



# Identifying Gaps and Bridges of Intra- and Inter-Agency Cooperation

## **Deliverable 2.4**

Deliverable report for

IMPRODOVA

Grant Agreement Number 787054

This project has received funding from the European Union's Horizon 2020 research and innovation programme under grant agreement No 787054. This report reflects only the authors' views and the European Commission is not responsible for any use that may be made of the information it contains.

Published by the IMPRODOVA Consortium, Deutsche Hochschule der Polizei, Münster (Germany), March 2020

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## **EXECUTIVE SUMMARY: THE CHARACTERISTICS OF A “GOOD PARTNERSHIP” AGAINST DV**

### **Cross-organisational analysis of “good practices” of multi-agency cooperation in eight European countries**

#### **INTRODUCTION**

The research teams involved in the “IMPRODOVA” project brought together 18 analyses of “good practices” in combating Domestic Violence (DV for short), namely four from Scotland, and two from Portugal, France, Germany, Austria, Hungary, Slovenia, and Finland each.

All the selected practices are organisational arrangements that can be divided into two types of systems. The first type of system is intra-organisational. These are specialized DV units that have been set up within a large organisation with more a general mission, such as law enforcement agencies, hospital centres or municipalities (local government). The second type of system is inter-organisational. These are inter-institutional structures intended to provide a framework for partnership cooperation against DV. In our sample, these two types of practices are often intertwined and complementary. Organisations – police departments, courts, hospitals, city administrations, social services, victims’ aid association, etc. – that participate in inter-institutional partnerships often do so through their specialised DV units. All the partnerships in our sample use specialized units as the main communication channel and grassroots implementer of their actions against DV. Conversely, all the specialised units in the same sample participate in one or more multi-agency cooperation(s).

This characteristic of our sample is an invitation to reflect on this very particular type of organisational arrangement that constitutes multi-agency cooperation in the fight against DV. These structures are “partnership organisations” which have the particularity of being very largely embedded in the “partner organisations”, i.e. in the organisations participating in multi-agency cooperation. Partnerships against DV bring together fragments of partner organisations, which are chosen for their expertise and the resources they can bring to the collaboration, to deliver specific services that no single partner would be able to provide on their own. This is to achieve a beneficial change for victims or a more appropriate treatment for perpetrators. The collaboration between agencies serves a greater purpose than any of the individual organisations can achieve by their specific tasks alone. Finding a common purpose, for instance, protecting and helping the victim, provides a shared mission and identity bonding various partners together. Purpose is more encompassing and permanent than professional tasks, which are specific to particular problem. New tasks can emergence and old ones can disappear, while the purpose giving meaning to work. Purpose provides an ideological bedrock for multi-agency collaboration.

This type of inter-organisational structure is necessarily fragile and problematic, for several reasons. First of all, partnerships against DV require the collaboration of different professional stakeholders, who do not have the same understanding of DV or the same agenda to fight this phenomenon. Depending on the profession, the organisation and institution they belong to, each participant tends to defend their own vision of what is problematic, what should be prioritised and what constitutes an acceptable and effective solution. Such disagreements can lead to mutual mistrust, conflict, reserve or avoidance attitudes. Another obstacle to the development of a partnership organisation is partner organisations’ reluctance to comply with the constraints involved in engaging in joint

initiatives of an operational nature. Indeed, taking part in a collective project to combat DV require that each participant question one's way of seeing things, subordinate their freedom of action to common decisions, adapt practices, accept partners' right to control their activities and take their share of the expenses incurred in the implementation of the project. Some partner organisations reject the interplay of reciprocal obligations, mutual interference and the additional costs associated with partnership action. They are then tempted to withdraw from the partnership. Case studies contain numerous examples of divergent views that lead to conflicts or inability to cooperate: tensions between prosecutors and associations offering educational programmes for violence perpetrators in Slovenia, for example, or conflicts between police and social workers on risk assessment in the case of the Austrian MARAC.

These obstacles to multi-agency cooperation mean that many partnerships decline rapidly once the initial enthusiasm phase is over. In the fight against DV, as in other areas of security policy, few partnership initiatives are able to become permanently institutionalised so as to develop and improve their range of services over time. The case studies gathered here are particularly interesting from this point of view. Indeed, they reflect a broad range of partnerships that are notable for their overall "good organisation" and "good performance", which does not mean that these collaborations are free of limitations and defects. The cross-referenced analysis of the 18 case studies makes it possible to identify the features that characterize the "good practices" of multi-agency cooperation against DV. There are five characteristics of a "good partnership".

First, it takes targeted actions with an intended outcome. That is, it targets specific types of perpetrators, or acts to mitigate or manage risks posed to victims.

Second, it has a system for managing its action that is both capable of performing a range of functions and of imposing its authority on system members.

Third, information management facilitates inter-institutional sharing and ensures feedback from partner organisations to the partnership mechanism.

Fourth, the partnership organisation has specialised relays in each partner organisation. These specialised units or staff, who represent, promote and implement the partnership in their respective organisations, enjoy a high status within their own partner organisations.

Fifth, the partnership mechanism and partner organisations make a significant effort to train the staff involved in the collaboration, as well as codify and produce professional knowledge useful for the proper functioning of the partnership.

### **1. AN ACTION THAT TARGET PRIORITY AUDIENCES**

The system takes focussed action, which is aimed primarily at a number of well-defined categories of victims or perpetrators of DV. Such targeting allows the system to focus its attention and resources on a limited range of situations. It helps to set up services suited to the specific nature of the cases handled. It is made necessary by the pressing social demands requiring that the institutional care of DV situations must be a tailored solution adapted to the uniqueness of each case.

Overall, measures to combat DV tend to focus on those victims most at risk in their physical integrity and on the most dangerous perpetrators.

For example, the Scottish Domestic Abuse Task Force (DATF) treats “high-tariff” (prolific) perpetrators, those who commit the most serious crimes and who present the greatest danger to their victims.

The counterpart of this requirement for tailor-made public action, and the resulting need for targeting, is the risk of leaving out or mismanaging non-priority populations. In fact, many of the devices studied pay less attention to victims perceived as being at low risk, and less to those who suffer attacks of or including psychological, emotional and economic abuse, than those victims who suffer abuse of a largely physical and violent nature.

The most developed partnerships, such as the Berlin Initiative Against Violence to Women (BIG), simultaneously pursue several targeted programmes that address various issues such as, for example, DV among migrants and refugees, the protection of children and adolescents who witness violence, forced marriages and honour crimes. Each of these problems is addressed by means of a customised system, which is based on a specific configuration of stakeholders involved, dedicated working groups and appropriate means of intervention. This type of multi-priority, multi-project partnership has the disadvantage of imposing heavy workloads on participating organisations. They end up no longer keeping pace and withdraw from some of the partnership lines of action.

## **2. AN EXTENDED STEERING BODY THAT IS AN AUTHORITY**

In the practices studied, joint action in partnership is coordinated by a body clearly designated to establish a strategy and to take a lead. The body’s authority is recognised by all participants, who agree to follow its guidelines and implement its recommendations, in particular when it comes to assigning concrete tasks to the partners and monitoring their implementation. This is worth underlining, as the consolidation of their authority is a difficult ordeal for multi-agency cooperation against DV.

This is related to the fact that the authority of the steering body of a partnership in this field i.e. its ability to ensure that partners comply with its directions and decisions is inevitably fragile. Indeed, the means of intervention of such a partnership generally depend on participating organisations. The steering body has no hierarchical power over the organisational actors expected to implement the partnership action. The piloting team depends on each partner's political choices and decision-making processes. The requests addressed by the steering body to participating organisations often compete with the priorities and missions set by these same organisations’ management, resulting in ongoing tensions and negotiations between the intra-organisational and partnership work and priorities, often against the favour of partnership efforts.

The practices we have reviewed show that several factors are likely to strengthen the authority of a steering body: openness; quality and equity of the deliberation procedures that prepare the decision-making process; concern for rational argumentation and consensus-building in decision making forums; enjoying financial independence from partners, for example through budgets allocated by national programmes or international donors; precise agreements that define participants’ rights and duties with regard to the partnership mechanism; the existence of protocols that clearly and in detail determine the modalities for implementing the most common partnership actions. The most developed partnerships in our sample, such as the Berlin Initiative against violence to women German (BIG) and Hanover’s Intervention Project Against DV (HAIP), combine all these features (see annex 4).

There is a contradiction between, on the one hand, the openness of the steering system to all the organisations involved in partnership actions – which is a necessary condition for all to agree to participate in collective efforts – and, on the other hand, this system’s ability to take strategic and operational decisions within a reasonable time frame. This contradiction between broad participation in partnership management and decision-making effectiveness is partly resolved by the multiplication of steering bodies, some of them broadened and others restricted. Such juxtaposition can be found between plenary committees – generally plethoric – and restricted committees in several of the mechanisms studied. For example, the governance of the German HAIP is ensured by a complex structure of decision-making committees which includes a strategic “round table” involving the 40 partners, operational committees (called “building blocks”) where only the stakeholders directly concerned participate, and thematic working groups involving actors recognized for their expertise on the issue. This management method promotes the cohesion of the partnership, insofar as each actor feels that he or she has a say in the decisions that affect them, but it forces partners to spend considerable time in meetings and entails significant coordination costs between committees. This puts organisations that have smaller resources in a tight position. Bigger organisation can, for instance, find different individuals for each committee, but for a small organisation, one individual may have to serve in several roles.

One of the main determinants of the effectiveness of piloting partnerships is the quality of the leadership exercised by the people responsible for facilitating dialogue between partners, coordinating joint activities and resolving conflicts. In all the systems studied, these people are distinguished by a higher hierarchical position in their home organisation. In other words, they have uphave a rank of some seniority in their own institution to impose their leadership on an inter-institutional scene. These people are also characterised by a great deal of experience and recognised expertise in the field of combating DV. In short, they combine social status and functional authority. In addition, these people have skills – often acquired through training –in inter-organisational diplomacy. For example, they have learned to bring together different professional perspectives; reconcile conflicting organisational interests; harmonize agendas; prevent and manage conflicts; facilitate negotiations; promote and monitor collaborative projects. Mastering such skills is absolutely essential for the coordinator because, as already pointed out, this individual does not have control over the resources needed to implement partnership activities and strategies.

The clarification and formalization of the main intervention methods are particularly necessary, insofar as they make it possible to avoid conflicts between partners at the stage of the concrete implementation of multi-agency cooperation programmes. Indeed, partnership work is conducive to mix-ups and misunderstandings, insofar as the participants do not share the same thinking frameworks or the same action rationales. This is why partnerships that strive to clarify, shape and rationalize their “ground rules” derive a whole set of benefits from it: increased steering efficiency; better integration and complementarities of the contributions made by the various participants; a higher degree of partner satisfaction with the collaboration.

In this respect, one of the most crucial working processes is the organisation and conducting of decision-making forums, in particular those during which partners agree on responses to concrete cases of violence. Good practices in this area are defined by compliance with preparatory procedures, such as the collection of information and the compilation of files on cases on the agenda, or then again maintenance of a record to monitor developments and

partners' responses from one time to the next. They also stand out for their use of meeting facilitation techniques that promote inter-professional dialogue, the formation of a common vision of situations and the joint development of operational solutions. Finally, each participant recognizes that others have a right of control over their actions – accepting, for example, that compliance with commitments made in one meeting be monitored at a subsequent time.

The most developed systems are characterised by possessing their own management and human resources. They are staffed, as appropriate, with a coordinator and a secretariat; they also provide comprehensive action programmes and reviews; activity and results indicators; digital tools for internal and external communication; means for training speakers; feedback procedures; quality procedures to improve services; research and development projects to renew working methods and tools, etc. Partnerships that benefit from such capacities are marked not only by their better management of joint activities and greater versatility to the needs of the target audiences, but also by their steering body's greater weight vis-à-vis partner organisations, and hence by a better capacity to implement partnership decisions. Finally, very large partnerships, such as the German BIG or HAIP, have also acquired political and media lobbying capacities that enable them to promote legislative or regulatory changes, launch awareness campaigns aimed at the general public or targeted audiences, and to increase their chances of obtaining government subsidies. In addition, these partnerships have developed an advice and expertise proposition, in order to promote to the world outside the action models they have devised.

Partners in leadership positions in the cooperation system may differ from place to place. The police still play an important role in steering, since they seem to detect the largest number of violent situations based on the interviews we conducted. Indeed, "police-rescue" emergency calls, police interventions in the home and the reception of victims at the police station are still the main ways in which cases of DV come to institutions' attention. Depending on the case, the structure that takes the greatest part in the coordination – and bears a large part of both the costs and responsibilities thereof – may be a municipality (Hanover, Caldas da Rainha in Portugal), an NGO (Berlin); a state administration (Prefecture of the region 2, France); or a national programme (Hungary); or then again the police (Scotland, Porto, French Gendarmerie of region 1, Finland). Each of these institutions has strengths and weaknesses in achieving leadership. Cities have more financial resources and are experienced in multi-agency project management, but they are vulnerable to electoral uncertainty. NGOs have greater political independence and activist support, but they have no guaranteed resources and enjoy less professional legitimacy. According to most of our case studies, the police are the first entry point of a large proportion of DV victims in the partnership organisation and have more complete information on violence perpetrators (via criminal records and event registers), but they are overwhelmed by many and diverse demands and are therefore struggling to keep combating DV as a priority in a sustainable manner.

### **3. AN EXTENSIVE ORGANISATION FOR INFORMATION SHARING AND USE**

Partnerships are based on procedures for collecting, sharing, managing, analysing and making decisions based on information on DV cases. The schemes examined have all developed information-sharing systems that seek to ensure, as far as possible, early identification of victims and perpetrators, particularly in the context of serious violence.

These systems are also intended to gather the information necessary to analyse the situations that have been detected, to choose the actions to be taken and to monitor victims' and perpetrators' trajectories.

Establishing "good management" of information in a partnership framework is no small task, because it does not only mean organizing the circulation and sharing of information between partners, but also modifying and rearranging all participating organisations so their representatives in the partnership are supplied with the required data in a timely manner. In other words, it is not good enough to implement information sharing arrangements within the partnership. Each partner must also agree to carry out adjustments so that its own information system can properly feed the partnership information system.

Three major challenges justify making efforts to improve information sharing between the system stakeholders. First, cases detected by one partner are quickly reported to others, allowing each partner to take appropriate action in their own area of expertise in a timely and informed manner. Secondly, it avoids victims having to repeat their story several times to the succession of workers they meet: sharing a file containing what each partner needs to know –and has the right to know – about the situation being treated reduces this form of "secondary victimization" due to being constantly re-interviewed. Finally, sharing a variety of data allows for a more detailed analysis of the cases discussed in partnership meetings (all case studies concur on these matters).

A common point of practices studied, from the point of view of information management, is the intensive use of tools and procedures helping decision-making, intended to provide steering bodies with both multidisciplinary and in-depth knowledge of cases handled.

These instruments include, in particular, steps to diagnose the state of DV in a given territory (such as the French "observatories"), expert committees to better understand its underlying logics and dynamics (such as the think tanks set up under the Berlin initiative); working groups to bring closer together the different partners' professional views (such as in the German HAIP programme or the Slovenian Association for Nonviolent Communication); and procedures to assess particular situations from the perspective of the risks faced by victims.

In several good practices, the central element of cooperation is the risk assessment procedures and instruments: the risk posed by the perpetrator in the case of law enforcement oriented collaborations; or faced by the victim in the case of victim-oriented partnerships.

In Scotland, Multi-Agency Tasking and Coordinating (MATAC) meetings are organised and hosted monthly by the police in each of Scotland's 13 police divisions. They bring together social and health services, housing associations, public prosecution representatives, specialised police staff, as well as NGOs in some areas. The purpose of these meetings is to share information on the violence histories of individuals suspected of being DV perpetrators, as well as intelligence of their relationships, criminal activities, and people who they associate with. Participants share information and analysis not only to assess risks, but also to jointly develop action strategies to disrupt the activities of individuals identified as "high tariff" perpetrators. This may involve judicial or administrative proceedings unrelated to suspected DV offence, but which deal with other offences committed by them, such as rent or tax arrears, lease contract violations, tax or social security fraud, or traffic offences. Furthermore, during the MATAC, participants make an assessment of this danger to determine whether the case should remain for investigation at a divisional or national.

Nominals considered particularly threatening (prolific abuse, and/or multiple partners) are passed to a national investigation unit – the Domestic Abuse Task Force (DATF) – that has a specialized DV remit. DATF officers screen the suspect’s life for evidence of past violence in order to increase the burden on the prosecution. An assessment is carried out using a scoring system that takes into account criteria such as recent developments (recency); the repetition and severity of violence (frequency); the number and profile of victims (gravity) to create an “RFG” score, as well as undertake examination of information shared by the suspect on social networks; worrying elements and warning signals identified by the various partners.

Similar systems – i.e. organised around a partnership-based risk assessment procedure – are used to improve the safety of victims in Scotland, Austria and Finland. These countries implement a system called Multi-Agency Risk Assessment Conferencing (MARAC), which aims to identify victims who are at serious risk by combining information from a wide range of partners. The system involves the following services: police, social, childcare, educational, health, integration probation, social housing, victim support and access to rights. The central element of MARAC is a partnership meeting during which participants share information and compare their professional expertise to complete or supplement a risk analysis questionnaire (DASH/DAQ), and to define a series of action points to manage and mitigate the risk on the basis of this questionnaire.

In Scotland, there is also a mechanism to warn potential victims of their current partner’s history of abuse, known as the Disclosure Scheme for Domestic Abuse Scotland (DSDAS). This scheme responds to requests of a spouse, partner, friend or family member, NGO worker, or statutory worker who wishes to check an individual’s history of DV (Right to Ask), or at the initiative of a police officer (Power to Tell), where there is a concern or belief of DV history or activity. Following such applications to the scheme, checks are conducted by the police, and where there is evidence or concern, a multi-agency decision-making forum is held in order to make a decision on whether or not to disclose a perpetrator’s violent past to their current partner.

Of course, the more sophisticated the partnership systems for information sharing, situation diagnosis and risk assessment, the more work they require from partner organisations upstream. Increasing the quality of decision-making in partnership bodies is costly and may lead some participants to disengage or withdraw from multi-agency cooperation, particularly when the issue of DV becomes less prominent in the media and political debate.

#### **4. THE PRESENCE OF SPECIALIZED RELAYS IN EACH PARTNER ORGANISATION**

In view of the practices in our sample, the most effective way of extending cooperation within a partner organisation is clearly to involve a specialised unit or staff, i.e. one specifically responsible for dealing with DV, with instructions to carry out tasks related to partnership actions as a priority. This configuration makes it easier to integrate the staff concerned into the partnership network as well as teaching them the practices that enable cooperation to work. More broadly, it promotes their professionalization in the fight against DV.

The most dynamic partnerships in our sample (BIG and HAIP in Germany, BPF in France, GAIV in Portugal, OKIT in Hungary, ANKKURI in Finland, the Inter-institutional Group for Prevention of DV in Slovenia) are those that can rely on a small core of highly involved

cooperation relays. These partnerships have developed a strong sense of belonging and loyalty to the system, and that play a leading role vis-à-vis less involved actors.

The case of victim protection units in Austrian hospitals illustrates the multiple advantages of building cooperation that is an assembly of specialized relays in organisations. These dedicated units tend to advocate for better care for victims by the organisation as a whole, namely through the creation of procedures and tools common to all services, or the training of non-specialist colleagues. In addition, these units become internal “competence centres”, whose expertise is sought whenever the organisation or one of its components is confronted with a DV related problem. These units constitute, in addition, an easily identifiable point of contact for external actors who wish to contact the organisation regarding DV. Their most important contribution, is currently the strengthening of the medical sector sensitivity for cases of DV, improving its unique potential for early detection and as an entry point for specific types of victims not entering the networked response system via police or social services (i.e. DV victims experiencing neglect or heavy coercive control).

The more complex a partnership, i.e. the more numerous and varied its partners and the more it provides a diversified range of services, the more it needs to have specialised and professional contacts in each participating organisation.

These “partnership relays” are all the more motivated to invest in a multi-agency cooperation as they are given a high status and adequate resources by their respective organisations. In this respect, one of the main status symbols is access to means of action that are usually reserved for cases considered important. For example, dedicated Domestic Abuse Investigation Units, which are present in some police divisions in Scotland, have the opportunity to use the same tools and working methods that are used to investigate organized crime, anti-fraud, serial crime or homicide. This obviously requires that the managers of the organisation regard this type of unit as very important and have given the unit a real mandate. Most likely there is also a strong political pressure behind.

To be able to make a useful contribution to partnership work, partnership relays must have operational autonomy and influence with their management. They must be able to ensure that their organisation works in a spirit of multi-agency cooperation and plays its part in the implementation of partnership services. When they receive a justified request from an external partner, they must be able to activate their organisation to respond satisfactorily.

By contrast, a partnership is unlikely to work effectively when partnership relays are saturated with tasks unrelated to combating DV, when the work they do for the partnership is less rewarded than what they do for their own organisation, or when they have no leverage to ensure their organisation fulfils its partnership obligations.

## **5. AN EFFORT TO TRAIN PROFESSIONALS AND PRODUCE KNOWLEDGE**

The comparison of multi-agency cooperation’s “good practices” reveals another striking similarity: the organisations involved make substantial investments in training their staff responsible for carrying out partnership missions.

This training effort is multi-faceted. One is the transmission of knowledge about DV as a social fact, a legal notion and something that gravely affects victim’s health at the physical, psychological and social level. A second is training staff to learn skills relating to support and protect victims and their children, providing care and treatment also for perpetrators, and developing policies to combat DV. A third is learning working methods designed to facilitate

inter-organisational cooperation, such as communication in meetings; working-group facilitation; project design; promotion and management; shared evaluation of results. The actors who are given priority training are those with a coordinating role and those who ensure the coupling between the partnership mechanism and partner organisations (the specialized staff mentioned above).

Different methods are used to strengthen partnership relays' skills. In addition to training, some schemes encourage their members to read professional journals and scientific publications, participate in symposiums and seminars, engage in dialogue on specialised online forums, visit organisations known for their good practices, meet associations, etc. (This is particularly the case in German practice, French BPF and the Inter-Institutional Group for Prevention of DV in Slovenia).

The most developed partnerships have knowledge production activities. Such initiatives may consist in setting out, specifying and codifying the practices of actors in the system, in the form of manuals, practical guides, and operations blueprints. This is designed to clarify, stabilise, rationalise and systematise working procedures that are perceived as necessary for good cooperation between stakeholders and properly handling the cases under treatment. Standardising partnership relays' practices is a way of integrating the system's activities into the operating routines of participating organisations, which are then less likely to question them. In addition, codifying practices makes it easier for newcomers to learn their role in the partnership. In addition, codification work requires implementing reflexivity approaches, such as identifying and analyzing dysfunctions, pinpointing shortcomings in provisions (e.g. through victim satisfaction surveys), devising outcome evaluation programs, and so on. On the other hand, this kind of standardization renders partnership and practices public, formal and official. It may set a path on which the future of the partnership will be dependent. It is more difficult to change and reform structures and practice once they have become official.

The production of knowledge can also take the form of advisory and expert activities, participation in studies and research projects, contribution to professional or scientific publications, invention and experimentation with new instruments or new methods, as do the German, Austrian and Hungarian systems.

### **CONCLUSION: THE DEVELOPMENT OF "GOOD COOPERATION" IS NOT JUST AN ORGANISATIONAL MATTER**

The identification of five organisational features found in all "good partnership practices" against DV should not suggest that it would be sufficient to set up the "right organisation", i.e. an organisational structure that displays these five characteristics, to generate dynamic, productive and sustainable inter-institutional cooperation.

Actually, the cross-referenced analysis of the 18 case studies shows that the consolidation of a partnership against DV depends on many factors that have nothing to do with the partnership organisation's design and management. By consolidation, we mean here the institutionalisation and systematic use of working procedures by which partnership bodies and partnership relays contribute together and in an integrated manner to provide efficient partnership services.

These factors include:

- The existence of a legal framework or public policy that encourages or even enforces partner organisations to engage in the partnership and consider it a priority. These incentives can be negative (regulatory obligation, hierarchical order, etc.) or positive (granting of subsidies, allocation of additional resources, etc.).
- Increased social, political and media pressure to strengthen the war on DV. These pressures are often linked to public opinion cases, advocacy or the adoption of international standards.
- Strong involvement of institutional entrepreneurs and change agents in the design and promotion of the partnership mechanism, and their ability to build alliances with influential partner organisations' members.
- Securing political support, especially from local authorities.
- Reference to models applied elsewhere – on the national territory or abroad – that are already acknowledged as “good practices”. Such recognition is rarely linked to the availability of rigorous evaluations of “good practice” effectiveness. It most often results from the notoriety of the institutions that have pioneered the practice or are working to disseminate it.

For example, the MARAC approaches applied in Austria, Scotland and Finland are modelled on a model advocated by the European Union and the work of the Slovenian Association for Nonviolent Communication is based on an American approach.

One of the most decisive factors seems to be practise seniority. Indeed, the long-standing nature of a device allows a whole set of incremental changes to produce their effects. For example, partnership practices are gradually being integrated into participating organisations' culture and structure. In the long run, they become constitutive elements of partners' identity and routine functioning. Members appropriate partnership work to the point of no longer differentiating it from their own practices. These partnerships are enshrined in their organisation chart, internal regulations, official procedures, management and work tools, recruitment and training plans, etc. As a result, partner organisations build capacity, standard operating routines and interests in their ranks to contribute to the partnership, which leads to a form of institutional inertia, or even to irreversible involvement in the partnership mechanism.

Other positive effects of the longstanding nature of a scheme are linked to socialization dynamics that gradually strengthen social ties between participants. This ensures that, thanks to partners' mutual knowledge, they all have realistic demands and expectations from each other, which limits grounds for conflict. On the other hand, the multiplication of personal relationships and the establishment of a climate of trust between stakeholders are conducive to the informal circulation of information as well as quicker and concrete solutions to urgent situations (typically: the issue is immediately resolved by telephone exchanges, rather than waiting for the next meeting). Finally, the sense of mutual respect that binds partners promotes the expression of mutual criticism in a constructive way rather than “passing blame onto others” or dismissing it altogether.

## REPORT - CASE DOCUMENTATION: GOOD PRACTICES IN EIGHT EU COUNTRIES (COUNTRY REPORTS)

### 1. AUSTRIA

#### 1.1 Child and victim's protection units in hospital

The medical sector plays a pivotal role in the networked response to DV. Aside from its obvious task of providing treatment to victims of such violence, be it physical or psychological, this sector may be the most important regarding the task of early detection. Unfortunately, structured procedures and established sensitivity training programmes are often lacking. Such an underdevelopment of a formalized response among healthcare professionals indicates an insufficient understanding of the phenomenon of DV as a medical problem. More frequently, it is seen as a social or legal problem, underestimating the effect such violence has on the mental and physical health of victims. (See Weingartner 2007, 102)

In an attempt to address this problem, a number of Austrian hospitals began to establish *Child and Victims' Protection Units in Hospitals* in 2001. As part of a wider curriculum to combat violence against women and raise awareness for this problem in the medical sector, these groups represent arrangements aimed at improving the inner-organisational response within individual hospitals, provide a centralized contact point for cooperation with external actors, and advance the sector's ability for early victim identification and support through specialization and formalization of processes.

##### **1.1.1 Methodological Information**

Four interviews with members of *Child and Victims' Protection Units in Hospitals* were conducted in Austria between March and July of 2019. In an attempt to capture regional differences, two interviews were conducted in Vienna and Upper-Austria respectively. This methodological choice intended to reflect the differences in stages of rollout, Vienna being the most advanced and smaller hospitals in the rural setting of Upper-Austria being relatively recent additions.

Respondents in Vienna included a medical doctor and a member of the nursing staff, who together have constituted the core of the *Child and Victims' Protection Unit* in the largest hospital in the state (Vienna General Hospital) for over a decade. To better grasp the context in which such Units operate, a fifth interview was conducted with an employee of the same hospital, whose tasks frequently coincide with the medical sector response to DV, who is not however a member of the *Protection Unit*. As a *Nursing Consultant*, this respondent is tasked with counselling colleges on their interaction with patients, including sensitising them to the phenomenon of domestic violence as well as adequate possible responses and behaviour. This interview provided context for the understanding of the work conducted by *Protection Units*, as the nature of the respondent's work afforded them frequent and diverse contact with colleges in the medical profession and highlighted differences between efforts to improve the medical sector response to DV by *Child and Victims' Protection Units* and other formalized positions dealing with this phenomenon inside hospitals.

Contrasting the Viennese case, interviews conducted in Upper-Austria included a respondent tasked with the implementation of *Child and Victims' Protection Units* in a number of hospitals in the region. Beginning in 2013, they were entrusted with founding such units, accompanying them in the early stages of implementation and providing support in a way,

which facilitated the continued existence of these units beyond the duration of their immediate involvement. Finally, an interview was conducted with a member of a *Protection Unit* employed in one of the smaller hospitals in the state. This respondent afforded particular insight into the work members of such units do outside of hospital settings, as well as differences between *Protection Units* that are more established and ones that are still in early stages of roll out.

Augmenting the interviews conducted, the study of *Child and Victims' Protection Units* in Austria included literature reviews of the Handbook<sup>1</sup> for the implementation of such Units developed in the context of the initiative *Living Free of Violence*, the Report<sup>2</sup> for the 10-year anniversary conference for the *Protection Against Violence Act*, as well as a study of all case-documentation templates employed by *Child and Victims' Protection Units* in the course of their work with cases of DV.

Limitations of the empirical material exist particularly in two respects: On the one hand, the possibility any form of participant observation would provide invaluable insight into the practical work conducted by members of *Protection Units*. The relationship between the formalized processes and the discretionary support afforded by these persons would be of particular interest. On the other hand, members of the medical sector themselves lament a structural lack of quantitative data on the number of cases of DV passing through different departments of a single hospital (see below).

### 1.1.2 Presentation of the case

#### ***Goals and stakes of the practice: what problem is it designed to solve***

The importance of the medical sector, relative to others within the networked response to DV, stems from the specific function and integration this sector has within society as a whole. Most people, and women in particular, regularly see medical professionals for routine check-ups. Medical sector employees often enjoy high levels of trust with the wider population. Victims of DV specifically, who have suffered injury or are experiencing psychological or psychosomatic effects of violence, are more likely to seek medical attention than contact law enforcement or social sector organisations (See Weingartner 2007, 102). A central factor here may be doctor-patient confidentiality, a legal privilege that may facilitate a victim's decision to seek help, while being wary of the consequences of disclosing an abusive relationship to third parties. A 2006 study concluded that women in Austria, who have become victims of DV, seek medical attention ten times more frequently than women who have not (see Haller; David 2006).

While the medical sector as a whole, enjoys many societal privileges that speak to the relevance of this actor group in the response to DV, deep-rooted problems emerge when the unit of analysis shifts from the macro to micro level. While it holds true that many victims of DV seek medical attention for example, these same persons frequently change the specific

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<sup>1</sup> Gruber, Elisabeth; Logar, Rosa (2015) *Gemeinsam gegen Gewalt an Frauen und Häusliche Gewalt handeln. Leitfaden für Leitung und Praxis in Krankenhäusern zur Versorgung von gewaltbetroffenen PatientInnen*. Wiener interventionsstelle gegen Gewalt in der Familie, Wien.

<sup>2</sup> Krenn, Michaela, Logar, Rosa; Weiß, Klara [eds.] (2007) *10 Jahre Österreichische Gewaltschutzgesetze. Internationale Tagung im Rahmen der Kampagne des Europarates gegen häusliche Gewalt an Frauen*. Bundeskanzleramt / Bundesministerin für Frauen und öffentlichen Dienst

medical service providers they use in order to avoid the stigma associated with abusive relationships (vgl. Grasl 2007, 124). Moreover, a questionnaire circulated internally in two Viennese hospitals in 2000 showed, that while 56% of doctors and nursing staff stated having been confronted with victims of domestic violence among their patients, 86% of the same respondents stated never having received training on the topic of DV or strategies for providing support for victims of such violence. Only one fourth of the participating healthcare professionals indicated feeling informed and confident in their interactions (vgl. Grasl 2007, 126). Considering the high number of respondents lacking sensitivity training, it is likely that the frequency of their interactions with victims of DV was underestimated. Increasing awareness among healthcare professionals thus becomes a major factor for improving early detection of DV in general.

Raising awareness through sensitivity training however, merely makes up one of two necessary steps to improve the response of the medical sector. In the same study from 2000, hospital staff stated a reluctance to address the topic with their patients due to a lack of knowledge and sensitivity for DV, out of fear of overstepping lines in the privacy of patients, and finally due to restrictions in time relating to the pressures of their profession. This list of reasons reflects the convergence of the necessity of knowledge on the phenomenon on the one hand, and the need of specific mandates and responsibilities for responses to DV within the medical sector on the other. As mentioned above, the fear of addressing abuse due to the 'privacy' of the topic may be attributed to a lack of an understanding of DV as a medical issue. Allocating a mandate to medical professionals by strengthening the topic of domestic violence as a factor for a person's health, as well as formalizing this mandate by providing time and resources to properly address these cases, are central criteria for improving the medical sector response to DV. (See Weingartner, 2007)

### ***History of the practice: how was it created, developed and implemented***

Acknowledging this need, a curriculum on the topic of domestic violence for hospitals was developed by Univ. Prof. Dr. Beate Wimmer-Puchinger (at the time heading *Initiatives for Women's Health for the state of Vienna*) and Dr. Karin Spacek (at the time head of the *24h Emergency Women's Helpline*) in 2001. Under the name "Violence against Women and Children" (*Gewalt gegen Frauen und Kinder*), the curriculum was implemented as a model project in all public hospitals in Vienna between 2001 and 2006. The project was headed by the city-council-women for *Health, Women and Children* and in cooperation with the *Viennese Programme for Women's Health*, the *24h Women's Helpline*, the *MA 11 Youth and Family Offices*, the *Vienna Association of Hospitals*, *Viennese police* and the *Institute for Forensic Medicine*.

The curriculum encompassed a number of goals, among them: increasing the sensitivity of medical staff on the topic of DV and violence against children, improving early detection and internal communication within hospitals, establishing standards for treatment, developing an emergency treatment plan, as well as familiarizing hospital staff with external organisations, actors, resources available for victims of DV. The additional goals of establishing *Victim's Protection Groups* in all hospitals and the joint development of a standardized kit for the collection of forensic evidence in the cases of DV were of particular relevance. The latter was developed jointly by Police, the *24-hour Women's Emergency Helpline* and the *Office for Forensic Medicine*. Among the many achievements, this initiative was able to establish standards for medical examination of victims of DV and a unified

process of the collection of forensic evidence in these cases, coupled with the training of medical professionals in their use.

Over the course of five years, 880 members of Viennese hospital staff participated in this training programme. The two-day seminar (6.5 hours per day) focused on sensitizing participants to the various forms and effects of sexual and physical violence against women and children, and the proper use of the kits developed for collecting forensic evidence in these cases. Information on legal provisions was shared, centred on reporting cases of DV to police, the rights of victims, and the spaces provided within the various legal frameworks for discretionary, victim-oriented approaches available to medical sector employees. Finally, seminars included presentations of already existing and functioning *Victim's Protection Groups*.

In the same timeframe, other Austrian States began a rollout of the same programme. Vienna's bordering State of Lower-Austria for example, had trained 1289 hospital staff by the year 2006. The success and coverage of this initiative however, varies significantly between different regions. Upper-Austria, one of the case-locations in our study, began an initiative to establish *Victim's Protection Groups* in hospitals as late as 2013. Statements by respondents in our study also point to the assumption, that there are significant differences in the level of institutionalisation and effectivity of existing groups, particularly between urban and rural settings as well as smaller and larger hospitals.

### ***Relationship with national/international policies***

*Victim's Protection Groups* in hospitals have their legal foundation in §8e of the federal law regulating public health facilities (*Krankenanstalten- und Kuranstaltengesetz - KAKuG*). Responding to recommendations by the UN-Human Rights Advisory Board<sup>3</sup> and following the signing of the Istanbul Convention, §8e KAKuG was ratified by Austrian Parliament in July of 2011. It contains seven clauses stipulating the mandatory establishment of *Child- and Victim's Protection Groups* in all hospitals and healthcare facilities above a reasonable size, and formalizing their task for early detection and sensibilisation of medical staff. Furthermore, *Victims Protection groups* must include two doctors (from the fields of trauma surgery (Unfallchirurgie) and gynaecology or obstetrics), a member of the nursing staff, as well as a specialist from the field of psychological care or psychotherapy. Recently, an eighth clause of added, regulating cases in which violence of any kind is committed by a member of the medical sector itself. As of the 24<sup>th</sup> of January 2019, *Child- and Victim's Protection Groups* are required to involve an independent external party in any of their support-activities (e.g. patient's lawyer). Though §8e KAKuG is legislature on the national-level, its specific formulation allocates the responsibility for implementation to the state-legislation. Though we were unable to confirm this hypothesis, the differences in rollout may very well stem from a lag in the adoption of this national law on state level.

The other seminal piece of legislature shaping the work off *Child- and Victim's Protection Groups* is §7(1) of the *Health Care Act* (GuKG – Gesundheits- und Krankenpflegegesetz), which stipulates the mandatory criminal reporting of injury or death of patients as a cause of criminal offences by medical staff. Central to this law, is the fact that such reporting does not require a victim's consent. In this respect, it mirrors the fact that the reporting of ex-officio

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<sup>3</sup> Recommendations 92.71 and 92.72 formulated in the *February 2011 Universal Periodic Review*

crimes does not require victim's consent in Austria either. The central difference however, lies in the fact that while law enforcement officers are required by law to report any and all ex-officio crimes, §7(2) *GuKG* exempts medical staff from this obligation in cases where such an act would endanger the possibility to provide effective medical assistance, due to a loss of trust between patient and medical professionals. These cases must, however, instead be communicated to the *Child- and Victims Protection Groups in Hospitals*.

### ***What factors made it possible***

The creation and implementation of *Child- and Victims Protection Groups in Hospitals* are a product of the convergence of several factors. Since the end of the 1990s, several European countries began implementing new laws to better protect women and children from domestic violence. The Austrian *Protection Against Violence Act (Gewaltschutzgesetz)* was seen as forerunner in this field, and the re-orientation evident in its policies, such as the shift from providing places for victims to flee, to a concentration on barring perpetrators from entering a victim's home, marks a shift in the general paradigm for responding to DV. (See: Haller 2014, 338) A little over ten years later, the legal foundation for extending formalized responses to DV into the medical sector were laid in the form of §8e of the Law regulating public health facilities (*Krankenanstalten- und Kuranstaltengesetz - KAKuG*) [see above]. This ten year's gap in legislature, marks a period in which the efforts of a handful of individuals and the ensuing extensive collaboration of a baffling number of stakeholders led to the creation of the very institutions later formalized in law. (see above)

### ***Strengths and Weaknesses of the practice: results and improvements achieved through the practice***

*Child- and Victims Protection Groups* fulfil the function of internal competence centers on the topic of DV, offering individual informal advice and supervision for colleges, as well as trainings for hospital staff. They are also expected to spearhead measures to increase the safety and security of employees within hospitals and assist colleges who themselves have become victims of violence. These units represent the medical sector in all cooperation with other actors in the networked response to DV and part-take in (or initiate) networking activities with these. As part of co-worker sensitization, they are tasked with improving internal case-documentation by advising others to include the documentation of acts of DV as part of the patient's health records and flagging these cases, to allow for the recognition of enduring violence and higher risk levels.

Hospitals with active *Child- and Victims Protection Groups* tend to develop a number of non-formalized trajectories cases of DV regularly take. While §7(1) of the *Health Care Act (GuKG – Gesundheits- und Krankenpflegegesetz)* stipulates the mandatory reporting of injury or death of patients as a cause of criminal offences without needing a victim's consent, §7(2) exempts medical staff from this obligation in cases where the such an act would endanger the possibility to provide effective medical assistance, due to a loss of trust between patient and medical professionals (see 2.2.1). This provision formalizes the possibility of a case's departure from the trajectory typically initiated through law enforcement involvement. To preserve a trusting relationship, medical staff may choose not to report a case of DV against the victim's will, but rather refer such patients to social sector organisations such as *Women's Shelters, Centres for Protection Against Violence* or similar NGOs. Frequently, members of the *Child- and Victims Protection Groups*, as internal experts on DV, will provide the support usually fulfilled by external organisations. Based on the trust established

between patients and medical staff in the early stages of contact, these relationships will often follow an ad-hoc, flexible structure unique to the requirements of each specific case.

The medical sector however, introduces its own barriers to entry into the networked response to DV. Medical assistance can only be easily accessed by persons who possess health insurance. Moreover, the presence of medical institutions large enough to fall under the legal requirement to install *Protection Groups* varies greatly between urban and rural areas. Lastly, the majority of respondents named data protection regulations as key challenges to an effective response. Issues with data protection consisted broadly of two types: case documentation internal to individual hospitals on the one hand, and restrictions to information sharing with external organisations on the other. The latter is a challenge faced by all stakeholders involved (see also Case Study 2. MARACs) and will need to be addressed on a more fundamental level to overcome the manifest barriers to cooperation. The former, on the other hand, is a challenge faced by many *Protection Groups*, which presents itself in forms unique to each hospital. Here, communication between groups in different hospitals may be key, as solutions developed by one group may benefit others. A notable example may be the plan developed by members of the *Protection Group* at the *General Hospital Vienna* to establish a 'virtual department' of victim's protection. This may be a solution for the barriers to information sharing experienced, where case documentation is concentrated on department rather than hospital level. Establishing a virtual department for victim's protection would allow *Protection Groups* to access relevant information on cases of DV between departments without disrupting the status quo of documentation procedures. Sharing and discussing the challenges faced and possible solution developed in different hospitals is likely to be a key to improving *Child- and Victim's Protection Groups* as a whole. This form of communication and exchange between the groups is not yet however frequent, nor formalized in any way.

### 1.1.3 Discussion of the case

Three dimensions should give rise to the consideration of *Child- and Victims Protection Groups in Hospitals* as best-practice cases for the networked response to DV. These further capitalize on the already favourable conditions the medical sector enjoys as a major institution in European societies: the generally high level of trust people experience towards doctors and nursing staff, the comparative regularity with which people make use of medical services, and the relative ease with which victims of DV access support and aid in the wake of experienced violence, to name a few.

Beyond this, the establishment of *Protection Groups* in hospitals as competence centres on the topic of DV provides firstly, internal expertise on the phenomenon, facilitating formal and informal knowledge and sensibility transfer for the wider hospital staff.

Secondly, the allocation and formalisation of specific competences and responsibilities for the support of victims of DV counteracts the experienced reluctance to address the topic by hospital staff and strengthens the understanding of such violence as a medical issue. The paid working hours allocated for support and counselling represent the credible commitment of the medical sector to improve their role in the networked response, and form the material basis of any attempted intervention into a case of DV.

Thirdly, the legal provisions both governing the rights and responsibilities of medical staff, as well as establishing a binding mandate to implement *Protection Groups* in hospitals illuminate the cross-sectorial nature of this practice in itself. Regarding the former, §7(1) of

the *Health Care Act* (GuKG – Gesundheits- und Krankenpflegegesetz) provides the basis for the autonomous reporting of cases to the police by medical sector employees, in which the injury or death of a patient was likely to be caused by criminal acts. This formalized relationship between medical sector and law enforcement yields the benefit of potentially bridging the gap between early detection and the possibility of police intervention, while foregoing many of the challenges frequently experienced when reporting of such crimes lies within the responsibility of the victim itself. At the same time, and unlike the mandatory autonomous reporting of ex-officio crimes by the police, §7(2) of the *Health Care Act* establishes the possibility for the discretionary use of this legal provision. Thus, medical staff may choose to forego reporting to the police upon a patient's wishes, maintaining the relationship of trust and strengthening a victim's autonomy and self-determination in the wake of the violence experienced by them. Regarding the latter, §8e KAKuG formalizes the mandatory establishment of *Protection Groups* on a national-level, credibly integrating the medical sector into the wider networked response to DV in all regions.

*Protection Groups* are a promising model to provide the medical sector with increased sensitivity and knowledge, as well as formal mandates and allocated resources for a response to DV. As with other sectors and inter-agency cooperation, the question of data protection as a barrier to joint action presents as a major challenge. While a part of this challenge will need to be addressed systematically and on a broader legal level, improvements may be possible through internal process and case-documentation reforms on hospital level. The key to such innovations may lie in the increased networking between *Protection Groups* in different regions and hospitals. The latter is not yet taking place regularly and in a formalized way, a need for such networking being expressed by several respondents. This likely effect of delegating the implementation of national legislature to state level, and then again to the level of individual hospitals may be the site for effective intervention and assistance and should be considered for future action.

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## **1.2 Multi agency risk assessment conference (MARAC)**

*Multi Agency Risk Assessment Conferences (MARACs)* are an instrument formerly used by the Viennese police, the Domestic Abuse Intervention Centre Vienna, and other organisations from the social sector. They were implemented in Vienna to improve the multi-agency cooperation between front-line responders to domestic violence in this state. The Viennese MARAC-project was based on the concept for such conferences sharing the same name, established by the Police and Women`s Safety Unit in Cardiff/Wales, United Kingdom in 2003. (Evaluation Report 2018; Logar 2015)

Multi Agency Risk Assessment Conferences in Vienna are currently not taking place. Beside some other reasons mentioned below, different risk-assessment tools and professional perspectives led to communication problems between the responsible front-line responders. Nevertheless, MARACs have been a point of discussion in the last federal policy “task force” and will be reinitiated. The development of MARACs in Vienna, the concept of these conferences, obstacles and resistance to their implementation, and an evaluation of the same are described below.

### **1.2.1 Methodological information**

Different information about MARAC has been gathered during interviews and meetings with our national project partners. Furthermore, the publicly available *Evaluation Report (2018)* of the Federal Ministry of Internal Affairs and the Guidelines for *Partnerships Against Violence (Logar 2015)* were the main source for information on the implementation and discontinuation of the conferences. Every organisation involved, has its own explanation for the failure of MARACs in Vienna. We describe the different views of practitioners on the wider context of the conferences and on their importance for the respective FLRs.

Our empirical material is limited to the interviews and the published documents, as participant observations of a MARAC was not possible, and valid quantitative data on number of cases discussed at these conferences is not available. Lastly, while our material included case-documentation templates shared with other front-line responders as a basis for consideration of inclusion to a MARAC, access to protocols for specific conferences were denied on the basis of data protection and privacy.

#### *Interviews*

Interviews were conducted with eleven members of MARACs from law enforcement and social sector. The *Victim`s Protection Group* of the Vienna General Hospital was not part of the MARAC alliance and has never participated at these conferences. Social sector interview partners included six respondents from NEUSTART, an organisation tasked with victim-oriented work with perpetrators, the Women`s Shelter Vienna, as well as the Domestic Abuse Intervention Centre Vienna. Moreover, five interviews with law enforcement included members of all specialized police units as well as officers with no additional training on the topic of domestic violence.

#### *Reports*

The Ministry of Education and Women (BMBWF) has in the past been responsible for the implementation of MARACs as part of the National Action Plan (NAP), which also formalized the cooperation with the Ministry of Internal Affairs. For the description of MARACs in Austria, the *Evaluation Report (2018)* and the guidelines for MARACs issued by the *Domestic Abuse Intervention Centre Vienna* were most relevant sources alongside the interviews.

### 1.2.2 Presentation of the case: goals and stakes of the practice (what problem is it designed to solve)

MARACs took place between 2011 and 2017 in Vienna. Since their discontinuation, a possible reorganisation of these conferences in a variation that formalizes the role of law enforcement as a key participant has been discussed by a federal policy “task force”. Due to the dismissal of the ruling parties in Austrian government in the summer 2019 following the “Ibiza-Scandals”, this new concept has not yet been completed, but it is due to be published soon.

#### ***Development and implementation of the MARAC-project***

During the interviews, one respondent described the lack of cooperation between front-line responders in Austria to be partly responsible for two femicides, which occurred in 2005. Following these incidents, the *United Nation Women’s Right Committee*<sup>4</sup> (CEDAW) recommended the improvement of the cooperation between police and victim’s support organisations in Austria to prevent or to reduce the probability of future murders. The aim of MARAC is the development and implementation of a common security measure between all involved organisations. Based on the *European Model for Multiagency Cooperation*, which was developed during the DAPHNE-Projects between 2009 and 2011, the *PROTECT II-Handbook* was published. This handbook was the base for the implementation of MARAC in Vienna. (Logar 2015, p. 12f)

The MARAC-Project was founded in February 2011, to evaluate and improve the cooperation between the Police and the Social Sector (Decree: BMI-KP1000/0707-II/BK/5/2013, 2.11.2013). This was further formalized as part of the project *Living FREE of violence* (GewaltFREI leben). Its aim was the implementation of a unified documentation of forensic evidence, the implementation of European protection measures and standards for process support, and education programmes. (cf. National Action Plan 2014, 13)

The *Domestic Abuse Intervention Centre Vienna* was central to the implementation of the MARAC-Project, in cooperation with the police in Vienna. The implementation of a steering-board with four regular meetings per year, as well as MARAC teams for each police district in Vienna. (Logar 2015, p. 18) A steering board was created, to carry the responsibility for identifying gaps and problems, and to work towards solutions. Furthermore, it was tasked with the communication with politicians and with collaboration for policy development, as well as the management of resources for MARACs. (Logar 2015 p.21) The project initially included two police districts, and was expanded to include a third district before it was discontinued at the end of 2017.

In 2011, the police introduced the content of the project, the working and cooperation agreement, and the allocation of cases. At this time however, neither a project organising structure, nor clear roles or responsibilities for participating police officers had been clearly assigned. The *Evaluation Report* mentions, that these responsibilities should have arisen during the course of the project. (Evaluation Report 2018, 3)

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<sup>4</sup> CEDAW: The Convention on the Elimination of All Forms of Discrimination against Women; <http://www.un.org/womenwatch/daw/cedaw/> [30.07.2019]

The members of the MARAC alliance were police, prosecution, criminal judges, family courts/district courts, victim support organisations, children protection organisations, schools, perpetrator-oriented organisations, public housing organisations, migrant counselling centres, psychiatric centres, and drug counselling centres. (Logar 2015 p. 19, 23) As mentioned above, the victim support group in the General Hospital Vienna was not part of the alliance.

MARAC was planned to be an additional working tool for organisations to systematically assess the risk of the victim's situation. The risk assessment, which should be conducted prior to a MARAC Conference, is based on danger-factors which were developed during the *EU Daphne project PROTECT II*. Finally, the goal of the conference is the development of a tailored security plan for the victim. Additionally, the conferences may aid networking and discussion between the front-line responders involved. In these conferences, *Victim Protection Centres* were intended to take the role as victim's representatives, a task mainly fulfilled by the *Domestic Abuse Intervention Centre Vienna*. As such, Protection Centres were focused mainly on victim's rights and interests. (Logar 2015, p. 25)

Finally, the original concept provided, that a MARAC can be initiated by any partner within the MARAC-alliance. As a condition, any victim discussed at such a conference must already be supervised by a victim protection organisation. If not, they must at least have been referred to a victim protection centre. For this procedure, a standardised case documentation template for the referral to a MARAC was designed. These templates consisted largely of a checklist of twenty-one danger-factors. (Logar 2015, p.25) Generally, the conferences should have been held monthly, and in all high-risk cases of Domestic Violence. Police, NEUSTART (Probational officers), women's shelters, and other involved members of relevant NGOs, participated regularly or occasional at the conferences.

Furthermore, the aim of the MARAC alliance Vienna, was to implement a MARAC team in all five police districts. In December 2015, the teams were implemented in two districts (West-district and 10<sup>th</sup>-district) and actively planned the implementation in the South-district. (Logar 2015 p. 17)

### ***Relationship with national/international policies***

The Istanbul Convention, especially the *Article 4.1*. for the protection of the person's right to be free of violence, and the *Due-Diligence principle* to facilitate the active protection of victims, are two of the fundamental international standards corresponding to the development of the MARACs in Vienna. The guidelines developed by the *Domestic Abuse Intervention Centre Vienna* are based on two central tenants of the Istanbul Convention: victims' wellbeing must be central to all measures and measures must be implemented in cooperation of all relevant organisations. MARACs must focus on the victim's rights and needs. The multi-agency cooperation for riskassessments as part of the development of the Austrian MARAC project complies with Art. 51 of the Istanbul Convention.

Furthermore, the MARAC concept complies to the EU-Victim Protection Directive (2012) which was implemented in Austria in 2015. Based on these international standards and on the decision of the CEDAW Committee mentioned above, the *PROTECT II Handbook* in the EU DAPHNE-Project was published as the foundation of the MARAC-Concept (Logar 2015 p. 13).

On the national policy level, the Federal Ministry for Internal Affairs (BMI) was responsible to attend the pilot project “MARAC”. Together with the Ministry of Education and Women (BMBWF), the BMI was tasked with strengthening and facilitating measures to notify Victim’s Protection Centres and Women’s Shelters. (see National Action Plan 2014, 6-14) Currently, the BMI is mainly involved in the federal policy “task force” to create a new concept for MARACs.

### ***Evaluation of the practices***

#### ***Factors that made MARAC possible***

The CEDAW evaluation of the two femicides can be pointed to as the main trigger for Austrian Government to finance and implement MARACs. Furthermore, the engagement of the Domestic Abuse Intervention Centre and the commitment of police made it possible to realise the project in Vienna. Moreover, the international standards of the Istanbul Convention had to be met.

#### ***Obstacles and resistances***

The victim’s consent is a mandatory condition for organisations to cooperate during a MARAC. Exceptions to this, are high-risk situations of serious and continuous endangerment of a victim, other people involved, or the public. (Logar 2015, p.25) Nevertheless, data protection was mentioned as the main obstacle for the practitioners during the multi-agency conferences. Firstly, the *Victim’s Protection Group* of the Vienna General Hospital was not part of the MARAC alliance, because of reservations about data protection in the health sector. Secondly, most of the interview partners from legislation and the social sector who had attended a MARAC conference, mentioned data protection as an obstacle for an efficient cooperation. Women’s shelters for example, do not have the same information as the Domestic Abuse Intervention Centre. This is due to the fact that they do not automatically receive notification of a restraining order from the police. Thirdly, the mandatory reporting of ex-officio crimes by police was mentioned as disruptive for cooperation during the conferences. The police special unit *AB04* have access to former criminal offences by the perpetrator, but is not allowed to share this important information for a risk assessment for a MARAC conference. Thus, important additional information about the perpetrator is missing.

The current critique of the role of the *Domestic Abuse Intervention Centre Vienna* is, that their employees always focused too heavily on the victim’s perspective and therefore, were not differentiating sufficiently between high- and low-risk cases of domestic violence. The circumstance of this critique by police conflicts with the MARAC concept, in which *Victim Protection Centres* are provided to be the victim’s representatives, and thus, employ the very attitude they were being criticized for. (Logar 2015, p. 25) Moreover, the Danger Assessment (Campbell 2003) includes a victim’s fear as a significant indicator for high-risk. Police on the other hand were not employing riskassessment tools including this indicator as part of their standardized procedure. This different understanding of risk indicators and the usage of various risk-assessment tools may have been a central reason for disagreements which ensued.

Regarding this, the published evaluation-reports by the Federal Ministry of Internal Affairs (BMI) of 2015 and 2017, stated a diminished importance of such conferences, naming the period of time between a conference and an occurrence of a high-risk situation as a central

reason for their critique. Besides this potentially problematic gap between DV-occurrences and conferences, police pointed out that they frequently had no mandate for action in all cases in which a perpetrator had not committed a new crime.

Additionally, most cases were not defined as high-risk by participating police officers. A wider situational analysis would include the perpetrators and witness perspective, which is not part of the Danger Assessment analysis instrument (Campbell, 2003). (Evaluation Report 2018, 4f) A risk assessment tool employed by the police, which would include these circumstances, is not described at this point in the evaluation report. Notably, SALFAG<sup>5</sup> as a tool for risk-assessment is partly used in Austria, but is not mentioned in the report as a tool employed by front-line police officers. An interview partner concluded, that the conferences were very time-intensive for police, while yielding very little output. Contrary to this point, the MARAC concept describes that the conferences are not intended as acute measures for endangerment. They are monthly security measures and cannot be replaced by the organisations daily work. (Logar 2015, p. 23).

In addition, police have neither developed a project manual, nor standardized project documentation, since they were not the organisational lead. The preparation of protocols, annual reports, and the project manual had been the task of the *Domestic Abuse Intervention Centre Vienna*. The *Victim's Protection Organisation* was responsible to invite, to moderate, and to report the conferences (Evaluation Report 2018, 4).

The critique by the *Domestic Abuse Intervention Centre Vienna* was that police discontinued the cooperation in 2018, after a pause during the previous summer. They also mentioned, that the main benefit of the conferences consisted of the compilation of existing information rather than the generation of new knowledge. This point reflects the perception, that MARAC was not seen as important by the police, as they gained no new information through their attendance, and thus obtained no new basis for a continued intervention in the cases discussed.

Furthermore, the *Domestic Abuse Intervention Centre* noted victim blaming during the conferences. Especially as their role consists of representing the victim's needs, such behaviour was incompatible with their outlook and approach, a circumstance which severely impacted the further communication between the parties involved.

A final point of contention was the lack of evaluation of the law enforcement's and the prosecution's actions were never evaluated in the context of MARACs. Particularly in the wake of the murder of a woman in 2016, the lack of a culture of constructive criticism increased tensions between all parties involved. Some interview partners mention these tensions as the cause for the discontinuation of MARACs in Vienna.

### ***Strengths and weaknesses of the practice***

Among the weakness and difficulties for cooperation identified during the interviews, the lack of shared riskassessment tools was among the most frequently named. Although there are significant similarities between several employed methodologies, the heterogeneity in total led to a lack of shared understanding. This becomes particularly evident, where the differences in tools between police and social sector point more towards a difference in the

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<sup>5</sup>Krampl, Manfred: SALFAG. Situationsanalyse familiärer und/oder Beziehungsgewalt. Psychologischer Dienst. BM.I – I/1/g.

fundamental understanding of factors relevant for assessment, than differences in riskassessment procedure. The public child-care organisation for example, uses their own risk assessment (standard: dual control principle), which is a mixture of consent-based models of social work profession, always with the focus on children's welfare. (Hofer, 30ff) The victims' protection organisations use the Danger Assessment instrument by Jacquelyn Campbell (2013), in which the victims view is a relevant factor for defining a high risk situation. Police on the other hand, are focused on ex-officio crimes. This circumstance had influenced the cooperation during the MARAC-Project between these two front-line responders (NGOs and police). Critical points of the police evaluation report include the focus on low-risk cases during the conferences, since police did not have a mandate for action. As mentioned above, police criticized the strong focus on the victim's perspective by the *Domestic Abuse Intervention Centre Vienna*. In their evaluation, they did not mention the usage of different risk-assessments as a possible problem, even though it was the MARAC-Project's goal to standardize the riskassessment (Evaluation Report 2018).

Police officers mentioned their interest in receiving feedback from the prosecution, and deplored the lack of participation from this actor group, prosecution having only participated in a single MARAC Conference. The participation would have been helpful for police to understand why a perpetrator was not arrested or why the investigation was suspended. This was seen as a further reason why police understood their own participation in MARACs to have diminished usefulness. The idea of the conferences as regular meetings to coordinate actions, as it is described in the concept of the Domestic Abuse Intervention Centre Vienna, conflicts with the police's mandate to act immediately and their subsequent requirement on a timely intervention.

Finally, a culture of constructive criticism and feedback during MARACs as important standards for quality assessment are missing so far.

Nevertheless, all interview partners also mentioned the positive effect MARACs had on cooperation. The conferences promoted communication between the participants, especially on a personal level, which can influence their cooperation in a positive way. This demonstrates the fundamental will of all front-line responders for cooperation.

### **1.2.3 Conclusion and perspectives**

The MARAC project was evaluated positively in the aspect of networking and cooperation between the participating front-line responders. Nevertheless, the roles of certain members were not clearly evident for all. This led to misunderstandings and communication problems. For the police the missing mandate to act, as well as the mandatory reporting of ex-officio crimes often caused difficulties for their participation in the conferences.

The *Victim's Protection Group* of the General Hospital Vienna had expressed interest for taking part in MARACs, but was refused because of data protection rules in the health sector. Overall, data protection can be named as a central obstacle for a useful and successful communication between the different professions.

Moreover, the heterogeneity of riskassessment tools also negatively influenced the cooperation. While the differences in the weighting of indicators and even the underlying understanding of risk factors in cases of DV posed a challenge to cooperation, these very differences may conversely represent an asset for the response to DV. Differences in riskassessment tools and their results could be used to illuminate different dimensions of the

same case potentially missed by a single instrument, doing justice to the complexity of the phenomenon of DV. This would provide the opportunity to better evaluate procedures and to learn from possible mistakes.

The former Austrian Government had worked on the strengthening of the Violent Protection Act (Gewaltschutzgesetz) to improve victim's protection. The draft legislation scheduled to be introduced in autumn, is expected to include mandatory counselling for perpetrators (who must however, cover the costs themselves) as well as the expansion of the restraining order to cover not only locations, but also a maximum proximity to persons. In this context MARAC is due to be re-implemented in a reorganised form, this time centred around coordination by the police.<sup>6</sup>

The goal for such a reorganisation, is to provide police with a legitimate mandate to act and the responsibility for all managerial aspects of MARACs. This intends to be in line with the conclusion of the evaluation report (2018). Therein, a continuous documentation and a regular analysis of the process is envisaged to be provided. It will be necessary to react to weaknesses and loosen data protection regulations between the front-line responders to enable efficient cooperation. Details of the concept are not publicly available at the moment.

Finally, two central narratives present during the interviews can be identified: Firstly, the victim-centred perspective of the victim support organisations and, secondly, fundamental lack of a culture of constructive criticism. Addressing these narratives and their underlying problems will play a decisive role in any attempt to reintroduce the MARAC alliance and future conferences.

While the implementation of MARAC in Austria cannot be described as a best-practice case, the relevance of the challenges faced in the attempted implementation of this model in the Austrian context is of significant interest to the IMPRODOVA project. The specific relationship between institutional and legal structures, as well as the frequent incompatibility of the underlying logics of different actor groups, are fundamental challenges faced by any attempt of inter-agency cooperation. These are joined by challenges found in other attempts at cooperation, such as data protection or the lack of formal mandates. Particularly noteworthy for the project, the specific way formal incompatibilities have presented as differences on a personal level should be understood as central findings. In the wake of specific cases of femicides in Austria, the structural barriers to information sharing or the legal foundation for interventions may have been the central problem. However, while cooperation prior to these incidents had not been optimal, it was the lack of a culture of constructive criticism and ensuing fissures between active members, which led to the eventual discontinuation of MARACs in Vienna. Successfully mediating between the structural and the individual levels may be one of the key challenges to improve cooperation in the networked response to DV as a whole.

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## 2. FINLAND

### 2.1 Multiagency Anchor team „ANKKURI“

#### 2.1.1 Methodological information

Multi-agency Anchor team is an organisational arrangement. It involves intra-organisational cooperation. The practices we focus on in this case study are **victim identification and detection, victim support to encourage victims to file criminal complaints and responsiveness to victims' needs.**

In this case study we have examined the multi-agency Anchor team in case location 1 as an operational practice. Altogether 25 interviews have been conducted by POLAMK. Of these interviews 10 were carried out in case location 1. In case location 1 POLAMK interviewed 2 senior constables, 1 sergeant, 3 detective senior constables, 2 detective sergeants, 1 detective superintendent and 1 psychiatric nurse. One of the interviews was conducted in the co-operation of POLAMK and THL. In addition these, THL interviewed one person who works in the Anchor team as a social worker and two shelter workers in case location 1.

For this particular case study we got information from the interviewees who work in the Anchor team, in the Crime Investigation unit, and in the Response Operations unit at the police station of case location 1. Also the web page of Anchor-work in Finland ([ankkuritoiminta.fi/en/frontpage](http://ankkuritoiminta.fi/en/frontpage)) provides useful information.

Organizing the interviews was easy and no significant limitations were faced. All the voluntary participants who contacted the researcher were interviewed. The amount of interviewees was satisfying and there was no need to find more participants. Interviewees presented their work systemically and thoroughly. The shortest interview took 1 hour 10 minutes due the shortened schedule by the interviewee.

#### 2.1.2 Presentation of the case

##### ***Presentation of the Anchor team in case location 1***

In Finland there are multi-agency teams ("Anchor teams") working in several police departments. Anchor teams consist of police officers, social workers and psychiatric nurses. Anchor teams vary in terms of composition in different locations. Also the involvement of handling domestic violence depends on the particular police station.

The Anchor ('Ankkuri') model supports the wellbeing of children and adolescents and is geared towards the prevention of juvenile delinquency and crime, and violent radicalization and extremism. In some places, like in case location 1, the Anchor model is also used to prevent domestic and intimate partner violence by intervening in incidents at the earliest possible stage and by referring the parties involved to relevant support services. (See <https://ankkuritoiminta.fi/en/frontpage>)

The Anchor model is based on multi-agency cooperation, which involves different public authorities working together at police stations. An Anchor team of case location 1 consists of a police officer, two social workers, a social advisor, a psychiatric nurse and a youth worker. The social workers, the social advisor, the youth worker and the nurse are municipal employees. The staff cooperates closely as a team, each bringing to the team their own

professional competence and the support and expertise of their own background organisation.

Multidisciplinary cooperation makes it possible for professionals to serve the customer in a holistic manner based on a 'one-stop shop' principle. While the police officer from the investigation unit investigates the crime, the Anchor team's health care and social work professionals look into the overall circumstances of the customer and his/her family. The Anchor team's social workers and nurse assess the needs of the customer and refer him/her to further services such as victim support services, shelter services, NGO's working against domestic violence, mental health services etc. The benefits of this holistic approach and multi-agency co-operation are evident in challenging situations where the customer suffers from multiple problems like domestic violence, substance addiction and mental disorder.

### ***Goals and stakes and the problems it is designed to solve***

The purpose of Anchor team is to promote the well-being of adolescents, prevent crime at an early stage and work on cases of domestic violence involving families or partners.

Anchor work is carried out in multi-professional teams consisting of professionals from the police, social services, health services and youth services. The composition of the team may vary from case to case. The effective and mutual cooperation of three different authorities increases the **responsiveness to victims' needs**.

The multi-professional team meets with the adolescent and his or her parent or guardian at the earliest possible stage in order to provide the appropriate support and direct him or her where to get the right help or support. The Anchor team guides also the victims and the perpetrators of domestic violence to various welfare and support services available. The psychiatric nurse of Anchor team is a member of local MARAC group and she is responsible for assisting the crime investigation unit in referring victim's case to MARAC group.

If the customers agree, the Anchor team exchanges information with social work and health care agencies. The exchange of information is easiest when the customer has children, because the cooperation can be justified by the child's interests without asking the customers give her assent. On the other hand childless couples who don't want to receive assistance from the Anchor team tend to fall through the service net.

### ***What factors made it possible, what obstacles and resistances have been encountered and how they have been overcome***

The multi-agency cooperation and the exchange of information between the police, social services and health care, which is the core of Anchor method, are based on an agreement between the police and the city (Note: municipalities have a duty to provide social and health care services also in situations of domestic violence). Once the Anchor work got funding from the European Union, the government of the city And the decision-makers of the police department were keen to develop the function.

*When the anchor work got started by the funding of EU, it was precisely the policymakers who promoted it and there was a common will between the city council and the police. It accelerated the progress of Anchor work when it was worked forward by those who sit in the catbird seat instead of those who had the will in the grass root level. It was the moment when this work became something meaningful and it has*

*continued until today. Some things have undergone changes, like the members of the team and inner functions, but the focus has always been the same: intervene domestic violence and break the cycle of violence. Half of our focus group are children and adolescents and intervening their [undesirable] activities. These are the two main focuses.* (203 A IV)

Before the Anchor work was started as a project in 2004, there had been good experiences about one previous temporary project against domestic violence in 2002. The establishment of Anchor work as a permanent function needed a common will of municipalities and regional councils.

*There was a will to create some model how to tackle these two things. When there is a will there's a way. There was a common vision that some model has to be created. There had been this previous project against domestic violence. Then the Anchor work started as a project during the years 2004-2006 at the police station and it was funded by the municipalities, this was exactly the point that needed cooperation. The funding came from the municipalities, the Regional Council of Häme and Southwest Finland and the European Union. Along with this project the Anchor work became established and permanent in the beginning of the year 2007. It needed brainstorming, figuring out what we can do, improving it. Then there was a police officer, a nurse, a social worker. After that a part-time youth worker joined the team and that was a good composition. The dissemination of Anchor work is still on process, -- but now there is a steering group from the Ministry of Interior involved and there is a drive to get Anchor work included to the functions of the police departments. That needs agreements between stakeholders. That needs money. -- This needs will and a common vision.* (203 A IV)

The network of stakeholders is crucial to the work of the Anchor team, so that customers are guided to the services they need and cooperation between agencies works. The role of the Anchor team is already familiar for many of the local stakeholders. The Anchor team organizes a coffee meeting every month where different actors can meet each other and network. In the meeting the stakeholders share information about new phenomena. The meeting is open for everyone who wants to attend.

*"The Anchor coffee", a networking coffee meeting is one of our products. It is a meeting for all the actors who work with children and adolescent and families, all the way from a child health center to other stakeholders. We serve a nice breakfast at the local parish hall every month's first Wednesday from 9 to 10. We bring into discussion recent phenomena and themes. There are authorities of schools, welfare officers, sometimes a reverend, sometimes even a doctor, school health nurses, well teachers find it difficult to attend, youth workers --. In the meeting we share information, you can twitch us by the sleeve, and you create connections and network.* (203 A IV)

### **What results and improvements have been achieved through that practice**

The multi-agency cooperation in the Anchor team makes **victim identification and detection** more effective. The police officer of the Anchor team goes over all the local emergency reports two times per week and searches for expressions that indicate conflicts between couples, disturbing behavior, mischief or disorder. For example, an emergency report may

be categorized as "disturbing behavior" in the situation where there has been a noisy person in the corridor, but in reality this person can be a person who has escaped her violent spouse to the corridor. The police officer selects all the reports that refer to conflicts or arguments and collects these reports to more precise observation.

After selection the police officer tries to identify the persons of the emergency reports. The aim is to identify persons who associate with the reports by using different registers. After identification the police officer collects data about the person's living conditions, for example information about children and people living in the same address.

The team meeting of Anchor is organized twice a week. In the meeting all the selected, identified cases are presented to the social worker, the social advisor, and the psychiatric nurse. The police officer examines if the person has previously been in contact with police. The social worker examines among other things if the family is client of the child welfare service. The psychiatric nurse examines for instance if there is information about the mental disorders of the children of the family in the medical reports. In this way the Anchor team has pieced together a huge amount of information about the family even before the family is contacted. The information exchange is easiest when the customer has children, because the cooperation can be justified by the child's interests without asking the customers give her or his assent.

The family is contacted by the psychiatric nurse. The team has noticed that people are keener to speak about their life circumstances and potential domestic violence they experience, when they are contacted by the nurse of the multi-agency team. Similarly, people are not very responsive if they get a phone call from a police officer or a social worker who is associated to work for the child protection service.

*If I call someone, of course I tell that I am a police officer, but even though I explain that I am a member of a multi-agency team and not investigating any crime, the tone is totally different when our nurse calls someone. Totally different. Even when our social worker calls someone - well, this is just my opinion - there is a certain negative tune when she mentions the child welfare service. Especially if there are children in the family nobody dares mention a thing - but if our nurse calls, the tone is totally different.*  
(203 A IV)

Families with children are invited to meet the Anchor team without asking their consent. The psychiatric nurse of the Anchor team can meet also childless couples. Sometimes the problem is their reluctance to attend a meeting. Childless couples who don't want to receive assistance from the multi-agency Anchor team tend to fall through the service net. Interviewed social and health care professionals highlighted the importance to ensure that also childless couples get help and support they need. One interviewee brought out that when going through the emergency reports, every now and then the same names/addresses show on the reports. The interviewed person was unsure what sort of help is offered to these childless couples if they are not referred to psychiatric nurse working in Anchor team. It was also seen as an investment for the future when trying to break the cycle of intimate partner violence before the couple has children.

After the psychiatric nurse has contacted a family or a couple, it often becomes clear that there actually have been violent conflicts in the family. In some cases, the police patrol has been on the spot solving the conflict but concluded that no violence has occurred, even though the family has actually suffered from domestic violence for a longer period of time.

In some cases the police have been told about the violent attacks but if the couple has insisted the police patrol not to report the violent incident, the report has not been made.

*There are cases where the police patrol should have written a crime report because during the conflict somebody has already been slapped. It is crystal clear that it should have been reported. -- But if the couple over there has steadily decided that a crime report is not needed, the patrol has not reported the crime. So... when we contact the couple afterwards, it is possible that we are being told about continuous violence. In these situations, we provide them guidance to the Victim Support Finland or assist them to report the crime and it is also possible that we meet here. And if they have got children, we make a child welfare notification. People won't reveal everything to the police patrol out there.* (203

A IV)

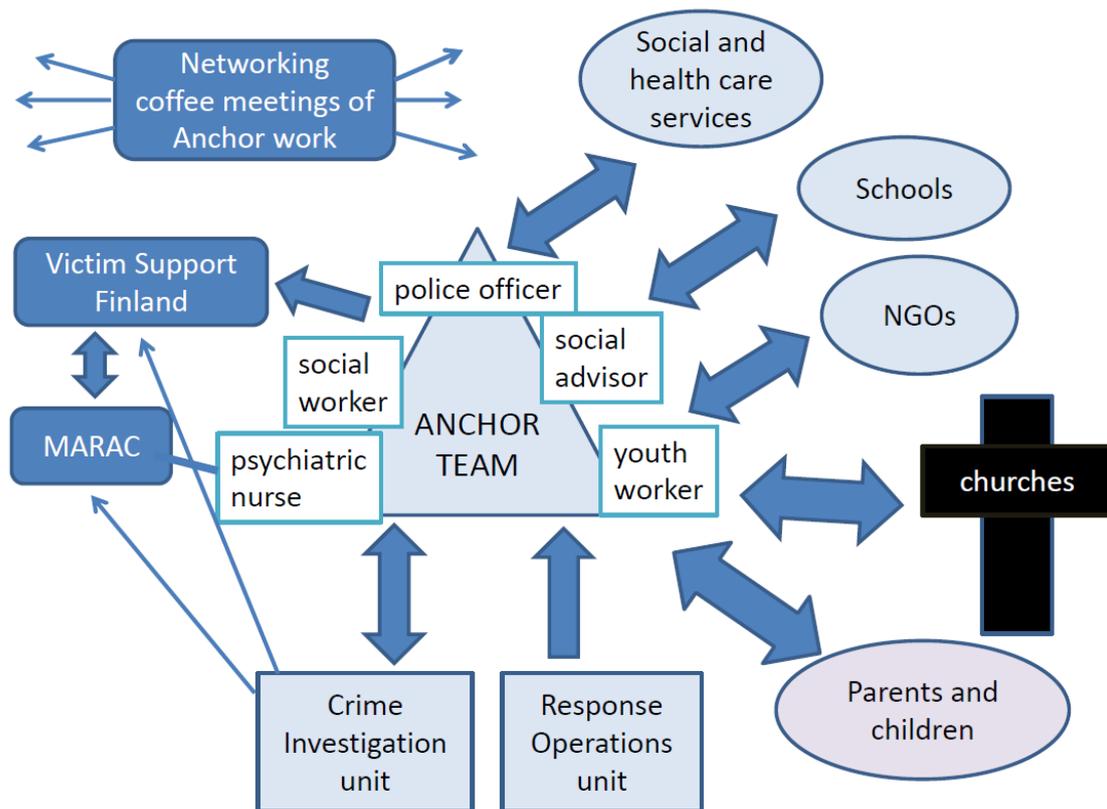
One strength of the practice is that victims and perpetrators are informed and effectively guided to other relevant services. For example, Anchor team makes sure that all victims are informed about the Victim Support Finland services. If the victim approves, her/his contact information are forwarded to Victim Support Finland which contacts the customer. One key person in the Anchor group is a psychiatric nurse who is also working in a local, multi-agency victim-focused MARAC group. Case location 1, about half of the local MARAC cases were referred to MARAC conference from the Anchor team.

*Researcher: What is the connection between the local MARAC group and the Anchor team? How are they working together or are they?*

*Interviewee: They are working nicely together. I refer lots of customers to MARAC (from the Anchor team). MARAC is working well. There is for example police and adult social work... And they can ask from police and police can right away say that you (victim) should report these crimes to police. Then (the victim) thinks that she/he should move into a new home. Then there is adult social work which can offer help in these things. They (MARAC and Anchor) are nicely integrated. I see MARAC as a significant tool for myself and my work in the Anchor team.* (209 A IV)

In case location 1, MARAC groups multi-agency team can offer help and support of professionals from several organisations, including the police, shelter services for victims of domestic violence, victim support services, health care services, services for the disabled people and elderly care, child health clinic / maternity clinic and different NGO's services like A-Clinic Ltd (company working with substance abuse and mental health services). At a MARAC conference, each representative presents their own information on each case with the permission of the client. Information is then supplemented by the other participants. The conference participants discuss victim's situation and prepare an action plan to improve safety. Each participant suggests actions to improve the victim's safety, noting down those falling within their own duties. Furthermore, the participants may also agree on implementing actions in cooperation with others. The agreed actions are recorded and their implementation will be followed up. As with Anchor team, one of the objectives of the MARAC group is to improve information sharing between agents. (Crimeprevention.fi)

### Who works with whom



*Map of cooperation of Anchor work in case location 1*

### Other police units

Detective senior constables and detective sergeants of Crime Investigation Unit consult Anchor team members at the police department. The investigator can guide the victim or the perpetrator to meet the social worker or the psychiatric nurse of the Anchor team. Sometimes, with the permission of the person being questioned, the investigator asks the nurse or the social worker to attend the hearing as a role of a hearing witness. In the first place the task of a hearing witness is to follow the hearing and make sure that no unappropriated methods are being used during it. When the hearing witness is the psychiatric nurse or the social worker of the Anchor team, they can hear the victim's or perpetrator's story as such. After the hearing in finished, they can start assisting the client without asking him/her to explain the circumstances all over again. In addition, the Anchor team may guide to victim to the Unit of Violence Work, shelters for victims of domestic violence, MARAC group or pass the information to the victim's own social worker.

However, the cooperation between the Crime Investigation unit and the Anchor team depends on the personal motivation of the investigators. Not everybody in the Crime Investigation unit is familiar with the work of the Anchor team.

Some uniformed police officers who knew the workings of the Anchor team, gave hints to the team about the potential customers that may benefit from the contact with the team. Yet, the practice of informing the Anchor team was not regular, but related to individual

police officer's personal motivation and experience in the importance of information exchange.

### ***Cooperation with social and health care services, MARAC and NGOs***

Anchor team will inform customers about the relevant services and tries to create bridges to other services and professionals needed. Anchor team's social worker cooperates with municipality's child welfare services and psychiatric nurse has contacts to health sector professionals in addition to MARAC group professionals. It is always individually thought together with the customer that which services are needed and would support clients. Mainly meetings are organized on police department but for example if the customer is accommodated in a shelter, psychiatric nurse and social worker can visit there.

Anchor team's main idea is to prevent domestic violence by intervening violence at the earliest possible stage and guide customers to relevant services. Perpetrators are often informed about the local NGO's services working against domestic violence (Unit of Violence Work). Victims are referred to MARAC group, shelter services, psychiatrics, victim support services and also for NGO's services and other necessary services that are available in the area (some customers are ready to receive NGO services even from different cities, like from capital area or other bigger cities). On case location 1, located gaps in existing services were services for children (specialist support services in cases of domestic violence) and services for the victims of sexual violence.

In case location 1, both Anchor team's and MARAC group's objectives include identification of those victims of domestic violence who are most likely to be re-victimized in the future and breaking the cycle of domestic violence. Psychiatric nurse is working in both of these multi-agency groups, so the cooperation between these two groups is functioning well. About half of the MARAC cases are referred from Anchor team to MARAC.

Anchor team professionals are often consulted by other social- and health care professionals in the area. Interviewees told that nurses, doctors, professionals working in child health clinics / maternity clinics and schools (like school social workers and school nurses) and some other professionals sometimes phones and asks consultatively advices from Anchor team in domestic violence situations. Sometimes parents and victims themselves also call and ask help from the Anchor team.

Anchor team appointments are considered on a case-by-case basis. Social worker and psychiatric nurse are often working as a pair. If couple doesn't have children, psychiatric nurse is mainly working on one's own.

*The idea is to meet the whole family. But who is met first, when we meet children, are the adults seen as together or separately, is there follow-up and what sort of follow-up, whether or not there are criteria for a child welfare client etc., it differs case-by-case. But, the idea is that people are referred to services they need like child welfare services or other social services, mental health services, victim support etc.*

*We have lot of stakeholder partners and it's good to know that there are services, but we may personally be aware of different services. Someone knows something and another knows another.*

Sometimes a professional from local, NGO-led Unit of Violence Work is participating the Anchor meeting.

*The whole point is to get them (couple or family) here for meetings, alone or together. I ask the client if I can bring a professional from Unit of Violent Work for this meeting and it is usually agreed. They see each other and the professional is able to tell what the job is like and what is happening there. To get attacked as early as possible... not just call you later, but to start work right away.*

(209 A IV)

### ***The main conflicts***

No remarkable conflicts were observed. The functions and information sharing in the Anchor team are based on the agreements and law which makes the cooperation smooth. There are some distractions in the cooperation due the turnover of personnel but these are managed by supervision of work and group activities.

Secrecy of personal information is the main cause that limits the effective exchange of information between the authorities. The core of Anchor work - multi-professional cooperation and exchange of information between the police, social work and health care - is based on an agreement between the police and the town. If the customer gives her/his consent, the Anchor team shares information with the police and social and health care authorities. Information sharing is easiest and most effective when the customer has a child. In such a situation the cooperation can be justified by the interests of the child and the cooperation does not necessarily require customer's consent. Childless couples are losers in this system, if they do not want to receive help from the multi-professional team.

The victim's consent is required in order to hold a MARAC conference. Victim can decide which actors are allowed to participate to conference. The referring agency informs a client about the MARAC process and the victim will complete a consent form and choose with whom her/his personal information is shared.

Some conflicts within the work of the Anchor team are related to turnover of personnel. The work of the Anchor team is highly independent and self-guided albeit the core is based on teamwork with other authorities. This kind of working environment demands the employee to be open-minded, committed, collaborative, dependable and communicative.

*We have to have a same vision. That's why it is important to set and clarify the methods and expectations of the Anchor work when new employees start work. They have their own ways of doing things which can be very refreshing or it can be an obstacle, if they won't adapt our methods and share our goals. Sure we are open to new ideas if it improves our function.*

(203 A IV)

The Anchor team organizes every month functional group activities to orient new employee and to improve the teamwork spirit. Every team member organizes in his/her own turn activities to the group and the team leader looks after that everybody attends despite the workload. Sometimes the team needs to request the management to supervise the work to clarify the roles and goals of the Anchor work.

### ***The outputs and the outcomes of the system of collective action***

The collective action and effective information sharing of multi-agency Anchor work have developed mechanisms for better protection of the victims. For example, the nurse of the Anchor team provides consultation for the Crime Investigation unit and joins in the hearings if needed as a role of a hearing witness. By doing this the nurse can simultaneously assess the risks of domestic violence and vulnerability of a victim - the information that the nurse needs is she refers the case to MARAC.

One of the remarkable outputs of the Anchor work is better information sharing and better trust and knowledge of one another between partners. The effective communication and information exchange is based on law and agreements between the police and the town. Without the agreement the information sharing would be difficult. Since the Anchor team works in the same office, the cooperation is even smoother. The supervision of work that is regularly provided for the staff clarifies the roles of different actors and strengthens their professional identity. The collaboration of three authorities, working side by side, improves better problem solving capacity and better ability to take account of the particularities of each individual victim.

There is a risk for unwanted outcomes in the collective action of the Anchor team. The interviewee pondered a situation, where parents of a family are already emotionally exhausted, when a contact from the Anchor team may be the last straw that breaks the camel's back.

*Sometimes I wonder if it is reasonable to start child protection enquiries, which leads to a burdensome process, or could it change the situation for even worse? The law says we should start it, but then you have to consider things like what if all the child protection processes increase the stress of the family, all the meetings... but it also depends on your personal interaction with the family how the meetings go and how the parents react.*

(203 A IV)

To keep the balance between legal procedures like child welfare enquiries and the wellbeing of the families were considered problematic. Laborious processes of child welfare service may be too much for emotionally exhausted parents. An unwanted outcome is for instance a situation where too harsh interventions of Anchor team and child welfare service would cause a family break-up.

Unlike some police officers, social and welfare actors in Anchor team and working in shelters didn't see that intervention would make situation worse. Victims' safety is the most important thing, and there are situations when professionals need to carefully consider how to proceed. If couple is seen together in Anchor appointment, sometimes victim calls afterwards and tells that she/he couldn't tell everything in front of the perpetrator. Also in MARAC conferences some victims participate secretly. Safety issues are considered for example when calling or sending SMS's to customers.

*I'll never tell anything via SMS about the case or reason why I'm contacting the victim. I just send a message that "Call me when it's good time you to talk with me. Regards, X (professional's first name).*

(209 A IV)

Evaluation studies have not yet been conducted on the Anchor activities but professionals have the feeling that Anchor team has positive effects. Evaluation study about MARAC in

Finland (Piispa & Lappinen 2014) examined criminal complaints for intimate partner violence filed with the police a year prior to and six months after the MARAC. The experiences of the victims involved were also gauged by interviewing them and their support workers. The cycle of recurrent violence was successfully broken in more than 70% of the cases, and no new criminal complaints for such cases were filed during a six-month follow-up period. The positive results were backed up by victims who reported that abuse and stalking had ceased. (Crimeprevention.fi; <https://rikoksentorjunta.fi/en/marac>.) In the future, some similar research would be useful to conduct also with Anchor model.

### **2.1.3 Discussion of the case**

The Anchor model is adaptable to every police department in Finland. Nationwide purpose of Anchor work in general is to promote the wellbeing of adolescents and prevent crime at an early stage. Not every Anchor team work actively with domestic violence cases.

The Anchor work and MARAC model enables diverse range of stakeholders to provide consultation and effective collaboration. Multidisciplinary cooperation makes it possible for professionals to serve the customer in a holistic manner based on a 'one-stop shop' principle which improves quality and effectiveness of services and support. While the police officer from the investigation unit investigates the crime, the Anchor team's health care and social work professionals look into the overall circumstances of the customer and his/her family. The Anchor team's social workers and nurse assess the needs of the customer and refer him/her to further services. The benefits of this holistic approach and multi-agency cooperation are evident in challenging situations where the customer suffers from multiple problems like domestic violence, substance addiction and mental disorder.

The uniformed police officers of response operation units attend to domestic violence incidents more often than the other police officers. Still, right after the incident the victims may be too scared to tell about the violent circumstances. According to our interviews, the contact made by a psychiatric nurse made the clients to open up. Similarly, the contact made by a police officer or a social worker may close the client off. This is an interesting discovery that needs more examination: the position of the one who contacts the victim might lower or raise the threshold of the victim to file a criminal complaint.

The cooperation within the Anchor team is guided by well-functioning structures and highly motivated personnel. Cooperation was considered effective when the cooperating parties located close to each other and knew each other personally. Within the police organisation, the cooperation between the Anchor team and the rest of the police depended on personal relations: contacting Anchor team was at the discretion of individual police officers.

The Istanbul Convention article 18 orders the parties to take the necessary legislative or other measures, in accordance with internal law, to ensure that there are appropriate mechanisms to provide for effective co-operation between all relevant state agencies, including the judiciary, public prosecutors, law enforcement agencies, local and regional authorities as well as non-governmental organisations and other relevant organisations and entities, in protecting and supporting victims and witnesses of all forms of violence covered by the scope of this Convention, including by referring victims to general and specialist support services as detailed in Articles 20 and 22 of Istanbul Convention. Multi-agency methods like Anchor team and MARAC group are methods that increase this kind of cooperation between different agencies. In both models there are of course things to

improve, develop and nationally standardize, so that in the future citizens aren't in an unequal position based on where they live in Finland.

## **2.2 The DV investigation team**

### **2.2.1 Methodological information**

In this case study we have examined the Domestic Violence Investigation team of case location 2 as an operational practice. Altogether 25 interviews have been conducted by POLAMK. Of these interviews 15 were carried out in case location 2. In case location 2 POLAMK interviewed 2 senior constables, 3 sergeants, 2 detective senior constables, 2 detective sergeants, 1 detective chief inspector, 1 social worker, 1 senior social worker, 1 psychiatric nurse and 2 NGO workers.

For this particular case study we got information from the interviewees who worked in the Domestic Violence Investigation team, in the Targeted Threat Investigation team, in the preventive policing unit, in the multi-agency Anchor-team and from the two NGO-workers.

Organizing the interviews was easy and no significant limitations were faced. All the voluntary participants who contacted the researcher were interviewed. The amount of interviewees was satisfying and there was no need to find more participants. Only one person withdrew from the interview due the workload. One person was interviewed by email and despite the detailed questions the answers were not very comprehensive.

In addition, we have gathered a sketch of a hearing protocol that is designed to be used in honor related violence cases. We have also participated a seminar PATRIARCH where we were introduced a risk assessment tool of patriarchal violence with honor as a motive.

### **2.2.2 Presentataion of the case**

#### ***Presentation of the domestic violence investigation team***

After a crime has been reported, the police carry out a preliminary investigation. The Domestic Violence Investigation team investigates all the crimes that have occurred in intimate relationships. During the preliminary investigation the police investigate what has happened and what damaged have occurred to the victims of crime. Detective senior constables and detective sergeants question the victim, the suspect and witnesses. They also collect evidence such as doctor's statements and photos and carry out technical investigations. They also arrange translators if needed.

The crimes that are investigated in the Domestic Violence Investigation Team are assaults, attempted homicides, extortions, kidnapping, illegal threats and so on. Not all of the crimes involve violence but in some of the cases there is threat that utilizes the dependency of the victim. The intimate relationships include family relationships, existing intimate relationships, ex-spouses and people who have a personal bond for example a common child.

#### ***Practice's goals and stakes***

In the beginning of 2010 there were only a couple of police officers in case location 2 who investigated domestic violence and child abuse cases. Not surprisingly the situation led to

the overload of the few investigators. In the year 2012 there was an organisational reform, where it was decided that there will not be any special units or specialized detectives but every detective will investigate all type of crimes. The new reform meant that a detective police officer had cases all the way from domestic violence to petty thefts and traffic accidents. Anyhow, soon it was accepted that the preliminary investigation of domestic violence needed to have specialized police officers and the Domestic Violence Investigation Team started its work.

Due the nature of domestic violence, the investigation of it demands high skilled personnel with empathy, motivation and commitment. **The goal of the team is to investigate the crime but also to find special support for the victims** who are in a constant dependence or subordinated relationship to the suspect.

*I think it is good to have specialized detectives. When you are motivated, your expertise needs to be motivated and fed, because then it will generate professional ability that benefits the whole group. If everybody purely investigated everything and no one got a chance to grow professionally along with motivation, as we have had this kind of traditional model in police forces, it rarely would bring out any new operations models or particular innovations. But when you feed the motivation, as people mainly apply a post in Domestic Violence Investigation Team because they are motivated to investigate these cases, then I think you have to encourage it and make people grow professionally. Of course some people want to work here just because it is great to work here and we have a good working spirit (-- laughs --), but the investigation of these cases needs that people are excited of things. It does not help that the investigator in charge is excited of everything.*

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### **Obstacles and resistances**

The Domestic Violence Investigation Team is highly overloaded. Employee turnover rate has been 80 percent in 2019. In principle the numeral amount of personnel is satisfying but actual amount of personnel is smaller due to work rotations, sick leaves and study leaves. The importance of motivated and skilled personnel is acknowledged. The detective senior constables and detective sergeants who suffer from mentally challenging work and overload are supported several ways to cope with stress at work.

*We have so much good which works in this group. Working spirit is good, chiefs are very good, worksteads are very good, cooperation partners like the Forensic Psychology Center for Children and Adolescents and multi-agency anchor-team, Victim Support Finland, mediation office, they all are available and work really well in our police department. But this constant lack of resources. -- The chiefs are skilled, they know about domestic violence cases. You can approach the chief without any concern and ask his/her opinion and he/she will define the policy and decide what we will do instead of saying that you decide it by yourself. -- It is about the chiefs how well the team is doing. Our team is doing very well, well-being at work is taken care of as well as it is possible in these circumstances. -- You can choose your own shifts which is extremely great thing when you have a family. I have a hobby I can go in for only weekends. So I don't have to work on weekends. This is the reason why I have stayed in this job for years. (218 A II)*

Skilled superiors, right to choose the working shifts and good connections to cooperation partners were found crucial when talking about work overload. Personnel have also permission to exercise two hours per week.

In the beginning when the Domestic Violence Investigation team was established, the team worked in an open-plan office. It was described as a big hall where everybody worked in the same space. This was experienced chaotic and it took many years to modify the working space more functional. Now detective senior constables work in smaller rooms and the office is more silent.

Also access to training and courses were considered important by personnel.

*If I haven't got a chance to participate some training or course, it has never been up to my superior. Some people want to have work rotation, I also once had a rotation in the team of sexual crimes. Our chief inspectors have never hampered these wishes. If the rotations have been denied, it has been like that because of someone who is in a higher position than my superior. My superior knows that it is short-sighted to disallow people to get trained or have rotations - then this person does not want to return to the same team anymore. If you want to keep to employee for a long time, negotiation has to be mutual.*

(218 A II)

Commanding officer of the Domestic Violence Investigation team is very concerned of management of work-related stress. The stress is being managed by regular supervision of work and by additional access to the psychologist's appointment of occupational health services. The commanding officer has also organized resilience training for the whole team.

*Ten years ago there were only 1-2 detective senior constables [in one police district] who investigated domestic violence cases and child abuse cases. They got 200-300 cases per year and they also investigated all the crimes where children were victims and also interrogated the children. At that time the policy of this police department was to find a police officer who was motivated, effective and emphatic, burn him out and then sweep him away to recover somewhere. And then find another similar officer. But we have got a lot of progress since those years. Now we have resources - besides the investigation - to pay attention to the wellbeing of the employees. We have resilience training, we have supervision of work, we have got annual physical examination organized by occupational health service, we have extended access to the appointment of psychologist. It is mandatory every year and it has been expanded from five appointments so that you have at least five appointments every year and even more appointments if needed.*

(212 A VI)

The progress in taking wellbeing into account at work didn't come easy. After years of burdensome overload of two investigation teams someone made a complaint to the Regional State Administrative Agency (AVI). The Regional State Administrative Agency is responsible for regional supervision and direction of occupational safety and health.

*The Regional State Administrative Agency investigated the causes of the complaint and they noted the overloaded situation in the Domestic Violence Investigation team and in the team that investigates sexual crimes. They authorized occupational health service to check the situation and to give an action proposal for the police department. There was even a threat of sanctions against the police department to make sure that something will be done. Then there were some interviews and at the time of action*

*proposals we started to search recourses for resilience training and supervision of work. We found the resources at the same time and the police department had a pressure to grant those so that's how we got them.  
(212 A VI)*

### **Results and improvements that have been achieved**

An investigation team that is specialized in domestic violence has got several positive outcomes. Specializing in one particular type of crime has produced high skilled personnel and offered a possibility for motivated and emphatic people to apply a job in the Domestic Violence investigation team. Inversely police officers who are not motivated to investigate domestic violence cases are not forced to do so which lowers the possibility of secondary victimization - for example a situation where the victim would be blamed for the violence or treated without respect.

A preliminary investigation of domestic violence case means sometimes several hour long questionings, but the investigator needs also to understand things like psychological response to trauma and victimization. After the questioning is finished, the investigator tries to motivate a victim or a perpetrator to receive assistance. The detective senior constables and detective sergeants have to know how to approach a victim and a suspect to build trust, to motivate the person to tell about his/her situation and to motivate them to accept to get help. This all takes more time than an average hearing in police work. The daily routine where a police officer focuses on one types of crimes and is not distracted by "easier" cases like thefts and forgeries helps to achieve an environment where domestic violence cases are not skipped as more demanding or onerous task.

*When I talk to her, I mean of course we have to go through the official hearing because that is my job, I have to get the story in the paper. So... it may happen that she really doesn't want to talk but after when we have gone through the official part of the hearing she maybe wants to talk. So I say okay, I'm not gonna write anything in the hearing protocol anymore, so is there something you would want to tell about what really has happened? So I could help you and get you the help you need? Usually they start to talk at this point.*

*Because I can't bluff them by saying that you don't have to tell but you should tell, I can't say this. Because it is her right, that's why I like to have a lawyer present in the hearing so I don't have to tell her those rights and duties when they often ask that should I tell. So I can't tell my own opinion about that. I can say that you have right not to tell anything because the suspect is your relative but you should remember that if you decide to tell something, you should not lie in the hearing because you might end up on being accused of it. This all is so formal that it stiffens that whole hearing from the very beginning. So I could easily say after this "ta ta, bye" but the way I work is that if I only have got time, I will try to make those people think. It is interesting to see people coming here when they are so serious in the beginning and even play down things and wonder why police have to investigate this when they don't want it and so on but in the end they cry and are totally open to tell about what has happened.  
(218 A II)*

Allowing the personnel to specialize in domestic violence and feeding their motivation generates also subspecialization. The commanding officer of Domestic Violence Investigation Unit is motivated to develop the work of his team among vulnerable groups.

*I would like to continue to develop specialization, the work with the cases of honor related violence is making headway but we need to pay more attention to forced marriages because those cases are very difficult to investigate on time. Also the investigation of domestic violence in the families of same sex couples would need some special attention since I don't remember any cases of gay couples during these six months I have worked here. Still I think there are more violence between gay couples than police is reported.*

*(212 A VI)*

Specialization has also made an effective service counselling possible. The Domestic Violence Investigation Unit has good connections to different governmental and non-governmental services. The employees have personally visited many of the cooperation partners. Knowing stakeholders personally and to be able to tell about their work diversely is an effective tool in motivation clients to receive help.

*As far as I remember, one-third of all the clients of Victim Support Finland in the region of southern Finland are guided there by our Domestic Violence Investigation team. However, measured in percent the amount is stunning. It [guiding of victims to Victim Support Finland] is so essential part of our daily routines that it is difficult to even categorize.*

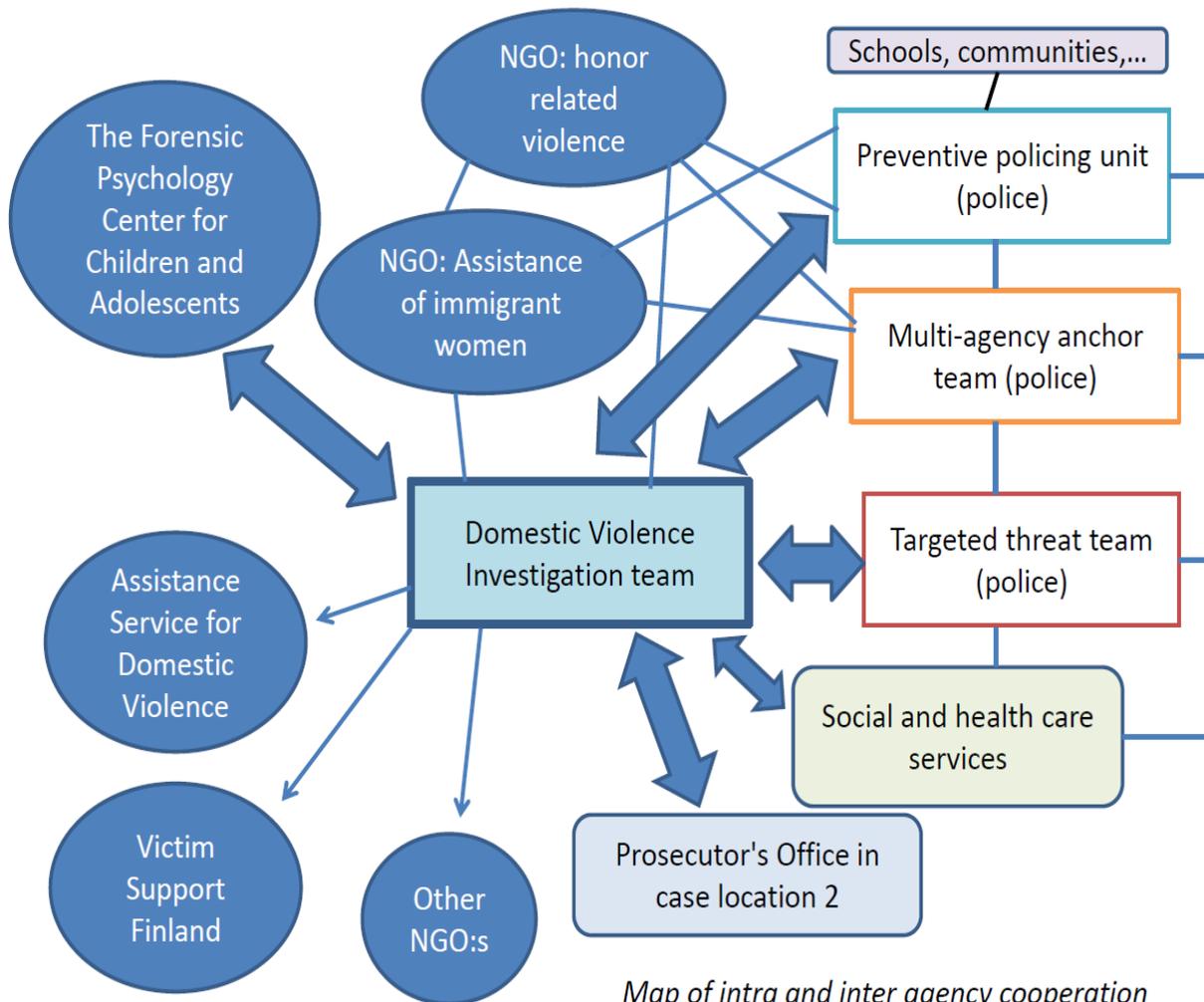
*(212 A VI)*

One interviewee was concerned of lack of resources and was also worried how it will impact the service counselling in the long run.

*If people have developed good practices in their work but these practices are not managed, those practices will fall off when the employee has got too much work. The glitch here is that there are few detectives and these detectives have too much work so when you have to get things done, this effective service counselling what we have been doing, unfortunately I think it will fall off. -- I don't say it has already happened but the threat exists. It is quite terrible because the idea of this team is that we can prevent those future cases when we offer victims AND perpetrators help and support. And some solutions to problems.*

*(219 A II)*

### ***Intra and inter agency cooperation: who works with whom***



### ***Intra-agency cooperation with other police units***

The Domestic Violence Investigation Team cooperates actively with other units of police, mainly with the Anchor team, preventive policing unit and targeted threat investigation team. The teams work in the same building and most of the police officers know each other which makes the co-operation easy and effective. Co-operation is mostly consulting but there are cases where all these mentioned teams have worked together - one of these cases is introduced in the end of this report.

### ***Preventive policing unit and NGOs***

The police officer in preventative policing unit works to support integration and safety especially of immigrant women and to prevent harmful phenomena among cultural and religious communities. The nature of the work of the interviewee is to provide easy-access police services for people in vulnerable situations like for victims of honor related violence and LGBTQ people with refugee background. The officer at the preventative policing unit works actively with immigrant women suffering from violence and in order to detect immigrant victims with minority sexual or gender identity. She is on duty at a special room in NGOs premises a day or half a day in two weeks. Thus the customers are able to meet a police officer anonymously in a safe environment and ask advice that relates to their life situation and criminal law. Many of the customers of this special NGO services cannot come

to the police station because their family and relative exercise control. Thus it is only possible for them to meet and discuss with the police in a secret location. The police officer can also report a crime and give information about the progress of an ongoing criminal investigation. The interviewee may also meet customers who live under a threat of honor-related violence at a school welfare officer's office at the school where the customer studies.

This human-centered preventive and supportive work includes close co-operation with NGOs, schools, Anchor team and domestic violence investigation unit. Preventative policing unit has an excellent network covering various partners and interest groups such as third sector actors. A preventative police officer can consult, on victim's consent, for instance the staff of an association that works against honor related violence that can assess victim's vulnerability and how well motivated or capable the threatening person is in inflicting serious violence or other threat to the victim.

In the cases of suspected honor related violence the case is shared with the working committee that consists of police officers from anchor team, preventative policing unit, domestic violence investigation team, sexual crimes team and targeted threat investigation team. The purpose of the committee is to ensure that information is shared with all the teams to avoid the situation where access to information is limited only to one person, which is a problem if the person is on vacation or day-off.

The preventative policing unit has in cooperation with an NGO created a hearing protocol that is adapted for honor related violence cases. With help of the hearing protocol it is easier for the interrogator to find out for example the aspects of power relations within a family, oppressive control mechanisms and the network of relatives causing the threat. If the crime or threat can be proved to be planned or systematic, it is possible that the punishment will be harder because of the orderliness of the crime.

### ***The targeted threat investigation team***

The purpose of the Targeted threat investigation team is to uncover potential threats and it does not investigate domestic violence regularly. However, they may take a stand on domestic violence if there are indications of systematic and potentially realizable plan of violence, which meets the criteria, presented in Chapter 21 Subsection 6a of Penal Code (preparation of an aggravated offence against life or health).

In addition, those crimes that have a threat of targeted violence and that require secret coercive measures such as surveillance an interception, the Targeted threat investigation team could investigate the case or the team can support in such pretrial investigations. Targeted threat investigation team cooperates also with a Preventative policing unit at the same police department.

Targeted threat investigation team often sends information requests to social services and health care on grounds of Chapter 4 of Police Act. In these situations, the police have a reason to suspect that the person who is the target of the information request is a threat to other person's life or health. There are some unclarified legal issues in relation to these information requests. It often turns out that for instance the information is not available from the health care. Successful cooperation with social work and health care can produce valuable information about suspect's mental problems, substance abuse, problems related to medicaments, negative life changes, family problems, violent attitudes and thoughts and about other things that can be dis-inhibitors, (or provocative factors) and de-stabilizers.

Health care can also get information on suspect's concerns over his/her health, for instance, mental health, from the police.

### ***Multi- agency anchor team***

The Anchor model is based on multi-agency cooperation, which involves different public authorities working together at the police stations. An Anchor team of case location 2 consists of 4 police officers, 3 social workers and a psychiatric nurse. Social workers and the nurse are municipal employees. The staff cooperates closely as a team, each bringing to the team their own professional competence and the support and expertise of their own background organisation.

Multidisciplinary cooperation makes it possible for professionals to serve the customer in a holistic manner based on a 'one-stop shop' principle. While the police officer from the investigation unit investigates the crime, the Anchor team's health care and social work professionals look into the overall circumstances of the customer and his/her family. The Anchor team's social worker and nurse assess the needs of the customer and refer him/her to further services. The benefits of this holistic approach and multi-agency co-operation are evident in challenging situations where the customer suffers from multiple problems like constant domestic violence, substance addiction and mental disorder. The investigators from Domestic Violence Investigation team consult Anchor team if needed.

### ***Interagency cooperation with the Forensic Psychology Center for Children and Adolescents***

The Forensic Psychology Center for Children and Adolescents investigates reports of sexual abuse and/or assault of children in the HUS area upon request for assistance from the police or prosecutor. The Unit provides consultation services and training for officials on the evaluation and examination procedures regarding assaults on children and child sexual abuse and on the effects of traumatic experiences of children.

The Forensic Psychology Center for Children and Adolescents visits the office of Domestic Violence Investigation team three days a week. This procedure has been established in 2015. The unit helps police officers in interrogation of children and offering background information of a child. The personnel of the unit can make the hearings instead of police officer or together with the police officer.

*Now when we have that child psychiatric team from the Forensic Psychology Center for Children and Adolescents half-permanent, at least three days a week, a psychiatrist as a partner, and then a social worker, it makes our work easy because with her help we have access to the information of the child. The change of information is remarkably easier when we have a children's social worker here because she can contact the personal social worker of the child. Especially because she has seen the background information of the child, she knows what we are talking about and about whom.*

*(212 A VI)*

*The team watches the interrogations we have and they give feedback and we also have once a month -- professional guidance, where we have this partner from Forensic Psychology Center for Children and Adolescents, our investigators and a prosecutor who is specialized on children. Then we check out together if there are some new instructions or practices, -- and we watch some interrogation footage, good or bad, then we make observations how was it and what things we can learn about it, and then the prosecutor tells what they would like to have more or what has worked well in the*

*trial. -- They have trained children's psychiatrists who make the hearings in the first place and then guide our employees which brings a huge amount of know-how to the hearing of children and also to evaluation of some special cases, when there is a police officer, a doctor, a psychiatrist, a social worker and a prosecutor if needed evaluating the case together. This procedure has an obvious advantage compared to situation where a police officer would look the case alone thinking that what should I do about it.*  
(218 A II)

Forensic Psychology Center for Children and Adolescents also provides information for the investigator about the child's development disorder, previous problems within the family and information that is collected by the child welfare service. All this information helps the police officer to prepare the hearing. A prosecutor can also ask the Forensic Psychology Center for Children and Adolescents to evaluate the reliability of the child's hearing.

### ***Interagency cooperation with social services***

The Domestic Violence Investigation team cooperates with social services mostly in the cases where there are children involved. The legal procedure requires police to inform the child welfare services by a child welfare notification always when there is a concern about a child's well-being.

The Domestic Violence Investigation team can share information of a client with social and health care services through the Anchor team but agreements about some cases require sometimes reaching the personal social worker of a client. Reaching a duty officer of social services is easy but there are some remarkable problems with reaching especially the social worker of a child. The turnover rate of children's social workers is high as well as the amount of social workers which makes the cooperation complicated and mutual practices cannot evolve.

*Well reaching... they are difficult to reach. The duty officer is always reached but from our point of view that person is quite random according to our case... and the personal social worker of a child can be whoever who maybe doesn't have any kind of common history about working with us. Reaching, agreeing about the procedures is always like cranking or pumping. It causes extra concerns and effort.*

*Q: How this situation could be solved?*

*An obvious solution would be utilize MARAC, somehow, to upgrade it since it has got a history and support of the National Police Board of Finland and this way there is a chance to get resources for it. Anyway we should communicate more with social services. During the time I have worked in this team there has not been any meetings with child welfare service or social services in general.*

*(212 A VI)*

### ***Interagency cooperation with the Victim Support Finland and local Assistance Service for Domestic Violence***

Visitor operations organized by Victim Support Finland (RIKU) is a service at the police station, court or shelter services, where Victim Support Finland's staff works on certain weekdays. The idea of RIKU's visitor operations is to bring their service points' personal services to the places, where victims of crime and witnesses are likely to be.

In case location 2 the employee of Victim Support Finland is not usually meeting clients but rather police officers. The employee has access to police station's investigation offices and she can meet police officers in their coffee lounges. These kind of unofficial, casual meetings stimulate discussions between the employee and police officers about the role and functions of Victims Support services. As a result, one-third of all the clients of Victim Support Finland in the region of southern Finland are guided there by the Domestic Violence Investigation team.

Victim Support Finland has made an agreement with the police department (case location 2) in 2013 about the visitor operations when also the goals and reasons were agreed. At the beginning the aims of visitor operations were planned annually and the idea of the function was to utilize the stuff of Victim Support service in the hearings. Soon it became clear that it was difficult to arrange meeting with the victims exactly at the same time when the Victim Support employee was visiting police station, therefore the cooperation took the shape of meeting and training the police officers, sharing information and building mutual trust.

*The greatest benefit of this work is that it makes possible the mutual, confidential cooperation, when I know what the police officers do and police know what we do, we are not like a faceless organisation. It is clear that in the police stations where we have this visitor operation, the cooperation is much better than in the other police stations. It creates a good trust and also structures for cooperation. It has given a chance to share information openly, because every time I am here at the police station, I can reach an investigator if I have a question. At one point some organisations were discussing about how nowadays the victims of sexual crimes don't have a chance to have lawyers in the first hearing, and it stimulated discussion about why it has changed like that. Well, I talked about it here with the commander officer and it came out that they had talked about it also at the police station and got the same question from the prosecutor's office. So they started to examine the phenomenon and found out that this phenomenon was real and they decided to end this kind of process. These kinds of extremely big problems can be solved when you have structures for open dialogue. If there is any kind of problems on either side, you can call and ask if there is anything that could be done about it. It is the best thing how you can support a victim.*

*(224 D II)*

In a hearing protocol form there is a mandatory check list that inquires information if the victim is informed about victim support services. If the victim agrees, crime investigators pass victim's information to the Victim Support. In addition, and again on parties' acceptance, the information of the victim and the perpetrator is also passed to the local Assistance Service for Domestic Violence, under the Federation of Mother and Child Homes and Shelters, which can offer various counselling, guidance and therapy conversation services and assistance to all parties of domestic violence. The newly recruited crime investigators also visit the local Assistance Service for Domestic Violence and get to know the staff and activities and thus can better market the services and assistance for customers.

### ***Interagency cooperation with Prosecutor's Office***

The commanding officer of the Domestic Violence Investigation team meets the prosecutors of case location 2 in every third month. In the meeting all the changes of the organisations, legislation or practices are gone through. The prosecutors offer feedback about the quality

of the preliminary investigation and explain what things should get more attention. Police can also ask for course of conduct for more rare or emerging forms of crimes.

*In the last meeting we agreed about the procedure for prosecution of honor related violence cases. So we agreed who is going to be the prosecutor in charge in the cases of honor related violence to develop this operation together with the committee of honor related violence.*  
(212 A VI)

### **Interagency cooperation with NGOs**

The Domestic Violence Investigation team has a long history of cooperation with different NGOs but until recently the cooperation has been quite unilateral: guidance of clients to the services organized by NGOs. In a couple of years, the function of preventive policing unit has extended to include deeper and more mutual cooperation with NGOs and communities. The possibilities for a long-lasting cooperation with human-centered perspectives have created a positive loop where police can learn from the communities and utilize the expertise of different actors. The benefits of cooperation are trickling down to the whole police department by training and learning. For example, a local NGO has offered training on honor-related violence to the members of the investigative unit of violence in close relationships. In addition, an Arabic-speaking representative of that NGO has employed as an expert witness in an investigation of honor-related crime case. Also the victims of honor-related violence are guided to the services of the above-mentioned local NGO. Another NGO provides special services to immigrant women victims without supporting social networks.

The problem that lies in the cooperation with different NGOs and projects is that many of the organisations and projects are funded temporary. The Domestic Violence Investigation team cannot base its functions on temporary projects that are not yet proven to be effective or satisfying. Therefore, a cooperation partner is expected to be permanent and its activities proven to be professional.

### **2.2.3 Discussion of the case**

The work of the Domestic Violence Investigation team in cooperation with other preventive policing unit, the Targeted Threat Investigation team, the Anchor team and NGOs **recognizes cultural diversity and diverse needs within the community and takes into account also the vulnerable groups that often become victims of hidden crimes.**

The teamwork creates innovations and with the support of commander officers the teamwork makes "outside of the box" thinking possible and effective to respond new types of criminality. **Specializing in one particular type of crime has produced high skilled personnel** and offered a possibility for motivated and emphatic people to apply a job in the Domestic Violence investigation team. The Domestic Violence team has a skilled and supervised workforce that is well-managed and accountable. The team has the support and leadership of high-level management. **The diverse range of stakeholders provides consultation and effective collaboration.**

The Istanbul Convention Article 15 orders parties to provide or strengthen appropriate training for the relevant professionals dealing with victims or perpetrators of all acts of violence covered by

the scope of Istanbul Convention, on the prevention and detection of such violence, equality between women and men, the needs and rights of victims, as well as on how to prevent

secondary victimization. In Finland there is not much training or education for police officers about domestic violence as such but in the Domestic Violence Investigation team the specialization to DV and regular professional guidance make learning-by-doing possible. Some police officers are trained in dealing with victims of violence in a sensitive manner as well as in knowledge of traumas but these trainings are organized occasionally by stakeholders. Since the possibilities of the police officers to attend these trainings are arbitrary, not all of the police officers of the Domestic Violence Investigation team are trained.

The Istanbul Conventions encourages parties to recognize that women and girls are often exposed to serious forms of violence such as domestic violence, sexual harassment, rape, forced marriage, crimes committed in the name of so-called "honor" and female genital mutilation. Parties shall also ensure that culture, custom, religion, tradition or so-called "honor" shall not be considered as justification for any acts of violence covered by the scope of this Convention. The Domestic Violence Investigation team has recently established cooperation with other police units and NGOs to respond forced marriages and honor related violence. **The personnel of the team are encouraged to focus on these subjects and their sub-specialization is acknowledged.** There is still work to be done to prevent female genital mutilation and to develop the juridical system to expose this type of hidden crime.

The Domestic Violence Investigation team effectively **cooperates** with social services, NGOs and other police units to eliminate violence against women and domestic violence. The team together with preventive policing unit recognizes, encourages and supports the work of relevant non-governmental organisations and of civil society active in combating violence against women and establishes effective co-operation with these organisations.

Assessing the needs of the victim's special needs for protection during the criminal investigation and trial is carried out systemically in the Domestic Violence Investigation team.

The Istanbul Convention article 46 orders the parties to take into consideration aggravated circumstances in the determination of the sentence. In many of the crimes that the Domestic Violence Investigation unit investigates the offence was committed against a former or current spouse or partner, by a member of the family, a person cohabiting with the victim, or the offence was committed repeatedly, or the offence was committed against a person made vulnerable by particular circumstances or the offence was committed against or in the presence of a child - circumstances that should take into consideration in the determination of the sentence. However, the courts usually reduce the punishment when the offence is committed repeatedly:

*In generally the domestic violence is about assaults, so it proceeds normally that the first sentence is a fine, the next sentence is a fine, the third sentence is a fine. After that become two conditional sentences. After that becomes community service. After that becomes prison sentence. Hence, it is not considered that according the Istanbul Convention this repeatedly committed violence is an aggravated circumstance that should be considered when a perpetrator is convicted. In these cases, the conditional sentences and prison sentences should be considered earlier. (212 A VI)*

Also the availability of restraining orders is criticized. According to the Istanbul Convention the restraining orders should be available for immediate protection and without undue financial or administrative burdens placed on the victim. The dialogue within the whole juridical system - all the way from the uniformed police officers to the investigation unit until the prosecutors and the court - needs to be improved.

*We don't protect almost anybody with restraining orders made by police. Last year in [case location 2] there were only five restraining orders made by police and very rarely we ask the court to imprison the suspect on the ground of frequent or continuing crimes. So in these so-called regular addresses the uniformed police reassure the victim from wanting to report the crime. It was quite exceptional what we did ask the court to imprison the suspect on the grounds of repeatedly committed assaults. In a way the mandatory implementation [of international conventions] legislation is done but the customs and practices haven't changed from the old ways or if they have, the pace of change is slow.*

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**The specialization in the Domestic Violence Investigation unit has created many qualities that fulfill the guidelines of Istanbul Convention. The skilled and motivated personnel meet the victims in a sensitive way to prevent the repeat victimization.** The victim is asked if she/he wants to be informed when the perpetrator is about to be released from the custody. All the victims are informed of their rights and the services at their disposal and the follow-up given to their complaint, the charges, the general progress of the investigation and their role therein. **The victim is always asked to give her/him consent to pass the contact information to the Victim Support Finland and all the victims and perpetrators are asked to give their consent to pass the contact information to the local Assistance Service for Domestic Violence.**

The specialization of Domestic Violence Investigation team enables **better protection of the victims, better information sharing, trust and knowledge of one another between partners, better problem solving capacity and better ability to take account of the particularities of each individual victim.** The sub-specialization within the team enables **broader understanding of different phenomena like forced marriage and honor related violence.** Once these sub-specialization skills are acknowledged and are seen as part of structures of the organisation, they become part of the organisational memory and they are not bounded on individual person anymore.

### 3. FRANCE

#### **3.1 Best practice: embedded social workers**

Social workers embedded in police stations are former social workers from the department social services, with lots of experience, and have chosen to apply for the embedded position within police stations and gendarmeries. They work with victims, help them in their applications for social aid, and interact constantly with police officers.

##### **3.1.1 Methodological information**

Our data comes from our fieldwork research in the Region 2, as well as in the Region 3, and in the city A.

In the region 2, a total of 39 interviews with 53 different people (8 interviews with 2 or more people, one re-interview), with social workers embedded in police stations, police officers and gendarmes, from the highest echelons to frontline personnel), NGOs, personnel from the “prefecture” (the agency representing the central state at the local level), including the delegate for women’s rights, personnel from the departmental social services, prosecutors.

In the city A, a total of 10 interviews with police officer (1) and gendarmes (3) who are specialized in handling DV cases at the departmental level, social workers embedded in police stations (2) and gendarmerie (1), the main victim support NGO in the city A (1), the main women’s rights promotion association in Region 1 – CIDFF (1), the delegate for women’s rights of the departmental “prefecture” (the agency representing the central state at the local level) (1).

In the region 3, 4 interviews with an embedded social worker (1), a gendarme who is specialized in handling DV cases (1) at the local level and members of the local gendarmerie staff (2).

We got access through our partnership with the French gendarmerie (IMPRODOVA partner). The vast majority of the interviews were scheduled by a gendarme who has become an expert on domestic violence in the island. We got full and complete access to the gendarmes, good access to the police, were introduced to the most important and relevant NGOs, and so on. There is a wide consensus on the island that domestic violence is a problem – the region 2 has the highest rates of DV in France – and therefore our presence was seen as legitimate. We spent a bit more than two week doing intensive fieldwork (3 interviews per day and sometimes 4, with 4 interviewers). After the first week we were able to identify persons of interest we would like to interview, outside of the gendarmerie-scheduled interviews, and we contacted them.

Interviews lasted on average 2 hours, sometimes more and very rarely less. Because of our introduction by the Gendarmerie, we were taken seriously by all interlocutors, who had time for us. In accordance with the ethics protocol of our university, we didn’t tape-record. We took notes, wrote-up notes after meetings, and typed-up the notes at night and in the following days.

We are extremely satisfied with our research effort, but we wish we could have greater access to the medical profession and to public social services. We don’t think that the introduction by the Gendarmerie prevented our interlocutors to speak candidly. Many of our interviewees were extremely candid, and the people from NGOs were vocal about problems with the police response.

### 3.1.2 Presentation of the case

The idea of setting up embedded social workers in police and gendarmerie stations came up in the early 1980s, following a governmental white paper which putted the stress on the social dimension of police work: the BELORGEY report on police reforms (1982). This report highlighted that the police did not take action when facing information on the social distress of victims who came to the police station. The potential of police information as a trigger of social intervention and victim support was not exploited. This report recommended to consider a device to fill this gap.

It appeared quickly that the simple transmission of written information to social services was not enough to trigger proper social services intervention. It became clear that the only effective solution was the complete information of a social worker by the police as well as the presence of this social worker in the police/gendarmerie station, so that this social worker can directly collect the additional elements he or she needs to process the case. Hence the idea of embedding a social worker in the police station to collect in real time all information related to police interventions and to use this information to provide support to victims.

The first thoughts on this subject date back to 1986. The objective was that victims present in the police/gendarmerie station could be seen, on site and without delay, by a social worker, in order to provide immediate responses to his/her need for assistance. The first attempts, in 1988 and 1989, failed mainly because of the resistance of social workers. This resistance decreased when social workers were guaranteed that their professional ethics would be fully respected. It was decided that the embedded social worker would continue to belong to the General Council (now Departmental Council). The police station promised to provide the social worker with an office and to provide him/her with all the necessary equipment and information.

The first successful experiences took place in the years 1991-1993 despite the refusal of some general councils to finance the scheme and despite the unwillingness of some police stations to integrate social worker (considered by some police officers as an ideological enemy) into their midst. The missions of the embedded social workers were defined by a 2006 guidelines establishing a reference framework for the "Intervenant social en commissariats de police et unites de gendarmerie" (ISCG – social worker in police stations and gendarmerie units). According to this guidelines, the main tasks of ISCG are: to assess the nature of the social needs that are detected during police activity; to carry out social intervention, as a matter of urgency if necessary; educational or social mediation activities; technical assistance, support, and information activities; and to facilitate the person's access to social services and to their social rights. The function was enshrined in law in 2007 (Article L 121.1.1 of the Code of social action and families). In 2019, there is 261 ISCG in France and 73 psychologists working in police stations.

In the region 2, the ISCG program results from a partnership between a local sub-regional authority (the "*département*", of which there are about a hundred in France) which employs the social workers, and the police. It is facilitated by the local state authority (the "*préfecture*"), whose services worked the nitty-gritty of administrative budget lines to find a way to pay embedded social workers. The fact that embedded social workers exist testifies to the broad consensus in the The region 2 over the urgency of the question of domestic violence. Embedded social workers are, in the words of one, "the window of the

*département*”, a signature program that is important to signal that the political authority is doing something tangible about domestic violence. This forces sometimes reluctant police officers to cooperate with their embedded social worker (see below).

An embedded social worker complained that she has two hierarchies (the *département* and the police), two email addresses, two professional cards and the need for two approvals for her holidays. Because the job is not formally defined, and because embedded social workers usually have a strong personality—a necessary trait to last as a social worker in a police station, embedded social workers enjoy a great deal of autonomy over what their job consist of and how their job should be evaluated. The three embedded social workers we interviewed in the region 2 each described a different system of reporting on their activity to their double hierarchy.

Embedded social workers have leeway to define their missions and not all do exactly the same things. They are often involved with improving the likelihood of reporting. After police interventions for DV, embedded social workers call the victims to motivate her to come to the police station to report the crime (if any). These call-backs are scheduled even if the incident doesn’t lead to an arrest or a formal procedure.

An embedded social worker says she always travels wherever police need her, even at night (he cellphone is always on), so that police officers always see her as a resource and never as a chore. She is concerned that if police officers see her as more paperwork, they will be less likely to initiate investigations. Another explains she spends about 70 percent of her time analyzing police reports and victims’ statements in search of “red flags”, of signals of at-risk situation—for instance death threats, knife attacks, schizophrenia, alcohol and drugs, violence in front of children, unusual sexual practices, witchcraft—any sign of a situation that may potentially escalate in high-impact domestic violence. She relies heavily on her experience and intuition. Other embedded social workers are more involved with day-to-day police operations:

*“The morning I am with the flagrante unit [police unit focused on perpetrators caught in the act]. I ask, ‘what happened?’, ‘Mister tried to strangle his wife with an electric cable.’ I meet the victim, I ask about the family situation the frequency of violence, whether it is isolated or habitual, in front of the kids or not, if she has previously reported to the police. How does Madam see herself in the relation, does she still have feelings? Perhaps she doesn’t want to have anything to do anymore with Mister, perhaps the lids have behavioral problems at school. The perpetrator, will there be some form of criminal supervision, a restraining order? I explain things to the victim, legal aid, that she needs to take legal action, inform her about her rights, refer her to the legal aid NGO. Madam needs also to understand that Mister still is the father of the kids, often Mister tries to have the custody to make sure Madam comes back. After that, the victim needs to access social assistance, to deal with school issues. If needed, I establish an information préoccupante [formal concern over potential children abuse].”*

The main function of embedded social workers is to assist the police in handling domestic violence victims. This means soothing victims and talking them into filing a report with the police. This sometimes rehearsing the report itself (this practice is controversial, as we shall see below). One embedded social workers told us, “sometimes the victim needs to tell her story two times before being able to provide a structured statement”. Another one prefers

not interfering before the victim's statement, just making sure that victims fill out the pre-reporting questionnaire, which lists different forms of victimization so that victims think about mentioning all the things they have endured.

Embedded social workers provide social assistance to victims—helping them with housing and children, explaining to them what happens next, reassuring them or managing their expectations, putting them in contact with NGOs or psychologists, and so on, so that police officers can focus on the strictly police-judicial aspects of the case. This enables police officers to build more solid cases with more cooperative victims, with greater judicial consequences, while at the same time providing victims with basic psychological assistance and referrals to core services, thus greatly improving victims' experiences with the police.

Some embedded social workers perform additional tasks. One of them gives a yearly one-day training to all police recruits and transfers on the specific issue of domestic violence, at the initiative of her police commander.

Embedded social workers are recruited from the larger pool of regular social workers. Regular social workers usually deal with a very wide variety of people and issues all day, and many seem to find this lack of specialization unchallenging from the point of view of professional development. In addition, many regular social workers resent the bureaucratic requirements of their function: many think they spend too much time filling paperwork and not enough actually assisting people.

*"I had arrived at the end of my professional development, I didn't feel good any more, I didn't want to sit exams [the usual way by which French civil servants can rise up the ladder], I didn't want to do management, and especially nothing administrative. So I went for a bachelor in Psychology, and I applied for the job".*

Another social worker had undergone several trainings about domestic violence before applying for the position. The position of embedded social worker in a police station is a coveted one. This means that embedded social workers are selected among a large pool of applicants, ensuring that the ones who are eventually hired to work in police stations are both highly experienced and highly qualified.

There are four embedded social workers in the region 2, and they meet regularly to maintain morale and to discuss emerging issues. An enormous part of the job is to acquire the trust of their police co-workers. They are then part of the chain of organisations which is organized around domestic violence in the region 2, with the prefecture, prosecutors, and the two well-funded, highly professionalized NGOs (which provide respectively legal aid and support to high-risk victims). As such, they see themselves as part of the professionals, and tend to look down on the NGOs that are not part of that chain. To simplify, embedded social workers see local NGOs as a resource when the NGO employs psychologists to whom victims can be referred.

### **3.1.3 Discussion of the case**

There are several issues with the involvement of embedded social workers in French police stations.

The first one is when embedded social workers choose to provide extended support to a few selected victims, as opposed to helping police officers manage the daily flow of victims. Most embedded social workers focus on managing the flow of emergencies:

*“In some cases I recall [victims], I stay alert for a period of time. But I have so many cases that I need to deal with emergencies. Often it’s victims calling me back. I don’t have time to call them. I am like an ‘E.R.’ social worker.”*

One embedded social worker seems to manage to both deal with emergencies, and follow victims in the longer run, till the end of the legal procedure. She checks on (selected) victims every other week on the phone, make sure they get access to housing, job assistance, and legal aid, especially regarding their divorce and custody proceedings. She even occasionally acts as a couple therapist for low-violence relationships, if both partners are willing. But, this social worker also confesses to often working until 9pm, and such a model is not easily replicable.

The concern over managing daily emergencies vs. providing deep support to a few selected victims was observed during the city’s A fieldwork. In the city A, the embedded social workers’ emphasis on thoroughly helping selected victims has created conflicts with police officers. Embedded social workers are most helpful to police officers when they allow police to focus on police matters, which means assisting every victim. This is a classical issue in social work: in theory, social workers are not supposed to form emotional attachment to cases, are not supposed to invest more time and effort on the cases they find especially deserving; in practice, it happens, because it is one of the ways through which social workers can create meaning and purpose in their work.

The second one deals with the fact that embedded social workers help with reporting by structuring the report: sometimes victims “rehearse” their audition with the social worker, because they are in an emotional state which prevents them from providing all the relevant information; sometimes they need to be educated as to what constitutes a crime and what doesn’t. The problem here is when the embedded social worker suggests to the victim to tell specific details which the social worker knows will trigger a desired juridical outcome (for instance in future conflicts about who will have the kids, who will keep the house). Police officers hate this type of interference, which can lead to conflict between the social worker and police officers. Police is a profession where officers are lied to all day, every day: perpetrators lie to avoid incriminating themselves, but victim also lie, usually because the nature of criminal involvement often blurs clear-cut differences between perpetrators and victims. Police see their judicial mission as establishing the facts. Therefore, having someone in the police force—such as embedded social workers—contributing to the web of omissions, of embellished stories or straight-up lies is considered by police officers a huge nuisance.

This second issue speaks to the distance between the world of social work and the world of policing. Social workers and police officers belong to two different professional cultures where tacit assumptions about what constitutes normal collegial behavior differ. Embedded social workers usually manage, with a steep learning curve during their first year in the police station, to figure out the do’s and the don’ts. All the embedded social workers we’ve talked to acknowledged considerable “culture shock” when they became part of the police station. One of the first embedded social worker in the region 2 was at first tasked with handling homeless people, and had to explain to police officers that she had been hired to help domestic violence victims.

The main culture shock comes from the issue of information sharing. Embedded social workers need to have access to reports and victims' statements, but in the police world, these documents are not to be shared with outsiders. An embedded social worker recalls:

*“When I arrived it was a culture shock, because I ask questions, because I want this victim’s statement, police officers [said]: ‘we do not have to forward it to you’, some were reluctant, I didn’t expect it to be so difficult. Fortunately, there was this manager. The problem still continues today. At the same time, I belong, they need me, at the same time I don’t belong. I am not ‘ministry of interior’, but I have a desk. For some collaboration is inexistent, they don’t share information. When they have a fragile person [victim], they could get rid of her with me, they haven’t yet understood. Some police officers feel invested of a divine mission, it is their case, no one else ought to access it. They want to be totally independent, I am not interfering with the investigation, I just need information.”*

Another one recalls that police commanders basically “imposed her presence” in the police station—that is, forced line officers to work with her: “the chiefs didn’t give a choice to their subordinates whether to work with me or not”. Thanks to that top-down approach, this embedded social worker “automatically” receives reports, statements and other sensitive documents she needs to do her job. A third embedded social worker explains that with one type of police force, there is an agreement on how information is shared, and with the other type of police force, it depends on individual officers.

After a few years, embedded social workers come to know the police organisation from the inside, and are able to use the most obscure acronyms to good effect. But mistakes happen, and sometimes these mistakes cause irreparable damage to certain personal relationships, which in turn can severely hinder the social worker’ ability to effectively work with her police partners. This means, in the words of one embedded social workers, that the social worker and the police officers have to become colleagues, not partners, for the partnership to work.

Finally, embedded social workers mentioned working on domestic violence was emotionally taxing, and that in spite of doing a lot of sports and socializing with friends and police colleagues, they still needed to pay, out of their own pocket, for their own psychological counseling.

### **Conclusion**

The policy of hiring embedded social workers in police stations clearly fits international recommendations. As female civilians, embedded social workers help diversifying the workforce. We see embedded social workers as a clear example of best practice in the sense that it is a concrete step in improving the quality of the handling of domestic violence by the police. It is not a cost-neutral-policy: it requires the hiring of a full time employee for one or two police stations, depending on caseload. But it delivers tangible benefits which are easily replicable. The main problem is the issue of making people from the world of social work fit into the world of police officers. The example of the region 2 shows that this is possible, to the benefit of victims.

## **3.2 Strategy for better VIF management in Region 1**

### **3.2.1 Methodological information**

In the city A, a total of 10 interviews with police officer (1) and gendarmes (3) who are specialized in handling DV cases at the departmental level, social workers embedded in police stations (2) and gendarmerie (1), the main victim support NGO in the city A (1), the main women's rights promotion association in Region 1 – CIDFF (1), the delegate for women's rights of the departmental "prefecture" (the agency representing the central state at the local level) (1).

Every year in region 1, 1,240 women are rape victims and 4,600 women between the ages of 20 and 69 are victims of domestic violence. Less than 20% of victims file complaints. 1% of children under 18 years of age live in a household where the woman is a victim of repeated domestic violence, i.e. about 2000 (source: Departemental Council Region 1). More than half of women victims of physical and/or sexual violence in the couple do not take any action.

By 2017, the gendarmerie had conducted 2621 VIF interventions, an 18% increase over 2016.

### **3.2.2 Description of the case**

The gendarmerie of the Department of region 1 has put in place a system for preventing and combating domestic violence. This system has three components:

- A "Family Violence Cell" composed of three gendarmes and two civic service volunteers.
- 2 ISCGs. funded by the *Departmental* Council who deal only with cases of domestic violence.
- The network of gendarmes holding the functions of "*correspondant territorial de prévention*" (territorial prevention correspondent) and "VIF referent" (Family Violence Referent) in the territorial brigades (i.e. about sixty gendarmes). Network members meet once a year at the gendarmerie headquarter. In principle, the VIF referent function should have been merged with the territorial prevention correspondent responsibilities, but the Gendarmerie chose to keep its network of VIF referents unchanged.

The "VIF cell" is the system most original element. Its creation in 2014 aimed at responding to a desire to expand and reform the Brigade for the Protection of Families (BPF) introduced in 2010. This "old formula" BPF had been designed as a tool for monitoring and improving the judicial activity of the gendarmerie units in the field of VIFs. It used to check the quality of the work carried out in the brigades, both in terms of statistical data production and transmission, as well as in terms of compliance with professional standards of criminal investigation.

This BPF model was oriented towards "quality control" of VIF repression and it soon betrayed its limitations, as BPF action was perceived by brigades as an additional – and unnecessary – form of hierarchical supervision. As a result, BPF requests and recommendations were not met with much response in the field. In addition, the brigades' VIF referents were felt to be the transmission belt for BPF control. As a result, they faced difficulties in having the "VIF referent" function accepted and recognized by their fellow unit members.

In the end, this system proved counterproductive, since it did not lead to a "reevaluation" of the fight against domestic violence among gendarmes, but on the contrary contributed to maintaining the low level of enthusiasm for this type of work.

Domestic violence is indeed an area of intervention that gendarmerie soldiers are ill-prepared to deal with. The issue of VIFs is only superficially addressed in initial training and criminal investigator additional training. The fight against VIFs is considered by many as a time-consuming, psychologically distressing activity, not very rewarding either, because many victims do not want to file a complaint, or even deny to the gendarmes who intervene in their homes the reality of the violence they demonstrably endure.

The arrival of a new commander provided an opportunity to rethink BPF's missions and operations. A diagnosis of the structure was carried out. On that occasion, ISCGs and VIF referents, as well as unit commanders and victim support associations were consulted. Among others, one problem was identified: the BPF was not always able to meet the brigades' needs in the event of ISCG absence (vacancy, sick leave, etc.). It was partly to address this problem that it was decided to integrate civic service volunteers into BPF and train them with the help of associations, so they would be able to carry out various tasks previously conducted by ISG, in particular referrals to associations.

The "new formula" BPF is intended to deal with violence within couples, against minors and against the elderly, in conjunction with territorially competent units. Its mission is to provide its expertise and support to all the gendarmes in the department who are called upon to handle VIF situations and cases. BPF is not a Gendarmerie functional structure but is intended to be an "internal network of knowledgeable experts and referents".

The VIF Unit has developed a series of services designed for territorial units:

- Systematic telephone call-back of victims and their support person to refer them to structures suited to their specific needs.
- Continuous training of staff to improve the personalised reception of victims (attentive listening, reassurance, etc.).
- Training of VIF referents in partnership with the CIDFF.
- Promoting good professional practices for "hot intervention" in situations of violence and for implementing the judicial response (conducting investigations, drafting procedures, etc.).

VIF Cell gendarmes have been careful to acquire the professional skills essential to carrying out their missions. All have completed the "VIF referent" training; they regularly read specialized publications and frequently participate in conferences organized by associations.

### ***Telephone call-back of victims***

This work is carried out by the civic service volunteers. Before the Cell was created, the task of recalling victims was assigned to brigades' ISCGs and VIF referents, but the latter did not in fact have the necessary availability to conduct it, as they were under pressure from many other tasks than those related to their role as referents. As for the ISCGs, they preferred to accompany a few victims from beginning to end (from reporting to trial, and sometimes even afterwards) rather than having brief telephone contacts with a large number of victims.

Particular care is taken in the recruitment and training of recruits. Recruits are chosen from among candidates who have completed a course in psychology, sociology, social work or

special education (bachelor's or master's degree). The Unit sometimes recruits female applicants who wish to take a gap year in their studies. Contracts last from 7 to 10 months.

To prepare them to interact with victims, the Cell has set up, with the help of associations, a one-month learning and training programme. This preparation includes educational guidance provided by the military; reading a series of documents and articles provided by BPF; a one-month observation of the work carried out by an experienced volunteer; a presentation of telephone communication techniques with victims, besides support during the first calls by an victim support association psychologist; participation in the "VIF referent" training developed with another association (specialised in providing legal advice); and attending academic events on violence against women.

This learning time is necessary because many calls raise specific difficulties, for example when the alleged perpetrator answers the phone; when the victim is in a state of emotional distress, or when he or she feels the need to talk at length about his or her problems; or when he or she is afraid to receive a call from the gendarmerie (he or she may fear the consequences of the gendarmerie's intervention for him or her or for the perpetrator).

Cases handled include VIFs, "social distress" (suicide attempts), minors running away, acute neighbourhood conflicts, complaints related to disturbances.

The call must be made within 48 hours of the facts being identified. Its purpose is to take a quick look at the victim's situation, to make him/her aware of the seriousness of the case, to encourage and prepare him/her to file a complaint (by encouraging him/her to collect material evidence), and to direct him/her to the association best able to meet his/her specific needs.

The operator asks questions about the nature, age and severity of the violence, as well as the possible presence of children. The purpose of the conversation is to detect the existence of facts brigade gendarmes may have not detected, such as cases of psychological harassment. The employee does not give practical advice on how to file a complaint: instead, the victim must contact the brigade's VIF referent. In principle, a call should not last more than ten minutes: it is the association the victim is referred to that will carry out the in-depth listening work.

Persons to be called back are identified through information recorded in the emergency call processing and response management modules of the Public Safety Database (Base de données sécurité publique, BDSP). Every day, two Cell members – one military and one enlisted staff – read all the calls records received by the operational shift (17) in order to identify cases likely to be handled by BPF.

The Cell carries out an initial assessment of these situations on the basis of the information mentioned in the operational reports drawn up by field workers. When the record of consideration does not contain enough information to warrant proper assessment of the case, the cell requests additional information from the gendarmes involved in the intervention. The Cell also asks the brigade to find out whether the victim is already known to them and requests information on his/her situation (perpetrator dangerousness, etc.).

In most cases, the Cell's call does not surprise the victim, as the first responders (the first agents that step in) have informed the victim of the Cell's role during their intervention. The gendarmes are familiar with the system and can inform victims thanks to the numerous brigade instructions led by the BPF (see below).

In some cases, a dialogue takes place between the Cell and the alleged perpetrator of domestic violence. The latter is then informed of mechanisms that can help him change his behaviour, such as discussion groups set up by associations (of course, is made independently of, and has no effect on, any legal proceedings against the perpetrator).

The VIF Cell does not use a risk assessment questionnaire.

In order not to interfere with territorial units' work, the Cell does not call back victims who are already being cared for at local level, i.e. those who are being followed by an ISCG or a VIF referent, as well as those whose cases are being processed by local criminal investigators.

The Cell's action with regard to brigades (local gendarmerie generalist units) consists in communicating to the relevant gendarmes the pertinent information obtained from the victims contacted; keeping them informed of the assistance provided to the victim; encouraging the victim to contact the brigade's VIF referent with a view to filing a complaint ("The enlisted recruit hands over the relay to the VIF referent"); and mobilising a social worker to monitor disturbing situations (in particular when serious violence is suspected or when children might be at risk). The Cell still plays a role of "quality control" of the brigades' work, but this is now limited to ensuring that the brigade pays attention to each identified case to a degree commensurate with the seriousness of the situation. Thus, the Cell calls the brigade when it finds that the latter has not sufficiently investigated a case of concern.

One of the limitations of this system is the difficulty of convincing BPF's ISCGs to participate in victim referral work rather than to proceed, as they had previously done, to long term follow up of a few victims' cases. As social workers, ISCGs have a strong preference for the second option, even if it means accompanying only a few victims. For ISCG, being positioned at headquarter level and invested with a coordinating role in the social care of victims implies distancing from the cooperation networks they have created at brigade level, which are for them a primary source of job satisfaction.

It should be pointed out here that ISCG's practice of accompanying victims over the long term could hardly be maintained, as it placed the gendarmerie in conflict with its associations partners network. Indeed, this long-term support usually rests with the victim support associations. The latter do not like being faced with competition from ISCG in this field. The change in ISCG's mission was a prerequisite for strengthening confidence between the gendarmerie and associations and for deepening cooperation with the associative fabric.

### ***Training of brigades in the reception of victims, their accompaniment and first intervention***

BPF has developed a diversified training programme.

An early training course, dedicated to the welcoming of victims in gendarmerie stations, is organised every two months, in turn in each of the group's stations. It brings together about fifteen to twenty participants.

This training course reviews regulatory requirements, working methods and good practices that gendarmes must be aware of: charter for the welcoming of the public, code of ethics. It presents the existing tools: Digital Brigade, EVVI (a guide for personalized victim assessment), *Téléphone Grave Danger* (serious danger hotline). It makes the staff in charge of reception of victims in the units aware of the specific needs of victims of domestic violence. It therefore involves victim support associations.

Another training course focuses on First Response. It is provided as part of the "brigade instructions". It aims to teach gendarmes to better "evaluate" the situations they face in the heat of the moment. Participants develop their ability to distinguish between, on the one hand, a one-time outbreak of violence during a particularly intense marital dispute and, on the other hand, a recurring episode in the sustained victimization process of a couple member under the other's control. The training also teaches how to record all relevant elements, with the required accuracy, in operational reports. The cycle and typology of domestic violence, as well as the way victims and perpetrators react to gendarmes, are also discussed.

The Cell's soldiers believe that, in the absence of such awareness, about half of the cases encountered by brigade soldiers would not be mentioned in their operational report, whereas, ideally, 90% would deserve to be. This tendency not to report some events is linked to the fear of generating an increase in complaints, since the first responder knows that any reported situation will result in the victim being called back – and therefore a greater likelihood of filing a complaint. Brigade training helps tackle this attitude by explaining to gendarmes that the increase in VIF complaints is a quality criterion for the work done ("This is an area where having more sticks can be commended, not reprimanded").

Finally, BPF organizes – with several associations– a training course attended by the group's new VIF referents. It is entitled "How to support and refer women victims of violence?" (*Comment accompagner et orienter les femmes victimes de violences*) and includes a pair of two-day modules. This training includes presentations of BPF, ISCG and their missions; the perpetrators' accountability mechanism; an introduction to the "civil law" dimension of VIFs (divorce, child custody, eviction of violent spouses by the JAF...) by a lawyer, and role-playing simulations by participants with the help of an actress and a psychologist specializing in victimology.

The training covers violence mechanisms, their impact on victims' psyche (women and children) and the psycho-traumatic disorders it causes. It provides an overview of the network of partners involved in the care of domestic violence victims. The gendarmes work on their professional posture in the face of a person who is a victim of violence: awareness of one's personal reactions and feelings towards violence, development of the ability to listen to the experience of violence, understanding victims' emotions and fears. Participants practice identifying signs and symptoms that suggest violence

This internship brings together about fifteen referents each year.

### ***The development of a network of partners***

BPF has been particularly committed to building an operational network with the various social partners and actors. An Internet search was carried out to identify all the associations in the department that could contribute to the care of victims. These were then contacted.

The density and diversity of the network of partners thus built makes it possible to meet some victims' very specific needs. For example, the Cell is able to refer to an appropriate structure LGBT people as well as people suffering from an eating disorder, people at risk of suicide, or people suffering from addiction, etc. On the other hand, the Cell is generally able to recommend an association close to the victim's home. This geographical proximity is essential, as victims often do not seek help if it involves long journeys.

Here are the main institutional partners of the BPF: the Delegate for Women's Rights and Equality (*Déléguée aux droits des femmes et à l'égalité*) of the *Préfecture* of Region 1, the leading magistrates of the The city A and the city's B Court, the Departmental Council, the University of the city A (departments of sociology, psychology and Law, collaboration with a doctoral candidate who does research on psychological harassment in relationships), the city A municipality, the Medical Council (with which work is conducted on reporting cases), the University Hospital (*CHU*), 60 associations.

To facilitate the victim's referral to the appropriate association, the VIF Unit has produced a "Social Memo" containing the contact details of some sixty partners. This directory is used by ISCG, enlisted personnel and brigade VIF referents.

The *Déléguée Départementale aux Droits des Femmes* (Departmental Delegate for Women's Rights) leads a steering committee to combat domestic violence. It includes the gendarmerie (BPF), the police, the public prosecutor (deputy prosecutor responsible for violence against women), the County Council, associations and the Medical Association Council. This committee meets every two months.

### 3.2.3 Discussion of the case

BPF assesses its work effectiveness by measuring the percentage of cases of domestic violence identified in gendarmerie intervention records that are dealt with by the gendarmerie: support by an ISCG and/or criminal investigator. Despite the work done by the Cell, this rate tends to deteriorate.

According to the cell's gendarmes, the main cause of this decrease lies in the increasing propensity of women to report violence to which they consider themselves victims, particularly as a result of the MeToo movement, even though the translation of these reports into complaints and legal proceedings is not progressing to the same extent.

This deterioration is also the consequence of the increasingly limited time available to field workers (reception officers in the units, brigades' first responders, night-time PSIG, etc.) to listen to victims, build their confidence and facilitate their progress towards lodging the complaint. This lack of time for contact work with victims is attributed to the understaffing of many units in a department where many territories are experiencing high population growth and where some brigades close to the city A metropolitan area are undergoing a peri-urbanization of their environment. In addition, the BPF brigade's training effort is struggling to bear fruit, as staff turnover is very high, particularly in peri-urban units.

Another indicator is the rate of care provided by victim support associations to the benefit of people referred to them by the Cell, which is on the rise. Another evaluation criterion is the increase in the number of "serious danger hotlines" in the gendarmerie zone, which has risen from 3 to about 15 since the implementation of this system (it should be noted that this system is also the responsibility of the public prosecutor and of an association).

Nevertheless, BPF action provides major benefits to local brigades. The most important thing is to resolve specific situations that would have generated a large number of police rescue interventions had they continued. As one of the soldiers interviewed put it:

"First responders extinguish the fire when they go to a home where violence is taking place. We arrive next and smother the coals. We ensure our comrades in the local unit need not return several times. Some have understood that our role is not to

control them but to alleviate the burden of their work. As a result, they are more careful to report cases to us. Given the considerable share of VIF-related interventions and investigations in brigade activity, the time and resources saved through BPF allow territorial units to "free up headroom" that can be used in other policy areas, such as the new community policing policy.

In addition, BPF ensures the circulation of information on VIF situations among different units that usually communicate little with each other and enhances this information through its own telephone contacts with victims.

While BPF no longer controls the investigative work carried out in brigades or their productivity in terms of VIFs suppression, it nevertheless continues to monitor the quality of the way victims are received in the units, thus contributing to the improvement of this essential aspect of the war on violence against women.

Finally, through its participation in the various consultation bodies in the field of combating domestic violence, BPF contributes to enhancing the gendarmerie's image as a partner in preventive measures and as a full-fledged actor in the provision of assistance to victims.

## 4. GERMANY

### 4.1 The Berlin Police

#### 4.1.1 Methodological information

This report incorporates a wide variety of data sources, such as information from the internet, publicly accessible documents, internal police documents, observations through participation in meetings, discussions as well as interviews with key stakeholders.

The statements made in interviews play an important role in the data analysis. In total, we conducted 21 interviews in Berlin (8 police officers, 6 health professionals and 7 professionals in the social field). The average duration of the structured interviews is 1 hour 30 minutes

#### 4.1.2 Presentation of the case

The operational practice to be described in this report is most of all the inter-organisational collaboration between an NGO and numerous stakeholders, organisations and initiatives in the field of frontline response to domestic violence. At the same time, this report addresses practices that include improving the quality of processing victim cases, the response to victims' needs as well as enhancing organisational learning and development.

The NGO described here, the 'Berlin Initiative against violence to women' (in the following: BIG), founded in 1993, commits itself to improving the living conditions of women affected by domestic violence, including their children. BIG works to create social conditions and professional conditions in the field of frontline response to domestic violence that reduce the incidences of domestic violence and provide better protection and appropriate support to those affected by domestic violence. This includes strengthening the rights of the victims and ensuring that abusive men are held responsible for their actions. Only if practices are improved in all relevant areas, this deems possible and sustainable. Thus, in order to carry out this work, a multi-professional, well-connected and active network and collaborative approach as the one of BIG is needed.

#### ***BIG Koordinierung***

BIG Koordinierung (BIG Coordination), as one of the three different work units of BIG and staffed with 2.5 positions, establishes inter-organisational collaboration by involving all relevant professional groups and societal forces involved in domestic violence and by creating efficient cooperation structures for them. In favour of the detailed presentation of BIG Koordinierung, the presentation of the other two work units, BIG Hotline and BIG Prevention, is omitted.

Focussing on the three groups involved in domestic violence (victims, children and perpetrators), BIG Koordinierung analyses practices or gaps to then develop or improve practices, which enhance and increase the protection of victims. Its working methods aim to firstly identify weaknesses and gaps in practice through feedback from victims and the cooperation network. Identified problems relate, for example, to difficulties with authorities or in collaborations, tough procedures, lack of offers for certain target groups, gaps in the law, etc. BIG Koordinierung then invites the relevant experts for a problem to jointly develop solutions that in best case can be implemented in practice.

### ***Outputs of inter-organisational collaborations***

The following small selection of outputs of this system of collaborative action coordinated by BIG Koordinierung will illustrate achievements at the legislative and police level:

- *The Protection Act against Violence (Gewaltschutzgesetz 2002) is based on an initiative of BIG Koordinierung.* Even if one of the interviewees restricts: "We drafted another law at that time, but it turned out differently.", it is consensus that this legislation renders protective measures possible. It is strengthening the rights and legal status of abused women and is applied nationwide.
- *The Berlin definition of Domestic Violence (2001) has been valid for almost two decades.* It is postulated that in the Police Berlin force every police officer who works in this context is well familiar with it. During a time, in which many uncertainties of action in police operations of domestic violence still existed, in which such incidents were treated simply as 'family disputes', this definition made it possible to clearly categorise this form of violence, to compile meaningful statistics and to be able to describe and approach the phenomenon as such. However, with the implementation of the Istanbul Convention (2012), the dilemma aroused that the Berlin definition of domestic violence does not correspond to the one of the EU. The EU definition refers to intra-family violence, which can contain all kinds of violent crimes and not just DV. Nowadays, cases must be counted nationwide according to the EU definition. Nevertheless, the Berlin definition is taken into account insofar as the police statistics of Berlin and the Federal Government additionally count violence in partnership. However, the presentation of homicides or other more specific forms of violence has become more difficult. "Suddenly something arises at another place, and you have to deal with that again for a long time. Well, these sometimes are our difficulties at work," comments one interviewee.
- *In this context, the origins of the term 'domestic violence' in the definition is interesting with regard to the zeitgeist of the nineties.* They illustrate very well that a multi-professional collaboration can also make it possible to overcome historically grown professional rifts. For at first it had not been easy to break down the prejudices on the various sides of the table to find a concept that everyone could live with. One interviewee explained: "It was simply like this: for the police, the staff of the women's aid organisations was the 'purple dungarees women'. And the police, those were the 'representatives of the perpetrator state' or those who allowed or made this violence possible. These were such enemy images that we had to deal with."
- *The Police Berlin has quality standards for cases of domestic violence and violence escalation that are firmly anchored in police practice.* These provide a detailed description of domestic violence, a description of all possible protective measures and a checklist providing a systematic overview. Previous uncertainties of action are thus resolved and practicing coordinated action is achieved. After all, protective measures should always be based on the principle of equal treatment.
- *Police action in cases of domestic violence includes a proactive approach. This is also incorporated in the police quality standards.* The intention is to make it easier for the victims to access suitable support services: With the consent of the victim, the Police Berlin pass on the contact details to the BIG Hotline and a counsellor contacts the woman by phone within a short period of time<sup>7</sup>. However, the proactive approach sometimes

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<sup>7</sup>The proactive approach can be implemented with another NGO if victims are male.

runsnowhere: Victims, who agreed to the proactive approach and thus to receive counseling from BIG Hotline do either not pick up the phone or do not make an appointment. A police officer and a counselor shared their hypotheses as to why this may occur: 1) Maybe victims need to be asked more precisely as to whether they can use their phone at all without the perpetrator controlling the victim, investigating how and when they can be reached unguardedly. 2) Maybe victims agree to the proactive approach only because they are under shock and/or because they are intimidated in face of a police officer as an authority, not daring to admit they do not want counseling. It seems advisable to analyse how often proactive approaches run nowhere. If it is a significant number, a more detailed analysis of the police practice of the proactive approach may indicate whether adjustments seem necessary.

- *Particularly in the field of education and training, a great deal has been achieved through BIG Koordinierung, which also offers training and information events.* This is important - after all, continuing education is an effective measure to consolidate the achieved results in practice. "Because sometimes it is not only difficult to drill through the thick boards, but also to hold on to the success," one interviewee noted.

### ***The cooperation network of BIG Koordinierung***

BIG Koordinierung has an extremely large and diversified cooperation network, in which all relevant stakeholders of different professions and institutions take part.

- *Psycho-social sector:* all counselling and intervention centres, projects and initiatives in the context of domestic violence and related fields, all women's houses and shelters in Berlin as well as numerous others in Germany, asylum accommodations, Job Centers and many more
- *Sector of child and youth welfare:* in particular youth welfare offices, the children's emergency service, girls' emergency service and, for example, a children's theatre
- *Health sector:* hospitals, trauma clinics, the Berlin Outpatient Clinic for the Protection against Violence to document the injuries and S.i.g.n.a.l., another coordination NGO in Berlin, specialized on interventions in the health sector in the case of sexualised and domestic violence
- *Executive:* officers of the Police Berlin on various levels from base to headquarters
- *Sector of justice:* lawyers, district and public prosecutors, family courts
- *Educational sector:* schools and other educational institutions, including universities
- *Political sector:* all relevant senate administrations and federal ministries, the State Commission against Violence, integration commissioners of the Berlin Senate, equal opportunities commissioners of the districts

### ***Implementation of the collaborative work***

The inter-organisational collaborations have different collaboration policies, adapted to their objectives, the duration of collaboration and (number of) partners.

Work groups often only convene for a very specific question or dilemma. These are dealt with within a few sessions and the work group dissolves again. During the time in which much more ground work had to be done, it was the norm to hold long meetings at tight intervals. Not only that work contents are less complex nowadays, but this had to be changed anyhow as work has become much more dense and personnel extremely scarce and no one has that amount of time any longer.

An example of such a practice is an expert group dealing with risk assessment and case conferences. Due to the decision of the Ministers of the Interior, all German federal states have to develop and implement risk assessments. In consequence, the counsellors at women's shelters agreed a common instrument to facilitate the exchange of results. BIG Koordination chairs the meetings, composed of representatives of the women's shelters and experts from the Criminal Police Berlin. Existing instruments have been reviewed and the decision has been made in favour of Campbell's instrument with additional questions. If this decision is maintained after the current exchange with Campbell, the expert group can most likely dissolve by the end of 2019 after a total of about 10 meetings over a period of about 1.5 years.

In contrast to the work groups formed on a transitional basis only, there exists also a number of regular round tables. These are virtually "implanted in the system" even though the strictly limited time resources are also somehow noticeable there. "It is always necessary to do some work to ensure that the meetings actually take place," one interviewee explains.

For example, BIG Koordination is leading a round table together with the Criminal Police Berlin (Prevention), in which the employees of the women's shelters as well as the victim protection officers and domestic violence coordinators of the Police Berlin meet. The aim is to exchange information on current developments, requirements and challenges related with police work. It is the task of the victim protection officers and domestic violence coordinators to then report to the domestic violence multipliers. One of the recent topics was the shortage of spaces, for example. Since patrol cars are sometimes tied for hours if no shelter for a victim can be organized, this problem is highly relevant for police work. Solutions were exchanged and discussed. Ideally, the BIG Hotline is called to ask for space as the shelters work collaboratively, coordinated by the BIG Hotline. Nowadays such a request seems relatively hopeless due to the shortage of space. However, it turned out that many officers stopped their requests for a different reason. It appeared to them that the BIG Hotline was hardly ever active. In fact, during consultations the free-line signal continued. Promptly, the telephone system was switched activate busy signals during consultations. Although the hotline is still not available during consultations, the callers know now it is worth trying again.

The main strength of the work groups formed on a transitional basis lies in the bundled expertise for the target-oriented approach, while the special gain of the round tables lie in the development of mutual trust and the consolidation of the information structures.

### ***Selected challenges and solutions***

A quasi-immanent component and challenge of inter-organisational collaboration is to find compromises. Some topics also show developments that have not come to success, because there is no compromises (yet). Sometimes the time simply does not seem ripe for certain changes. "I think the problem we have is that we are sometimes too much ahead of our time.", one interviewee explained. It is normal that topics that do not develop for several years suddenly change at some point. Just recently this was the case with the implementation of special measures for the deaf. In that case patience has paid off and in the end a comprehensive package of measures was put together.

One of the major issues is the lack of financial resources, understaffing and densitification of work, similarly to many social and publicly financed areas of work. Collaborative work is mainly committee work and committee work costs a lot of time. Against this background,

the cooperation structures had to adapt. They take place less frequently, for shorter periods, are driven forward in a more target-oriented manner, focus more on the experts who are indispensable for achieving the goals and, instead of many representatives, domestic violence multipliers direct the results into practice. The scarce time resources are additionally reduced by bureaucratisation and its documentation requirements. On top of that, the burden of reporting reduces the job satisfaction, as one interviewee stated: "I want to work on the content and not permanently report and calculate hours and quarters of hours".

Challenges also arise from conflicts, among which competitive thinking and partners attempting to distinguish themselves are mentioned. Competition appears to be fueled by a rather intransparent system of distributing financial resources. Interestingly, however, none of the interviewees named a specific incident or conflict partner. In the case of conflict, BIG Koordinierung, the Police Berlin as well as other institutions have access to external supervisors and/or mediators.

One challenge running through all areas is the fluctuation of contact persons. In the beginning, the change of persons leads to a new start or even step backwards. Efficient knowledge transfer is seldom successful, because initial on-the-job training rarely takes place, work folders are not passed on or the necessary background and process knowledge can hardly be obtained from them anyway. Especially if well-running collaborations are mostly due to individual commitment, its loss can be immense. It is therefore advisable to integrate topics into the organisational structure by linking them to positions. This approach has been implemented, for example, in the Police Berlin with the domestic violence multipliers, the victim protection officers and domestic violence coordinators. It can also be helpful to fix process standards to enable new staff to quickly familiarise themselves, as it is possible, for example, with the quality standards of the Police Berlin. Such standards can also support collaborations and avoid conflicts, as the limits of the room for manoeuvre are set.

In some cases, the legislative also shows little support when experts participate in the legislation and commenting on drafts. It occurs that the opportunity to do so is only given at very short notice. Being granted only one week to comment on a very complicated amendment, for example, makes an interviewee wonder: "Do they want that at all? Or is that more of a fig leaf?" Another problem mentioned is the inconsistency in politics. Politicians seem to jump from one topic to the next, sometimes attending them far too briefly, ignoring the fact that good solutions take time. And ultimately, their interest in the outcomes is not credible. However, it is important to try again and again to involve the political decision-makers, to inspire them, to make them understand how important this work is and what can be achieved, advises one interviewee.

Finally, the topic of domestic violence poses a great challenge in itself, explains ones interviewee and argues that every person has a story or attitude about it: "And this story or attitude greatly influence how willing someone is to get into this topic and change things positively." Yet such personal issues shall not be easily addressed nor discussed openly. Moreover, it is important to be very patient and persistent in finding sensitive ways to raise awareness and to enhance empathy, for example by explaining the dynamics of a typically long-lasting spiral of violence or just how different concepts of violence and love may be.

#### 4.1.3 Discussion of the case

At the time of the founding of BIG Koordinierung, it was still revolutionary in Germany for women and men to take joint action in fighting violence against women, for a (partly 'radical') women's movement to cooperate with the state, and for different professions to work together. BIG Koordinierung overcame all these rifts. Nowadays it is well understood that the protection of victims of domestic violence can only be ensured through the collaboration of several institutions. This is also considered in national and international guidelines for dealing with victims of domestic violence.

BIG Koordinierung makes a tremendous contribution to the protection of victims by continuously bringing all relevant partners together at one table, by mediating and by creating structures for inter-organisational collaboration. It is of advantage that all relevant partners, including political institutions, in fact are in short distance of each other in the city And federal state of Berlin. In contrast, the landscape of support structures in other social problem areas in Berlin is sometimes very confusing and institutions seem poorly interlinked. The convening of expert groups to develop solutions, as is the case with BIG Koordinierung, is much less promising. There is a risk that individual institutions that could make an important contribution are not included and that competition prevents making consensus decisions. Nor is it to be expected that political bodies engage in initiating committees since experience has shown that the pressure for positive social changes must come from the ranks of the NGOs themselves. Thus, it can be concluded that having a coordinating NGO is of high benefit.

The multi-professional collaboration coordinated by BIG Koordinierung has become a normality in Berlin and takes place both in institutionalized inter-organisational round tables and in expert groups, that are formed on a transitional basis to address very specific problems. The institutions coordinated by BIG Koordinierung work critically but respectfully on solutions that (must) reach general consensus. When inter-organisational relations were addressed in the interviews, concrete conflicts were neither mentioned nor critical remarks made about a concrete institution. If any conflicts are present, they have not penetrated the cooperation network.

The implementation of collaborative practice is subject to numerous limitations and challenges, such as a lack of time and financial resources, different attitudes between professional groups and institutions as well as different prioritization of topics between practitioners in different fields and politics. However, the institutions continuously, patiently and efficiently work on overcoming such differences. However, it is difficult to make a topic such as domestic violence 'society friendly', i.e. on the one hand to raise awareness and empathy in the relevant occupational groups to improve the efficacy of the frontline response network and on the other hand to change the general understanding in society of where violence begins and that it is acceptable to seek help to protect oneself from violence. It is to be expected that these missions will accompany all actors in this field for a long time to come and that initiating positive changes, especially those that cost money, remain challenging.

Notwithstanding, a very impressive number of positive changes and outcomes have been achieved through BIG Koordinierung. These solutions and measures, such as the Protection Act against Violence, quality standards for police practice and the proactive approach, to name but a few, represent a significant improvement in the protection of victims of

domestic violence. They largely meet or are in the process of being adapted to national and international requirements and laws. Through the participation in law making, development of quality standards and the establishment of training, the successes of the initiative can be secured in the long run and become a lived practice.

It is a special feature of the frontline response network in Berlin that there is a second coordinating NGO in addition to BIG Koordination. S.i.g.n.a.l. is specialised on intervention in the health sector in cases of sexualised and domestic violence. The responsibilities are clearly defined and S.i.g.n.a.l. is solely responsible for the development of structural and training concepts as well as for assistance in implementing these in the health sector. The IMPRODOVA consortium has already addressed the fact that it is very difficult to implement training programmes in the health sector, and in particular in the medical profession. In view of this, the existence of the two coordinating NGOs in Berlin is particularly interesting. Countries considering implementing such collaboration initiatives will consider the advantages and disadvantages of multi-professional collaborations versus strongly sector-specific collaborations. The analysis of both coordinating NGOs and the comparison with similar initiatives from other consortium countries can possibly contribute to choosing the most suitable structure on a more scientifically sound basis.

#### **4.1.4 Conclusion**

It is recommended that BIG should be further taken into consideration in the project IMPRODOVA. It is to be expected that the results of further research will continue to make an important contribution to the overall research project.

After all, IMPRODOVA is interested in projects in the areas of inter-organisational collaboration, victim identification and detection, processing victim cases, response to victims' needs, enhancing organisational learning and development. BIG fits not only in one but in all five of these areas of practice, which will render interesting comparisons with other best practice projects possible, such as the proactive approach of the Police Berlin and the French Gendarmerie, for example. Other best practices most likely do not consider such a combined form of different practices as the three work units of BIG (Koordination, Hotline and Prevention). In this way, the pros and cons of a more specialised versus a more complex orientation of an NGO like BIG can be examined.

Further consideration of BIG also guarantees the consideration of developments, which already are part of IMPRODOVA research, such as the adaptation and implementation of risk assessment tools or efforts to implement the standards of the Istanbul Convention in practice. Since BIG regards it as its duty to identify gaps and challenges in the system, up-to-date developments will not be missed by IMPRODOVA and can provide important impulses for subsequent research.

Considering BIG further will provide an even deeper insight into the perspectives of various professions and into the factors that favour and inhibit multi-professional collaboration. It is a great chance to examine additional perspectives of stakeholders that have not been considered in IMPRODOVA or only to a limited extent, such as the perspectives of politics and public institutions (e.g. youth welfare offices, district offices, job centres, schools).

Undisputedly, domestic violence can only be combated successfully if all professional levels join the fight against domestic violence, are adequately trained, develop appropriate support structures and cooperate with each other. BIG looks back on decades of experience

in bringing a wide variety of stakeholders on board to achieve exactly these goals. I consider it to be an important contribution to our research to systematize this comprehensive knowledge, to share it within the consortium and to discuss it.

## **4.2 HAIP-Network (Hannoversches Interventionsprogramm gegen häusliche Gewalt / Hanover's Intervention project against domestic violence)**

Our operational practice is an inter-organisational collaboration: a cooperation between police, several NGOs, a medical doctors' association, the youth welfare service and prosecutors. This practice is realized in Hanover, capital of the federal state of Lower Saxony.

### **4.2.1 Methodological information**

We conducted 10 interviews with members of the HAIP network. Moreover, the text is complemented by further information from HAIP internal regulations dated February 26, 2019, and from the HAIP website<sup>8</sup>, where HAIP annual report of 2018, the HAIP anniversary edition, and further material can be found.

Interviews:

- We interviewed a representative of the HAIP office who manages and represents the HAIP network, and who is the contact point for all HAIP members and their needs. The HAIP office works conceptually and politically to emphasize topics of domestic abuse (DA) to stakeholders outside the network. The work includes the preparation and protocolling of HAIP meetings, organizing conferences on topics relevant to the network, and organizing workshops to educate professionals and students on the topic of DA.
- One interview was done with a social worker who coordinates the work in the network (BISS). She is engaged in public relations of the network and is also part of the HAIP counselling team.
- Another interviewee, a sociologist served in a counselling centre focussing on migrant women where counselling in the victim's mother tongue is being offered.
- Likewise, in a counselling center for women, one leading expert was interviewed. Not only do victims of DA find help free of charge here, also female perpetrators are counselled in an extra subdivision of the center. Victims who came to several one-on-one counselling meetings and achieved some stability in their personal situation are invited to join group meetings with other DA victims. Clients, who want to deal with their trauma more intensively, can receive therapy, for which they have to pay by themselves.
- One interview was conducted with a physician working at the university hospital. She is responsible for the anonymous securing of evidence in cases of violence. The project she is working for is a network on its own: the network got financial support by the Länder government of Lower-Saxony. They secure evidence anonymously in

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<sup>8</sup><https://www.hannover.de/Leben-in-der-Region-Hannover/Verwaltungen-Kommunen/Die-Verwaltung-der-Landeshauptstadt-Hannover/Gleichstellungsbeauftragte-der-Landeshauptstadt-Hannover/Wir-f%C3%BCr-die-B%C3%BCrgerinnen-und-B%C3%BCrger/Hannoversches-Interventionsprogramm>

cases of domestic and sexualized violence when the victim does not want to file a complaint. If the victim decides that he/she wants to file a complaint later on– this evidence may be used. They work together with the HAIP-network covering the medical profession.

- Five interviews were conducted with police officers who, in different ways, are affected by the work of the HAIP network, among them a prevention police officer who is closely collaborating with the HAIP, a patrol police officer, a criminal investigation officer responsible for securing of evidence, a criminal investigation officer primarily dealing with cases of DA, and a criminal investigation officer specialized in charge of sexual offence cases.

Because of limited time and access, we were not able to interview all members of the network, so that our information might be limited. In some cases we had a lot of trouble arranging meetings for the interview and some got cancelled. In order to comprehensively collect information about this best practice example, we did not only ask the interviewees we met about their own work, but also about the network in general.

#### **4.2.2 Presentation of the case: practice's goals and stakes, what problem is it designed to solve**

##### ***Background and history of the practice***

In 1997, the HAIP network was developed by the “Round Table against male violence within a family” (founded in 1992) and it was established in 1997, even before the Protection Against Violence Act was established, as an attempt to structure the work against domestic violence. The start of HAIP was pegged to a police ordinance which makes up the basic process of the network: Whenever the police receive knowledge of a DA case, they send a form including contact data of victim and perpetrator to the BISS coordination center. From there it is distributed to staff of a suitable counselling centers who in turn, proactively contact victim and perpetrator, and invite them to a first free-of-charge counselling session. Victims can also contact different network partners on their own without involving the police.

The Equal Opportunities Officer of the city of Hanover is responsible for the management of the network.

Within the HAIP network, domestic violence is understood as any form of physical, sexualized, psychological or economic violence within a family, a household or between former or current married couples or spouses, independent from crime scene or current abode. Basic assumption is that DA is initiated primarily by men.

The goals of the HAIP are (quoted from the HAIP internal regulations from February 26, 2019, p. 1):

1. Provide extensive protection, assistance and support to those affected by domestic violence.
2. Hold perpetrators accountable and achieve their accountability and behavioral change.
3. Reduce domestic violence through reasonably networked intervention of all those involved, and ensure sustainable long-term support, counselling and intervention.
4. Prevention, information, and public relations work.

5. Take a public stand against domestic violence and on gender justice and do work oriented towards social developments and necessities.

Altogether to fight DA, HAIP aims to provide a proactive, fast response towards victims and perpetrators of DA.

The HAIP network has a specific structure. It is headed by the **Equal Opportunities Office** where the **HAIP office** is located. HAIP's work is documented in the office, where also the topic repositories for the Round Table and the "Building Blocks" are kept. There, also materials for HAIP's public relations work are produced in close cooperation with the HAIP committees. The HAIP office managing director actively participates in all HAIP committees.

The **HAIP coordination team** consists of the Equal Opportunities Officer, her coworker, the HAIP office managing director, plus representatives from two elected institutions of the "Building Blocks" committee. The HAIP coordination team discusses and decides on strategical issues like: Do we have anyone else to invite to the HAIP network? What should the discussion topics of the round table be? What do we have to do differently in HAIP? What is the topic on the Building Blocks meeting or what could be the topic? The coordination team also carries out press and public relations work for HAIP, as well as the cooperation in other networking committees.

The comprehensive and largest body is the "**Round Table**" taking place twice a year. Members and HAIP committees inform each other about their work and activities, which are done according to the purpose of the Round Table. They make decisions about the work of HAIP including decisions that go into politics, develop opinions on current topics and accordingly distribute work orders to the HAIP committees. About 40 different institutions are part of this, including women protection shelters, the youth welfare office, the equal opportunities office, the medical network, different counselling centers, prosecutors, judges, police and representatives of all political factions in the city council (the latter have a right to suggest, but not to vote).

The center or heart of HAIP is the committee that deals with actual cases, the eleven "**Building Blocks**" (Bausteine). They work independently and e. g., conduct case discussions especially on cases with high risk assessments. Additionally, orders and topics of the round table as well as own questions, case presentations etc. are processed there. Regular meetings are held six times a year. Moreover, Building Blocks participate in HAIP's public relations work and organize specialist courses, lectures, training, and seminars.

The eleven Building Blocks are:

- Coordination Unit "BISS"
- Women and Children Protection Shelter
- Prosecution Hanover
- Police Hanover
- Youth Welfare Office
- "Waage e.V." (counselling for perpetrator-victim-agreements)
- Men's Office Hanover e.V.
- Empowerment Office ("Bestärkungsstelle", counselling for female victims)
- "SUANA" (counselling for migrant women)
- Managerial director of the HAIP office
- Equal Opportunities Officer

Besides the Building Blocks, HAIP currently has three different **working groups** regarding special project-like topics: “Children and teenagers who have experienced domestic violence”, “Forced marriage and female migrants”, and “BISS”. The working groups are composed of representatives of the members of HAIP and representatives of institutions, associations and initiatives outside the Round Table according to their priorities.

In the last year, the HAIP network has been working in different ways with 3307 adult women who have experienced domestic violence.

One of the main tasks of the **HAIP office** is advocacy. They try to reach school and university students for example by emphasizing the importance on education about DA at the vocational school for social work. At the Leibniz University Hanover, the HAIP network offered a lecture series and aims to reach law students, because (476CV): “...the problem is that the family judges often don't know enough about domestic abuse and its consequences for women. That's for example this change model, which is promoted so frequently in case of a divorce, i.e. one week dad, one week mum. But this is extremely difficult, because the parents have to communicate very well, they have to coordinate well and this is not possible if the divorce was caused by domestic violence. This means that the husband bashes his partner, and the woman then has to hand over the children.” Moreover, HAIP tries to reach out to medical staff. They are especially hard to reach. Advanced education has to be registered laboriously at the Medical Chamber to ensure that medical doctors receive credits for participating at a seminar to make participation more attractive. It is important that gynecologists, dentists, and primary care physicians are trained what to do, when they suspect that their client is a DA victim. Also, when located in Hanover, they should send their clients either to the Institute for Forensic Medicine or the medical doctor's association ProBeweis (experts in securing DA-related medical evidence) in order to enable evidence preservation valid for legal purposes. It is also important to educate medical staff, as they often lack knowledge on these topics. Aside from mere advocacy, the HAIP office focusses on networking and making new contacts to cultivate a learning culture, e.g. to learn how other cities build alliances against DA, what their strategies are and to communicate new insights to the HAIP members asking if HAIP would benefit from according changes.

The “heart” of the HAIP network is the **coordination unit “BISS”** that coordinates the everyday work of the network and offers counselling for women. In concrete terms, this means that whenever a police operation on a DA-related incident has happened, the BISS receives a written report by the police with contact details of victims and perpetrators. BISS then contacts or forwards to suitable consultancies of the HAIP network who then contact victims and perpetrators. Besides, the BISS also focusses on public relations, lobbying work and statistical analysis of their work to underline their political statements. They are engaged in different political groups. They also conduct trainings for patrol officers every six weeks, and a couple of times a year for criminal police officers. Sometimes men contact the coordination unit; in that case their request is forwarded to the **men's office**. Women can contact the BISS on their own or they can access services via the **police, the youth welfare system** or the **helpline**. Some women just need basic information about their rights, but sometimes women need more support, in some cases for a couple of months or years: this help is offered but has to be financed in some other way. Self-help and other support groups are also part of the counselling concept. Counselling of a maximum of three sessions is financed by the Land, thus clients are often forwarded to specialized consultancies like SUANA or the Empowerment Office. Over the last years, the number of women calling BISS

directly has increased (in 2018 approx. 900 women). Also the overall number of cases has increased steadily (2006: 1791 cases and 1074 children involved; 2018: 3107 cases and 3130 children involved). In 2004, the work of BISS-institutes in Lower Saxony was evaluated by the Criminological Research Institute (KFN, Kriminologisches Forschungsinstitut Niedersachsen). The study<sup>9</sup> confirms the success of BISS's proactive approach to victims, reaching out to women (and thus, their children) who would otherwise not have sought help, or not at this early stage.<sup>10</sup>

### ***The practice as a local translation or adaptation of a national/international policy***

We do not have enough information about the HAIP network to fully compare the HAIP network with requirements of national or international policy. Some important aspects for which we have acquired knowledge are mentioned in the following.

Regarding the Istanbul convention, the HAIP network is a good example for *Article 7.64* as a network that comprises different frontline responders (FLR). On the other hand, *Chapter 6 Article 55.1* is still a problem because a report against the perpetrator is still dependent from the statement of the victim. Many trainings were mentioned but a training focused on inter-organisational cooperation is not in place yet, although it is a demand of the IC (*Chapter 3 Article 15.101*). It is also not realistic to have all parties in one building as suggested in *Chapter 4 Article 18.119*.

In 2016, the HAIP started discussing the Istanbul Convention and its implications for their work. HAIP's wide definition of DA is based on the Istanbul Convention. The implementation of the Istanbul Convention is a still ongoing process for HAIP.

One HAIP member is part of the Prevention council of the Land (Landespräventionsrat) and informs HAIP members at the round table about new political or legislative developments (like the Istanbul Convention).

Among others, HAIP is also presented within the EU Daphne project by one of its members and at the Federal Conference on Forced Marriage, which fosters the dissemination of information on EU and national policies.

In its HAIP annual report of 2018, HAIP states, that they conceive of themselves as only one part of the complete realization of the Istanbul Convention (p. 1).

Besides, the HAIP work is very much influenced by the European General Data Protection Regulation as they have to follow various measures to protect the data exchanged via fax on a case. For example, each institution has one separate lockable office, where the fax machine for receiving the (forwarded) police faxes is located. Personal data of a victim on a police fax that goes to a consultancy addressing perpetrators are blacked out.

We were told that for the medical profession the guidelines of the World Health Organisation are important and the guidelines of the medical chamber. Regarding the Istanbul Convention *Chapter 4 Article 25.141* is completely fulfilled: the securing of evidence is not dependent from the filing of a complaint.

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<sup>9</sup><https://www.ms.niedersachsen.de/servlets/download?C=9488834&L=20>

<sup>10</sup>[https://www.ms.niedersachsen.de/themen/gleichberechtigung\\_frauen/gewalt\\_gegen\\_frauen/beratungs\\_interventionsstellen\\_biss/beratungs--und-interventionsstellen-biss-gegen-gewalt-13728.html](https://www.ms.niedersachsen.de/themen/gleichberechtigung_frauen/gewalt_gegen_frauen/beratungs_interventionsstellen_biss/beratungs--und-interventionsstellen-biss-gegen-gewalt-13728.html)

For the police, the work in the HAIP network and in general is a translation of national and federal policy. The Federal Ministry of the Interior, for example, publishes a decree and the police officer responsible for prevention then prepares an order, how the police of Hanover should realize the decree. The order is signed by the head of the department and then sent to all police offices.

### ***What factors made it possible***

Several factors and circumstances worked together to realize the HAIP as it works today. The start of the network was initiated and pushed by Dr. Ursula Müller, Equal Opportunities Officer from 1986-1996. When in 1992 the round table against male violence within a family got together, participants had recognized the need to speak about a taboo topic and to seek collaboration in order to fight DA. In the following years, several stakeholders worked on a concept of a social training for DA perpetrators and also engaged in political and legislative activities. As a consequence, the Men's Office was founded in 1996. And in 1997, the police president of Hanover published a decree that regulated how the city police of Hanover would cooperate with other frontline respondents. This was probably the most important pre-condition to the founding of HAIP in the same year. Also in 1997, the Empowerment Office (counselling for female victims) was founded.

2001 another institution around the topic of DA was founded: SUANA, an association specialized on needs of migrants. Until 2005, the police of Hanover had its own social workers, responsible for psychosocial crisis management. However, as more and more independent victim support institutions were founded, this social work program was terminated and in 2006, the newly founded BISS (Center for counselling and intervention) took over the tasks that were former carried out by the social workers of the police. The BISS receives its funding by the federal state of Lower Saxony. As the BISS work proved successful, other BISS points in Lower Saxony were founded and funded. Since its beginning, the HAIP was an initiative located at the Equal Opportunities Office. Only in 2017, and after several attempts over a period of 15 years, it received the status of an office within the city Administration. This allowed the Equal Opportunities Office to have one employee fully concentrating on HAIP and to put more effort in the wider distribution of the topic of FLR responses to DA. This change demonstrates the cities' emphasized focus on DA, and it was also perceived as an appreciation for HAIP and its members as they now were able to say: "We have an office; we have a got-to-person, who professionally takes care of HAIP concerns and who works politically together with the Equal Opportunities Officer."

In the HAIP Anniversary edition (2017), the former Equal Opportunities Officer Dr. Brigitte Vollmer-Schubert summarizes necessary effort and relevant changes to support the HAIP work (p. 24):

*"Meanwhile, there is the action program and police training, the various flyers and brochures that we have distributed. We have travelled a lot to make HAIP known and have given numerous lectures. That was a lot of educational and advertising work. Then there were training sessions for doctors and judges and the federal and state working group - in which I participated myself. They considered how this could be implemented nationwide with the different responsibilities. HAIP played a very important role when the Violence Protection Act finally came into force nationwide and the Federal States were able to make the arrangements in each case. It was also important for the public prosecutor's office to set up special departments, because*

*this brought the issue more into focus and sensitized public prosecutors and official solicitors to it. The founding of the working groups and the establishment of SUANA were also great successes, because they enabled differentiated offers to be made for more and more target groups. HAIP has always been alive and constantly evolving. And so, much has already improved."*

In the interviews, we were told that it took a lot of personal effort for the medical profession to get financial support of the federal state for the anonymous securing of evidence.

The network receives financial support from the federal state. As this type of network might not work well in the rural area because of long distances and a lack of organisations located there, it is an advantage that the HAIP is centered in a city.

### ***Encountered obstacles and resistances and how they have been overcome***

Several obstacles had to be overcome, when the idea of a network against DA developed to founding and running the HAIP. We cite from written material here, as the majority of our interview partners did not have the necessary insights because they joined HAIP at a later stage.

Within the HAIP anniversary edition (2017) the founding Equal Opportunities Officer Müller is quoted (pp. 4-5):

*"First we had to talk to the various institutions and gather information. It quickly became clear where it hooked everywhere. Each institution acted in a meaningful way from its own perspective. For example, the police had the problem that the reports were often withdrawn and the general opinion was that domestic violence was a private matter. From their perspective, it was therefore not particularly worthwhile to pursue such a case. And the women's shelter staff was very eager to show the women alternatives. But they did not have the capacity to deal intensively enough with every single woman, because the next emergency was already on the doorstep. With this knowledge I started the round table. The most important institutions were invited. But cooperation was anything but easy, because everyone had been interacting before and many conflicts had already occurred. For a long time, the discussions went round in circles and there was hardly any progress. Only one year later, when Susanne Paul took over the representation of the police, something finally started to move. Because she was immediately convinced of the whole concept and took the topic into the trainings. Dietmar Krüger, the representative of the Police Social Work Prevention Programme, was also familiar with the concept from America and was just as enthusiastic about the idea as Mrs. Paul and I were. And so it slowly started to take shape. When things got stuck again, I always compared us as a cooperation project with a circle in which everyone holds hands. Through HAIP we have decided to narrow the circle. But this can only work, if every single person in the circle takes a step inwards. If someone refuses and stays in the position, then it won't be a second circle. Then the whole thing wobbles. And so every institution has gradually changed something, even though it was really difficult in the beginning to **get rid of organisational egoism**. I think we sat together at the round table for six years until the project could start. Of course, we didn't meet every week, but maybe every other month. But it was really hard graft. I can't describe it any other way."*

Also in the HAIP Anniversary edition (2017), the former Equal Opportunities Officer Vollmer-Schubert points to the obstacles that were faced during the realization of HAIP (p. 25):

*“A big problem at the beginning was the question whether the police were allowed to forward data to the counselling centres at all. Fortunately, at that time there was a prevention programme called Police Social Work, which was located within the police and could circumvent the problem. They sat directly at the source, were able to make contact with the victims and refer them to the Empowerment Office and the Men's Office. When the **police social work prevention programme was cut back in 2005**, the BISS Intervention/Coordination point took over the function of the initial talks. There were differences that had to be overcome first. For example, the police social work prevention programme was a relatively large unit of three or four people who not only dealt with violence, but also with other issues. This allowed them to exchange ideas and replace each other. At the BISS there were always lone fighters who were then assigned to their county with a 50% or 25% staff position. The cooperation had to be organized quite differently. At first, this was more difficult for Hanover because everything went well before and it had to be rebuilt. Altogether it was a clear progress, because now there was a BISS everywhere, where before there was nothing at all. In the meantime, the system has become well established and the exchange and cooperation between the BISS units has also been excellent.”*

Now and then, HAIP members discuss, if – referring to its structure - HAIP should become something different than an office in the city Administration (e.g. an association or being linked to another provider / institution). Reason for this discussion is that the city finances the HAIP office. However, **HAIP is not a municipal company, but something in-between**; the majority of the HAIP work is conducted by its different members, not financed by the city.

Another issue of discussion is that it would be nice, if HAIP would extend or become larger. However, HAIP members recognized that in such a case making a good job would be impossible as too many contacts involved would overwhelm the network.

### **Cooperation: who works with whom**

One important part of the close cooperation is the exchange between partners about their work processes. One interviewee (476CV) put it as such:

*“In regular intervals - and that was just when I was there again for two or three years - we introduced each other to the work processes of the other members. We have a committee, the Building Blocks involved in the immediate intervention, they have to work very closely together and they have introduced each other to their work processes. The prosecution said exactly: ‘It happens this way and that way; this is the file I get on the table (we have a special domestic violence department in town at the prosecution) and in order to work well I need this and this and this and this from you’. Or, ‘it would be nice if this and that were attached to the file.’ The police played exactly the same game with domestic violence and explained: ‘This and that has to be done by the police officer and so and so it must look or so it would be good.’ And then the public prosecutor could say: ‘Yes, and I need this and that in a detailed version’. [...] The prosecution then also knows with which difficulties the Empowerment Office struggles, for example, when a woman arrives there. The legal application office has also presented its work - what has to be paid attention to so that the application can simply be filled out properly: ‘This and that must be brought along, it would be great*

*... Emails, things that are on the mobile phone, photos, everything can be brought along.' And through this exchange, I learned the most, how what works, which job, what is needed, and these were my best teachers to the topic of domestic violence."*

The following analogy symbolizes the idea of the HAIP network (statement by Prof. Dr. Carol Hagemann-White on the HAIP website<sup>11</sup>):

*"The chain of intervention is perhaps best imagined as a ring with many doors, which can be entered or left at any point, and which is also internally connected by many crossroads. It is crucial that the chain (as an offer) is not interrupted, but has connection possibilities at every point, which are mediated by the facilities. The principles of maintaining confidentiality and strengthening the self-determination of those affected remain intact despite all cooperation".*

Indeed, even the **HAIP office**, is called by women and professionals seeking help in DA-related issues. Although due to the primarily administrative tasks the HAIP office managerial director is not the perfect contact for such requests, she will forward it to the most suitable institution of the HAIP network.

The main idea of the HAIP chain of intervention is not to wait for the woman to contact an institution of the HAIP network, but to proactively contact victims and offenders offering help and advice. Of course, HAIP also provides a lot of information material, a website, and also a little informative business card, which is so small that a woman can put it in her bra.

For the **police**, a typical course of a case is that they are called to a DA incident. At the crime site, beside calming down the situation and collecting data for case documentation, they inform victims and perpetrators about the consultancies (e.g., from the HAIP network) and give them information material with the respective addresses. In some cases, they drive the victim to a forensic expert or a women's shelter. When they return to the police station they have to directly write the report including a special form for DA cases. This they will then send via fax to the coordination unit BISS, and if children are involved, to the Youth Welfare Service who then contacts the mother of the children. The fax contains information on the personal data and the behavior of the persons involved on site (including the perpetrator and the victim), very brief description of the situation, on police measures (e.g., references to **counselling centres**; that the damaged party was informed about the data transfer to the **BISS**). If domestic violence has occurred, the investigation file is passed from patrol police to criminal police, where a DA specialist deals with the case. After having read the file, the DA specialist conducts an after-care conversation with the victim asking for the current status (if new violence has occurred after the operation by the patrol police) and informing the victim about consultancies (e.g., from the HAIP network) and the possibility to request an order from court (e.g., prohibition to approach or to contact the victim). Additionally, the victim and the perpetrator are summoned independently to orally and personally report on the case.

When children are involved, the criminal police inform the **Youth Welfare Service** and at the same time ask them for further information on the case. The case is then handled by a

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<sup>11</sup> <https://www.hannover.de/Service/Presse-Medien/Landeshauptstadt-Hannover/Meldungsarchiv-f%C3%BCr-das-Jahr-2017/20-Jahre-HAIP-Enttabuisierung-eines-dunklen-Themas>

specialist for children and adolescents in order to prioritize child endangerment; so the child's needs do not get lost in the processing of the DA case.

When a DA-related sexual offence has occurred, a sexual offence specialist is processing the case. In both cases, the investigation file goes to **prosecution** when investigation is finished (rule of thumb is that prosecution should be informed about a case after a maximum time period of 3 months). Police and prosecution always work together – more than police and other NGOs cooperate. Nonetheless, police refer to all the other partners, often without having had any personal contact. For DA-specialists in criminal police, personal contacts are established with **SUANA**. Police and SUANA talk about cases where migrants are involved e.g., to ask for information they have. SUANA staff also call the police e.g., requesting permission to join a client to a hearing. Within their narrow legal frame, police try to cooperate with SUANA in a way that is best for a case. The **Men's Office** frequently sends standardized faxes to the criminal police giving feedback, if a client was (not) prepared to talk or to attend a social training. The intercultural service of the police represents the police in the HAIP working group "Forced marriage and female migrants". To regulate the cooperation, the police have entered into agreements including data protection regulations with the relevant stakeholders from the HAIP network.

The counsellors at the **coordination unit BISS** immediately and proactively contact the victims and offer their help when they receive a respective fax report from the police. Since 15 years, this fax service is in force. Counselling is offered by the coordination unit itself, by the **Empowerment Office** (when the victim needs more than three encounters) and by **SUANA** if the victim's mother tongue is not German or if a migrant was affected. The BISS also forwards the fax to the **Men's Office** who in turn immediately and proactively contact the perpetrator (male in most cases), inviting him to a counselling or social training. To regulate the cooperation, also the BISS has entered into agreements with the relevant stakeholders from the HAIP network.

A special part of the HAIP is **SUANA**. SUANA is an association that focusses on resource-oriented working with migrant women and has specialized knowledge about immigration law, rights of residence and other specific topics. They are contacted by the **BISS** when the **police** reported that DV happened and female migrants or refugees were involved. Women can also contact SUANA directly. They offer counselling in the victim's mother tongue. In this way, women who cannot speak or understand German are not excluded from the help system.

The **Empowerment Office** offers counselling, Empowerment and therapy to women who have experienced domestic violence. It is a project that has been in existence for 23 years and is located within the Counselling and Therapy Centre (BIZ). It includes general life contents. The project receives municipal funding and lives off it almost exclusively. The Empowerment Office receives forwarded police faxes from the **BISS coordination unit** regarding information on women involved in DA cases. More precisely, one staff member who works in a separate office receives these faxes. Before proactively contacting the woman whose contact details are noted on the fax, the staff member researches, if the woman is already known to the Empowerment Office and when they have had contact with her the last time. It is also important to check, if children are involved (knowing that for data protection reasons they can only inform the **Youth Welfare Service**, when the woman agrees or in high-risk cases). Then, the staff member immediately contacts the woman via phone inviting her to a counselling interview. Each woman whose contact details are

reported on the fax is contacted irrespective of her being regarded as victim or perpetrator. At the first counselling interview, the consultant tries comprehensively to inform the woman about her rights; this is to guarantee that she got the most important information in case she does not return a next time. At the Empowerment Office one-on-one talks take place, but also group meetings for female DA victims aiming at stabilizing and at activating their resources. Once a month, an **attorney** comes to the Empowerment Office offering fee-based legal consultation. Women also visit the Empowerment Office without being forwarded from the police. Thus, the Office works with a mix of proactively addressing women in DA situations and also being open to women who come as self-reporters. Besides, the Empowerment Office is involved in political work and providing advanced education.

The **physicians** also work together with police and NGOs. When the medical network is the first contact point and evidence is secured, the physician provides information and flyers for the victim where he or she can get immediate help. But it remains the victim's decision whether he or she accepts that help. The physicians get in contact with the police when the victim decides to charge: in that case the police contact them asking for the evidence that was secured. Physicians still need to be relieved from their obligation of confidentiality by the victim and then they give to police everything police have asked for. Sometimes police do not want all the evidence that was secured for legal proceeding.

When a case goes to **prosecution**, it takes a while until an investigation file is assigned to a state attorney dealing with the case (as DA cases are often not regarded as urgent). By the point of assignment, **police** have a continuous contact to a case at the prosecution to ask questions (which is comfortable for the police in enduring DA cases); also the state attorney may call the police to clarify open issues.

### ***Strengths of the cooperation***

The strengths of the cooperation related to the network's **structure**. Likewise, one interviewee (480AV) added: "So this networking is actually really good because **everyone refers to each other**." The structure of Round Table, Building Blocks, and so on also allows the partners to work together in small groups and only involving people that are relevant for a case. This is perceived as very efficient. It also enables them to work in a timely manner. Persons know each other, they know who the respective contact persons are; informal communication is established and used quite frequently. This is also helpful in cases, when a consultant is not an expert on a specific topic but knows from which partner to get the critical information. Beside the advantages of the perceived "short ways", **mutual trust and appreciation** set the tone of communication between the partners. Dialogues in private are possible and valued. According to one interviewee (475AV), professionals involved in the HAIP network "know how to deal with the information they get, whether something is urgent or not. I know if someone from the meeting calls me and describes a case, then I know that this is not a run-of-the-mill story, which can't wait until the next meeting."

Indeed, a big strength of the cooperation is that HAIP members have a **better understanding** how and why people and institutions work in a certain way. Therefore, it is easier to understand why some decisions were made that were less satisfactory from one's own point of view. They can also support each other dealing with tough cases. For example, one interviewee (480AV) stated that "it's exciting and always fun with SUANA, because the employees are very dedicated to their work. Also, at the Weiße Ring or Waage or the like. I called them once and said that I would like to find out how they actually work, because I

always offer the product in this sense, but never had contact with it and then they are very open and helpful and explain their work. That's going well." At the same time, members of the network **know, where each other's boundaries are**, as one police interviewee (475AV) explained in an example: "It is also well known that when Mrs. X of BISS now tells me: 'Mr. Y was with me, he beats his wife regularly'. Then, of course, they also know that we'll have to file a complaint. We have the obligation to prosecute as police. That's why on a factual level (even if I would like to) only impersonal questions are asked at first."

Due to good internal communication and mutual appreciation of each other's work in the fight against DA, there is also **room for criticism**. If one institution finds discrepancies in another institution's handling of a case, this can be addressed and checked on an unemotional, factual basis. If necessary, according changes can be initiated then.

The **fax processing** by the BISS coordination unit is valued as an important service for those institutions receiving the faxes: BISS checks, if any information is missing, asks the police for complementary information, registers the fax statistically and decides at which consultancy victim and perpetrator fit in best. Then the fax is forwarded to the respective institution. This preparatory work helps the related institutions (e.g., Empowerment Office) to fully concentrate on the respective case.

**Risk assessment** is very much enhanced by the cooperation. In high risk cases they have a special procedure in which all relevant stakeholders are involved gathering a lot of complimentary information from different perspectives. This can be fed into the risk assessment. In every risk assessment there is participation of a prevention manager who has special knowledge about risk assessment. Although they do not use a specific risk assessment tool decisions are not solely based on single opinions. There are different aspects taken into consideration: former violence, types of violence, use of weapons, drugs and alcohol abuse, family history, intensity of violence, unscrupulousness, cruelty to animals, resistance against measures by the police, frequency of violence etc.

Which partners are relevant in a special case may vary: only if children are involved the youth welfare service has to participate, for example. We were told that the participation of prosecution is also a big advantage: sometimes the prosecution gives a case back to the police because they want the victim to go to a counselling center before a legal proceeding.

The starting point of a collegial risk assessment is regularly one partner of the team who is suspicious. In this case the network (normally the Building Blocks) meets for a case conference within two days. After all relevant Building Blocks are contacted; they assess the risk and develop measures on how to prevent an escalation of the violence. One measure might be that the police prioritize emergency calls from a special number. An important aspect is that the victim has to relieve everybody from their obligation of confidentiality; otherwise, they are not allowed to talk to each other. The police are perceived as very cautious when a case is discussed anonymously because of the criminal prosecution laws. But, all in all, varies form of intensive expertise are gathered regarding risk assessment.

*"This means that everyone involved is sitting at the table and talking about the case. Sometimes it is even possible on the same day or it is held by telephone to simply clarify the matter: Do I see that correctly? How do you see it? What kind of facts do you have on the table that I might miss? That's a distinction. This is then a high-risk case, a case with a particularly explosive potential. That doesn't happen very often in the year. Three times? Four times?"* (476CV)

Within the latest Building Blocks meetings, standards for dealing with high risk cases have been decided on to guarantee a fast and professional response.

The network is in close contact regarding **documentation** and data protection. They have benefitted from each other in the last months when the European General Data Protection Regulation was implemented; also regarding archiving documentation.

Another more global point that was empathized is that the network has the possibility to not only to help victims directly by counselling but that the network is also **active on a political level**. They can give feedback to decision makers about the current situation and they can try to make a change on their own. Due to the size of the network, HAIP members are politically active at various and diverse committees and so the political workload does not lie at one actor's responsibility, but is shared and fairly distributed.

A further strength is that via the aligning of information, all partners **work into the same direction**, as the former Equal Opportunities Officer Dr. Vollmer-Schubert pointed out (HAIP Anniversary edition 2017, p. 24):

*“The special thing about HAIP was that over many years there was this good and trusting cooperation with the various institutions. All the institutions involved are working for those affected in the same direction. It strengthens the effectiveness when counselling centres, police, justice and youth welfare offices all say the same thing. And now everyone is saying the same thing: There is no excuse or understanding for violence; and the responsibility lies with the perpetrator. It doesn't matter whether the victim was annoying or whether alcohol was involved. The perpetrators must accept this responsibility. If everyone says so, then the willingness to participate in a social training program increases considerably and this contributes significantly to prevention. In addition, of course, there is the interaction of the counselling and training programmes themselves. The numbers of reported cases of domestic violence are rising and show that the topic has now arrived. This is one of HAIP's greatest successes. In the past there was a much higher number of unreported cases. But today more women dare to get help. Neighbours also intervene earlier. In the meantime, the private affair has become a social issue. The fact that it worked so well was mainly due to the support of politicians and the police, but also among each other and within the network.”*

Naturally, also the above attested **success** of the network reassures further cooperation. According to the HAIP Annual Report of 2018, speaking about DA seems to have become less of a taboo topic and the higher prominence of offered assistance in DA cases seems to have led to more self-signaling (2018: 3.107 cases in total with 911 self-signaled cases). The increased case number also represent a better cooperation with the police as an active partner in the network, who are more and more sensitized when it comes to cases of domestic violence, give information material with HAIP addresses to victims and perpetrators and forward cases to the BISS.

Another strength of the network is that it is large enough to organize internal events for **advanced education** and to invite respective experts. Whenever a HAIP partner recognizes a new need, trend or a lack of knowledge (e.g., digital violence), this issue is addressed and it is evaluated if someone of the network is an expert or knows some expert outside. The HAIP network in its completeness has access to many resources, e.g., knowledge, if information material on a certain topic already exists somewhere or if it should be developed by HAIP

itself. Also, when a problem arises, there will be always someone who knows a role model or equivalent on how to solve this issue, for example.

Additionally, the individual persons who represent “their” institution in the various committees of the HAIP network benefit from HAIPs advanced education activities, and in some cases also their complete institution. According to the HAIP annual report of 2018, the HAIP for example, regularly provides advanced education seminars for police officers. Engaged in these seminars are (among others) the Youth Welfare Service and the BISS coordination unit. Police officers are educated with regard to police’s handling of DA cases (barring order, reporting after a police operation, pressing charges); they also have the opportunity to talk about their experiences. Additionally, they are informed in detail about the HAIP intervention process and are sensitized for the affected persons’ special situation in the context of DA.

Moreover, the **HAIP produces statistics on cases and thus, can also draw respective conclusions on new developments**. It became obvious, for example, that there was no place in the network that dealt with female perpetrators or those women that are victim and perpetrator of DA at the same time. Thus, two years ago, a **consultancy for female perpetrators** started its work (“TaeBea”). Meanwhile, prosecution also sends women who are violent against their children to TaeBea.

Due to the network, interview partners (e.g., 477CV) emphasized their mission that **no DA victim is left behind**: “We don't send anyone away who has experienced violence in a family context, the focus is still on (ex-)partnership-based violence, but even in stalking it is sometimes neighbours and we don't send them away either.”

#### ***Weaknesses, constraints, and costs of the cooperation***

But on the other hand we were also told that it can be frustrating that so **many guidelines and cooperation contracts exist, but in an individual case they often fail**. One example is, that the police have to contact the Youth Welfare Office when children are involved. Based on statistics by BISS in 25 cases per month the youth welfare office was not informed. Now and then, it was said that police faxes are not filled in well enough.

As the police is the central figure of the HAIP network, a lot of the HAIP functioning depends on their work. When they change anything in the police proceedings without having arranged the necessary changes with their affected HAIP partners, HAIP work is made less effective or, in the worst case, impossible. The **dependency on police work** is also critical for the prosecutors’ work: Police need to know what information prosecutors need for a complete file (e.g., if a perpetrator received a barring order three times, and has been arrested because of this, but still does not respect the orders). Thus, a good and stable connection of the other HAIP partners with a police representative is a must. Despite of all the information the police representative gives from the HAIP network to the police, the current status is that **it still depends on the individual police station, if a case is regarded as DA or not**. Some define DA in a wider and others in a narrow sense. This not only influences the fight of DA and the support cascade of the HAIP network, but also public police statistics on DA.

The HAIP network and criminal prosecution in general are only effective, if (within the legal frames) all institutions put their facts on the desk. Within HAIP this works quite well for cases where adults are involved. However, for cases, where children are involved or

retrospectively reporting crimes that happened in the victim's childhood years, police are depending on information from the Youth Welfare Service. Unlike the police, the Youth Welfare Services do not have to prosecute crimes on a mandatory basis. According to the police, the **Youth Welfare Service's response** to their requests is often lacking or at times too slow. For police work and investigation in cases with children involved it is necessary to know if help plan dialogues were held, if there was violence in the family, or if there was an indication of sexual violence in the family. This kind of information is also important for the credibility of the victim. For example, when a 15-year old girl no longer resists her stepfather or father, then it cannot be labelled as "child abuse". However, when the police know that she was beaten in childhood or that there was violence in the family, it becomes more apparent why she perhaps does not defend herself anymore in certain situations. So, the case could be judged differently, if the police would receive the respective information. Particularly, when it comes to retrospective reporting, the police have complained about lack of information from the Youth Welfare Services, and although this could be solved in the frame of administrative assistance, the police have to take the measure of administrative resolutions to see the information.

Another problem is that **judges and physicians are very hard to involve in the HAIP network**. Judges do not participate because they say that they do not want to be manipulated and they want to maintain their independence. The HAIP network supports the idea that they have the obligation to be trained in DV matters to get a better understanding of the spiral of violence.

The medical chamber seems to be very engaged to put emphasis on that topic, designing guidelines and trainings but we were told that somehow physicians do not use it. The biggest issue other FLR raised is that physicians are very bad in securing evidence in a way that it can be used for legal proceedings. Other FLR blame physicians, who are not trained regarding DV, are making a situation even worse because they do not send the victim to a forensic institute and just diagnose unspecific injuries.

The HAIP network itself offers trainings for physicians, physiotherapists and midwives.

The social-psychiatric service should also be more involved in the network.

One weakness immanent in the system is that a case is "pushed forward", but that the individual frontline responders, especially the police, in most cases do not receive any **feedback** on the development of a single case (due to many reasons, e.g. data protection). They do not need this feedback for their daily work, however, the interviewed persons assumed that it would benefit their motivation and help them seeing the meaning of their work (as processing DA cases often seems to be tilting at windmills).

Accordingly, meeting the other parties in person would additionally motivate and support the work of officials in charge. Of course, there are various HAIP committees. However, **in HAIP committees only representatives of the organisations meet; i.e.** often not those who exchange information on a single case. One interviewee (480AC) put it as such (referring to the HAIP Round Table): "If something like this were also to take place at the level of officials in charge, that would be a nice thing, because then you can actually see each other personally, then it's something different again and one can also exchange ideas personally at our level, which then deals with the procedures... that would be quite nice."

In our interviews it became obvious that the **processing of DA cases takes a lot of time and effort, which has the potential to demotivate those who professionally fight DA.** On the one hand, this applies to informing victims and perpetrators about consultancy offers. On the other hand, this applies to dealing with hesitating victims. It also applies to psychological violence, e.g. in stalking cases where there might be a lot of indication, but no evidence. Often, investigation files at the prosecution are not quickly processed and so it regularly takes one-and-a-half years until a case is brought to court. These issues are not weaknesses of the HAIP network, but costs and strains that are generally observed when dealing with DA. However, as HAIP tries to address DA in a very comprehensive way, these costs and strains are even more pronounced in the network.

Accordingly, for police DA initiates a different work process than normal physical assault and it is much more time-consuming. This means, for example, that at night when a patrol officer team drives to the same DA scene for three times in a row, they have to write a report three times and send a fax accordingly. This leads to a higher work load, but is important as it might illustrate a spiral of violence. In a next step, when criminal police are investigating the case, the officer is not allowed to conduct a simplified investigation proceeding, but has to hear the affected persons.

Consultants, for example, are discouraged when seeing that for their clients being right and getting right are two pairs of shoes. According to them, the Protection against Violence Act is deficiently realized (477CV):

*“...if the perpetrator does not comply with the conditions, or if the police officers do not treat the victim sensitively, if they call the police for the seventh time or if all cases are then discontinued because they are not major but minor domestic violence, involve minor bodily harm and all women never feel that they are right anywhere. I must tell the women that if they have freed themselves, that is the greatest good they can get, but they will not get justice in this state. That is just a protective measure that is taken, but these men - if I park wrong outside and have to pay fifteen euros, but these men have to pay nothing at all, no fine and nothing. That is at most ten percent where the public prosecutor does more than normal. We have a great public prosecutor's office here in the city, which at least sends the condition that they should introduce themselves in the men's office, but at least a fine must be in it for someone who has exercised violence on someone, even if it is only slight violence. I think our law is still fragmentary - this is the case worldwide: no woman who has experienced violence really gets justice and satisfaction in her life. Never. The woman has to deal with this on her own, and the one who always comes out clean is always the perpetrator. Especially when it comes to domestic violence. Other violence is punished differently again. That makes me angry, I think there is room for improvement.”*

Also the new mode of care for children after a divorce (one week mum, one week dad) is for DA cases a clear step backwards as a consultant explained (477CV):

*“Neither the judges nor the youth welfare officers take into consideration that the woman has experienced violence. If she has not reported it before, then ‘she invents it anyway only because of the contact’. She could also prove that she has been here for two years for consultation, but that doesn't count either, the fathers get unrestricted contact and the woman shouldn't act like that, she can sit down with the man at the table to talk about the children. Thus, it is not appreciated what the woman has gone*

*through before. It is also not taken into account that the children have been traumatised by this man. There are great men's programs, "Caring Dads", etc. In Sweden fathers who are perpetrators get no visitation right at all unless they first make a course. .... It is heavy that one cannot give a better prognosis to the women there."*

Within the network, members are aware of the difference between the status quo and the best possible solution regarding different single cases but also regarding the overall topic. The network is working for about 20 years but as domestic violence is a social problem it cannot be defeated completely. A gap that is going to be filled by upcoming activities is the processing of **elderlies' DA**. For the elderly, DA often occurs in the care setting, where older women become perpetrators or victims. It became obvious, that these women are not well addressed by the "normal" consultancies, because the DA-related problems and causes are different compared to those of younger women, as one of the main issues here is being overstrained. HAIP thus works on cooperation with the Community Service for Elderly Persons. They already receive faxes and proactively address the respective elderly. However, this currently happens on a test basis and not so often, as due to data protection concerns faxes can only be sent when imminent danger justifies this approach.

#### **4.2.3 Discussion of the case**

The HAIP network is a well-established institution for fast and proactively fighting DA by an interdisciplinary response in the city of Hanover. As the first steps of the network were taken already in 1992, it benefits from long-term experience and relationships between various frontline responders. Today, the main focus is still on the support of female victims; nonetheless, the men's office is part of the network and supports male victims and perpetrators.

The basic idea implemented in the structure of the HAIP network can be described as a balance between all institutions working on its own and collaborative work: Most of their everyday work is performed by every institution individually, but HAIP members have the possibility to work with each other when it is necessary. Within the HAIP committees, discussions on a democratic basis take place. A major strength of the network is that time is not squandered and that short informal ways can be used when cooperation is necessary.

This network is a very good example about how the Istanbul Convention can be implemented. Interestingly, our interview partners seemed not to be aware of how many demands of the Istanbul Convention the HAIP network already meets.

Another big advantage is that the network conducts political and public relations work. The municipal government is already involved in the network, and the contact with the federal government is also very close. HAIP is a credible partner in the various committees, as HAIP members work on the frontline, thus know what they are talking about, and also present their own statistics to substantiate their statements.

Although many commendable aspects are immanent in the HAIP network, the problem remains that most perpetrators are not punished and most legal proceedings are suspended. According to our interview partners, this makes women feel help- and hopeless and demoralizes many DA victims in a way that they do not seek charges or seek help because they are afraid that things get even worse. With regard to the Istanbul Convention, the

prosecution against the perpetrator should not fully be dependent from the victim's statement in order to tackle this problem.

As described above, the network had to face challenges and major changes to achieve its present status. More changes are yet to expect: There will be a new police decree on sending perpetrator contact data to perpetrator consultation and victim contact data to victim consultation. This already leads to various open questions. For example, in many DA cases it is not completely evident, who is victim and who is perpetrator. Moreover, there are several consultancies conducting proactive work with perpetrators. Other than that, not only HAIP members, but the network itself is going to reinvent and improve as new DA topics are emerging. Embodying a learning orientation, the HAIP that maintains the starting spirit: Becoming even more excellent in what they do is a major driver of their work, e.g., when it comes to new or changed forms of DA and thus new groups of clients whose needs are to be addressed by the network (like DA against disabled persons, against elderly family members, or digital DA).

Although the network exists more than 20 years, a shared online platform, e.g., for storing HAIP documents like annual reports, teaching material or protocols, etc. does not exist. It might be helpful to use such a platform for exchange of HAIP internal material (but not police files due to data protection reasons) as a pillar and digital memory of the network. Naturally, this cannot substitute personal attendance of members at HAIP meetings.

Several conclusions from this research can be drawn for the next steps of IMPRODOVA: IMPRODOVA trainings should not train the frontline responders in their original working field since they know best how to deal with DA and thus, do not see a need for training. In agreement with the Istanbul Convention, training about how to cooperate and work with each other would be useful not only to the HAIP network who do not have such a training yet, but for other DA fighting networks, too. With regard to its strengths, HAIP can be used to illustrate a role model case in terms of human factors influencing interagency cooperation. HAIP itself could benefit from such training, when new members (persons or institutions) join up with the network. Probably due to the German federal system, there are very good ideas and concepts, but those ideas are fragmentarily transferred to other regions or cities where implementation could be possible. The good news is that to build up an interagency cooperation in the field of DA, one has not to reinvent the wheel. So another link for IMPRODOVA could be to present the existing conceptualizations of cooperation networks.

## 5. HUNGARY

### **5.1 Best practice 1: Responsiveness to victims' needs**

Operating procedures to improve victims' access to shelter, medical care, legal advice or care for their children; measures to facilitate administrative procedures that victims have to complete when they decide to leave their home; follow up of cases over time, whether or not criminal procedures have been initiated.

#### **5.1.1 Methodological information**

We made 4 interviews in an integrated institutional network of a Crisis Ambulance, a Crisis Centre, a Shelter and a Temporary Home for Mothers run by the same NGO. Good practice location 2 was recommended by several other institutions, as well as by external DV-related social policy experts. We interviewed the director of the Shelter institutions and the director of the Crisis Ambulance, as well as a family assistant of the Shelters and an Advisor of the crisis ambulance. They provided information about the work of the Shelter institutions and the Crisis Ambulance, their cooperation and their unique approach to DV compared to other crisis institutions in the country. Furthermore, we made 2 interviews with external social policy experts who have an overview of the complete DV crisis intervention network.

#### **5.1.2 Presentation of the case**

This practice aims at **operating a DV crisis ambulance** – where people from the street may ask for help – and **an institutional network of crisis shelters (a Crisis Center, a Shelter and a Temporary Home for Mothers) in cooperation**. In the followings we will write about

- The common, **restorative justice based approach** of these institutions towards DV, which is quite unique compared to other, similar institutional networks in Hungary
- The **service package and related methodological approach** of the institutions at Good practice location 2.

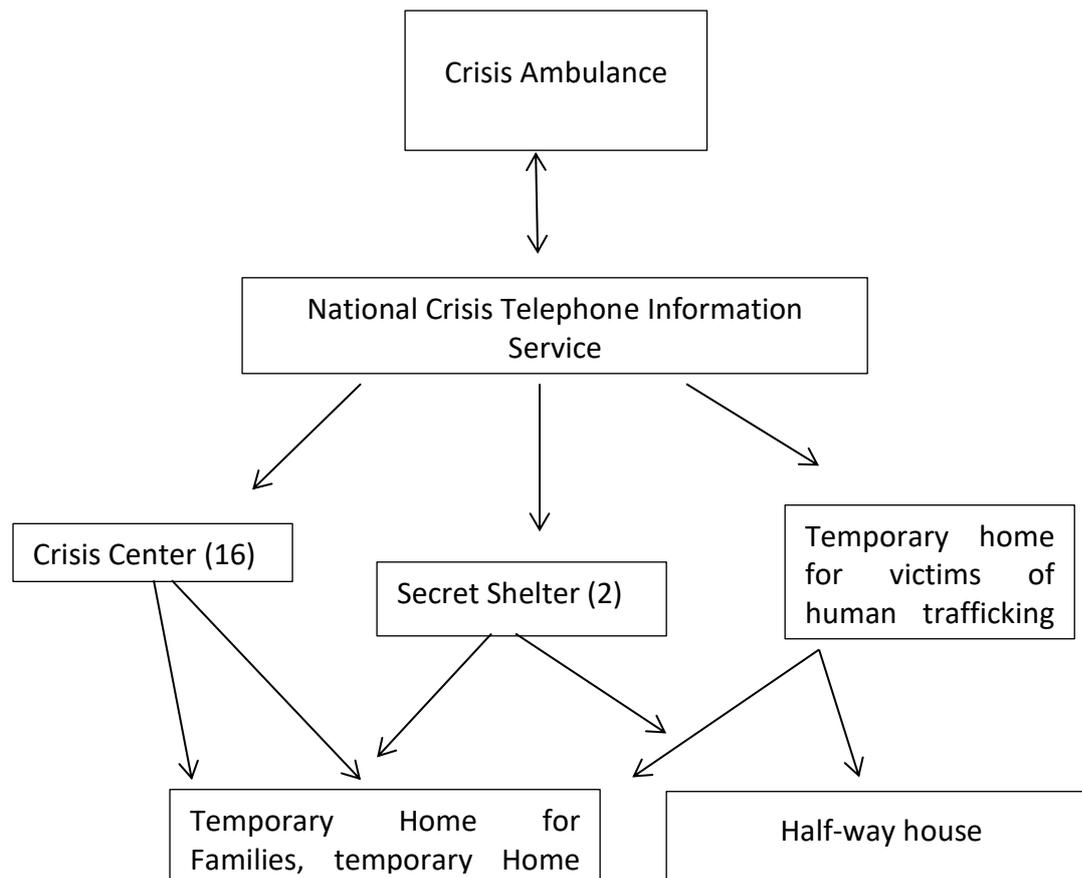
The legal base for an institutional network of crisis centers and secret shelters was established in 1997 by Act XXXI of 1997 on the Protection of Children and the Administration of Guardianship. Funding for secret shelters and crisis centers has been developed afterwards, since 2005. Right now 12 crisis centers and 2 secret shelters are operated country-wide.<sup>12</sup>

Giving specific answers to victims' needs, as part of the further specification of the crisis intervention institutional system, a network of halfway- houses has been established since 2008. Halfway-houses are operated as part of Crisis Centers still as pilot projects, lacking permanent, sufficient financial resources for operation.

Furthermore, 7 crisis ambulances were established since 2018. In the following table you can see the institutional network of Crisis services in Hungary, the place and relation of Shelters, Crisis Centers and Crisis Ambulances in the system.

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<sup>12</sup> 191/2008. (VII. 30.) Korm. rendelet a támogató szolgáltatás és a közösségi ellátások finanszírozásának rendjéről



### ***The practice and the requirements of the national or international policy/standard***

The practice described is local, although greatly appreciated by other shelter institutions. There are efforts within the organisational network of shelters to adopt some elements of the approach and practice of Good practice 2 on a national level.

### ***What are the practice's goals and stakes, what problem is it designed to solve***

The network of Crisis Centers and Secret Shelters **was built upon the already established country-wide network of Temporary homes for Families**. The goal was **to give particular attention to DV-related crisis situations** among other crisis situations that the Temporary Homes for Families handled, which was appreciated and supported by the public administration with creating funds and a proper legislative framework. This was an important factor that made it possible to create an institutional network of DV crisis intervention country-wide.

### ***What obstacles and resistances have been encountered and how they have been overcome***

According to social policy experts, and directors of Temporary homes for Families the above mentioned institutional and organisational “set up” had advantages and disadvantages as well. The main advantage was that **an existing professional network and infrastructure was given**. But a major disadvantage was that – due to the different timeframes of the services – Temporary homes for families **required a very different professional approach and attitude of social work than crisis services**. It was a **great challenge to the local institutional**

**networks of services to combine and integrate these differences into one institutional system, and Good practice location 2 gave a possible, effective solution for this problem.**

### ***Operation of shelters in good practice location 2***

They run three different types of institutions in the same house:

- Temporary home for Mothers (with 15 spaces)
- Secret Shelter (with 19 spaces)
- Crisis Center (with 15 spaces)

(Hereafter: Crisis institutional network)

According to the national level protocol there is no flexibility regarding the placement at different types of spaces in the shelter institutions. Women in various, different crisis and emergency situations are placed in different institutions. As mentioned above, officially (regulated by law<sup>13</sup>) Secret Shelters and Crisis Centers can be operated within the framework of Temporary homes for Families. Temporary homes for families host families in general that became homeless or suffer of severe housing problems. While Crisis Centers intend to help in actual DV crisis situations (the law prescribes what are those conditions that characterize a crisis situation). Families are placed there for maximum 8 weeks. Secret shelters host families and children who became homeless as a consequence of the DV situation of suffer of severe housing problems for maximum 6 months.

Good practice location 2 **goes against the national legal protocol with treating shelter spaces more flexibly within their** institutional network, according to the actual needs of the women. If there is free space in any of their institutions they tend to accept women for those free spaces. They also **take over women and children from one institutional form to an other very flexibly**. Their professional approach is that due to the complicated, individual, constantly changing nature of each DV situations and legal procedures **the official division of the shelter institutions is too rigid, placement based on the standardized protocols is not tailored to the needs of the families.**

They also initiated a lobby at the Ministry of Human Capacities to implement their model of being flexible regarding their placement and re-placement on a national level.

That is a good example for how a grassroot initiative on the development of the crisis intervention services that comes from the field strives for a national level implementation.

**Since these 3 institutions are usually run within the same building and professional organisation, the transformation from one institutional form to another is rather a formal change between the status of the woman and the children, but the change has to be addressed and followed by a thorough professional planning described below.**

A further element of their professional approach is that in their understanding the **three different forms of services has to be operated in a network and utilize all capacities according to the specification of each, individual situations:**

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<sup>13</sup> Act XXXI of 1997 on the Protection of Children and the Administration of Guardianship.

1. Crisis Centers aim at handling acute DV situations, and prepare a safe transition to an other service form or to the 'natural supporting network'
2. Secret Shelters allow time for longer-term goals and solutions within a maximum 6 months time period
3. Long-term, permanent solutions are targeted in the Temporary Homes for Mothers, where families can stay for up to 1,5 years + 1,5 years in a 'half way house' (an external sublet, within the framework of the Shelter institutions)

According to their practice, there are situations when it is absolutely justifiable to take over clients from Crisis Centers to Secret Shelters, **to give more time for solving the DV situations and building up complex, permanent solutions for the family.**

- The main pillar of their professional working method is that they **give a lot of time to absorb the crisis**. They do not haste the client to jump into the operative phase. They put an **emphasis on separating the two phases thoroughly, to lead the client out of the crisis through mapping past events and a personal supporting network around the client, then create plans later**. This process is applicable to all types of institutional forms in their institutional network, but with a different timing.
- In Secret Shelters, the procedure is more complex and the planning includes long-term solutions such as building financial stability, finding a workplace for the mother and a sublet.
- In Temporary Homes for Mothers, the focus is even more on long-term goals than in Secret Shelters.

In most of other Crisis institutional networks the local protocol is that if a woman goes back to the perpetrator of the DV, she is excluded from that shelter, there is no opportunity to return to the shelter one more time. According to Good practice location 2 this is a weakness of the system. Thereby they follow a different policy. Individual case-measurement is in the center of their professional approach. **They consider stepping out of violence a long, gradual procedure, and accept re-entrants in certain cases, where they see the perspective of distancing.** They share an example of that:

*„There was a case where a woman with a child got out of crisis intervention, and started to work – as never before. She got pregnant from a new, violent partner, and lost her job. Due to that she could not make an own living, and was relying on the violent partner. In this case we decided to take the woman back to the shelter, because we saw her efforts towards breaking out of her crisis and after examining her situation we realized that the problem got out of her control due to an external circumstance.”*

*“Crisis intervention is not a cookbook. Each, individual case is very different, which requires very particular solutions and pathways. Our task is to find those individual solutions and do not think in clichés and patterns. That is one of the greatest problems of the Hungarian child protection system that they use patterns, schemes and protocols as a recipe.”*

**Stepping-out rates from their Crisis institutional network are proofs of their effective methodological approach. While other shelters reported that around 20 -30 percent of the mothers steps out of the DV situation, according to the statistics of Good practice location**

**2, around 70 percent of their clients manage to step out of the DV situation permanently.** Maybe this difference in their statistics also reflects the efficiency of treating stepping out of DV as a gradual process and following the practice of accepting re-entrants.

Another part of their approach, which – as they reported – makes them different from other Crisis institutional networks is that **they follow the restorative approach and methodologies, which has an aspect of both on their relation to the victims (1) and their relation to the perpetrators (2).**

- (1) Restorative approach in relation to the client means that they put **weight and responsibility on the client, do not make decisions for her but with her.** Thereby the client feels ownership over her decisions.

They put weight on understanding the situation together with the client, alongside **restorative questions, such as: *what happened? what has led to the situation? What do you think you need to make things right for you?***

They try to work out a livable scenario together with the client, taking over all various alternative decisions and their outputs, e.g.: a possible judicial complaint, judicial procedure and its risks. **Discussing the scenario of returning to the violent perpetrator as a possible decision is not a taboo within their institution. They also discuss that option and its consequences.**

Their social workers are trained to use family group conference - which is a restorative method, coming from New Zealand, empowering families to make decisions for themselves, involving a supporting network of social care professionals and other actors of their personal supporting network (e.g.: teachers of the children, friends, etc.).

- (2) Crisis institutional networks usually treat perpetrators as enemies of the women, and **the main principle that guides perpetrator-policies of the shelters is exclusion.** Institutions have local protocols on how to prevent the risk that the perpetrator visits the shelter unexpectedly.

Although, if there is no temporary or permanent restriction order in effect, and no criminal charge against the perpetrator, based on his visiting rights of the children a father cannot be legally hindered to visit the children in Temporary Homes for Families or Temporary homes for Mothers. In the crisis institutional period, even though the shelters are secret, if the perpetrator finds the shelter (in most of the times the mother provides information to the father, which the shelter cannot prohibit, only recommend not to do that) the mother has to find the way to provide the visiting right of the father to the children outside of the institution.

As part of their restorative professional approach, Good practice location 2 believes that if the institutional answer to DV only targets the victims of violence and nothing happens with the perpetrator besides the different forms of sanctioning violence and avoiding contact it leads to **punitive, temporary results, especially in the Hungarian system, where legal answers to DV are usually insufficient.** (investigated cases rarely end up in a criminal charge, even in those cases where the prosecution charges legal sanctions are usually mild.) **While restorative approach represents that only the violent action has to be refused and not the person who did the violent action.**

Good practice location 2 believes that it is **more reasonable to provide a safe space for father visits than to force the mother to leave the shelter and meet the father outside of**

**the institution. It is important to mention that fathers are excluded from Crisis Centers and Shelters by law, organized visits can only happen in a later phase, in case the mother and the child(ren) are taken over to the Temporary Home for Families from the crisis institution.**

**Thereby with the help of the local Crisis Ambulance they developed a local practice to organize a safe, supervised space within the institution.** (Although the practice is still local, they got a ministerial price for it).

**Father visits are preceded by private, preparatory meetings with the father, organized and executed by the Crisis Ambulance.** The goal of these meetings is **to map risks, to sensitize the father to the situation of the mother, to discuss and approve the framework of the visit** (in most cases he can only meet with the children, and the mother does not want to meet him. It has to be understood and accepted by him).

**The space is semi- open, the family can spend time together without a social worker being present, but there are glass walls through which the visit is transparent and a social worker might intervene if there is a emergency situation to solve.**

**As part of the practice the crisis ambulance makes follow up discussions with the children and monitors the impact of the visits to the children.**

### ***Operation of Crisis Ambulance in Good practice location 2***

Crisis Ambulance and the Crisis institutional network (Temporary home for Mothers, Secret Shelter and Crisis Center) in Good practice location 2. have the same sustainer, an NGO that was established in 1997 to run the Temporary home for Mothers, and later on the widening network of crisis institutions.

The Crisis ambulance was the latest institutional pillar of the local institutional network established in 2017, together with 5 other crisis ambulances in the country. Due to the long-lasting professional relations between the professional leaders of the different institutions (the director of the Crisis Ambulance was working as one of the professional advisors of the Crisis Center since 2005, taking a crucial role in establishing the crisis service together with the director of the Temporary Home for Mothers) the Crisis institutional network and the Crisis Ambulance works in close cooperation in Good practice location 2, based on the same professional approach. Both of them highlights the importance of the **restorative relation towards the client and to the perpetrator.**

Crisis ambulance in Good practice location 2. has a regional coverage (just as all other Crisis ambulances in the country). It has three main tasks on a regional level:

#### **1. Providing psychological, legal and practical help for DV victims**

*Since this is an ambulant service, their clients come from the street. Most of their clients are living in violent family situations and are not ready to leave the DV situation yet, but by asking for help they are taking the first steps towards escaping violence. As a consequence of the psychological support and social work some of them decides to escape the DV situation.*

*In those cases where the client is ready to step out the ambulance directs the family to the Crisis institutional network and continue mentoring of these families within the framework of the Crisis Center, Secret Shelter and Temporary Home for Mothers.*

**Following the same professional principles as the Crisis institutional network, part of their ambulant work also covers the involvement of the perpetrator based on a restorative approach, described above.**

## **2. Secondary prevention and education**

Most of their regional work concentrates on prevention and education, they travel to Child Welfare Services and schools on a regional level and provide them trainings about DV. Furthermore, they also do supervising and mentoring of Child Welfare Services in concrete cases with a regional outreach.

## **3. Social prevention and attitude formation**

This has the least priority among the 3 areas of work. Since there are only 3 professional staff working at the Crisis ambulance, they have very limited capacity to work in this area.

### ***Cooperation process and main conflicts***

As described above, the peculiarity of this practice lies in the close professional cooperation between the Crisis Ambulance and the Crisis institutional network.

Further institutions are involved in this practice mostly via

- Regular experience sharing events, conferences and workshops that are partly organized and actively visited by Good practice location 2.
- Educational events, trainings that are mostly provided by the Crisis Ambulance on a regional level
- The main conflict related to this good practice lies in the different professional approaches within the country-wide institutional network of the local Crisis institutional networks.
- A further problem mentioned by the interviewees of Good practice location 2. is that OKIT (National Crisis Telephone Information Service) described by the other report of T.2.4. works alongside **too high standards when filtering crisis situations and channeling cases into the crisis intervention system**. The Crisis Ambulance tries to compensate this situation with a local practice: they sometimes **place families into the Crisis institutional network without the involvement of OKIT**, if they identify a situation as crisis with their risk assessment procedure, but they know that OKIT would filter the case out due to the fact that the present situation, which initiated the request for help is not serious enough. **Crisis Ambulance at Good practice location 2 claims that having the chance to meet with their clients in person, using their self-developed risk assessment questionnaire they are able to map the history of the violence and give more comprehensive evaluations of crisis situations than OKIT via their phone-call based risk assessment protocol.**

## **5.2 Best practice 2: Responsiveness to victims' needs**

### **5.2.1 Methodological information**

Template 2.4 presents the National Crisis Telephone Information Service (Országos Kríziskezelő és Információs Telefonszolgálat, hereinafter: OKIT). Although interviews were not conducted at this organisation (as information about the staff and even the location of OKIT is considered confidential), but staff at various victim service providers (i.e. Crisis Center, Temporary Home for Families, Secret Shelter and Children's Home of the Child Protection Service) at both of the "best practice" locations, altogether eleven interviewees, shared with us their experiences and spoke about their attitudes toward the work and cooperation with OKIT.

In addition, we took into consideration the findings of a sociological report (Arnold – Hera – Meszaros – Szabo, 2017), which was compiled within the framework of the Development of crisis management services program. The study presents the work of several Hungarian crisis hotlines, analyses the call data that was recorded by these services, presents the findings of focus groups and semi-structured interviews that were conducted with FLR's and staff at the crisis hotlines. The report pays particular attention to OKIT. In addition, we went through the information that is available 1) on the website of the organisation, 2) in a presentation (that was given by the director of OKIT) about the process of shelter placement and the history, the organisational background, the legal environment, the working methods and the tasks of the National Crisis Telephone Information Service.

### **5.2.2 Presentation of the case**

#### ***Practice's goals and stakes***

Domestic violence is characterized by high latency. As one of our interviewees underlined:

*"Victims are afraid of being abused by the offender. Or they are afraid of losing the family member who is abusive but earns the money. Or they just hope that the behaviour of the offender will change. Or they are afraid of the reactions of the family members, friends and relatives."*

Therefore, victims often do not reach out for help; they do not report incidents to the police or they withdraw their testimony. As one of our police officer interviewees underlined, if the victim does not file a criminal complaint (and if the police officers themselves cannot initiate it ex officio) then *"there won't be evidence about DV, so charges will not stand up."*

The National Crisis Telephone Information Service aims to respond to this situation; it helps victims of domestic violence and human trafficking through a telephone line available free of charge, non-stop throughout the country. Trained domestic violence counsellors (working in pairs) provide primarily counselling and information about available victim support services. In addition, they refer victims leaving their homes and escaping the abusers to shelters which OKIT closely cooperates with. A risk assessment tool supports the counsellors in assessing crisis situations and making decisions about the adequate response. However, the professional staff at OKIT react even if evidence is not available; victims do not have to prove (by medical report, testimony of witnesses or video footage) that abuse has occurred. All in all, the organisation is able to offer a low-threshold service targeted to the complex needs of DV victims and thereby decrease latency.

OKIT can be considered a national (and not local or regional) practice. According to Government Decree No: 1351/2013. (VI. 19.)<sup>14</sup> and Government Decree No: 354/2012. (XII. 13.)<sup>15</sup>, placement to protected accommodation shall be coordinated by the staff of OKIT (and they inform other organisations if necessary<sup>16</sup>).

### ***How the practice was created, developed, and implemented***

OKIT was launched in 2005, based on the findings and experiences of a pilot program related to a hotline focusing on domestic violence. That time mental health professionals, psychologists, social workers, social pedagogues and experts of social policy took part in a complex training program and joined the team of counsellors.

Since 2005 the network of the institutions providing safe accommodation for victims and working in close cooperation with OKIT has been continuously developing (16 crisis centers, 2 secret shelters, 2 temporary homes were established just between 2007 and 2016). In the past few years, human and infrastructural improvements have been implemented, especially within the framework of the Development of crisis management services (EFOP-1.2.4-VEKOP-16-2016-00001) program that was launched in February 2017. The program is expected to improve mental health in Hungary, reduce suicide rates, improve action against and indirectly mitigate bullying, domestic violence and human trafficking. During the implementation phase of the project, training, IT development and staff recruitment (e.g. lawyer, coach, counsellor) have been implemented.

### ***What factors made it possible***

As our interviewees do not work at OKIT (but at organisations working in close cooperation with OKIT), they did not really have information about this issue. It could be argued, however, that the human and infrastructural improvements would not have been implemented without the support of the Ministry of Human Capacities.

There is no information about obstacles and resistances.

### ***What results and improvements have been achieved through that practice (evaluate the strengths and weakness of the practice, as well as its effectiveness, impacts and side effects)***

We found some data about the outputs of OKIT, which were achieved in the past few years (source of information: Arnold – Hera – Meszaros – Szabo, 2017, p. 62-73). OKIT received altogether 77.213 calls (and 67.212 fake calls) between 2008 and 2016. 32,5% of the calls were initiated because of family issues<sup>17</sup>. Information about the organisational responses is also available.

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<sup>14</sup>Government Decree No: 1351/2013. (VI. 19.) on the national strategy between 2013 and 2016 on the fight against human trafficking.

<sup>15</sup>Articles 2, 3 and 6, Government Decree No: 354/2012. (XII. 13.) on the order of identifying victims of human trafficking.

<sup>16</sup>Thus under Ministry of Human Capacities Decree No: 20/2012. (VIII. 31.) (on the operation of educational institutions and the use of names of public education institutions) the educational institution.

<sup>17</sup>Within the category of “family issues” domestic violence was a typical problem; wife, female partners were abused: 55,7%; mothers and children were abused: 15,2%; adults were abused: 7,2%; children were abused by adult family members: 3,6% (altogether 81,7% of “family issues”).

The callers were primarily supported by

- information, e.g. about social services, institutions, organisations; about OKIT itself (57%),
- counselling (34%),
- referral to institutions providing safe accommodation (5%),
- other way (3%).

Among the **strengths**, effective victim protection should be highlighted. There is a strict regulation about the confidentiality of shelter locations; OKIT also keeps their addresses confidential. Therefore, even victims escaping abusive relationships are not informed about their destination. As one of our interviewees described the process: *“OKIT staff prefer to be in contact with the fleeing victims themselves who do not know the exact address of the secret shelter. For example, somebody escapes from the countryside. She only knows that she has to travel to Budapest, where colleagues of the secret shelters will wait for her at the train station. Or a cab will wait for her when she arrives. Due to this protocol, it is more difficult for the abusers to follow their victims.”* As a result, victims living in shelters feel safe.

OKIT make referrals to shelters even if victims do not report DV incidents to the police. There is another policy that also increases trust: OKIT does not record calls. As one of our interviewees underlined: *“Fear is so dominant among DV victims... They do not dare to contact the police, as they assume that their powerful relatives are able to bypass data protection regulations. Sometimes the father is able to acquire information about the report related to DV and its details, as he has power and good relationships at the local level. He knows the local police officer and asks him to provide information from the Robocop<sup>18</sup>. All an ill, victims might be afraid even of talking about abuse if the phone call is recorded.”*

Victim protection is an important requirement even if the police contacts OKIT because of reported missing. The organisation responds to the official request and informs the police if the missing person was relocated by OKIT. However, the exact address of the victim's new location is considered confidential information and is not sent to the police.

#### ***Intra- and inter-agency cooperation: who works with whom***

In case of an emergency call, counselors at OKIT are responsible for primary crisis assessment and intervention. As information about the free capacity of *shelters* all around Hungary is available for the staff, they know in which institution/organisation can the victims be accommodated.

In addition, OKIT works with the *police*; in case of an emergency call staff can report the incident in order to ensure effective protection of the victims of violence between family members against threats and revenge.

There is also close cooperation between OKIT and the *Family Support and Child Welfare Services*

- before and during victims flee from the abusers (in order to prepare and successfully implement the escape),
- during victims' stay in shelters (in order to inform the Services about the developments that are achieved), and

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<sup>18</sup> The system of integrated management and case process of the police.

- before the victims leave the safe accommodation (in order to support their social reintegration).

In addition, OKIT serves as a link between *schools* that are attended by minor victims before and during their accommodation in shelters.

OKIT successfully facilitates the cooperation between governmental and non-governmental organisations. The website of the National Crisis Telephone Information Service states: “*OKIT considers it important to cooperate with all of the actors that can and would like to take part in solving diverse problems, preventing crisis situations and conflicts*”. Arnold et al. also underline that the work of OKIT “*cannot be carried out by a separate actor, solely by an organisation that is embedded in a network*” (Arnold – Hera – Meszaros – Szabo, 2017, p. 126) that is able to give a collective, complex and operative response to specific life situations.

According to our interviewees, OKIT can give an effective response for victims contacting the crisis hotline. Although the step-by-step crisis intervention protocol is not known by our interviewees, they accept and trust the referral of OKIT. As one of them put it: “*we usually do not override their decision, we trust their judgements*”. Several factors contribute to and facilitate this trust:

- effective information sharing between service providers and OKIT,
- professional staff at OKIT are professionally trained and competent,
- OKIT organizes workshops, trainings and conferences about DV for professionals working in shelters and victim service providers.
- OKIT publishes methodological handbooks that serve as guidelines for professionals.

Only one weakness was identified by a few interviewees. When a call is initiated by a victim of DV, counsellors at OKIT ask several questions about the problem itself; they are particularly interested in what, how and when it happened. The same victim is asked the very same questions after her arrival at the shelters as a family assistant “*assesses whether a coherent story has been told by the victim*”. This way staff at the shelters tries to identify the clients who are not DV victims and are not in need. All in all, victims, who experienced tremendous amounts of pain and trauma, have to repeat their stories twice, which is probably extremely stressful for them.

***Identify the main conflicts in the system of collective action: what explains these conflicts (divergences of views, of interests, of values...), are there process in place for conflict resolution (formal or informal), how do they perform, what are the consequences of these conflicts for the various stakeholders of the system?***

We do not have information about conflicts.

***What are the outputs and the outcomes of the system of collective action (for example better protection of the victims, better information sharing, trust and knowledge of one another between partners, better problem solving capacity, better ability to take account of the particularities of each individual victim...)? Are there negative or unwanted outcomes?***

Protection of victims is a core value, which is successfully achieved by the network that is coordinated by OKIT. Mutual trust among the members of the network has successfully involved, the professional work of OKIT is known and respected by its partner organisations

(primarily due to the high professional standards that are created by OKIT to guide professionals practice, furthermore to the training programs and methodological handbooks). Cooperation is supported even by effective information sharing.

As a result, victims reaching out for help and calling OKIT receive an adequate, professional and immediate response in the form of information, counselling and/or referral to institutions providing safe accommodation.

There is no information about unwanted outcomes.

### **5.2.3 Discussion of the case**

We consider the work of OKIT as a best practice, as the organisation is able to:

- offer a low-threshold service that is available even for those victims who do not report DV incidents to the police (because they are afraid of the consequences and/or evidences do not confirm their testimony),
- implement real victim protection by keeping the information about the shelters and victims confidential,
- effectively coordinate relocation of victims to institutions providing safe accommodation.

It should be underlined as well that all of these tasks and responsibilities are realized by a relatively small team.

Trust, partnership and cooperative attitude within the network of OKIT also contribute to its effective work. These attitudes have evolved due to:

- a stress-free, supportive and “no-blame” culture within the organisation which is based on the freedom of expression and a non-punitive response to error,
- a demand for training programs that improve the skills, knowledge and performance of the employees,
- professional standards and protocols that have been developed and disseminated (at workshops, conferences, training programs and education materials as handbooks that serve as guides for professionals) by OKIT.

Finally, it should be underlined that OKIT successfully support the cooperation and information sharing between governmental and non-governmental organisations.

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## 6. PORTUGAL

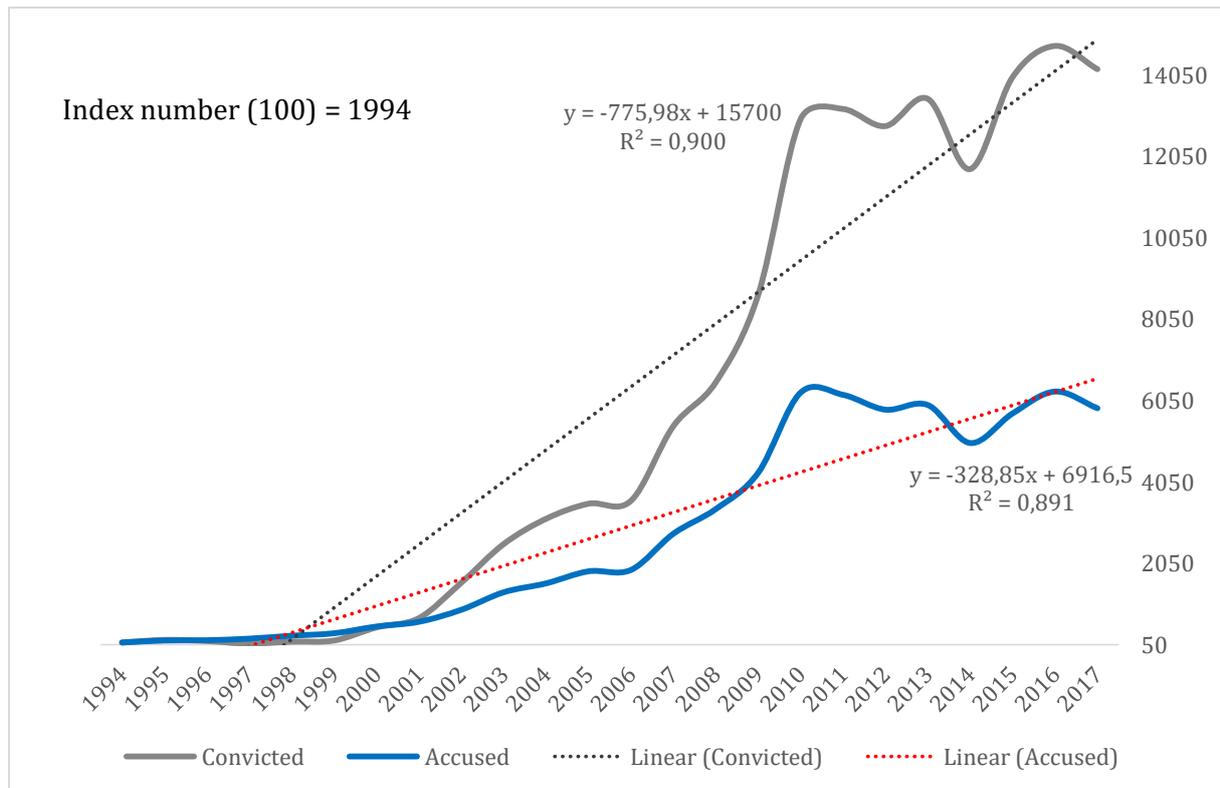
### ***Previous methodological remarks***

The circumstance of the following studies having been made *in situ* have the advantage of meeting the professionals in their working place, but also the disadvantage of having delayed their programming. Also, the specific panorama Portugal is currently facing regarding the number of deaths resulting from DV seems to have inhibited some social actors to participate in this study, thus diminishing the number of interviewees and the sample representativeness.

### ***Previous considerations regarding the Portuguese situation***

By making a brief flashback, it can be said that since the middle 90's Portugal have political orientations regarding the special attention that should be devoted to DV victims. These political guidelines were translated, during the decade of 90's and the early 2000's into the implementation of special proximity policing programmes, leaded mostly by the Central Government, with the creation of teams with some degree of specialisation in the security forces (PSP and GNR) and considerable mobilisation of resources. According to data from the DV's National Monitoring Report carried out by the Ministry of the Interior, "in 2018 there were in Portugal a total of 1088 staff in the Security Forces with specific responsibilities within the scope of the DV (534 in the GNR and 554 in the PSP): in the GNR there were 24 NIAVE (specialized Nucleus) and 303 Investigation and Inquiry Teams and in the PSP there were 458 staff assigned to the EPAV (specialized teams) and 96 to the special VD teams (criminal investigation). Around 63% of the stations and police stations of the GNR and the PSP with territorial competence had a room for victim's assistance (RVA), highlighting the existence of 38 more RVA in other subunits/units, totalling 457 RVA. In 2018, 26107 risk assessments and 19723 reassessments were carried out by the Security Forces" (Ministry of Interior, 2019, p. 9). These values, quite impressive for a country with a structural lack of resources, would not be possible without the political reformist impulse of the mid-1990s (after another period of DV crimes resulting in deaths), without the penal reforms of 2000, 2004, 2007 and 2013, and without the civic shock against DV that the country has known in the last decade and a half.

There are two undeniable indicators of the occurred social change, even in such a conservative system like Justice. On the one hand, the number of people convicted of DV crime in Portugal has increased 140-fold since 1994. The growth in convictions was linear, with an  $R^2$  of 0.9000. The current reality is hardly comparable to the one that existed in the mid-1990s, when Portugal signed some of the international legal instruments. On the other hand, the evolution of the number of accused was also accentuated, although less expressive (see Figure 1). The growth differential between these two trends reveals the increased capacity of the prosecution system (accusation) in recent decades, and even more so the Courts to convict.



*Figure 1. Convicted and accused in DV criminal cases - cases ended. Index number (1994 = 100).*

In Portugal, the total number of reported crimes decreased between 2013 and 2018, on average 1.9% per year (see Table 1). In the same period, the decrease in the number of incidents of domestic violence reported to the authorities was, on average, -0.5%. This means that the total reported crime decreased almost four times more than the crimes of DV. But, at the same time and for the same period, the number of accused and convicted increased, meaning that the system became much more capable.

The ratio between DV crimes and total crimes increased slightly, from 7.3% in 2013 to 7.9% in 2018.

Table 1

*DV Figures – Portugal*

	2013	2014	2015	2016	2017	2018	Average annual growth rate (%)
<b>Total reported crimes</b>	376403	351311	356022	330872	341950	333233	-1,9%
<b>DV crimes</b>	27353	27305	26595	27005	26713	26483	-0,5%
<b>DV crimes/ total crimes</b>	7,3%	7,8%	7,5%	8,2%	7,8%	7,9%	1,6%

Considering this Portuguese DV landscape, we are now in a better condition to present the two study cases.

## **6.1 Case study: Porto area**

### **6.1.1 Methodological information**

Information collected:

- Data from Porto Metropolitan Command (COMETPOR) of Public Security Police (PSP);
- General data from the evolution of DV in the city (long term time series);
- Characterisation data (already made – T 2.2 report);
- Data from interviews;
- Data from the DV Monitoring Reports from General Secretariat of the Ministry of Interior;
- Data from the database from the Directorate General of Policies of Justice.

The interviews were conducted *in situ*, during the interviewees' working time and covered diverse domains of intervention: police (4); health (3); social work/NGOs (2); and justice (1). The average duration of the interviews was 66 minutes, and they were all tape-recorded.

### **6.1.2 Case presentation**

The case of the Porto area was selected because it was highlighted by some police professionals as a different approach of DV occurrences. We discovered the existence of a pilot experiment, involving a broad partnership, and with an evident interest by the media.

In short terms, it can be said that from the point of view of the qualitative argument, the programme "Um PassoMais" ("One step further"), promoted by the Porto Attorney General's Office, sought the creation of procedures that would speed up the public response to domestic violence in the city of Porto. It was, above all, a question of signalling urgent situations that required immediate police, social and legal intervention. From the police point of view, the response to this need was the creation in 2013 of a desk and operational squad that would concentrate all the complaints of DV in the city (GAIV), and the creation of a team specialized in the criminal investigation of these crimes (EEIV). Besides, this PSP service have a high level of public knowledge, leveraged by last year's visit of the President of Portugal which had major media coverage.

From the point of view of the quantitative argument, the prevalence rate and the figures of DV in the last few years suggest that Porto is part of a cluster illustrated by some kind of statistical stability (low coefficient of variation) in terms of the number of known victims. However, the years preceding the creation of the "One step further" Programme had been years of strong growth in the number of DV participations in the city of Porto (and in the country as a whole), among other reasons because the nature of the crime went from private to public, with no need for the victim to formalize his/her complaint.

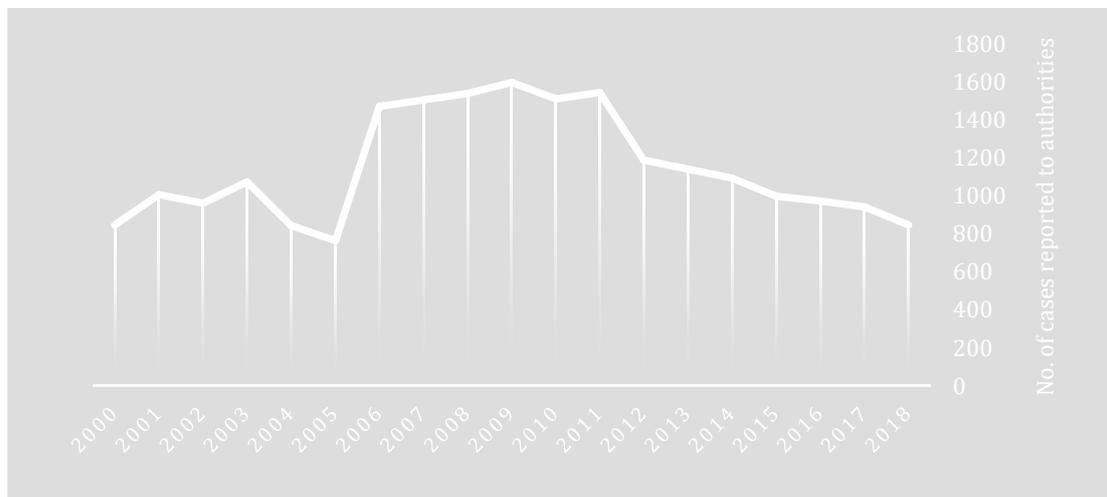
As mentioned above, Portugal was facing a decrease in the number of reported crimes and incidents of domestic violence between 2013 and 2018. In the same period, the city of Porto registered a very different evolution. As we can see in Table 2, the total number of reported crimes increased, on average, by 0.3% per year, but the number of DV crimes decreased, on average, by 4.3% per year, and the ratio of DV crimes to total crimes also decreased, from 7.3% to 5.3%. This means that DV crimes decreased much more than in the country as a whole. Let us say, for now, that this 'picture' overlaps the period of activity of GAIV.

Table 2

*DV Figures – Porto Area*

	2013	2014	2015	2016	2017	2018	Average annual growth rate (%)
<b>Total reported crimes</b>	15638	15212	16056	14461	15406	15948	0,3%
<b>DV crimes</b>	1138	1091	996	971	939	844	-4,3%
<b>DV crimes/ total crimes</b>	7,3%	7,2%	6,2%	6,7%	6,1%	5,3%	-4,5%

But it is equally important to take into consideration the fact that the number of DV crimes has been decreasing in the city of Porto since 2011 (see Figure 2), after a period of strong, irregular growth, which dates back to at least the beginning of the 21st century. Therefore, the downward trend began before the procedural changes resulting from the GAIV project, though it may have helped to consolidate that trend.



*Figure 2. City of Porto DV crimes (long term observation).*

Figure 3 summarises the performance of GAIV over these five years of activity:

- translating an increase in the awareness of this PSP service (by the increase in the number of victims referred by other care structures);
- the growth and stabilization of the number of consultations; and, finally,
- the stabilization of the number of identified victims (in a context in which the total number of victims in the city of Porto allegedly decreased).

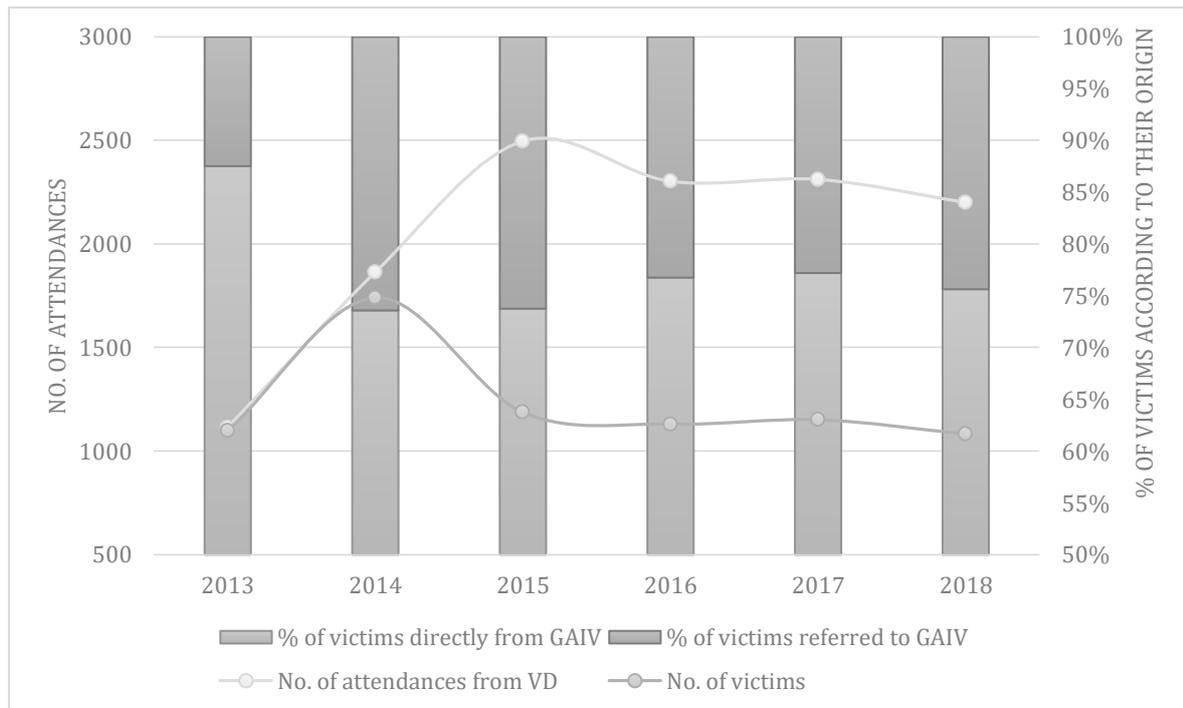


Figure 3. GAIV performance indicators.

Between 2013 and 2018, 197 victims were sent to the "144" Social Emergency Helpline (Social Security) and 183 conducted to Casas Abrigo (anonymous shelters) resulting from this police activity of registration and monitoring of victims by the PSP. There were also 159 teleassistance devices implemented and almost 1700 emergency responses using police cars (just in time policing procedures). The total number of police actions (including administrative procedures) was approximately 7000 during the last five years.

Equally important is the analysis of the activity carried out by the specialized team in the criminal investigation of crimes of domestic violence. Recalling, the EEIV carries out the centralized treatment in the Porto PSP's Division of Criminal Investigation of the bureaucratic and technical procedures and steps regarding the crime of DV. This team is responsible for investigating criminal cases delegated by the Public Prosecutor's Office.

Table 3 and Figure 4 summarize part of what has been EEIV's activity since its creation. The ability to complete the processes, without accumulation, is evident.

The total number of procedures is equally impressive. The set of all these procedures (home search warrants, number of aggressors questioned, arrest warrants requested from the judicial authority, enforcement measures applied to aggressors, safety and security measures applied to victims) was divided by the number of completed cases, in order to create a ratio of complex procedures for each case. This, results in a very interesting value: in the set of five years of activity, and although with some variations from year to year, in every two cases that come to the knowledge of the EEIV, one of them gaverise to at least one police procedure of complex nature, almost always requiring judicial intervention.

**Table 3** Data on the Activity of Criminal Investigation Teams – Porto Area

Indicators	2013	2014	2015	2016	2017	2018	total
No. of cases initiated	1068	1440	1927	1834	1496	1604	<b>9369</b>
No. of cases completed	1274	1267	1902	1830	1503	1715	<b>9491</b>
Home search warrants	62	45	60	43	43	62	<b>315</b>
Number of aggressors questioned	458	539	761	729	613	541	<b>3641</b>
Arrest warrants requested from the judicial authority	64	147	105	100	112	137	<b>665</b>
Enforcement measures applied to aggressors	8	35	17	20	19	24	<b>123</b>
Safety and security measures applied to victims	63	113	90	84	94	116	<b>560</b>
Ratio of complex police proceedings per case	0,46	0,60	0,50	0,49	0,52	0,45	<b>0,50</b>

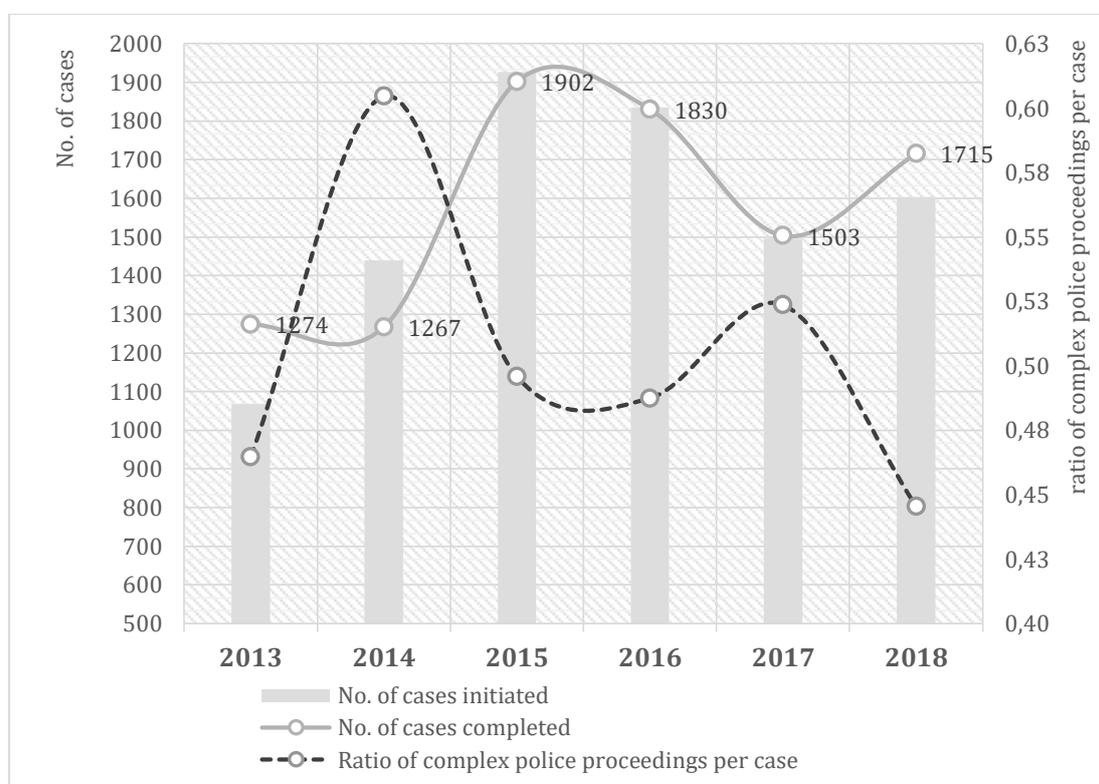


Figure 4. EEIV performance indicators.

All these reasons led us to target GAIV for deeper analysis, and, as such, it was considered by us like an **operational practice** worth to present. According with the IMPRODOVA

conceptual framework, the Porto case merges both an **organisational arrangement** from the PSP which involves intra-organisational cooperation (GAIV, EEIV, CCC<sup>19</sup>, and other police units), as well as an **inter-organisational cooperation** between the police, several NGOs, health services, public prosecutor services. All together they aim to clarify the limits of the problem in hands, goals and stakes, resources and actors involved.

*“If I don’t have an answer, I won’t see the problem.”* (609BIV)

As mentioned, GAIV (Gabinete de Atendimento e Informação a Vítimas da PSP-Porto; PSP-Porto Victims’ Support and Information Cabinet) emerged as a focal service to attend DV victims, follow-up their cases, manage the tele assistance devices, and react promptly in case of emergency. Theoretically, all DV cases from Porto would be dealt with in GAIV. For that purpose, PSP choose a brand new police facility – Esquadra do Bom Pastor; Bom Pastor Police Station – which was built considering technical recommendations that should be friendly, among other physical and functional attributes, with the specific work with victims (e.g. attendance rooms, learning and training rooms, spaces for children, separation between victims and offenders when inside the Station). Also, GAIV had the chance to gather specialised personnel working exclusively in DV matters.

So, this new response was able to remove pressure from the system and increase the quality of the DV victims’ attendance.

*“it started from zero, we had nothing before. There was the necessity, here, to implement certain dynamics of police work and intervention systems within the community”* (603AIV)

GAIV embraced the commitment to respond to a policy of the city of Porto oriented towards DV called “One step further”. In this non-written agreement, PSP took the compromise to specialise police officers in DV which led to the birth of GAIV and the EEIV.

But, indeed the governance of the network is made by PSP, mainly because of the network it has. Because criminal investigation (EEIV) must be kept discreet, and the Department for Criminal and Penal Action (DIAP) is not a service open to the general public, the management of the relation with the community ends to be performed by the ones how have that competency, such as the police (PSP).

Nowadays, GAIV seems to target the profile of an intra- and inter-collaborative working, and pilot the community resources towards the victims’ protection and support, by performing a local-led policing. For instance, GAIV is responsible for the monitoring of the tele assistance devices, as well as the execution/implementation of the Court’s orders (e.g. accompanying victims, withdrawing the victims’ goods from home).

Also, PSP hierarchy have always been fully supportive, and this seems to be the centrepiece of GAIV performance and maintenance.

*“we always had the support from the command structure. Many commanders have been through here and all of them saw this service as a quality service, having the support of whom is in charge, and we know that this makes all the difference, we are in a job that is recognised and seen as a good police service”* (603AIV)

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<sup>19</sup> CCC means *Police Control and Command Center*.

Let us remind that Portugal have political orientations regarding DV since the middle 90's that led to the creation of specific programmes in the LEAs, new facilities adapted to the DV victims' attendance, new assessment tools, and specialised teams.

However, it is difficult to say that there is a single national organisational model, and even less that there is a specific organisational solution to address this type of crime. In this sense, GAIV and EEIV are also very interesting organisational solutions because they are **atypical** in the framework of police activity to prevent and fight against the DV crime. This atypicality stems not only from the organisational model of the PSP but also, and perhaps strongly, from the model of cooperation with other partners in the public sector (Health, Justice) and civil society (NGOs). This aspect has to do with what can be called inter-organisational learning and practice.

*"What really works are the partnerships, which was the innovative approach that the police has given to the cabinet; opening the doors to other entities, and that makes all the difference. This kind of crime compels us and the police to really have these real partnerships, not those front partnerships, but the ones by which we all help each other"* (601AIV)

In fact, we found in the Porto experience some evidence about a collaborative dynamics which is different from what seems to be the national reality, globally understood (which can be a dangerous generalization, nevertheless).

*"There is an acknowledgment of competencies from both parts"* (609BIV)

The PSP seems to be, here, an empowered organisation, with a centrality in the whole victim support process, but above all with a great functional proximity to the Public Prosecutor's Office (see Figure 5).

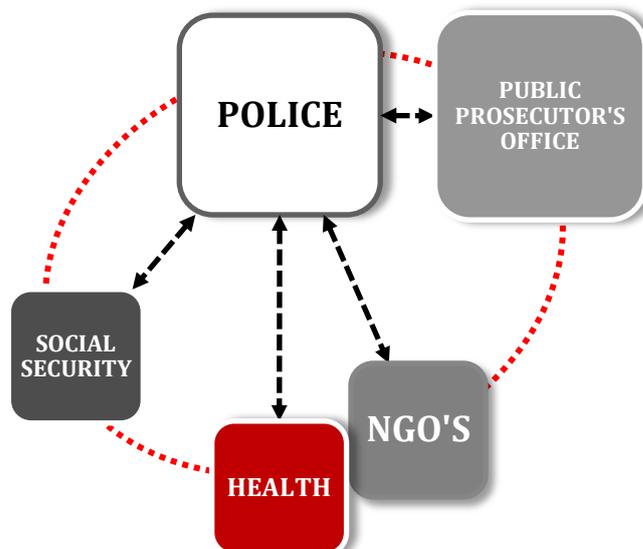


Figure 5. A conceptual presentation of Porto case.

Conceptually, all public sub-systems (Health, Justice, and Social Security) and civil society organisations establish direct functional relationships with the PSP (arrows in black). But the PSP, especially the GAIV, still has a supplementary field of intervention, either because it is in charge of developing such powerful victim support instruments as the Individual Security Plan, or because of the specific task of monitoring (in person or by telephone) the victim for a reasonable period.

The red dotted circle (see Figure 5) represents an intervention space that can be defined as one that responds to a ring of social cohesion led by the Police. We hereunderstand social cohesion as a construct that identifies the objectives and actions of a community aiming at creating societies where people have the opportunity to live together with all their differences, and, on the other hand, the way to approach unity and diversity within a framework of legality and guarantee of human rights. The police are very close to the victim, and in many cases act as an interpreter of their needs at the institutions: they have a transductor role between the victim and the society.

In other words, the fact that DV became a public crime was not enough to change the panorama. Using a functionalist logic, one would expect that the norm would prevail. However, what Porto experience shows is that if there is no involvement of the different organisations at the local level, the State's guidelines simply don't work. The added value of GAIV and EEIV's responses seems to be the result of the maximisation of the interactions between all partners.

*"The most important thing is to know the faces and that is why I think the most important thing is to know each other and what each one does. I have no reasons to complaint because there is openness to make some learning sessions, give speeches; we go there or they come here, and this serves to know each other and know what each of them do. And there where we can ask for clarifications and have a closer relationship" (601AIV)*

So, the importance of the neighbourly relations appears to be crucial and this seems to conflict with what is usually addressed like a negative characteristic of the city life: anonymity and poor quality relationships.

The statement given by an interviewee from the Health sector illustrates the need of a naturalistic approach (Thomas, 1979):

*"This network is only possible if we leave the desk" (609BIV)*

The configuration (Elias, 1981) of the responses and organisations in a particular area ask for dedicated field work, close to the inhabitants of specific neighbourhoods, outside normal working hours. So, the best solution seems to be native. This is if the goal is to prevent DV occurrences, when well-being is to be promoted instead of just reacting to a particular situation. Because we are dealing with a wicked problem (Rittel, 1973), it is necessary to know how to see in order to identify and face the problem.

The report from the Group of Experts on Action against Violence against Women and Domestic Violence (GREVIO, 2019) on Portugal stresses that the National Support Network for Domestic Violence Victims "has yet to fulfil its mission of enabling truly effective co-operation between all relevant stakeholders. (...) Good examples exist where partial co-ordination is practised but (...) they appear to rely on the individual initiative of the agencies concerned" (p. 37). GAIV seems to fulfil this premise.

Proximity seems to be the key to the police empowerment. However, we should not forget that the “One step further” Programme is a non-written protocol of institutional cooperation. It means that there is no disfigurement of the competences and attributions of each entity, but simply the declaration of common interest (common objectives) and, so to speak, the nominal responsibility of those responsible for the different entities at each moment. This is its strength, in a society where the **word given** is synonymous of **honoured** word. But it is also its weakness when that condition, say, pre-bureaucratic, typical of societies where mechanical solidarity (based on old social values; Durkheim, 1960) prevails, has less value or when some event or modification within the open system called community change the original conditions. In other words, if other combinations of partners or specific persons emerge, GAIV may lose its centrality.

In this Porto case, and recalling the motivation to develop the “One step further” Programme, it was about a notion of collective (the city) and its social problems to whose resolution everyone has a duty to contribute. This type of instrumental solutions can be found in contexts strongly influenced by the interrelationship between social individuals, in which social ties and bonds are anchored in the notion of community. In general terms, a national policy to prevent and fight against DV cannot be based on these elements of social life. At a local basis, such social values can perform an absolute role.

Interrelationship is also critical to understanding the capacity of civil society's (NGO's) resource mobilization. We have been told of cases where a phone call to someone you know personally works better than a formal request to, for example, find a place in a shelter or request support for something that is needed.

### 6.1.3 Discussion of the case

The visibility and public exposure of DV in Portugal is a highly relevant social fact and should be understood as a very important cultural transformation that allowed a whole range of other transformations (legal, namely criminal and criminal proceedings; procedural, namely in the law enforcement; and political ones, namely bringing the theme of violence to the central stage of public action).

*“Adapting to the new challenges, we do not work as we did 5 years ago”  
(609BIV)*

These slow and gradual transformations, sometimes speeded up by important legal reforms and driven by international conventions, have simultaneously brought new challenges. One of these challenges, directly posed to the police (security forces), has to do with the increasing complexity of operational procedures (more sophisticated administrative proceedings, victim status attribution, risk assessments, individual security plans). However, this tendency, in the sense of the complexity of procedures and the need for training that responds to new challenges, is not exclusively of the police institution. Let's listen a testimony coming from the Health sector:

*“I think it's training among technicians, specific, concrete cases, almost like a workshop. The situations are very complex and we are dealing with people and there is no medicine to give to the aggressor and the victim to make them feel good.”  
(609BIV)*

This complexity has not ended and has dragged on other changes in intern police organisation and other public systems as well. The Porto case is an example of this effect of

changes on a macroscopic scale reflected on a local scale. Often, the problem of elites provoking social change on a superlative level, almost an ultimate social goal, is to forget that the adoption of new social models is not achieved by decree, but through processes of social influence, and this takes time. The key-variable seems to be training:

*"I think it's training among technicians, specific, concrete cases, almost like a workshop. The situations are very complex and we are dealing with people and there is no medicine to give to the aggressor and the victim to make them feel good."*  
(609BIV)

On the other hand, civil society responded to the new challenges by multiplying the available resources, which forced it to redesign the map of institutional actors that moves around DV. This change is still under consolidation, and mutual distrust is still widespread. But the case of Porto is a good example that these mistrusts can be overcome but, at the same time, relevant to understand some weaknesses. Perhaps the most evident of the weaknesses is the thirst for protagonism, possibly considered dysfunctional in a model of collaborative work, but quite real.

The Porto experience, from a more police point of view, has brought a number of changes that can be systematized:

- new police responses;
- more specialization;
- more public suffrage of police work.

The public suffrage, as well as the mechanisms of formal control (General Inspectorate of Internal Affairs), could be relevant to understand the general mind-set:

*"so that our work could be carried out with the quality that has always been the great bet of the Metropolitan Command of Porto. We want to do good, we are not interested in doing too much and too little, we want to do good and well if possible, because effectively this service cannot be evaluated quantitatively, it is inevitable because much of the service is done invisibly and is not quantified in numbers"*  
(603AIV)

As written above, GAIV and EEIV are **atypical** organisational solutions considering the framework of police activity to prevent and fight against DV. The downward trend in the number of DV crimes in the city of Porto since 2011 doesn't allow us to make a direct link with the emergence of GAIV, though, as said before, it may have helped to consolidate that trend.

Meanwhile, we want to highlight the seemingly fruitful configuration that was possible to observe and be told about (resulting in the three changes mentioned above). GAIV's and EEIV's approach to DV seems to be organised around five main indicators: increased collaborative work with the Attorney's Office Public Prosecutor; immediate action protocols; more expertise; enlarged local partnerships; and mutual trust and respect. Probably this statement wouldn't have been possible ten years ago:

*"If the victim is afraid of the report, then we resort to GAIV."* (609BIV)

This can be translated into the possibility of following the normative approach in terms of the reaction to DV while maintaining a sense of creativity in terms of anticipating DV

occurrences by using experts' intuitive and ground-based knowledge. This enables to immediately address DV occurrences and simultaneously develop a particular (local) approach to some of the DV roots. Let us not forget that even today some DV situations are considered as part of the "normal" repertoire of behaviours of some (more or less) vulnerable groups. So, acting and fighting DV demands a continuous effort by all involved professionals; because

*"usually, our end-users [victims] are here several months, sometimes one or two years, because there is a whole process of rebuilding their life project that takes some time, and most of the times for them to find some stability in their lives it takes three years on average" (605DIV)*

## **6.2 Case study: Oeste area**

### **6.2.1 Methodological information**

Information collected:

- General data from the evolution of DV in the area (long term time series);
- Characterisation data (already made – T 2.2 report);
- Data from interviews;
- Data from the DV Monitoring Reports from General Secretariat of the Ministry of Interior;
- Data from the database from the Directorate General of Policies of Justice.

The interviews were conducted *in situ*, during the interviewees' working time and covered diverse domains of intervention: police (5); health (2); social work/NGOs (2); and justice (1). The average duration of the interviews was 38 minutes, and they were all tape-recorded.

### **6.2.2 Case presentation**

The case of the Oeste area was selected because it meets two characteristics: low incidence rate for DV per 1000 inhabitants and low rate of change from 2015 to 2018. As mentioned in the T 2.2 report, the Oeste area is located around 70 Km from Lisbon and comprehend medium scale towns (e.g. Caldas da Rainha the bigger one, with more or less 27000 inhabitants) and other less populated urban agglomerates like Cadaval, Bombarral, Lourinhã, Óbidos. In the statistical nomenclature (NUTS) in Portugal there is a Level III region called Oeste (already mentioned in T 2.2), which comprises 12 municipalities. The geographical dimension of this Level III region does not satisfy the condition that is of interest for the IMPRODOVA study, from the point of view of the case selected within the Task 2.4 purposes.

So, considering our direct goal within Tasks 2.2, 2.3 and 2.4, it is of interest to limit this area to a functional unit providing support to DV victims, integrated in the National Support Network for Victims of DV, and based in the Municipality of Caldas da Rainha. This functional unit is called the **Office for Assistance to the Victim of Domestic Violence** (GAVVD; Gabinete de Atendimento à Víctima de Violência Doméstica). The National Support Network for Victims of DV means all the bodies dedicated to support DV victims, including the public administration body responsible for the area for policy of citizenship and gender equality (CIG), the Social Security Institute (also a central body with regional delegations), the

shelters, the care structures, the emergency reception responses, the specific responses of public and local administration, and the free telephone service with national information coverage for DV victims.

It should be stressed that in this wide network, local authorities, within the scope of their powers and attributions, may have structures in the National Support Network, collaborate in the dissemination of DV policies and resources, and provide for facilities and specific equipment which contribute to the general goal of DV prevention and DV victims' support. The relation between the national and local authorities is achieved by cooperation protocols, and GAVVD is an example of such kinds of agreements in the Oeste area. Having a technical team which depends from the Municipality, the training and guidelines came from CIG.

Since November 2018 (Decree-Law no. 101/2018, 29 November), on behalf of the political process of decentralisation to municipalities, these local authorities have now different and increased competencies to develop actions and projects towards DV sensitisation and dissemination, which also includes the creation and functioning of attendants cabinets.

In terms of judicial organisation, the Oestearea corresponds to a Judicial Circle with headquarters in the city of Caldas da Rainha, in charge of some county (municipalities). In terms of police territorial organisation, Oeste areaincludes a PSP Division and two Police Stations, and in the GNR it refers to a Territorial Detachment with twoTerritorial Posts (similar to Police Stations). Demographically, as said, this area is mostly characterized by the existence of villages and small towns and some isolated population: around 1000 census localities<sup>20</sup>; about 90000 inhabitants; 3% of them living isolated, and 57% living in localities with less than 2000 inhabitants.

Quite distinct from a big metropolitan area (like Porto), Oestearea embraces different kinds of social and territorial contexts determining the association to a more rural environment, even though in demographic and socio-economic terms is more likely to be influenced by the proximity to the Lisbon Metropolitan Area (the existence of second-home ownership is notorious). Probably the most representative social trait will be that of an ageing population, mostly still active in professional terms, with (medium-low) incomes mostly linked to agricultural activities, small-scale industry, small businesses (quasi handicraft), and many public employees (namely on municipalities, parishes, health, justice, and education sectors). The only sectors that have a more industrialised production dimension, with a vocation to export to the country itself and also abroad, are fruit and livestock (pigs). The fishing activity is not intensive, except in Peniche (but this municipality is already eccentric in relation to the natural area that we intend to delimit). Within the Oeste area, Peniche is a world apart.

The idea of the Oeste as a **natural area**, mentioned in Task 2.2, has a lot to do with this same socio-ecological unit that we find in many Portuguese municipalities. This kind of natural area can be understood in a double sense (inspired by the socio-ecological thinking of the Chicago School)<sup>21</sup>:

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<sup>20</sup> A census locality corresponds to a population cluster with 10 or more residential dwellings and to which a distinct place name is attached, irrespective of whether it belongs to one or more parishes.

<sup>21</sup> This concept has been developed and used in urban studies, and therefore on infinitely smaller spatial and human scales than a region. Although the fact that in its original meaning the sociologists had stressed "the natural area derived part of their individuality (...) much more from their distinctive populations and ways of

1. “As a spatial unit limited by natural boundaries enclosing a homogeneous population with a characteristic moral order;
2. As a spatial unit inhabited by a population united on the basis of symbiotic relationships” (Hatt, 1946, p. 423).

It is exactly this idea of commonly-held values that interests us in this case, not so much the symbiotic relationships, because the domestic violence that takes place here is very much explained by the conditions of the community itself. Therefore, the ecological approach to DV seemed an adequate one. It is the homeostatic character of that community that we tried to grasp. For instance, and generically speaking, this allowed us to acknowledge that the basis of the victims’ support is interrelationship (Mendras, 1995). Having this in mind, it was interesting to analyse the approach to DV because it was possible to better understand how the national support network actually works at a local level, anchored in the logic of real proximity, in the physical sense. Here, anonymity, isolation, urban poverty and segregation, and social exclusion are not so much visible.

Figure 5 reveals a trend in DV crime occurrences which seems to be similar to the national tendency in the same period. The irregularities are mostly due to the randomness arisen from small numbers. We recognise two main periods: a first one until 2008, marked by an increase number of DV occurrences; and a second one in which the number of DV cases decreases or increases slightly.

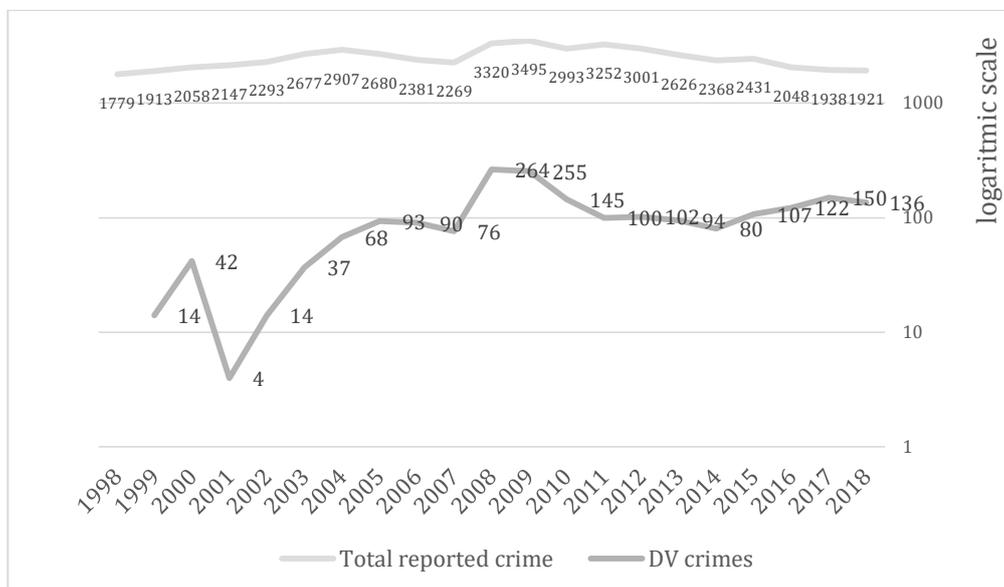


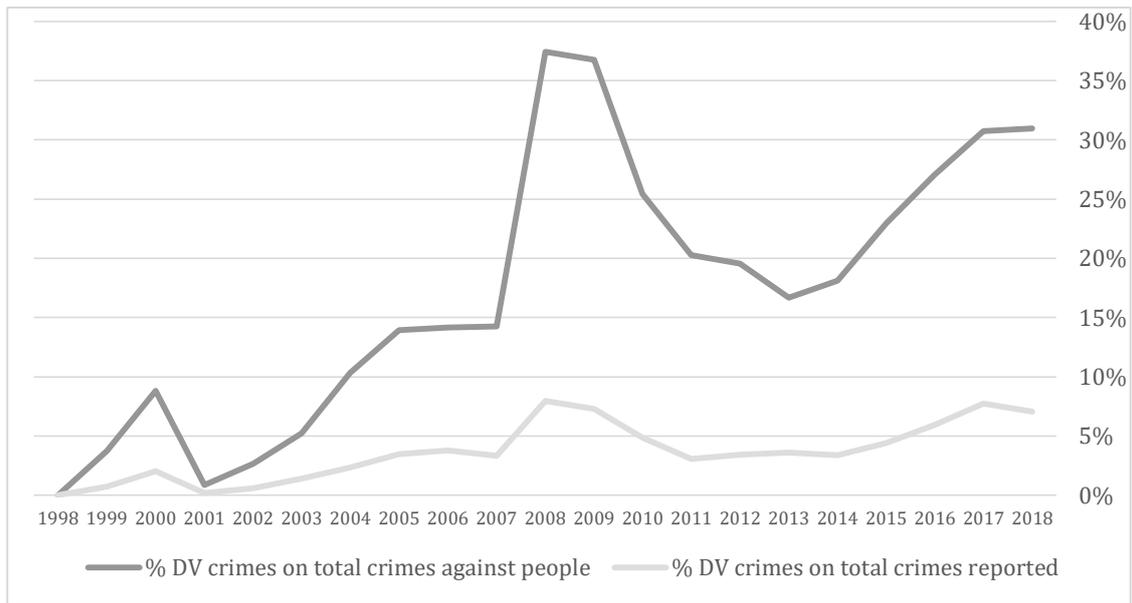
Figure 5. Crime (total) and DV crime in the Oeste area: long-term observation.

In the next figure (6), it is clear that both variables begin from zero%, which means that the DV crime didn’t have any social, judicial and police visibility until the middle of the 90’s. Even during the first years of 2000, namely until 2007, when the crime of DV became public, the variation was modest (from zero in 1998 to 4% in 2006) but got confirmed in 2008 (8%).

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life” (Herbert & Thomas, 2012, p. 208), this approach allow us to suggest that more than a geographic area, Oeste can be understood as a “socially cohesive community with a distinctive personality” (Herbert & Thomas, 2012, p. 209).

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*Figure 6.* Percentage of DV crimes (on total and against people) in the Oeste area: long-term observation.

In a different manner, the proportion of DV crimes within the total of crimes against people raised from zero to 14% in 2005, to 37% in 2008. This seems to indicate a social change nobody had predicted. It is worth to note that the public stakeholders showed no predictive capacity. We can only observe some reactive capacity from the third sector. This occurred in the Oeste area, for sure in the major part of the country, but probably it was less noticeable in areas where the influence of the central State is prominent.

It should be also considered the differences between GNR and PSP figures (see Figure 7), reinforcing that without DV occurrences in rural areas (controlled by GNR) “nothing” would happen. This is to say that DV registration provoked a turmoil in the moral order of this region. In addition, let us hypothesise that the creation of attendance rooms specific for DV victims may have had an important role, by allowing presenting complaints in a calm and private environment, and thus contributing for the increase in numbers.

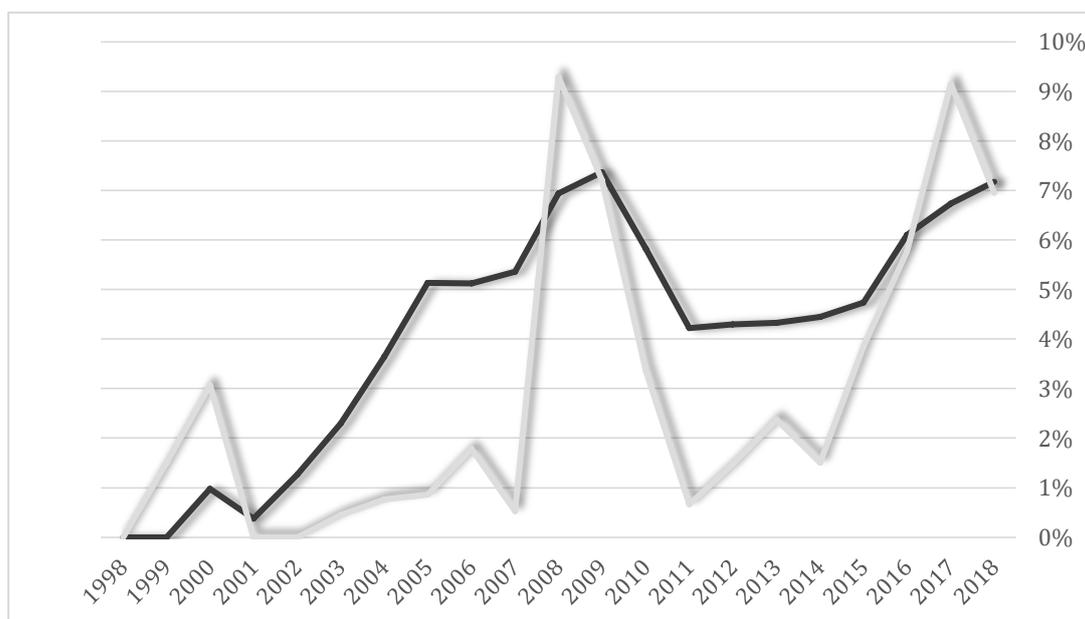


Figure 7. Percentage of DV crimes in the total reported by GNR and PSP in the Oeste area: long-term observation.

The pivotal institutional actor in this case is the Office for Assistance to the Victim of Domestic Violence in Caldas da Rainha (GAVVD). Since its establishment in 2014, it has served 242 victims. In 2018, 59 victims were attended and since the beginning of 2019, 13 have been attended too. Although most of the victims are women, GAVVD has attended to 11 male victims since its very beginning.

The victims of domestic violence who resort to GAVVD are mostly from the municipality of Caldas da Rainha. However, some victims from neighbouring municipalities, namely from Óbidos, Cadaval, Alcobaça, are assisted. The territorial criterion is not well explained in the documentation consulted and did not seem restrictive to us according to the interviews carried out.

Considering the IMPRODOVA conceptual framework, the Oeste case seems to reflect an **inter-organisational cooperation** between the GAVVD, the police forces, NGO's, health services, public prosecutor services, local Commission for the Protection of Children and Youth Persons, etc.

*"The Municipality, the police, the hospital (...) we have a good team from the social security, we are always in articulation with each other" (614BI)*

As the GAVVD is based in the Municipality, this means that the social work office is directly linked with the municipal commissioner of Caldas da Rainha municipality. This political actor appears to be the key-piece that works like a catalyst of many others partners. GAVVD, by the local political influence and for reasons that only the social history of the country allows us to understand, is the focal point of the local public response, under the moderate technical guidance of CIG, but with strong procedural autonomy. CIG provides normative benchmarks on how to act, but the local cabinet's case-by-case interpretation is not absent. There is an identification with "our" victims, "our" cases, which subliminally means that the centralised guidelines must be adjusted to the local reality.

*“DV victims’ attendance is part of the social work of the Municipality” (616C1)*

*“It’s an advantage because there is the immediate power of decision-making. In situations where faster responses are needed, this possibility is an added-value because we can instantly speak with the municipal commissioner and she gives the order to move forward, and we can act faster and resolve urgent situations in an easier way. In this regard, this experience of being close to a political decision maker is an advantage because I can act immediately. We have no process chain and we don’t have any difficulty to obtain answers because it’s really a direct path to the municipal commissioner” (616C1)*

So, this fast decision making process allow to streamline the procedures necessary to respond to DV occurrences. As we were told, by the action of the municipal commissioner immediate solutions become possible.

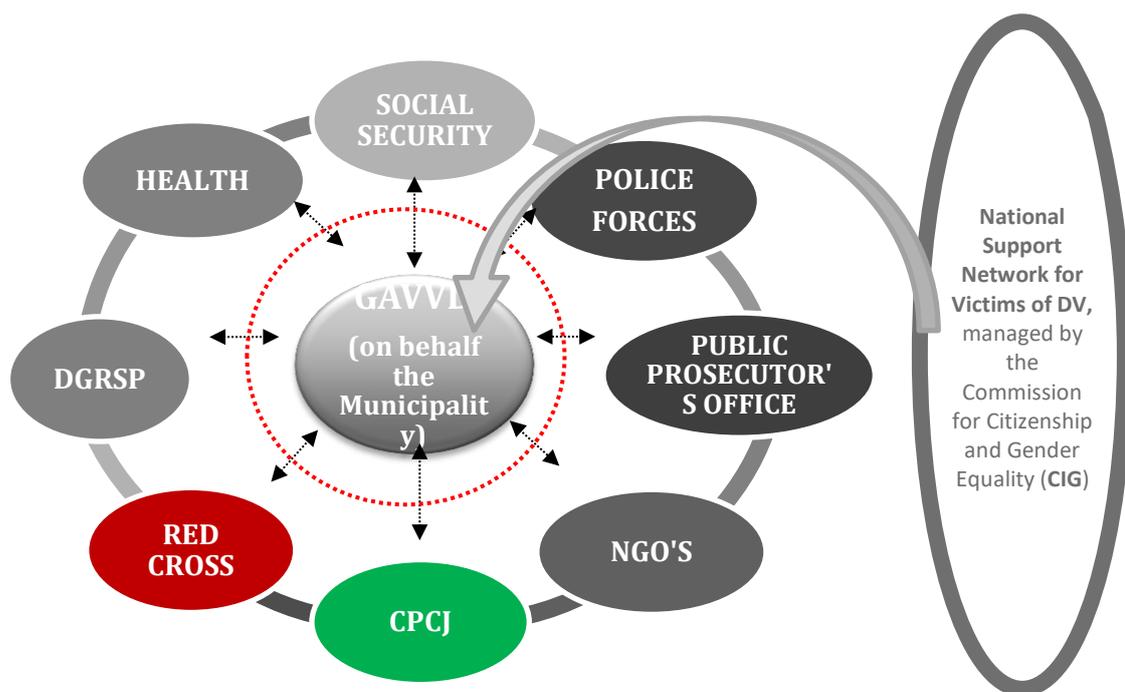


Figure 8. A conceptual presentation of Oeste case.

On the other hand, within its network (see Figure 8) GAVVD provides different kinds of services to DV victims, such as victims’ support (even accompanying them to the Court), juridical advice, psychological support, and makes the necessary connections to obtain other kinds of services.

Because of the physical proximity between the involved organisations – it was significant to observe that almost every partner working on DV matters share the same square in the city centre– and the size of the urban agglomerates, neighbouring relations are predominantly closer and permit crosschecking of formal and informal (rumour, gossip) information. In turn, this enables professionals to anticipate some of their actions, for instance in what concerns the detection of DV situations and victims’ protection.

*“Cases come to our knowledge through the GNR or PSP, or the health sector for instance, or even through people or third parties. People that give the alert about their relatives, people they know or neighbours they think they are in this situation [DV]” (616CI).*

On the other hand, the diversity of the populations that inhabit the Oeste area are constantly defying the professionals, asking for tailored approaches. Of course, this can only be made if they know the social and cultural milieu where the DV cases occur.

*“Peniche is chaos. In terms of sensitive social housing [bairrossociais], drugs trafficking, the proximity with the sea foster drug addiction and traffic, and in that zone it’s another philosophy of life, and it is very complicated, and violence is high there, though it is their normal way of functioning” (614BI)*

The above interview extract called our attention also for another reason. It appears that Peniche still embodies a social and cultural belief regarding the patriarchal power that ruled social and intimate relationships in Portugal for many times. Nowadays, though the panorama has changed, we keep hearing a discourse that is tolerant towards this issue. It seems that there is some kind of destiny for some people, groups, or populations. Simply because they belong to a niche and it seems they all share the same history, the same values, and the same fate. In this sense, some violent behaviour remains admissible, even taken as naturalised behaviours, at least in some populations. This raises questions that need to be addressed: knowing more about the intergenerational transmission of DV seems pertinent (e.g. Black, Sussman, & Unger, 2010; Pears & Capaldi, 2001; Renner & Slack, 2006); and also knowing more about the social representations of DV and how the mechanisms of social influence can be used to address the problem.

So, in the case of Oeste, political influence (we should say power) as well as proximity seems to be the key-factors that maximise the interactions between all partners. From the interviews we can sense that all partners involved in addressing DV actually cooperate and respect each other’s competencies.

*“We refer to the psychology of ACES [Group of Health Centres] and always try to articulate with the external entities, and each one makes their part” (614BI)*

*“There is a good articulation with the public prosecutor and the police, at any time we have that articulation and response in case we want to get some help (...). More specifically, from the mental health, the police, we contact them regularly or they contact us, this by the side of GNR or PSP, there is an optimal articulation” (616CI)*

For instance, the public prosecutor states that

*“We work together (...) with the police officers we work in every one [cases] because we are comfortable (...). Sometimes we also ask for their opinion because they have heard the victims and we only see papers. Because even the police have specialized people to listen to the victims and for instance in Bombarral the GNR officer already know them because it is a small place” (615AI)*

It must be said, though, that in some cases the professionals still rely on the advice given by the higher order institution responsible for the promotion and defence of the constitutional principle of equality between men and women – the Commission on Citizenship and Gender Equality (CIG).

*“We debate the cases, we’re part of the network of the attendance structures of the district of Leiria and from time to time we take cases to debate. Usually, if I have some doubts in some case I may call CIG because they have more experience” (619CI)*

However, there seems to be some different kinds of experiences regarding the articulation between partners, with resulting discomfort.

*“if it is with the cabinet from the Municipality everything is ok, but if it is with the social work from the hospital, I sense some difficulty in articulating” (614BI)*

*“with the health sector everything is more bureaucratic, and forms and superior authorisations are need, and it always takes more time” (615AI)*

*“in this moment, the public prosecutor is not enough to defend the victim” (619CI)*

*“worse than this is to see the judicial sector trivialising the penalties, not being prepared” (619CI)*

The problem is that

*“some elements from the judicial sector don’t have the specific education” (619CI)*

*“there are people who take advantage because domestic violence is fashionable these days, so they trivialise. I also think that penalties are very light and are not applied” (619CI)*

One last mention has to be made regarding the psychological costs the professionals that deal with DV face. Indeed, proximity and years of experience may cause some negative repercussions, and this aspect must be subject to further attention in recruiting, training and along the career. The following example is illustrative:

*“when I go home, I stay at least two hours trying to get free of the cases” (619CI)*

### **6.2.3 Discussion of the case**

As written before, Oeste region is mostly characterized by the existence of villages and small towns and some isolated population, as well as an ageing population. The city of Caldas da Rainha is the urban spot where all the public services and the majority of NGOs are based. Our discussion should not forget the sociological characteristics of such a small urban place surrounded by a large, depopulated, and aged rural area. In this sense, we cannot forget the world apart that Peniche portrays, and also that Oeste area is only 70 Km far from Lisbon.

The Oeste area is an area of mixed influences that could, sometimes, contend with each other. At the macro level, which represents here the influence of the central authorities with a special normative dynamic, it is not unusual that its influence may collide with the moral order that shapes the exo system, and which directly impact into the meso system. At the micro system, where DV takes place, the distance to the broad ideology, laws, norms, and else is enormous, creating obstacles to the fully understanding and accomplishing of them. For instance, we found a local news where it could be read that “above all, victims ask us [GAVVD] not to arrest the offenders but to help stopping the violent behaviour. (...) There has been many elderly people who suffer from physical or psychological abuse that mostly

occurs within the family, and it is always difficult for a father or a mother to denounce their child” (Caldas Newspaper, 05FEB2019).

*“for them the important thing is to unburden and the way they are welcome by the police is very important, then the rest is not so important, it is indifferent to them, and many people after that sometimes withdraw the complaint”*  
(613AI)

This could explain why we have in the Oeste area so many DV testimonies without the following expected police and judicial procedure. “Despite legislative advances, women’s mentalities and behaviours continue to be the main obstacle to fight DV” (Caldas Newspaper, 25MAY2015). This creates a problem to the professionals, because being DV a public crime there is an obligation to denounce the situations, or not if the professionals themselves reproduce the general moral order. It is then admissible to expect a mechanical solidarity (Durkheim, 1960) which typically stands on proximal neighbouring relations and old moral and social values.

*“now that I’m in the city I notice some differences. Here, we have more formalities; there are more processes [cases] than in the rural environment where we all knew each other”*  
(614BI)

Some informal mechanisms of social control are probably contributing to the maintenance of DV cases more or less stable. Even the work being conducted by the professionals seems to be subject to scrutiny:

*“even the victims themselves start feeling that we are here to help, and came by to give their opinion, if it’s going all right or not”*  
(614BI)

However, it must be recalled the above mentioned turmoil in the moral order of this region, provoked by the novelty of DV registration. DV have always happened, but it finally became visible by means of the legal and political change that enabled the victims to complaint. Furthermore, this is probably linked with the ageing population. There was a kind of moral order that was put at stake and disclosure an endemic violence. Disaggregated data are not available, but we can hypothesise that DV figures are increasingly related with the elders in the Oeste area.

In this context, and separately from a major alignment with the law, which could be hypothesised as occurring in major urban areas (Lisbon, Porto), one question must be posed: who is in charge of all this situation? There is a risk to a discretionary decision making process, above the law. This could be reflected in the quality of the DV processes. It must be underlined that between 2000 and 2017 (last data available) the rate of convictions was 42% in the judicial circle of Caldas. At the national level, for the same period, this rate was 48%.

Another issue is the way DV governance is thought about and performed in such areas. We got the impression that there is a lack of clarity in the translation of the National Support Network for Victims of DV goals and guidelines at the local level. This led us to discuss the importance of having regulatory mechanisms in the field. However, by saying this, we must stress that the impulse to promote the creation of new responses without providing the capacity of following their activities doesn’t seem to be a good practice.

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## 7. SCOTLAND

### **7.1 Practice One: National Domestic Abuse Task Force**

This report details the National Domestic Abuse Task Force (DATF), and in particular, their ‘proactive approach’ to investigating DV. The DATF is organisational arrangement within Police Scotland which comprises three area-based, specialized police units with the shared purpose to target ‘high tariff’ perpetrators who are defined as posing the greatest risk of harm to victims and their families. In addition to an intention of enhancing the quality of criminal investigations in this regard, the DATF seeks to aid the detection of victims and support them to file complaints. Key to both is the adoption of a proactive approach towards police inquiry.

#### **7.1.1 Methodological information**

Details of this practice arise from a larger body of research comprising interviews (n=25) with police officers and NGO practitioners, as well as observations (n=18) of day-to-day working environments/practices and key meetings, occurring across two case study sites. Data concerning this particular practice includes interviews with and observations of police actors. A total of 5 interviews were conducted with officers working for or dealing with the DATF (see Table 1)

##### ***Table 1: Police interviewed by role***

Domestic Abuse Investigation Unit (DAIU) Detective Sergeant	1
DATF Investigation Officer	4

In addition, there were five occasions for particular observation of DTAF work across case study sites (see Table 2).

##### ***Table 2: Observation events relating to DTAF work***

Multi-Agency Tasking and Coordinating (MATAC) meeting	2
Disclosure Scheme for Domestic Abuse Scotland, Decision Making Forum (DSDAS DMF) meeting	2
DATF office	1

The DATF sits at a national level but operates from three geographical sites: west, east and north. The empirical material which comprises this research arises from just one of these three geographical areas and should be considered limited in that sense. Furthermore, it should be noted that interviews with non-police practitioners, including the participation of further NGOs, is ongoing.

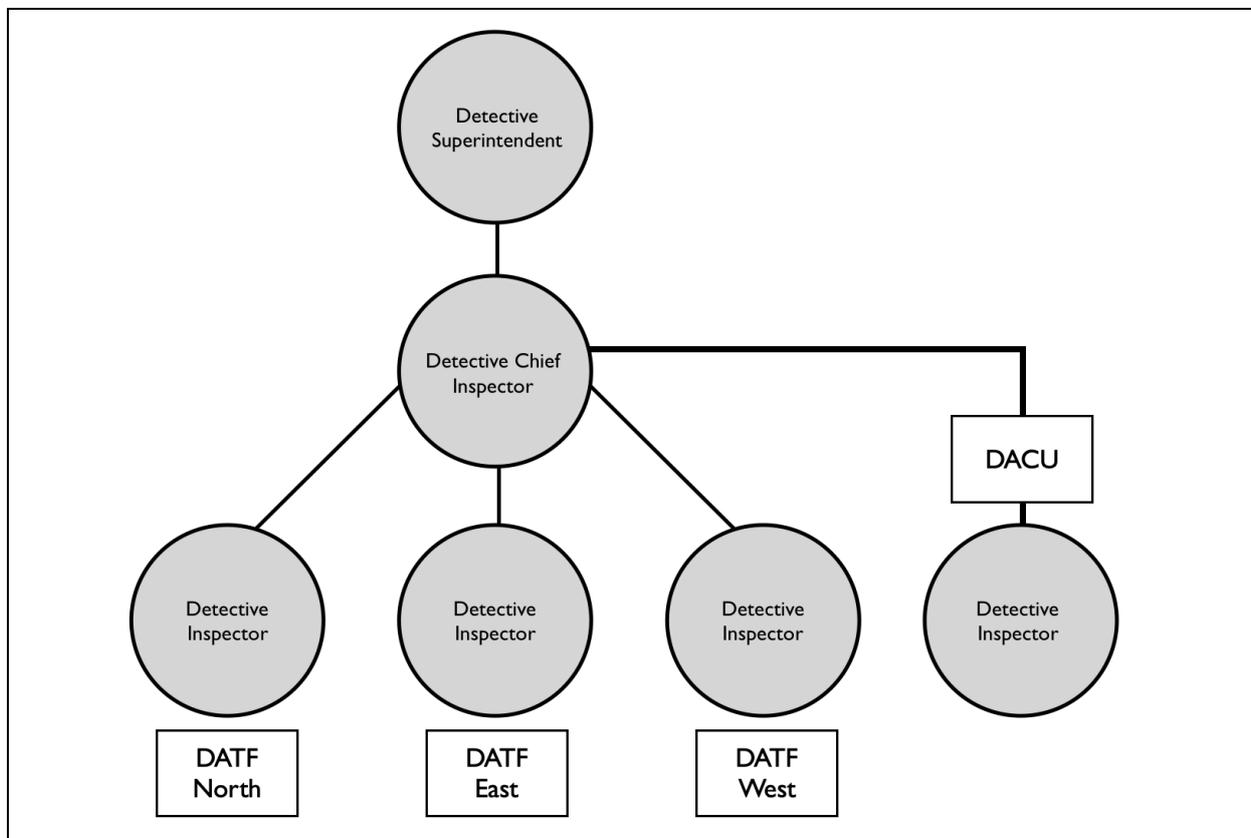
#### **7.1.2 Presentation of the case**

The goal of the national DATF is to target the most prolific, ‘high tariff’ and serious DV perpetrators; those individuals identified as posing the greatest risk to victims, their families, and wider society. To this end, the idea of the DATF sits in broad alignment with national policy in Scotland for matters of DV, *Equally Safe*, which roots its definition of DV within a gendered analysis of violence against women. In response, the DATF can be seen as a means to contribute to ‘robustness of response’, a key priority of the policy that “*men desist from*

*all forms of violence against women and girls, and perpetrators of such violence receive a robust and effective response” (Scottish Government, 2018).*

At a strategic level, DATF teams in the west, east and north of the country are overseen by a Detective Superintendent and a Detective Chief Inspector, as well as being supported by the Domestic Abuse Coordination Unit (DACU), which assumes national responsibility for the DATF (see Figure 1).

Figure 1: National DTAF organigram



There also exists a great deal of collaboration within a DATF team in the investigation of DV cases, whereby colleagues working within the DATF help each other out:

*If I need the help, nobody's shy, they're saying, listen, I'm needing a hand for somebody to go do this or go do that. I've got a report to write, so and so lifted on Thursday, but I need that statement noted. Somebody in the office will do it for you.* (702AVI)

Finally, whilst the DATF remains a practice operating from within Police Scotland, it appears that the team make use of inter-agency links with statutory and NGO DV actors, both via the MATAC process (see below) as well as drawing on existing support networks in considering how best to make the proactive approach:

*We've got a range of different sort of legacy forces within the team as well and [...] you can pick up the phone maybe if there's social work involvement or if there's already Women's Aid involvement. If you're maybe thinking, don't want to really go and just appear at this*

*person's door. There's maybe issues there you maybe want to get support from whoever their support already is, then [you] do that.*  
(701AVI)

As a result, the DATF necessitates intra- and inter-agency cooperation within and beyond Police Scotland, at a number of strategic and operational points. At an operational level, DATF teams in the west, east and north regularly communicate with DAIUs (or DAIU equivalent) in the divisions which fall within their geographically defined area of responsibility. A key part of this communication centres around the MATAAC process (see report T2.4 (Scotland) Practice Two' for dedicated discussion) which acts as the main conduit for identifying and transferring DV suspects from DAIU (divisional level) to DTAF (national level) for investigation.

MATAACs are convened monthly in each divisional location within Police Scotland and are of 30–90 minutes in duration. During a MATAAC, a DV suspect/known perpetrator (the nominal) that is believed to be active in their criminal activities are presented to MATAAC attendees (comprising police and non-police actors) by the DAIU DI, following which attendees discuss and share knowledge regarding the nominal's activities, history, whereabouts, and so on. Following discussion, the nominal either remains for investigation at divisional level or is passed over to the DATF for more targeted inquiry. Criteria for passing nominals over to the DATF include severity of violence, number of affected partners, evidence of prolific behaviour, as well as suspects who are believed to have committed acts of DV across multiple divisions and/or beyond Scotland.

As an entity, the DATF exists as a national body evolved from an initially local arrangement. Its origins can be traced back to a team of the same name in the Strathclyde area of the country, which began operation in 2009. This dedicated team of investigators was the first of its kind in the UK and had the express remit to investigate DV in the same manner that detectives would respond to crimes of homicide. Following the merging of Scotland's eight area police forces into the unitary Police Scotland in 2013, the DATF was assembled as a national arrangement, comprising three area-based teams in the west, east and north of the country.

Like the DTAF in Strathclyde, a decisive factor in the establishment of the Task Force at national level was a shift in Scottish policing towards a working culture that viewed DV as serious, criminal and public. Sir Stephen House, Chief Constable of Strathclyde Police from 2007–2012 and of Police Scotland from 2012–2015, is widely noted as seminal figure in motivating a more robust approach to tackling DV in the country, including amongst many interviewees within this study:

*to go back to Mr House [...] from a domestic point of view he was a breath of fresh air [...] we deal with domestic abuse so robustly now across Scotland whereas before that might not have been the case, certain areas were better than others but I think it's a massive sea change [...] my area of business [domestic abuse policing] has benefited greatly from him being in charge and it's continued on since he left*  
(713AII)

The work of the DTAF represents a significant increase in case continuity and investigative capacity when compared to police working at local and divisional level. At local level, as one participant notes:

*If you're a response officer, they're dealing with, like, ongoing domestic incidents constantly. I mean, I think that...that's the bulk of their work. They're not seeing it through from the end*  
(700AVI)

Whilst at divisional level, although there exist dedicated DAIUs, or at very least police with the skills to conduct in-depth DV investigations, demands on officers' time are multi-faceted, simultaneous and considerable. For example, short- and long-term redeployment to other areas of public protection policing or the Criminal Investigation Division (CID) branch was raised as an issue, as were competing demands for DAIU officers' varied skillsets which include training in taking statements from rape and child victims. As one participant clarified:

*We're multiskilled so some of my officers are trained in interviewing children so if there's a live child investigation enquiry comes in that needs all hands to the pump because there's five kids need interviewed [...] We have a finite number of resources. We can only work with what we've got*  
(713AII)

In comparison, it is telling that DTAF officers described their work in terms of "continuity" (702AVI), "satisfaction" (701AVI), "pride" (702AVI) and "ownership" (700AVI):

*Nice to have ownership of your own inquiries, 'cause you know exactly where you want them to go, you know, who you want to speak to. You already know that actions that we're going to take, although we obviously have to run it through our supervisors. But, yes, it's our baby almost. You know, you do, you see it from start to finish, which is...I think is really nice...it's really good.*  
(700AVI)

Due to the nature of the data gathered it is not possible to measure overall improvements in the quality of DV investigations as a result of the DATF. In terms of its efforts in contributing to a robustness of response, however, internal Police Scotland figures reveal that between 01/01/18–26/07/19, the DATF have investigated (or are currently investigating) 307 perpetrators who were referred via MATAAC, with the rate of MATAAC to DATF transference currently sitting at approximately 43% of nominals referred to MATAAC<sup>22</sup>.

In addition, the qualitative case study data indicates that good results are delivered via this style of focused, targeted and investigate policing, particularly around making proactive inquiries, whereby anyone known to have been in a relationship with the suspect is approached in order to "ask them basically how their relationship was with the person that we're looking in to" (701AVI). Speaking to this end, the national lead for domestic abuse in Scotland summarised the approach in a recent press interview:

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<sup>22</sup>These are internal management figures and are assumed to be accurate, however, there may be a small degree of discrepancy.

*The Domestic Abuse Task Force does not just look at single incidences of abuse. We invest the time and effort needed to look back at the relationship abusers have had in the past and investigate whether there is a history of offending across their lifetime. We have the ability to dig deep into a person's background and by looking back we can establish evidence of abuse and hold them to account.*

(Sunday Mail, July 2018)

### **7.1.3 Discussion of the case**

Whilst it is not possible to measure the specific improvement made since the introduction of the DATF at national level in 2013, the shift towards proactive styles of DV policing in general, as well as at DATF level, appear to bode well for meeting wider DV objectives found within Scottish and international contexts. This is particularly the case around desistance and robustness of response –key priorities of current Scottish DV policy (Scottish Government, 2018) which appear to be met through the DATF's use of disruption tactics, and in-depth and proactive investigations. In this sense the DATF appears as an important addition to the Scottish DV policing context. Operating a higher tier and with dedicated resourcing DATF officers are able to work in a different manner to their police colleagues at local and divisional levels. That said, the intra-agency connections between the DATF and divisional levels via MATAAC, are vital to such efforts, allowing the DATF to maintain sight of perpetrator activities across local, divisional and national levels. It will be important to consider the changes to MATAAC currently being considered and to what extent this may burden the load of the DATF to negative effect; or indeed, whether it may further strengthen the important intra-agency relationships that the DATF depends upon.

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## **7.2 Practice Two: Multi-Agency Tasking and Co-ordinating**

This report details Multi-Agency Tasking and Co-ordinating (MATAC), a Police Scotland initiative designed to identify and manage DV perpetrators deemed most harmful. As an organized practice it comprises inter-organisational collaboration between a variety of frontline and supporting actors, and acts as a conduit to share usable information about perpetrators which may aid criminal investigations, as well as disrupt criminal activities (including but not limited to DV). In addition, MATAC acts as a means to pass cases from divisional to national level (National Domestic Abuse Task Force), thereby allowing for more targeted and concerted efforts in those cases where it is considered necessary for the quality and intended outcomes of DV investigations.

### **7.2.1 Methodological information**

Details of this practice arise from a larger body of research comprising interviews (n=25) with police officers and NGO practitioners, as well as observations (n=18) of day-to-day working environments/practices and key meetings, occurring across two case study sites. Data for this specific practice comprises interviews with police and NGO actors, as well as observation of MATAC meetings. A total of 3 interviews were conducted which included data relevant to the MATAC process (see Table 1).

#### ***Table 1: Actors interviewed by role***

Domestic Abuse Investigation Unit (DAIU) Detective Sergeant with divisional responsibility for case preparation ahead of MATAC	1
Manager of local NGO project: Women's Aid	1
Engagement Lead for national NGO project: Safe Lives	1

In addition to these interviews, observations were conducted at four MATAC meetings, during which testimony was heard and actions observed from a wider range of police and non-police actors (n=26) in addition to those already interviewed (see Table 2).

#### ***Table 2: Individual actors observed by role/organisation***

Intelligence Officer	4
Detective Sergeant	3
Superintendent	2
Community Liaison Officer	2
NGO representative	3
Health Sector (representing substance misuse and mental health)	1
Prosecution Service representative (COPFS)	2
Housing representative	4
Social Work Criminal Justice representative	6

This empirical data arises from the two case study sites selected for the IMPRODOVA research; however, it should be noted that MATAAC meetings occur nationwide and variation between divisional areas would not be considered unusual. Furthermore, it should be noted that interviews with non-police practitioners, including the participation of further NGOs, is ongoing.

### 7.2.2 Presentation of the case

MATAAC is a police-led process but adopts a multi-agency approach in order to reduce re-offending of DV perpetrators through investigation and proactive targeting, thereby safeguarding adults and children at risk. Its primary aims are to reduce the number of domestic related homicides; reduce the number of victims of DV; and increase the number of DV crimes detected; as well as increase the number of non-DV related crimes detected where the offender is a perpetrator of DV. It fits within key objectives within Scotland's gender-based violence approach towards DV in terms of early identification of male perpetrators, as well as acting as means to deliver a justice response that is "swift, consistent and coordinated" (Scottish Government, 2018).

There are a number of key features of the process, most visible of which is a monthly divisional area meeting between the police and their multi-agency partners; Chaired by the local divisional police Superintendent. This acts as a space for information sharing, tasking and coordination of activities in relation to specific perpetrators identified for discussion. There exists, however, a considerable amount of work prior to this meeting, in identifying perpetrators for discussion and preparing cases to be heard. This work currently sits at divisional level, led by the DAIU (or equivalent) DS, and supported by their police colleagues. It involves identifying those DV perpetrators deemed to pose the greatest risk of harm to victims, using a scoring mechanism comprising recency, frequency and gravity (RFG) of their offending, and then preparing the case for discussion using intelligence drawn from police domestic abuse records and crime recording systems, as well as local knowledge and social media searches. It also involves a "bit of professional judgment" to this end:

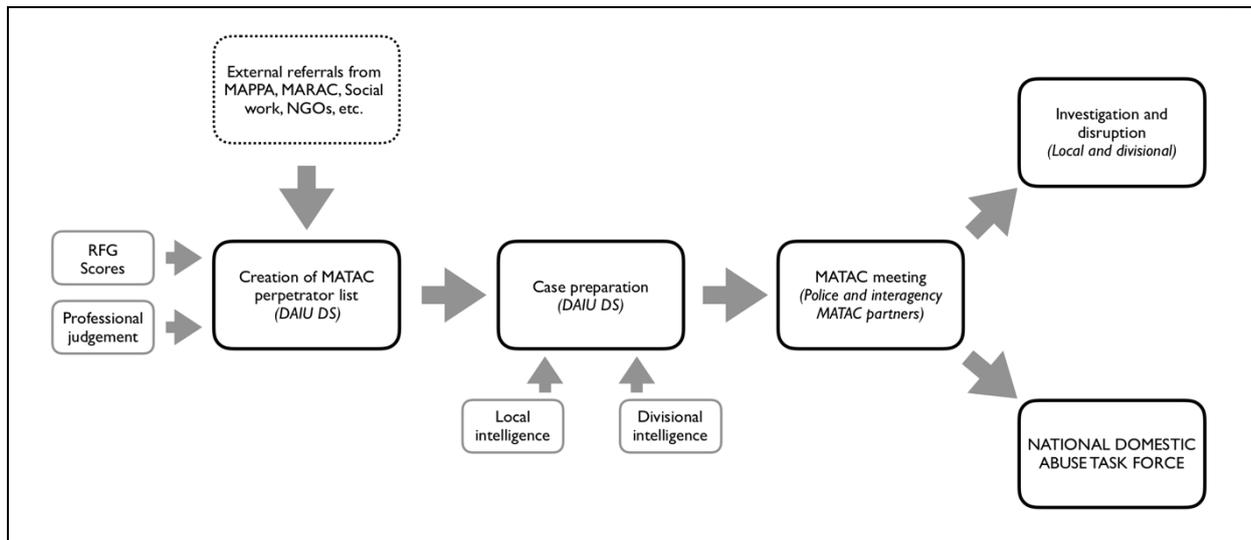
*You know, how many ex partners [...] basically I've got a board in my office I put names on on a monthly basis and I keep a running...all the names are up there from this meeting to the next meeting and sort of coming up to the time for picking them, I'll go through and say, right, who up there? [...] what incidents have we had recently? [...] predominantly we're getting them through our hands on a daily basis.*

(713AI)

Whilst it remains a Police Scotland practice, however, MATAAC is made possible through intra-agency collaboration between police working within divisional DAIUs (or equivalent) and the Domestic Abuse Task Force (DATF) in Police Scotland, as well as inter agency collaboration with a range of other actors: COPFS, Housing, Social Work, Health and NGOs. This broader range of actors have a role to play in providing intelligence prior to the meetings; sending representatives to participate in meetings; and participating in thinking towards creative and targeted means of perpetrator disruption. Furthermore, these actors from other agencies, and other processes (such as MAPPA, MARAC – discussed further below) can refer perpetrators onto the MATAAC process. Finally, upon completion of the process for each nominal, cases either remain at divisional level, with tasking outlined for disruption and investigation for divisional and local police, or the case is passed to the DATF

for more for more targeted inquiry (see report T2.4 (Scotland) Practice One' for dedicated discussion) (see Figure 1).

Figure 1: Overview of MATAc process



It is difficult to measure overall improvements made by MATAc due to the qualitative nature of the data gathered for this research, and the lack of formal evaluation that exists with the wider Scottish research context. The *Equally Safe* strategy notes plans for a Police Scotland evaluation of MATAc with regard to re-offending behavior (Scottish Government, 2018) but it is unclear whether or not this has yet been carried out. A recent evaluation of a MATAc process in operation in England concluded that the process represented “considerable success” for partnership working, and marks “significant progress” in the pursuit of its key objectives (Davies and Biddle, 2018: 483). Such positive outcomes might also be imagined from the Scottish context, however, there are a couple of areas which bear careful consideration as to how MATAc plays out in practice, in terms of resourcing, and the impact of the process for victims of DV.

With regards resourcing, it was noted in interviews and observations the considerable work it takes to prepare cases for MATAc, and the extent to which much of this falls to police at divisional level, with potentially damaging effects on their other work tasks, as well as the extent to which they can effectively progress MATAc investigations:

*Local units get absolutely hammered with what comes in on a daily basis. The [National Domestic Abuse Task Force (DATF)] don't have that. They're dealing with what they pick up from the MATAcs. Now obviously [in the DATF area] there is four different MATAcs so if they're taking two from every MATAc that's eight cases but there'll be 12 DCs in the taskforce, that's not even a case each a month. We have got loads ongoing. You can imagine on every day something else might come in that's immediate risk so our MATAc targets will get pushed back, through no fault of their own, only if the risk is such that they can afford to be pushed back but that's an immediate risk. That's come in overnight, that victim and their children are at immediate*

*risk, we need to go, put a team on that, sort it, get bail conditions in place, get safety measures, get that individual remanded whatever it may be, with a view to nullifying that as best we can. So if the risk is greater we'll have to stop, cancel the appointments for today for those ones and go and deal with the immediate risk.*  
(713AI)

It was made known to the research team at the point of research, by participants as well as by police gatekeepers, the strain MATAc places on divisional resources is recognised and under review, and that plans are currently under consultation for the DATF to take on the role of case preparation, as well as to take on more cases. The DAIU DS quoted above noted that he considered this to be a positive progression for MATAc.

In terms of the potential impacts of MATAc for victims of DV, it is interesting the manner in which the process seemed to operate not as a standalone endeavour but in concert with other efforts, including MARAC and DSDAS (see reports 'T2.4 (Scotland) Practice Three' and 'T2.4 (Scotland) Practice Four' for dedicated discussion of these practices). For example, in Case Study I, through well-established local networks and already existing positive multi-agency relationships, there appeared a flow of information between the MATAc and MARAC processes at all stages. In discussing his identification of perpetrators for the process, for example, the DAIU DS responsible for case preparation in this area noted:

*Also we get feed in from MARAC [...] some of the tasking from MARAC will be, this nominal has been discussed it would appear he's got four previous partners, can you take a task to make sure that he's considered for the next MATAc? Again, Women's Aid have phoned us up before and said, I'm working with the victim who's in a relationship with this individual, I know from my experience working in this area of business that that person has got at least five previous partners and they are boom, boom, boom, boom, boom, can you consider him for MATAc? Yes, absolutely. So all the agencies know about MATAc and they know they can feed in names.*  
(713AI)

Moreover, during MATAc meetings observed at both case study sites, it was apparent that disruption of perpetrator activities led the tone of discussions, including, for example, local police following up on potential motoring offences, COPFS checking and acting on residency status with their colleagues in the Home Office, housing representative investigating arrears as well as other debts, as well as MATAc attendees seeking out potential, perhaps creative avenues to find criminal activity: "They're really thinking outside to disrupt / what football team does he support?, asks the Chair" (fieldnote, 28 March 2019). That said, in each of the MATAcs observed, there was a great deal of attentiveness to victims' safety and risk, both in terms of actors appearing cognizant of wider policies and processes at play, including *Equally Safe* (Scottish Government, 2018), *Safe and Together*, MARAC and DSDAS, as well as discussion of risk and safety in more explicit, case specific terms. Such actions are important points for considering policy in practice.

### 7.2.3 Discussion of the case

As already outlined, it is difficult to evaluate the practice due to the qualitative and limited nature of the data gathered. At present, no formal evaluations of MATAC in Scotland have been conducted that the research team are aware of. That said, there is a general sense from the data gathered that MATAC represents an important step towards the early identification of and robust response to DV perpetrators, as outlined in key policy objectives of the Scottish Government (2018). In terms of broader, international standards; whilst they have not yet ratified the Istanbul Convention, the Scottish Government note their signing of it, as well as their support for the principles and aspirations of it within their *Equally Safe* strategy (2018).

What is clear is that MATAC's joined-up, intra- and inter-agency approach, and the proactive, creative, and deep methods it takes for investigation and disruption, arguably make visible a particular type of perpetrator whose criminal behavior would otherwise be more difficult to detect, along with an appropriate justice response that perhaps becomes more likely. Key to note, however, is that this response is partial and must be located within a broader DV response that takes account of the diverse realities of DV, as well as the impact such interventions and practices may have upon victims. In the case study areas investigated for this research, Police Scotland, and their partners, appear highly aware of this latter point, appearing cognizant of victims' risk and safety at all times. Recent legislation has been passed in Scotland (the Domestic Abuse (Scotland) Act 2018) which introduced a statutory offence of Domestic Abuse, including psychological, emotional and financial abuse. It is of course early days in terms of the introduction of this new legislation but it will remain important to remain mindful of what extent MATAC may evolve to offer a means to target, disrupt and investigate high tariff, prolific and dangerous perpetrators who deploy psychological, emotional and financial methods of abuse, or whether, indeed, another practice emerges to fill this potential gap.

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### **7.3 Practice Three: Multi-Agency Risk Assessment Conferencing**

This report details Multi-Agency Risk Assessment Conferencing (MARAC), an organized practice of inter-organisational collaboration between a variety of frontline and supporting actors. The purpose is to assess and manage risk amongst victims of DV who are considered to be at very high risk. In addition, MARAC meetings act as a conduit to share usable information about victims and aid the development and enhancement of local relationships between statutory and NGO actors. These relationships are vital to the MARAC process in terms of assessing and managing victim risk and safety, as well as aiding local responses to DV more generally.

#### **7.3.1 Methodological information**

Details of this practice arise from a larger body of research comprising interviews (n=25) with police officers and NGO practitioners, as well as observations (n=18) of day-to-day working environments/practices and key meetings, occurring across two case study sites. Data specific to this particular practice comprises interviews with police and NGO actors, as well as observation of MARAC meetings. A total of 6 interviews were conducted which included data relevant to the MARAC process. The majority of these were with police officers (n=4) who varied in rank and role; two were with NGOs with working knowledge of MARAC (see Table 1).

##### ***Table 1: Actors interviewed by role***

Domestic Abuse Investigation Unit (DAIU) Detective Sergeant	1
DAIU Domestic Abuse Liaison Officer (DALO)	3
Manager of local NGO project: Women's Aid	1
Engagement Lead for national NGO project: Safe Lives	1

In addition to these interviews, observations were conducted at four MARAC meetings, during which the process was observed from the perspective of a wide range of police and non-police actors over and above those already interviewed (n=27) (see Table 2).

##### ***Table 2: Actors observed by role/organisation***

DALO	3
Inspector	1
Community Liaison Officer	1
NGO representative	8
Medical Sector representatives (including substance misuse and mental health)	5
Housing representative	2
Social Work representative: criminal justice	3
Social Work representative: families and children	2
Education representative	3

In addition, a number of reports and documents have been consulted in preparation of this report, including policy documents from the Scottish Government, Scottish local authorities, SafeLives and other NGOs. These are referenced at the end of this document.

The empirical data for this report arises from the two case study sites selected for the IMPRODOVA research. Variation between these two local areas in terms of membership and organisational configuration can be appreciated in the data, instances of which will be discussed later in this report. The key point to note is that further variation might also be expected across Scotland, between the 28 other MARAC processes that currently operate. Furthermore, it should be noted that interviews with non-police practitioners, including the participation of further NGOs, is ongoing.

### 7.3.2 Presentation of the case

A MARAC is a regular, local meeting which brings together DV actors with varying insights and approaches, in order to identify and manage the risks posed to victims of DV who are deemed at risk of serious harm or murder. Actors involved in the MARAC process include representatives from statutory and non-statutory agencies, including local/divisional police, social work, education, health, housing services, NGOs, as well as Independent Domestic Abuse Advocates (IDAAs). Victims are identified for MARAC through three routes: risk assessment using the DASH-RIC, professional judgement or evidence of potential escalation. Any professional agency can make a MARAC referral.

Following referral, the MARAC process continues with each agency carrying out research and checks in order to prepare the case for the meeting. At the meeting, representatives from participating agencies attend and discuss each case in turn, supported by a Chair person who is MARAC chair-trained. The meeting itself provides a face-to-face environment for agencies to share relevant and proportionate information about current risk, after which the Chair summarises risks and asks attendees to volunteer actions to reduce risk and increase safety. The overwhelming goal of the practice is to identify and mitigate risks posed to victims of DV deemed at high risk, via a multi-agency, collaborative approach:

*At the heart of the MARAC is the working assumption that no single agency or individual can see the complete picture of the life of a victim, but all may have insights that are crucial to their safety.*

(SafeLives, 2019)

There is multi-agency collaboration for MARAC between police, social work, health, housing and NGOs including Women's Aid and other DV actors. Regular MARAC meetings occur between this core group. In a single meeting, the MARAC hears up-to-date risk information followed by assessment of an individual's needs. These are then linked directly to the provision of appropriate services for all those involved in the DV case: victim, children and perpetrator. The responsibility to take forward appropriate actions rests with individual agencies; it is not transferred to the MARAC.

The idea of MARAC can be traced back to multi-agency approaches to implement safety measures for victims of DV across the UK, by groups such as Standing Together in 1999 and the Women's Safety Unit in Cardiff from 2001 (Reducing the Risk, 2019), with the first official MARAC being held in Cardiff in 2003 (Community Care, 2007). Since then, the organisation

SafeLives has been a significant factor in the roll out of the MARAC model across the UK, including in Scotland, where although there is no statutory obligation to hold MARACs, the Scottish Government funds SafeLives to support the development of MARACs across the country (Scottish Government, 2018). MARAC, as a process which necessitates and also engenders inter-agency collaboration, and as a practice designed to identify victims whilst remaining attentive of the far ranging impacts of DV on other family members, aligns strongly with Scottish policy in the area of DV, not least in terms of a key objective that “service providers competently identify violence against women and girls, and respond effectively to women, children and young people affected” (Scottish Government, 2018). It should also be noted that a four-month consultation on MARAC was conducted between 30<sup>th</sup> November 2018 and 1<sup>st</sup> of April 2019, including a question of whether MARAC should be placed on a statutory footing. The results of this consultation have not yet been published.

At present MARACs operate in 28 local authorities in Scotland and are in development within the remaining 4. Each of the MARACs that operate in Scotland are to some extent a local translation or adaptation of the original model, but nonetheless retain key features in referral mechanisms, the use of risk assessment, pre-meeting research, multi-agency collaboration, information sharing protocols and action planning. There is of course variation to be found in how such ideals are implemented and manifest in practice. In the two MARAC areas observed for this research, meetings were chaired by a rotating roster of police and non-police actors. Variation was discernible in a number of areas beyond, including duration of meetings, number of cases discussed per meeting, and the make-up of attendees (see Table 3).

**Table 3: Differences in MARAC configuration between case study sites**

	Case Study I (population: 368,080)	Case Study II (population: 51,360)
<b>Location</b>	Local authority offices	Police station
<b>Duration of meeting</b>	Upwards of 3.5 hours	30-45 minutes
<b>Convened</b>	Every two-weeks	Monthly
<b>Attendance numbers</b>	Upwards of 15 at each meeting	Less than 10 per meeting
<b>Number of cases discussed</b>	18-22 per meeting	3-5 per meeting
<b>Missing actors</b>	None discernible	Representatives from housing
<b>Police/non-police actors at meetings observed</b>	Around 20/80 % police/non-police	Around 50/50 %, police/non-police
<b>IDAA present?</b>	Yes, but only at one meeting	No
<b>Approach to tasking</b>	Collaborative	Varied: led by DALO in one meeting, collaborative in another
<b>Coordinated by</b>	Dedicated MARAC Coordinator	Police Scotland DALO
<b>Referrals by</b>	Majority from police but some via NGO	All police in MARACs observed, but interviewees note that referrals are made by other agencies

In addition to these operational differences, more circumstantial variations were also noted. For example, in three of the four meetings, the session commenced with the confidentiality statement being read out, to which attendees signed their agreement. In the fourth, this statement was read out half-way through due to the Chair forgetting to do so at the beginning. In another meeting, a participating representative engaged in discussion of one of the MARAC cases with reference to their personal knowledge of the victim, who they only disclosed was known to them during the course of the meeting.

Whilst such examples don't illustrate deviations across the board, they nonetheless signal the extent to which variations can also occur at a micro-level. Far from being minor, however, such variations can be seen to have significant impacts on the running of the meeting and the local MARAC process. With regards the second example in particular, the fact that the participating attendee disclosed this prior connection during the meeting instead of before, as well as then going on to discuss the victim rather than excuse herself from discussion of that particular case, raised concern amongst some other attendees present, resulting in debate between two Chair-trained persons who were in attendance as to the significance of the discussion, both for the victim, as well as how it sat within information sharing protocols established for the MARAC process.

The path to the establishment of the MARACs was different in each location researched. In Case Study I, the MARAC was established in 2010 due to the efforts of the Fife Domestic Abuse and Sexual Assault Partnership: a multi-agency, collaborative project involving police, statutory and NGO partners. In Case Study II, initiation of the MARAC came via discussion between two local Women's Aid NGO managers, prompting them to contact the Detective Sergeant lead for their local DAIU. Key to this appears to have been similar working practices, already established: *"Before that we had professionals' meetings with the police in regards to certain cases and so on but then we started looking at how do we set the first MARAC"* (723DI).

Established in 2013, the MARAC in Case Study II initially operated across three different local authority areas until 2018, when it was split into three individual MARACs. It was one of these separate meetings which formed the basis for our observations. The move from cross-local authority MARAC to individual MARAC per local authority, as witnessed in Case Study II, has proved challenging in a number of ways, experienced differently by different agencies. Speaking of these changes, the NGO manager responsible for establishing the original MARAC notes:

*We used to meet [...] all three local authorities in one MARAC [...]. It's only in the recent year we split into three localities and I think there's quite a lot of discussions about whether that's the right thing or not, it's very much the right thing for some people, not for others [...]. I think that comes from it used to be a Health and Social Care Partnership across the three authorities [...] so that historically is still there and Police Scotland still works for three areas [...]. The NHS [health service] covers the same area whilst then the local authorities are three separate local authorities. In the middle of all this there was a merger of [local authority 1] and [local authority 2] for a period of time, it only lasted...it was a very unhappy marriage and it only lasted for just less than a year. [...] So what we found was that we had a lot of cases so [...] the meetings would get longer and longer because we*

*were dealing with three local authorities in one, and even if we then did each local authority at a time it meant that some people who covered all three local authorities had to stay for a long time. And some people also ended up having to stay anyway because people moved between local authorities. So we took the decision [...] to have a trial last year to move to the individual local authorities. [...] I think the local authority partners are very happy with the separation, I don't think the NHS and the police are particularly happy because it adds much more work for them. So it's a tricky one, I'm not really sure where we're going from here, I think just a lot of pressures one way or another.*  
(723DI)

This extract is illuminating for understanding the evolution of this particular MARAC, the obstacles it has encountered and how it continues to try to balance needs with already existing local politics, geographical arrangements, differing statutory and NGO boundaries, and historical work practices. And there are indeed a number of features of this MARAC which appear less established and less effective than the other site, but which are perhaps more understandable with this context in mind. For example, when compared to the MARAC in Case Study I, the impact of a lacking housing representative is notable in the information that is then *not* disclosed in relation to the victim, perpetrator, and extended families, including history of tenancy, upholding of bail conditions, rent arrears. Also lacking are dedicated efforts to use the housing system as a measure for building rapport between victims and statutory agencies (performing safety visits) and wider safe guarding strategies (moving victims to different tenancies, sometimes in different areas). In addition, with regards the more considerable police role that the police play in Case Study II, this too can be understood as a result from the shift to individual MARACs without taking the core individuals who established the process to the newly established group. This has resulted in police in the area stepping in to fill such roles, with the DALO for the area also acting as MARAC Co-ordinator. Speaking about the issue of resources, the DALO commented on her role:

*Police essentially, we chair MARAC and we host it and, you know, for the most part run it very well, but there's a lot of people make that happen [...] Whereas if there was a MARAC coordinator that would take some of the burden; it would be less busy and we'd maybe be able to do other things.*  
(707AII)

In contrast, the long running operation of the MARAC in Case Study I appears to have led to a core group of attendees who each have a stake in the process. Moreover, the duration of this meeting (up to 4 hours in one meeting observed) allows opportunities for face-to-face relationship building amongst the participants, as well as more informal efforts in managing risk:

*The group is known to each other / joking together and friendly in breaks. Business-like during MARAC discussions but still friendly*  
(fieldnotes, 14 March 2019)

*They still talk about the cases in the breaks, but in far more familiar terms.*  
(fieldnotes, 11 April, 2019)

*Quite chatty in breaks / about the nature of [domestic abuse]. But also about the consideration of previous issues and cases. And some creative*

*thinking is emerging too: linking in with others council areas. How could we do this, one of the attendees asks? (fieldnote, 14 March 2019)*

That said, while the breaks serve to maintain the collegiality of the group, as well as perhaps unintentionally aiding the overall task of MARAC by providing a space whereby more informal, anecdotal information might be shared, the duration of the meeting also poses a challenge for attendees to maintain fair and equal focus on all cases heard during the MARAC:

*Not sure how attendees keep going / for this long / to remain engaged. (fieldnote, 11 April 2019)*

It is difficult to measure overall enhancements to services, improved levels of multi-agency collaboration, increased safeguarding of victims, and so on, due to the qualitative nature of the data gathered. However, from the perspective of the goal-orientation of MARAC to tackle DV (for victims deemed at very high risk of serious harm) in a holistic and multi-agency manner, there is certainly agreement amongst those interviewed that MARAC represents an important and vital step change towards establishing such collaborative approaches more widely.

MARAC remains, however, a developing process in Scotland, and indeed, elsewhere. SafeLives, the body responsible for the support of MARACs in Scotland, write of overall recommendations for further engendering this multi-agency response:

*There should be complete MARAC coverage in Scotland, with an accompanying quality assurance programme to ensure that appropriate caseloads are being considered, that cases reflect victim diversity in the local population and that multi-agency professionals have a good understanding of domestic abuse and that outcomes for victims are improving. We estimate that at least 39 MARACs are needed across Scotland to hear victims' cases. Currently there are 28 MARACs, a number of which are fragile. (SafeLives, 2017: 29–30).*

There are a number of issues discernible from the data which help further illuminate the underserved, fragile, and diversity-lacking nature of the current MARAC offer in Scotland that is suggested in SafeLives overview. First, there is a lack of dedicated infrastructure and resourcing for MARACs, including in the form of dedicated MARAC coordinators. This has the potential to undermine the effective and sustainable operation of the process. As a police DALO, currently performing the role of MARAC coordinator amidst her other duties, commented: *“we should have MARAC coordinators, but there's no financial commitment. And unless there's financial commitment it's going to be really difficult.” (707AII).*

In a similar vein, the fact that MARAC as a process is not statutory poses issues in terms of its reputation, and resulting sign-up and function: *“I think there's an absolute need to make MARAC statutory and it needs to be sitting on the same level as Multi-Agency Public Protection Arrangements [MAPPAs] or we're always going to have an issue with competing agendas and diaries and things”, notes an NGO manager (723DII).*

Linking on from its non-statutory status, the variation this leads to in the evolution of MARAC depends not only on context, but at times on individual actors working within those contexts. This is certainly the case in terms of the individual acting as MARAC Chair. In all

observations it was noted the absolutely crucial role that the Chair plays, sometimes to very positive effect by providing strong leadership whilst listening attentively and creating space for attendees to suggest tasking; or in failing to keep the flow and focus of the meeting, resulting in less participation from other actors. Whilst SafeLives design and offer a wide range of training courses for MARAC, including MARAC Chair and Champion training, it is not clear the extent to which this is mandatory and/or has been completed in all cases. This is something that requires further examination.

Individual variations such as this can more generally be viewed as simultaneously a strength and weakness for the local process, in terms of the opportunity it creates for MARAC to evolve in terms of its local authority, and other statutory contexts, and taking advantage of existing routes for cooperation in doing so. In areas where there already exist strong modes of partnership working, concerted DV programmes and efforts, existing financial and infrastructural resources, as well as experience, knowledge and commitment amongst its MARAC members, this would appear to fare well for MARAC. In areas where such things aren't as strong, or perhaps exist amongst competing local politics and/or agendas, however, the success of the process appears far more dependent on individual actors to manage the process, as well as the needs and expectations of its contributors. As the excerpt below shows, one individual, in this case a police DALO, performs a considerable role in maintaining the visible success of the process, through their dedication, attention to detail, and personal commitment:

*I've been the MARAC coordinator, the key person at the MARAC for six years [...] I coordinate and make sure all the appropriate parties are coming; make sure everybody gets their proper cup of tea, not their polystyrene cup - so as much as possible meeting the aims and objectives of MARAC. [...] I hope to go on the MARAC Chair training [...] yeah, I'm going on that, and if I can't I'll just pay it myself. (707AII)*

This does, of course raise the question as to the long-term viability of the process at a time where this person is no longer involved, highlighting just how important collective action is, and suggesting the fragility of individual MARACs without it. Likewise, the strength or weaknesses of these individual and local factors must also be considered in terms of the relationships crafted between actors beyond the meetings. Indeed, with agencies participating throughout the process, individuals and relationships, rather than tools or structures, appear significant to the effectiveness of a local MARAC. As a DALO from Case Study I describes the work from her perspective:

*We also liaise with the partner agencies, [local] Women's Aid, where necessary we'll complete the MARAC referral forms, hop on the phone to housing, all the different agencies where we can help to try and make things different and safer for the victims of domestic abuse. (705AI)*

On the other hand, the DALO from Case Study II, who also acts as MARAC coordinator, notes the lack of participation from housing in her area:

*Some areas like less jointed in terms of maybe housing don't always come to some areas but we are addressing that and I will phone them up. I'm kind of getting a bit fed up with the emails that we and other people are sending, maybe management addressing that and saying,*

*look can you come and if you can't come just phone me and I'll take a note and I'll read your notes back would help. (707AII)*

As already noted, the potential weakness here is to be found where relationships and collaborations break down, or where individual actors leave the agencies or roles that they are working in. In such scenarios it is appreciable that structures in the form of written terms of engagement, more directive management support, official sign-up from statutory agencies, and so on, may in fact strengthen the process beyond those positive relationships found in certain contexts but not others.

Finally, it must also be noted that MARAC focuses on a very particular profile of victim: those deemed at the very highest risk of serious harm and murder. This of course raises questions for those victims not contained within this group, as well as questions as to how DV responses meet the needs of the wider population. However, even for those victims who do fall into this category, there remains concerns that due to its focus on physical violence and agency involvement, MARAC doesn't reach the entirety of high-risk victims, particularly those from more affluent families where agency involvement is less likely:

*The CAADA DASH risk assessment that we all are using is very violence orientated. And, in my view, violence is more prolific in situations where lifestyles are more chaotic for a number of different reasons. Violence might be present in other cases too but we might not see it so much. And I think because the risk assessment doesn't pick up coercive control very much we're missing a huge number of people. [...] We do a lot of referral based on professional judgement and I think that's always been okay in our MARAC and everybody does it, and that's when you're really worried because the [DASH RIC] doesn't tell you that there is that risk but you just have that gut feeling that there is because you know the control that goes on. And we know that violence isn't a good denominator for murder anyway, half the cases of domestic abuse murders there has been no violence. [...] we [Women's Aid] do referrals for families who are the more affluent families although less visible families. And I think the difficulties with it is that then they're looking for actions for those families, it's really difficult to find those actions sometimes because we're the only ones who are working with them. So social work are not involved, the schools obviously are there but the kids are doing well, there's no attitude or problems with the children or anything like that, financially they're doing fine, everything looks fine. So that is really challenging so in terms of actually getting good actions back from those MARAC referrals are very difficult because there is no involvement by anyone else. (723DI)*

### **7.3.3 Discussion of the case**

As already outlined, it is difficult to evaluate the practice due to the qualitative and limited nature of the data gathered. At present, whilst a consultation on the nature of MARAC was recently conducted, the results of this have yet to be published; and no other formal evaluations of MARAC in Scotland have been conducted as far as the research team are aware. There is, however, a sense from the data gathered that MARAC provides an

important means to identify and address, risk and safety concerns for DV victims of a particularly vulnerable type. On paper, and to some extent in practice, such efforts align strongly with policy aims of the Scottish Government (2018) – to identify violence against women and girls, and respond effectively to women, children and young people affected – as well as the international standards which the Istanbul Convention outlines. At present, whilst the Scottish Government have signed and note their support for the principles and aspirations of the Istanbul Convention (2018), it has not yet been formally ratified at UK level (and therefore in Scotland).

In such efforts it is clear that MARAC has the potential to create a more joined-up approach for tackling DV, and in doing so establish such vital multi-agency connections more abundantly within local arenas. Apparent, however, was a varying strength and efficacy of this partnership practice between the two case study areas examined in this research. Reasons for this may include the non-statutory footing of MARAC compared to other practices; or it may perhaps highlight the highly localised nature of such responses. This suggests a need for further investigation. Also of note is that in practice MARAC operates in response to the risk and safety needs of only a select group of the overall DV victim population. Whilst it is possible for more affluent victims who may experience less physical forms of abuse to be referred onto the MARAC process, the lack of existing involvement from statutory services means that tasking and meaningful responses for these victims remains very difficult. As a manager of an NGO explains, socio-economic differences manifest not just in terms of status, power and privilege, but also terms of service usage and the service response that is then possible:

*In our more affluent communities we're going to schools [and] we're getting a huge pushback from dads in particular with letters to sue the school, who threatens this, that and the other. And very often we don't gain access to the child because of that, because the professionals get worried about it because those parents have power in a way that powerless people are not going to kick up a fuss. [...] So there is a huge issue, I think, in terms of this socio-demographic stuff and we're not doing that very well.*

(723DI)

With recent legislation now passed in Scotland criminalising psychological, emotional, coercive and financial abuse, it remains important to consider the extent to which the practice of MARAC may evolve to identify and mitigate risk for this wider population of DV victims who are also at very high risk, as well as consider the extent to which other practices may be needed to fill this notable gap.

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## **7.4 Practice Four: Disclosure Scheme for Domestic Abuse Scotland**

This report details the Disclosure Scheme for Domestic Abuse Scotland (DSDAS), a Police Scotland initiative designed to enable the sharing of information about an individual's history of DV behaviour with their current partner (or a suitable third-party). It operates as an inter-organisational collaboration between police at divisional level, and their local NGO and statutory partners. In addition to managing risk it has the potential to encourage victims to file criminal complaints in situations where DV is found to be present.

### **7.4.1 Methodological information**

Details of this practice arise from a larger body of research comprising interviews (n=25) with police officers and NGO practitioners, as well as observations (n=18) of day-to-day working environments/practices and key meetings, occurring across two case study sites. Data for this report comprises interviews with police and NGO actors, as well as observation of DSDAS Decision Making Forum (DFM) meetings. A total of 6 interviews were conducted which included data relevant to the DSDAS process (see Table 1).

**Table 1: Actors interviewed by role**

Domestic Abuse Investigation Unit (DAIU) Detective Sergeant	1
DAIU Domestic Abuse Liason Officer (DALO)	3
Manager of local NGO project: Women's Aid	1
Engagement Lead for national NGO project: Safe Lives	1

In addition to these interviews, observations were conducted at two DSDAS DFM meetings, during which a wider range of police and non-police actors in addition to those already interviewed were observed (n=8) (see Table 2).

**Table 2: Individual actors observed by role/organisation**

Detective Sergeant	2
Superintendent	1
NGO representative: Women's Aid	1
Housing representative	2
Social Work Criminal Justice representative	2

This empirical data arises from one of the case study sites selected for the IMPRODOVA research. It should be noted that DSDAS is a nationwide scheme, with DFM meetings held in each divisional area across Scotland. Whilst procedures for DSDAS and DFMs have been formalised by Police Scotland as a Standard Operating Procedure (SOP), variation between divisional areas might also be expected. Furthermore, it should be noted that interviews with non-police practitioners, including the participation of further NGOs, is ongoing.

#### 7.4.2 Presentation of the case

DSDAS offers a mechanism to share relevant information about an individual's history of DV behaviour with another who is in a relationship with that individual, or to a third party deemed the best placed to safeguard that person. It is proposed that through the sharing of relevant information those who may be at risk of Domestic Abuse are better able to make an informed decision on whether to continue in the relationship, and is viewed as part of a long-term approach to identifying and supporting potential victims, and sits as part of the overarching rationale of Police Scotland, 'keeping people safe'. Likewise, DSDAS is further in keeping with the focus on coordinated response and early identification, articulated in a key component of Scotland's DV policy, *Equally Safe* (Scottish Government, 2018).

The DSDAS operates two entry pathways that may lead to a disclosure being made: 'Right to Ask' and 'Power to Tell'. 'Right to Ask' is triggered when a person makes a direct application to Police Scotland for information about an individual whom they suspect may have a history of violent or abusive behaviour towards a previous partner. 'Power to Tell' is triggered when Police Scotland receive indirect information or intelligence about a person thought to be at risk and where, after appropriate checks are made, Police Scotland judge that a disclosure should be made to safeguard that person. All requests are then followed up within divisional DAIU (or equivalent) and it is assessed whether there is recognisable information and/or cause for disclosure. If following this initial review an officer of the rank of Inspector or above decides that the consideration of the disclosure application should continue, the application is put forward to be heard by the divisional Decision-Making Forum (DMF), Chaired by the divisional Superintendent, and composed of Police Scotland, social work, and NGO actors. The DMF discuss the case, known history, and decide whether or not a disclosure should be made. If the DMF decide to make a disclosure the following points are then discussed: what should be disclosed?; to whom should the disclosure be made?; and how the disclosure should be made?

The DSDAS seeks to build on broadly equivalent schemes established in police areas across England and Wales, following the murder of Clare Wood by her partner in 2009. After conducting a pilot in 2014, Police Scotland the DSDAS was rolled-out force-wide in 2015.

Whilst operation of DSDAS appears to follow the same national protocol, at a local level, actual usage of the scheme appeared to vary between case study sites. In Case Study II, 'power to tell' applications are made in relation to all incidents coming in through the Vulnerable Persons Database: "*we research everything.*" (707AII). This marks a notable usage of the scheme as an investigative and public protection tool in the first instance, and appears to account for the differing structures for administration of the scheme in this area, which has a dedicated DALO with responsibility for managing, processing and preparing DSDAS cases for the DFM:

*As a division we have the highest figures [of DSADAS disclosures]; a lot of that has lead to the creation of my role as a way to deal with that.*  
(709AII)

In contrast, in Case Study I, work for DSDAS remains within the remit of all DALOs and investigators, and represents a considerable load on their time:

*The applications are coming in a lot more than when [DSDAS] first began, there seems to be a lot more applications, so we're dealing with them on a daily basis as well, and there's different stages of the process which will involve face to face contact with the applicant and taking in more information, and then going out to do the disclosure or sharing information with partnership agencies like social work if there's children, for child protection concerns.*  
(704AI)

Differences also emerge in terms of how the DMFs are convened. In Case Study I, these meetings follow the monthly MATAC meeting, as per recommendations outlined in the Standard Operating Procedure for the scheme. In Case Study II, however, they are convened as and when there are a suitable number of cases to be heard. This approach perhaps lacks the means to establish the routine practice of the scheme that was envisaged, but does allow for a very quick response if a more urgent case presents itself:

*The DMF's are arranged on an adhoc basis. In other areas they fall with the MATAC or MARAC but within Forth Valley they're adhoc, so when they've got six cases there, they need to arrange a DMF for they do that or if there's a case that needs immediately turned around, then she gets everybody together very quickly.*  
(709AII)

Already existing modes of multi-agency working in MARAC and MATAC appear factors in the relative quick roll out of the scheme from pilot in 2015. Notable here is that the Standard Operating Procedure anticipates DSDAS as an addition to these already existing activities. As with other practices, it is impossible to consider overall improvements as a result of the practice due to the qualitative nature of the data collected, and the effectiveness of the scheme as part of a larger project of 'keeping people safe' is yet to be evaluated. In the first two years of its operation, however, 2,144 requests were made for disclosure and resulting 927 disclosures being made to victims and/or third parties (Police Scotland, 2017). This represents a significant increase in information giving, and arguably accounts for better informing the public and potential victims. It does, however, also raise a question as to the onus this may place on (potential) victims to act accordingly. In those areas examined, there appears awareness of the burden information such as this may place, and the scheme seems well integrated within other process including MATAC and MARAC. Likewise, the work of

DALOs appears highly significant here in supporting members of the public and often extends beyond the imagined duties of the investigative police role.

#### **7.4.3 Discussion of the case**

DSDAS in theory marks an opportunity to prevent abuse, prevent victimisation and reduce the harm caused by perpetrators. In practice, from data gathered from the case study sites examined for this research, DSDAS may have the potential for direct effect of such ends. More appreciable, however, was the further emphasis the scheme places on multi-agency cooperation in DV matters, as well as how it fits within an overall approach to DV policing, with the discernible connections it makes to MATAAC and MARAC, and its presence across local, divisional and national tiers. This emphasis may be down to the limited nature of this research which examined the DSDAS process up to but not including the making of disclosures, and which did not measure overall improvements made following the introduction of the service. A planned evaluation of the scheme is currently due to be conducted in 2019 by Glasgow Caledonian University, funded by the Scottish Institute of Policing Research. As well as potentially giving further information as to the strengths of DSDAS in particular, Police Scotland's role in engaging this research is suggestive of their commitment to the further advancement of the scheme within DV practice.

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## 8. SLOVENIA

### **8.1 Ljubljana case study: Social skills training for male perpetrators of the Association for nonviolent communication**

#### **8.1.1 Methodological information**

The analysis of Identifying gaps and bridges of intra- and inter-agency cooperation in the context of domestic violence in Slovenia is based on 34 interviews conducted in two case locations, Ljubljana and Murska Sobota, between March and July 2019. Respondents included persons working in law enforcement agencies, social and health-care sector, and government officials on regional or national level positions. Many of them (around one-third of respondents) regarded, in one form or another, as a local best practice the Social Skills Training for male perpetrators of the Association for Nonviolent Communication. There are many NGOs in Slovenia doing successful programming in the field of domestic violence, but the Association for Nonviolent Communication is the only one with a program for people who commit violence in Slovenia. Researchers also conducted an in-depth interview with the representative of this non-governmental organisation. Based on these interviews, and the fact that the expertise of specialized NGOs should be recognized, the Association for Nonviolent Communication and their program for male perpetrators has been chosen as our case study. This report outlines and discusses the current model in programming by the Association For Nonviolent Communication, while also highlighting gaps and areas for improvement.

Interviews were tape-recorded and transcribed, they lasted 1,5 hours on average, sometimes even more. We had an opportunity to get details from the respondents. The representative of NGO was very vocal about her work and inter-agency cooperation. We could gather meaningful data about what interviewees believe and what their motivations are. We also asked follow up questions that they helped us collect more information and a thorough understanding of the data. Unfortunately, Researchers couldn't observe the training (24 group meetings and several individual counseling sessions). However, access may be difficult, particularly due to the privacy rights of program participants. This is probably the biggest limitation of the study.

#### **8.1.2 Presentation of the case**

##### ***What are the practice's goals and stakes, what problem is it designed to solve?***

The Association for Nonviolent Communication (*Društvo za nenasilno komunikacijo*) is a non-governmental, non-profit organisation with the aim: to reduce society's tolerance of violence, to help victims of violence (helpline for information and counselling; individual help for victims of violence; social advocacy for victims; a Safe House for women and children) and to help those who commit violence to change their behavior.

Their programs for perpetrators are either for groups, where they offer social skills training with the emphasis on non-violent communication in interpersonal relationships or individual counseling, based on cognitive behavioral therapy. The NGO provides counseling, information, and referrals for men in 9 cities of Slovenia: Celje, Koper, Ljubljana, Maribor, Murska Sobota, Novo mesto, Nova Gorica, Radovljica and Slovenj Gradec.

Social Skills Training for male perpetrators at the Association for Nonviolent Communication has the following goals and stakes: to increase the safety and quality of victims' life. The program is designed for perpetrators of violence to achieve better understanding and recognition of different forms of violence against women. The association wanted to encourage those men, to face the consequences of their behavior and to take responsibility for their actions. With this program, they also wanted to help men unlearn violent behaviors and underlying attitudes, to learn non-violent alternatives. The challenges and risks addressed by the program, are repeated violent behaviors that can be transmitted from relationship to relationship. Abusive relationships, once established, can be considered trans-generational by predictable repetitious patterns. Work with perpetrators of domestic violence aims to stop the violence and enhance the safety of victims of domestic violence.

The association teach participants of the program how to better understand consequences of violence and the dynamics of violent behavior, what are equal partnership and responsible parenting methods, they try to rise emotional literacy and awareness of the need to accept responsibility for the violence.

The program includes 24 group meetings and several individual counseling sessions. Participants can be included in the program at their own request or upon the proposal of a center for social work, Public Prosecutor's Office, Courts, Probation offices or other institutions.

They also offer individual counseling for whom group work is not appropriate with the same topics as are discussed in a group. The program of individual counseling is aimed also for adolescents. Program for adolescents can start on the proposal of social work center, school, boarding school or other institution. Some may have a court order and some decide on their own or because their parents suggest them to. NGO also offer Parenting skills training. In the program, those who commit violence have the opportunity to recognize their inappropriate patterns of behavior and get a chance to learn appropriate parenting skills and take responsibility for their behavior. The training includes 24 weekly meetings of 90 minutes. Currently, the program is available only in Ljubljana, the capital city of Slovenia.

### ***Background of the practice***

The background of the practice is the Domestic Abuse Intervention Project (DAIP), also known as the Duluth model. It is named after Duluth, a small community in Minnesota, where it was developed. Although there is no one model that will work in every context, the model used by DAIP is one of the most successful community intervention projects and has been adapted for use in many countries, also in Slovenia. Since the early 1980s, the Duluth model has been an innovator of ways how a community works together to end domestic violence, hold perpetrators accountable, and keep victims safe. These community intervention projects are a means whereby NGO and State institutions working together, coordinate the response of various structures within the community. Slovenian model adopted a multidimensional approach. The Association for Nonviolent Communication brought together police, social work centers, probation officers, physicians, schools, judges, and prosecutors.

***To what extent the practice is a local translation or adaptation of national or international policy, to what degree the practice complies with the requirements of this national or international policy (or standard)***

The Social Skills Training for male perpetrators is an adaptation of interventions and collaborations designed by DAIP. In addition to the sanctioning system in place in Slovenia, the program complies with Slovenian requirements, standards, and laws; at the same time, the program complies with the international standards set by the Istanbul Convention on the Prevention and Combating of Violence against Women and Domestic Violence.

***How the practice was created, developed, and implemented***

In 1996, the Society for Nonviolent Communication began providing individual counseling for perpetrators of domestic violence. In the first years of operation, the number of perpetrators of domestic violence involved was small (only some cases per year). The fact is, that in 1996, Slovenia did not yet have a properly formulated public policy in the field of preventing domestic violence; the legislation was inadequate. In 2004 they started implementing the group program "Social Skills Training program for men who commit violence against women", which was initially held only in Ljubljana. To date, they have expanded the program to a total of 9 places across Slovenia. The program is today the most recognized program in the field of work with perpetrators of domestic violence in our country.

The Social Skills Training for male perpetrators has been verified by the Social Chamber of Slovenia since 2005 and obtained funding from the Ministry of Labour, Family, Social Affairs and Equal Opportunities - thus the program could be implemented in groups and in 9 cities across Slovenia. In 2015, the program was renewed. Now is co-financed by the Ministry, Foundation for Funding Disability and Humanitarian Organisations of Slovenia, and some municipalities (where implemented).

***What factors made it possible***

The factors, made the Social Skills Training for male perpetrators in Slovenia possible, were: the need for programs to work with perpetrators, financial support by the local and state government, established cooperative relationships with institutions, experiences and good practices of the "Duluth model".

***What obstacles and resistances have been encountered and how they have been overcome***

The Association for Nonviolent Communication is dedicated to the prevention and reduction of violence and its consequences. It was founded in 1996 when it was the first non-governmental organisation in Slovenia with programs for victims of violence as well as for perpetrators of violence. In the beginning, before 2000, one of the biggest obstacles was an inappropriate public policy (no specific law regulations) in the field of domestic violence. The public was also much more tolerant of domestic violence than nowadays. Much of domestic violence had remained hidden behind the walls of a family home. In the association, they understood violence as a social and public health problem and it should never be considered a private home matter. They strived for an integrated solution to the problem of violence and therefore wanted to prevent violence and mitigate its consequences with programs for all individuals who experience violence.

Furthermore, in the association they organize preventive and educational activities to raise awareness of the occurrences of violence to the professional community and the general public. In their opinion, it is very important to cooperate with other institutions and organisations, on state and international level, as violence is a problem that requires an integrative and systematic approach. Slovenia was facing obstacles in the field of legislation (insufficient definitions and penalties in the field of domestic violence allow forms of violence to be overlooked or not sanctioned. Per example, such was the case until recently, stalking). There were also obstacles in the field of inter-institutional communication and in some regions/some institutions poorer referral of users to the program.

The association has overcome obstacles in such a way that it has intensified its cooperation with the governmental institutions (e.g. Ministry of Labour, Family, Social Affairs and Equal Opportunities) in the preparation of changes in legislation, outreach, training provisions for institutions (centers for social work, prisons, prosecutor's offices, etc.).

***What results and improvements have been achieved through that practice (evaluate the strengths and weakness of the practice, as well as its effectiveness, impacts, and side effects)?***

In the last few years, they have established cooperation with many institutions –e.g. centers for social work, the police, schools, the public prosecutor's office, courts. Those institutions are sending now an ever-increasing number of perpetrators to their programs. Social Skills Training for male perpetrators became an integrated part of an intervention system and its practitioners actively participate in networks against domestic violence in order to achieve a coordinated approach to domestic violence.

Although cooperation with other institutions has improved over the years, promoting a coordinated approach still requires a considerable amount of effort. The representative of NGO emphasized that “some institutions or individuals occasionally still decline cooperation with their association – either as a result of failing to see their programmes for perpetrators as important, or due to disagreements regarding their main principles: the perpetrator is the only one responsible for violence; violence is to be prevented by means of zero tolerance; violence is a learned behavior”. Sometimes, cooperation with judiciary can be extremely challenging, she added in the interview.

Except for the questionnaire, at the beginning and the end of the program, the NGO does not perform impact evaluations. They see the effects of the program in individual cases of monitoring victims and perpetrators of violence and cooperation with institutions, but they do not perform any other evaluations.

They noted, however, that more and more professionals in the police, prosecutor's offices, and courts are willing to send perpetrators of violence to their program.

**Table 1: Referrals to the Social Skills Training program for male perpetrators in the year 2018**

	Ljubljana	Koper	Novo mesto	Nova Gorica	Slovenj Gradec	Celje	Radovljica	Murska Sobota	Maribor	Total	%
Centre for Social work	79	19	19	5	7	29	12	10	18	198	48,6
Prison administration	6	6	9	2		4	1	1		29	7,1
District Attorney's Office (the prosecution)	16	5	6		12	24	3	10	5	81	19,9
Judiciary	19		4	2	1	1	2	2	2	35	7,6
Educational system	9	1								10	2,5
Other NGOs	5						1		1	7	1,8
Self-initiative	24	1	2		1	1	2			31	7,7
The Disciplinary Board	1									1	0,2
Mental hospital	4									4	1
Probation											0
Parents	5	2								7	1,7
Other	1								3	4	1
	169	34	40	9	21	61	21	23	29	407	100

**Who works with whom**

In addition to the sanctioning system for perpetrators of violence, the program is connected with Centers for Social Work, Police, Courts, Prosecutor's Offices, prisons, probation services, and other organisations that contact the association and want to refer a perpetrator to their program.

Cooperation with the Centers for Social Work is essential: every inclusion and completion of the program is communicated to the Center for Social Work by the Association for Nonviolent communication. They ask the center to share the information about the inclusion with the (former) partner of the perpetrator. This is important because in this way the association receives feedback from the victim.

Users can be referred to the program by Centers for Social Work, Police, Prosecutor's Offices, Courts, Probation, Prison, Schools, and other institutions. In the course of inclusion, they are in contact with this organisation, but also with the Center for Social Work.

Cooperation shall take place through information exchange, joint meetings, multidisciplinary teams, as part of concerted action, learning and best practices division of work between institutions in order to maximize synergies, cooperation, and efficiency, etc. In some cases, operational cooperation starts already with a joint risk assessment.

Identify the main ties/partnerships that underlie the functioning of the system of collective action: explain how it works (**what is the cooperation process, its strengths and weaknesses**), how is this collaboration perceived by each partner, what are constraints, costs, benefits and opportunities for each partner, what factors help the cooperation and

what factors impede the cooperation, **what are there structures or tools in place to facilitate the cooperation, how well do they perform**, where is the room for improvement?

The Ministry of Labour, Family, Social Affairs and Equal Opportunities provides funding for the program. The program is being formulated in dialogue with the Ministry and is being updated regularly. Collaboration with the Centers for Social Work (CSW) is crucial, as they mostly refer perpetrators to the program (present the program, give a leaflet, telephone number ...), while at the same time, the centers provide information on the inclusion of the perpetrator to the victim. The centers also provide feedback. They inform the NGO whether there is a recurrence of violence through the information that the victim of violence can provide to the social work center etc. The same applies also for other institutions that refer perpetrators to the program. Collaboration with all institutions is central since users are primarily externally motivated and their involvement depends largely on the institutions that send them to the program.

The benefits of collaborating are to exchange information between agencies and other institutions and thus ensuring greater security and compliance with the program implementation standard. It is also useful to obtain information from institutions that NGOs would not otherwise obtain from users themselves, which contributes to better work and results in greater efficiency (CSW - contact with the victim of violence and the opinion of the social work center; court - in the form of judgment)

Perhaps the most important factor in practice that can support or "block" cooperation is a greater awareness of the specifics and dynamics of domestic violence for those partners who do not always possess such a knowledge or sufficient expertise. The enabling factors are the legislation and the conditions for inclusion in the program.

NGO representative reported in the interview, that there is still much room for improvement in the area of cooperation - especially in the direction of closer cooperation and a greater exchange of information (in particular the immediate feedback of the victim of violence), which is extremely important for working with the perpetrator of violence. The NGO representative estimated that a coordinator/case manager service should be established to gain a complete overview of a particular case and to coordinate the work of all institutions involved in the case.

### ***Main conflicts in the system of collective action***

In Slovenia, there is no established, standardized, regulated or coordinated cooperation or it is not unified enough. Co-operation between institutions depends largely on the working style of a particular professional. Conflict is primarily in the area of interests and values.

A quote of the interviewee:

*"We work very well and correctly with social inspection, but there are longer procedures. Everything lasts. We send in an inspection report and then it takes a while before they find out. We have an immediate response from the police. That's good with the police. ... Police seem to understand the role of the NGO the most. I don't know if this is done by police officers in the field, but the management seems to understand."*

Some individuals in the medical sector and especially judiciary had a rather narrow view of the complexity of domestic violence. It seems they don't fully understand the complexity of this field. That kind of a social environment in some circumstances contributes to creating a

climate of tolerance that makes it easier for perpetrators to persist in their violent behavior. The more NGOs communicate with other institutions, and with the community at large, the more effective all of them can be. However, some institutions perceive NGOs as hindering or even threatening to their goals and missions.

A quote of the interviewee:

*“It is important that we provide some kind of long-term sustainability so that we are accessible to victims of violence, that they perceive us as some form of assistance should anything happen to them. For me, this is an example of good practice in all institutions. It also seems to me that it is good practice for everyone to know what his job is, so that the police do not do social work, and that social workers do not try to carry out police work. It is important that everyone knows what his or her mission and authority is and how we together form a chain around victims to protect them.”*

Recently, most problems are perceived in cooperation with the District Attorney's Offices. For instance, the prosecution's interest is cost-effectiveness or quick resolution of cases, while The Social Skills Training for Male Perpetrators aims to change the behavior and beliefs of the user. The program requires from user to visit it for at least 1 year, while referrals from prosecution are sometimes inappropriate as they refer perpetrators to the program for a significantly shorter period of time.

The consequences of unresolved conflicts are a reduced capacity to work with the perpetrators of violence, a lower chance of reducing domestic violence, and for participating institutions to increase work. The representative of NGO explained that conflicts were being resolved through direct communication and training to institutions dealing with domestic violence. Usually, these methods are effective but largely depend on the individual's previous training or experiences in the field of violence.

Still, some institutions do not maximize the use of training provisions that could facilitate better communication and networking. More effective use of training can assist the network in staying abreast of important local or national concerns.

### ***What are the outputs and the outcomes of the system of collective action***

The result of interinstitutional cooperation is to increase the safety of victims of violence and to work more efficiently with the perpetrators of violence (to ensure efficient exchange of information from different perspectives and angles). Negative effects occur mainly when there is no collaboration (no feedback from institutions and consequently, from victims).

### **8.1.3 Discussion of the case**

The main finding is that international standards (and good practices) are relatively well implemented in the work of the Association for Nonviolent Communication. In accordance with international standards, employees of this particular NGO are skilled, gender-sensitive, have ongoing training and conduct their work in accordance with guidelines, protocols and ethics codes. Co-operation and co-ordination with other relevant services are established. It is probably one of the flagships of excellence in this field in Slovenia.

The only thing the researchers could expose is that the Association should more adequately monitor and evaluate service provision to find effects, seeking the participation of all other institutions and to better reach victims, partners of those who commit violence, for the quality feedback. It is also important to discover if the current interventions are adequate in

reducing recidivism much beyond the effect of criminal justice sanctions. More attention should be given to inter-agency coordination. The greatest obstacle in their work is in cooperation with the judiciary.

The representative of the Association for Nonviolent Communication had formed a very comprehensive understanding of domestic violence and work with perpetrators of domestic violence. She shares a desire to further NGO's vision and mission with her colleagues, who form this particular NGO. Association for Nonviolent Communication is a prominent NGO in the country. Still, the association might suffer from organisational and financial sustainability. The NGO find it difficult sometimes to gather sufficient, and continuous funding for their work. Dedicated funds should continue to be offered through a range of funding mechanisms.

NGO offers a wide range of specialized training to their employees, but they cannot offer salaries comparable with the wage levels in the public sector. However, the representative of NGO pointed to the relatively high turnover of staff among the employees responsible for projects/administration, which she has seen as the biggest problem. In her opinion, the wage system in Slovenia appears to encourage turnover of staff.

They had succeeded in spreading the program Social Skills Training for male perpetrators throughout of Slovenia. In 2018, the program included 407 perpetrators, which established it "as the most prominent national program in the field of working with perpetrators of domestic violence".

They see this fact as one of their greatest achievement in the last few years. Since then, the institutions have been referring more and more users to their program. The program became an integrated part of an intervention system. Practitioners from all institutions are actively involved in networks against domestic violence in order to reach a coordinated approach to domestic violence.

## **8.2 Murska Sobota case study: Integrated approach**

(An inter-institutional approach to prevent and manage DV and the role of the multidisciplinary teams)

### **8.2.1 Methodological information**

Police directorate Murska Sobota and the Center for Social Work Murska Sobota have set up an inter-institutional collaboration with the aim of preventing and fighting domestic violence. They believe that all domestic violence victims in the region should receive integrated care.

Here, an operational practice and inter-agency partnership that has been observed during fieldwork is presented. This operational practice addresses a particular aspect of domestic violence prevention and response. A **multidisciplinary team was established** with a task to support victims and make sure their needs are fulfilled. The operating procedure includes information sharing process, organisational arrangements, professional know-how, and interagency cooperation with physicians, schools, NGOs, probation officers, prosecutors, and judges. We used this specific best practice from Police directorate Murska Sobota and Center for Social Work Pomurje to showcase the model we noticed in the field research.

The researchers conducted a total of 16 interviews on which the findings in this report are based. In case study Murska Sobota we interviewed 10 police officers, three senior social workers, and three physicians. Several participants stressed the importance of understanding multidisciplinary teams as an effective response effort for instigating change at the local, regional or national level. An analysis of the outcome evaluation is provided in this report.

Murska Sobota is a city and municipality of 19.679 inhabitants in the year 2018 with a wide surrounding rural area. According to statistics, 103 crime reports classified as domestic violence were registered in this case location during the year 2018. In the case study Ljubljana, per instance, there were 333 crime reports of domestic violence.

Limitations: Getting access was easy. No challenges were faced. Researchers had no problems discussing any subjects. It was observed, that in Murska Sobota do not evaluate the longitudinal effect of their service provision. It is considered that this kind of data should be collected to evaluate the effects of their practice. Also, there are limitations in implementing this project on a larger scale (nationwide). It is hypothesized that this practice works best in (semi)rural areas, rather than urban areas.

### **8.2.2 Presentation of the case**

When investigating and preventing domestic violence, the institutions in Pomurje region came to the conclusion as early as 2013 that a multidisciplinary approach is required and necessary, with participation and cooperation of various professionals.

Thus, in cooperation with Murska Sobota Police Directorate, initially CSW Murska Sobota (now CSW Pomurje) founded a universal prevention group **Inter-institutional group for prevention of domestic violence in Pomurje**, as an example of best practice for preventive activities and inter-institutional cooperation. The group aims to raise awareness of the problem of domestic violence in the expert community and general public. A special feature of their preventive approach is the inter-institutional approach, adjusting the activities to target groups, and responding to current issues in the field of domestic violence.

Ultimately, the inter-institutional groups improve mutual cooperation of all institutions involved in the issue of domestic violence (social work centres, police, schools, kindergartens, healthcare institutions, prosecution, judiciary, non-governmental organisations).

In their interviews, they often emphasised that they prefer “to use the advantages of our rural environment, and act quickly, responsively, in order to provide assistance to victims of violence”. Since the group was founded, they visited kindergartens, schools, high schools, boarding special schools, and healthcare organisations, and made an appearance in media and on local radio stations. The group was also presented at the 6th International Scientific Conference, Challenges and Problems of Modern Society, in 2017. They worked with experts and scientists from seven countries. The Conference was held in Slovenia and addressed diverse expert communities, primarily in the field of education, social protection, police, judiciary and non-governmental organisation, with the primary goal of making a significant contribution to modern methods and forms of work in the following thematic sets: family, violence, modern addictions, education, and capacity building.

The purpose of the *Inter-institutional group for prevention of domestic violence in Pomurje* is to be present and accessible in the local environment and in institutions. As researchers are aware, this is the only such group in the territory of Slovenia. The main agents in the group, the police inspector at the Murska Sobota Police Directorate and the regional coordinator for domestic violence investigation at the Social Work Centre Pomurje, emphasise that the feedback on the group’s activities has been very good, as other institutions learned about their work – how they work with victims and perpetrators of domestic violence, who specifically they can turn to when they’re investigation cases or when they’re facing a professional dilemma, etc.

In the interview, both interviewees emphasise that the rural environment in which they operate is truly advantageous. All people who encounter domestic violence know each other personally, making cooperation easier. The group dedicates a lot of time and attention to finding new partners in their endeavours to combat domestic violence. As an interesting fact, lately they have been trying to promote better cooperation of healthcare professionals, for example. They visit local healthcare institutions, arrange a meeting, and explain in person why their presence in multidisciplinary teams is so important. At such meetings, they also noticed that awareness raising and exchange of knowledge is of utmost importance. In 2016, a very prominent project, *Recognising and treating victims of domestic violence in health care settings – POND*, was carried out in Slovenia with the help of the Norwegian Financial Mechanism; however, one of the largest healthcare institutions in the region was not even aware of this project. Nevertheless, the response in the Murska Sobota General Hospital was excellent; they were aware of the POND project and are also operating in accordance with these guidelines, with the management taking on an active role.

The Inter-institutional group for prevention of domestic violence in Pomurje includes representatives of social work centres and representatives of the police. The group is not static – depending on the current issues or particulars of the target group, the group takes on other members. Currently, the group has two permanent members: the Senior Police Inspector at Murska Sobota Police Directorate and the regional coordinator of SWC Pomurje for investigating domestic violence. The group’s goals are as follows:

- Prevention of violence and raising awareness of violence in the general public and vulnerable groups, which especially includes children and elderly, who are particularly vulnerable due to their personal circumstances.
- Appropriate training of case managers who encounter vulnerable social groups in their work. By improving the inter-institutional cooperation of competent authorities and providing additional training for case managers, they can ensure the best assistance for victims and the best way to work with perpetrators of violence.
- Based on one of the key goals of the Resolution and Action plan for the prevention of domestic violence, they wish to reduce the reporting time and the time required for identifying perpetrators of violent acts, with the help of people and their increased sensitivity to this issue. They also strive to ensure closer cooperation with competent authorities and immediate investigation and analysis of complex cases of violence.

The group receives tremendous support in their work by the management of Murska Sobota Police Directorate and SWC Pomurje.

### ***Who works with whom***

Police and Social Work Centers evaluated the cooperation as very well, although they told us that these good practices vary across the country depending on the concrete individuals rather than institutions. This is especially the case in Murska Sobota where Police and Social Work Center Pomurje established good informal relationships, the meetings are regular, and the protocols are in place. For the majority of police and social work, practitioners visited and interviewed were the difficulties they were facing in attracting and keeping trained and qualified personnel in domestic violence issues due to the high turnover. A high rate of workforce turnover is common for those who work on domestic violence cases.

Police share usable information about victims and perpetrators with the Centre for Social Work. Many of our respondents in police and Social work center confirmed that this is not always the case with other partners. They would like to see some improvements in operating procedures with schools, physicians, and especially judiciary. These institutions do not deal with domestic violence sufficiently or their response is inadequate. Cooperation should be assessed on a regular basis.

Based on the interviews, we can conclude that Police and Social work center in Murska Sobota co-ordinate well with each other and have protocols on information sharing with other agencies. In this respect, we can still report shortcomings, both among and within them: first responders, patrol officers, should be better trained in all aspects of domestic violence, and there should be at least one specialized officer per police unit for domestic violence on local/regional/national level. We noticed that patrol officers know less about domestic violence, and rely heavily on their personal discretion. Criminal investigators are much better trained and have more experience. They are also more likely to be able to ensure a suitable response to the victim's needs even in complex cases.

Social workers respond well to victim's needs. We were curious why they are so well-organized, and they explained to us, that one of their former regional coordinators was very involved and committed to this matter. Unfortunately, she left the position most likely due to stress and burnout.

In case study Murska Sobota, Police and Social Work Center are very active in prevention campaigns to maximize victim detection in order to achieve zero tolerance of DV (they prepare and expand the educational, awareness-building and informational material - brochures for kindergartens, schools, health practitioners, retirement homes, etc.).

The new attitude and approach to the care for people who experience domestic violence requires complexity and collaboration of different experts. According to our interviewees, the best way to deliver services is through 'one-stop-shop' or multidisciplinary teams.

### **8.2.3 Discussion of the case**

The main actors in this police-social work alliance in Murska Sobota are skilled, gender-sensitive, have ongoing training and conduct their work in accordance with guidelines, protocols and ethics codes. Each of them maintains the confidentiality and privacy of the victim and co-operate and co-ordinate well with all other relevant services (with few exceptions - according to reasons given above). With their operating procedures, police and social workers in this region also try to improve victims' access to available support: counseling, medical care, legal advice, they facilitate administrative procedures that victims have to complete, and they also follow up of cases over time. In addition, the main actors have more in-depth knowledge and can advise others concerning practice.

In our opinion, this practice meets victims' needs, fosters mutual cooperation, create synergies, and coincide with the commitments made to combat domestic violence. At the same is also a good example of organisational learning and development.

Community attitudes towards gender roles, sexuality, domestic violence, and sexual assault can strongly influence both the prevalence of domestic violence and disclosure/reporting rates. As has been stressed a number of times, issues related to the various aspects of prevention are particularly significant in Pomurje region, and it is important that they are constantly addressed by means of the direct participation of local police and social work representatives.

We noticed that police and social workers in Murska Sobota are more sensitive, they learn from their own experience and from the experience of others and constantly try to improve their operating procedures. It seems that individuals are truly interested in domestic violence and their desire to help victims is sincere.

This type of work is more likely to be found in small towns, rather than urban centers. That kind of approach approved as a good practice and shall receive further support.

Cooperation between all partners is essential to ensure that domestic violence is properly investigated and the measures can be applied; a system for mutual assistance shall be established to enhance such cooperation.

This practice should be taken into consideration also because it shows some extent the novel application of knowledge or techniques already acquired, and the importance of the multi-professional approach. Researchers noticed that work processes are tailored to the whole family, not only to the victims of DV.