Block C R, Campbell D, Curry M A, Gary F, Glass N, McFarlane J, Sachs C, Sharps P, Ulrich Y, Wilt S, Manganello J, Xu X, Schollenberger J, Frye V, and Laughon K (2003):Risk Factors for Femicide in Abusive Relationships: Results From a Multisite Case Control Study, American Journal ofPublic Health, Vol. 93, No.7, pp. 1089-1097.

[89] Humphreys C, Thiara R, Regan L, Lovett J, Kennedy L, Gibson A (2005): Prevention not prediction? A preliminary evaluation of the Metropolitan Police Domestic Violence Risk Assessment Model(SPECCS). Centre for the Study of Safety and Wellbeing, University of Warwick and Child and Woman Abuse Study Unit, London Metropolitan University, London.

[90] 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_blinded%20doc.pdf, 16.11.2010.

[91] 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)

[92] Lewis, G, and Drife, J (2005) Why Mothers Die 2000-2002: Report on confidential enquiries into maternal deaths in the United Kingdom (CEMACH).

[93] McWilliams, M. and McKiernan, J. (1993) Bringing it out into the open

[94] Gelles, R. J. (1988). Violence and pregnancy: are pregnant women at greater risk of abuse. J. Marriage Fam. 50, 841.

[95] See for instance the two cases of violation of women's human rights to protection: United Nations Committee on the Elimination of Discrimination against Women (CEDAW), 2007. Views on communication No. 5/2005 (CEDAW/C/39/D/5/2005) and No. 6/2005 (CEDAW/C/39/D/6/2005). New York

a residence status depending on the violent partner or a lack of recourse to public funds. Women with an insecure residence status or undocumented women also often face the problem of having limited or no access to services such as shelters.[96]

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 be further obstacles to seeking help. Migrant and minority ethnic women victims of violence may also experience abuse at the hands of other family members (so called 'honour' crimes) which makes it even more difficult for women to leave the violent partner.[97]

Thus it is very important that migrant refuge and ethnic minority women receive adequate help by specialised women's support services and these services are actively participating in multi-agency partnerships.

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[96] Logar, R (2011): Violence against women: a social and political problem throughout Europe, in: Thiara, Ravi. K. / Schröttle, Monika/ Condon, Stephanie (Ed.): Violence against Women and Ethnicity: Commonalities Commonalities and Differences across Europe, Barbara Budrich Pubishers: Leverkusen

[97] Howarth, E., Stimpson, L., Barran, D. and Robinson, A (2009) Safety in Numbers: A Multi-Site Evaluation of Independent domestic Violence Advisor Services, London

Handout 2.2b, Case Study

Maria and Walter have been married for ten years. Walter works as an accountant for a local hotel and Maria is a teacher. Maria has one child from a previous relationship and she and Walter have two children together. Walter is known to the Police as he was prosecuted for assaulting an ex-partner. Walter has very strict rules about how the household should be run and insists that Maria does all of the household chores. Walter first assaulted Maria during her pregnancy; he slapped her to the face. Walter apologised for this assault but since then he has punched and kicked Maria and thrown household objects, including a china plate at her.

Maria hopes that if Walter gets help for his problems his behaviour will stop. She often makes excuses for his behaviour and thinks that if she behaved better Walter would not get so angry with her. At the same time she worries that Walter won't stop sometimes and is afraid of what he is capable of. Maria is planning to move out of the home that she shares with Walter as she thinks she needs some space for a while, she is worried about doing this though as she is also afraid of his reactions and has few friends and no supportive family (they do not approve of her marriage with Walter).

	History of violence	Forms and patterns of violence	Risk factors related to perpetrator behaviour	Victim's perception of risk	Aggravating factors
Visible risk factors					
Concerns raised under professional judgment					

2.3 Risk Assessment

Trainers Note

This section is closely linked with Section 2.4 (Safety planning). These two sections should always be delivered together as risk assessment must always be followed by safety planning.

Aims

This section considers how risk identification and assessment can be done safely and effectively with survivors.

Introduction

As described in Section 1.5 and Section 2.2 risk led practice which involves the identification of the known risks in domestic violence using a tool and the application of professional judgement is important in order to improve the protection and support provided to survivors of domestic violence. The identification of situations of high risk of harm should lead to intensified measures to ensure the victim's future safety. Participants may be reminded of the benefits of this approach as stated in Module one as follows:

Handout 2.3a, The Benefits of an Improved Risk Focus for Victims

- More appropriate responses to deteriorating situations and escalating violence.

- A better matching of safety plans to the level and nature of risk.

- Co-ordinated responses from a range of agencies to complex cases.

- Improved safety planning and increased protection for women and their children.

There are concerns, however, that this approach to working with victims of domestic violence may be misinterpreted and used ineffectively.[98, 99, 100] To address these concerns and ensure quality and effectiveness in of risk assessment, it is vital to keep in mind the following points:

- Risk assessment should not be used as 'rationing device' for resources, leaving all but the high-risk cases without an adequate service.

- Risk assessment tools should be used to facilitate a dialogue with a victim. They are an important aid to achieving effective risk assessment, not an end in themselves. Risk assessment is less effective where professionals rely solely on a risk assessment checklist and do not use their professional judgement and skills.[101] It is also important that any risk assessment processes and assessment tools used are systematically evaluated and monitored.[102]

- The quality and level of information collected during risk assessments has been shown to vary according to a specialist's expertise.[103] The untrained and inexperienced professional may fail to collect all of the required information and a lack of knowledge and skills may impact on the amount of disclosure made by the victim. Professionals need to understand why they are asking risk based questions. Therefore professionals need to be appropriately trained in the principles of a risk based approach and using risk assessment tools, providing them with the necessary knowledge, skills and confidence.

[98] Humphreys C, Thiara R, Regan L, Lovett J, Kennedy L, Gibson A (2005): Prevention not prediction? A preliminary evaluation of the Metropolitan Police Domestic Violence Risk Assessment Model(SPECCS). Centre for the Study of Safety and Wellbeing, University of Warwick and Child and Woman Abuse Study Unit, London Metropolitan University, London, p.17, see also Campbell J C., Webster D W., Koziol-McLain J, Block C R, Campbell D, Curry M A, Gary F, Glass N, McFarlane J, Sachs C, Sharps P, Ulrich Y, Wilt S, Manganello J, Xu X, Schollenberger J, Frye V, and Laughon K (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.

[99] Humphreys C, Thiara R, Regan L, Lovett J, Kennedy L, Gibson A (2005): Prevention not prediction? A preliminary evaluation of the Metropolitan Police Domestic Violence Risk Assessment Model (SPECCS). Centre for the Study of Safety and Wellbeing, University of Warwick and Child and Woman Abuse Study Unit, London Metropolitan University, London, p.17,

[100] Regan L, Kelly L, Morris and Dibb, E (2007) If Only We'd Known: An exploratory Study of Severe Intimate Partner Homicides in Engleshire. CWASU. London Metropolitan University.

[101] Robinson, A. (2011). Risk and Intimate Partner Violence. In: H. Kemshall and B. Wilkinson (eds.) Good Practice in Assessing Risk. London: Jessica Kingsley Publishers.

[102] Kropp, P. R. (2004) Some questions regarding spousal assault risk assessment. Violence Against Women, 10 (6) 676-697

[103] Robinson, A. (2011). Risk and Intimate Partner Violence. In: H. Kemshall and B. Wilkinson (eds.) Good Practice in Assessing Risk. London: Jessica Kingsley Publishers.

> **Key learning points**
>
> - In domestic violence against women and their children there is always a risk of reoffending.
>
> - All survivors of violence are entitled to adequate protection and support, regardless of the level of risk. Survivors in situations where there is a high risk of harm from domestic violence will require intensive measures of protection and support at times. However, this should never lead to a denial of adequate protection and support to all victims of domestic violence.
>
> - Risk assessment should be carried out in close co-operation with the survivor and should always be accompanied by safety planning.
>
> - Adequate training and supervision of agency staff is required to carry out risk assessment and safety planning effectively.

The Process of Risk Assessment

Practitioners may have a range of resources available to them to assist in risk assessment. Risk factors can be identified using a risk assessment checklist which will prompt a professional to ask questions about risk factors. The victim's answers are recorded and can be rated to help the practitioner produce an estimation of the level of risk posed.

However, risk assessment tools are not accurate, predictive instruments and must be used with caution. The quality and depth of the information gathered is vital and therefore where a professional is experienced in work with victims of domestic violence their own expertise should be used to add to the information included in the tool. This is often referred to as using "professional judgement". This form of assessment relies heavily on the skill and experience of the practitioner in order to make an informed decision of likely risk. Those who have not been able to develop this skill should, wherever possible, involve specialist professionals.

Professional Judgement

What is professional judgement?

Professional judgement is where professionals use their own knowledge, experience and expertise to make a judgement about risk. These judgements can only be described as 'professional' if they are:

- Based on knowledge about the most accurate and useful risk factors.

- Based on good interviewing and information gathering techniques.

- Based on guidance and training.

Judgement is not professional when it relies on:

- Prejudices.

- Stereotypes.

- False beliefs.

- Unsound knowledge or unsound information.

Professionals have a responsibility to update their knowledge, improve their judgements, and take on board new guidance and training in order to maintain high standards of professional judgement.

Risk assessment checklists provide a tool for the systematic consideration of possible risk factors in cases of domestic violence and are most effective where they include a survivor's perception of risk and are completed using professional judgment.[104] An un-informed, mechanical reliance on an assessment tool or checklist alone can result in cases being inappropriately assessed as low risk and imminent dangers being overlooked.[105] A combined process of risk assessment involving risk identification and professional judgment can guide

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[104] Heckert, D.A., Gondolf, E. (2004) Battered women's perceptions of risk versus risk factors and instruments in predicting repeat reassault, Journal of Interpersonal Violence, Vol. 19, No. 7, Sage Publications, pp. 778-800.

[105] Campbell J C., Webster D W., Koziol-McLain J, Block C R, Campbell D, Curry M A, Gary F, Glass N, McFarlane J, Sachs C, Sharps P, Ulrich Y, Wilt S, Manganello J, Xu X, Schollenberger J, Frye V, and Laughon K (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

professionals to make defensible decisions about what actions to take to improve the victim's safety.

> **What are defensible decisions?**
>
> Defensible decisions are rooted in best practice, and ensure that good standards in decision making are achieved. To make a defensible decision practitioners must meet all of the following 10 steps:
>
> 1. Ensure decisions are grounded in evidence.
>
> 2. Use reliable risk assessment tools.
>
> 3. Collect, verify and thoroughly evaluate information.
>
> 4. Record and account for their decision making.
>
> 5. Communicate with relevant others and seek information they do not have.
>
> 6. Stay within agency policies and procedures.
>
> 7. Take all reasonable actions necessary.
>
> 8. Match risk interventions to the risk factors.
>
> 9. Provide services commensurate with the risk of harm.
>
> 10. Respond to escalating risk.[106]

As stated in Section 2.1 both risk assessment and safety management should be guided by clear agency policy and procedure and supportive management supervision. All agencies should be able to carry out basic risk assessments to assess the acute risk faced by a victim of domestic violence and address urgent requirements for improved safety.

Urgent requirements for improved safety can be identified by asking questions such as:

- Do you feel safe to return home?
- Would you like some help to find a safe place to stay?

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[106] Kemshall, H. (1998) Defensible Decisions for Risk: Or It's the Doers Wot Get the Blame. *Probation Journal*, June issue, 45 (2) 67-72. London: SAGE

- Are you injured?
- Do you need medical assistance?
- How can I contact you if we lose contact?

These questions will assist practitioners to identify the urgent service requirements of a victim of domestic violence. For more extensive risk assessment survivors should be referred to specialised women's support and domestic violence services, who will be able to carry out more comprehensive individual safety planning. (See Section 2.4).

Which Risk Assessment Tool to Use?

Practitioners may be aware of a number of different checklists and assessment tools which are currently used to assess risk.[107] Handout 2.3b provides a comparison of three risk assessment tools that are victim centred and reflect a victim's perception of risk.

Activity 2.3a

Resources Needed

Handout 2.3a and Handout 2.3b, examples for victim centred risk assessment tools.

Timings

45 minutes to 1 hour.

Aims of the Activity

This activity aims to familiarise participants with three different types of victim centred risk assessment tools and discuss their usefulness for their own agency in small groups.

Presentation/Input

The trainer asks participants a series of questions to facilitate a discussion around using risk assessment tools in practice.

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[107] For overview of different risk assessment tools see Protect I final report http://www.wave-network.org/start.asp?ID=23494&b=15.

- **What should they consider as they look for a risk checklist to use in their own area?**

Participant answers should be guided by the trainer to consider and include:

- The tool should be evidence based and highlight key known risk factors similar to those identified and examined in the information provided in Section 2.2.
- The tool includes opportunities to record professional judgement and visible risk factors.
- The tool can be used across agencies.
- The tool can lead to identifying the appropriate resources required for women.
- They have given some thought as to how the risk assessment tool will be used in practice (who will use it and when)?

- **Who could they work with to progress the adoption of a risk assessment tool?**

Participant answers should be guided by the trainer to consider and include:

- Establishing contact with academic researchers (if appropriate in the region), court officials and other professionals (such as police, health, probation) who are likely to have access to local data and knowledge of the prevalence and seriousness of domestic violence, including femicide.
- All key agencies working with women victims of domestic violence.
- Specialist agencies supporting women victims of domestic violence.

- **Where will they start the process of locating a tool?**

Participant answers should be guided by the trainer to consider and include:

- Ask other agencies in their area if they already use a tool. Is an evaluation of its effectiveness available?
- Consider what tools are in use across Europe and their evaluated effectiveness.
- Bring together other agencies who may also want to begin risk led practice, so that one tool is adopted and can be used consistently.

The trainer then completes the discussion by using the information and references in Handout 2.3b to discuss the use of assessment tools and the variety of approaches available, their strengths and weaknesses. Again it should be emphasised that they should be utilised to assist a practitioner, but not as a substitute for professional expertise and judgement.

Handout 2.3b, Examples of Victim Centred Risk Assessment Tools

Method	Description	Administration	Primary intended use
Danger Assessment (DA)[108]	20 yes/no questions about risk factors which are weighted and result in four levels of risk. Review of past year with a calendar to document severity and frequency of battering.	Interview with the victim, usually by victim advocate. Filling out the calendar, also with a victim advocate.	Assessing the risk of extreme dangerousness and lethal violence for victim education, awareness, safety planning and service provision.
Brief Risk Assessment for the Emergency Department[109]	Shortened version of DA that consists of 5 questions. A positive answer to any three questions has sensitivity for high risk of severe assault of 83%.	Interview with the victim by Emergency Department health care provider.	Instrument developed for Emergency Departments to identify victims at highest risk for suffering severe injury or potentially lethal assault.

[108] Campbell, J. C, Webster, D. W., Koziol-McLain, J., Block, C.R., Campbell, D., Curry, M.A., Gary, F., Glass, N., McFarlane, J., Sachs, C., Sharps, P., Ulrich, Y., Wilt, S., Manganello, J., Xu, X., Schollenberger, J., Frye, V., and Laughon, K. (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. http://www.dangerassessment.org/DATools.aspx.

[109] 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.

CAADA-DASH Checklist (CAADA = Coordinated Action against Domestic abuse, DASH = Domestic abuse Stalking and Harassment and Honour Based Violence) [110]	24 questions about risk factors. 10 yes responses is regarded as high risk whilst 14 or more 'yes' responses would normally meet the MARAC (Multi Agency Risk Assessment Conference) referral criteria. The tool allows space for practitioner's professional judgment.	Interview with the victim by any professional identifying domestic violence.	To help front line practitioners identify high risk cases of domestic abuse, stalking and so-called 'honour'-based violence. To decide which cases should be referred to MARAC and what other support might be required. To enable agencies to make defensible decisions based on the evidence from extensive research of cases.

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[110] CAADA (2011) *Domestic abuse Stalking and Harassment and Honour Based Violence (DASH)* is available at:
http://www.caada.org.uk/practitioner_resources/riskresources.htm.

Activity 2.3b

Resources Needed

Handout 2.3c; a good practice flowchart for risk assessment with women victims of domestic violence and Handout 2.3d; a victim satisfaction survey.

Timings

This activity will take 60 minutes to deliver.

Aims of the Activity

Participants are encouraged to consider how effective their current processes of risk assessment relating to domestic violence towards women are and how they might improve them.

Presentation/Input

Trainers should use Handout 2.3c to discuss good practice principles for risk assessment in cases of domestic violence against women.

Participants Instructions

Participants are provided with the Handout 2.3d and asked to think about how victims of domestic violence would rate the service they receive from the participant's agency based on their current practice. Trainers can use question 1 as an example as to how this activity is completed.

If a woman accessing their agency's service was asked whether she agreed or disagreed with the statement:

> *A risk assessment has just been completed with you. The reasons for a risk assessment were explained in detail and you knew why the questions were being asked.*

How do participants think the woman may respond?

Handout 2.3c, A Good Practice Flowchart for Risk Assessment with Women Victims of Domestic Violence

Safe setting

Inform survivors about the aim of the risk assessment and outline the agency confidentiality agreement.

Ask respectful, sensitive questions that demonstrate knowledge and competence around domestic violence. (Is there anyone who hurts you or that you are frightened off? Do you feel safe at home?)

Provide a safe, private environment where a woman can speak freely.

Consider and respect diversity.

Apply a systematic approach

Risk assessment should be guided by clear agency policy and procedure and supportive management supervision.

A risk assessment should be carried out with every victim, according to the policy of the agency (basic risk assessment in general services, in-depth risk assessment in specialised women's support services).

Gather effective information

Risk assessment should be carried out using a checklist together with the woman and with reference to the known risk factors in domestic violence against women.

It should also involve gathering appropriate information from several sources.

The woman will have a detailed understanding of her own situation and the safely management options most suited to her individual circumstances.

The woman should be believed and validated.

Practitioner's expert opinion

Professional judgement develops through experience of work with victims of domestic violence so general services should involve specialist professionals.

If you base your professional opinion on intuition only, you should be aware that this is very subjective. There is little evidence that intuitive decisions are consistent across professionals. (Hart, 2008)

Professional judgment should include consideration of the nature and severity of the last incident, the nature of potential injuries from the incident and the context and individual situation of the woman.

Safety planning

Safety management actions which minimise the risks the woman faces and improve her safety must be taken following risk assessment.

Those completing risk assessments must know what to do next and which agencies can assist the woman most effectively.

Where a multi agency response to domestic abuse is proposed, a risk identification checklist can form the basis of referrals to this forum.

As adapted from CAADA 2011.

Handout 2.3d, Victim Satisfaction Survey

---

1. A risk assessment has just been completed with you. The reasons for a risk assessment were explained in detail and you knew why the questions were being asked.

Strongly Disagree   *Strongly Agree*

1	2	3	4	5
☐	☐	☐	☐	☐

---

2. You were listened to, believed and treated respectfully by agency staff.

Strongly Disagree   *Strongly Agree*

1	2	3	4	5
☐	☐	☐	☐	☐

---

3. You were talked to in an environment which felt safe and where no disruptions occurred (phone calls, people coming in etc.).

Strongly Disagree   *Strongly Agree*

1	2	3	4	5
☐	☐	☐	☐	☐

---

4. You were made aware of the other lines of investigation which would be pursued and you were asked to give your consent before inquiries were made with other agencies.

Strongly Disagree   *Strongly Agree*

1	2	3	4	5
☐	☐	☐	☐	☐

5. Once the risk assessment was completed a safety plan for you and your children was developed jointly with you.

Strongly Disagree   *Strongly Agree*

1	2	3	4	5
☐	☐	☐	☐	☐

6. Your overall experience has left you feeling confident that staff at this agency are knowledgeable and competent and are best placed to support you in securing your safety and that of children.

Strongly Disagree   *Strongly Agree*

1	2	3	4	5
☐	☐	☐	☐	☐

Feedback Guidance

Some of the participants may be confident that all of their staff have already been trained in domestic violence, understand its dynamics of power and control and may therefore have assumed victims would strongly agree with many of the statements in the worksheet. Others may, however, have considered that no training has been available to staff that there are no private areas to talk confidentially in their service building and may have disagreed strongly with the majority of the statements. The trainer should facilitate a discussion with participants about how risk assessment and services to victims of domestic violence could be improved in their agency and how they can progress this after their training?

2.4   Safety Planning

Aims

In this section the process of safety planning will be explored and the core aspects of safety planning with women who are at high risk of domestic violence will be outlined. Section 2.4.1 then examines additional responsibilities in relation to strategies to safeguard children in situations of domestic violence.

> **Trainers Note**
>
> Risk assessment and safety planning are inextricably linked and this section should always follow Section 2.2 and Section 2.3 during a training event.

Introduction

Following an assessment of the level of risk of further harm, the next task of the practitioner is to enhance the safety of the woman by guiding her towards steps to reduce or minimise that risk. This is known as safety planning. Safety planning takes different forms and can include a wide range of activities and resources. It is important to remember that many victims of domestic violence will already have started safety planning for themselves and their children and may be using members of their social and family networks to support them.

> **Key Learning points**
>
> Safety planning involving practitioners is only effective when the woman herself is actively engaged. Safety planning can be undertaken by the woman and a single practitioner, or it may involve the woman and several agencies.
>
> Safety planning with the survivor involves highlighting steps she can take to enhance her safety.
>
> However 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 victims (see Section 2.1).

> Wherever possible safety planning with the survivor is the role of the specialist women's support service agencies but where these are not immediately available, all practitioners should have the knowledge and skills to begin addressing risks with actions that increase the safety of women at high risk.

For the purpose of learning in this section, core principles of safety planning are covered in general terms.

Activity 2.4a

Resources Needed

Handout 2.4a (The core aspects of safety planning).

Timings

This activity will take 30 minutes to deliver.

Aim of the Activity

To highlight and discuss the core aspects of safety planning.

Presentation/Input

The trainer introduces some core aspects of safety planning to the group using Handout 2.4a.

Handout 2.4a, The Core Aspects of Safety Planning

Safety plans should be:

Individualised

Comprehensive

Informed and guided by domestic violence support services

Woman centred

Open, approachable and sensitive

Responsive to issues of diversity

Confidential

Woman led
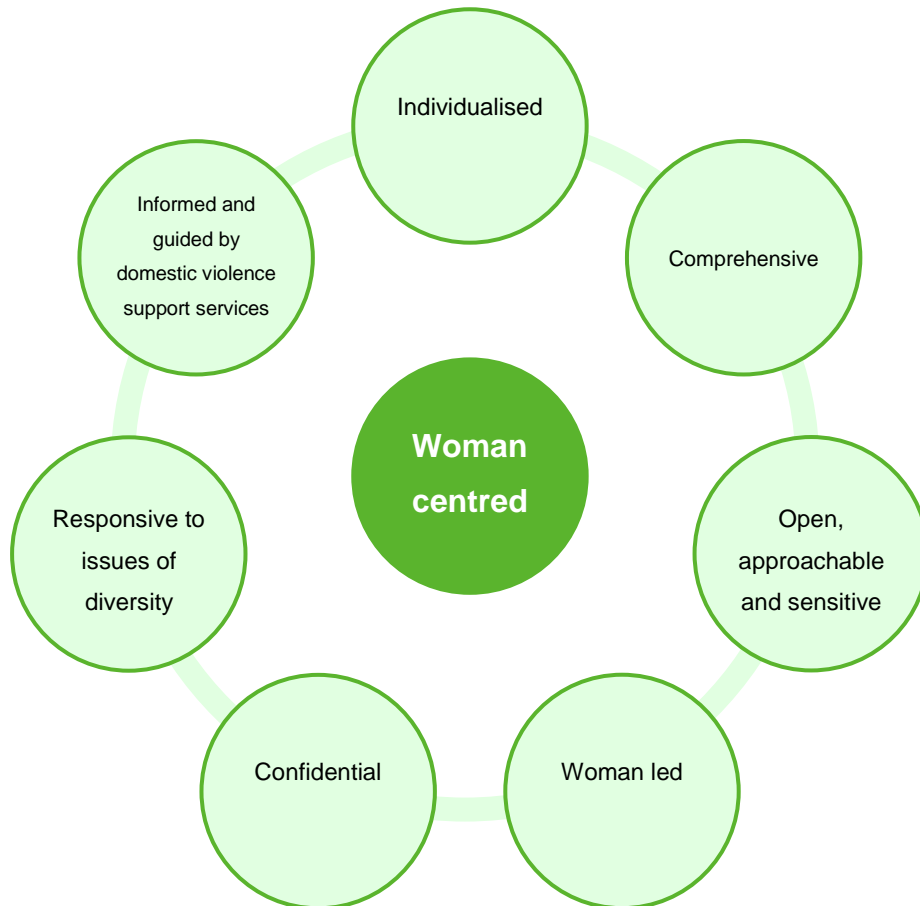
Participant Instructions

Using Handout 2.4, the trainer discusses the core aspects of safety planning with the group.

Safety plans should be:

Woman centred

A successful safety plan will be created with the woman at the heart of the process. Practitioners need to explore the woman's own fears and expectations, discuss what techniques she uses or has used in the past. The woman's ideas and strategies should be incorporated into the safety plan where it is safe to do so. Decisions not to do so should be transparent, with the woman being fully appraised of the reasons for this.

It is important that the process of safety planning is explained fully to the woman to avoid raising false expectations. The safety plan alone will not make the woman 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. Please see Section 1.3 of these materials for further information on a victim centred approach.

Individualised

Safety plans should be informed by a comprehensive risk assessment. Engaging the woman in a process of risk identification serves little purpose unless it is followed by the opportunity to engage with practitioners in the planning and implementation of strategies to reduce the risk of future harm. The resulting plan must be tailored to each woman's unique circumstances and every action proposed within that plan should be considered in light of the identified risks. This ensures all actions are relevant and, above all, safe. Failure to do so could potentially place the woman and her children at further risk.

Comprehensive

A safety planning tool can assist greatly in work with victims where there is a high risk of violence.[111] It encourages a systematic and methodical, ordered approach to the safety planning process. Without one, essential risk factors could be missed and the route to safety may be jeopardised. A basic safety planning tool is introduced at the end of this section.

Open, approachable and sensitive

Practitioners need to be open, approachable and sensitive in the way they work with a woman. They need to recognise that it may be very painful for her to disclose and talk about

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[111] See useful sources at the end of this section.

the violence she is suffering. It is important that the woman knows that she is not alone, that she is not responsible for the violence and that violence is never acceptable behaviour.

Woman led

Practitioners need to ask the woman what she needs and listen carefully. A woman may not be familiar with all the safety options available to her and practitioners may be required to explain opportunities to reduce risks clearly and fairly without making assumptions about which may be the most appropriate choices for the woman, ensuring she is empowered to consider these for herself.

The minimisation of risks by a victim is a familiar coping strategy and practitioners may need to help a woman fully understand the risks she is facing so that safety can genuinely be addressed. This is likely to be a difficult and challenging experience for the victim.

Confidential

Confidentiality is an important principle of a victim centred approach and practitioners need to be clear about its application and its limitations, particularly in relation to children's safety and also where there is an immediate risk of harm to the woman.

Information should be shared in accordance with national data protection legislation and protocols which will vary across Europe.

When the practitioner considers that they should share relevant and proportionate information with other agencies, it is important that wherever possible, if safe to do so, that this is explained fully to the woman and her consent is obtained.

Responsive to issues of diversity

Both risk assessment and safety plans need to consider the impact of diversity issues both on the commission of the violence and the risks posed and the victim's capacity to engage with safety planning strategies. This may include factors such as socio-economic status, age, race and ethnicity, religion, culture, immigration status, sexual orientation, mental health and disability. All of these factors, or a combination of them may affect how victims of domestic violence seek and receive support and information. If practitioners do not feel confident in any of these areas, it is important that advice is sought from services who specialise in the support of diverse groups, such as services for migrant and refugee women.

Informed and guided by domestic violence support services

Safety planning is the specialism of women's support services. Following completion of a risk assessment tool a specialist women's support agency should be involved to provide expert advice and safety planning options to a woman. However, all agencies should have knowledge of the key aspects of safety planning, and should apply safety and protective measures according to their obligations.

Activity 2.4b

Resources Needed

Case study Handout 2.2b from Section 2.2 and Handout 2.4b safety planning considerations.

Timings

This activity should take 60 minutes to complete.

Aim of the Activity

To provide an opportunity for participants to practice action planning based on visible risk factors in domestic violence against women and professional judgment.

Participant Instructions

The trainer asks participants to refer back to the case study used in Section 2.2. In that section the groups identified the risks faced by Maria. In this section they are being asked to consider what safety planning options are available to her to minimise these risks and increase her safety. Participants are also encouraged to think about actions that may improve the safety or wellbeing of the children and to consider those agencies that could be of assistance to Maria. Handout 2.4c is provided to prompt thinking on basic safety planning considerations.

Participants should consider all of the core aspects considered in Handout 2.4b.

Handout 2.4b, Safety Planning Considerations

Safety planning should address the risks identified during the risk assessment process, it also needs to consider the following areas:

- Safety in the dwelling of the victim(s) (safe doors, better locks).

- Safety of the children, safety measures to prevent abduction by the perpetrator, legal precautions for the safety of children.

- Safety at the workplace.

- Safety at other places (school, kindergarten)

- Safety when survivors continue to live together with the abusive partner.

- Safety when survivors leave the perpetrator (preparation for separation, safe shelter, pack a safety bag).

- Safety in dangerous situations (court hearings).

- Applications for legal protective measures, and strategies for their effective implementation and monitoring.

For more detailed safety planning options see *Away From Violence (WAVE 2004)[112]*

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[112] WAVE network (2004) Away From Violence: http://www.wave-network.org/images/doku/manual-druck_eng_pdf.pdf, p. 66-69 and 116 – 117.

Handout 2.4c, Safety Plan

List risk factors to be addressed	Agreed action	Who will do this?	By when?	Other comments

Feedback Guidance

Trainers should ask participants to feedback the actions they have considered to reduce the risks faced by Maria.

- What agencies did they involve, did they consider agencies that could assist the children or who might be working with Walter?
- How useful was it to complete a formal document for this process? Was it easy or difficult, what were the benefits, what were the challenges?
- Using the core aspects of safety planning discussed at the beginning of the session, how would they introduce this process to Maria?
- How could Maria be empowered throughout this process?
- How can participants incorporate the key aspects of safety planning in their own agencies?

Useful Sources for Section 2.4 Safety Planning

WAVE network (2004) *Away From Violence*: http://www.wave-network.org/images/doku/manual-druck_eng_pdf.pdf, pp. 66-69 and pp.116-117 (available also in: Czech, Estonian, Finnish, German, Greek, Hungarian, Italian, Lithuanian, Polish, Portuguese, Romanian, Serbo-Croatian, Slovak, Slovenian, Turkish).

WAVE network (2006) *Bridging Gaps - From Good intention to good cooperation*. Manual for effective multi-agency cooperation in tackling domestic violence. Vienna, p. 104 f.

WAVE network (2000): *Wave Training Programme On Combating Violence Against Women:* http://www.wave-network.org/images/doku/manual.pdf, p. 120-121.

2.4.1   Safe Guarding and Protecting Children

Aims

Introduction

When dealing with cases of domestic violence, all involved agencies should consider the impact that this behaviour has on children, in particular on their emotional development, and the risk of psychological or physical harm they may be exposed to.

Domestic Violence and the Impact on Children

Domestic violence is an important indicator of risk of harm to children.[113] Recent research has highlighted the long term and traumatic impact on a child of witnessing violence against their non-violent parent. Children who are present during the domestic violence are themselves victims of domestic violence. In addition, in households where there is domestic abuse there are often other kinds of child protection issues including physical and sexual abuse.

Kitzmann et al (2003)[114] in a meta-analysis of 118 studies found that:

- There was a significant association between exposure to domestic violence and child problems, with such children having significantly worse psychosocial outcomes compared to children who had not witnessed such violence.
- Children who had witnessed domestic violence had similar outcomes to children who had been physically abused.

> **What do children say about the impact of domestic violence on themselves?**
>
> A review by the National Society for the Prevention of Cruelty to Children (NSPCC) found that:
>
> Children are often more aware of problems than parents realise, but they do not always understand what is happening and why.

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[113] Hester, M. (2005) Issues of custody and access following violence in the home in Denmark and Britain.

[114] Kitzmann, K,M., Gayland, N.K., Holt, A. and Kenny, E. D. (2003). Child witnesses to domestic violence: a meta-analytic review. *Journal of Consultative Psychology*, 71 (2) 339-352.

Children whose parents have experienced domestic violence, substance misuse and, to a lesser extent, mental health problems report witnessing or experiencing violence themselves, sometimes very extreme.

Children worry about their parents more than may be recognised, particularly if they fear for their parents' safety.

Some children, particularly boys, will not talk to anyone about their problems and many children report coping by avoiding problems (emotionally or physically) or by distracting themselves.

Children mainly use informal support, and are most likely to talk to parents (more often mothers) or friends, siblings, extended family or pets.

Children do not know where to go to get formal help and rarely seek the help of professionals initially.

Experience of contact with professionals is mixed. Children's concerns include professionals not believing them, not talking directly to them and not acting to help them when asked.

Children say they want someone to talk to, who they trust, who will listen to them and provide reassurance and confidentiality. They want help to think through problems, without necessarily taking full responsibility for decisions.

Children's most persistent plea is for more age-appropriate information to help them understand what is going on in their family.

Available at: http://www.jrf.org.uk/publications/understanding-what-children-say-about-living-with-domestic-violence-parental-substance-

Three Planet Model

The wide ranging adverse effects of living with domestic abuse for children should be recognised as a child protection issue. In many countries different agencies are working separately from each other in different areas of domestic violence and the protection of children. Marianne Hester (2011) analysed this phenomenon in the "three planet model":

Handout 2.4.1a, Three Planet Model
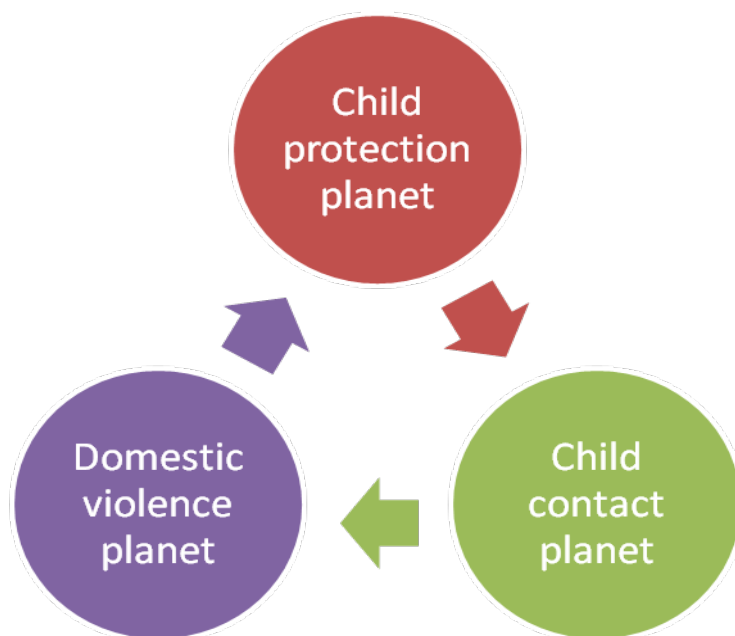
Domestic violence: women's shelters and other domestic violence services and criminal and civil justice agencies that intervene with domestic violence perpetrators.

Child protection: child protection authorities, children's services and youth welfare offices.

Child contact: family courts and other agencies focussing on parents and contact arrangements

Hester argues that these areas of work are especially difficult to bring together in any co-ordinated approach because they have developed separately, have their own culture and laws and are effectively "different planets". Alongside the notion of the planets, she also identifies another important force at work: the process of gendering resulting from the continual replication and reconstruction of gender-based inequalities in society. In relation to domestic violence this can lead to women being seen as "culpable victims", somehow responsible for their own victimisation (Hester 2011).[115]

[115] Hester, Marianne (2011) The Three Planet Model: Towards an Understanding of Contradictions in Approaches to Women and Children's Safety in Contexts of Domestic Violence, *British Journal of Social Work*, Volume 41, Issues 5 Pp. 837-853

As a consequence of the "3 planets" women survivors of violence and their children often experience contradictory interventions. On the domestic violence planet victims are encouraged to report the violence and to take legal steps for protection; on the child protection planet women are expected to leave the violent partner in order to protect the children and on the child contact planet mothers are ordered to facilitate contact with the violent partner/father. Thus, in order not to jeopardize the safety of children and their mothers, it is crucial that multi-agency work focuses on trying to integrate the three planets into one – the planet of every women and every child to live free from violence.

Activity 2.4.1

Resources Needed

Handout 2.2b. Case study.

Handout 2.4.1a and Handout 2.4.1b - 1 Three Planets Handout and Handout on Key Interventions which can also be used as a PowerPoint slide.

Participant instructions

In Section 2.2 and 2.4 the case study of Walter and Maria was used to begin considering the identification of risk and safety planning in domestic violence cases. For this activity further information (Handout 2.4.1b) on that case is provided so participants can consider the safety of children experiencing domestic violence and how the three planets model might apply in practice.

Trainers Note

The case study of Walter and Maria may hold different levels of relevance in relation to safeguarding children procedures depending on the local, regional or national policy context of the participants as different agency responsibilities, legal provisions and levels of statutory duty apply across Europe. Trainers may therefore choose to develop their own case study material for this activity to address key points locally.

> ### Handout 2.4.1b, Case Study continued.
>
> Walter's violence continues and becomes more severe. The Police and Children's Services become involved and encourage Maria to leave him to improve the safety of her and her children. Maria does leave Walter and enters a shelter with the three children. Mary, age 12 (Walters stepchild), Klaus age 6 and Marco age 1. Walter begins proceedings for contact.
>
> Given what you already know about this family and the new information you have been given, consider the following points:
>
> What initial concerns do you have about the possible impact of the domestic violence on these children?
>
> It appears that this family may find themselves working with professionals from all three planets, what difficulties might this create for Maria and her children? Consider who these agencies are in your own locality, region, area of work?
>
> What could be done to better co-ordinate professionals across the three planets?

Feedback Guidance

The children have been subjected to domestic violence which increases their risk of direct violence and abuse. They have been living in a home where rules are enforced which may have resulted in very authoritarian parenting. The trainer should use the information provided in this section to outline the possible risks and impacts upon Mary, Klaus and Marco. It would also be useful to consider how the children's age may link to the type of impact they experience. It is common for an older sibling to care for those younger, has Mary adopted that role? Where is Marco during the incidents? At one year old he will not be very mobile and could easily be injured when the violence occurs. As Klaus is six years old and at school, he may be beginning to recognise that his life at home is different from that of his peers. How might he view his mother and father and what might his relationship with them be like?

The three planet model

The trainer encourages participants to use the outline of Hester's model to illustrate where conflicts between professionals might arise and how communication can be problematic.

Better co-ordination

Hester's model is based on the British system so how does is translate to local processes? What are the local issues and what can be done to move them forward?

> **Key Learning Points - Key knowledge in safeguarding children[116]**
>
> Domestic violence is the most common context for child abuse.
>
> The more severe the domestic violence against the woman, the more severe the abuse of children in the same context.
>
> Research has found that child contact is a dangerous situation (see also risk factors in section 2.2) where children may also be subjected to further violence by the father/ partner.
>
> A study of victims at high-risk in the UK showed that for four per cent of the children concerned there was as significant conflict over child contact.[117]
>
> Step children of perpetrators and their mothers are often especially in danger: research shows that step-children of perpetrators are a factor for lethal risk in cases of femicide (see also risk factors in section 2.2).

> **Domestic violence can be lethal for children too, as a case that reached the European Court of Human Rights shows: two children were murdered by their father who had repeatedly abused his wife. After a violent incident, the woman escaped but the children were left with the father and the authorities did not take action to protect them from further harm. The European Court ruled that the state authorities had failed to protect the right to life of the two children (see Kontrova v. Slovakia 2007).[118] (from Module 1.1).**

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[116] Hester, M, Pearson, C, Harwin, N & Abrahams, HA, (2007), *Making an Impact: Children and Domestic Violence*: 2nd edition, Jessica Kingsley

[117] Howard, E., Stimpson, L., Barran, D. and Robinson, A (2009) Safety in Numbers: A Multi-Site Evaluation of Independent domestic Violence Advisor Services, London

[118] Council of Europe(2007): CASE OF KONTROVÁ v. SLOVAKIA, Application no. 7510/04: http://www.coe.int/t/dg2/equality/domesticviolencecampaign/resources/Kontrova%20v.%20Slovakia_en.asp

Handout 2.4.1c

Key considerations for practitioners to consider in interventions to secure the safety of the child(ren).

Providing adequate protection and support for mothers is the best approach of creating safety for both mothers and children (Hester 2007).[119]

Women should not be made responsible for protecting the children from violence or be subjected to measures that are punitive, such as threats to remove children; this is counter-productive, creates fear in the victims, and fails to hold the perpetrator of abuse accountable.

Article 19 of the Convention on the Rights of the Child guarantees the right of every child to live free from violence (see introduction p.15) The convention also speaks of the right of the child (not the right of the parent!) to maintain contact with both parents if this is not contrary to the child's best interest.[120]

Child contact and custody arrangements should always take incidents of violence into account[121] and prioritise the right to safety of children and their mothers over the right to contact for the violent father.

Children's social care practitioners need to build their skills and confidence in work with violent fathers (Stanley et al 2011).[122]

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[119] Hester, M, Pearson, C, Harwin, N & Abrahams, HA. (2007) *Making an Impact: Children and Domestic Violence*: 2nd edition, Jessica Kingsley

[120] United Nations (1989): *Convention on the Right of the Child*, Para 3. States Parties shall respect the right of the child who is separated from one or both parents to maintain personal relations and direct contact with both parents on a regular basis, except if it is contrary to the child's best interests.

[121] Council of Europe Convention 2011 Article 31.

[122] Stanley, N., Miller, P., Richardson-Foster, H. and Thomson, G. (2011) Children's Experience of Domestic Violence: Developing an Integrated Response from Police and Child Protection Services. *Journal of Interpersonal Violence*, 25, 12, 2372-2391

Useful Sources for 2.4.1

Eriksson, Maria (2005). 'A visible or invisible child? Professional's approaches to children whose father is violent towards their mother'. in: *Tackling Men's Violence in Families. Nordic issues and dilemmas*. The Policy Press, Bristol, S. 119-136

Eriksson, M. and Hester, M. (2001) 'Violent men as good enough fathers? A look at England and Sweden'. *Violence Against Women,* 7(7), pp. 779-98.

Hester, Marianne (2011) 'The Three Planet Model: Towards an Understanding of Contradictions in Approaches to Women and Children's Safety in Contexts of Domestic Violence'. *British Journal of Social Work*. Volume 41, Issues 5 pp. 837-853

Hester, M, Pearson, C, Harwin, N & Abrahams, HA, 2007, *Making an Impact: Children and Domestic Violence*. 2nd edition, Jessica Kingsley.

Howard, E., Stimpson, L., Barran, D. and Robinson, A (2009) *Safety in Numbers: A Multi-Site Evaluation of Independent domestic Violence Advisor Services*. London.

Radford. L. and Hester, M. (2006) *Mothering through Domestic Violence*. London, Jessica Kingsley.

Stanley, N., Miller, P., Richardson-Foster, H. and Thomson, G. (2011) 'Children's Experience of Domestic Violence: Developing an Integrated Response from Police and Child Protection Services'. *Journal of Interpersonal Violence*, 25, 12, 2372-2391.

2.5   Principles of Effective Multi Agency Case Conferencing

Aims

This section of the learning materials focuses on a particular way of co-ordinating agencies to protect victims of domestic violence in high risk situations; the multi agency case conference and considers good practice in developing and managing effective partnership forums.

Introduction

Multi-agency work has been developed in many European countries over the last twenty years. Such partnerships are very important and have different forms and aims around improving the response to violence against women and domestic violence. It is common practice for them to work at a structural level, exchanging experiences, carrying out joint actions, offering training and activities to improve cooperation.[123]

This section of the learning materials primarily deals with Multi agency case conferencing (MACC) as a specific form of partnership work. It is recognised, that multi-agency case conferencing is only one method to improve the protection of victims in situations of high risk and that victim centred partnerships that are not case based should to be developed as a first step (see Module 1). Case conferencing may not yet appear to be a realistic proposal for some participants. However by considering the principles of victim centred case conferencing participants will be encouraged to think about their own practice environment and contact with victims and what realistic first steps might be made to improve partnership working, relevant to their own organisational context.

MACC involves the exchange of relevant personal information about the victim and the risk factors identified in situations where there is a high risk of harm from domestic violence, with the creation of an action plan designed to improve the safety of the survivor. Partnerships require a high degree of agency commitment and diligence as the agencies are accountable to the victims they are engaged with.

MACC has shown to be demonstrably effective in reducing repeat victimisation and improving survivor confidence in the services provided by ensuring that the victim is

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[123] WAVE network, 2006. Bridging Gaps - From Good intention to good cooperation. Manual for effective multi-agency cooperation in tackling domestic violence. Vienna http://www.wave-network.org/start.asp?ID=289&b=15.

supported adequately by a women's support system.[124] These partnerships must work together to include and engage survivors through their support services. The process must be as empowering as possible for the woman. Her right to make decisions regarding her own life must be respected and no decisions must be made that may further endanger her situation.

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[124] Robinson, A (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.

Key Learning points

Basic principles of good practice multi-agency case conferencing (MACC) are:

- **Information sharing protocols need to be established between the participating agencies and should be transparent to the victim. The personal data exchange has to be based on legal regulations and be limited to facts relevant to risk assessment and safety planning.**

- **MACC should always take place with the consent of the survivor who should be informed about which agencies are involved and what information is shared.**

- **If an exception from the principles of consent is made in situations of acute danger that needs immediate action the decision must be defensible and transparent and rights balanced.**

- **In every MACC the survivor concerned should be represented by an independent women's support service of her choosing, representation should include preparation with the survivor and feedback after the meeting. MACCs can not be expected to function effectively without this level of support.**

- **The empowerment of the survivor and her trust in the MACC are central goals of the partnership.**

- **MACC safety and action planning are based on the risks, needs and rights of the survivor; measures should never be of a nature that they take away the capacity of the survivor to make decisions, or place a burden to act on the survivor, or endanger her further.**

- **MACC can only function well if there is a network of relevant services engaged in the process and this is a pre requisite for the pursuit of a MACC. MACC should also not be seen as a strategy for making up for other deficits in the provision of services for victims of domestic violence.**

How does the Survivor Benefit from the Multi-Agency Case-Conference?

"Why did we start multi-agency case-conferencing in Vienna? Survivors of violence often experience repeat and escalating violence. This is a sign that the preventive measures set are not working and that more effective interventions are needed. The burden to take action to prevent violence should not be on the survivor; it is the responsibility of the state and it's agencies to actively protect women and their children from violence." (quote by Rosa Logar, Domestic Violence Intervention Centre Vienna at the PROTECT II seminar in Vienna March 2011)

What is Multi-Agency Case Conferencing (MACC)?

Multi agency case conferences have been specifically aimed at victims in high risk situations. In a single meeting, a multi agency case conference combines up to date risk information with a timely assessment of a victim's needs and links those directly to the provision of appropriate services.

At the core of any multi agency work must be the safety of the woman. This should be considered at all stages of the process.

The aims of a multi agency case conference are:

- To share information to increase the safety, health and well being of victims in situations of high risk of harm from domestic violence.

- To identify to whom the perpetrator poses a significant risk and to work together to address this risk.

- To jointly construct and implement a risk and safety management plan that provides support to all those at risk and that reduces the risk of harm.

- To reduce repeat victimisation, escalation and severe violence including (attempted) femicide.

- To improve agency accountability.

- To improve support for staff involved in these cases.

- To monitor all MACC processes and outcomes to ensure that issues of accountability, re-victimisation, discrimination and diversity are effectively addressed.

As stated above, ensuring that the woman is supported throughout the process and represented at the case conference is crucial to assessing and managing risk, improving safety and reducing repeat victimisation. Multi agency case conferences must take place within the legal frameworks of individual countries and align with existing service provision processes. There is no specified model that can be applied across all Europe.

These learning materials focus on established good practice across several models of multi agency case conferencing as a starting point for some and the development of greater effectiveness for others.

Activity 2.5

Resources Needed

Flipchart, paper and pens.

Timings

This activity will take 2 hours to complete.

Aim of the Activity

To assist participants in understanding the benefits and challenges of multi agency case conferences for women at a high risk of experiencing severe violence. To identify the eleven good practice principles of multi agency case conferencing (MACC). To consider practical steps towards achieving these principles.

Presentation/Input

The trainer may refer back to Module 1, Section 1.4 where the challenges of developing multi agency work were highlighted. Trainers should advise participants that this section will consider the core principles of multi agency case conference work which, if pursued, form the

basis of an effective multi agency response to situations where there is a high risk of domestic violence against women.

Trainers note

If the activities in Section 1.4 of these materials were not undertaken they should be completed now. If they have been undertaken, trainers should remind participants of their findings.

Participant Instructions

Handout 2.5 is provided to the group and it is explained that these are the eleven principles for effective multi agency case conferencing. The principles are based on feedback from participants and survivors involved in multi agency case conferencing for victims in situations of high risk.[125] These eleven principles provide a basis to begin planning Multi Agency Case Conferencing. Practice based feedback suggests that where these principles are in place the challenges of multi agency case conferencing can be overcome and an effective response is provided to victims of domestic violence in high risk situations.

Provide Handout 2.5 to participants. Divide participants into small groups and allocate each group 2/3 principles to consider. Ask each group to answer the following questions in relation to their allocated principles.

Where would you start in terms of seeking to achieve these principles? Consider what needs to be in place to achieve each principle, including tools, training needs etc.

What do you already have in place that supports each principle?

What will be a particular challenge in establishing each principle?

Who can support your work? Who will work with you? Who might have concerns about this work? How will you negotiate the development of this work?

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[125] CAADA (2011) http://www.caada.org.uk/marac/MARAC_quality_assurance.html.

Each group are asked to feedback their answers. The trainer then divides participants again into small groups (preferably with different participants) and asks each group to answer the following questions:

In partnership work, who "owns" the safety management plan?

Is a woman/victim obligated to cooperate?

What happens, if she does not want to cooperate?

What happens, if she does not give her consent to one or all of the steps in the procedure?

Feedback Guidance

Participants should leave this session confident that realistic steps can be achieved towards effective multi-agency partnership relevant to their own regional/national circumstances. The first "starting point" considerations should be used to encourage those who are still at the very early stages of building multi-agency partnerships to move towards further positive action. The second part of the activity returns all participants to one of the core values of these learning materials, originally expressed in Module 1, that the victim should be at the heart of the risk assessment and safety management process. Agencies should be focussed on a transparent and open form of partnership working which informs and empowers the woman and which actively seeks her engagement. But the process should also respect her fundamental human rights to make decisions about her own life, including the possibility that she may not agree or consent to one or all of the steps being considered.

Handout 2.5, Principles for Good Practice in Multi Agency Case Conferencing

Principle	Explanation	Starting point	Working towards
1. **Independent representation and support for victims**	Consent of and preparation with the survivor are key elements for referring a case to the MACC. Every survivor is represented in the MACC by an independent women's support service that she trusts.	To find out the availability of independent women's support services in the region/country, to define the gaps and how to close these gaps.	It is very important that victims are consistently supported and represented by an independent representative who prioritises safety throughout the multi-agency case conference process. This means effective support in advance of the meeting, representation of their views, needs and rights at the meeting alongside advocating for the woman's safety, and updates and support after the meeting, where this would not endanger her further. Ideally the women's support service has already supported the survivor before the MACC process and continues to do so afterwards, when – hopefully – she is not at high risks any more - to guarantee continuity to the survivor.
2. **Identification**	Agencies have an understanding of risk in domestic violence and can use a tool and their expert opinion to identify victims of repeat and severe violence.	Research risk identification tools. Visit prospective partner agencies and introduce the concept of risk assessment to them.	No matter which agency a woman approaches, all of them are able to carry out some basic risk assessment (see Section 2.3). Appropriate action is taken by the agency approached to provide for the victim's safety, including a referral to a multi agency case conference and to a specialist women's support agency.

3. Referral	Agencies know which cases should go to the MACC because the criteria are clear and jointly agreed.	Collect together local data on domestic violence against women, i.e. how many reports the Police get, how many women the local shelter see per year to gain an understanding of how much domestic violence against women is occurring in your area. In order to improve the safety of victims at high risk you may want to consider a multi agency case conference that can manage the top 10% of this number.	There should be clear criteria which are consistently applied and publicised, enabling all appropriate referrals to be heard at the multi agency case conference. There should be a range of referrals from statutory agencies and non-governmental organisations.
4. Multi-agency engagement	All relevant agencies should be appropriately and consistently represented at a multi agency case conference.	Identify those agencies that must be present to start the multi agency case conference. Begin preliminary discussions with these agencies.	Agencies should commit themselves to the principles of MACC through written protocols. Agency attendance should reflect the needs and diversity of your area. Attendees should be able to access relevant information within their own agency, be able to provide this information and act on behalf of their agency.

| 5. Information gathering and sharing | The confidentiality of women is respected, but where it is led by risk, information on the risks faced by the woman is shared in a proportionate and defensible way which complies with data protection law. | There will be legislation in your country that governs the sharing of personal data and you must seek legal advice about this before commencing a multi agency case conference process.

The data protection law of a country and the policy and procedure that will govern a MACC must be written into a protocol and this must be committed to by all partner agencies. | In order for the conference to work, representatives at multi agency case conferences should research cases and share relevant and proportionate information that identifies risk and links to safety planning.

Only information that is relevant to risk and safety management is shared.

Procedures must be followed to ensure that safety and confidentiality are maintained at all times. |

6. Action planning	Action plans are developed which address the risks identified and include effective and empowering safety measures to protect the victim, to prevent further violence and escalation and to hold the perpetrator accountable.	Consider what actions should be considered during multi agency case conferences and those agencies who can offer those actions.	All relevant risks are identified at the meeting. Based on the information shared, risks to the victim, other vulnerable people and professionals are identified, including who is affected. The action plan reflects the risks identified and addresses safety. The victim should be informed of the actions by the women's support service. The responsibility to take appropriate actions rests with individual agencies; it is not transferred to the multi agency case conference. Agencies should never "wait" until the MACC to take actions that improve the safety of a high risk victim of domestic violence. MACC is comparable to intensive care – the normal care must always be there and functioning, before, during and after the MACC, otherwise MACC cannot fulfil its role.
7. Number of cases and capacity	The multi agency case conference should have the capacity to ensure that all victims who are at high risk of repeat and severe violence can receive support from their local multi agency case conference.	It may be best to schedule the first few multi agency case conferences monthly as it may take a while to identify all cases, however be prepared to move to more frequent meetings as more agencies engage in the process and identify more victims of domestic violence against women who are at high risk.	There must also be sufficient capacity to provide independent representation and continuous support of survivors in a multi agency case conference.

8. Equality and non-discrimination	The multi agency case conference should be committed to delivering a response to all diverse communities, including migrant, minority ethnic and refugee women and their children. MACC should serve all these groups, independent on their legal or residence status.	Engage those agencies in your area who work with diverse communities.	Referrals to a multi agency case conference should reflect the diversity of the local population. Migrant, minority ethnic or refugee women should, whenever possible, be represented by independent women's services specialised on the support of these groups. Action plans should also reflect diverse rights and needs.
9. Operational support	Consistent coordination and administration should support the effective functioning of the multi agency case conference.	Consider how the multi agency case conference can be administrated, could an agency allocate an existing member of staff to administrate the meetings?	Operational support of a multi agency case conference should promote and increase awareness of the conference and work to increase engagement with the multi agency case conference. There should be a person responsible for administration, including circulation of the case list/agenda, maintaining accurate minutes and tracking actions and recording data.

10. Accountability	A group of decision makers of each partner agency should convene regularly to monitor the performance, sustainability and accountability of the MACC.	Members of the decision makers group should have the seniority to affect local policy and strategic direction. Consider how best the multi agency case conference can become embedded in practice in your area.	The steering group should; Monitor performance management. Take actions in response to issues and monitor the outcome. Work to find solutions to operational issues that cannot be resolved. Create links with other multi-agency activities to establish effective ways of working in partnership and to avoid duplication of work.
11. Evaluation and feedback of survivors	Evaluation, including regular feedback by survivors and participants of the MACC are important instrument to secure that MACC are effective and empowering.	Liaise with those agencies that have most contact with victims of domestic violence against women who are at high risk and discuss how these women can safely feedback on how the MACC affected theirs and their children's safety.	Survivor feedback is analysed alongside other data by the MACC steering group and the results used to improve how the MACC works.

Useful Sources for Section 2.5

Steel, N Blakeborough, L & Nicholas, S (2011) *Supporting High Risk Victims of Domestic Violence: A review of Multi Agency Risk Assessment Conferences (MARACs).* Home Office Research Report 55. London: Home Office.

This Concludes Module 2

Module 2 has focussed on:

Good practice in the assessment of risk and safety planning for women victims of domestic violence and more specifically:

- Good practice in risk identification and the use of risk factors.

- Best practice in safety planning.

- Principles of effective multi agency case conferencing.

An understanding of the impact of domestic violence on victims and their children needs to continue to evolve, informed by research and evaluations of practice, shaping future developments in policy and agency responses. Such developments will also continue to be influenced by wider debates and progress in addressing issues of gender inequality and violence within different societal contexts.

As stated at the beginning of these materials the participating European partners in Protect II cover a broad range of diverse starting points and varied approaches to tackling this societal issue. These materials have promoted an increase in capacity building in risk assessment and safety management measures in the form of a partnership approach between Women's NGOs and government agencies. This may still appear to be a very distant goal for many practitioners accessing these materials for the first time. However it is hoped that they inspire the motivation and commitment required to embark on such a journey, offering realistic and achievable suggestions for progress.

The long term relevancy of the materials is extended by providing an appendix of handouts which trainers may edit and adapt to ensure they remain credible and useful to all target audiences. However in doing so, it is vital that the core principles of these materials remain.

So we conclude with a reminder:

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Key principles underpinning the learning materials

- All interventions should be victim centred.

- The focus is on improving services and providing a safe and positive experience for women and their children.

- Partnership and co-operation between agencies can be an effective way to support women at a high risk of violence and harm.

- Interventions and services should be non-discriminatory and avoiding any form of victim-blaming.

- Every woman should have the right to be represented by an independent women's support service in multi-agency partnerships and case conferencing in order to incorporate her needs and interests.

- Independent advocacy should be sought for children to ensure their rights are addressed.

- Interventions and services should uphold the right of women to lead a violence free life, the right to empowerment and self determination and the right to confidentiality.

- Violence is not a private matter, but a public concern; therefore, violence in the private sphere should not be treated as less serious than other forms of violence.

- Victims should never to be made to feel responsible for the violence they have suffered; there is no excuse for violence; abusive behaviour must be stopped and perpetrators must be held accountable.

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These principles should form the basis of any actions by organisations seeking to prevent violence against women. In this regard, the most important message for all parties is that:

To live a violence-free life is a basic human right, not a privilege.

Contacts

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