

# E-BOOK

## II European Conference on Domestic Violence

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Edgar Garcia Illustration

**II** Faculty of Psychology and Education Sciences of the University of Porto

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# Domestic Violence against Children

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**Title:** Is Corporal Punishment A Legitimate Form of Education?

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The issue of corporal punishment has recently been the subject of heated discussion. This debate is maintained at an international and national level, presenting itself as transversal to the academic and legal discourse. In the light of the foregoing, some definitions of concept are in place.

In 1990 Straus & Gelles conducted a nationwide incidence study of 8,145 American families which demonstrated that 6.9 million children had been abused (Whipple & Richey, 1997). In this regard Straus & Gelles (1990) defined corporal punishment as “*a legally permissible violent act carried out as part of the parenting role*”. According to this Authors this definition included behaviours such as “*hitting a child with an object*”. Straus (1994) would present a new, more restricted, definition of this concept: “*corporal punishment is the use of physical force with the intention of causing a child to experience pain but not injury for the purposes of correction or control of the child’s behavior*”.

Recently in 2006, the Committee on the Rights of the Child defined corporal punishment as “*any punishment in which physical force is used and intended to cause some degree of pain and discomfort, however light*”.

The chronological disposition of the definitions put forward shows an increasingly restrict development of the concept, certainly influenced by the growing legal and social recognition of the role of children in modern societies. That said, here we are able to isolate four necessary and common elements to the definitions of corporal punishment, namely: ***the use of physical force, the intention to harm, the light nature of punishment and, finally, its educational purpose.***

Despite the growing role that this issue has been gaining on international stages, the truth is that we are dealing with a current and globally widespread practice whose negative effects are not fully understood. In regard to the aforementioned, Giles-Sims, Straus & Sugarman (1995), and Straus & Stewart (1999), stated that physical aggression by parents toward children under the euphemism of spanking is not only normative as well as expected when necessary. Percentage wise, 94% of American toddlers (3 to 4 years old) have been subjected to this form of aggression which occurs an average of three times a week (Gershoff, 2002).

Finally, in 2001 New Zealand’s Ministry of Justice conducted a national survey (Carswell, 2001) through which it was possible to gauge that 23% of participants thought it was acceptable to physically discipline children under 2 years old and 62% thought it was acceptable to physically discipline children between 2 and 5 years old. In 2009 New Zealand conducted a Citizen’s Initiated Referendum which posed the question “*should*

*a smack as part of good parental correction be a criminal offence in New Zealand?*”. Almost 88% of the population answered “no”.

According to a cross-European study conducted in Austria, Spain, France, Germany and Sweden by Bussmann, Erthal & Schroth (2009) 14.1% of Swedish parents admitted to giving “*mild slaps on the face*” to their children; on the other hand Austrian, German, Spanish and French parents presented much higher percentages, respectively, 49.9%, 42.6%, 54.6% and 71.5%. It was also possible to verify that in Spain and France more than half of the parents resort to a smack on the rear as a way to reprimand their offspring. In Austria and Germany, 32% and 31% of respondents were aware of the current legal situation whereas in Spain, approximately 38% and in France, approximately 32% were aware of awareness-raising campaigns regarding the harmfulness of corporal punishment (Bussmann, Erthal & Schroth 2009).

In a similar study carried out in Greece (Tsirigoti et al, 2010), 26.7% of children admitted to have been smacked by a relative and 71% of the parents had physically punished their children. Despite this figures, 98.3% of parents admitted that corporal punishment should not or probably not be used as a disciplinary method.

Even though this is a fairly common practice around the world, the truth is even now we don’t have an academic consensus regarding the negative outcomes of corporal light punishment in children. As a matter of fact some researchers believe that light to moderate disciplinary conducts such as spanking and/or slapping are not hurtful for children (Baumrind, Larzelere & Cowan, 2002) whereas other argue these behaviours predict a more negative outcome (Gershoff, 2002).

Whether or not we agree with the use of corporal punishment we cannot ignore one of its most appealing consequences (if not its only) namely the capability of stopping children from misbehaving immediately, as research has shown (Newsom, Flavell, & Rincover, 1983; Gershoff, 2002). In a world where there is less free time and family spare-time is relegated to the end of the day when patience is not in abundance it comes as no surprise the fact that most parents that resort to corporal punishment do it in search of immediate compliance.

Turning to the second of the positions mentioned, we cannot ignore that immediate compliance and moral internalization are, most of the times and in this context, not compatible. Strictly speaking, the application of corporal punishment does no more than to rest education in the fear of punishment and not in the internalization of norms and values, which in turn passes the wrong message that it’s more important not to get caught than to behave properly. Furthermore, many times a spank is not followed by any kind of feedback so the child is unable to learn the desired behavior. As a matter of fact, children’s internalization of moral values is thought to be heightened by parenting strategies that use feedback and provide explanations on the desirable behaviours as teaching tools and that seek to foment children’s autonomy and decision making (Kuczynski & Hildebrandt, 1997).

Furthermore, as Gershoff (2002) pointed out in her meta-analysis, the use of corporal punishment is associated with the following behaviours and experiences in children: decreased moral internalization, increased aggression, increased delinquent and antisocial behaviour, decreased quality of parent-child relationship, decreased mental health, and increased risk of being a victim of physical abuse. It also may play a major role in adulthood as it is associated with increased adult aggression, adult criminal and antisocial behaviour, decreased

adult mental health, and increased risk of abusing own child or spouse which in turn can lead to the creation of cycles of violence. In addition, and using the well-known adage "*violence begets violence*", the application of corporal punishment by parents can lead to the creation of cycles of violence perpetuated for generations. In fact, children learn to become more aggressive through modelling, that is, by imitating the actions performed by their parents (Deater-Deckard and Dodge, 1997).

The concept of corporal punishment can be included in the wider concept of "*harsh parenting*" which comprises not only physical punishment but also verbal/psychological aggression. As is the case with corporal punishment, children subjected to harsh discipline may also display negative outcomes such as disruption of the development of security, self-worth, and self-regulatory skills, all of which ease the development of positive adjustment (Bradley & Corwyn, 2007). In addition, harsh physical discipline in particular is likely to compromise adolescent efforts to express autonomy and relatedness. It's also noteworthy the fact that parents who adopt a harsh discipline, particularly, corporal punishment are more prone to become abusive (Kim *et al.*, 2010; Gershoff, 2002; Straus, 2000).

Despite the social ballast of such conducts, we cannot forget that the application of corporal punishment is a form of violence against children. This realization impelled some countries to take legal actions to prohibit the use of corporal punishment however light and as a means of discipline (Sweden, Austria, Croatia, Cyprus, Denmark, Finland, Germany, Israel, Italy, Latvia, and Norway).

At this juncture the main question is: *What about Portugal in particular?*

In Portugal the use of corporal punishment can, formally, lead to the commission of one of two crimes: domestic violence and mistreatment.

In this regard article 152.º of the Portuguese Penal Code stipulates that commits the crime of domestic violence he:

*1 - Who, whether or not repeatedly, inflicts physical or psychological maltreatment, **including corporal punishment**, deprivation of liberty and sexual offenses: (...) d) To a particularly helpless person, in particular on account of age, disability, illness, pregnancy or economic, that cohabit with him; shall be punished with imprisonment from one to five years, if a more severe penalty does not fit him under another legal provision. 2 - In the case provided in the preceding paragraph, if the perpetrator acts against a minor, in the presence of a minor, in the common domicile or at the victim's home, he shall be punished by imprisonment of two to five years. 3 - If the facts provided for in paragraph 1 result in: a) Serious offense to physical integrity, the perpetrator shall be punished by imprisonment for two to eight years; b) Death, the perpetrator shall be punished with imprisonment from three to ten years. (...).*

In an identical fashion, article 152.º-A dictates that commits the crime of mistreatment he:

*1 - Who, having under their care, under the responsibility of their direction or education or working for their service, a minor or particularly defenceless person, due to age, disability, illness or pregnancy, and: a) repeatedly or not inflicts physical or psychological ill-treatment, including **corporal punishment**, deprivation of liberty and sexual offenses, or cruel treatment; b) employ him in*



*dangerous, inhuman or prohibited activities; or c) overburdening with excessive work; Shall be punished with imprisonment from one to five years, if a more severe penalty does not fit him under another legal provision. 2 - If the facts provided for in paragraph 1 result in: a) Serious offense to physical integrity, the perpetrator shall be punished by imprisonment for two to eight years; b) Death, the perpetrator shall be punished with imprisonment from three to ten years.*

From the transcribed rules it is expressly stated that the application of corporal punishment may result in the application of a criminal sanction.

However, to the question *can Portuguese parents apply light corporal punishment to children for educational purposes* the answer is a resounding yes even though the law is quite clear.

This *kafkian* system is due to the fact that this legal articles were not written with this particular situation in mind. Due to the aforementioned social ballast of this kind of practices, the truth is that the use of light corporal punishment isn't even seen as a form of violence but rather as a form of parents exerting their educational duties on their children. This means that Portugal's penal system, usually, doesn't punish this type of conduct, since it does not even bring them back to the concept of corporal punishment contained in the norms transcribed. In other words, if there is no problem there is no need for a solution.

Moreover, it is supported by the majority of national case-law, as shown in the excerpts from this Porto's Court of Appeal, July 2<sup>nd</sup> 2008 decision: *"Offences to physical integrity will only be justified when applied for education purposes and by the child's guardian/parent (...) Parents are entitled to resort to punishment due to their parental power. Since the right to correction is part of the relationship between parents and their children, transferring said right will only be allowed to individuals who are close to the child."*

Despite decisions like this one, there is a growing influence of international treaties as well as increasing concern about matching the legal status of the child to that of the adult both formally and materially. In addition, we cannot ignore the proliferation of scientific articles highlighting the possible harmful effects of a slap-based education and the consequent increase of voices among the general population against the use of this type of *educational* conduits.

In view of the above, there is currently a possible paradigm shift with relevant effects in Portuguese Courts. Therefore, it is now unanimous in Portuguese jurisprudence that the administration of light corporal punishment with *educational* purpose can never be done through the use of objects, such as belts, sticks, wooden planks, etc... as this is seen in the eyes of the Courts as a disproportionate measure. In this regard on April 2<sup>nd</sup> 2014, Porto's Court of Appeal stated that: *"[It should be noted that the defendants acted, as a result of the child's concealment of poor results obtained by him and lesser smoking, however the reaction occurred (with the use of a bel on an 11-year- old child in January 2011) is not, due to its disproportionate nature, within the scope of a parental education power/duty.]"*

Although parental power can be exerted by a third party like a guardian or a teacher, Portuguese Courts do not tolerate that third parties other than close relatives (ex. grandparents) resort to corporal punishment as a means to educate. Such understanding is clear in a decision from Coimbra's Court of Appeal dated from January

28<sup>th</sup> 2009 stating that: *“the application of corporal punishment in educational establishments constitutes a reproachable conduct.”*

With all this being said we believe that tiny step by tiny step Portuguese Courts are starting to acknowledge corporal punishment, even if light and *educational*, as a form of violence against children. Reflecting what we just said, a recent decision by Lisbon’s Court of Appeal from October 10<sup>th</sup> 2016 stated that *“According to several documents designed by UNICEF, we believe that there is still a high prevalence of corporal punishment practices as educational measures; therefore, it is important to change the state of things, by creating a culture of non-violence towards children and raise people’s awareness, so that adults will never express their will or frustration through violence against children.”*

Even though this kind of judicial decision is far from being the norm we believe that this is not an outlier decision but a sign of hope that we can end the popular belief that corporal punishment, even if light and educationally driven, is not a form of violence against children.



**Title:** Perceptions of a recovery intervention for children who have experienced domestic violence:

A case study from the North of England

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## **Introduction:**

In the UK approximately 29.5% of children have lived with domestic violence and abuse (DVA) during their lifetime (Radford, Corral, Bradley, & Fisher, 2013). In line with the UK definition, the term DVA in this paper refers to *“an incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass, but is not limited to, the following types of abuse: psychological; physical; sexual; financial; emotional”* (British Home Office, 2013).

There is now substantial empirical knowledge about the range of ways in which DVA can impact children (Hazen et al., 2006; McTavish, MacGregor, Wathen, & MacMillan, 2016). However, by over-emphasising the negative impacts of DVA, children’s capacity for agency and resilience has been underestimated (Callaghan, Alexander, & Fellin, 2016; Katz, 2015; Mullender et al., 2002), as they are viewed as being inevitably damaged. This risks pathologising children and positioning them as passive witnesses of DVA, which is unhelpful to their recovery as it overlooks the resilience that many children exhibit in the face of DVA (Callaghan & Alexander, 2015; Callaghan, Alexander, & Fellin, 2018). The particular focus of these negative impacts has also resulted in the voice of the child being silenced. Traditionally, exploring the prevalence and impact of children experiencing DVA has largely involved eliciting the views of adults, such as mothers, refuge workers and other professionals working in the DVA arena (Øverlien & Holt, 2017). However, research involving children as informants is comparatively rare (Øverlien, 2010).

An often-debated issue is the absence of the child’s voice in DVA related research due to gatekeepers’ good intentions to protect children, out of concern that their involvement would retraumatise the child and result in experiencing further harm (Alderson & Morrow, 2004; Morris, Hegarty, & Humphreys, 2012; Øverlien & Holt, 2017). However, the failure of obscuring the voices of children may teach children that their voices are not valued, and together with the disempowering nature of DVA, this further subordinates children’s voices to that of adults (Vetere & Cooper, 2005). Thus, the views of this group of children are often excluded, through adults elevating the protection of the child over their agency (Hanson, 2016; Houghton, 2017).

However, there is an expanding body of literature that addresses children and young people’s experiences of DVA from their own perspectives (Åkerlund & Gottzén, 2017). This literature has increased our understanding about the extent of children’s experiences of DVA and what it means to be a child who lives with DVA, rather than viewing children as passive ‘witnesses’ or ‘exposed’ to DVA (Buckley, Holt, & Whelan, 2007; Callaghan & Alexander, 2015; Eriksson, 2009; Holt, 2011; 2016; Jensen, Holt, & Ormhaug, 2017; Katz, 2015; McGee, 2000; Mullender et al., 2002; Øverlien, 2016; Radford et al., 2011). Researchers have also begun

to involve young people who have experienced DVA as research advisors and even as active participants in the development and piloting of interventions (Barter et al., 2015; Houghton, 2008; 2017; Humphreys Thiara, Mullender, & Skamballis, 2006). In this paper, children who have lived with DVA, even if they were not directly targeted as victims of DVA, will be referred to as having ‘experienced’ DVA.

Demonstrating the effectiveness of interventions available for this group of children is important for knowing what interventions work and for whom, as well as supporting the financial provision of interventions. A recent evidence synthesis highlighted that the UK evidence base for the range of interventions available is underdeveloped (Howarth et al., 2016). Contributing to this underdeveloped evidence base are inconsistencies in defining and measuring intervention effectiveness, as there is no consensus about what core outcomes should be measured, what outcomes hold importance for key stakeholders and how these should be measured. Furthermore, most studies focus on the short-term effectiveness when comparing outcomes pre- and post-intervention, rather than the long-term impact. Moreover, there has been little service evaluation in the UK of existing interventions and there are few qualitative studies which have explored how children experience DVA interventions from their own perspectives (Pernebo1 & Almqvist, 2016).

### **Current study:**

The current study is unique as it contributes to the limited but emerging research that has explored children’s experiences of specifically attending interventions in light of DVA and how it has impacted their lives (Callaghan & Alexander, 2015; Cater, 2014; Howarth et al., 2016; Humphreys, Thiara, & Skamballis, 2011; McManus et al., 2013; Peled & Edleson, 1992; Pernebo1 & Almqvist, 2016; Thompson, 2011).

Presented as a case study, the current study explores perceptions of an intervention delivered by a local DVA service in the North of England (UK). For anonymity, the intervention will be referred to as the ‘recovery intervention’. The recovery intervention is a 12-week psycho-educational group intervention. It is delivered to children who are aged 7-12 years and have experienced DVA either as the indirect or direct target of abuse, but are no longer experiencing DVA nor living with the perpetrator when attending the intervention. Children can be referred to the DVA service through a range of pathways, including family services, health practitioners and schools. The recovery intervention comprises two optional parent sessions for non-abusive parents to attend. The intervention aims to: provide children with strategies that would help them make sense of their experiences and understand the elements of a healthy relationship, in order to reduce the long-term impact of their negative experiences; and rebuild the damaged relationship between the child and non-abusive parent.

The current paper was part of a doctoral thesis which aimed to explore perceptions about the role and effectiveness of interventions for children who have experienced DVA and identify what factors are hindering the development of the evidence base of interventions for this group of children. The focus of this paper is in relation to the perceived role and effectiveness of the recovery intervention. **Methodology:**

The study qualitatively examined the experiences of three participant groups- children, parents and intervention facilitators in order to enable comparisons between these groups. The sample comprised: three children who participated in the same cohort of the recovery intervention; the three children's non- abusive parents (all mothers); and nine facilitators who varied in their length of experience of delivering the intervention to different cohorts. In total, 29 in-depth semi- structured interviews were conducted. Interviews were conducted whilst children attended the intervention and between 6-12 months after the intervention had ended. Time constraints of the project and limited engagement from children and mothers restricted the composition of the study sample; thus, children who did not complete the intervention as well as their parents were not interviewed. The qualitative interviews were analysed using Thematic Analysis (Braun & Clarke, 2006). The findings should be considered in light of the highly contextualised nature of the study which poses limitations for the extent to which they can be generalised.

## **Findings:**

### **Role of the intervention: A lack of consensus**

Across the accounts of children, mothers and facilitators, there were a range of perceptions about the role of the recovery intervention. The children were initially unsure about the purpose of the intervention and constructed themselves as being the reason or problem for attending the intervention. However, when they retrospectively reflected on their experience of having attended the intervention, their understanding had developed and they felt that the intervention served the role of helping them understand their experiences. The changed impact of how they understood DVA and themselves was evident even one year after attending the intervention.

Amongst mothers, it was feared that the consequence of a child not attending an intervention promptly could result in the continuation of the intergenerational cycle or transmission model of violence (Ehrensaft et al., 2003; Kalmuss, 1984). This was viewed as an inevitable future negative consequence, transmitted through Social Learning or as a result of inherently presuming that children who have experienced DVA would become future female victims or future male perpetrators (Pears & Capaldi, 2001). This anxiety and fear of being 'caught' in the cycle has also been observed amongst the personal accounts of children who have experienced DVA (Callaghan & Alexander, 2015). One mother emphasised that the role of the intervention was to also fix the child, as they were not able to manage the challenging, visible and disruptive behaviours of the child.

Mothers were more likely to recognise a need for an intervention if the child's behaviour was outwardly more challenging compared to children who were quiet or withdrawn. Those children who displayed more 'appropriate' and 'acceptable' behaviours were viewed collectively as not needing to attend an intervention, because they were positioned as children who could cope and were resilient in the face of adversity (Howell, 2011; Martinez-Torteya, Anne Bogat, von Eye & Levendosky, 2009). Whilst facilitators emphasised the role of the intervention in preventing children from being involved in the cycle of abuse, they did not perceive the intervention to 'fix' the child. This expectation of the intervention fixing the child was viewed as justifying parents' underlying reasons for not attending parent sessions.

### **Intervention effectiveness**

Children explained how the intervention had helped them to understand DVA, how they were not to blame and were not alone in their experiences. This had positive impacts on children's wellbeing and self-esteem as their perspectives changed. Children took an active role in interviews by critiquing aspects of the intervention, making suggestions for how it could be more effective in ways that contrasted to those made by facilitators. This has important implications for the role of children in contributing to intervention development. Moreover, it supports the considerable consensus that children can articulate their own experiences in ways that make them competent informants in qualitative research (Dockett & Perry, 2007; Spratling, Coke, & Minick, 2012) even in light of experiencing of DVA (Baker, 2005; Øverlien, 2012).

Mothers expressed their perceptions about the temporary and fluctuating effectiveness of the intervention, which were not necessarily accounted for by quantitative outcome measures that had been used to evidence the short-term effectiveness of interventions. Depending on how mothers viewed the purpose of the intervention, this determined how they viewed its effectiveness, primarily by expecting a stark reduction in children's observable and challenging behaviours.

The qualitative interviews captured additional outcomes of the intervention reported by children and mothers within one year after the intervention that had not been communicated to facilitators, nor captured through quantitative outcome measures that the DVA service used to demonstrate intervention effectiveness. Examples include children wanting to educate their peers about DVA, and the development of mothers' own understanding of DVA. Supporting this observation, facilitators highlighted the limitations of the existing outcome measures used to evidence intervention effectiveness, as these only partially measured outcomes, or did not account for measuring some of the key intervention outcomes such as the improved child-mother relationship and children's self-esteem.

### **Implications:**

How an intervention is perceived can influence how individuals choose to engage with it and how they view intervention success and effectiveness. The lack of clarity about the role of an intervention and the range of perceptions about an intervention and its effectiveness may be hindering the development of the intervention evidence base.

There are important implications for how DVA services communicate key messages about interventions with children and parents. The findings also raise questions about the role of intervention outcome measures in light of their limitations, and how they can account for the range of perceptions about interventions, which may influence how outcomes are reported. As Howarth et al. (2016) argue, there is a need to identify a range of outcomes that matter to different stakeholders and reach consensus about what these outcomes are and how these are measured. However, the findings from this study highlight the importance of qualitative research in contributing to this, by establishing how individuals view intervention effectiveness and why, based on their perceptions about an intervention.

Positioning interventions as ‘restoring’ or ‘fixing’ children who have experienced DVA to a former state of being, prior to their experiences of DVA (Evans & Lindsay, 2008), may overlook children’s agency and how they already demonstrate existing ways of coping (Alexander, Callaghan, Sixsmith, & Fellin, 2016). Many authors suggest that paradoxically children can demonstrate resilience (see Callaghan & Alexander, 2015; Katz, 2015; Øverlien, 2014; Øverlien & Hydén, 2009), exceeding assumptions about what consists a ‘normal’ childhood (Burman, 2016). Thus, consideration should be given to how interventions are presented so that children’s agency in their experiences of DVA can be acknowledged.

The findings also show that how children are perceived as being impacted by DVA can influence what support they receive, if any. Quiet or withdrawn children may be viewed in less need of being ‘fixed’ by a service and may not have the same access to services compared to those who exhibit more observable and challenging behaviours. Establishing the motivations of parents seeking services for children is therefore important for ensuring that certain groups of children who have experienced DVA are not excluded from receiving support.

When given the opportunity, children are very capable of expressing their perspectives and taking an active role in research, challenging pre- conceived ideas that they are incapable and too vulnerable. Whilst children have the right to protection, they also have the right to make their voices heard in matters that concern them (Øverlien & Holt, 2017). This has implications on prioritising the voice of the child, particularly within the context of interventions, where children have the right to make their invaluable contributions to the development and improvement of services (Sinclair & Franklin, 2000), whilst being protected from exploitation.

## **Conclusion:**

How we perceive children in DVA has implications on research and professional practice, and how interventions for children are evidenced. Understanding a range of stakeholders’ experiences of interventions and emphasising the voice of the child can provide helpful implications for intervention development and evaluation.

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**Title:** Children Exposed to Intimate Partner Violence: Stability & Change in Sibling Aggression Over Time

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**Rationale.** Childhood exposure to intimate partner violence (IPV) is a serious and widespread global problem. The United Nations Secretary-General estimated that as many as 275 million children worldwide are exposed to violence in the home every year, with preschool-age and school-age children at higher risk for exposure (Pinheiro, 2006). Childhood exposure to IPV can occur at any age, including prenatally, and can take many forms; children may witness the violence, intervene to stop its occurrence, and/or be exposed to its aftermath (e.g., injury) (Holden, 2003). Exposure to IPV is recognized as a form of child abuse (Wathen & MacMillan, 2013) that can have significant negative impact on the health and well-being of children and adolescents, including an increased risk of experiencing psychological, emotional, physical, cognitive, and social problems, both in the short term and over the life course (Sturge-Apple, Skibo, & Davies, 2012).

Children exposed to IPV have been shown to be at particularly high risk for a variety of externalizing problems, including aggressive behaviour toward peers, parents and siblings (Evans, Davies, & DiLillo, 2008; Katz & Hamama, 2016). Furthermore, a recent meta-analysis of longitudinal research found that the association between exposure to IPV and children's externalizing difficulties strengthened over time (Vu, Jouriles, McDonald, & Rosenfield, 2016). Most research on children exposed to IPV to date has investigated aggression with peers, while siblings have rarely been studied. This is surprising because most children have a sibling, and sibling relationships are considered to be the most aggressive family relationship. Sibling aggression can lead to increased risk of injury and trauma in childhood (Finkelhor, Turner, Ormrod, & Hamby, 2010) and can contribute to negative social and emotional outcomes in adolescence and beyond (Eriksen & Jensen, 2009). The limited work available on aggression between siblings exposed to IPV has investigated the problem using a variety of single-informant methods such as retrospective reports by young adults (Relva, Fernandes, & Mota, 2013), population-based surveys of parents (Tucker, Finkelhor, Turner, & Shattuck, 2014), qualitative maternal interviews (Izaguirre & Calvete, 2015), and structured laboratory observation of sibling interaction (Waddell, Pepler, & Moore, 2001). Taken together, these studies suggest that siblings are at greater risk for aggression with each other, but offer no insight on developmental changes or variability over time of aggressive behaviour in siblings who have experienced IPV.

The present study aimed to fill this gap in the literature by investigating stability and change over time in children's aggressive behaviour with a sibling in families affected by IPV. A multi-informant approach that included the perspective of mothers, observers, and the children themselves on sibling aggression was utilized. This approach was taken not only to minimize single reporter bias, but also to provide a comparison of differing points of view on sibling aggression—with an emphasis on the perspective of the siblings themselves. To our knowledge, no other work to date has addressed developmental changes in sibling aggression in families affected by IPV. We also

explored the role that warmth in the mother-child and sibling relationship played in relation to aggressive behaviour. We expected that less warmth in both mother-child and sibling relationships would be associated with stable or increased aggressive behaviour over time. Finally, we also explored the influence of gender. Based on previous research, we expected that brother dyads would show more frequent and stable aggressive behaviour than sister or mixed sex dyads.

#### Methods.

**Recruitment.** Following Research Ethics Board (REB) approval, families exposed to IPV living in a mid-size Canadian city were recruited from the community using newspaper adverts, posters and mail flyers.

Participants were screened on the following criteria: 1) Mothers self-identified as having a history of IPV, 2) At least 2 school-aged siblings (5–18 years of age) who were willing to participate, 3) All family members spoke English fluently, and 4) Mothers had or were currently receiving counselling concerning their abuse as required by the REB.

**Participants.** Forty-seven families with a self-reported history of IPV were recruited from the community at time 1, and 32 continued their participation at time 2, which was on average nine months later. Mothers were 35 years old on average, and 62% self-identified as European-Canadian, 30% as Indigenous, and 8% as multiracial. Most of the mothers had a high school education or less (57%), and 47% were lone parents defined as separated, divorced, widowed, or never married. Sixty-six percent of families reported living below the urban low-income cut-off set for a household of three or more persons (Statistics Canada, 1999). Younger siblings were 8.5 (SD=2.40) and 9.3 (SD=2.25) years of age on average, while older siblings were 11.3 (SD=2.86) and 11.9 (2.92) years of age on average at time 1 and 2 respectively. At time 1, there were 56 boys and 38 girls, with 42 boys and 22 girls at time 2.

#### Measures.

**Maternal Report of IPV.** After providing demographic information, mothers completed the 8-item Physical Aggression scale of the Conflict Tactics Scale (Straus, 1979) concerning their own and their partner's violent behaviours that occurred within the context of a conflict in the past 12 months. Items were rated on a 7-point scale. Overall, 66% of mothers reported an intimate partner had directed at least one violent behavior towards them in the past year and 68% reported directing at least one violent behavior towards their partner; these behaviours included pushing, grabbing or shoving (66 and 62% respectively), kicking, biting or hitting (50 and 34% respectively), and threatening with a weapon (28 and 15% respectively).

**Sibling Aggression.** Mothers completed the Externalizing Disorder scale of the Child Behavior Checklist, which is widely used for assessing externalizing difficulties in children aged 4–18 years (Achenbach, 1991). It was completed by mothers twice, once for each sibling. Maternal perceptions of child aggressive behaviour were measured by the aggression subscale, consisting of 20 items on a 3-point scale, ranging from 0 (not true) to 2 (often true). Coefficient alphas ranged from .88 to .92. Both siblings independently completed the Sibling Relationship Interview (SRI) (Stocker & McHale, 1992) that included behaviours both initiated and

received by each sibling (Stormshak, Bellanti, & Bierman, 1996). The Aggression subscale included 4 items initiated by the child and 4 items received from the sibling scored on a 4-point Likert scale, ranging from 1 (not ever) to 4 (a lot). Items included starts fights, mean, hits, and scared, the only item added for the purposes of the present study; Cronbach alphas ranged from .71 to .85. The observation of sibling physical and verbal aggression consisted of 30 minutes of unstructured interaction that took place in a laboratory setting. Children were asked to “wait” in a living-room like setting while their mothers were interviewed.

They were provided with a snack and with a variety of materials, including a Trouble Game®, Lego®, Barbie doll®, drawing materials, chalkboard and hand-held videogame. Their unstructured interaction was video-taped for 30 min, and physical and verbal aggression were coded. Physical aggression was defined as any behavior that included hitting, punching, kicking, serious wrestling (pinning someone down), throwing an object at someone but missing and physical threat (e.g., raised fist). Verbal aggression was defined as any behavior that included yelling, name calling, swearing, insulting, or hostile teasing, jokes or comments.

Interactions between siblings were coded jointly, not independently. Each coding interval was 30 seconds long. Inter-rater reliability was assessed by two independent observers coding 25% of the sample of videotapes; coefficient kappa was .81 for physical aggression and .80 for verbal aggression.

*Child Report of Sibling Warmth.* Each sibling independently completed the Warmth subscale of the Sibling Relationship Interview (SRI) (Stocker & McHale, 1992; Stormshak et al., 1996) consisting of five items initiated by the child and five items received from the sibling including mutual play, sharing, affection, sharing secrets, and comforting. Cronbach alphas ranged from .84 to .86.

*Child Report of Maternal Warmth.* Children’s perceptions of maternal warmth were assessed using the Perceived Parental Warmth and Affection Subscale of the Parental Acceptance Rejection Questionnaire (Rohner, 1991) which consisted of 20 4-point items ranging from 1 (almost never true) to 4 (almost always true). Coefficient alphas ranged from .91 to .98.

**Data Analytic Plan.** Individual differences in aggressive behaviour over time were described using Pearson product moment correlations, and group differences over time were tested using independent *t* tests to compare mean differences in frequencies of aggressive behaviour and Z tests to compare mean proportions. **Results.** Correlational analyses indicated that most reporters were stable in their reports of aggression over time. That is, maternal reports of younger sibling aggression ( $r(32) = .66, p = .0001$ ) were significantly correlated between time 1 and 2, as were maternal reports of older sibling aggression ( $r(32) = .76, p = .0001$ ), younger sibling reports of aggression ( $r(32) = .61, p = .0002$ ), and older sibling reports of aggression ( $r(32) = .54, p = .0018$ ). The only exception was observer reports which were not significantly associated over time. It should be noted that most children did not display aggressive behaviour during the observation period at time 1 (51%) or at time 2 (60%). As shown in Table 1, mean levels of aggression were also very stable over time, with no significant mean differences by any reporter between time 1 and 2. Youngersibling reports of maternal warmth at time 1 ( $r(47) = .30, p = .05$ ) and older sibling reports of maternal warmth at time

2 ( $r(32)=.30, p=.08$ ) were significantly associated with observer reports of aggression at both time points. Gender-sensitive analyses suggested that brothers tended to be the most aggressive; however, our sample size was not large enough to detect significant differences over time.

**Table 1. Mean level of reported aggression over time**

<b>Standardized Aggression Reports</b>	<b>Mean</b>	<b>Time 1 N=47</b>	<b>Time 2 N=32</b>
<b>Younger Sibling</b>		63.63	<b>61.13</b>
<b>Older Sibling</b>		59.55	<b>60.18</b>
<b>Mother Re: Younger Sibling</b>		35.93	<b>33.87</b>
<b>Mother Re: Older Sibling</b>		40.74	<b>37.85</b>
<b>Observer</b>		<b>1.38</b>	<b>0.78</b>

**Implications for Practice.** Although most school-aged children were not observed to engage in aggressive behaviour during the unstructured observation period, a significant minority did so at time 1 (49%) and at time 2 (40%). This finding suggests that aggressive behaviour between siblings exposed to IPV is a prevalent and serious concern that requires greater attention from researchers and practitioners alike. Sibling aggression in childhood is too often ignored, minimized, or normalized (Khan & Rogers, 2015), despite growing evidence that it has serious long lasting negative mental health outcomes for both perpetrators and victims, including doubling the odds of depression and self-harm in early adulthood (Bowes, Wolke, Joinson, Lereya, & Lewis, 2014; Tucker, Finkelhor, Turner, & Shattuck, 2013). Children’s perceptions of lower maternal warmth were significantly associated with more sibling aggression observed at both timepoints.

These findings underline the pivotal importance of mother-child relationships for children’s wellbeing, especially under challenging circumstances (Letourneau et al., 2013). The quality of both mother-child and sibling relationships are modifiable, and both should be taken into account in prevention and treatment programs designed to attenuate the negative effects of exposure to IPV.

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**Title:** Intimate partner violence and abuse during pregnancy: A brief review of the literature.

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## **Introduction:**

Empirical knowledge of the impact of exposure to intimate partner violence (IPV) on children and young people has tended to focus on children in middle childhood and adolescence, with less known about the impact of IPV during pregnancy on the child in utero, and the subsequent impact across a child's earliest developmental stages, and the implication of that early exposure in contributing to the intergenerational cycle of abuse (Holt, Buckley & Whelan, 2008).

Responding to that deficit, this paper provides a brief overview of the relevant literature concerning the impact of IPV during pregnancy. The literature reviewed in this paper was sourced from Trinity College Dublin library's online and journal databases and catalogues. Search engines such as Google Scholar, EBSCOhost, Social Services Abstract, Academic Search Complete, JSTOR, PsycNET and Science Direct were extensively used to generate sources of relevant literature. Keywords used to source the literature comprised of, but were not limited to; IPV; domestic abuse/violence, effects on pregnancy, development of unborn child/child in utero, IPV and pregnancy, adverse neonatal outcomes, IPV and motherhood, child maltreatment, trauma and parenting and IPV.

## **Exposure to domestic violence during pregnancy:**

Violence during pregnancy is of particular concern due to the detrimental effects, both physically and psychologically, and the potential health consequences for the mother and the neonate (Almeida, Cunha, & Pires, 2013). Some researchers note that physical violence during pregnancy may be initiated or escalated throughout this period as men may be motivated to commit such violence due perhaps to jealousy of their unborn baby, leading to aggression and control during the pregnancy, and exhibiting anger towards the infant (O'Reilly, 2007). Contrastingly, Jasinski (2001) suggests that pregnancy does not put women at a higher risk of IPV. However, it is considered that up to 30% of IPV occurs during pregnancy (Taillieu & Brownridge, 2010). In the Irish context, a study examining the prevalence of abused pregnant mothers' in the Rotunda Hospital Dublin, found that one in eight respondents experienced IPV (O' Donnell, Fitzpatrick & McKenna, 2000). Regardless of the connection between the relationship between IPV and pregnancy, there is a growing consensus that when such abuse occurs, the unborn child can be subjected to damaging long-term developmental consequences across multiple domains of functioning (McMahon, Huang, Boxer & Postmus, 2011).

The thirty-eight weeks of gestation are thought to be the most critical period in a child's development and the exposure to IPV can cause poorer health effects and developmental delays in early childhood (Han & Stewart, 2014; Yount, DiGirolamo & Ramakrishnan, 2011). Pregnancy is a critical time for the development of physical and mental health systems as the baby depends entirely on maternal care (Huth-Bocks, Levendosky &

Semel, 2001). Evidence suggests that violence during pregnancy and other various factors such as maternal mental health issues, lack of coping mechanisms, smoking, alcohol intake and substance abuse are believed to adversely affect fetal development and, thus, place the young baby at risk throughout their development (Cunningham & Baker, 2004). Measurable adverse pregnancy outcomes associated with violence during pregnancy include birth defects, unexpected abortion, direct trauma resulting in increased risk of miscarriage, premature labor, heightened risk of intrauterine growth and neonatal death (Taillieu & Brownridge, 2015; Yount et al., 2011).

Yount et al. (2011) suggest that regular episodes of exposure to IPV *in utero* may negatively affect a child's stress-responsive regulatory system, thus, can impair growth and nutrition throughout the infant years and can cause affect the child's emotional processing, behavioural self-regulation, cognitive and social competence (Mead et al., 2010). Prenatal maternal anxiety is likely to increase during the prenatal stage and such stress can be transferred to the baby's brain through the placenta, affecting neurodevelopment and may be consequently linked to low birth weight (LBW) and pre-term birth (PTB) (Carpenter & Stacks, 2009). Therefore, it is significant to note the correlations between maternal stress, child maltreatment and the child's stress-response regulatory systems in the attempt grasp an understanding of the ways IPV can cause adverse outcomes on the child's development (Carpenter & Stacks, 2009).

Research contends that women experiencing IPV are often delayed in attending prenatal care, resulting in (LBW), (PTB), unhealthy maternal behaviours and direct fetal trauma (Huth-Bocks et al., 2002; Yount et al., 2011). Research suggests that women experiencing IPV are 1.8 times more likely to postpone attending prenatal care services than their non-abused counterparts (Jasinski, 2004). This can increase the likelihood of women becoming nutritionally, physically or mentally impaired by IPV, resulting in compromised autonomy to make decisions about their health (Hill et al., 2016). Consequently, they may fail to attend prenatal care services, missing opportunities to acquire support in preventing and treating health complications for themselves and their unborn child (Hill, Pallitto, McCleary-Sills & Garcia-Moreno, 2016; Yount et al., 2011).

Shah and Shah (2010) conducted a meta-analysis of 22 studies that revealed the significant increase in LBW births among pregnant women experiencing IPV compared to those born to non-abused mothers. Moreover, a recent study conducted by Chai et al. (2016) found the correlation between IPV and significant increases in the child's risk of stunting and poor growth. Maternal impairments such as physical threats (direct trauma and injury), behavioural risks (smoking, drug and alcohol use), psychological factors (depression, anxiety, fear) and malnutrition associate with IPV may induce adverse risk outcomes on the early development and growth of their unborn child (Jordan et al., 2010). Such impairments can significantly lower the newborn's weight at birth and throughout their childhood (Saigal & Doyle, 2008).

A significant consequence for women subjected to IPV during pregnancy can be fetal trauma (e.g. unexpected miscarriage). Research conducted by Jacoby, Gorenflo, Wunderlick & Eyler, (1999) examined fetal outcomes in 100 women and highlighted that 42.3% of abused women were at severe risk and more likely to miscarry compared to 16.2% of non-abused women. Direct and physical violence such as blunt trauma to the abdomen can also cause serious fetal injury and death (Cooper, 2013; Jasinski, 2004). Recent research reveals

that a newborn child exposed to IPV in utero is also at risk of not surviving after birth due to obstacles throughout the labor process, such as placenta previa and still birth (Lazzenbatt & Greer, 2009).

IPV during pregnancy can result in long-term adverse effects on the child's social development (Cunningham & Baker, 2004). Research indicates that mothers abused during pregnancy may form insecure bonds with their infants during the first year postpartum and, thus, may lead to negative outcomes on the child's sense of well-being and security (McMahon et al., 2011). A study examining 38 women found that those who experienced IPV during pregnancy had a weaker mother-fetal and infant bond than non-abused mothers (McMahon et al., 2011). Similarly, an infant's experience of IPV may result in traumatic stress that can have negative consequences for their attachment patterns throughout their development (Levendosky et al., 2011).

### **Conclusion: Implications for Practice:**

Ameliorating the prevalence of IPV during pregnancy, healthcare practitioners play a pivotal role in early identification and assessment as they are most likely the first point of a professional contact (Jasinski, 2004; O' Shea, Collins, Riain & Daly, 2016). The perinatal period is a critical avenue for healthcare providers to screen for IPV, resulting in the possibility of detection and intervention (O' Shea et al., 2016). This however is not without its challenges. For example, O' Shea et al. (2016) conducted a survey to assess the prevalence and levels of General Practitioner's (GP) perceptions of screening for IPV while working with pregnant women in Ireland. Out of 530 GPs, the majority (98.9%) never routinely screen or ask expectant women about DV (O' Shea et al., 2016). Findings from this report suggest that efforts to train professionals with the knowledge and tools to screen pregnant women about IPV may address the neglect of this issue (O' Shea et al., 2016). However, strengthening referrals and developing a multi-agency approach by linking victimised pregnant women and mothers with support to social and mental health services must also take effect (Hill et al., 2016).

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**Title:** Custody, visitation rights and safety? The everyday reality of forced visitation

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**Abstract:**

The aim of our study is to investigate the process of child custody in Hungary; especially in cases where the visitation of the parent is against the child’s mental or physical well-being and safety. The violence does not decrease but in some cases increases after the relationship breaks up. The visitation can offer an opportunity for the perpetrator for maintaining power and control over the mother and their child as well. Our hypothesis is that in those relationships where intimate partner violence could be found the fathers continued their violent behaviors throughout their child's visitation with the overt or covert support institutional and judicial bodies. Our study uses qualitative methods: we conducted 30 in-depth interviews with mothers who experienced problematic child custody cases. The in-depth interviews showed how non-custodial fathers could control and influence the everyday lives of their ex-partner and their children.

In recent decades in Hungary the number of divorces have increased with the result that children - after a legal decision - are placed to one of the parent’s home while with the other parent the child can only stay in touch for limited intervals.

Census data in Hungary in 2011 showed that the number of single-parent families continued to rise (nearly 537 thousand families).

Bancroft and Silverman (2002) examined the risk factors that can occur during the visitation period in abusive relationships:

- The children of abused mothers usually witness numerous physical, emotional violence or sexual assault
- Severe assaults occur most often after the breakups

The visitation period also offer a good opportunity for the abuser to maintain power over the child and the mother through manipulation (Erickson & Henderson, Hughes & Marshall, 1995). The fact that the abuse still persist even after the breakup is difficult to be discovered, so as the court and authorities should proceed these issues with caution. The ex-partner’s control keeping mechanisms may persist even after the breakup as these forms of violence in many cases are invisible (financial deprivation, isolation, humiliation), but it can influence the abused way of living. It is a growing need for tools which can effectively state what kind of risk can be caused by the abusing parents (Williams, Boggess and Carter, 2001).

**Methodology:**



In our research we aimed to explore the deeper structures, the more problematic, more complex cases and to pursuit for residential diversity we conducted 30 semi-structured interviews with mothers who experienced violence during their relationship and have problems with visitation rights arrangements of their child for more than 6 months of time.

Number of interviews (value)	
Interviews	30
Mean age of interviewees	33
Mean number of children of interviewees	1,6
Place of residence (value)	
Capital	14
Provincial Capital	7
City	5
Municipality	4
Former relationship with father (value)	
Married	21
Cohabited	9

Table 1. The characteristics of interview participants

### Experience of IPV during the relationship:

In our sample there were multiple types of violence occurring during the mothers' relationship and after breakup. Often the violence occurred in multiple forms within one relationship as well, but the most often form of violence was verbal and emotional violence that occurred in our sample.

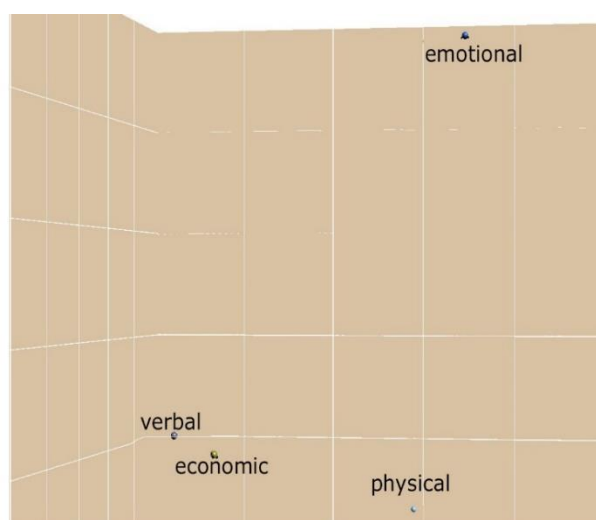


Figure 1. Types of violence against the mother. Cluster analysis of type of violence based on Pearson correlation coefficient.

As we could see from the conducted interviews, those mothers who suffered violence during their relationship had a long and severe history of fight for their right of their child's visitation right while the perpetrator could maintain his power and control continuously over the child and by this act the mother herself as well.

*"I am now completely exhausted because my life is only about writing appeals all day long to the child protection center while I try to educate my child, to work somehow, to live. While my husband's method is to write denunciations, and write thousands of messages like this: 'Now you will see what will be the consequence of this'!"*

*„He did not go for visitation and I was not willing to take in to the car the crying, stomped, fearful child. So consequently, the father handed in the accusation."*

### **Conclusion:**

The visitation practices of the father was kept important by the authorities even though it was visible that the father is a risk factor to the child as the importance of paternal relationship was kept in higher importance by authorities and agencies.

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## The role of Social and Feminist Movements in combatting Domestic Violence

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**Theme:** The role of Social and Feminist Movements in combatting Domestic Violence

**Title:** Approaches to gender violence in Portugal. Contributions of feminism in the conceptualization (and practice) of Social Work. A preliminary investigation

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The oral presentation was contextualized in the initial moment of an ongoing research about the contributions of feminism in the conceptualization and practice of social work in the field of gender violence in Portugal. Within the framework of the recent professionalization of service structures, the presence of social workers in the specialized services is mandatory, being part of multidisciplinary teams since 2009.

In this research, I pretend to analyse, in the light of feminist theories, the diverse conceptualizations of gender violence and its impact on the professional practices of intervention of social workers with surviving women, whether or not accompanied by their sons and daughters. It will be our research objective to identify methodologies and intervention techniques proposed by the **Feminist Social Service** in the processes with surviving women.

This research will be carried out through qualitative methodology, interviewing social workers, other professionals linked to the intervention system, and women of the Feminist Movement.

### **Gender violence in Portugal, a late recognition:**

In the last decade, in Portugal, the visibility of violence against women has increased and it has been included in the political and institutional agenda. To a large extent, two factors have contributed to the emergence of the consideration of gender violence as a social problem. Firstly, the pressure of the feminist movement, pioneer in demanding the introduction of the subject in the political agenda. Second, the commitments assumed by the Portuguese State within the EU, whose influence seems to have been stronger than the previous one (Tavares e Ferreira, 2000).

In Portuguese society, **domestic violence** is the most used term to define and talk about violence against women, omnipresent in media, political and social discourses about it. Another very used concepts are marital violence, violence in intimacy relationships, dating violence, family violence or interparental violence. All of

these conceptualizations has a common ground, as they hide the gendered nature of violence against women, a gender-based violence that goes beyond family, domestic spaces or loving relations.

The late consideration of violence against women as a social problem, which can be addressed by institutions, has paralleled the definition of domestic violence, impeding their social visibility and being considered as belonging to the private sphere. There is a conceptual tradition that hides the gendered character of this violence, which makes it difficult to practice social interventions from a gender perspective. It is based on the idea that the structure of care and support for surviving women has been mostly in the hands of institutions connected to the Catholic Church, and feminist intervention in this field is not significant by comparison.

### **Defining violence against women, the first step:**

I take as starting point the difference between two big conceptions about violence against women, the patriarchal and the feminist. Both considerations are opposite and have a big influence, not only in the understanding of this social problem, but also in the solutions planned by state structures. Both conceptions are the bases for different ways to intervene, as they suppose opposite causes and consequences of this violence against women.

Firstly, the patriarchal conception of violence against women, as Ana de Miguel (2005) affirms, considers this violence as something "natural" and necessary, anchored in the different nature of the sexes. More faraway, the most serious cases are seen as pathological, as individual acts, nor as a social problem. As a result, there is a social legitimation of this violence, through mechanisms such as blaming the victim and questioning their behaviour. In Portugal we must underline the relevance of the catholic vision of the family (nuclear) and gender relations, deeply anchored in this vision.

In contrast, feminist conception of violence against women understand it as a structural issue, inscribed in the social structure. Radical Feminism has developed a theoretical framework for understanding violence against women, from seventies, highlighting its political character. Inside the feminist theories we can highlight the concept **patriarchy**, defined by Kate Millet (1969), as an oppression system based on sex / gender, with its specific forms of domination, considered perfect as a system of socialization because of women's internalization, that makes this violence invisible, seen with indulgence, as an individual issue, without collective meaning.

### **Serving surviving women to gender violence in Portugal:**

The Portuguese system of assistance in cases of violence against women is responsibility of two different institutions, one related to equality (Commission for Citizenship and Gender Equality –CIG) and the other to Social Politics (Social Security Institute –ISS). Nowadays in Portugal rules the Vth National Plan against Domestic and Gender Violence (2014/2017). We must notice that is the first of these plans that includes the concept “gender violence”, as a result of the adherence of Portugal to the Istanbul Convention, which entered into force in 2014.

Victim support is organized in two different kind of structures. Firstly, the Specific Service Centres (130 in January 2017<sup>1</sup>) gives service, support and referral all over the country, linked to municipalities, ngo's and IPSS. All of them makes part of the National Network of Specific Assistance Centres. In this kind of services, it has been no mandatory the presence of social workers or other professionals.

Secondly, the Shelter houses, which were 39 in March 2017, attending 263 women and 293 children<sup>2</sup>. These shelters are supposed to not overcome more than 6 months, although it is possible to request an extension in some determinate cases. There is another kind of shelters, the emergency ones, where women and children can stay for some days, waiting for another solution. Portugal had 13 of these centres in the same date. All of this residential centres take part of the National Support Network for Victims of "Domestic" Violence, initially created in 1999, according to EU pressure, but re-organised in 2009. In these shelters there are obligatorily multidisciplinary teams, composed by professionals in Law, Psychology and Social Service (Law 112/2009). As Magalhães, Rodríguez e Morais (2011) informs, most of these centres are managed by IPSS (78.3%) and NGOs (17.4%), lot of them related to catholic organizations.

The management of so-called "humanist/non-feminist" shelters has been critically analysed by Magalhães et al. (2011). They point several errors in intervention, as the minorization attitude about women and the moralization of their behaviour. Intervention in these shelters has been carried out by inadequate human and technical resources. Their actions have been centred in the norms, especially those related to household chores and hygiene standards, as well as in maternal and domestic functions. As a result, intervention projects focus on the domestic, impregnated in a philosophy surrounding the roles of wife and mother, full of moral and disciplinary discourses.

### **Social Work: a profession impregnated with the values and ethics of women:**

In this context, Social Work can be one of the professions called to have a decisive role in changing the above related practices in the intervention with women survivors of gender violence in Portugal. It's known than most social workers are women, as also most users of Social Services are women, either directly or as family spokespersons (Alcázar-Campos, 2014). This presence doesn't mean that social work is feminist, although it is impregnated with care ethics, associated to women's role in society.

In the last decades, Feminist Social Work (Collins, 1986; Dominelli, 1997, 2002; Orme, 2002) raised as one of the proposals of Anti-Oppressive Social Work, facing the conservative "Social Service", applying the feminist critical thought to the discipline.

Dominelli defined feminist social work as a form of social work practice that takes women's experience of the world as the starting point of its analysis and by focusing on the links between a woman's position in society and her individual predicament, responds to her specific needs, creates egalitarian relations in 'client'-worker interactions and addresses structural inequalities" (2002, p.7)

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<sup>1</sup> <http://www.guiaderecursosvd.cig.gov.pt/>, acedido em Janeiro de 2017.

<sup>2</sup> <https://www.dn.pt/lusa/interior/governo-aprova-novas-regras-para-rede-de-apoio-a-vitimas-de-violencia-domestica-8787702.html>

The integration of gender perspective in Social Work evidences the need for deep changes regarding the strategies and actions of the professional teams in shelter houses and in attention centres, in the sense that they should put the woman in the centre of the intervention, evading both the moralizing discourses and the valorization of women as subaltern subjects, encapsulated in roles, obligations and prohibitions of gender.

Dominelli (1999), from a white anti-racist socialist feminist perspective, affirms that the application of feminist intervention reduces the isolation and guilt in women, knowing their social role, position and disempowered status. It is empowering because validates the female experience and makes possible to build networks with other similar. Finally, women can interpret the questioning of its position as a first step in the process of empowering themselves.

As the analysis of Magalhães et al. (2011) shows, this feminist social intervention has not been the mainstreaming in Portugal social work concerning gender violence victims. From here onwards, my research will be transferred to the field, looking for the possible ways in which the practice of social work has followed the feminist proposal. In my research route, I will interview women from feminist movement, state officials and, above all, social workers in the Portuguese system of intervention with women survivor of gender violence.

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# Intimate Partner Violence

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**Theme:** Intimate Partner Violence

**Title:** Male victims of domestic abuse: An analysis of needs and service provision in Wales

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## Background:

The conference presentation was a summary of the first presenters (SW) PhD study entitled; *An investigation into the needs of men experiencing domestic abuse and current service provision (Wales)*. The aim of the study was to identify the needs of abused men and determine whether existing services in Wales have provisions to meet those identified needs.

Prior to commencing PhD study, the first presenter worked in a gender inclusive domestic abuse service, firstly as a support worker and then qualified as an Independent Domestic Violence Advisor (IDVA)<sup>3</sup>. Very few men actually came forward to disclose abuse and seek the support of the centre. When they did, some types of support (male refuge) were more difficult to access than others were, or did not exist (recovery programmes or group activities). Within the United Kingdom, support and interventions have been developed to manage the serious problem of male-to-female domestic abuse (Dobash & Dobash, 2004) and tailored to meet the needs of women and children (Welsh Women's Aid, 2010). Consequently, abused men have been an added to the remit of support designed for women and children. Domestic abuse services working with men have described the sector as a '*female domain*' that does not recognise men and the stigma associated with male victimisation (Hester et al. 2012). In 2014, an independent review of domestic abuse provision in Wales highlighted a failure to match provision to need for specific groups which included male victims (Berry, Stanley, Radford, McCarry & Larkins, 2014). Similar to provision, research has traditionally focussed on female victims/survivors. Despite an increasing number of studies exploring male victimisation, the area remains underdeveloped. Literature exploring men's internalised and help seeking experiences of domestic abuse remains limited (Corbally 2015; Morgan *et al*, 2014).

## Method:

Data was collected using mixed methods over three phases:

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<sup>3</sup> IDVA's provide short-term intensive support to women and men assessed as being high risk of serious harm or murder.



- Phase one – a ‘*service description*’ questionnaire to “map” domestic abuse service provision for men across Wales and identify how those services collected, stored and shared their data.
- Phase two – a ‘*service information*’ questionnaire to collect the number of male referrals, the source of those referrals, the types of needs identified and the types of support provided/sought. In parallel, in-depth interviews with 7 abused men who had sought and engaged with on-going support. In-depth interviews were analysed using Interpretive Phenomenological Analysis (IPA) (Smith, Flowers & Larkin, 2009).
- Phase three – Twenty semi-structured interviews with managers and practitioners of domestic abuse services identified as supporting men. Data emerging from Phase one and two informed the development of the interview guide. Interviews were analysed using Thematic Analysis (TA) (Braun & Clark, 2006).

Findings from across the data set were triangulated using a meta-matrix (Wendler, 2001).

## Results:

At the time of analysis, 48 domestic abuse and sexual violence services were identified as supporting men<sup>4</sup>. Thirty-seven (77%) returned the *service description* questionnaire (48 questionnaires distributed) and 79% (n=26 of 33 questionnaires issued) returned the *service description* questionnaire. Data from phase one informed the development of a unique interactive service map of Wales. The map is available to professionals and men who are seeking to access support and provides information including; name of service, contact details, opening times and type of service provided.

<https://www.google.com/maps/d/edit?mid=zAV88zLPt4Lk.kVycmA6JTRTc>

The most common type of support provided to men by domestic abuse services in Wales was “signposting” (76%). IDVA services were available to men in 49% of services and 11% offered a male refuge. Services shared their data with multiple agencies and funders (Women’s Aid, Police, Local Authority, Partner agencies). Sharing data with Welsh Government accounted for 38% of respondents. Male referrals to domestic abuse services ranged from ‘3’ to ‘634’ over 12 months and 31% of services had an engagement rate of 50% or less from referrals. Police were the main source of referrals (n=790), followed by self-referrals (n=125), housing (n=60), social services (n= 21), health (n=9), mental health (n=1), substance misuse (n=1). Safety needs were the most commonly identified needs (n=499), followed by emotional (n=311), financial (n=149) and housing (n=149). The most frequent reason for needs not being met was that the provision required was unavailable.

Analysis of in-depth interviews with men identified four overarching themes: *a need for recognition (of male victims and the impact)*, *a need for safety*, *a need to accept the abusive experience* and *a need to rebuild*. However, *a need for recognition (of male victims and the impact)* was dominant and influenced all subsequent overarching themes Analysis of semi-structured interviews identified six overarching themes: *against the tide*

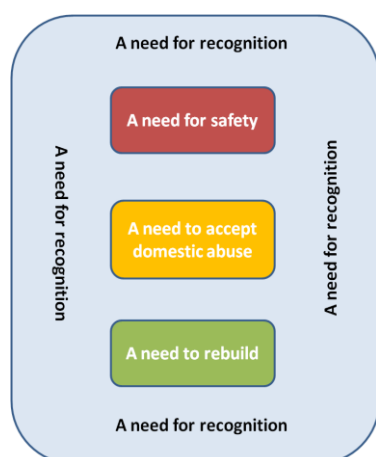
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<sup>4</sup> Data was checked October-November 2016.

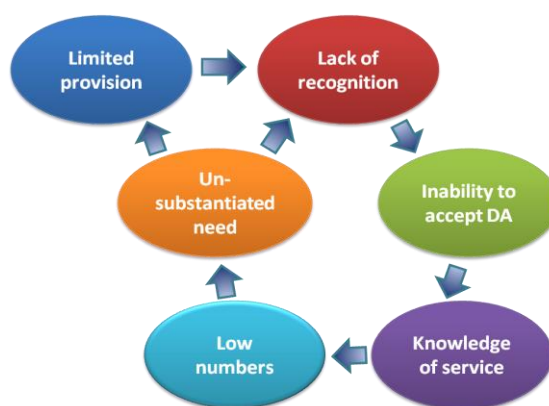
of recognition, a need to recognise and accept domestic abuse, knowledge of provision, low numbers, resources (time & funding) and rebuilding.

Triangulation of all data found two dominant themes/needs; *a need for recognition* and *limited provision*. The lack of recognition was evidenced through the minimal male referrals received from external agencies such as housing, health and social services to domestic abuse services. Recognition (and the lack thereof) was the overarching theme within in-depth and semi-structured interviews. Limited availability of provision was evidenced throughout all interviews and services questionnaires. The lack of recognition had a number of detrimental consequences that included; an inability to accept and/or recognise abuse, delayed or absent help seeking (which prolonged abuse, increased risk and hindered recovery) and limited knowledge of service. All of these factors hinder rebuilding (Figure 1). For services, a lack of recognition feeds an inability to accept/recognise abuse, which coupled with limited knowledge of service results in low numbers of men accessing support. Low numbers of men directly impacts the evidence of need required to apply for funding to develop or expand services for men. This results in limited availability of provision and feeds back into a lack of recognition (Figure 2).

**Figure 1: Need for recognition**



**Figure 2: Perpetuating cycle of a lack of recognition & provision**



### Key messages:

- Men need recognition that they can be victims, that they can experience real harm, real fear, and that the abuse is serious. Men need to know that it is ok to be a victim, that it is ok to be vulnerable and that it is ok to seek help.
- Abused men need knowledge of existing services and reassurance that their experiences are serious and important.
- Men from in-depth interviews experienced physical, sexual, emotional, financial and controlling behaviours. They did not directly seek the support of a domestic abuse service. They required

reassurance from others (mental health, welfare services, police and family) that their experiences were serious and important enough to do so.

- In Wales, limited provision exists for men, “signposting” was the most common type of support offered to men.
- The most frequently identified needs of men by domestic abuse services was safety needs followed by emotional support and practical (financial and housing).
- Male victim referrals to domestic abuse services from health and social agencies (housing, health, substance misuse, social services, mental health) were very low.
- There is a lack of a consistent approach to data collection amongst domestic abuse services.

### **Conclusion:**

Domestic abuse is a serious issue regardless of gender (Corbally, 2015). Men experiencing domestic abuse need recognition, safety, to accept the abuse and to rebuild. The lack of recognition and limited provision for men were the two dominant themes across the data set. However, the need for recognition is central. For men, the lack of recognition hindered their ability to recognise and accept their victimisation, leading to prolonged abuse and risk to their safety. For services, it results in low numbers seeking help, unsubstantiated need and limited provision. Men need to know that all experiences of domestic abuse are serious, important and deserving of recognition and have access to specialist, targeted provision.

### **Recommendations:**

This presentation is a short summary of the first authors PhD study, recommendations offered are restricted to reflect the information provided in this summary.

Raise the profile of male domestic abuse via dedicated and visible promotion campaigns at a local, regional and national level. The absence of awareness and promotion continues to sustain the lack of recognition. Promotion of the issue offers the potential to instil abused men with the confidence to know they are not alone, to recognise their victimisation and know that help is available.

Domestic abuse services providing support to men should proactively promote their service. Promotional material and awareness raising should include men and consider innovative approaches to reach out to men. Health and social care professionals should have knowledge of domestic abuse services and referral pathways and be aware to the possibility that a male they are working with might be experiencing domestic abuse. Facilitating a safe enquiry and disclosure important. Specialist support offers validation, advocacy, safety, emotional support, practical guidance and the opportunity to recover.

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**Theme:** Intimate Partner Violence

**Title:** Female insecurity: integrating the concepts of fear of crime and intimate partner violence (IPV)

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### ***Introduction***

Through a review of the last fifty years of scientific literature concerning the field of fear of crime, it is possible to observe that gender is consistently considered a relevant variable in quantitative studies (LaGrange & Ferraro, 1989; Hale, 1996). In fact, women frequently report higher levels of fear of crime even when, according to official data, they present a lower risk of victimization. This apparent gap has been called ‘fear-victimization paradox’ (Skogan & Maxfield, 1981; Warr, 1984).

In order to better understand the above-referred paradox, it is necessary to take into account the wide range of victimizations to which women are subjected that are often invisible in official data or surveys— the victimization that arise in the intimate life (Stanko, 1988, *cit. in* Carcach & Mukherjee, 1999). Thus, in an effort to reconcile two apparently distant constructions in the criminological field, in the next lines the authors propose a theoretical reflection upon the concepts of intimate partner violence (IPV) and fear of crime.

### ***Fear of crime***

Fear of crime or the subjective insecurity has been studied in its own right (Hale, 1996). Empirical studies have been trying to understand which groups report higher levels of fear of crime, focusing mainly in social demographic variables such as gender, age, social status, education, victimization and, more recently, personality dimensions (e.g., Guedes et al., 2018). At the same time, many researchers have been discussing the meaning and nature of fear of crime. Most of the studies agree that this phenomenon, conceptualized in a broader way, encompasses three main dimensions (e.g., Gabriel & Greve, 2003; Madriz, 1997): an emotional element (fear of crime in a restricted sense), a cognitive dimension (risk perception of victimization) and lastly the behavioral component (what people do or intend to do to protect themselves).

Scientific community has consistently shown that the best predictor of fear of crime is gender. In fact, women present higher levels of fear of crime, perceive a higher risk of victimization and they tend to report more behaviors for security reasons (e.g., Reid & Konrad, 2004). Nevertheless, women, when comparing to men, are the least victimized. The disparity or difference between levels of fear of crime and the levels of victimization has been called ‘fear-victimization paradox’ (Warr, 1984). Among the set of explanations to this apparent paradox, one of the most known approaches is the failure in capturing the full extent of female victimization (Sacco, 1990).

### ***Intimate violence***

Due to historical issues which date back to traditional patriarchy, it was only after the 1960s and 1970s that the problem of violence practiced in the context of intimate life was brought out of the *closed doors* of north-American houses (Straus, Gelles, & Steinmetz, 1980). Consequently, the traditional conception of family and its

“protective and security” character were questioned (Fineman & Mykitiuk, 1994), contributing to the emergence of an official discourse concerning domestic violence.

In a logic of decentralization, domestic violence gained relevance in several other countries in the final decade of the twentieth century reaching epidemic contours and being recognized by the *World Health Organization* as a serious public health problem (Garcia-Moreno, 2006). In the present work, domestic violence will be conceived in a restricted sense, the same is to say that it will be limited to the kind of violence perpetrated by an intimate partner against his female partner in the context of intimacy relations, a commonly known typology in the scientific literature by IPV – Intimate Partner Violence (McCloskey, 2007).

### *Understanding fear-victimization paradox*

During several years, female fear was considered unreasonable and irrational due to the discrepancy found between fear and risk victimization among women (Hale, 1996; Carcach & Mukherjee, 1999). Through empirical research, many authors tried to solve the problem of this apparent paradox, suggesting some hypothesis related to sexual abuse and domestic violence. In fact, according to Hale (1996), official data is unable to capture the total nature of female victimization. Moreover, it is necessary to take into account the females’ perception regarding their own vulnerability and the strength of that perception while reporting fear of crime (LaGrange & Ferraro, 1989; Pain, 2000). According to Smith, Torstensson and Johansson (2001) female vulnerability suggest two interpretations, the objective and the subjective. While the first manifests depending on the smaller size or strength to repress any aggression or threat of abuse, the latest manifests depending on “reminders of vulnerability” which are highlighted by both physical and moral harassment and by the impotence of women facing the traditionally patriarchal organizations which still exist in today’s societies.

Moreover, these authors conclude that women are more sensitive to changes in the perceived environment and, consequently, that this higher sensibility increases both the risk perception and fear of crime. In turn, Maccoby (1998, *cit. in* Snedker, 2012) argues that part of disparity found between official crime rates and fear of crime for women may be related to the general socialization that encourages women to be emotionally expressive. That means, while women are reporting levels of fear accurately, men may dissimulate (e.g., Sutton & Farrall, 2005).

Fear of crime reported by women also reinforces, according to Madriz (1997) women’s self-image as potential victims of crimes and facilitates men’s social control over women, accentuating gender inequalities and keeping patriarchal power in evidence. In a kind of propagating effect, the consequences of this self-image are reflected in the women’s way of life, on the adoption of avoidance behaviors and in an increased sense of insecurity.

In 1996, Ferraro formulated also a highly supported hypothesis known as the *shadow of sexual assault*. The referred theory states that high fear of crime among women is to a largely extent heightened by fear of sexual offences, whereby fear of crime is fear of rape (see also Warr, 1984). In fact, when women confront a potential offender, they fear that a rape may occur and that this fear “shadows” their fear of other forms of victimization (such as burglary). Recent studies supported this hypothesis (e.g., Fisher & Sloan, 2003; Ozascilar, 2013) arguing that the threat of sexual abuse was a great predictor of female fear.

Pain (1997) asserts that if one could draw a map of the places of this kind of violence against women, there would be far more rooms than alleys, parks or any other public areas. Thus, in relation to the female case, contrasting with the natural tendency of studies on fear and prevention of the danger represented by the dark figure of the “other”,

data reveal that it is more likely that a women experience victimization by an acquaintance than by the hands of stranger (Drakulich, 2015). In this sense, it necessary to take into account the numbers of a violence that is hidden under the label of “privacy”, far from the possible direct intervention of the formal control instances – the intimate partner violence.

***The necessary deconstruction of the dichotomy between public and private space in the female fear picture reported by women***

According to McCloskey (2007), violence between intimate partners runs through different classes, cultures, ethnicities and nationalities, resulting in high physical and financial costs for governments, individuals and families across all over the world. Nevertheless, Pain (2014, p.532) states that

“domestic violence does not receive the levels of attention and resourcing that it merits. In the current context of austerity in western countries, services for people who have suffered domestic violence have seen brutal cuts. Here is a crime as close to home as it gets, but there is a persistent tendency to minimize its significance in comparison with more public forms of violence.” (p. 532)

This observed trend in political decisions is also perceived in the scientific production of fear of crime in women. Koskela and Pain (2000) suggest that built environment has been receiving more attention from academics and politics comparing to other social and deeper causes of fear. In this sense, domestic violence and the pervasive effects of fear in individual’s life cannot be seen as a merely question of privative or individual conflict, rather, this type of violence and its consequences are related and are sustained by serious inequalities at a society level (Pain & Aid, 2012).

In a study conducted by O’Brien e Sampson (2015) it was concluded that private environment exerts a relevant but indirect influence on crime rates verified in public space, since they create a favorable context to the emergence of various problem-situations. The above-referred analysis brought a “new set of information and hypothetical mechanisms by which disorder and violence precipitate community change” (p. 503) and, in turn, these mechanisms operate in a kind of a *looping effect* through which violence in both public and private spaces is mutually influenced.

Even facing such findings, authors such as Whitzman (2007) argue that violence both in private and semi-private places is left out of most of the studies about fear of crime. Feminist’s researchers have highlighted the importance of this type of violence, arguing that violence suffered in private space modifies the women’s perception of fear in general. In other words, “physical, sexual, and psychological abuse by male intimates is a major predictor of women’s overall fear of crime” (Broll, 2014, p. 3). If, on the one hand, female fear seems unreasonable or irrational when analyzing the statistics of women’s victimization of the often-called street crime, this “irrationality” (in addition to the above mentioned reasons) loses even more strength when both public and (semi)private spaces are considered. Accordingly, Pain (1997, p. 299) states that “the marked spatial patterns of women’s fear call into question the idea that levels of victimization are enough to explain it”.

Broll (2014), using data from the Canadian General Social Survey, found that one in each five women reported to suffer a physical abuse in the last year. Moreover, crossing victimization data with fear of crime rates, it was found that women who experienced any type of IPV, reported higher levels of fear of crime comparing to those

who had not suffered this type of victimization (idem). In this sense, intimate violence plays an important role as a predictor of fear of crime reported by women.

### **Conclusions:**

The existent relationship between reported levels of fear and the objective numbers of female victimization, while apparently paradoxical, finds its reason in the inherent complexity of multiple forms of violence that women are subjected, namely when intimate crimes are taken into account.

In this sense, there is a gap in the development of the literature about fear of crime with regard to the “new crimes” emerging in the criminological debate of recent years, among which we highlight domestic violence (Jarrett-luck, 2015; Broll, 2014) and, concretely, the IPV. Therefore, the present theoretical analysis may contribute to the need to re-read of fear of crime under the lens of intimate violence against women.

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**Theme:** Intimate Partner Violence

**Title:** Complaints of Marital Violence Against Women - Characterization and Critical Analysis

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Violence against women is a social and health problem that afflicts millions of women all over the world, according to World Health Organization (2012). There are several consequences of this problem to women (like health injuries, abortion, cognitive and mental health problems) (Netto et al, 2014; World Health Organization, 2012), as well as to people that live in the same context of violence (being direct or indirect victims), as children or other adults. In Brazil, after 12 years of enactment of the Law 11340/06, called Maria da Penha Law, and more than 30 years after the implementation of the first Women's police station in Brazil (at the time, known as Delegacia de Defesa da Mulher – DDM) in 1985, we find ourselves contented with discussions and practices dedicated to the defense of women. At the same time, we resent from observations and actions that depreciate achievements and new demands of women. In such an ambiguous values background, it becomes relevant to investigate how and under which conditions public policies to face violence against women are applied, in order to assess aspects that should receive more attention, improvements or investment, as well as to clarify the critical points that prevent or minimize the success of planned actions.

Observing the report “Atlas da Violência 2017” (Cerqueira et al, 2017), Brazil experienced a decrease on the total rate of women's homicides, although the rate of black women homicides increased. This report, using data provided by the ministry of Justice, along at least 10 years, listed Espírito Santo among the Brazilian states with one of the highest levels of violence against women. Fortunately, in the 2017 issue of the report, Espírito Santo's situation has improved, moving from first to eighth in the ranking. This study contemplates one of the first police stations dedicated to the investigation of violence against women, implemented in Vitória in 1985 (Women's police station -Vitória). This Police Station is, even today, one of the primary references of public service regarding policies concerning violence against women at Espírito Santo's capital.

### **Objective:**

The aim of this study is to characterize crimes reported at Women's police station -Vitória, the women who reported them and the men denounced. We are also going to discuss about the women's decision to proceed with a criminal representation, based on information about the women and their relationship with their partners/ex-partners.

### **Method:**

We collected and analyzed data from a sample of 613 incident reports recorded in 2010 involving marital violence against women. These amount to 76.1% of the period's 805 reports (other cases involved

neighbors, situations of violence and harassment at work, and other types of family violence – brother and sister, son and mother, father and daughter, cousins, etc).

Some of the information collected from the complaints were: data about women and the person denounced (age, skin color, educational level), relationship with the perpetrator (ex/partners, married, separated, boyfriend, fiancées...), type of violence (threats, humiliations, physical injuries, rape or others), history of violence and decision about criminal representation against the perpetrator. All information was organized and analyzed using Microsoft Office Excel and Sphinx Lexica (descriptive and correlational analysis software).

## **Results and Discussion:**

Characterization of crimes reported at Women's police station - Vitória, complainant and offender personal corroborates most data from other studies in Brazil, as punctually described below.

**CRIMES REPORTED:** Most of the reports concerned threats (387; 63.1%) and/or physical injuries (169; 27.6%), as described by Madureira et al (2014), Menezes et al. (2010) and Sousa et al (2013). During the investigated period (06 months), 24 (3.9%) women registered 2 denounces and one registered 3 different complaints.

## **POPULATION ATTENDED AT WOMEN POLICE STATION**

Only one of 613 police reports involved a lesbian couple. The absence of lesbian complaints is a serious symptom of violence invisibility in LGBT relationships, as Avena (2010) described in her study. All other reports related to heterosexual relationships and the persons accused of perpetrating the violence were men; most of them (265; 55.6%) were described by the offenders as ex-partners (ex-husbands, ex-partners, ex-boyfriends...), corroborating Zaluar (2009) findings. Difference between the number of complaints against partners and ex-partners was significant ( $\chi^2(1) = 8.07, p < 0.05$ ). It seems important to women to regard the relationship as effectively finished in order to choose on finally reporting the violence. It is also important to acknowledge that this is the women declaration during the complaint registration and does not guarantee that the relationship will not be reestablished afterwards.

Women's police station – Vitória assists a population similar to the already described in the Brazilian literature. Most women, and denounced men, had low educational level, a low-qualification job and low income; most of them were black and aged between 30 and 45 years-old. Women average age was comparatively smaller than men's ( $M=33.59$ ;  $M=37.2$ , respectively) and, in general, women had a higher educational level; 62.8% (385) of women communicated a history of suffering aggression on the relationship (physical, emotional or sexual). Different from Madureira et al (2014), data showed that most women were employed at the time they registered the complaint. Data collected at Women's police station – Vitória are also similar to a SINAN's (Sistema de Informação de Agravos de Notificação), a national system for recording injuries, data analyzed by Barufaldi, et al (2017).

In 2010, any crime involving Law 11340/06 implicated on a conditioned criminal action, meaning that

a woman could decide to prosecute or not the denounced part after the crime was registered at the Police Station. In 2012 all complaints involving physical aggression against women, incurred in Law 11340/06, became a public unconditioned criminal action. Data collected before 2012 allow us to analyze the decisions about criminal representation.

Criminal representation was required by 58.6% of the complainants. Among the 385 women with history of suffered aggressions, 67.8% required to represent, and from the 220 women that had not communicated previous aggressions, 42.7% decided that criminal representation was required (some police reports did not have this information). Co-occurrence analysis indicated that this difference is significant ( $\chi^2(1) = 35.92, p < 0.05$ ), and reinforced our hypothesis that a history of violence on the relationship matters regarding women's decisions about complaints.

We understand that data about previous aggressions also indicates how difficult it is to leave a violent relationship, which, in general, involves several attempts. Unfortunately, it also seems more likely that women try to leave a relationship and/or to stop the violence's progression when aggressions become obvious, intense and severe. Although not a rigid rule, it is common that violence gets worse, more harmful and even lethal over the course of years of a violent relationship.

### **Final Considerations:**

Data reveals the importance of services provided by Women's police station - Vitória, in order to protect and guarantee women's rights. History of aggressions seem to be an important variable on some decisions that insert women in the legal system and, because of this, must be carefully collected during the procedure of interviewing women denouncers. This information may be central to conduct police professionals following procedures and decisions, such as legal orientation or insertion of women and/or their children on victim's programs or shelters. As thought, as one of the first (or the first) services where women go to obtain information, Police Station professionals must be prepared to indicate other services where women, their children and other relatives that may be affected by violence can receive attention, social and psychological support and legal orientation.

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**Theme:** Intimate Partner Violence

**Title:** ‘I did not see my daughters for years.’ The impact of coercive control on post-divorce relationships between mothers and children

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## **Introduction:**

Investigating the roots and the penetrating effects of disrupted post-divorce family relationships is essential to raise awareness and guide practitioners and researchers in their attempts to understand and treat complex family matters. Only with greater awareness can society promote greater safety, diminish emotional harm, and promote healthy parenting. More specifically, post-divorce relationships are becoming a worldwide issue. Yet research is limited concerning how post-divorce relationships are poisoned by prior and continuing domestic violence. An issue of special interest is how post-divorce relationships are shaped by the continuing tactic known as *coercive control*, through which one parent reorients their children’s view of the other parent to sabotage their parent-child relationship, often with severe short-term and long-term consequences.

In *Mothering Through Domestic Violence*, Radford and Hester (2006) demonstrate that the undermining repertoire of domestic violence can include emotional violence by the male partner against the female other; a prime example is when the violent partner strives to denigrate and dissolve the parental bonds between the children and the targeted female as a mother. Thiara and Humphreys (2015) have coined the term *absent presence* to describe one way an abusive male ex-partner may try to control the relationship between the ex-spouse and their children. Katz (2016) has demonstrated that the impact of an ex-partner’s coercive control on children can show up in how they regard the targeted parent or are under attack themselves. Children of any age can become emotionally corrupted by becoming a part of the power play of the abusing parent (Dijkstra, 2016).

The disruption of a child’s relationship with one parent after divorce, is like abuse and witnessing abuse considered to be an adverse childhood experience (ACE), causing suffering and high costs in mental, relational, and health issues (Felitti, 2002). A substantial percentage of children do not see one of their parents anymore after the divorce. *Parental alienation*, meaning one parent’s turning the child against the other (Baker & Fine, 2014) might in continuing abuse cases be related to using coercive control of the child’s feelings and perspective to blame the targeted parent for the divorce.

At this time, the idea of parental alienation as an emotionally abusive tactic used by one parent to alienate the affections between their child and the other parent is controversial, mostly because it can be applied in either direction. It is crucial to distinct alienation, deliberate rejection after divorce without any ambivalence from estrangement due to realistic rejection based on past abuse experiences (Dijkstra, 2017).

A targeted parent can charge the abusive parent with deliberate efforts to alienate the child’s affections, but the reverse can occur: a parent can falsely make that same charge to pose as the victim of a vengeful ex-

partner. The claim of parental alienation can also be used by an abusive parent to threaten and gain control of the abused partner, using the threat of the loss of access to the child. Canadian shelter workers have reported false allegations of parental alienation leveled against mothers by abusive men as a tactic to threaten and scare the mothers living in a shelter setting, motivated by the men's desire to gain access and even sole custody of the children (Lapierre & Côté, 2016). Further, the idea of parental alienation might have intergenerational patterns, in which past abuse and alienation experiences of parents and grandparents form the basis for post-divorce rejection in their divorcing adult child (Dijkstra, 2017).

### **Questions, methods, and concepts:**

The focus of this ongoing, small-scale, in-depth study is on this process of alienation of affections between parent and child and its relational dynamics. Eight mothers and four fathers were interviewed for the study so far, and two focus groups were held with seven mothers and six fathers. This article considers the interviews with the mothers, concentrating on the power and communication dynamics between the two parents, and between parents and their children. (The fathers' interviews may be treated in a future article.)

Alienation is described that one parent, out of anger or resentment is deliberately or unconsciously influencing the children to distance and separate from the other parent, by making the other parent look bad, mad, ridiculous, and deviant as well as as imparting inappropriate information with the children such as allegations of adultery, addiction, or financial irresponsibility--a sharing process known as enmeshment. Parental alienation means that the child has become enmeshed with the preferred parent, and has rejected a relationship with the targeted parent. (In defining this term, a secondary issue is the extent to which the allegations against the targeted parent are factual.).

Once a child starts to reject a parent in spite of the previous parent-child bond, the child employs a defense mechanism known as splitting, meaning to divide the world and people into binary categories of all good or all bad. Although this might be done subconsciously as a protective measure, it leads to black-and-white thinking and blocks the capacity to sense nuance and ambiguity in transitions between worlds, and is a sign that the child may well be in deep psychological and emotional distress (Woodall and Woodall, 2017).

A child involved in splitting will switch from a comfortable state of harmonious bonding into a split mind of anger, resentment, hatred, rudeness, ruthlessness, and rejection. Normal contact is broken off (Woodall & Woodall, 2017). Switching typically follows the onset of splitting.

### **Interviews:**

The women interviewed were between 40 and 68 years of age and had been divorced for between three and 22 years. Each was a mother to two, three, or four children who at the time of the interviews were between nine and 38 years of age. During the interviews, each woman describe how in the period before and during the divorce she was put under great pressure, part of which originated from her partner's efforts to disrupt her contact with her children. Nicky (40) states that her ex-husband tried to humiliate her and eliminate her from their marriage, with the help of his mother:

*My two children have been stolen from my nest, and my ex-husband's family has been helping him erase me from their lives.*

Maria (68) has three adult children who were 12, 16 and 18 years old when she was divorced 22 years ago. Recently she had contact with her son due to his illness, but has not seen her daughters for years. She was severely abused physically and mentally by her former highly positioned husband. From time to time he would lock her in the garage and chain her there like a dog. He ruined her charge card account and gave her no household money. He denigrated her constantly during their marriage, even in front of their children. When she left him, he tried to run over her with his car. Maria describes her situation:

*When I left home for the divorce, after ten days I got my children back acting as if they were devils; I was afraid of them. They rejected me and said that I had enjoyed a beautiful life for more than twelve years, thanks to their dad and his high position. I was not welcome at their birthdays, at their graduation ceremonies, and their weddings, and they were sending me hate mail every day. The terror and manipulation of their father continues until today. If they have contact with me, they try to hide it.*

Sophie (45) lives with her ten-year-old son, while her thirteen-year-old daughter lives with her exhusband. Sophie describes another pattern in which her ex-husband's two-faced behavior and his manipulation of the children's perspectives became evident at the conclusion of their marriage. She also reveals that he hides his anger, remaining outwardly calm, and how he uses the alienation allegation against her:

*I did not know how manipulative he is until the end of our relationship. I had breast cancer then and one breast had to be amputated. He was like a chameleon until then, but after the divorce nine years ago his anger was really provoked. What kind of person is he? When I raise my voice, he stays calm and in control: his legs are spread wide, his body relaxed. He spreads his hands with open palms and looks up with puppy eyes. He is a very charming man who is pleasing, but who turns on you, manipulates while remaining outwardly calm. For years he did not look after our kids (now ten and thirteen). I was the nurturing parent. Now to the outside world he claims to be the alienated parent.*

Carey (48) also spoke about severe emotional abuse in her previous marriage. She is nine years divorced, with three adolescent children and has sole custody. Nowadays her ex-partner tries to turn the children against her. The two elder children, fifteen and nineteen, refuse to see their dad, but the youngest, fourteen years of age, is getting angrier all the time under his father's influence, and as a result tensions between the siblings are growing. His father has promised him a bigger room, a puppy, but according to Carey her ex-partner cannot take care of them:

*He indulged the children and compensated them. When my youngest of fourteen complained that he had to mow the lawn, he said, 'Oh my! Don't do it. You are far too young for this. Just come live with me.' He made my son write a letter to the judge saying that he wanted to live with his dad. All three of my children are affected: my eldest has a gambling addiction, my youngest is full of anger, and my daughter falls for dominant, nasty males. After nine years I am just a shadow of the woman I used to be, and very, very tired. My ex turns everything around, twists all the facts. My family fell apart regardless of whatever I did.*

Carey states that her ex-partner has not the capacity to raise their children:



*He appears to be a caring and sociable father who misses his three children dearly. But if you look more closely, you see he doesn't keep a single appointment [involving the children]. He cannot go into the world of his children and he knows exactly how to hurt me and put me down.*

And Norma (55) finds out that her ex-husband tries to erase her out of his life and the life of the children. The co-parenting soon fails and the children say they want to live with their father and his new wife, her former friend:

*Soon after the divorce decree, my ex started a relationship with my friend, a single mother I had known for more than twenty years. I have never seen her again. I initiated a phone call to her almost a half-year after the divorce; during that call she did not reveal the relationship. My ex told me that he had shared everything with her, just as he had shared everything with our children about our bad partnership, my neglect and abuse as a mother, and my adulterous behavior. It was all his version. He induced our children to become compliant accessories in his revenge against me, creating a justification for this ugly new truth.*

All the women interviewed gave examples of the rude, inpolite, angry, and manipulative behaviour of their children under their ex-partners' influence, in which they showed no ambivalence or remorse; sometimes two or more children would cooperate in group-think about how to persecute their mother.

*My children, 11 and 14, manipulate me now and show no compassion. Last Christmas at my house they were lighting the wall paper on fire where they had cut out a heart for their father and a skull death symbol for their mother, stating 'We hate you.' They acted as a team with their dad and phoned him to say they did not want to stay with me.*

The grooming process might be accelerated by the technology of the smartphone and WhatsApp, facilitating the absent-presence of the ex-partner in the life of their ex-spouses, controlling and manipulating the children:

*They are using their phones and texting on WhatsApp all the time they're with me, and my ex is fueling their rude behavior. Now I cannot make eye contact with my sensitive daughter anymore. Her eyes are mostly empty. My son came home and said, 'Why did you not kill the dogs? What the heck did my sister play on my X-Box?' He once was very sensitive, but now he is so angry and under pressure as the only one of our three children who sees his father.*

The process of splitting and switching is described by the mothers who feel helpless and powerlessness because they cannot make contact with their children when they see them as they are from this defense mechanism shut off from communication and unable to bond, which shows in the absent and of look of their eyes:

*I see a wall. Then I cannot reach my son. I see the look in his eyes. His eyelids are down. I see no emotion and no contact. He looks present, but he is absent.*

### **Analysis:**

All women describe serious relationship troubles with their children and feel not understood nor supported by service provision or school. There seems to be different combinations and patterns of alienation.

Maria speaks about the ongoing violence and coercive control and personality problems of her ex-husband and she thinks that one adult child has serious personality problems as well and one has serious anger problems. All three adult children are afraid of their father. Nicky describes how the step family is enabling to alienate and claim the children, making it a group action. Norma, Carey and Mary reveal patterns of alienation in their own family history. Mary had not seen her own parents for years and Norma tells that her grandmother rejected both her children and that an older sibling broke off contact with their mother.

A second issue from the interviews is that the professional system can be blind to manipulation and violence among clients, which seems to be related to a dangerous lack of in-depth knowledge about the actual dynamics of mental domestic violence. They can lack the ability to cope with these complicated issues. Nicky states:

*They don't know how to ask the right follow-up questions and they seem to be unable to track or evaluate what is really going on in this case.*

This official tone-deaf stance fits well into a bureaucratic system designed to fit every case into a single frame, and it greatly benefits the manipulating ex-partner. In Nicky's case school was prejudiced by her ex-partner's slander against her:

*My ex-partner had badmouthed me to students and teachers in my son's school. My son was watched over by a teacher during and after the school play he was in, to prevent me from speaking with him.*

Sophie states that the referral to social professionals was useless because:

*Safe Home has no idea about my case. They do not see the violence.*

Carey too has lost confidence that she can get the help she needs. She is all too aware of the constant pressure exerted by what she calls "the divorce industry"—the multiple social professionals charged with treating complex divorce—urging her to communicate more effectively with her ex-partner, as if in every case the problem is about two well-meaning individuals who simply need more practice at communicating with each other. In such situations it seems that the professionals cannot admit that one of the two ex-partners may have a malevolent agenda that frustrates everything the social professionals' network can attempt to improve the situation. Communication is a usually helpful, but it can be dangerous if the overall context is misunderstood or the analysis of the circumstances is shallow and bound by bureaucratic routine:

*They overlook the structural manipulation of my ex-partner or they repeat the mantra of improving communication between us as parents. But my ex will never be able to do so. I am very tired of constantly explaining and still remaining unprotected. I have lost my faith that the system can help.*

## **Conclusion and discussion:**

Despite its small scale, this study nonetheless points to several significant conclusions if the perspective of the mothers quoted so far is taken seriously.

# International research is needed to substantiate and define further the phenomenon of children manipulated into rejecting and even demonizing one parent, and how that relates to prior violence and continuous coercive

control. What it can look like, how it operates, and what the impact might be on family relationships between partners and children in the short and long term are essential and fertile questions to be addressed.

# Make no mistake: the interviews cumulatively are a harsh indictment of society's present ability to recognize and cope with a huge and avoidable source of great suffering within families. The better social professionals and the general public understand the nature and impact of coercive control on children, and the vulnerability of children and especially teenagers to splitting their parents into angel and demon, the more quickly coercive control can be detected, identified, and targeted for treatment.

# As the interviews suggest, mothers are especially vulnerable to becoming targets of post-divorce abuse and denigration, when the preferred alternative is to strengthen the mother-child bond after violence occurs within the family.

# Generally speaking, domestic violence is known to be a gendered phenomenon as alienation might prove to be. Parental alienation is not limited to either gender; that means, for one thing, that future research needs to explore the causes and dynamics by which mothers and fathers after divorce are excluded from contact with their children and the consequences, both short-term and long-term, of that exclusion.

# How can social professionals better understand the double-edged sword of alienation, both as a tactic of false accusation to gain access and control over the targeted ex-partner, and as an anger or revenge strategy to destroy the ex-partner's parental experience by taking and claiming the children? The time around the age of twelve is when the splitting and switching process brings about the mental abduction of the children and the deprivation of the children of the parenting care of the targeted parent.

# Alienation is recognized as a mental health issue (Woodall & Woodall, 2017) and alienation that disrupts the parent-child bond is a form of child abuse and of ex-partner violence.

A deeper understanding of this kind of alienation, often unrecognized by social professionals even in its most flagrant form, is likely to improve the quality of professional care. A lack of understanding makes it more likely that professionals will simply reproduce the power imbalance and overlook the mental violence happening right under our collective nose.

# A deeper understanding can also protect social professionals from misunderstanding what is happening when a child turns against a parent. There can be an instinctive presumption of child-like innocence—that a child is too pure in heart to deceive and thus should be believed when the child says terrible things about a parent.

Recently in the Netherlands I developed a course for professionals engaged in child protection and family work to help them gain that deeper understanding by learning to recognise previously overlooked intra-family coercion and different patterns of violation. In doing so, I saw the importance of recognising these interlocking processes and how they interact with intergenerational patterns in families to make certain women and men more vulnerable to exclusion from family life during and after the divorce process. It became clear to me that further research is urgently needed to more clearly define those processes and patterns if social professionals are to be effective at addressing the causes and potential cures by developing a helping intervention strategy.

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**Theme:** Intimate Partner Violence

**Title:** An exploration of the processes involved when women chose to disclose they are experiencing domestic violence during pregnancy

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## **Introduction:**

This PhD research study examines the factors associated with the disclosure of domestic violence and subsequent positive service utilisation during and after pregnancy. It is a qualitative study, utilising semi-structured interviews which commenced in October 2016 and are ongoing. The study aims to address a research gap by interviewing women who have direct personal experience of the phenomenon of DV during pregnancy and who have sought help and safety to determine key supports and enablers both individuals and professionals; structures; responses; and referrals which enhance and allow safety and support seeking. Women are interviewed either during pregnancy or up to approximately five years post-pregnancy. Women are not asked directly about their experience of violence in the interviews, such as forms/frequency/intensity of violence, only their experiences of seeking help, support and safety. In Ireland the term domestic violence (DV) is used in law and national policies and is defined as:

‘...the use of physical or emotional force or threat of physical force, including sexual violence in close adult relationships..... It can also involve emotional abuse; the destruction of property; isolation from friends, family and other potential sources of support; threats to others including children; stalking; and control over access to money, personal items, food, transportation and the telephone’(Office of the Tánaiste, 1997, p. 27).

This broad definition encompassing all forms and manifestations of DV is being used in the study. The study will allow a greater understanding of the process of help seeking, a more research based targeted screening and responding to disclosures, information provision and effective supports to be available in maternity, health and relevant services in Ireland.

## **Ethical and safety aspects of the study:**

Both participant and researcher safety are of paramount importance in this study, particularly given that the study population are considered at high risk for ongoing violence, which may potentially result in death, of the woman and/or baby, as outlined in the MBRRACE report and in international DV risk assessment tools, such as Domestic Abuse, Stalking and Honour Based Violence or DASH (MBRRACE-UK et al., 2015). This focus on safety includes the use of interview spaces that are private for participants and not accessible to the public and researcher adherence to several specific study protocols to respect interviewee safety. The research study was granted ethical approval in February 2016 by the Research Ethics Committee in the Faculty of Health Sciences in Trinity College Dublin. The researcher follows the WHO ethical and safety recommendations for

intervention research on violence against women, has prior experience of working in DV services for women and undertaking similar research studies on complex social issues with vulnerable populations (World Health Organization, 2016).

### **Context and background to study:**

Improving detection of severe partner violence within health systems, particularly during pregnancy, has been suggested as a means of reducing risk of femicide (Campbell et al., 2003). Ireland has consistent birth rates and total period fertility rates which are higher than most European Union (EU) countries (Department of Health, 2016b) and as four out of five women in Ireland use maternity services in their lifetime, pregnancy presents an opportunity for screening for DV (Kennedy, 2015). The first Irish National Maternity Strategy highlights violence during pregnancy as an area requiring support from health professionals (Department of Health, 2016a). In addition, recent national standards for maternity care outline how women should be screened for DV as part of their antenatal social history, with appropriate referrals made if DV is disclosed (Health Information and Quality Authority, 2016). Ireland's Second National Strategy on Domestic, Sexual Gender-based Violence, accompanied by a corresponding Action Plan, also identifies pregnant women as a specific target group (Cosc, 2016).

Ireland joined the United Kingdom (UK) Confidential Maternal Death Enquiry in 2009, the aim the Enquiry is to investigate why women die during pregnancy or in the first year post-pregnancy and how to prevent such deaths (O'Hare, Manning, O'Herlihy, & Greene, 2015). The 2015 review of UK and Irish maternal deaths analysed data from 2011 to 2013 and contained a specific chapter on homicides and domestic abuse. The report states the high-risk nature of domestic abuse during pregnancy and the role of screening and referral to care pathways when DV is disclosed may have in relation to murder prevention. It also states that there is limited research on the factors that enable women to disclose and seek support when experiencing DV during pregnancy (MBRRACE-UK et al., 2015). The maternity services in Ireland are under pressure with high levels of demand for maternity care often in overcrowded hospitals with a lack of privacy, poor infrastructure and medical staff shortages (Kennedy, 2015). The recent CEDAW Review of Ireland noted a lack of resources in maternity hospitals and time pressures for women delivering babies (Committee on the Elimination of Discrimination against Women (CEDAW), 2017). These factors may contribute to a less than ideal environment in which to question women about any experience of DV during the ante and post-natal periods and limited opportunities to do so.

Data arising from the 2012 European Union Agency for Fundamental Rights (FRA) Violence Against Women survey provides the most recent, nationally representative research on DV prevalence for Ireland. The researcher accessed the FRA survey dataset for Ireland to review responses to survey questions on partner violence during pregnancy. The survey interviewed 1,569 women face to face in Ireland and 77% of the Irish survey sample had children. Reported experience of physical and/or sexual violence while pregnant by a current or previous partner is above the EU average in Ireland. Four per cent of the sample had experienced physical and/or sexual violence during a pregnancy with a current or previous partner and 2% of the Irish study sample

reported a miscarriage as a consequence of the most serious incident of physical and/or sexual violence by a partner since the age of 15, similar to the EU average. However, while the figures are too low to reliably calculate statistical significance between Ireland and the EU 28 the FRA Irish data provides an increased rationale to undertake the current study in Ireland (European Union Agency for Fundamental Rights, 2014).

### **Study design and methods:**

Research data is being collected through semi-structured interviews across Ireland in which women describe what helped them, and what did not, to seek support, safety, help and appropriate services: brief demographic details are also collected during the interviews. For the purposes of the study disclosure is defined as when a woman discloses that she is experiencing DV and is referred, or self-refers, to DV support service(s) (in a broad construal) or women's refuge at some point between conception and one year post-pregnancy. Women are interviewed regardless of the outcome of their pregnancy, as the study inclusion criteria allows for women whose pregnancy ended in a live birth, miscarriage or termination (abortion) to participate: nevertheless, all women who have been interviewed to date (September 2017) have had pregnancies that resulted in live births. The study inclusion criteria were drafted to ensure that women interviewed for the study were at a point where imminent risk was reduced, as determined by gatekeeper involvement and risk assessment procedures utilised in DV services, women were considered adults in law (i.e. aged 18 years and over); had support services and contacts in DV services to connect with should they be required post-interview; and were able to consent to, and participate in, an interview conducted in English. The study criteria are as follows:

Women over 18 years of age living in Ireland who;

1. Experienced domestic violence during a pregnancy or pregnancies;
2. Are currently accessing and/or in contact with domestic violence support services or have done so in the past and made initial contact while pregnant or in the first year post-pregnancy.
3. Are willing to take part in the research and to be interviewed;
4. Are deemed not to be in immediate or current danger from a violent (ex) partner(s); and
5. Can read, speak and understand English at a level that allows for written informed consent to be understood and obtained and for a verbal research interview in English to take place.

Given the ethical and safety emphasis in the study design and the high risk nature of the study population for experiencing potentially fatal and/or ongoing violence a large study sample was not anticipated. Interviewee recruitment is reliant on co-operation from DV service providers across Ireland, numbering approximately forty, to disseminate information on the research study and identify potential study participants (SAFE Ireland, 2014). However, study recruitment challenges emerged in relation to capacity of DV services sector in Ireland to inform and contact women who are suitable for the study. The sector has experienced increased client demand and a reduction of financial resources, in particular since the financial crisis of 2008: this has resulted in high numbers of women whose request for safe refuge accommodation cannot be met as DV services are full with multiple

demands on staff time (SAFE Ireland, 2014). The initial study design and ethical approval granted included up to two follow up interviews however, for reasons outlined this is now considered highly unlikely. Meetings have taken place between the researcher and DV services since January 2016 to inform them of the study and seek their support with participant recruitment. The meetings have assisted with study design and notes from the meetings will assist with final data analysis and triangulation. To date thirty two meetings with DV service providers and other relevant study key informants have taken place across Ireland organised by the researcher.

### **Preliminary findings:**

The study has shifted from an initial greater focus on the individual response to the phenomenon being explored to seeking key external factors women are encountering such as: resources (especially financial and housing), power dynamics (in relationships and maternity care provision) and familiarity with DV services and support all of which may impact on the help and safety seeking process being examined. To date all study interviews have taken place with women who are not Irish and issues such as literacy and language skills, familiarity with Irish service provision and legislation and family and community support for migrant women are noted. A report by the Irish Children and Family Agency, Tusla, states an over-representation of migrant women in face-to-face DV services in Ireland which is reiterated in Irish Women's Health Council research report on gender-based violence and minority ethnic women (Tusla Child and Family Agency, 2016); (Women's Health Council, 2009). In this regard part of the study sample could be expected to consist of migrant women but not the whole sample. Further examination of this and more concerted efforts to interview Irish women are planned by the researcher.

Emerging themes arising from the study interviews suggest that a lack of continuity of care and a lack of trust building opportunities between health care professionals and women erodes any potential for disclosure opportunities and reduces opportunities for help and safety seeking. Women reported that time pressured medical appointments, before and after the birth, in busy maternity hospitals without a sense of privacy are unhelpful in relation to disclosing DV. Clear signposting and resources indicating on how to access specialist agencies and supports for DV for women in maternity care settings are a requirement emerging in study interviews. Women may have self-referred in some cases to DV services, but finding help took time and may have increased the risk women were exposed to in relation to partner violence. Once women find or are referred to specialist DV services and refuges they are very satisfied with the services provided and refer to feeling a sense of safety in refuges. Once further study interviews have occurred deeper analysis of data for themes and issues emerging will occur.

### **Conclusions and next steps for study:**

Study interview recruitment will be ongoing until early 2018 with intensive efforts to broaden the study sample to include Irish women. Study interviews are also planned with a small number of experienced staff working in key services and settings such as DV, crisis pregnancy counselling, etc. to ascertain their views on the interviewee recruitment challenges and study findings. Ongoing liaison with key DV, health, justice, police



and maternity staff and services in Ireland on the study findings and emerging needs of the study population will occur by the researcher to inform policy and practice developments in Ireland related to DV and pregnancy. The PhD research study is expected to conclude in autumn 2018.

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**Title:** Premeditation in Portuguese intimate partner homicides

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In this short paper, we aim to put forward some of the findings regarding intimate partner homicides specifically the characteristics of premeditated intimate partner homicides, and its difference comparing with the not-premeditated intimate partner homicides presented at the II European Conference on Domestic Violence at Porto.

The relevance of this theme relies in knowing more about intimate partner homicides and its offenders. Furthermore, homicides represent one of the most extreme forms of criminality. Portuguese homicide rates are relatively low, but constant: 103 cases in 2014 and 102 cases in 2015 (MAI, 2016). In Portugal, Intimate Partner Homicides (IPH) is the most common context of homicides (MAI, 2016).

Premeditation is not usually discussed along with intimate partner homicides. These crimes are often considered as ‘passionate crimes’ perpetrated while influenced by a strong emotion that inhibits the offender from controlling himself (cf. Fairbairn & Dawson, 2013).

Findings about premeditation in sentencing intimate partner homicides highlight that premeditation is often an aggravating factor of the sentences, resulting in a more severe response of the criminal justice system (Dawson, 2006; Mitchell & Roberts, 2013). Nevertheless, this happens when premeditation is proved. When premeditation is not proved, crimes are argued to be committed under anger or strong emotions, challenging the offender’s rationality and self-determination (Rapaport, 1994; Wallace, 1986). Moreover, if this is argued and proved, culpability would be mitigated.

Dawson (2012) argues that there is a lack of systematic information regarding premeditation in intimate partner homicides. To date, there have been few systematic examinations of these homicide characteristics (for an example see Dawson, 2006). Feminist theorists and feminist researchers have been challenging the stereotype of intimate partner violence against women as actions that happens a result of ‘passionate emotions’ (e.g. Dawson, 2006). According to Polk, ‘the majority of men who kill their wives have given careful thought to the murder they are going to perform (...) Many husbands who kill their wives know exactly what they are doing, and if anything expresses a sense of relief once the goal, the wife’s death, has been attained’ (Polk, 1994: 193).

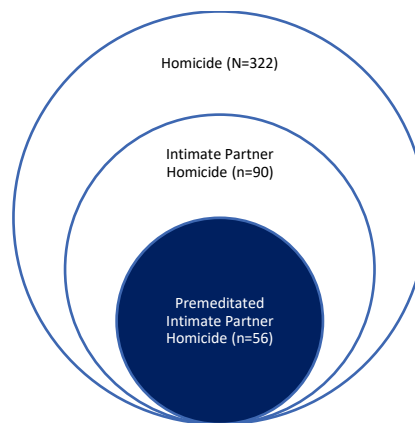
This paper results from a study about homicides and lethal violence conducted with cases collected from the General Management of Social Reintegration and Prisons Services (DGRSP), in the North of Portugal. The objective of this broader investigation was to analyse and discuss patterns of homicides. Data was gathered from case files, between September 2014 and April 2015, totalizing 322 files. Files were analysed, and

information was collected using homicide information sheets (with variables related to the offender, the victim, the relationship between the offender and the victim, and the crime). Information was hand-coded by trained coders.

Descriptive and inferential statistical analysis presented in this paper were performed using the software IBM SPSS 21.

In this presentation, we aim to address the differences between premeditated intimate partner homicides and non-premeditated intimate partner homicides. It is important to mention that, although in some cases premeditation was coded as not present this was only because there was no information on those cases clearly stating that homicide has been premeditated.

From a total of 322 cases, 90 cases were of intimate partner homicides and, among these, 56 were premeditated, as shown in the image 1.



**Figure 1:** Diagram of the homicide cases according: all cases, intimate partner homicides and premeditated intimate partner homicides

## Results

Regarding offender's characteristics, among those that committed premeditated crimes, 84% were male and 16% were female. In more than half (59%) of those premeditated homicides there was not have a current relationship at the time of the killing and 25% of those murderers had a criminal background. School instability was more related to those offenders that did not commit premeditated crimes (see Table 1). The professional situation of the two types of offenders (premeditated and non-premeditated) was significantly different, being the premeditated offenders most commonly professionally active.

**Table 1:** Intimate Partner Homicides - Offender's characteristics

	Premeditated (%)	Non-premeditated (%)	Chi-squared test/ Fisher Test
Variable: School instability			
Yes	42%	58%	$X^2= 6.17, p=.013$
No	70%	30%	
Variable: Professional situation			
Professionally active	73%	27%	$X^2= 7.918, p=.005$
Professionally inactive	41%	59%	
Variable: Mental health problems			
Yes	91%	9%	Teste de Fisher, p=.047
No	58%	42%	
Variable: Abuse of illicit drugs			
Yes	32%	68%	$X^2= 15.645, p=.000$
No	76%	24%	
Variable: Alcohol problems			
Yes	26%	73%	$X^2= 13.21, p=.000$
No	72%	28%	
Variable: Psychopathology evidence			
Yes	100%	0%	Teste de Fisher, p=.042
No	59%	41%	

In the case of premeditated offenders, all had a prison sentence for their crime. Premeditated crimes had a mean of 203.66 months of a prison sentence ( $SD = 58.88$ ), while non-premeditated offences had a mean of 162.79 months of prison ( $SD = 69.45$ ).

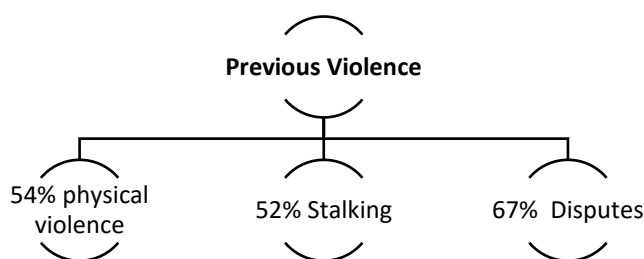
Regarding the premeditated crime's characteristics, it can be said that:

- 68% had other crimes involved in the sentence
- 70% had other violence involved (apart from the killing – e.g. punches, snaps...);
- 50% had evidence at the crime scene;
- 21% involved the transportation of the corpse;
- 45% tried to hidden evidence;
- 95% used a weapon (firearms were the most frequent);
- 38% involved the presence of a witness;

- 21% involved co-authors;
- 56% of the crimes were committed in an inside environment (e.g., couple's house) and 44% in the outside.

Any of these variables vary significantly between the premeditated and non premeditated crimes.

In premeditated homicides with previous violence, 54% involved previous physical violence, 52% involved stalking and 67% involved previous disputes (see Figure 2).



**Figure 2:** Distrubution of previous physical violence, stalking and disputes previously involved

### Brief conclusions and implications

The main objective of this study was to address the differences between premeditated intimate partner homicides and non-premeditated intimate partner homicides. So, one of our main conclusions is that premeditation is more frequent in IP homicides than in other contexts of murderer (e.g.), as is also reported in other studies (Dawson, 2006; Ramsey, 2015).

In some of the cases that we analyzed it was stated that there was a prior intention to kill the victim, threatens or planning of the homicide by the offender, which is line with a few other studies (e.g. McKenzie, Kirkwood, Tyson, & Naylor, 2016). Furthermore, in this study, offences which took place in an outside environment suggest a higher degree of premeditation, which was also found by Sebire (2013).

Contrary to the view that intimate partner violence is the typical "crime of passion", evidence of premeditation and intent was also unambiguously found in other studies (Dawson, 2006). In this study premeditation was referred to be present in 62.2%, which defies the common view that intimate partner violence is mainly a 'crime of passion'.

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**Theme:** Intimate Partner Violence

**Title:** Parenthood In The Context Of Intimate Partner Violence

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A woman's decision to leave her violent partner is not easy to make, and it can be made even more difficult if she is also a mother. The period of separation can be accompanied by risks of increased violence, or new forms of violence and its numerous negative consequences. Not only may the informal network fail to show understanding and readiness to help, but services for women support as well, which leads to negotiating and making compromises at the detriment of the victim (Saenger, 2000; Hardesty, 2002; Bancroft & Silverman, 2002; Kelly, 2003; Hester, 2009; Ignjatovic, 2016). In situations of the partners' separation and divorce the assessment of coercive control is critical in understanding the importance of (future) security risks (Stark, 2009).

Data on expert procedures are indicative of their lack of awareness of the gender dimension of violence and the connection between violence in intimate partner relationships and parenthood. Because of that, the history of the violent relationship is not determined (or barely), nor the risks of violence/abuse occurring in the future, or the significance of identified violence, that has been minimized by the idea about the importance of preserving contact between the father and the child, as the child's best interest (Hester & Radford, 1996; Eriksson & Hester, 2001). A survey of welfare services' and court practices also confirms the presence of widely spread biases in this sphere (Jaffe, Crooks & Poisson, 2003; Dallam & Silberg, 2006; Ignjatovic, 2016). It has been noted that the fathers who have been violent toward their partners seek child custody in higher percentages than non-violent ones. They are more inclined to flexible and *ad hoc* solutions, whereas mothers wish to see clear and strictly defined rules, because flexibility leaves more space for abuse, thus posing a threat to both the woman's and the children's safety (Hester & Radford, 1996; Eriksson & Hester, 2001).

**The subject** of this paper is an empirical analysis of the procedures applied by experts of the Centers for Social Welfare (CSW) and the Court in Serbia in cases regarding protection against domestic violence and child custody in the period of separation and after parents' divorce. The following phenomena were examined: the continuation and/or increase of violence in the period of separation/divorce and during post-divorce parenthood; the interconnectedness of violence against women and abuse of children by turning them against their mothers; the connection between parenthood and violence. The **aim** of the conducted research was to gain an insight into the current procedures applied by experts in the services in the context of the above described problems, which was operationalized in relation to two concrete goals: establishing the characteristics of this phenomenon and the types of expert assessments and decisions; mapping of the existing problems in assessments and decisions made by experts in the two services.

**The sample** was made of 62 first instance court cases in which protective measures against domestic violence were requested. These civil proceedings were between partners with minor children, in half of the cases



as independent proceedings (after the divorce proceedings), and in the second half as part of divorce lawsuits, that included decisions on child custody and visitation.

*The qualitative method* of analysis of the contents of court documents comprised the use of categories (indicators) partly derived from the theoretical concept of violence as coercive control and legal provisions (suits for protection measures), and was partly generated from the empirical material. The general characteristics of the analyzed procedures, and the typical situations of violence and of individuals' behavior were established and described according to five groups of indicators: the partners' living circumstances, the characteristics of violence, the position of children in the situation of violence, the perpetrator's characteristics and demands, and previous CSW actions. The content analysis facilitated data quantification.

*The principal findings* were that all civil proceedings for protection measures against domestic violence were initiated by women, seeking protection both in the course of and after the partners' formal separation /divorce. This confirms the notorious fact that violence does not (invariably) stop after the partners' separation. Judicial procedures for protection against domestic violence, that should be urgent, last long in Serbia, i.e. over six months in one out of two analyzed cases. This questions their basic – preventive purpose. Temporary measures were rarely proposed (both regarding protection measures against domestic violence and child custody), although the procedures itself and their long duration pose potential risks for the escalation of violence.

It hasn't been (always) possible to assess whether previous reports on violence existed and whether domestic violence has been determined by CSW experts or by the court in previous divorce and child custody proceedings. The violence that women endured during marriage was obvious and continuous (physical violence and dangerous threats) in large number of cases (80.6%). In an even higher percentage (88.7%) violence against women continued after the breakup of partner relations, and in some cases it even escalated (27.4%). Harassment of woman was frequently present (71%), and often related to maintaining contact between father and the children. Various tactics of exerting control over the female partner (37.1%) and of jealousy and jealous accusations (29%) were present even after the partners no longer lived together. Still, two thirds of the men categorically rejected all allegations of violence, whereas more than half of them either accused their partner of violence, or of putting forward false accusations in order to gain an advantage or benefit in the divorce case.

The surveyed documents indicated that in all cases the children witnessed their fathers' acts of violence against their mothers. One in three children was directly exposed to their father's violence. In nearly one third of the cases (29%) the children were being used against the mother (to "spy" on her, to show disrespect and to disparage her). In one case out of four (24.2%) the woman received threats related to the children (that she was not going to get them, that the children were going to be taken away from her, and even death threats). Nevertheless, only in one third of the cases mothers seek protective measures against violence also for the children, which is contrary to the widespread allegations that these measures are being used for taking advantage. This fact gives rise to the question as to whether the children who were witnessing and being exposed to violence in their parents' partner relationship were perceived abused (or were they only recognized by the mothers, but not by the experts).

Although the court records do not always contain the above mentioned data, (for as many as one third of the analyzed cases), the fathers tended to disregard the existing model of visitation in every fourth case. In nearly one third of the cases, the father sought custody over children, and in one out of five cases the father sought a change of the model of visitation (while simultaneously not respecting the existing model). Some fathers (16.1%) lodge complains to CSW claiming that their partners do not allow them to see children, causing them to initiate proceeding to change these decisions, or deprive mothers of their parental rights.

The documents reveal that the CSW, in one case out of five, referred partners to counselling, predominantly in order to improve their parental relations. However, in the majority of analyzed cases (41.9%) this information is missing. Furthermore, it can be seen that in one out of three cases, the CSW accepted the partners' agreements, although that information was often missing (38.7%). The CSW actions are indicative of the "ideal" of parental cooperation in the best interest of the child, whereas the missing information points to the absence of the presumption of relevance of the relation between the model of contact between the child and the parents in situations when court procedures are underway for protection against domestic violence.

This is the reason why, in two thirds of the cases, "free" or "standard" models of visitation of the child with the father are proposed and accepted in court decisions. The experts' proposals and decisions that the father take over the child from the mother (characteristic when children are of young age), who seeks and obtains protective measures against violence, are paradoxical and confusing for women. Not only does this open the possibility of violating the protection order, but it also poses a potential risk of escalation of renewed violence between the former partners. At the same time, this practice proves that the right to child contact with father is given priority over the principle of the safety of the mother, and also of the child.

This (statistically significant) data correlation is indicative of interrelatedness between violence and parenthood, with a limited scope of inference due to a relatively high proportion of missing data in the analyzed documents.

The father's suit for custody over the children or his proposal for shared custody significantly correlates statistically with low or medium intensity of violent tactics, including coercive control of the partner and using the children against the mother. These fathers lodged significantly more complaints to the CSW against their former partners and sought change of the model of visitation, than the fathers who did not seek custody of the children. Also, the father's request was significantly related to the CSW's tendency to refer partners for counseling and mediation, as well as with the all the more frequent arrangements for the father to take over the children from the mother or to visit with them in the presence of the mother. Requesting protective measures and for the child has significant negative correlation with the father's demand for custody.

The child's presence or direct exposure to violence is statistically importantly positively connected with forms of behavior that are usually treated as violence, that is, with a continual presence of physical, frequent and intensive aggression. The tendency of the violent perpetrator to use the child against the victim shows a statistically significant correlation of medium intensity with the tactics of coercive control of the partner and with the escalation of violence when woman files for divorce, or when the (former) partner finds another partner. The threats directed at the female partner concerning children are statistically significantly correlated (in a low,

close to medium and medium intensity degree) with situations of escalation of violence when woman finds another partner, with referring the partners for counseling or mutually agreed models of visitation, with a tendency for lodging complaints to the CSW and requests for changing of visitation model. At the same time, they are significantly connected to the fact that criminal or misdemeanor procedure has been initiated against the perpetrator, with previous convictions for domestic violence, and also with other members of the father's family joining in the violence against the woman, which are highly risk tactics.

The surveyed confirm that CSW and the courts do not conduct sufficient risk assessment concerning violence or recurring violence in the course of institutional proceedings. Only in one out of three cases CSW assessed that all the requested protection measures against violence are justified. In one out five cases the CSW didn't give an opinion regarding protection measures, and in the same percent was of the opinion that none of the requested measures were necessary. The decisions of the first degree court correlated most with the official records on domestic violence. In just above one half of the cases (53.2%) the court decided that all the requested protection measures against violence were justified, in one out of three cases that not all requested measures were justified, and in a smaller percentage (9.7%) that there was no need for the issuance of protection measures .

***In conclusion,*** it is clear from the reviewed documentation, that the presence of violence in an intimate partner relationship is not a data that directs the practice of the CSW experts and of the courts regarding their assessments and decisions on parental custody, and implicitly on the safety of (all) the victims of violence. Priority is given to parenthood (to the contact between the children and the parents in the best interest of the child), irrespective of the risk of continued violence by tactics of manipulation with the children (using the children against the female partner and issuing threats to her involving the children). Thus, the children's right can turn into the "father's right" and a control mechanism in an attempt to bring the partner back into the relationship (for the sake of the children), or for vengeance and punishment (by abusing of the children). This also implies the escalation of violence when the female partner exercises autonomy, because she is not supposed to make decisions the perpetrator did not approve of. These tactics pose higher security risks when they are coupled with threats, and when the man has the support of his primary family.

***Key words:*** violence in intimate partner relationship, coercive control of the woman, child abuse, parenthood in the context of violence, experts' assessments and decisions

**Theme:** Intimate Partner Violence

**Title:** Dating violence: an exploratory characterization study in social education students in higher education

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## **Introduction:**

Dating violence has stirred up debate in the academic community and society in general. These discussions have shown there is a need to conduct research to promote a better understanding of this phenomenon in higher education students. It is possible to note that there have been a small number of studies conducted on higher education students, both at the national (Machado, Caridade, & Martins, 2009; Machado, Matos, & Moreira, 2003; Paiva & Figueiredo, 2004) and international (Blázquez-Alonso, Moreno-Manso, & García-Baamonde Sánchez, 2011; Hernando-Gómez, García-Rojas, & Montilla-Coronado, 2012) level. They show that a significant percentage of students adopt violent behaviour in their intimate relationships. This form of violence affects both genders, and according to research, contributes to future victimization in early adulthood (Kaura & Lohman, 2009; Straus, 2004). This initial stage of research raises discussions about the importance of using conflict resolution strategies to deal with differences in dating relationships and that cannot be neglected in training social educators. This understanding supports the preparation of this work whose aim is to (i) characterize the prevalence of non-abusive (or positive) conflict resolution strategies and abuse in dating relationships, distinguishing the behaviour of self (commission) and partner's behaviour (victimization) in the last 12 months, and (ii) to compare the prevalence of dating violence in two Portuguese higher education institutions by gender, age and school year.

## **METHOD:**

### **Participants:**

A convenience sample was used in this study, with the following inclusion criteria: (i) being a student in the undergraduate program in social education at the Polytechnic Institutes of Bragança and Viseu; (ii) being or having been in a dating relationship in the past 12 months. 242 students in the social education degree program in two northern interior Portuguese institutions (Bragança and Viseu) participated. As shown in Table 1, the number of female students (89.70%) was considerably higher, while only 30.10% of the students were male. The age of the students included in this study is between 18 and 46 years ( $M=21.26$ ,  $SD=3.77$ ). Of these, 119 (49.20%) were 21 years old or less and 123 (50.80%) were over 21. As for school year, 90 students (37.20%) were attending the 1st year, 80 (33.10%) the 2nd year, and 72 (29.80%) the 3rd year. The duration of the dating relationship varied between 1 and 282 months with the mean being 29.18 and the standard deviation, 28.61. Most students (64.90%,  $n=157$ ) reported currently being in a dating relationship and 35.10% ( $n=85$ ) reported having been in a dating relationship in the past 12 months.

Table 1. Sociodemographic characterization about the dating relationship of the overall sample (n=242).

<b>Variables</b>	<b>Minimum</b>	<b>Maximum</b>	<b>M</b>	<b>SD</b>
<b>Age (years)</b>	18	46	21.26	3.77
		n		%
<b>Gender</b>				
<b>Female</b>		217		89.70
<b>Male</b>		25		10.30
<b>Age categories</b>				
<b>≤ 21 years</b>		119		49.20
<b>&gt; 21 years</b>		123		50.80
<b>Higher Education Institution</b>				
<b>School of Education of Bragança</b>		124		51.20
<b>School of Education of Viseu</b>		118		48.80
<b>Academic year</b>				
<b>1<sup>st</sup></b>		90		37.20
<b>2<sup>nd</sup></b>		80		33.10
<b>3<sup>rd</sup></b>		72		29.80
<b>Dating Time (months)</b>	1	282	29.18	28.61
		n		%
<b>Relationship status</b>				
<b>In a current relationship</b>		157		64.90
<b>In a finished relationship</b>		85		35.10

### Instrument and procedure:

The demographic characteristics of the students were collected through a questionnaire. The information collected allowed us to analyse the following variables: gender, age, marital status, school year and educational institution attended, as well as some contextual data about their dating relationships, current or previous, such as time and experience of violence, if any. To assess non-abusive (or positive) conflict resolution strategies and abusive conflict resolution strategies, knowing one's own behaviour (commission) and their partner's (victimization) we used the Portuguese version of Conflict Relationship Inventory for Adolescents (CADRI) developed by Wolfe, Scott, Reitzel-Jaffe, Wekerle, Grasley, and Straatman (2001) and validated for the Portuguese population by Saavedra, Machado, Martins, and Vieira (2011).

The total inventory has a Cronbach's alpha of 0.90 and the dimensions corresponding to one's own behaviour, 0.82 and to their partner's behaviour, 0.81 (Saavedra, 2010). It also allows us to identify the presence of physical, sexual and emotional/verbal violence. This version consists of 70 items against which the students must score in terms of degree of agreement/disagreement through a Likert scale with four response options, ranging from 0 (never) to 3 (often). The instrument was applied through an online link, conducted in the classroom, between May and June 2017. Prior permission was obtained from the institutions as well as the consent of the participants, to whom one of the researchers explained the aims of the project, clarifying that their contributions were voluntary and ensuring strict confidentiality with respect to personally identifiable information. Application of the instrument time took 15 to 20 minutes.

The normal distribution of the data was tested using the Kolmogorov-Smirnov test. The data collected were analysed using SPSS version 24. The non-parametric tests were used because the data did not meet the criteria of normality and homogeneity.

## Results:

Given the experience or not of an abusive relationship in dating, it was found that the majority (n=220, 90.90%) claimed not to have committed or to have suffered any kind of violence. Only 22 (9.09%) students acknowledged that they were or had been involved in some form of abuse. Of these 18 (7.40%) recognized themselves as victims and 4 (1.70%) as aggressors. However, it should be noted that, in relation to conflict resolution strategies assessed by CADRI, 228 (94.21%) reported at least one indicator of abusive behaviour perpetrated by themselves and 227 (93.80%) perpetrated by their partners. It should also be noted that there were no statistically significant differences between the male and female students with regard to the use of abusive conflict resolution strategies, either by themselves or by their partners. The same was true with respect to age, regarding the use of abusive conflict resolution strategies, by either themselves or their partners. Likewise, no statistically significant differences were found regarding the use of strategies for resolving abusive conflicts by themselves or their partner with respect to school year.

A predominance of emotional/verbal violence indicators was evident in the overall sample given the perpetration typologies of violence and victimization reported in CADRI. This was followed by sexual violence and physical violence, both in relation to perpetration and victimization of abusive behaviours as you shown in Table 2

Table 2. Prevalence of violent behaviours of the overall sample on the CADRI.

		Overall Sample n (%)
Perpetration	Emotional/ Verbal Abuse	211 (87.19%)
	Physical Abuse	55 (22.73%)
	Sexual Abuse	72 (29.75%)
Victimization	Emotional/ Verbal Abuse	206 (85.23%)
	Physical Abuse	50 (20.66%)
	Sexual Abuse	87 (35.95 %)

The analysis of the types of violence reported in the CADRI showed no statistically significant differences in abusive behaviour (emotional/verbal, physical and sexual) on the part of the participant and their partner relative to their year at school. The data also revealed no significant differences in perpetration and victimization of emotional/verbal violence relative to gender. This was also the case for emotional/verbal and sexual violence perpetrated by the participant and their partner relative to the participants' age. However, the male students reported more physical victimization indicators committed by their partner ( $U=2008.000$ ,  $p=0.003$ ) and more indicators of sexual violence perpetrated by the student himself against his partner ( $U=1701.000$ ,  $p=0.000$ ). It was also found that students aged over 21 had more indicators physical violence committed by their partner ( $U=6429.000$ ,  $p=0.021$ ).

## Conclusion:

The results of this study for students enrolled in the degree in Social Education at two Portuguese public institutions in northern Portugal show that while most students do not perceive themselves as being in an abusive dating relationship, there was a high percentage of indicators abusive conflict solving strategies both in terms of perpetration and victimization. It should be emphasized that the use of these strategies does not differ according to age, gender and school year. There is no doubt that dating violence is a reality. On the other hand, there seems to be a legitimization and normalization of violence in intimate relationships of the students who participated in this study, which previous research had already confirmed (Dixe et al., 2010; González & Santana, 2001; Harned, 2001; Munoz-Rivas, Grana Gomez, O'Leary, & Gonzalez Lozano, 2007; Murphy & O'Leary, 2001; Sebastián et al., 2010; Trujano & Mata, 2002).

A higher prevalence of indicators of emotional/verbal violence was also found, followed by sexual and physical violence, confirming data from other research (Costa & Sani, 2007; Paiva & Figueiredo, 2004). In this regard, it is also important to stress the presence of a higher number of indicators of sexual violence in relationships for male students. Moreover, males and students over 21 years undergo more victimization of a physical nature. These data therefore reinforce the need to pursue further research with regard to this population, and to develop preventive strategies to mitigate this form of violence that significantly undermines the formative quality of being and becoming a social educator.

Finally, it is noted that these results should be treated with caution and recognize the limitations of this study. Future research should use a more diverse sample and include not only the perspective of the subject, but also the partner's point of view to better understand the phenomenon of dating violence.

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**Theme:** Intimate Partner Violence

**Title:** Dating Violence in Portugal: a preliminary study about the conceptions of young people

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**Keywords:** Teen dating violence; gender based violence; youth; victimization; acceptance of violence

## Introduction

The primary prevention of violence in younger generations has been considered of crucial importance to avoid the generational reproduction of domestic and gender based violence in intimate relationships in future generations (Oliveira, 2016).

Scientific knowledge produced about violence in intimacy in younger generations indicates that its prevalence is closer than in older generations. In Portugal, several studies (Peixoto, Matos and Machado, 2013; Mendes, Duarte, Araújo and Lopes, 2013; Antunes and Machado, 2012) indicate a prevalence of violence between 20% to 25% in higher education students, despite public policies and a network of services that support and monitor victims of domestic and gender violence, since the publication of RCM 55/99 (Resolution of the council of ministers no. 55/99). This presence of violence in adolescence and young adult age, point to the necessity of a more systematic intervention with the younger generations, in order to deconstruct the acceptance of this form of violence (Dias, 2015; Magalhães et al., 2014; Guerreiro et al. al., 2014; Gomes et al., 2011). However, until this study, the understanding of the prevalence of dating violence among younger people, who are not university students, is still very scarce.

Since 2009 UMAR - Women Organization Alternative and Response, a feminist NGO, has been developing a study on teen dating violence. The previous results, of 2016, although not representative at national level, indicated that 22% of young people do not recognize violence in intimate and dating relationships.

UMAR's philosophy of intervention is to combine action with reflection and research for greater intervention effectiveness, as has been shown by several national and international studies (Barbier & Fourcade, 2008; Miranda & Resende, 2006). Effective intervention is only adequately achieved through a thorough knowledge of the problem.

For the school year of 2016-2017, UMAR has been developing the ART'THEMIS+ Project, funded by the Secretary of State for Citizenship and Equality, and reinforcing its intervention in the districts of Braga, Porto, Coimbra and Lisbon. With the implementation of this project, and with the purpose of having a better picture of the Portuguese reality, it is also contemplated a national representative study on the prevalence and acceptance of violent behavior in intimate relationships among young people.

This national study on teen dating violence aimed, first of all, to grasp the level of legitimacy of this form of violence among young people between the ages of 12 and 18, and to understand the representations and conceptions about behaviors and attitudes in intimate relationships. Secondly, it aimed to evaluate and reflect on the prevalence of the phenomena, and identify indicators on the likelihood of victimization rate in young people.

Given the scarcity of studies in these ages, this research proves to be innovative and empowering to develop educational and social public policies for the prevention of this serious social problem. Schools are ideal spaces for the implementation of a prevention program, since they cover all the national territory and can house a greater diversity of young population, be it cultural, ethnic and/or other groups living in Portuguese society (Costa et al., 2014).

This study is a contribution to a better understanding of the culture of younger generations with regard to gender equality and respect for others in intimate relationships.

## **Study - Methodology**

This was a quantitative study, developed with young people in schools. Participants were male and female alike, aged between 12 and 18, and were from all Portuguese districts (mainland and Islands). The choice of schools was based on a random selection of socially, ethnically, culturally and economically diverse areas to make this sample nationally representative. In each school, several classes were also randomly chosen, but according to the availability of the school and to ensure a diversity of gender, social class, ethnicity and school level.

The questionnaire has a simple and short structure, with 15 questions that are adapted to the cognitive and socioemotional development of adolescents. It can be filled in a short amount of time, ensuring minimal interference in classes. It should be noted that, considering that this is a quantitative questionnaire, it is not possible to understand the answer's context.

This questionnaire is essential to better understand the perceptions of young people about dating violence at national level and to develop appropriate political strategies for this reality.

This quantitative instrument fits to the objectives of the study by allowing an extensive analysis of the phenomenon and is representative of the youth population. The choice of a questionnaire is justified by the advantages of the instrument to quickly collect data, throughout the national territory, with a target population. In each of the questions, young people are asked if they have been in a romantic, dating or casual relationship, and if they have ever been the target of the described violent acts. At the same time, for each question, young people are asked about their perceptions so that we can gauge the legitimacy of violent acts.

The distribution of the questionnaires was achieved through the participation of schools that were randomly selected and agreed to participate in this study. After obtaining the informed consent of the legal representative for this participation, young people were also asked about their motivation to participate in the questionnaire. Once the

conditions for participation were met, the questionnaires were distributed and collected by UMAR researchers and volunteers.

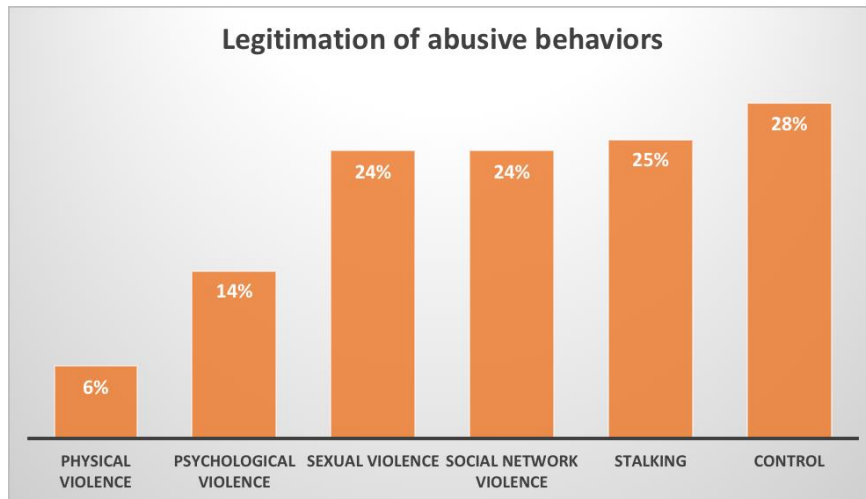
Being an anonymous and individual questionnaire, this study uses self-report to obtain its data. For this reason, these questions only give us indicators of victimization of teen dating violence based on what participants want to share.

The 15 questions represent acts of physical, psychological, sexual violence, social networking violence, stalking and control. The questionnaire was developed to include the various forms of dating violence that are closer to the reality of young people. Thus, young people are asked about controlling behaviors, such as prohibiting them from going out, prohibiting them from talking to colleagues or friends, prohibiting them from wearing any clothes, and forcing them to do something against their will. Other forms of psychological violence are also covered in this questionnaire, such as insults, humiliation, threats, invasion of privacy (eg, getting on a mobile phone or entering a facebook account without authorization) and stalking. Social networking issues addressing the invasion of privacy were included, such as sharing unauthorized content over the internet (eg photos, videos and messages and logging into your account without authorization) and insulting through social networks / internet. Physical violence is also addressed by questioning young people about physical aggressions that leave marks and physical aggressions without leaving marks, such as pushing or pulling hair. Also included were questions about sexual violence, such as pressure to kiss and pressure to have sex.

## **Study - Results**

### **Legitimation of abusive behaviors**

The sample of this study was about 5500 young people, with an average age of 15 years old, and was implemented throughout the national territory. For the legitimation results, the answers of the whole sample were analyzed. The results of the young people's conceptions about what they consider or not dating violence are presented in the graphic below.



**Graphic 1:** Legitimation of abusive behaviors.

As the chart shows, 6% of young people participating in this study do not recognize physical violence. It involves various forms of bodily aggression that may or may not leave marks or sores.

On average 14% of young people do not recognize psychological violence. More specifically, 9% of young people do not consider threatening another person to be a violent act, 11% consider that humiliating is not violence, and insulting during an argument or a moment of anger is not considered violence by 24% of young people.

Sexual violence in intimate relationships is usually in the form of coercion or abuse / rape. Studies show that this form of violence is still little recognized and reported, and that it is mostly committed by people in closer proximity to their victims, and in dating relationships. This study's data shows us that 24% of young people legitimize sexual violence in dating relationships. 36% legitimate pressure to kiss in front of friends, and in regards to the pressure to have sex, 13% of respondents legitimize this situation in dating.

This year UMAR introduced dating violence through social networks in this study. The scope of social networks and the internet is an aspect that has gained more relevance in the daily lives of young people, and dating relationships are also part of it. However, online social networks have certain particularities than can render people in vulnerable positions, such as: the information placed online can never be deleted and, therefore, it will always be available to look up, it can be replicated (i.e. copied and disseminated, with or without the context of publication and authorization of the person), and unpredictable when it comes to how many people it will reach (publishing any content can be unpredictably disseminated, including going viral).

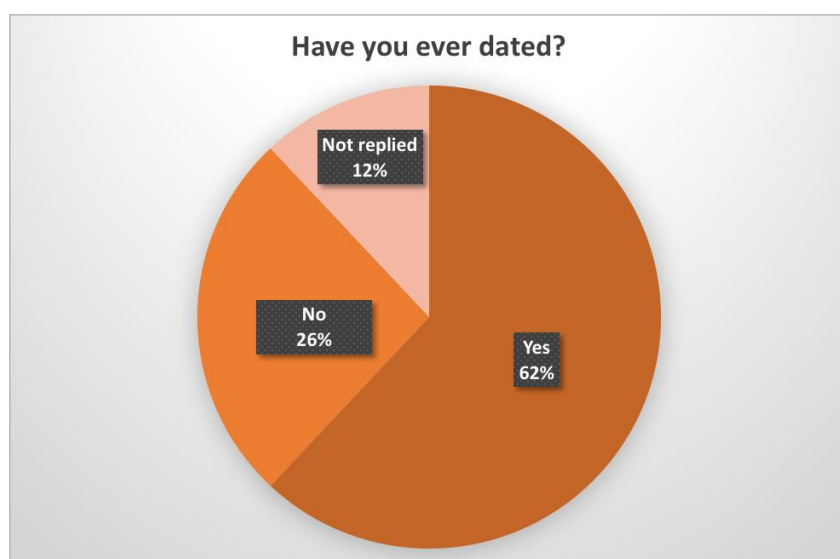
With this in mind, the results indicate that 24% of young people do not consider situations of control and abuse on social networks as violence, thus naturalizing these violent behaviors. Regarding unauthorized sharing of messages or photos (sexting, i.e. sharing intimate content), and given the legitimacy of this form of violence, 15% of young people do not consider these behaviors to be violence, which shows a high vulnerability to violence in online dating and possible exposure to revenge porn behaviors. Regarding online verbal abuse, the legitimization is quite high, and 16% consider that it does not constitute violence.

Harassment, during or after an intimate relationship, is one of the forms of violence that oppresses victims (criminalized in 2015). However, patriarchal culture involves such behaviors as demonstrations of "romantic love." This year, UMAR's team wanted to understand whether or not young people legitimize persecution behavior. When asked if the behavior of persecution is considered violent, 25% answered that it was not.

Regarding control, these behaviors are not recognized as violence by 28% of young people residing in Portugal. Forbidding their partner from going out without them was perceived as normal for 32% of the participants. As for the obligation to do something you don't want to do, 15% legitimize this behavior. Forbidding from seeing and/or talking to a friend was legitimate for 31% of respondents. In the question about prohibition of wearing a particular piece of clothing, 41% say that this is not a violent behavior.

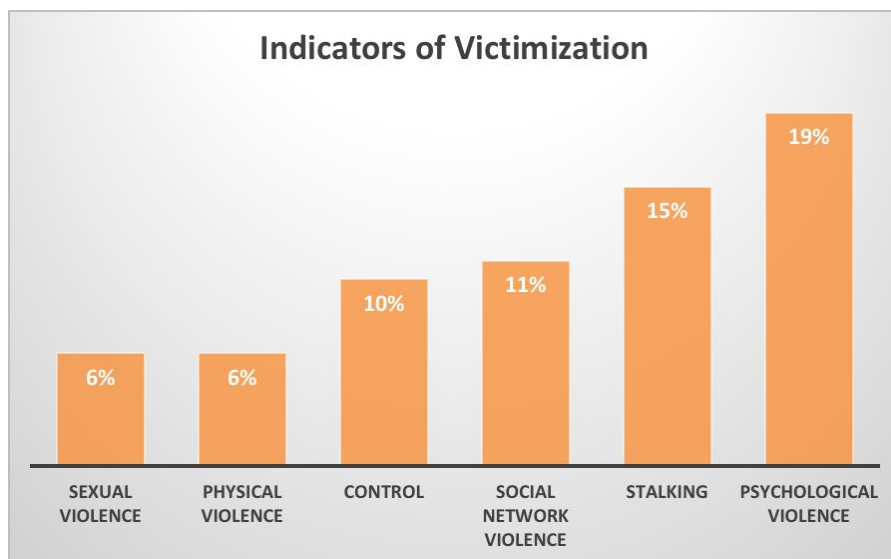
### Indicators of Young People's victimization

For the analysis of the indicators of victimization, the answers of the young people who said they were dating (62%) and those who said they weren't in an intimate relationship (26%) were separated. Only the responses of young people who claimed to be or have been in a romantic, dating or casual relationship were considered.



**Graphic 2:** Answers to the question “Have you ever dated?”

In this section, we present the data regarding the responses of young people about self-reported situations of violence, as shown below.



**Graphic 3:** Indicators of Victimization of young people.

The results tell us that 6% of participants in this study reported that sexual violence behaviors had already occurred in their relationship. 4% of respondents said they had been pressured to have sex, and the same percentage reported pressure to be kissed in public, while 8% answered that it had already happened in a relationship.

The prevalence of physical violence unveils worrying numbers. Overall, we found an average of 6% of young people who said they had suffered violent physical behavior. Regarding physical violence that leaves a mark, the percentage stands at 4%, but the one that does leave a mark has a prevalence of 7%. Once again, this form of violence is the least legitimized, although there is still a percentage of young people who do not consider physical aggression violence.

The results obtained on violence by controlling behaviors show that 10% of young people report having been its victims. When it comes to the various controlling behaviors, it is observed that 5% of young people had already been victims of the prohibition to go out. Prohibition of seeing or talking to someone, totals a 21% of the respondents.

Looking at the obligation to do something you don't want to do, 8% have experienced this kind of behavior on the part of their boyfriend. Regarding the prohibition on wearing a particular piece of clothing, 7% of respondents answered affirmatively.

The results obtained on social network violence are alarming, and 11% of respondents say they have been hit a target of these new forms of abusive behavior.

Regarding the online sharing of unauthorized intimate content, we have 3% of young people which this happened. Given that, this is a very young population that is just beginning their sex life, these data are worrying. Online insult and humiliation has an incidence of 11%. These online abuse behaviors are disturbing as they cross aspects of humiliation, and may become viral and persist in time, and therefore have a very high potential for harm and indicate a use social networks as channels of abuse and oppression.

Results show that one-seventh of young respondents experienced stalking behavior (15%).

On average, 19% of young people reported having suffered some form of psychological violence, with the most prevalent being the insult (30%), followed by humiliation and demean (16%) and threat (10%).

## **Conclusion**

This study aimed to understand the legitimacy of violence amongst young people and the prevalence of victimization in intimate relationships.

After ethical procedures, an anonymous questionnaire was applied in schools, whose sample was around 5500 participants, randomly selected and with an average age of 15 years old.

The first main conclusion of the study is that, throughout all situations of violence (physical, psychological, sexual, control, stalking and violence through social networks), teenagers consider these acts acceptable in intimate relationships. The violence that was more frequently considered normal by these youngsters was control behaviour with 28% of acceptance. Regarding indicators of victimization, it was possible to conclude that violence is present in intimate relationships - with rates varying between 6% (physical and sexual violence) and 19% (psychological violence). It is important to highlight violence through social networks, as a relatively new dimension in intimate relations, and also because this has alarming results, both in legitimation (24% - almost a quarter of young people) and in victimization (11%).

Each behavior was also analysed with a gender lens and conclusions on these results will be explored later on, at another time. Generally, legitimization of violence is greater in boys, sometimes going as much as 4 times higher, when compared to girls (as for the example of legitimization of the pressure to having sexual relationships).

From this study we conclude the urgency and necessity of a gender violence primary prevention program to reach all young people in a systematic and holistic way, seeking to eradicate violent behavior through the critical reflection held by young people, making them the protagonists of their own change.

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# Intervention Systems

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**Theme:** Intervention Systems

**Title:** Practices in encountering violence and the pitfalls of development projects

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## Introduction:

Interpersonal violence is a serious worldwide social and health problem in higher- and lower- income countries alike. However, there are also differences between countries. Statistics indicate that more homicides are committed in Finland per capita than in most of the Western European countries (Henkirikoskatsaus 2016). The number of homicides has been compared to that of domestic alerts and reports of offences to the police in Finland, Sweden and the United States. It has been concluded that the main problem in Finland is not the number of violent offences but the lack of intervention, which allows violence to continue. (Husso et al. 2012; Niemi-Kiesiläinen 2004). This leads to high mortality rates, lingering vicious circles of violence, multifaceted mental and physical health problems and human suffering, in turn causing significant costs to the health care and social welfare service system.

People seek help for injuries caused by violence or problems and symptoms related to it mainly through social welfare and health care services. Although social service and health care providers could play a key role in identifying victims of domestic violence and helping them, several studies have reported that social and health care professionals do not ask their clients about violence sufficiently, and do not recognize violence has been perpetrated even in cases where signs of physical violence are clearly visible. (Husso et al. 2012 and 2017; Lavis et al. 2005, Robinson and Spilsbury 2008; Virkki et al. 2015)

The paper analyses the challenges posed and possibilities offered by intervention in violence and the adoption of good practices yielded by research and development projects. In addition, the paper examines the problems faced by development projects in a situation where, following Finland's accession to the European Union the number of social welfare and health care services supported by project funding has significantly increased (Abrahamson 2004; Sulkunen 2006).

As an example, we use the service model of intervention in violence, produced on the basis of research results provided by the EU-funded research and development project *Violence Intervention in Specialist Health Care (VISH)*, and the research project *Encountering Violence in Social and Health Care Organizations*, which examined practices of encountering and intervening in domestic violence from the viewpoint of social welfare and health care workers. The VISH project developed a service model in which domestic violence can be identified through a set of key questions and, when necessary, clients can book an appointment with one of the VISH teams, consisting of a social worker paired with a psychiatric nurse. The purpose of the project was to

establish the addressing of domestic violence and intervening in it as a systematic routine practice. This service model aimed to provide as many victims of violence as possible with the help they needed, either from their own organization or from its network of outside service points.

The data consist of focus group interviews of 11 groups (51 social welfare and health care professionals: doctors, nurses, psychologists and social workers). Six interviews were collected in the pilot study units of VISH in 2009 and five in the same units in 2013, two years after the development project had ended. The discussions were guided by a set of semi-structured theme interview questions, and focus was on participants' opinions and attitudes regarding the VISH service model and practices of encountering and intervening in domestic violence.

In this paper we show how implementation of the service model of intervention in violence has succeeded in practice. We discuss elements that have hindered the introduction of this service model. We ask, what are the critical points in the service system in terms of intervention in domestic violence, and what does successful implementation of good practices require for these practices to become an established part of organizations' activities?

### **Problems of implementation:**

Implementing the results of development projects is challenging. This also holds for the projects we have used as examples. Based on the interviews, it seems that the use of the service model has declined or stopped altogether, despite being recognized as a good working model by all the employees who participated in the project and receiving official approval as a routine practice by the organizations that participated in the project. In some units, the personnel knew about the service model, but its use was moderate or variable, depending on who was on shift. Some of the interviewees had never seen the key questions, and some were totally unaware of the existence of the VISH team or of the service map. The results show that one of the major challenges of VISH concerned responsibility for the dissemination of information and informing personnel about the existing practices.

Although VISH was considered a good service model and addressing violence was likewise considered important by the interviewees, employees in all units gave several reasons for not taking up violence in conversations with clients. The most common obstacles to implementing the VISH service model included lack of suitable spaces, hectic pace of work, scheduling problems resulting from shift work, and lack of information. Addressing violence and going through the key questions was also considered difficult, and it was regarded as a potential addition to already existing high workload.

In addition to talking about discrepancies in the organizing of tasks and in the implementation of the service model of intervening in violence, and problems with the distribution of information, the interviewees told about the challenges of coping with victims of violence or of bringing violence up in conversation with clients, one of which was project fatigue. Many of the interviewees confessed that the biggest obstacles to asking about violence were "inside their own heads".

Part of the resistance to implementing the (VISH) model of intervention in violence has to do with the unique quality of domestic violence. In particular, domestic violence between adult partners often evokes

contradictory feelings. Many people still consider domestic violence a private matter, which is the responsibility of those involved in it, and thus does not warrant interference from outsiders (Husso et al. 2012; Virkki et al. 2015). However, opposition to new projects and practices does not always depend on their purpose or content. In addition to the challenges posed in the present instance of encountering victims of violence, some of the resistance and negative attitudes toward projects in general can be explained by employee project fatigue. Many employees are weary of and frustrated with a succession of disparate projects that do not become established as permanent practices, and thus do not advance development work in a logical manner.

The ever-expanding amount of project work and projects that follow in seemingly endless succession have also begun to be considered critically in the public arena. These projects are referred to with negative metaphors. People talk about project fatigue, project chaos, project circus, project jungle, and project avalanche (Sulkunen 2006). People refer to project development and the continuous presence of change management practices by talking about development fatigue and becoming inured to thinking about development. The multitude of development initiatives and the organizational chaos that follows, as well as employee exhaustion and a tendency towards cynicism, has been labelled a problem cluster typical of our time (Abrahamson 2004). Uncontrollability, discontinuity and fragmentation are characteristics associated with the over-abundance of projects. Lack of basic work resources and too hectic a pace of work are considered one of the reasons for the criticism of development projects.

## **Conclusion:**

One of the characteristics of development projects is that their existence is tied to achieving, within a defined period, the goals they have been set. However, goals in welfare services can rarely be singled out for achievability, and the need for services does not cease as a result of the action taken. On the contrary, welfare services are tasked with solving very complex social problems. Domestic violence is one of the issues which are so complex they have been called “wicked” problems (Rittel and Webber 1973).

Wicked problems, such as violence, consist of a cluster of symptoms, causes and consequences. In many cases it is unclear who should solve the problem. Problems of this kind cannot be solved by goal – means thinking based on a one-angle approach. To solve these problems, new practices are required that combine the existing know-how and the resources of the relevant professional groups (Jordan 2014; Rittel & Webber 1973).

The VISH service model was, and still is, considered functional and well-planned, combining existing know-how and resources in a fruitful way. However, development projects typically suffer from two problems: their short-term duration and interruption in the practical implementation of the outcomes.

Problems with distributing information on the service model, both within and between units turned out to be fatal for the VISH service model after the project ended. Also, enabling implementation of the service model, partly owing to lack of devolution of responsibilities and coordination of tasks, turned out to be difficult. Lack of resources and failure to reorganize basic tasks in the different units so that they could apply the service model also proved to be obstacles. In the current organizational situation, amongst an avalanche of projects, the tasks of employees must be defined as clearly as possible. In practice, when the sheer amount of work threatens to

snowball uncontrollably, the most rational solution, from both the organizational and employee point of view, often seems to be one of excluding everything extra, including the implementation of project outcomes.

Limiting the tasks one takes on is often a well-advised and reasonable means of survival. However, it ignores the opposite snowball effect: when, for example, violence is not taken up with clients or directly asked about, it is also not reported, documented or archived in various databases. Undocumented incidents of violence become invisible and cease to exist both as phenomena and as parts of the organizational memory. The significance of reporting and archiving documents is based on their ability to generate or establish an action or task, and to enable these in other than their original contexts. Asking about violence, going through the key questions and reporting the results – or not reporting them – has long-term consequences in present-day society, where symbolic and written documents are significant generators of social reality. Undocumented phenomena vanish from sight and thus cease to exist both as phenomena and as parts of the organizational memory. When violence as a phenomenon is ignored in social welfare and health care services, the volume of violent incidents and their consequences is not understood, and interventions in violence remain unimplemented. (Ferraris 2013.) This has an impact not only on structural solutions for organizing services and on borderline negotiations and prioritizations within organizations but also on individuals', such as employees' and clients', perceptions and experiences of such phenomena as violence and its significance, seriousness, prevalence and importance as a health issue and a threat to welfare.

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**Theme:** Intervention Systems

**Title:** Redress, rights and responsibilities: Comparing European intervention systems

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While there is an overall consensus in Europe on the need for a comprehensive approach to domestic violence, different models are emerging. Some focus on criminal prosecution of perpetrators, others construct intervention around protection of victims, and the obligations of professionals are differently framed by legal and institutional provisions. Even when laws agree that acts of violence against an (ex-) partner are a crime that should be prosecuted, different agencies and actors have institutional discretion at every stage of the process from a first suspicion to a possible conviction. Systems of advice and support also follow a variety of procedural rules and norms. In some countries, sharing information between institutions is routine and does not require consent of a woman who has disclosed domestic violence, some even build databanks to track all such women as well as their children over the years; in other countries, counselling staff have a confidentiality duty and privacy rights set strict limits to sharing personal data. This diversity gradually became clear to me during the ten years of monitoring implementation of the Council of Europe 2002 Recommendation on the protection of Women against Violence, and it will certainly continue with the Istanbul Convention.

My own research engagement with domestic violence against women began when the first shelter in Germany was opened in West Berlin in 1976 and I was given a government contract for the three-year independent evaluation. The shelter was understood as a radical challenge to men's domination, and the evaluation took an action research approach, support workers and researchers sharing methodological decisions, data collection and discussion in the joint team. Knowledge exchange was understood to be an essential of good evaluation; each member of the "research team" worked for over a year in counselling and support. The resulting book published in 1981 set standards for shelter work for many years. In retrospect, it may also have prevented critical reflection on ideas and practices that were of great importance in breaking the silence, but later stood in the way of necessary changes. Further policy-oriented research close to the feminist practical work on violence against women followed, with results that argued for a multi-agency approach, and from 1998-2004, with a team of six researchers, I coordinated the evaluation (WiBIG) of the Berlin Intervention Project.

In 1996 I joined Renate Klein in founding the independent European Research Network on Family Conflict and Domestic Violence that met annually in different countries. From that grew the idea of a funded network, successfully applied for in the 6<sup>th</sup> EU Framework program. The "Coordination Action on Human Rights Violations (CAHRV)" (2004-2007) brought together 14 partners and researchers from 22 countries, with subnetworks that surveyed and reflected research knowledge on violence against women and violence against children, and on intervention and prevention approaches, as well as holding conferences and meetings. As no follow-up acquired funding, in 2011 the network (now named the European Network on Gender and Violence ENGV) began again to organise annual meetings. Numerous projects with NGOs and practitioners as well as

researchers built further cooperation ties through the EU-funded Daphne-Program, pursuing questions of when and how the abstract norms of policy documents translate into real change or fail to have the expected impact. One such project, “Realising Rights?” (2009-2011), interrupted by the overlapping “Feasibility study” completed in 2010<sup>5</sup>, undertook in-depth mapping of legal and institutional frameworks for intervention in 38 European countries, raising a number of challenging questions that could not be debated to our satisfaction in the very tight time frame set by the project contracts. It had, however, become clear to us that differences in traditions and in national and institutional cultures underlay the varying practical approaches that we had uncovered. Thus, we saw the HERA joint research program in the Humanities with the overarching theme “Cultural Encounters” as an opportunity not to be missed, giving us three years to work theoretically and empirically towards a deeper understanding.

The project “Cultural Encounters in Intervention Against Violence” (CEINAV) was a close collaboration of five partners (Carol Hagemann-White, Vlasta Jalušič, Liz Kelly, Maria José Magalhães and Thomas Meysen) in a shared work plan, doing parallel and interlocking empirical and theoretical work in the four countries. From 2013 to 2016 CEINAV explored commonalities and difference among intervention systems in Germany, Portugal, Slovenia and England and Wales.

We worked from a human rights approach. In this view, the obligations of the state and of society to intervene spring from the recognition that violence against women and violence against children are rooted in structural relations of unequal power. Violence targeted at individuals as members of social groups and/or experienced disproportionately by members of these groups undermines or nullifies their access to fundamental rights. It follows that not only individual victims, but also their families and social networks and indeed those who perpetrate violence should experience intervention that responds not only to the harm done by such violence, but also to the structural context.

CEINAV explored the responses to different forms of violence in multi-professional workshops. In each country we sought participants with intervention experience from a wide range of professions that might encounter a victim of domestic violence, child abuse or neglect or trafficking, and who were open to reflecting on the challenges of intervention. After analysing these discussions, we sought to hear the voices and the experiences of intervention from women who had been trafficked for sexual exploitation or had lived in an abusive relationship of domestic violence, and from young people who had been taken into care during childhood due to physical abuse or neglect. For ethical reasons the interviewees were contacted through specialized services where they could find support, if retelling their stories proved stressful. Thus, these women and young people had all, in the end, found competent support; in that sense, these were “success stories” and cases where the intervention system failed completely could not be interviewed. In that sense, it can be said that our study was selective and looked at the intervention practices “at their best” in each country. The aim was to understand the explicit and implicit understandings of violence, intervention and good practice.

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<sup>5</sup> Both projects were implemented by the team of Liz Kelly, Carol Hagemann-White, Thomas Meysen and Renée Römken

Our research found that cultural underpinnings do shape the pathways by which women threatened by an intimate partner may enter and move through (or withdraw from) the intervention system. In addition, the rights of a woman facing violence to make decisions affecting her own life are seen differently. The different approaches all raise questions of how intervention meets the needs of the women and children subjected to “domestic” violence (much of which is actually not perpetrated by a spouse or a live-in partner). Both the focus on victim protection and, paradoxically, the emphasis on criminalisation seem to have only a very limited potential to stop perpetrators from (further) violence.<sup>6</sup>

The ideas and insights presented in my paper grew from my experience in monitoring implementation for the Council of Europe over ten years, during which I often had occasion to discuss the data that was collected with experts in the countries, and from the joint research with my colleagues mapping legislation and institutions and exploring how intervention is practices and perceived. Under three main headings – redress/justice, rights, and responsibilities – I discussed what can be learned from commonalities and differences among countries in how these are implemented.

- **Redress** implies both public recognition of wrongdoing and compensation. This is often taken to be equivalent to criminal **justice**, but the interest of the state in enforcing laws may differ greatly from claims or needs of the victim of wrongdoing, who in criminal proceedings, is only a witness.
- Most Council of Europe member states have introduced legislation and/or policies establishing the **rights** of victims of domestic violence to protection and support and to other remedies, and all provide public funding for specialised services, although the extent of funding and the conditions for access to services vary.
- In CEINAV workshops, experienced and concerned professionals in the four countries had similar understandings of their **responsibilities** to intervene when indications of domestic violence appear or help is sought. However, the legal and policy frameworks and concepts of agency cooperation in each country raised differing questions about the right way to intervene.

In all four countries in CEINAV, domestic violence has been given the status of a **public crime**, that is, one which is in the public interest to prosecute. Mandatory arrest, widely mandated in the US, exists to some extent in the UK but appears to play no part in Continental legal systems. Portugal and Slovenia have specific laws against domestic and family violence, while in Germany and the UK it is not a specific criminal offence. Regardless of the existence of a dedicated law, in all countries there are policy documents and regulations intended to make sure that domestic violence is prosecuted if there is sufficient evidence. Nonetheless, in all four countries prosecution is relatively rare by comparison to the number of cases that come to the attention of the police, and the professionals told us that the great majority of abused women are unwilling to testify. The **procedural** frameworks in different legal systems seem to have a greater influence on the probability of punishment than does the existence of a specific law. Although much more emphasis is put on the criminal

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<sup>6</sup> For the findings of the project see the forthcoming book *Interventions Against Child Abuse and Violence Against Women: Ethics and Culture in Practice and Policy*, C. Hagemann-White, L. Kelly & T. Meysen, eds. Barbara Budrich publishers.



prosecution of domestic violence by the legal framework in Portugal than in Germany, the two legal systems share the principle of strict orality; thus, while, a prosecutor can initiate proceedings against a violent man, the victim's testimony in court is a crucial part of the evidence. In the UK and in Slovenia, courts can make more use of other evidence (for example, hearsay and reports by third parties).

The right and duty of the state to inflict punishment on wrongdoers has been cast as a deterrent that can help to end gender violence. The empirical basis for this belief is weak (Buzawa, Buzawa & Stark 2017: pp. 182 ff, and 208 ff. ), and there are no signs that in the US, where punitive proceedings are widespread, domestic violence has decreased. The concept of moral repair developed by Margaret Urban Walker offers a broader foundation for the obligation of the community and the society in cases of wrongful harms and interpersonal violence, suggesting a concept of justice that includes but is not limited to punishment (Walker 2006), but this has not been articulated as a practical strategy.

In all Council of Europe member states, victims of domestic violence are recognized as having the **right** to be protected against further injury, to receive support and assistance in escaping the violence, as well as help in recovering from the violence. This right is understood to be independent of nationality of origin or of ethnic identity. But at the same time, restrictions of immigration and residency in the country may and in part do override the rights of victims. The provision in the 2004 Spanish Organic Law on Gender Violence that "all women suffering gender violence, regardless of their origin, religion or any other personal or social condition or particular, are guaranteed the rights recognised herein" (Art. 17 §1) is not to be found in any other EU law to my knowledge.

In three countries provisions for **civil law** protection orders are now available to victims of domestic violence, and these provisions include police duties to protect the women irrespective of a criminal complaint. Such options are not available in Portugal, where protection depends on reporting to the police and thus gaining the "status of a victim". While in Germany, emergency barring orders issued by police and subsequent application for a protection order by the victim have become the preferred intervention, in the other countries protection measures are more closely linked to criminal law.

More complicated issues arise as to the rights of an abused woman during the intervention process. Where legal and institutional frameworks define domestic violence primarily as a crime against the state, women may forfeit some rights over their own lives. Mandatory reporting duties for all professionals who suspect domestic violence in Slovenia and Portugal have the potential to take the intervention entirely out of the woman's hands; information sharing between agencies in England and Wales may reduce or nullify the rights promised in EU data protection law. On the other hand, respecting the decision of the woman on whether, when and how she discloses the violence, accepts help and support, or cooperates with prosecution may mean, as long as she is subjected to the dominance of an abuser, that her rights to protection and support remain unclaimed. With this concern in mind, in all four countries a tendency can be observed to deploy child protection in

balancing the rights of the woman, since potential harm to a **child**, whether through exposure to intimate partner violence or through direct maltreatment, leads to an obligation to take protective action<sup>7</sup>.

The **responsibilities** to intervene and provide support to women seeking to escape violence, when examined more closely, are distributed differently, depending how the roles of different institutions have been understood and how their professional ethics and mandates are anchored in institutional cultures. For most of the women in our interviews, these responsibilities were often obscure, and their search for help and support was typically full of disappointments and detours, only very few were lucky enough to get immediately in touch with a place where they were really listened to and believed, and that gave them competent, engaged and effective support. Across all four countries quite a few women described being “brushed off” or not taken seriously when they asked for help or attempted to handle their own affairs, and only listened to when they returned to the agency with an accompanying specialized support worker.

To conclude: Empowerment as the guiding principle of intervention requires skills that are outside the repertory of police, courts, and bureaucratic agencies. Those who apply protective measures must be educated and given clear procedural guidance, and interventions monitored. Good cooperation with civil society organisations is vital to meeting the commitments of the Istanbul Convention.

European diversity calls for a variety of approaches; in the context of each country it must be asked Who can act quickly to stop violence? Who can provide sustainable protection? How can measures of protection be enforced? How can specialised CSO support be available without delay? Although all interventions systems should follow the same principles as in the Convention, there will be different solutions. Research is needed to know what „works“ - and how!

Buzawa, Eve S./ Buzawa, Carl G./ Stark, Evan D.: *Responding to Domestic Violence. The Integration of Criminal Justice and Human Services*. Los Angeles/ London/ New Delhi: Sage , 5<sup>th</sup> edition 2017.

Meysen, Thomas & Kelly, Liz; Child protection systems between professional cooperation and trustful relationships: A comparison of professional practical and ethical dilemmas in England/Wales, Germany, Portugal, and Slovenia. *Child & Family Social Work*. 2017. 1–8.

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Walker, Margaret Urban (2006): *Moral Repair. Reconstructing Moral Relations After Wrongdoing*. Cambridge / New York: Cambridge University Press.

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<sup>7</sup> For CEINAV results on intervention systems of child protection see Meysen/Kelly 2017

**Theme:** Intervention Systems

**Title:** The experiences of Thai ‘imported wives’ in Sweden - related to violence

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**Abstract:**

*Background:* This project gives voice to ‘Mia farang’ in Sweden focusing on the women’s lived experiences. Wealth, healthcare and welfare are unevenly distributed in the world. Looking for a better life through marriage has through history been a way for women to handle life difficulties. Thai women’s accountability is based on how they handle their )extended( family responsibilities according to Thai culture.

*Objective:* This project gives voice to Thai ‘Mia farang’ in Sweden. The purpose of this study was to examine Thai women’s experiences of domestic violence and power relationships in mixed marriages with Swedish males.

*Design:* The qualitative method used was semi-structured interviews with questions based on critical incident technique )Flanagan, 1954(. Data were collected with Thai immigrant women born in Thailand and who identified themselves as Thai, and who lived in Sweden for more than five years. Content analysis was used to find general patterns and variations in the transcribed data material.

*Results:* Eighteen of forty interviewees reported experiences of domestic violence; physical, psychological, economic and/or sexual violence. Violence in these partnerships was regularly used to resolve crises of Swedes male’s identity these actions are often accompanied by alcohol problems, economic poverty and according to women’s descriptions. Mixed marriage relationship involving Swedish extended family members as the husband’s mother and daughters from previous marriages. A lot of miscommunication was described in some of these mixed marriages of which the worse aspects include physical domestic violence. In Thai females extended family responsibilities, miscommunication and differences related to culture perspective might contribute to broken marriages and/or disastrous life. Thai women’s possibilities to become equal partners are very limited in Sweden although recognizable.

*Conclusions:* ‘Imported wives’ mostly conform to traditional gender expectations and hierarchies in the society. Even though Thai females’ erotic relationships with western males are not novel phenomena, their situations are not enough problematized worldwide.

**Keywords:** female immigration; violence; patriarchy; family economics; mixed marriage

## **Introduction:**

Violence against women has been identified as a major public health and a human rights problem throughout the world (Krug et al., 2002; Garcia-Moreno et al., 2006; Ellsberg et al., 2008). Violence is a renowned issue universal; domestic violence, in particular, represents a serious public health problem for women and children (Krug et al., 2002). Addressing violence against women is critical for both health and family reasons (Tavoli et al., 2016; Khosla et al., 2005; Romito et al., 2009). Coker et al. (2007) found that violence and victimization in intimate partnerships were related to increased risk of ill-health; chronic sickness, chronic mental illness, depression; substance use, and physical injuries.

Previous studies point out that the motivation to Thai immigrant's mixed marriage is: Looking for a better life. Transferring remittances is a vital way of providing, supporting and maintaining their relatives in Thailand (Suksomboon, 2008). Imaginably, married with a western male is a possibility of getting a new life where sexuality can be given in exchange for economic security (Thiangtong, 2008; Esara, 2009; Angeles & Sunanta, 2016). There is a strong tradition of male dominance and also inequality of sexual activities. Thai women's accountability to Thai culture in taking care of older parents and relatives together with nurturing and caring for the family members is the most important role of the wife and mother. Even though Thai women may be employed, they must look after their families (e.g. Lunberg, 2000; Suksomboon, 2008). Thai women have extended family responsibilities compared to western women. Thai women's accountability is based on how they handle their family responsibilities according to traditional gender role in a family. Even in the "equal" Sweden with a developed welfare system, domestic violence is a part of a lot of women's experience. But no group in society is more vulnerable to domestic violence than women in import marriages (Roxes, 2010).

The kind of mixed marriages sometimes this named as "import marriages" (Darvishpour, 2003) or "import wife" (Roks, 2010). Previous studies point out that experience of domestic violence is over-represented within immigrant women (Darvishpour, 2015). The most number of import marriages are the relationships between Swedish men and a woman from Southeast Asia and special Thailand (Fernbrant, 2013). But, import marriages are also common in various immigrant groups that the immigrant men who are Swedish citizens meet their wives in their countries of origin or arrange an alliance with the help of their families in their home countries (ibid.). Thus, a doctoral thesis shows that foreign-born women, in particular, those with low income, are three times more likely than Swedish-born women to experience domestic violence, women who come to Sweden via import marriages may be even more at risk of experiencing domestic violence (Fernbrant, 2013).

Adaptation to a new country is a process of change and adjustment (Berry et al., 2002). Although, Bhugra (2004) points out that emigrants often carry distress with them from one nation or culture to new. In effect, to be a migrant is a stressful life event if that may be related to the subsequent marital instability which, in turn, influences immigrant women's health (Gayle, Boyle, Flowerdew & Cullis, 2008).

In addition, imported wives are discussed as a possible welfare problem based on the unequal status they often experience in mixed-marriages compared to Swedish women in general (Hedman, Nygren &

Fahlgren, 2009(. Thai immigrant women in the context of their life, children and family. Present studies aim to know more about the inequality experienced in mixed-marriages. Therefore, the purpose of this study was to explore Thai immigrant women's experiences of domestic violence.

### **Methods:**

This interview study has a qualitative design. The interview guide was semi-structured with questions based on critical incident technique )Flanagan, 1954(. The critical incident technique has the intention to categorize actual difficult situations that people in mixed marriages experienced and the strategies used to handle them and the consequences of these critical incidents.

### ***Description of the participants:***

The participants in this project were Thai immigrant women who lived in the southern part of Sweden. The participants were recruited if they met the following criteria: )a( born in Thailand and self-identified as Thai, )b( lived in Sweden for at least five years, )c( currently or previously married to a native-born Swedish man.

### ***The interview:***

The interview questions were the first pilot tested to appraise the functionality and to test the interview procedure; following the pilot testing small corrections were made to the questions )Green, 2005(. Data were collected from 11 July 2016 until 12 December 2016. An invitation letter was sent to chairpersons of Thai Cultural associations to describe the research project, including the letters of invitation to inquire about the possibility of contacting Thai women to ask for participation in this study. Permission was granted in the Thai language. A confidential interview location was chosen by each of the participants. The researcher contacted Thai immigrant women who met the inclusion criteria; all interviews commenced with the following central questions. The length of the interview depended on each participant and ranged from 50 to 90 minutes, and all the interviews were conducted in the Thai language. During the interviews, Thai immigrant women were asked to share their experiences lived in Sweden and encouraged them to provide and explain detailed information about their experiences based on specific situations. All the interviews started with the following central questions: 'How do you experience everyday life and family life?'. Moreover, the researcher, first author asked about possible experiences of abusive situations in the last part of the interview, if not mentioned earlier in the interview by the interviewees themselves )e.g., "Do you recognize that there are four forms of abusive situations?(. All interviewees were aware of misapplication in most cases, whether or not they asked about it first.

### **Data analysis:**

The qualitative content analysis was used to analyze )Graneheim & Lundman, 2004(.

**Ethical consideration:**

All informed consent forms were written in Thai version, and the participants are informed verbally and asked to read the consent information carefully before signing their consent )Holloway & Wheeler,2010(. An approval for the project was approved by the Swedish Ethical Review; the Uppsala Ethical Vetting Board, number 2016/542.

**Results:**

The results showed that the majority of Thai immigrant women had experienced psychological violence, and some experienced a combination of psychological, physical, economic and sexual violence. Characteristically, Thai immigrant women met their husbands/partners through a friend, other relatives, or online dating sites. Some of the interviewees were already in relationships with Swedish men when arriving, whereas others met in person for the first time in Sweden. All interviewees described different reasons for the migration, such as to start a new life, and not solely to find love. However, in many cases, the dreams of Thai immigrant women were later subverted to four types of problems described as arising from inter-cultural marriages and relating to their experiences of domestic violence; drug and alcohol abuse, mental problems, or their husband's unacceptable behaviours. The women's descriptions also concerned difficulties concerning cultural differences and that relatives from both countries interfered in the mixed partnership.

**Discussions:**

Violence in mixed marriages can be understood as a power and gender question, which were regularly used to resolve conflicts where the Swedish male try to keep their dominance in the marriage. However, Thai women reacted against violence have a large variation and depended on their socioeconomic background and status in new society, age, education and level of their integration. Thus, the participants reported that domestic violence against them could be even related to men's mental issues, alcohol use, become involved with other women/men, children from previous marriage, Thai cultural behavior, e.g. they play cards, drink, gamble and economic poverty. Evidently, these Thai immigrant women involved in mixed marriages were based on an unequal power balance with Swedish men who were relatively well-established in Sweden and some newly arrived women who did not know the language and who lacked employment and social networks. Because the Swedish man already had a residence permit, the newly-arrived Thai woman ended-up being entirely dependent on him, not least because of the two-year rule before receiving citizenship. This power imbalance put Thai women in a fragile position. In Sweden, imported wives' are more likely than other married women to experience domestic violence (Fernbrant et al.,2014) and the number of women who contact the women's shelters for support has tripled, according to statistics (Roks, 2010).

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## Appendix

*Table 1.* The sociodemographic data of the eighteen Thai immigrant women who reported experiences of domestic violence, Sweden, 2016.

Sociodemographic and characteristics		N=18	
Age at the interview, years		35-68	Mean 52.05 years
Age upon arrival in Sweden, years		23-50	Youngest 23 years, oldest 50 years
Length of time living in Sweden, years		6-43	Mean 18.85 years
Marital status	Cohabiting	8	
	Living apart	5	
	Divorced	5	
Education			
	)1( Unschooled	3	
	)2( Primary school )6 years(	2	
	)3( Junior high school )9 years(	0	
	)4( High school )12 years(	2	
	)5( College )some work toward a bachelor's degree(	5	
	)6( Bachelor's degree	6	

*Table 2.* Thai imported wives' experiences of domestic violence, interviewed in Sweden 2016.

Types of domestic violence	N=18
Psychological violence	9
Physical and Psychological violence	6
Physical, Psychological, Economic violence	1
Psychological and Sexual violence	1
Psychological, Economic and Sexual violence	1

**Theme:** Intervention Systems

**Title:** Self-Determination in intervention against domestic violence an ethical dilemma?

When and under what circumstances can it be ethical to install „unsolicited help“.

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*I believe that every adult person has the freedom to choose to live in violent relationship and stay there. But when there are children involved, she does not. But there is// to draw a line there is hard. It's the question when does it count as possible child endangerment? At the beginning we like to call it possible child endangerment, because it gives us access. But if we follow this logic... If domestic violence always is a child endangerment then we also have to take the next step. Then we might also have to bring it to court. (Youth welfare officer, Germany, CEINAV)*

In the past years there has been a greater understanding of the problem of domestic violence and an international consensus has developed on the need to deal with the issue. Throughout Europe different models are emerging. The project “Cultural Encounters in Intervention Against Violence” (CEINAV) explored differences in the intervention systems of Germany, the UK, Portugal and Slovenia and found that the right of a woman facing domestic violence to make decisions affecting her own life is seen differently. In England & Wales the concept of public protection is dominant, and there seems to be a strong trend towards a philosophy of rapid, intensive intervention. Punitive sanctions for the perpetrator and risk assessment for the victim are at the center. The German intervention system is primarily oriented to protection. Winning the trust of the woman in order to offer effective help is at the center and criminal prosecution is secondary, even when the law declares it primary. While on the one hand counselling professionals in Germany stress that nothing will happen against the woman's will, on the other hand there is the question to what extent someone who was made vulnerable through inequality of power to begin with is ready to make such decisions.

CEINAV was a three-year project funded in the HERA program<sup>1</sup>. Five research partners from four countries cooperated with 12 associated stakeholders from practice. A total of 24 multi professional group discussions with professionals working in intervention explored, who can intervene and how. In addition 78 interviews were conducted with women and young people about what helped or hindered them in escaping violence. Finally interviewees were invited to take part in workshops where they experimented with expressing themselves through art. In creative dialogues professionals reflected and discussed the results together with some of the survivors and the researchers.

Overarching responsibilities in the four countries are to support and empower victims with appropriate and sensitive responses. Services aim to safeguard and protect victims and their children through building and maintaining a relationship of trust, to cooperate and communicate with other agencies and professions. Also services have the responsibility to refer victims to the agencies and professionals with the skills and resources

to meet their needs and lastly to different degrees are expected to document and report crimes and to notify child protection agencies if necessary.

### **Information sharing, cooperation and referrals in England and Wales:**

In England and Wales guidelines and checklists for correct procedure have become very dominant. In 2003 Multi Agency Risk Assessment Conferences (MARACs) were developed and in 2008 declared a core strategy in DV cases. Core element of these is information sharing among agencies on specific cases. The protocols include provisions for information sharing without consent. In some instances, it is legally required (child protection); in other instances, it is permitted but must follow the basic ground rule that it should be necessary for the prevention and detection of crime or protection from serious harm. Information sharing is discussed under the concepts of a duty of care and public protection. This may give rise to concerns about the parameters the practice and its implications for women's right to privacy.

Cooperation is clearly defined as a duty for risk assessment. Independent domestic violence advisors (IDVA) attached to a MARAC may also be available for consulting in case of doubt. MARAC also builds networks that facilitate referrals in less high-risk cases. Multi-agency work has come to mean case conferencing likely using the Domestic Abuse, Stalking and Honour risk assessment (DASH). The DASH tool and information sharing are not a legal duty; still there are a number of legal grounds allowing for discussing cases without consent of the victim. The dominance of a risk discourse on DV makes a widespread perception of this procedure as good practice.

Professionals in England & Wales are particularly aware of the potential risk to a child resulting from domestic violence, thus referral to statutory child protection agencies is very common. 'Seeing or hearing' the ill-treatment of another is legally defined as harm to children, presence of children is enough to trigger a referral to the social services. Investigations might be justified as means to drive women to take action.

### **Information sharing, cooperation and referrals in Germany:**

Cooperation networks are widespread and valued, but they are not case conferences. Services have recently begun to experiment with a modified MARAC model, conditional on the consent and the involvement of the woman who is at risk. All professional counselling relationships are bound by a strict legal confidentiality duty. The only exception is imminent severe danger to the client or to the children. The multi-agency intervention approach is framed as a "Round Table" in which criminal justice, social support and other professionals collaborate. In general, such round tables do not share information on individual cases but aim to coordinate their work based on agreement about common goals. The confirmed potential of organized cooperation on a structural level is to build an unbroken "chain of intervention", meaning that, wherever a woman makes her first contact, she will be reliably referred to the agencies that can help her.

"Referral" is understood to mean giving the client information about other agencies, not giving other agencies information about the client, unless she so requests. The support services do not inform the authorities without first talking with the victim and obtaining her consent. Only if there is imminent danger to life or a child

is endangered will the professionals inform the authorities. Police refer victims (and where possible, perpetrators) to NGO services, but in any case must notify youth welfare offices if a child is present in a domestic violence situation but the information will go no further without the victim's knowledge and if possible consent. A referral to child protective services might also be used as an "entrance card" to the family which gives the opportunity to offer other help. Still there are strong women advocacy and self-determination lenses that defend the empowerment of women and emphasize women's will and rights to information while prioritizing their consent. There is no mandatory reporting in Germany.

### **Information sharing, cooperation and referrals in Portugal:**

Professionals in Portugal do not have a duty to confidentiality. It is common practice for the agencies to share information amongst themselves and with the police and it is seen as an integral part of these service roles. All professionals have a duty to report suspected domestic violence, as well as endangerment of a child to the police, but there are no regular multi-agency conferences or coordination meetings.

There seems to be a need to develop protocols of best practice and defining responsibilities. There are two police agencies (PSP and GNR) that deal with DV and have special offices. According to the workshop discussions in CEINAV, coordination and communication between these different organizations is not very clear and poses obstacles. Professionals consider it good practice to share information among each other and to collaborate, but the inexistence of protocols of communication poses some obstacles to their collaboration and some ethical questions regarding the victims' rights to privacy.

While a shared agreement exists about the need to report domestic violence, professionals in the social and health sectors seem to prioritize the development of a relationship of trust with the victims, and value their empowerment to make their own decisions. Although information sharing among different agencies is considered a crucial procedure to provide an effective intervention, professionals stated that it does not happen very often. When it does, mostly the victims' consent is not considered in the process. There are however some triggers, such as the presence of guns or indications of harm to a child that would definitely prompt a report to the authorities.

### **Information sharing, cooperation and referrals in Slovenia:**

In Slovenia there is no duty to confidentiality. Common practice for services is to share information amongst themselves and with the police. All professionals on top of that have a duty to report to the Centre for Social Work which in turn has a reporting duty to the police if the suspicion is confirmed. Sharing information is seen as an integral part of these service roles; however apart from the multi professional team the CSW uses for each of their cases, there are no regular multi-agency conferences or coordination meetings. Guidelines on intervention in DV include a risk assessment in each individual case and there is a set of procedures that are dependent on this assessment. Different categories of professionals manage the "duty to report" differently; health professionals rarely choose to report against the victims' will and cite patient-doctor confidentiality.

The concept of “soft reporting” has emerged in recognition of the need to support victims regardless of whether or not they want to report to the authorities and initiate a criminal justice process. Then there is a referral to social services that focuses on the victims’ initiative, choices and actions. Other professionals such as emergency health workers and social workers have a clearer obligation to report. Victims can however block information sharing if they explicitly object and the level of violence is low.

### **Tensions:**

From different obligations and situations arise tensions. The mandate to protect women from violence and the respect for self-determination can be mutually exclusive. On the one hand professionals know that early intervention can prevent more severe harm, on the other some of them fear to disturb the family peace. While witnessing violence is framed as possible traumatic for a child, removing the child from the family can also be traumatic. On the one hand there is an obligation to inform about a child endangerment, on the other there might be a duty to professional secrecy. The wellbeing of the child thus may conflict with the interests of the mother. Risk assessment can be a helpful tool in a case, but how far can the victim participate or determine the assessment? Conflicts between needs of child and mother, rights of father and mother or the needs of society and the needs of an individual woman must be carefully considered when asking for the next step. Is mandatory reporting and information sharing the key to success, a violation of the basic rights of survivors, or both? How to weigh the interests of society against those of the individual who was made vulnerable through inequality of power to begin with? And while talking about strategies that are (more) successful (than others) what should be considered a *success* after all?

*For me at least, the question is: How can we help this Maria? She has turned to a statutory agency that actually offers help, but if we come in swinging the club of criminal prosecution, it is a big question whether our proceedings that then take place will be helpful for Maria. We are always confronted with the question: Does the woman want to testify against her tormenter? And at least in larger scale proceedings, we always ask ourselves: Can we even expect this of the woman, that she take up this fight? That she testifies? With the trial and... I had a witness, she was interrogated for TEN full trial days, by a team of SEVEN defense lawyers, you just have to imagine to yourselves the torture this was. So THIS is always a question that we really have to ask ourselves: Do we want at any price to expose the facts of trafficking and bring her to speak out? Or do we only want to help her get out of the situation? This is the question I always have to ask myself. (Public Prosecutor, TSE, Germany)*

Different systems emphasize different perspectives. While some see winning trust of the victim as the most important step, others see rapid intensive intervention as the best practice. Intervention can be discussed as a matter of protection for the individual or the public and punitive sanctions can be seen as important or secondary, depending on if they are framed as deterrent or ineffective. While all the systems have their strengths

and weaknesses, there is the need to discuss self-determination, empowerment and paternalism in intervention against violence especially since the kind of violence involves control, domination and uneven power relations. Ziegler argues that ex post agreement cannot be a valid justification for paternalistic behavior in social work, because at the time of the intervention the future agreement can only be assumed.<sup>ii</sup> On the other hand a system that emphasizes too much that the victim has to take action might leave them alone where help could have been installed.

*Interestingly this [intervention] fails due to the woman again and again, or at least gets difficult due to her. SHE refused testimony. SHE does not seek counselling. SHE refuses information sharing between agencies. SHE does not want to let in the youth welfare officers. It is always this // it is always at that point. Everybody is at the ready so to speak. We DO have a great intervention system, but nevertheless it fails. They have exhaustingly counselled her and then she walks out and takes back the complaint. (Family Court Judge, Germany)*

*Not at court, not at the police, not at the youth welfare office, nowhere! They just say “She is emotional, she is crazy”. I am not crazy. That is just how I am. My husband got aggressive at court in the first hearing and was asked to lower his voice. That even is in the protocol. I never was heard properly. I don’t know why. I just want help. I was just looking for help. I am still not getting it. I feel so trapped and I don’t know what to do. (Female Survivor, DV, Germany)*

While the judge in the group discussion emphasizes that nothing happens against the victims will, one of the interviewees obviously had the feeling that she did ask for help and did not get it. Unfortunately neither can there be a clear answer on how to solve such tensions or dilemmas, especially if the systems in different countries work differently, nor does it look promising to impose EU-wide standards on them. Research in CEINAV took the differences in history and thinking into account and composed a set of “Transnational Foundations for Ethical Practice in Interventions Against Violence Against Women and Child Abuse”<sup>iii</sup>. However there is a need to think and research more on ethics in intervention.

**Theme:** Intervention Systems

**Title:** Change that Lasts is a Chance for Change

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### **Overview:**

The adoption of the risk, need and responsivity (RNR) model in offending behaviour work in the 1990's in England and Wales in the UK saw risk assessment aligned with the allocation and intensity of the supervision and resources applied in the Criminal Justice System (CJS) and Allied Fields (Chapman and Hough 1998). Although perhaps not known at the time the implications of this for the Domestic Violence and Abuse (DVA) sector would be significant. The introduction and adoption of the 'risk model' into DVA 'work' with victims in the specialist support sector has been a matter of mixed fortune. On the one hand a stronger connection with the statutory sector via the development of multi-agency partnership working on high risk cases and mobilising resources promptly at identified points of crisis has been enabled. On the other, DVA victims have been poorly served by a system which allocates resources based on risk levels rather than need (Home Office 2013; Regan 2007; Women's Aid 2013; 2016), and by an approach which fails to appreciate the fluid nature of DVA and the importance of early intervention for both perpetrators and victims (Robinson 2010).

Although statistics are disputed it is broadly accepted that women are both more likely to become victims of DVA than men and most likely to be subject to repeat acts of victimisation (Walby 2009; Walby and Towers 2018; Hester 2013). As such this paper takes a gendered analysis of DVA with the papers primary focus the (adult) victim.

The Change That Lasts (CTL) programme is a specialist sector idea regarding intervention (Women's Aid (2016). It is a strengths-based, needs-led model that supports victims to build resilience and independence and which purports to respond to needs and risk whilst advocating the importance of empowering victims by responding to their self-defined needs. Here some observational practice findings of the use of a strengths-based approach utilising the CTL initiative within a DVA academic undergraduate module on a social-science-based degree programme with criminal justice based early career practitioners are explored.

### **Data Collection, Methodology and Limitations:**

I have over 25 years' experience in the field of DVA as a Refuge worker, Probation Officer, Social Worker and as an academic researcher in Community and Criminal Justice. I am the subject lead on a second - year university undergraduate Domestic Abuse module delivered to students considering undertaking a career in Policing, Criminal Investigation, Psychology and Criminology. CTL materials are incorporated into face to face teaching to encourage critical thinking in CJS (and allied fields) practice in addressing DVA. Inclusion of such material always ignites emotional lively debate regarding practice issues.

This is a reflective written piece on a small scale informal observational study of sixty-three university undergraduate students (all of whom elected to study the DVA module out of interest i.e. via choice) and not an evaluation of the CTL initiative. I accept that as a research tool an observational study has some clear limitations and cannot be relied on for providing generalisations.

### **Introduction: The Current State of Play:**

DVA provision in our jurisdiction (England and Wales) is predominated by CJS organisations though specialist support services such as Women's Aid co-exist in this domain be it somewhat precariously. Whilst resourcing of services is detailed elsewhere in the literature (see Turgoose 2016 for example) in summary there is a historic funding shortfall in specialist service provision which has led to a lack of formal evidence base for 'what works' in addressing the complexity of DVA, and this is where CTL fits in.

My students are acutely aware that we live in a 'risk society' which begets positivistic measurement which 'fits' with managerialism approaches in current DVA practice, in other words a belief that if we can measure violence and risk that we can control and thus manage it (Beck 1992). Strengths based approaches such as The CTL programme seek to challenge the current status quo of practice operation in the CJS and are viewed as possessing real paradigm shift potential for moving intervention from the current focus on risk based to needs led interventions in DVA practice (Women's Aid 2016).

### **Why A New Approach?**

In my jurisdiction (England and Wales) the focus on intervention in DVA is on a risk-based incident (physical violence) CJS model as identified above. This means that the gateway to support for victims (women) is being 'assessed' as 'high risk', which often does not adequately tell us what victims 'need'. There are thus many unintended consequences of a focus on risk assessment/management in 'supporting' victims. Short termism of only dealing with the here and now is a major factor currently at play in the system and means in reality waiting for people to become high risk before intervention is afforded them. Students were unanimous in the view in class that this was unacceptable practice. (I have written about risk society, the incident model, gender neutral approaches and commissioning in more detail elsewhere see Turgoose 2016).

Students study the three planets model posited by Hester (2011). In short the model consists of a DVA planet (by far the largest and most dominant planet where CJS agencies dominate), the child protection planet (where social work agencies dominate and where the welfare of the child is paramount) and the child contact planet (where legal civil matters i.e. child contact are addressed pertaining to assessment of being a good parent) where DVA is not (always) the prime concern. They (students) agree with Hester's findings that in practice the problem with risk is that the planets are not aligned, and that organization's thus often working in silos, equating to a black hole in DVA practice. Indeed, it was a major concern for students that whilst the CJS (where many of them will practice) is placed at the centre of a Multi-Agency response (via MAPPA and MARACS for example) they recognise that this is often not at the centre of women's lives and reflected on how this disconnect



meant that victims may (continue to) feel that they are to blame for the DVA they endure via a secondary victimisation process, something they do not want to contribute to as practitioners.

Students also reflected that in practice the process of recovery (Abrahams 2007; Abrahams 2010) has become a secondary concern in the DVA sector with some victims experiencing ‘job done delusion’ or being deemed as ‘intractable cases’. Having reflected on the work of CJS practitioners such as Ellinson and Munroe (2016) students reflected positively on the need for a more trauma informed approach to practice in the CJS which promotes acknowledgement, compassion, choice and control, safety, trust and collaboration both for victims and for practitioners working in the field (98% of students said it was either very important or crucial) in order to improve practice and provide safety for lasting long-term change and recovery.

An over-riding objective identified by students is the need to recognise different power dynamics both between and within organisations with the aim of uniting all agencies, commissioners, providers and victims in the process of ‘what works’ best in addressing the complexity of DVA. This is in spirit with the CTL programme. In addition, students also cited a main source of frustration for them was that they felt that money was being wasted in addressing DVA given the current allocation of resources to high risk. Moreover, they felt that CTL was value for money and necessary as a true preventive tool. Students referred to the CTL infographics available on the Women’s Aid website citing them as excellent visual case study examples which clearly and succinctly make the point that preventive needs led intervention works over tertiary focused risk led interventions calculated on a cost basis.

### **What To Do About Risk:**

Students recognise that perpetrators are often prolific offenders with little respect or fear of the CJS. A particular concern raised in class has been with regard to repeated reporting of DVA ‘incidents’ which often takes place to police services over several years, but which are not (yet) viewed as cumulative on a continuum of violence (Kelly et al 2014) by all, despite the (relatively recent) introduction of a Coercive and Controlling behaviour criminal offence via the implementation of Section 76 of the Serious Offences Act in our jurisdiction. The concern is that current practice dictates that only eventually are victims identified as ‘high risk’ after what they described as an ‘alarming number’ of referrals to and engagement with statutory agencies. Students made reference to inconsistent thresholds, repeated police call outs, and were worried by repeated Multi Agency Risk Assessment Conferences (MARACS) and child protection meetings being called but not addressing need via change that lasts which fits with Rogerson’s findings (2015). Various Court Hearings, numerous applications for (and breaches of) Non-Molestation Orders, visits to Accident and Emergency Departments without IDVA support and lack of a routine enquiry approach when presenting to hospital/GPs were also detailed as of concern to students in DVA practice. Loss of faith in services and professionals that were designed to protect them and the cumulative effect of all this in relation to emotional well-being, depression and other health issues for victims was a recurring theme in discussions referring back to the need for trauma informed practice.

In addition to this, students reflected on examples where victims who had been ‘referred’ to support services and who had had MARAC ‘actions’ set which were not effective. Here the fact that no ‘real’ understanding of what was needed or when with a focus on ‘risk’ and ‘action’ was felt to be acting as a barrier rather than an enabler; students could empathise as to why a victim might stop engaging with services attempting to provide the solutions that they thought ‘she’ needed. A needs-led approach in obtaining focus on solutions and supporting a different pathway to the same end were reflected on, with student’s able to reflect on how professionals can get stuck in the ‘top down’ approach and start to answer one another, rather than the ‘supposed’ beneficiary. They recognised that this needs to change and that they could be agents of this change in practice.

### **Preliminary Research: Pathing the Way for Change That Lasts:**

Both Hester (2013) and Kelly et al (2014) undertook research projects which have been influential in the development of the CTL programme. Both projects adopted a “person-centred” strengths-based needs led approach. Students echoed Hester’s (2013) findings for a need for strong partnerships with a shared understanding of what a ‘successful outcome’ is that goes beyond individual agency targets and responsibilities be developed. Students also called for a shift away from a risk-based model feeling it created defensive decision making which was also disempowering to staff and echoed Hester’s findings in recognising that victims do not move forward in a staged/ process driven way but must in fact pick their own pathways. Students also echoed findings from Kelly et al’s (2014) project which found that DVA was continually being reduced to incidents of physical assault, leading to exclusion of some victims from services/support (for example when their abuse was more characterised by coercive control; see Stark 2007 for a detailed discussion on coercive control). In addition, there was minimisation of post-separation abuse (Regan 2007) with professionals underestimating the toll living with DVA had, expecting that separation, in and of itself, would create safety and lift all other burdens. The current policy focus on short term risk reduction it is argued has contributed to this misunderstanding, and in particular with regards to a failure to recognise victims current and persisting support needs.

### **The Elements of Change That Last in Moving Forwards:**

CTL promotes the idea of trauma informed ‘Ask me’ Ambassadors being identified in local communities (from every day work environments) where the victim is heard, believed and gets the help needed in a “safe space” so that early disclosures of DVA can be made. Students noted this as good preventive practice in enabling an initial appropriate response for victims which provides information about immediate options to take the next steps towards safety, freedom and independence, thus widening ‘spaces for action’ (Kelly et al 2014) in the community. The ambassador acting as a gateway, (not a barrier) to what the victim needs there and then and the importance that every point of interaction is an opportunity for intervention was felt worthy of merit by students who felt that this opportunity should not be missed. Students reflected on positives of the big society, communities and ‘responsibilisation’ for community safety initiatives first posited by the Home Office

(1991) and recognised that whilst addressing immediate safety needs is important it is not the sole focus of intervention. They felt this might also assist in reducing repeat victimisation.

Engaging a wider range of trusted professionals in the community (building on the best of the Troubled Families agenda which advocated a key core broker for services for families see Casey 2012) students felt could promote a more holistic response in co-ordinating support for victims especially in increasing resilience. Action learning sets run with specialist services organisations acting as key expert contacts alongside them being direct providers of support were regarded as essential to adopt. Students felt that practitioners understanding of psychological, neurological and biological factors alongside the specific social and trauma impact that DVA has on victims was paramount to understand to enable this strengths-based, needs-led approach to flourish. Identifying what resilience and independence look like and how to get there including intensive support for complex overlapping and intersecting needs were viewed as the most important factors to understand. Students were mindful that solutions are not the same for all individual's and that circumstances vary but felt that victims should be active participants (as cited by Hague 2005) in identifying their own goals and strengths and in identifying resources at the right time, adding that communities, society and culture, are also determinants of well-being are just as important to address for good outcomes as individual strength.

### **In Summary:**

In DVA provision of services risk assessment is the main gateway to support, and the management of that risk is the main criterion of success. The reduction in needs-led responses in recent years has led to a growing crisis of unmet need (Women's Aid 2013) where intended positive outcomes are at best difficult to achieve and where risk is often managed without best meeting victim needs. As such, victims in frequent contact with a wide range of agencies who 'could' help either fail to provide an environment in which DVA could be disclosed or respond to a disclosure in a way which does not enable the victim to get the help needed. Many victims (for example those with complex needs) are not engaged formally with services at all, and their opportunities to DVA are limited to the 'community' which is often uninformed about how DVA manifests. Consequently, misunderstanding and fear prevent communities from encouraging disclosures and DVA is thus tolerated. This needs to change is the call from my classroom!

My students view CTL as a paradigm shifting no brainer chance for real change in practice. Collectively we call for commissioners, other financial agents, government bodies and allied organisations in the DVA sector to embrace its adoption with immediate effect. The victim's voice is central to the development and delivery of appropriate intervention(s) in the DVA field. Services need to work to a shared goal of independence for the victim. A shift from a risk-based approach to one that starts with the individual on needs is required. Barriers to help need to be removed (or at least reduced) and opportunities to access help in the community widened through adoption of local 'Ask Me' schemes and development of the 'Trusted Professional' role. Communities increasing understanding of DVA and the role they can play in responding, awareness campaigns and clear signposting is needed. Whilst local partnership processes vary depending on locality it would be useful to include detailed discussions on existing strategy and priorities with public sector commissioners, specialist

providers and victims. Participation is key! Finally, the focus of risk needs to shift to the perpetrator who is held to account and provided with opportunities to change behaviour. In summary CTL is a real chance for change!

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# Sexual Violence

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**Theme:** Sexual Violence

**Title:** Hear no misogyny, speak no sexism, see no harassment. Gender-Based Violence and UK University Campus Culture: Time for Change?

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## **Overview:**

Gender Based Violence (GBV) in UK Universities has begun to gain the attention of scholars, government, the media and universities themselves albeit decades later than other Anglophone countries such as New Zealand and the USA. Though the policy situation in the UK has historically contrasted with that in the USA, where there are national and institutional policies on sexual harassment and violence (see for example Feltes et al 2012) in recent years, UK universities have become more attuned to issues of GBV with a number providing information about what to do in the wake of an assault. It is also increasingly common for universities to signpost information about national and regional support services, such as help lines for victims of sexual assault. Awareness-raising campaigns and active bystander and ‘consent’ programmes have also begun emerging, and many university counselling services now include specialist support for victims of (predominantly) sexual violence.

In the UK the role of both student and academic activists (see for example NUS 2010 201, 2014 2015 and Phipps 2015) in bringing attention to GBV in universities and in holding universities to account for GBV amongst their staff and students has largely been the catalyst for the current changes. In summary 2016 saw the publication of the Changing the Culture document which established the Universities UK (UUK) taskforce with the remit of addressing GBV. This paper examines how GBV in universities in England in the UK is currently framed before exploring how universities are responding to increased expectations that they improve preventative measures and responses to GBV in their policies and practice. How these prevention interventions might shift campus cultures is particularly explored, with an emphasis on the Mandala Project at De Montfort University (DMU).

## **Background to the Catalyst for Change:**

The backcloth to change in the UK commenced with the National Union of Students (NUS) 2010 quantitative research which revealed the high rates at which female students experience GBV, with 1:7 experiencing a serious physical or sexual assault during their time as a student. The study also found lower perceptions of safety among students linked to concerns around university campus architectural design, for example poor lighting of alleyways etc. NUS follow up qualitative national research in 2013 revealed 12% of

female students had been subject to stalking, over 2/3rds had experienced some form of verbal or non-verbal harassment in or around university campus which included groping, flashing and unwanted sexual comments, and that over 60% of female students had heard rape ‘jokes’ on site. Students reported that (so called) lad culture\*, alongside supporting sexist ideas, also endorsed a range of discriminatory views including classism, racism, LGBT phobia and ableism in the name of a joke, or ‘banter’. This echoes research findings regarding homophobia both previously (Muir and Seitz 2004) and currently, in our own civic values research at DMU (Turgoose & Bettinson 2017) which is discussed below.

### **Data Collection and Methodology:**

The NUS national 2013 research utilised focus groups as a data collection method and claimed its results were generalizable (N=40 students). At DMU in 2016 we obtained ethical approval to replicate this study on our campus, also utilising focus groups under the banner of a civic values research project (before the set-up of the UUK task force) with N=27 students. We found similarly that (so called) lad culture negatively impacted on university student life, with such behaviour prevalent in sports teams, nights out, and through the selling of certain media. Our civic values research is proving to be pivotal in shaping understanding of GBV on campus for us at DMU and is assisting us in considering the usefulness of the term lad culture amongst which strategies are likely to be most effective in addressing GBV.

### **Policy and Practice Frameworks:**

Universities have obligations under both the Public-Sector Equality Duty (part of the Equality Act 2010) and Human Rights Act (1998) to respond to GBV (EVAW 2015). Namely the Equality Duty requires public authorities to hold due regard to eliminating discrimination and harassment in addition to advancing equality of opportunity and fostering good relations between different groups. Bullying, harassment and dignity at work policies at DMU highlight the values within equality and diversity policy. In addition, the Human Rights Act makes it unlawful for any public authority to act in a way which is incompatible with a right included in the European Convention of Human Rights. That said, guidelines (from 1994 known as the Zellick report) predating both pieces of legislation at universities regarding misconduct outlined how universities should handle reports of sexual violence with perhaps the most contentious and widely adopted of these being universities take no internal action unless victims were willing to go through a formal police investigation, and that any such internal action was delayed until juridical proceedings were complete\*\*. Following NUS 2015 the need for improvement in procedures for dealing with complaints, incidents and disciplinary procedures to adequately address GBV was identified as a priority by the newly established UUK taskforce. Subsequent revisions to the Zellick guidelines means universities can now take precautionary action during criminal justice proceedings and could still take disciplinary action if a student accused of an offence was acquitted in court (Bradfield 2016). In summary then The UUK Taskforce’s emergence has marked a significant shift in the regulatory framework governing universities response to GBV, acknowledging it as a critical issue and part of a national agenda. A significant UUK taskforce recommendation is that universities adopt centralised reporting procedures and

develop effective disclosure responses. This maps to some of the work of the Mandala project at DMU and is discussed next.

### **DMU: The Mandala Project:**

DMU is an urban city campus-based post 1992 University. DMU has a diverse cohort of approximately 26,000 students who largely reflect the local community demographic of Leicester City where we are located. It is different to many European counterparts (European report 2011) in terms of having students living on campus throughout their study, but does have similarities to some (for example Spain, see Valls et al 2016). Universities are thus it can be argued 'at risk' communities where campus life whilst not causing GBV impacts upon the way GBV manifests.

In line with the Public and Common Good ethos of DMU the Mandala corporate project supports an ongoing programme of work specifically seeking to eradicate and challenge GBV. The project is a result of collaboration between Welfare Services and the Student Union with input from DMU's SVDV Research Network which I co-convene alongside my fellow academic colleague Vanessa Bettinson. Actions and activities developed to date via Mandala include training to tackle GBV, developing an anonymous first point of contact to report an incident of GBV and measures to incorporate the student voice which includes incorporating safety measures in campus building development at DMU.

The importance of having a contact point where anonymous reports of GBV can be made has long been recognised largely in USA research (see Grauerholz, et al. 1999; Pasky-MacMahon 2008) alongside (again mainly USA for example see Cantalupo 2011) studies revealing training is vital in helping staff to feel more confident and respond effectively to students who disclose to them so they receive an appropriately supportive response. This is of particular note since UK students tend to disclose GBV to staff much more often than their European counterparts (European Report 2011).

Mandala at DMU has over twenty trauma informed trained 'First Responder' staff who can meet with students (and staff) who report GBV to the Project. The First Responder remit is to listen non-judgementally and to signpost to sources of support both within and outside of the university (including the police) with regard both specialist and non-specialist service provision. Referrals include both recent and historic domestic and sexual violence, harassment and other forms of GBV. Power and control make it difficult for survivors to speak out/disclose which can serve to intensify feelings of disempowerment and produce long-term negative outcomes for example anxiety, depression, and post-traumatic stress disorder, and this is recognised by First Responders.

The fact that the Mandala project is promoted at faculty induction level at DMU is good practice. Less than a quarter of universities had done this previously (NUS 2015). There are moves next academic year for Mandala to be included in pre-induction materials before students arrive on campus for welcome week-end. DMU's GBV prevention strategy focuses positively on the promotion of healthy relationships and in engaging students in critical debate around issues. For example a campaign based on the question 'Is it OK for my boyfriend/girlfriend to look through my phone?' was launched during Fresher's induction week as induction week is a known hot spot for GBV given many students move away from home for the first time and are 'at



risk'/vulnerable (see NUS 2010; 2013; 2015 Bettinson and Turgoose 2017; Bates (2012). Students vote 'yes, no or maybe' to the is it OK statement and discuss their personal rationale with Mandala staff. This strategy is an engaging way for students to consider issues such as coercive control within relationships, online privacy and for providing information about support if required.

Only 6% of student unions had reported that university policies were visible on their websites (NUS 2015). Mandala has developed a range of information pages for students to access on line on various technology and social media platforms which link to various contact points, videos and information. These advances link to our findings that student policies were invisible or too dry to buy into or understand. Our students suggested videos to explain visually and this is being actioned (Turgoose and Bettinson 2017)

A key aspect of the Mandala project is co-production, an example of which is training currently under development for DMU Sports and Clubs following 'banter' and appropriate behaviour within sport being outlined in the NUS (2013, 2014, 2015) research, Changing the Culture (2016) and our civic values research findings at DMU (Bettinson and Turgoose 2017). At DMU rather than a hectoring compulsory approach the emphasis is to develop and deliver training programmes within teams themselves via a 'train the trainer' approach. Whilst labour intensive (and in the early stages of development) the sense of self-ownership and autonomy this approach seeks to foster and its participative nature (based on the idea nothing about us without us) aims to best encourage the genuine cultural shift over time which is required. This means that an evidence base can now be developed with regards how successful such workshops are in terms of changing attitudes and behaviours and in preventing GBV. Initial pilot train the trainer evaluations sessions report over 90% of attendees were more confident to talk to others after training.

At DMU it is acknowledged that programmes will have limited effect on campus culture if they fail to raise awareness of the problem (Hayes and Smith 2010), if students can dismiss what they have learned as applicable only to 'others (ibid)', if programmes are based on common sense and not well grounded in theory (McMahon & Banyard (2012) or if they have been developed without much research being done on how students understand sex and how they understand and negotiate consent (Jazkowski, & Peterson 2013).

## **Conclusion:**

Universities are working on better policies, protocols and services aimed at addressing so called 'lad culture' and GBV. Whilst policies provide a formal framework to tackle this and therefore represent an important step in this process they should not be seen as a panacea, otherwise a job done delusion is likely to prevail in just having a policy. We are keeping a watchful eye of how our policies function at DMU and we acknowledge our duty of care and responsibilities for preventing GBV via the Mandala Project which itself seeks to create a positive university culture embodying strong civic values. Attention to design and architecture in promoting spaces free of discrimination and how physical campus space is designed has assisted in this endeavour. For example campus incorporated design which meets urban feminist principles in making buildings more accessible/making people feel safer, where students can participate fully in university life without harassment as proposed by those such as Darke (1984) has been adopted at DMU.

Greater inclusion of students in institutional processes positioning them as agents of social change rather than as passive victims needs further implementation with regard to protection, especially in emotional terms. The Mandala Student Champion role which seeks to create a team of student activists to ensure the student voice remains at the centre of the project has been and will be continued to be developed.

Whilst ‘lad culture’ is a much researched much debated concept (see for example Sundaram and Jackson 2015; Ridolfi-Star 2016; Rudd and Goodson 2017; Phipps 2016) it is not helpful analytically given a myriad of behaviours are involved in what constitutes it. ‘Lad culture’ is under theorised and as such the evidence base for prevention has to date been thin. There has also been a lack of intersectionality with the white, female, heterosexual, middle class, able bodied student victim borne out in research to date. Moreover, the current university approach in England has largely been based psychologically, personally, punitively and viewed via a positivistic lens. A more nuanced approach is required to frame the debate structurally. To this end the use of the Personal Cultural Structural (PCS) Model (Thompson 2015) and complexity theory (Patton 2011) is of relevance and worthy of consideration in building a theoretically informed evidence base and in understanding the limitations of the interventions we have pursued thus far, as in the case of Crocker (2018). GBV is a complicated problem. Complex problems present as ‘fluid and unpredictable’ and because they are non-linear they require innovative responses and creative methods to uncover patterns (Snowden & Boone 2007; Patton 2011).

\*lad culture is defined by students primarily as a group or ‘pack’ mentality residing in activities such as sport, heavy alcohol consumption and ‘banter’ which was often sexist, misogynistic, or homophobic and was thought to be sexualized and to involve the objectification of women. At its extreme, it was thought to promote rape supportive attitudes, sexual harassment and violence, first highlighted within NUS’s (2010) Hidden Marks’ report.

\*\*18 months is the usual timeframe for a rape trial in our jurisdiction (CPS 2017)

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**Theme:** Sexual Violence

**Title:** She is never asking to be raped - A practical legal discussion on the link between rape myths and the Judiciary in England and Wales

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Attrition rates are the ratio of rapes (or any crime) reported to the police in comparison to the number of successful convictions for the offence. Rape and sexual violence are serious criminal offences. Research shows that around 10,000 women are sexually assaulted and 2000 raped in Britain, each week<sup>8</sup>; rape is vastly under reported – with only 15% of rape victims reporting it to the police<sup>9</sup>; the attrition rate for rape convictions is 6%; the conviction rate, which is often held out as a means to undermine the 6% attrition rate figure, is only slightly more than half of those charged for rape (58%); and ONS statistics show that despite increased awareness of rape and increased reporting only 1000 convictions for rape are made annually in England and Wales.

A key problem is the majority of rapes and serious sexual assaults are not reported to the police by victims, and of those reported, many are dropped pre-charge, or ‘no-crimed’. (No-crimed is the process by which the police do not record a reported criminal offence as a crime when it should be.) Given the known difficulties in securing a rape conviction, and the impact of a failed attempt on the victim, for rape cases to get to trial, the prosecution usually has a strong case against the defendant. In light of this it is even more concerning that 40% of perpetrators charged, acquitted. There are various factors that affect attrition rates, but let's consider if some of the problem lies at the very top of the judicial system.

Research indicates that alcohol related violence typically involves male victims and male perpetrators in non-sexual crimes. In March 2017, British Judge Lyndsay Kushner QC, whilst making her closing remarks during her sentencing of a rapist, included a warning: that women are entitled to drink as much as they like, but should be aware that rapists “gravitate” towards drunk women. At odds with sentencing practice for other criminal offences, the judge’s focus was on victims, who are drunk, rather than the profile of the rapist and his motive for raping women. I would argue that even if a Judge believes that a woman is at heightened risk of rape whilst intoxicated, that the central considerations with regard to reducing rape and protecting women from predators should be to consider and investigate why the rapist raped a woman who was drunk.

The same week in March 2017 I invited a British Judge to address my undergraduate criminal law students on diversity in the judiciary. He opened his lecture by expressing his support to Judge Kushner, and added that “girls” were putting themselves at higher risk of sexual violence if they were drunk.

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<sup>8</sup> British Crime Survey Self Completion Questionnaire, July 2008. Other studies indicated that approximately 85,000 women are raped and 12,000 men annually (See: An Overview of Sexual Offending in England and Wales, the first ever joint official statistics bulletin on sexual violence released by the Ministry of Justice (MoJ), Office for National Statistics (ONS) and Home Office in January 2013.)

<sup>9</sup> British Crime Survey, 2005-6.

I had spent the preceding 6 weeks gently disentangling entrenched attitudes regarding rape victims; rape myths; and using a range of different pedagogic techniques, I had reasonably successfully changed students' views and then, this. I had educated my students that as lawyers evidence, truth and justice are crucial. So the Judge had to be challenged on the basis of the evidence his claim concerning drunk women's increased risk of rape was based. In response he provided anecdotes of life as a defence barrister, and of working for clients, who he believed were most likely 'guilty but described his professional delight when on finding out the victim had been drunk, as he explained, he could easily Secure an acquittal for his client.

I questioned him: if alcohol does heighten the chance of being raped, and that as a result, women should consider this when deciding whether to get drunk- does it not also follow- that women should not fall in love? I pointed out that statistically 56% of rape and serious sexual violence victims are attacked by their current/former partner – surely falling in love and entering into a relationship is a key risk factor of rape.

The rape reality is women are raped who don't drink, who are old, who are young, who wear short skirts, who wear burkas or dungarees.

A great deal of work has been done by our feminist foremothers and the age-old 'she was asking for it' is not a socially acceptable statements to be made about rape victims. What is concerning is that this may simply have been replaced with new myths such as: 'she was drunk/wasted/on drugs/crazy.'

In particular, the key to most rape myths is contributing all or partial liability to the victim, she is at higher risk when she is (or has put herself) in a perceived: 'risky position,' for example getting drunk, walking alone at night, going back to a man's apartment. She has placed herself in danger and had she not done this, she could have avoided her rape. The myths mask the reality, and empower perpetrators – firstly by blaming women, but also by deceiving society as to the profile of a rapist. This is nothing new.

The replacing of one myth with another is not only damaging to survivors of abuse, but it is also damaging to the integrity of the justice system and to the principal of fairness and equality before the law.

The rape reality is that women are at higher risk from current or former partners and from people they know. 90%<sup>10</sup> of victims know their perpetrator and 57%<sup>11</sup> said it was their partner or ex-partner. The majority of sexual violence is domestic violence, yet it is not understood widely or reported in the media as such. Understanding that a key indicator or risk factor of sexual violence is actually falling in love, rather than being drunk or walking alone at night – could work towards shifting the blame off the victim and onto the perpetrator.

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<sup>10</sup> *An Overview of Sexual Offending in England and Wales*, the first ever joint official statistics bulletin on sexual violence released by the Ministry of Justice (MoJ), Office for National Statistics (ONS) and Home Office in January 2013.

<sup>11</sup> <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/compendium/focusonviolentcrimeandsexualoffences/yearendingmarch2015/chapter4intimatepersonalviolenceandpartnerabuse>

# Risk Assessment and Management

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**Theme:** Risk Assessment and Management

**Title:** Sociodemographic description of the elderly population that requested the support of a victim support service

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## **Abstract:**

The work here described is the practical result of the articulation among the academics and a victim support organization and is part of a wider inter institutional project partnership between Portuguese Association for Victims Support (APAV), Egas Moniz University, Prosecution Services - Department of Investigation and Criminal Action of Lisbon and School of Criminology of the Faculty of Law of the University of Porto, which main goal is the development and validation of an instrument for risk assessment of domestic violence against elderly.

In this paper we will present a sociodemographic description of the elderly population that requested the support of APAV in 2016, with a particular focus on the sociodemographic characteristics of victims and offenders, the characteristics of the violent dynamics and, as result of the application of *Assessment Guidelines for Elder Domestic Violence* (AGED), the identification of the most prevalent risk and protective factors concerning the victim, the offender and the relational dynamics. The most prevalent risk factors identified were, for the victim, past history of victimization, the presence physical problems and limitations, and of mental illness, particularly a dementia; for the offender, aggressive behaviors against the victim, credible death threats, have been perpetrator of domestic violence in the past, financial problems and substance abuse problems; and for relational dynamics, the lack of family ties, cohabitation, victim's dependence on the aggressor and the history of family or marital conflicts and cohabitation. In general, relational dynamics are the risk factors most identified in this sample. Community connection, health condition, positive norms and values, and cohabitation with protective elements were the protective factors most frequently identified.

**Keywords:** *elderly, victims of crime, sociodemographic characteristics, risk factors, protective factors.*

## **Introduction:**

The Portuguese Association for Victim Support (APAV) is a private charitable organisation, recognised by law with statutory objective to inform, protect and support citizens who have been victims of crime. Founded

in 25 June 1990, has offices nationwide, with headquarters in Lisbon, and is governed by the principles of equal opportunities, treatment and non-discrimination.

Between 1990 and 2016 APAV supported an estimated universe of more than 295,000 people victims of different crimes: crimes against property, crimes against people, crimes against the state, road traffic crimes and other forms of violence (APAV, 2016).

APAV currently has twenty-five proximity services: eighteen victim support offices, three specialized support networks (Children and Youth Victims of Sexual Violence, Families and Friends Victims of Homicide and a third one for Migrant Victims); one victim support helpline 116006; two shelters for women and one shelter and protection center for human trafficking victims. In 2016, APAV supported 9347 direct victims, in a total of 35411 cases and 21.315 crimes and other forms of violence.

A person who is a victim of crime will find in APAV free of charge, qualified, confidential and specialised tailored support at different and complementary levels such as emotional, practical, legal, social and psychological support so that he can deal with and overcome the consequences of having been victims of crime.

Over the years APAV has created important formal and informal cooperation relationships with various local, national and international organizations. The work here described is the practical result of this efforts.

A scientific research project between Portuguese Association for Victims Support (APAV), Egas Moniz Cooperative of Higher Education, Department of Investigation and Criminal Action of Lisbon and School of Criminology of the Faculty of Law of the University of Porto, which aims to validate an instrument - Assessment Guidelines for Elder Domestic Violence (AGED) - to evaluate the risk factors present in elderly victims of domestic violence, allows to collect the data here described. The starting point of the project was the risk assessment tool AGED developed by this partnership, and whose structure and items reflects an extensive review of the literature in this area

The specific goals of this initial study named “*Elderly people victim of family violence: risk assessment*” were the following: 1. To describe the main characteristics of elderly violence, including sociodemographic data, victim-offender relationships, context and characteristics of victimization; 2. To identify the presence of risk factors for violence against the elderly, including: risk factors concerning the victim and the offender and risk factors concerning the relational dynamics; 3. To verify the relationship between the various risk factors of violence; 4. To establish the first indicators of reliability and validity of the Assessment Guidelines for Elder Domestic Violence (AGED). In this paper we are going to address the first two goals.

## **Method:**

### *Sample*

The sample was constituted by 123 support processes open in 2016, in APAV. The support processes are the documents where all the information about the victims and intervention is registered by the victim support professionals. All 2016 APAV domestic violence processes of people with 65 or more years and in the



scope of face-to-face support were included in the sample. The qualitative analysis of the content of the support processes was carried out and, subsequently, the quantitative data treatment of the data was made.

#### *Instruments*

The instruments used to collect information were the following: (1) Victim and Offender Socio-Demographic form, including aspects such as the relationship between victim and offender and description of crime and victimization; and (2) Assessment Guidelines for Elder Domestic Violence (AGED).

### **Results:**

#### *Sociodemographic description of the elderly population*

The sample of victims consists of 123 individuals, 75.6% are female, most are married (55.2%), retired (94.9%) and with primary education (42.9%). The age of the victims varies between 65 and 93 years, with a mean of 75.54 years ( $SD = 7.269$ ). The analysis of the sociodemographic characteristics of the offenders of elderly people identified 82 male offenders (66.7%). Most of them are married (54.6%), retired (38.4%) are and with higher education level (38.7%). The age of the offender varies between 23 and 87 years, and the average is 57.92 years ( $SD = 15.56$ ).

#### *Victim-offender relationship*

Concerning to the relationship between the victim and the aggressor: the parents (42.3%;  $n = 52$ ) present the highest percentage of victims, followed by spouses with a percentage of 36.6% ( $n = 45$ ).

#### *Context and characteristics of victimization*

The common residence is the most frequent location for the occurrence of the crime, referred to in more than 65% of the situations (65.9%,  $n = 81$ ). The type of victimization is continued in about 96.3% of situations, with the highest percentage of duration between 1 and 10 years (57.5%). The violence against the elderly in the last year, increase in frequency for 54.3% of the sample and 54.8% also reported that violence increased in intensity.

Psychological violence represents the most common type of victimization (95.1%;  $n = 117$ ), followed by physical violence (56.9% %;  $n = 70$ ). Neglect (13.0%,  $n = 16$ ), as well as financial violence (12.2%,  $n = 15$ ) are less frequent types of violence. Sexual violence (7.3%,  $n = 9$ ), even if less common, is present in 7,3% ( $n=9$ ) of the situations identified.

#### *Risk and protective factors*

The risk and protective factors identified by AGED, most quoted as "present" or "partially present" were the ones that one are going to present in table 1, and in conformity to the structured of the risk assessment tool, were categorized in three domains: (1) victim risk factors; (2) offender risk factors; (3) relational dynamics risk factors; and (4) protective factors.

The most prevalent risk factors were: a) for the victim: past history of victimization, the presence physical problems and limitations, and of mental illness, particularly a dementia; b) for the offender, aggressive behaviors against the victim, credible death threats, have been perpetrator of domestic violence in the past, financial problems and substance abuse problems; c) for relational dynamics, the lack of family ties,

cohabitation, victim's dependence on the aggressor and the history of family or marital conflicts and cohabitation. In general, relational dynamics risk factors are most prevalent and victim risk factors are less identified. In what regards to the protective factors community connection, health condition, positive norms and values and cohabitation with protective elements were most frequently identified.

**Table 1: The most prevalent risk and protective factors identified by AGED**

Victim risk factors	Offender risk factors	Relational dynamics risk factors.	Protective factors
V8: Victim of abuse in the past (28%; n = 35)	A3: Aggressiveness (96%; n = 118)	R11: Lack of family ties (93%; n = 114)	Community connection (72%; n = 88);
V5: Physical problems and limitations (26%; n = 32)	A12: Credible death threats (40%; n= 49):	R8: Cohabitation (92%; n = 113)	Health condition (46%; n = 56);
V2: Dementia (11.0%, n = 14)	A9: Perpetrator of domestic violence in the past (40%, n = 49):	R4: Victim's dependence on the aggressor (42%; n = 52):	Positive norms and values (25%; n = 31);
	A7: Financial problems (38%; n = 47)	R7: History of family or marital conflicts (42%, n = 52)	Cohabitation with protective elements (13%, n = 16).
	A2: Substance abuse problems (36%; n = 44)		

## Conclusion:

From a more conceptual point of view, and based in the findings presented in this paper, the factors and characteristics of the relational dynamics established between the victim and the offender are more commons in the family violence against the elderly. These results are, indeed, corroborated by several studies and authors. For example, Wolf (1998) and Buttler (1999) propose as central risk factors the financial and/or housing dependence of the caregiver on the victim and the cohabitation of the elderly with a family member, especially if this family member has full control over the elderly situation of health and care. According to these authors, a shared housing situation might create greater opportunities for tension and conflict. Other studies point to the existence of higher risk in situations where the offender is in some way dependent from the victim in financial, housing and /or affective terms and there is a relationship of proximity (kinship or friendship) between them (Fonseca et al., 2003; Kronbauer, 2004).

Others have documented that the cycle of intergenerational violence is a risk factor for violence against older people based on the fact that abusive experiences in childhood, increases the probability that, as adult, those individuals mistreat their parents and grandparents (Sousa et al., 2005; Motta, 2009). To grow up in a violent context during childhood and learn such behaviors has the potential to increase the likelihood of reproducing them in adulthood (Oliveira & Sani, 2009).

An added note to the risk factor "*past victimization history*" when related to violence in intimacy and/or conjugality relationships. It is important for the professional to determine if the violence acknowledged is an outcome of the vulnerability that arises from age or illness or if it is, in fact, a continuum of a situation of intimate partner violence that already existed. If so, the situation must be understood and intervened nor merely as intimate partner violence nor as elderly violence, but as an intersection of both these violence phenomena.

Finally, it is crucial to develop assessment tools in order to better identify the elderly that are more vulnerable to victimization and violence. It is also unequivocal the importance to develop training to the

professionals that work in this field, raising awareness to some of the factors that could pass unnoticed without a more accurate lens.

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**Theme:** Risk Assessment and Management

**Title:** Elderly violence in intimate relationships – the risk and management assessment challenges

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### **Abstract:**

The work here described is the practical result of the articulation among the academics and a victim support organization and is part of a wider inter institutional project partnership between Portuguese Association for Victims Support (APAV), Egas Moniz University, Prosecution Services - Department of Investigation and Criminal Action of Lisbon and School of Criminology of the Faculty of Law of the University of Porto, which main goal is the development and validation of an instrument for risk assessment of domestic violence against elderly.

In this paper we will present the first indicators of reliability and validity of the Assessment Guidelines for Elder Domestic Violence (AGED) a new tool based in scientific research about risk factors related to elderly violence that are constructed in order to assess risk of violence against this vulnerable population. Preliminary normative data show that the relational dynamics established between the victim and the offender are the most marked factors in violence against the elderly. Victim factors seems be less relevant in the majority of cases. AGED validation obtain excellent values of inter-rater agreement, but the poor internal consistency values in validation process point to the need to rethink the organization of the tool. AGED presents good indicators of construct validity, strictly related with other elderly instrument. We must wait predictive validity data to establish AGED as a useful tool for assessment and risk management of violence in elderly.

**Keywords:** *elderly, victims of crime, risk assessment, reliability, construct validity*

### **Introduction:**

A scientific research project between Portuguese Association for Victims Support (APAV), Egas Moniz Cooperative of Higher Education, Department of Investigation and Criminal Action of Lisbon and School of Criminology of the Faculty of Law of the University of Porto, which aims to validate an instrument - Assessment Guidelines for Elder Domestic Violence (AGED) - to evaluate the risk factors present in elderly victims of domestic violence, allows to collect the data here described. The starting point of the project was the risk assessment tool AGED developed by this partnership, and whose structure and items reflects an extensive review of the literature in this area.

The specific goals of the initial study named “*Elderly people victim of family violence: risk assessment*” were the following: 1. To describe the main characteristics of elderly violence, including sociodemographic data, victim-offender relationships, context and characteristics of victimization; 2. To identify the presence of

risk factors for violence against the elderly, including: risk factors concerning the victim and the offender and risk factors concerning the relational dynamics; 3. To verify the relationship between the various risk factors of violence; 4. To establish the first indicators of reliability and validity of the Assessment Guidelines for Elder Domestic Violence (AGED). In this paper we are going to address the last two goals.

## Method:

### *Sample*

The sample was constituted by 123 support processes open in 2016, in APAV. The support processes are the documents where all the information about the victims and intervention is registered by the victim support professionals. All 2016 APAV domestic violence processes of people with 65 or more years and in the scope of face-to-face support were included in the sample. The qualitative analysis of the content of the support processes was carried out and, subsequently, the quantitative data treatment of the data was made.

### *Instruments*

The instruments used to collect information were the following: (1) Victim and Offender Socio-Demographic form, including aspects such as the relationship between victim and offender and description of crime and victimization; (2) Assessment Guidelines for Elder Domestic Violence (AGED); (3) Indicators of Abuse Screen (IOA) (Reis & Nahmiash, 1998); (4) Danger Assessment Scale (DA) (Jacquelyn C. Campbell, Ph.D, R.N., 2003; version translated and adapted by Fonseca, Manita, Saavedra & Magalhães, 2013).

## Results:

### *AGED – Preliminary normative data*

The mean total AGED score (n = 123) ranged from 2 (minimum) to 32 (maximum), with a mean of 13.16 and the standard deviation of 6.24. The first quartile, that present the low risk cases have values below 8. High risk cases have values equal to or greater than 17. In Table 1 we can analyze the different total values by AGED dimension. Taking into account the number of items that constitute each of the different dimensions of the AGED, we verified that risk factors of relational dynamics are the ones that are most present, with a mean of 0.6 per item, follow by individual risk factors of the aggressor, with a mean of 0.4 per item. Finally, the individual risk factors of the victim are by far the least present, with an average of 0.18 per item.

*Table1: Total AGED values by dimension*

<b>Total</b>	<b>Min</b>	<b>Max</b>	<b>Mean</b>	<b>SD</b>	<b>Mean/ itens</b>
<b>Victim risk factors (AGED_V</b>	0	6	1.46	1,78	,18
<b>Offender Risk Factors (AGED_O)</b>	1	15	5,15	3,27	,40
<b>Relational risk factors (AGED_R)</b>	1	17	6,58	3,48	,60
<b>AGED Total</b>	2	32	13.16	6,24	,41

These results are the consequence of high percentage of items listed as "absent" in the factors related to the offender (an important exception is "aggressiveness" present in almost offenders) and especially with the victim (the most relevant items are "victim of violence in the past" and "physical problems and limitations" present only in near ¼ of the victims). Therefore, our data highlight the greater importance to the factors of relational dynamics (e.g. "lack of family ties" or "cohabitation" present in almost cases) in the prediction of the risk of violence against the elderly.

#### *AGED – Preliminary reliability and validity indicators*

##### *Internal consistency (AGED)*

The Table 2 show a moderate to high correlation of each dimensions and the total scale. Additionally, a statistically significant positive correlation between the variables related to the relational dynamics and the variables related to the victim ( $r = .40$ ), as well a statistically significant positive correlation ( $r = .29$ ) between the variables related to the offender and the variables related to the relational dynamics. Finally, correlation between variables related to the victim and variables related with the aggressor is very low ( $r = .19$ ;  $p > .05$ ).

*Table 2: Correlations between AGED dimensions values*

<b>Total</b>	<b>AGED_V</b>	<b>AGED_O</b>	<b>AGED_R</b>	<b>AGED_Total</b>
<b>Victim risk factors (AGED_V)</b>		,190*	,401***	,585***
<b>Offender Risk Factors (AGED_O)</b>			,290**	,739***
<b>Relational risk factors (AGED_R)</b>				,815***
<b>AGED Total</b>				
*** $p < .001$ ; ** $p < .01$ ; * $p < .05$				

Reliability analysis show moderate levels of internal consistency of the scale (Cronbach's Alpha = .73). The major problem with our data arises from internal consistency analysis at each dimensions. In fact, the values of the Cronbach's Alpha in some of the AGED dimensions, namely related with offender (Cronbach's Alpha = .53) and, especially related with the victim (Cronbach's Alpha = .31), are below the recommended limits. This mean that maybe the proposed tripartite dimensional structuration of the AGED are not sufficiently supported by empirical data. We must analyze that problem with a larger sample that permits, for instance, subsequent factorial analysis.

##### *Internal-rater reliability*

Much better results come from another relevant reliability indicator. We calculate the inter-rater agreement, from 23 victim support processes of the initial sample ( $n = 123$ ), randomly selected for further analysis of two independent victim support workers. To obtain the level of agreement, we calculated the Intra-Class Correlation Coefficient (ICC) for the total score and for the three AGED dimensions. The independent evaluation of two victim support workers on the AGED, has excellent concordance levels for the total score ( $ICC = .93$ ;  $p < .001$ ). The concordance values obtained in the different AGED dimensions are, without

exception, equally excellent (ICC =,84;  $p < .001$  for victim risk factors; ICC =,94;  $p < .001$  for offender risk factors and ICC =,91;  $p < .001$  for relational risk factors).

#### *Construct Validity*

AGED total score is very strongly correlated with ( $r=.843$ ) the total score of the Indicators of Abuse Screen (IAO), another risk assessment instrument directed to elder people. However, AGED is not correlated with DA, ( $r=-,154$ ;  $p > ,05$ ). It should be also noted that IOS and DA are not also correlated at significant level ( $r=,127$ ;  $p > ,05$ ).

In a deeper analysis of the validity of the construct, all dimensions of the AGED are positively correlated, at significant level, with all dimensions of IOS. As expected, the stronger values are: the positive correlation ( $r=.621$ ) between the variables of AGED related to the victim and the variables related to the IOA care receiver; the positive correlation ( $r =,638$ ) between the variables of AGED related to the offender and the variables related to the IOA caregiver and the positive correlation ( $r =,651$ ) between the variables of AGED related to the relational dynamics and the variables related to the IOA caregiver.

Only the offender risk factors evaluated by AGED are significantly correlated with DA ( $r=.291$ ). Victim risk factors ( $r=-,153$ ;  $p > ,05$ ) and relational dynamics factors ( $r=-,077$ ;  $p > ,05$ ) are not correlated with DA.

As IOA is a specifically constructed to evaluate risk factors in elderly, the positive correlations between AGED dimensions and IOA dimensions are a good indicator to validate that the instrument under investigation measures the phenomenon in question, that is, there is a relationship between the theoretical concept to be measured and what is actually measured.

In short, the AGED present a good performance in construct validity strictly related with another elderly instrument.

#### **Main Conclusions:**

AGED is an instrument, based on risk factors literature related to elderly abuse, with an easy application and interpretation (if a trained professional obtain sufficient information about victim, offender and relational dynamics in a careful evaluation process that include different sources of information).

The relational dynamics established between the victim and the offender are the most marked factors in violence against the elderly (Ananias, & Strydom, 2014; Burnes, Rizzo, & Courtney, 2014; Chokkanathan, 2014; Government of South Australia, 2017; Lacher, Wettstein, Senn, Rosemann, & Hasler, 2016; Tobiasz-Adamczyk, et al., 2014; Von Heydrich, et al., 2012). Victim factors seems be less relevant in the majority of cases of elderly violence.

AGED validation obtain excellent values of inter-rater agreement, but the poor internal consistency values in validation process point to the need to rethink the maintenance and organization of some of the items that integrate it.

AGED presents good indicators of construct validity, strictly related with other elderly instrument. As the correlation with DA is very low, we can conclude that the use of general instruments to evaluate elderly violence are not the good solution to improve the assessment of these specific situations.

The predictive validity of AGED (the “acid test” of the instrument), will be soon available after the follow-up of this sample concerning recidivism and another related outcomes.

The development of the AGED tool can be a steep to help professionals for a better assessment and risk management of violence in elderly.

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**Theme:** Risk Assessment and Management

**Title:** An intersectional perspective on Intimate Partner Violence (IPV) against older women

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Although gender violence is perceived as an issue that affects all kind of women victims, the approach of this complex phenomenon is too often monolithic. We should overcome some simplistic and stereotyped vision that deals with a construction of victimhood of IPV victims that specially focus on cases where the victim is conceived as a young woman, with children, of limited economic resources and with little independence. This sort of “ideal victim” stereotype does not necessarily matches to real women victims. This is the case for older women victims of IPV.

#### **A complex issue with characteristics of its own:**

Most of the available literature on the subject identifies the differential characteristics of IPV against elderly women victims: They have usually been socialized with more traditional attitudes regarding gender, marriage and family roles (Band-Winterstein & Eisikovits, 2010; Zink Regan, Jacobson, & Pabst, 2003). Although many women suffer from a number of economic difficulties that often lead to violence, this is often more pronounced in the case of older women. Elderly women also tend to have more health problems than young women and may therefore be more dependent and in need of long-term care, which may lead them to remain in violent contexts.

Their social networks tend to be reduced when age by the death of friends and family, which generates a lack of a real alternative of informal and formal care resources (Wolf, 2000), so that, frequently, the abusive husband is the only person remaining in the life of an older woman victim (Straka & Montminy, 2006, p. 252-253). Fear of the future, especially a lack of care alternatives or unwanted institutionalization in a home for the elder, causes many of these women to remain in these situations (Beaulaurier, Seff., Newman & Dunlop, 2007; Tetteron & Fansworth, 2010, p. 2931).

Apart from all these considerations, one of the most prominent features of gender violence against older women is persistence over time. Usually these are situations in which women have been suffering violence effects for a long time (sometimes for almost a lifetime) and consequently they are often very resistant to change. As Sev´er (2009, p.282) points out, there would be little reason to think that a man who has a violent relationship with his partner or wife will stop doing so just because he grows old.

All this generates a series of barriers, both internal and external, that difficult this kind of victims seeking for help. Among the internal barriers, some authors (Beaulaurier, Seff, Newman, Dunlop, 2005) include the desire to protect the family, the feeling of self-blame and resignation after so many years of family violence, the feeling of being unprotected and economically and socially dependent on their partners and the feeling of hopelessness for an uncertain future and, finally the importance of secrecy, that reinforces the idea that what

happens in the family should not leave the family. With respect to external barriers the literature describe, among others, little support that older women believe they will receive from the rest of the family, religious pressure and the value of marriage in their community, distrust by the judicial system and professionals specialized in IPV violence and lack of resources designed for elder woman victims specific needs (Beaulaurier et al., 2007; Celdran, 2013). Ultimately, many older women remain in this type of violent relationships because, from a variety of circumstances ranging from social pressure to effective lack of help, they were not able to abandon them when they were young (Zink et al., 2006, p. 852) and find it much more complex to do so when they are older.

Also, in the case of older women, it is not uncommon, due to the process of physical deterioration and progressive dependence associated with aging, find scenarios in which women need long-term care. This is an essential scenario for the analysis of this kind of IPV. In a large number of cases caregiving tasks are covered by spouses or male partners, usually with great dedication and affection. But this context, where the need for care is present, situations of abuse (usually in the form of negligence) may also appear.

It shows the complex connections between elder abuse and IPV in some cases. According to the most widespread causal pattern in relation to elder abuse, these violent situations would have their origin in the stress of the caregiver. But Brandl (2000) emphasizes a different reason: some caregivers or family members (including male partner caregivers) cause harm to the elderly person as a way of exercising and maintaining control and power.

Therefore, in many of these cases, the connection with the causes that explain violence, understood as a manifestation of man's dominance over women, seems clear: we would be only in the face of manifestations of gender violence - sometimes prolonged for almost a lifetime - in which the victim has aged and in which there is a context of need for provision of long-term care.

In this sense, IPV against older women constitutes a territory of diffuse borders whose understanding, analysis and response must be approached in connection with other forms of violence, such as elder abuse in the family. The gender violence paradigm underscores the issue of violence, while the paradigm of elder abuse put special emphasis on aging (Band-Winterstein & Eisikovits, 2010, p.214). The fact that IPV against elderly women falls between these two paradigms may be one of the main causes of their relative invisibility as a social problem.

The uncritical and automatic assumption of the explanatory model based on the caregiver's stress easily presumes that the woman victim is always fragile and dependent and may "difficult to care". But, at least some of these cases could be explained essentially by the dynamics of power and control, widely presents in the feminist theoretical framework (Brandl, 2000; Whalen 1996, p.110).

### **Intersectionality as a powerful tool to deal with IPV against older women:**

The concept of gender intersectionality with other inequalities now occupies a central place in gender political theory. In this way, some women, placed in positions of intersection between diverse axes of inequality,

suffer multiple disadvantages that interact with preexisting vulnerabilities producing a different dimension of disempowerment (Creenshaw, 2002).

An intersectional approach should help us in the necessary task of relating the dimensions, structures, and dynamics that lead to multiple forms of domination. And this can be applied in the analyses of inequality but also in the study of IPV. As Branco (2008) points out, the perspective of intersectionality allows us to better understand how IPV and gender violence is not a monolithic phenomenon. With a broader vision and starting from the analysis of the consequences of this differentiated situation, the intersectional analysis stresses the need for public policies to take this perspective into account

In this sense, an intersectional approach will provide a greater visibility of these victims, and will makes the theory of the phenomenon more complex helping in the design of more adequate responses both in terms of effectiveness and justice also in the case of older women victims.

In the field of prevention, it is important to carry out social marketing campaigns on the subject that should target the general public and include also the perspective of elderly women. It should not be forgotten that the lack of information about resources is an important barrier that implies that older women victims remain in an abusive relationship of this type (Zink et al., 2003). From the point of view of detection, it is paramount the adequate training of professionals involved from all fields. However, in the case of older women, this is especially relevant for health professionals. Here is important to develop new instruments or, at least, to translate and adapt the existing ones in order to an adequate detection by the professionals. Especially since, as Tetterton & Fansworth (2010 p. 2932) stress routine screening and the application of more than one instrument are effective means for the detection of these situations.

Finally, thinking about the intervention, many strategies related to the response to gender-based violence (such as shelters and other alternative accommodation, restraining orders, security plans or information and counseling mechanisms for victims) can and should be applied also to cases of IPV violence against older women who occupy us, provided they are adequate and necessary.

#### **Final remark:**

Not all victims of gender violence respond to the same profile and do not have the same needs. As the case of older women victims of gender-based violence demonstrates, this issue must be addressed, therefore, assuming the complexity of the phenomenon. Simplification hides and makes invisible real victims and their needs. Often, we can see an, the inadequacy or lack of adaptation of the general resources. Any response that oversimplifies may not be effective and even could put the victim in a greater danger. This is why dealing with intersectionality and its multiple implications in policies and victim support design is a very promising strategy.

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**Theme:** Risk Assessment and Management

**Title:** A Systematic Review of the Literature on Risk Factors for Violence Against the Elderly: A Risk Assessment Approach

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Violence against the elderly is not a new phenomenon, but increasing their visibility is associated with the aging of the population that is becoming more pronounced in the current societies. A new social conscience is developed in the last decades integrated with human rights, scientific study of the phenomenon and the community awareness, with the development of social mechanisms of prevention and intervention (Poole & Rietschlin, 2012). Elder abuse presents a set of serious consequences for victims as increase of morbidity, mortality, hospitalization and institutionalization, and a negative impact on families and in the community (Yon, Wister, Gutman, & Mitchell, 2014). When comparing with the other forms of domestic violence, there is in general a lower investment by the scientific community and less responsiveness by the community. Prevalence studies show that elderly abuse affects one in six older adults worldwide (Yon, et al., 2014). The definition of elder abuse must have in consideration the different life settings of elders and identify the specificities of the abuse associated with the community settings (domestic violence) or in institutional settings. The research, also identify different subtypes of abuse committed against elder people (e.g. physical, psychological, neglect, financial and sexual, overall abuse) and shows that each subtype of elder abuse is associated with different variables. These results suggest that elder abuse is a multi-dimensional phenomenon and cannot be analysed as a unitary concept and different risk factors must be assessed for each abuse subtype (Dong & Simon, 2013; Yon, et al., 2014). However, scientific research into this issue presents a set of limitations that results in a lack of agreement in the definition and assessment of elder abuse (Cooper, Selwood, & Livingston, 2008). The methods of elder abuse assessment and the specificities of the abuse settings (e.g. domestic violence, institution settings), are the most important limitations identified in the studies. A large of situations is not detected and the professionals need to have training and access to a multi-dimensional assessment tool based on scientific research (De Donder, De Witte, Brosens, Dierckx, & Verté, 2015).

In Portugal it is possible to identify a small number of studies about elder abuse, but only about general prevalence and about some subtypes of elder abuse (e.g. Fraga et al., 2014; Martins, Neto, Andrade, & Albuquerque, 2014; Gil, Kislaya, Santos, Nunes, Nicolau, Fernandes, 2015). Identification of risk factors can help to avoid or to detect the elder abuse situations in an early phase, and give better understating and recognition

of elder abuse among formal caregivers and the development of preventive and intervention actions (Imbody, & Vandsburger, 2011; De Donder, et al., 2015).

In order to assist the victims' support professionals have been developed a new risk assessment tool "Assessment Guidelines for Elder Domestic Violence" – AGED. This tool is composed by five sections: I. Victim's Risk factors; II. Offender's Risk Factors; III. External, Contextual and Relational Risk Factors; IV. Victim/Context Protective Factors; and finally, V. Institutional Risk Factors, if applicable. The tool also contemplates the possibility of the evaluator being able to add other additional factors that they consider necessary, contributing to the effectiveness of the measurement of the level of risk of the victim (low, moderate or high).

The Section I. *Victim's Risk Factors* comprises 12 factors: 1. *Sex* - There is significant evidence that the female sex is more vulnerable (Biggs, Manthorpe, Tinker, Doyle, & Erens, 2009); 2. *Age* - There is a bigger risk of violence in the elderly, when they are older than 75 years (Iborra, 2008, cit in WHO, 2011); 3. *Emotional and /or Psychological Problems* – Victim's often suffer symptoms of anxiety, suicidal thoughts, depression, shame, guilt and social isolation (Cooney, & Mortimer, 1995); 4. *Dementia* - Older people who have cognitive deficits (Alzheimer's disease) or other forms of dementia are more likely to suffer from mistreatment (Homer, & Gillear, 1990); 5. *Substance Abuse* – Elderly with addictive behaviors can't control their behavior (APAV, 2010); 6. *Behavior Problems* - Elderly people with violent or abusive behaviors are more susceptible to the occurrence of physical and verbal violence by their caregivers (Natan et al., 2010); 7. *Others Blame* – Elder people tend to blame themselves or others for the violence suffered (Secretaria Municipal da Saúde, 2007). 8. *Legitimacy and/or Banalization of Violence* - Tend not to consider themselves victims of mistreatment (APAV, 2010). 9. *Physical Problems/Limitations* - As the elderly can become more dependent on their caregivers (Schiamberg, & Gans, 1999); 10. *Refusal of Necessary Services* - Because they fear of suffering possible reprisals and fear of loss the caregiver (Secretaria Municipal da Saúde, 2007). 11. *Access to Health Care* - Health professionals are effective in conducting assessments and approaches to maltreatment and/or neglect (Sousa, et al., 2010); 12. *Victim of Domestic Violence in the Past* - Victims who have suffered violence in the past have difficulties in breaking the cycle of violence (Perista, Baptista, & Silva, 2011).

The Section II. *Offender's Risk Factors* comprises 13 factors: 1. *Criminal History* - Prior criminal offenses is associated with an increased risk of violence (Kropp et al., 1995); 2. *Past Assault of Others* – Offenders with a history of violence are much more likely to engage in future violence (Burnett, et al., 2014). 3. *Emotional and/or Psychological Problems* – This kind of problems may affect people's behavior (Lachs, & Pillemer, 2004). 4. *Substance Abuse* – Substance misuse is related with violence and recidivism (Lachs, & Pillemer, 1995); 5. *Aggressiveness* - Can be used as an attempt to establish social and coercive power (Simões, 1993). 6. *Physical Problems/Limitations* - Some caregivers suffer from physical illnesses and due to their incapacity, they can't provide adequate care for the elderly (Penhale, 2010). 7. *Unrealistic Expectations* - Caregivers with unrealistic expectations toward the victim's abilities (Nadien, 2006). 8. *Others Blame* - Attaching the cause of violence to others (Perista, et al., 2011). 9. *Financial Problems* – This problems can reduce family cohesion and increase the probability of abuse (Ibáñez, 2012); 10. *Victim of Domestic Violence*

*in the Past* - Offenders who were victimized by their parents acts according to learning patterns and reproducing behaviors (Reay, & Browne, 2001). 11. *Deficit in the Coping Skills* - Certain individuals show a lack of skills in conflict resolution (Fulmer et al., 2004); 12. *Legitimacy and/or Banalization of Violence* – Offenders sometimes minimize and/or deny their behavior, in order not to take responsibility for their actions (Dutton, 1995), 13. *Credible Death Threats and/or Use of Weapons* - Intimidation behavior may include actions taken by the offender in order to generate fear in the victim (Perista, et al., 2011).

The Section III. *External, Contextual and Relational Factors* comprises 10 factors: 1. *Incapacity in the Performance of Caregiver Tasks* - Reluctance as a caregiver increases feelings of inability and, consequently, become more aggressive (Ananias, & Strydom, 2014); 2. *Inexperience as a Caregiver* - In the absence of adequate training, caregivers may develop styles of inadequate care (APAV, 2010); 3. *Dependency of the Victim* - Dependence tend to increase hostility and blame (Perista, et al., 2011; WHO, 2011); 4. *Dependency of the Offender* - Dependency leads to inappropriate and hostile feelings (Ananias, & Strydom, 2014); 5. *Intergerational Violence* - Presence of domestic violence in a family increases the risk of elder abuse by any member of the family (Chokkanathan, 2014; DeLiema, Gassoumis, Homeier, & Wilber, 2012); 6. *History of Conflicts between Victim and Offender* - When there are previous episodes of violence the risk is potentially high (Von Heydrich, et al., 2012); 7. *Cohabitation* - Privacy tends to decrease and making the elderly more vulnerable (Ananias, & Strydom, 2014); 8. *Social Isolation/Support* - Absence of a relationship with family members, friends, neighbors and even professionals who help provide care can lead the caregiver to commit violence (APAV, 2011); 9. *Housing Conditions* - An unsafe and dirty environment can result in unhealthy housing conditions and risks to public health (Bomba, 2006); 10. *Absence of Affective Attachment* - Stress and low cohesion in family lead to a dysfunctional family system (Chokkanathan, 2014).

The Section IV. *Victim/Context Protective Factors* comprises 4 factors: 1. *Personality Characteristics* - The fact that the elderly have extremely strong personalities, improves their capacity to resilience in situations of abuse; 2. *Health Conditions* - Mental acuity and efforts to remain alert have been mentioned as relevant in maintaining quality of life and independence (Mowlam, Tennat, Dixon, & McCreadie, 2007); 3. *Coping Skills* - Certain skills allow the consequences of maltreatment to be reduced or help the elderly to cope rather than prevent their occurrence (Mowlam, et al., 2007; Peri, et al., 2008); 4. *Social and Community Support* – High levels of social support and social network reduce the risk of maltreatment against the elderly (e.g., Acierio et al., 2010).

And Section V. *Institutional Risk Factors* comprises 3 factors: 1. *Poor Skills of Technicians* - Low level of education and/or lack of training converts into weak or non-existent work skills, which can potentiate abusive practices on the elderly (Lachs, & Pillemer, 2004, Lindenberg et al., 2013, Pillemer, & Bachman-Prelin, 1991); 2. *Overwork* - Is associated with high levels of work pressure and with less availability (Pillemer, & Bachman-Prelin, 1991); 3. *Deficient Physical Environment* - Being unsafe and/or dirty can result in unhealthy housing conditions and health risk public (Bomba, 2006; Lindenberg et al., 2013).

Scientific community make evident the need for an evidence-based, valid, user-friendly risk assessment tool of elder abuse to support the learning process of professionals. This study offers the opportunity to provide

professionals specific knowledge, skills, competences and a tool, in order to an effective risk assessment and management of elder abuse, contributing to the efforts for protect victims and prevent the occurrence of future cases.

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# Domestic Violence against the Elderly

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**Theme:** Domestic Violence against the Elderly

**Title:** Professionals' perception about the guidebook Violence against the elderly in the family context

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## Introduction:

Studies on domestic violence against elderly people have been the object of attention from several areas of knowledge. Although an increase in longevity represents a great achievement of this century, the prevalence of elder abuse that occurs in a context of trust not only causes physical, psychological and emotional suffering, but also constitutes a serious human rights violation (Lachs & Pillemer, 2015). It is, therefore, a serious social problem. In Portugal, more specifically, there was an increase of 30% of this type of crime between 2013 and 2016 (APAV, 2017), being adult children the main perpetrators, followed by spouses, other relatives and grandchildren (Gil, Santos, Kislaya & Nunes, 2014; Ferreira-Alves, 2005), thus contradicting the myth of the family as a privileged space of affection and security (Dias, 2004).

In this context, and in an increasingly ageing country, the district of Bragança is the fifth district with the largest geographical area, with a significant ageing rate of 227.5 (doubled value in the most peripheral areas), a low level of socioeconomic development and a lower literacy level of the elderly population (INE, 2012). Obviously, we cannot disregard these contextual macro indicators (Broonfenbrenner & Morris, 2006) when analyzing the dynamics of the elderly person within the family.

In fact, although domestic violence against the elderly is a complex subject, difficult to study and to identify, especially due to the collusion of silence (Faleiros, Penso & Lahud, 2010), a multidisciplinary and rigorous approach from the interinstitutional network of all the involved professionals and organizations, in order to achieve a decent ageing within the family, is indeed needed.

The guidebook entitled "Violence against the elderly in the family context: a guidebook to support professionals in identifying and reporting"<sup>12</sup> (Novo, Prada, Fernandes & Cerqueira, 2016), was developed in order to contribute to "a common language". It was also integrated the plan of a degree training in Social Education from the School of Education of the Polytechnic Institute of Bragança, in collaboration with the Centre for Assistance to Victims of Domestic Violence in the District of Bragança (ASMAB). Thus, in a pragmatic, simple, objective, but substantive way, throughout the eleven chapters, we intended to: (i) promote a greater articulation of networking; (ii) contribute to self and hetero-reflection, in order to better develop

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<sup>12</sup> Download available at: <https://bibliotecadigital.ipb.pt/handle/10198/14270>

professional knowledge and skills for the identification and reporting of violence cases, and (iii) reaffirm the visibility of the victimization problem of the elderly in the family context.

This article has, therefore, as main objective to analyze the results of the impact of the guidebook, among professionals, to deepen the "meanings" of it.

## Methods:

### Participants

Through the non-probabilistic sampling method, 104 professionals, who directly or indirectly intervene in the family context with the elderly, have participated in this study. They correspond to 34.70% of the professionals in the District of Bragança, aged between 24 and 64 years, with an average age of 36.98 (SD = 8.69). As it can be seen in Table 1, the number of female participants (87.50%,  $n = 91$ ) was considerably higher. In regards to marital status, the majority of participants are married (50%,  $n = 52$ ), 44.20% ( $n = 46$ ) are single, 4.80% ( $n = 5$ ) are divorced and 1% ( $n = 4$ ) widowers. Regarding the level of education, the graduated degree stands out (71.15%,  $n = 74$ ), followed by a master's degree (16.30%) ( $n = 17$ ) and, finally, doctorate 2.90% ( $n = 3$ ). On the other hand, it is important to underline that 86.54% of the participants are qualified formal caregivers (22.10% Social Workers, 19.20% Social Educators, 16.30% Psychologists, 14.40% Nurses, 13.50% Others), working most of them in Residential Structures for the Elderly, Day Centres or Home Support Services (84.60%,  $n = 88$ ). Regarding the professional practice time, 38.50% ( $n = 40$ ) performed between 6 and 10 years, 26.90% ( $n = 28$ ) between 1 and 5 years, 16.30% ( $n = 17$ ) between 11 and 15 years, 9.60% ( $n = 10$ ) between 16 and 19 years and 8.70% ( $n = 9$ ) in a period equal to or greater than 20 years.

**Table 1.** Sociodemographic characterization of the overall sample ( $n = 104$ ).

Variables	<i>Minimum</i>	<i>Maximum</i>	<i>M</i>	<i>SD</i>
<b>Age (years)</b>	24	64	36.98	8.69
	<b>n</b>			<b>%</b>
<b>Gender</b>				
<b>Female</b>		91		87.50
<b>Male</b>		13		12.50
<b>Marital Status</b>				
<b>Single</b>		46		44.20
<b>Married</b>		52		50
<b>Divorced</b>		5		4.80
<b>Widowed</b>		4		1
<b>Academic Qualification</b>				
<b>Less than High School</b>		8		7.69
<b>High School Graduate</b>		1		0.96
<b>Bachelor's degree</b>		1		0.96
<b>High Education Graduate</b>		74		71.15
<b>Master's degree</b>		17		16.30
<b>Doctorate</b>		3		2.90
<b>Professional Category</b>				
<b>Director of Elderly Services</b>		5		4.80
<b>Qualified Formal Caregivers</b>		90		86.54
<b>Direct Action Helpers</b>		9		8.70
<b>Context of work</b>				
<b>Residential Structures for the Elderly/Day</b>		88		84.60

<b>Home Support Services</b>	16	15.38
<b>Others (Continuity Care Unit, Shelter House)</b>		
<b>Time in function</b>		
<b>1-5 years</b>	28	26.90
<b>6-10 years</b>	40	38.50
<b>11-15 years</b>	17	16.30
<b>16-19 years</b>	10	9.60
<b>≥ 20 years</b>	9	8.70

### Instruments and procedures:

The instrument used was an online survey drawn up for this purpose, implemented in 2017 after six months of the publication of the guidebook, and sought to capture its impact, on the one hand, and its demographic characteristics, on the other. At the outset of the survey, the purposes of the study were made explicit, stating that the collaborations were voluntary, and ensuring strict confidentiality with respect to personal identification data.

As mentioned earlier, the first part of the questionnaire consists of seven sociodemographic queries such as gender, age, marital status, academic qualification, professional category, professional practice time and the context in which the professional category is performed. To evaluate the impact of the guidebook, 19 items were constructed, grouped into four categories referring to interest, expectation and previous knowledge; the organization; the utility and use, and the global appreciation of this resource. The participants would have to position themselves in terms of degree of agreement / disagreement on a Likert scale with five possible answers, ranging from 1 (Totally Disagree) to 5 (Totally Agree). It should also be noted that a third part, a non-compulsory one, was included in the inquiry, in which three questions were put open to the participants, namely: ‘What is the topic you consider most useful for your professional practice?’, ‘How can the guidebook be improved?’ and ‘What obstacles do you face in identifying and reporting the elderly victim?’

### Results:

Table 2 shows the items and the respective thematic categories, and in which it is possible to identify the degree of agreement of the participants. From the analysis of the table it is clearly noticed a favorable assessment in all previously defined categories, indicating that the guidebook had a positive impact on the professionals. However, it is convenient to point out that 56.70% of the surveyed consider this resource to be too theoretical in its organizational category, even though the authors have turned to simple, clear and accessible but substantive language. It should also be noted that, only six months after the diffusion of this resource in the district, its impact was positively assessed, although 36.50% of the professionals had a neutral position towards improving their professional practice.

**Table 2.** Guidebook evaluation.

Domains	Statements	Scale Degrees				
		TD%	D%	N%	PA%	TA%
Interest, expectation	It didn't bring anything new.	43.30	26	20.20	7.70	2.90
	My understanding of DV against the elderly corresponds to the explanation presented.	0	1	31.80	56.70	20.60

and previous knowledge	I felt interested by the contents.	0	0	20.20	52.90	26.90
	It has awakened the need to deepen knowledge in this area.	1	1.90	26	50	21.20
	The contents are properly organized.	0	0	21.20	50	28.80
	Is too theoretical.	5.80	19.20	56.70	10.60	7.70
Organization	Is too long.	0	2.90	26.90	52.90	17.30
	Is easy to consult.	0	1	24	48.10	26.90
	The language adopted is enlightening and accessible.	0	1	21.20	52.90	25
	The tables and flowcharts are appropriate and supportive.	1	0	27.90	49	22.10
	The graphic design is appealing.	1	1	24	54.80	19.20
	It meets local needs.	0	0	24	47.10	28.80
	It systematizes the procedures in the signalling and referral of the victim.	0	0	20.20	50	28.20
Utility and Use	It facilitates the articulation of interinstitutional partnerships.	0	0	20.20	50	28.20
	It allowed me to improve my practice.	1	0	36.50	46.20	16.30
	The contents covered are relevant to my practice.	0	0	15	50	35
Global appreciation	It has given greater visibility to DV against the elderly.	0	0	22.50	45	32.50
	It respects and dignifies the intervention with the elderly.	0	0	17.50	50	32.50
	I suggest this guidebook to other professionals.	0	0	17.50	55	27.50

Last but not least, a total of 42 respondents (40.38% of the participants) found that the most useful topic for professional practice is the chapter on the identification of signs of violence against the elderly; while only 19.05% (n = 8) emphasized all contents and 19.05% (n = 8) acknowledged the chapter referring to the reporting of violence cases in the district; 14.29% (n = 6) mentioned the chapter on violence prevention; only 7.14% (n = 3) assessed the chapter on risk and protection factors, and lastly, only 4.76% (n = 2) highlighted the chapter on the legislative and legal framework for violence against the elderly.

Concerning the second question - How can the guidebook be improved? – 26 answers were obtained (25% of the participants), and most of them showed that they did not consider any changes to be made in the guidebook (53.85%, n = 14). In turn, 7 respondents (26.92%) and 5 respondents (19.23%) referred, respectively, the need for less extension of the guidebook and the presentation of testimonies experienced during professional practice.

Regarding the main obstacles that the professionals from the district of Bragança face in identifying and reporting the elderly victim, it is noteworthy that from 33 answers (31.73% of the participants) the majority (54.55%; n = 18) mentioned factors related to the victim, more precisely denial, fear, guilt and dependency. It is also worth mentioning that 33.33% (n = 11) exposed cultural factors and bureaucracy involved in this process and 9.09% (n = 3) highlighted factors related to the family of the elderly person. Only one (3.03%) considered that there were no obstacles. Despite the shortage of respondents, these results point to the need for future investigations.

### Final considerations:

The results show that, in general, the professionals value the guidebook published in the district of Bragança, both in terms of professional development and reinforcement of interinstitutional networks. Another relevant fact worthy of special attention, including in future studies, is the fact that professionals have identified the own victims as an obstacle to the identification and reporting of abuse of elderly people, especially because of their denial, fear, guilt and dependency. The professionals seem to have an ‘outlook’ very focused on the

victim, neglecting the contribution of other possible factors in breaking the silence pact that involves the dynamics of domestic violence towards elderly people.

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# Femicide

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**Theme:** Femicide

**Title:** Learning from Domestic Homicide Reviews Standing Together Against Domestic Violence (STADV)

**Author(s):** Standing Together Against DV

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## Introduction:

Standing Together Against Domestic Violence (Standing Together) have been working on Domestic Homicide Reviews (DHRs) since their inception in 2011.

We compiled an analysis of our findings from 32 DHRS in 2016 with the Child and Women Abuse Studies Unit at London Metropolitan University. The report is our contribution to fully highlight the learning from DHRs as most of us recognise the need for a national, regional and local work required to embed a true coordinated community response (CCR) to domestic abuse.

In essence, much of what we have learned from the DHRs outlined in the report demonstrates what can happen in absence of a CCR. Broadly, much of the findings fall into two categories. There are findings which could be characterised as implementation gaps. They are failures or missed opportunities where we understand the best practice but fail to implement it. In other areas such as mental health, adult child to family abuse, adult safeguarding practice and issues such as support for carers, more work is required to establish better, safer and more appropriate ways of working. And much of these findings are underpinned by a lack of fundamental understanding of coercive control, a lack of focus on the perpetrator and the need for more professional curiosity in thinking beyond basic policy and procedure.

In this summary, we will not be presenting the findings but will be focusing on the ‘Recommendations for Practice’ that arose from the findings and discussion on these findings at the practitioner workshops.

Our Case Analysis can be downloaded **here:** <https://goo.gl/DzHoFV>

## The Overarching Approach for Practice-The Co-ordinated Community Response:

The CCR is based on the principle that no single agency or professional has a complete picture of the life of a domestic abuse survivor, but many will have insights that are crucial to their safety. It is paramount that agencies work together effectively and systematically to increase survivors’ safety, hold perpetrators to account and ultimately prevent domestic homicides.

For an effective CCR to be in place the following components need to be embedded in all agencies’ structures:

- ❖ **A common purpose** and approach to domestic abuse including a stated commitment to the CCR.
- ❖ **Definitions of domestic abuse and risk** are agreed and shared by agencies.



- ❖ Defined mechanisms are in place for the **coordination, governance and monitoring** of the CCR to ensure **accountability** and to enable a flexible and evolving approach.
- ❖ An **action plan** is in place.
- ❖ Written **policies and procedures** are in place within every **organisation** covering their response to domestic abuse. Regular compulsory **training** at every level of the organisation supports these.
- ❖ Written **policies and procedures** are agreed covering **multi-agency** systems and working (including the MARAC<sup>13</sup> and SDVC<sup>14</sup>). Regular compulsory **training** supports these.
- ❖ An agreed **dataset** is in place and monitored on a regular basis.
- ❖ Agencies responses are informed by survivors. **Survivors' voices** (and the views of their advocates) are regularly sought, listened to and responded to.
- ❖ Adequately resourced **specialist services** are in place to respond to adults, children and young people: survivors and perpetrators.

These components are most likely achieved when there is a coordination function within the strategic and operational partnership which ensure adequate resource to meet these ambitions.

#### Partnership In Practice:

Standing Together was established in 1998 and pioneered the Coordinated Community Response (CCR) in the Tri-borough area of West London. We bring together all the different local agencies that play a part in tackling abuse, from prevention to prosecution and beyond. We help them to coordinate their activities, review their performance, identify gaps, and support them to improve. This is the CCR.

Our partnership in practice includes the following projects:

- Specialist Domestic Abuse Courts (x 2 Specialist Domestic Abuse Courts Coordinators);
- A whole health approach which includes coordination in mental health trusts, hospital trusts and community health settings;
- Housing coordination bringing together all local authority and registered social landlords and specialist housing for DVA. This has expanding to co-founding the Domestic Abuse Housing Alliance (DAHA) with Gentoo and Peabody Housing Associations;
- Coordination of Multi- Agency Risk Assessment Conferences (MARAC) in 5 boroughs in London;
- Safety Across Faith and Ethnic (SAFE) Communities Project.

Please visit our website for more information on these projects and their achievements;  
<http://www.standingtogether.org.uk>.

#### *Case Study Example- Why have a Domestic Abuse Co-ordinator in Hospitals?<sup>15</sup>*

Since the Domestic Abuse Coordinator has been in post at the Chelsea and Westminster Hospital:

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<sup>13</sup> Multi-Agency Risk Assessment Conference

<sup>14</sup> Specialist Domestic Violence Court

<sup>15</sup> Role funded by Department for Media, Culture and Sport (Tampon Tax). Co-located at both Chelsea Westminster and Imperial college Healthcare Trust Hospitals.

- ❖ There has been a 221% increase from 2015/16 to 2016/17 in the number of recorded DA cases.
- ❖ There are now over 160 Domestic Abuse Links (DALs) across 20 Directorates and the coordinator is planning a train the trainer for DALs which aims to increase the number of staff able to deliver short domestic abuse training sessions to their colleagues. The number of DALs has increase by 270% since the coordinator started.

Key successes from Mid-Term Project Evaluation:

- From 2016-2017 **training has been delivered to 1070 staff members**. The coordinator has gained a presence on mandatory training sessions and has delivered both trust-wide and department specific training sessions. Training has been identified as one of the key sources of staff confidence on domestic abuse.
- **The project has supported the hospitals to engage with the coordinated community response**. By developing partnership between the Trusts, and between the hospitals and external agencies the project is creating a multi-agency response that enables survivors of domestic abuse to access the support they need.
- The reoccurring theme throughout the evaluation has been the importance of the coordinator providing strategic oversight of the project and thus supporting the development of a trust-wide approach. The coordinator is well placed to pick up on key trends and patterns as she is engaging with all the stakeholders cross a range of departments and specialties. **(IP**

*Case Example- Why have a Mental Health Co-ordinator?*<sup>16</sup>

Over 1000 mental health practitioners have been trained in the dynamics of domestic abuse since the start of the project with:

- 80% to 93% of practitioners saying the training improved their awareness of domestic abuse
- 67% to 89% of practitioners saying the training **helped equip them to ask patients about domestic abuse**
- 72% to 85% of practitioners saying the **training helped improve their confidence in responding to disclosures**
- 92% to 93% of practitioners saying **they ask questions about domestic abuse either some or all of the time**
- (The two percentages reflect answers from 2 separate Mental Health Trusts)

## **V) & Adult Family Violence (AFV Learning from the DHRs that STADV has chaired: Intimate Partner Violence versus Adult Family Violence**

The UK government definition of domestic violence and abuse conflates violence committed by intimate partners with that by family members. While both forms of violence are gendered, there are clear differences in the dynamics and motivations underpinning Intimate Partner Violence (IPV) and Adult Family Violence (AFV). The analysis and recommendations in our report are therefore split into two separate sections.

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<sup>16</sup> Role funded by HM Treasury and co-located with West London Mental Health Trust.

It should also be noted that there is a significant dearth in research around AFV as opposed to a more established body of evidence around best practice in the context of IPV. These differences are reflected in the recommendations for practice.

## **Inter-Personal Violence (IPV) Recommendations for Practice**

### **Risk -Recommendations for Practice:**

#### **Training, Risk Identification and Assessment**

- ❖ There is an important distinction to be made between risk identification and risk assessment. While risk identification involves knowledge and use of the checklist and identification of risk factors, risk assessment requires more in-depth knowledge and is an on-going, sustained process. All front line staff who are likely to come into contact with victim/perpetrator should be trained in carrying out risk identification. Specific members of staff with additional skills/knowledge/training should then conduct a more detailed risk assessment.
- ❖ Professionals should keep in mind that the victim's perception of danger is crucial in assessing potential lethality.
- ❖ When assessing risk, practitioners need to move away from stereotypical understandings of domestic abuse as isolated incidents of physical violence. Awareness of the inherent high-risk posed by coercive controlling behaviours that are not physical or sexual - such as harassment and jealous surveillance – is paramount.
- ❖ It is essential that risk factors are recorded accurately for future assessments.
- ❖ It is imperative that risk is seen as dynamic, fluid and is regularly reassessed at 'critical points' within each case.
- ❖ Agencies should always refer to the MARAC based on professional judgement when information is limited and the victim/survivor is perceived to be minimising the risks/is unable or too fearful to disclose the full extent of the abuse.
- ❖ In the process of risk assessing, increased emphasis should be placed on the perpetrator who poses the risk to the victim survivor but also to any other partners, children and vulnerable family members.
- ❖ There is a need for risk assessment with perpetrators to be built into practice.
- ❖ Professionals should bear in mind that often friends and family or 'informal networks' hold vital information around the level of risk.
- ❖ All professionals should be aware of their MARAC lead and how to refer to the MARAC.
- ❖ Expand referral pathways to specialist services so that low and medium risk cases are supported and escalation of risk prevented.

- ❖ All agencies have a responsibility to follow up referrals to MARAC and proactively work together outside of MARAC meetings. MARAC is not an intervention in and of itself. Actions need to be taken to increase safety and hold perpetrators to account.
- ❖ Professionals need to be aware and trained on how to respond appropriately to the risks posed and potential impact of IPV on children and any vulnerable adults within the household.

## Informal Networks- Recommendations for Practice

### Public Awareness

- ❖ Better public awareness around the dynamics of domestic abuse, coercive control and specialist support services. Campaigns should challenge victim blaming attitudes and widely held views around domestic abuse being purely physical, caused by alcohol and substance misuse or mental health.
- ❖ Public awareness campaigns should be tailored to specific minority communities who may face multiple barriers when accessing services and support.
- ❖ Campaigns should raise awareness about the importance of third-party reporting.

## GP Practice - Recommendations for Practice:

### Training

- ❖ GPs should have a ‘whole surgery’ approach to training, where both clinicians and administrative staff are provided with integrated training and referral pathways for domestic abuse, responding to both survivors and perpetrators through a whole family approach.
- ❖ The training should take an intersectional approach, it should include information on the dynamics of domestic abuse, how to appropriately identify, support and risk assess survivors and perpetrators.

### Enquiry about DVA

- ❖ In accordance with RCGP<sup>17</sup>, IRIS<sup>18</sup>, CAADA (Safe Lives)<sup>19</sup> and NICE guidance<sup>20</sup>, GPs should ask about abuse where a patient has presented with repeated ‘accidental’ injuries, a history of psychiatric illness, alcohol or drug dependence, and a history of depression, anxiety, failure to cope and social withdrawal.
- ❖ In heterosexual relationships perpetrators of IPV often exert control over a woman’s reproduction; GPs should be alert to indicators such as urinary tract infections, unprotected sex, lesion of nipple, STIs, pregnancy and requests for a termination.
- ❖ GPs should consider potential indicators for perpetrators of domestic abuse who may present as aggressive, controlling, involved in multiple violent altercations and with substance misuse and mental

<sup>17</sup> The Royal College of General Practitioners is the professional body for general practitioners in the United Kingdom. The RCGP represents and supports GPs on key issues including licensing, education, training, research and clinical standards.

<sup>18</sup> Identification and Referral to Improve Safety. <http://www.irisdomesticviolence.org.uk/iris/about-iris/about/>

<sup>19</sup> <http://www.safelives.org.uk/>

<sup>20</sup> National Institute for Health and Care Excellence <https://www.nice.org.uk/guidance/qs116>

health issues.

#### DA Policy

- ❖ For training to be effective it needs to be complemented with a surgery-wide domestic abuse policy which responds to the needs of staff as well as patients experiencing domestic abuse and has clear and established referral pathways. This policy should be separate from the safeguarding policy within the surgery.
- ❖ Information about local specialist services should be displayed in surgeries and waiting rooms raising awareness of services and creating an environment where disclosure can be made.

#### Record keeping

- ❖ Consistent and comprehensive record keeping are crucial in ensuring appropriate continuity of care and an integrated response.
- ❖ Confidentiality needs to be a key consideration especially when the GP is in contact with both victim and perpetrator and other family members.
- ❖ When both survivor and perpetrator are registered at the surgery, this should be recorded and linked. Potential differences in surnames need to be kept in mind and checked.
- ❖ GPs records could be aligned with those of any children – this would enable a ‘family approach’ where GPs can act as a more effective conduit for a system of coordinated family support.
- ❖ Importance of following up referrals.
- ❖ Importance of transferring records between GP surgeries when a patient moves.
- ❖ Links between health services are crucial in ensuring a holistic overview of patterns in appointments, walk-ins and emergency attendances rather than them being viewed in isolation.
- ❖ GPs and Mental Health services need to be better ‘carer aware’, develop joint strategies to carers in line with the Care Act.

#### **Mental Health Services**

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#### Mental Health -Recommendations for Practice:

##### Training

- ❖ All staff should receive training on identifying; risk assessing and safely responding to domestic abuse.
- ❖ All staff should be expected to enquire about DVA.
- ❖ Training should take an intersectional approach and explore the multiple barriers faced by particular groups.
- ❖ Some consideration should be given to including the screening of perpetrators within mental health services and establish referral pathways with Respect accredited perpetrator programmes.

#### DA Policy

- ❖ For training to be effective it needs to be complemented with a trust-wide domestic abuse policy, which responds to the needs of patients as well as staff experiencing domestic abuse and has clear and established referral pathways.

#### Joint assessment

- ❖ Mental Health and Addictions Services should develop guidance on dual diagnosis and referrals.
- ❖ Programmes that tackle both mental health and addictions are better able to reach and retain patients in services.

#### Integrated working

- ❖ Importance of transition in care – mental health staff need to ensure appropriate handover of perpetrator/victim mental health plan back to his/her GP.
- ❖ All visits to A&E should be recorded on the patient's electronic mental health record regardless of whether the patient self-discharges or in cases where the mental health team refuses to see the patient.
- ❖ GPs and Mental Health Trusts need to be better 'carer aware', develop joint strategies to carers in line with the Care Act. This involves arranging assessments for carers which address their own mental health needs and ensure that they are not placing themselves/and or the cared for person at risk.
- ❖ Domestic abuse should automatically trigger a discussion with the internal safeguarding lead to consider appropriate course of action.
- ❖ Ensure appropriate referral (with victim/survivor consent) to specialist domestic abuse services when thresholds for statutory intervention are not met.

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#### Health Services- Recommendations for Practice:

##### Integrated working and information sharing

- ❖ Better coordination across health services would help pick up patterns in attendances. Health professionals need to ensure a more joined-up approach which integrates a holistic overview of patterns in appointments, walk-ins and emergency attendances rather than them being viewed in isolation.
- ❖ All referrals to other agencies should be appropriately followed up.
- ❖ Better joined up working between schools, social care and community health.
- ❖ Establish links with Respect accredited perpetrator programmes<sup>21</sup>.
- ❖ Information about local specialist services should be displayed in waiting rooms raising awareness of services and creating an environment where disclosures can be made.
- ❖ Introduce an automatic referral (with victim/survivor consent) to specialist domestic abuse services when thresholds for statutory intervention are not met.

#### Adult3

##### Adult Safeguarding- Recommendations for Practice:

##### Training

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<sup>21</sup> <http://respect.uk.net/what-we-do/accreditation/>

- ❖ Adult social services should receive training on the dynamics of domestic abuse, identification and risk assessment. Training should take an intersectional approach and explore the multiple barriers and increased risk faced by particular groups.
- ❖ A particular focus on older people's experiences and specific needs should be covered as part of the training. There is a need to challenge institutional ageism.
- ❖ All services need to be alerted to the increased risk for abuse in a caring relationship when the carer is a partner.
- ❖ All services should be alerted of the increased risk of domestic abuse for disabled women.

#### Integrated working

- ❖ Adult social services should strengthen links with other agencies such as health, mental health, specialist domestic abuse services.
- ❖ Break down boundaries and promote collaborative working across adult and children's services. Where there are concerns that an adult is experiencing DVA then there should be concurrent exploration of whether there are any child safeguarding concerns and vice versa.
- ❖ Consideration should be given to making a referral to the local early intervention team for individuals who do not meet the threshold for safeguarding.
- ❖ Strengthen links with Respect accredited perpetrator programmes.
- ❖ Ensure referrals are made (with victim/survivor consent) to specialist domestic abuse services when thresholds for statutory intervention are not met.

### Children Social Care

#### Child Safeguarding- Recommendations for Practice:

##### Training

- ❖ Children social care should all receive training on the dynamics of domestic abuse; how to identify, assess risk and respond safely. Training should take an intersectional approach.
- ❖ Added emphasis should be given to the complexities of leaving an abusive relationship and the importance of holding perpetrators to account for the abuse at all times.
- ❖ Agencies' tendency to hold mothers living with domestic abuse responsible for safeguarding children needs to be challenged.
- ❖ Language and practice need to move away from victim-blaming approaches. Professionals need to recognise the potential they have to enable victims to expand their 'space for action' by recognising how coercive control limits their freedom.
- ❖ Children social care need to be aware of the specific risks to children living with domestic abuse and that in most cases the best way to keep a child safe is to increase the non-abusive parent's safety.
- ❖ Staff should also be alerted to the risk of perpetrators making false allegations.

### Integrated working

- ❖ Break down boundaries and promote collaborative working across adult and children's services. Where there are concerns that an adult is experiencing domestic abuse then there should be concurrent exploration of whether there are any child safeguarding concerns and vice versa.
- ❖ Joined up working between schools, social care and community health.
- ❖ Ensure links with Respect accredited perpetrator programmes are established.
- ❖ Establish a culture where perpetrators are held to account and expected to engage with such programmes.

### Schools

#### Schools -Recommendations for Practice:

##### Training

- ❖ All designated teachers for safeguarding should receive training on how to identify, risk assess and safely respond to domestic abuse, with a specific focus on the impact on children and young people.
- ❖ Added emphasis should be given to the complexities of leaving an abusive relationship and the importance of holding perpetrators to account for the abuse at all times.
- ❖ Strong links should be established with specialist agencies.
- ❖ Staff should be alerted to the risk of perpetrators making false allegations.

##### Integrated working

- ❖ Joined up working between schools, social care and community health.

### Adult Family Violence

#### Adult Family Violence-Recommendations for Practice:

##### Training and Information Sharing

- ❖ Improved awareness and training around risk identification, management and access to support for AFV with a particular emphasis on access to mental health services.
- ❖ Improved information sharing between health professionals, GPs, hospitals and substance misuse services in order to promote co-working pathways and holistic responses to AFV.



# The Health System and Domestic Violence

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**Theme:** The Health System and Domestic Violence

**Title:** Independent Domestic Violence Advisors (IDVAs): role in hospital emergency departments

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Domestic violence and abuse (DVA) is now considered a major public health concern in the UK because of the long-term health consequences for people who have experienced it (Royal College of General Practitioners, 2011). National Institute for Health and Care Excellence (NICE) Guidelines published February 2014 describe the term 'domestic violence and abuse' to mean: *any incident or pattern of incidents of [controlling](#), [coercive](#) or threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or are family members. This includes: psychological, physical, sexual, financial and emotional abuse. It also includes ['honour'-based violence](#) and [forced marriage](#).*

Independent Domestic Violence Advisors (IDVAs) are professionals who work alongside victims to assess their level of risk, discuss suitable options and develop safety plans. IDVAs provide crisis intervention for a limited period of time before signposting to other specialist services: housing, legal services, refuge provision and home safety services. They must be independent in their work - although some IDVAs will be funded from statutory sources, their independence from criminal justice and other bodies is crucial to its success (Co-ordinated Action Against Domestic Abuse, 2013) and to achieve an optimum level of trust and service user engagement. Victims should be aware from the onset that the service is run separate to agencies which many DVA victims are very often reluctant to engage, for example only 35% of domestic violence incidents are reported to the Police (Stanko, 2000 & Home Office, 2002).

This paper describes the setting up of an IDVA service and collaborative approach adopted to tackle DVA within a busy inner city hospital Emergency Department (ED). Key objectives of the initiative included ensuring the safe and appropriate screening of patients for domestic violence and abuse within ED, and post-disclosure a provision of crisis intervention, advice and support to male and female victims. However, long term this developed focus on reducing repeat victimisation for patients accessing this IDVA service, and in turn decreased repeat attendances. This paper shares methods of service delivery as well as sharing findings from Safelives (formerly CAADA) Insights - a data collection and outcomes measurement service designed specifically for the domestic abuse sector - collected over a 3-year period.

This hospital is one of only a handful of UK hospitals to have a designated IDVA service and unique to its service delivery, the IDVA team are NHS Trust employees (other hospitals may source advisors from community services), benefits of which will be critiqued later in this paper. This service is funded by Public Health; therefore no costs have been deducted from the hospital ED or NHS Trust budget to provide the service.

### **The scale of domestic violence and abuse in the UK:**

Despite sustained efforts in raising awareness and tackling the issue of domestic violence and abuse, the scale of the problem in the UK prevails:

- In 2011/12, 7.3% women (1.2 million) and 5% men (800,000) report having experienced domestic abuse (Office for National Statistics, 2013)
- Domestic violence accounts for 10% of emergency calls (Labour party under Freedom of Information requests February 2013)
- On average two women a week are killed by a male partner or former partner (Coleman and Osborne, 2010)

Approximately 90% of victims of DVA are females (Buel, 1995) from all socio-economic, educational, and ethnic backgrounds. Violence against women has serious consequences for their physical and mental health, with domestic assaults contributing to 1-2% of ED patient attendance in the UK (Boyle and Todd, 2002). Other studies suggest that women who have experienced abuse from a partner may suffer from chronic health problems of various kinds (Stark and Flitcraft, 1996; Williamson, 2000; Crisp and Stanko, 2001). Additionally, 44% of those experiencing domestic violence and abuse are likely to be victimised more than once (Dodd et al, 2004). Arguably, adopting a concerted approach to detection and screening of DVA in health environments may be an effective public health strategy given the fact that studies show 76% of women (n=198) surveyed felt comfortable being questioned about DVA with 60.5% stating they should always or usually be asked (Sethi et al, 2004). NICE Guidelines published in 2014 calls for greater awareness of DVA nationally; a wider understanding in health and social care and specialist training; to ask safely about abuse, about how to respond effectively and about how to help victims access specialist DVA support, such as IDVAs - *“Those services are an essential part of an effective health and social care response to domestic violence and abuse* (Professor Gene Feder, Professor of Primary Health Care, 2014).”

### **Setting up of service:**

In 2011, two IDVAs (1.8 WTE) were appointed within this busy inner city Emergency Department. The IDVAs initially limited their referral intake from emergency medical and nursing staff only; however with the development of new policies and referral pathways the service now receives Trust-wide referrals. Initial

integration of the IDVAs within the ED, introduction of practice guidelines and some support of day of day to practice, was managed by the IDVA project lead (a senior nurse within the department) however since its second year of practice the IDVA service developed by incorporating the managerial elements into a Band 6 Senior IDVA post, supported by a Band 5 IDVA and 1 bank IDVA to cover all unallocated shifts. The delivery of this ED IDVA service runs daily, including weekends and Bank Holidays, in recognition of the fact that DVA reports to Police typically increase at weekends (Sunday is currently the busiest day for receipt of new IDVA referrals).

The IDVAs primary work is to engage with and construct safety plans for complex, high risk cases. Typically the victim is at high risk of serious harm and homicide, suffering severe abuse including violent behaviour causing injuries; strangulation; rape and other sexual abuse; stalking; and extreme controlling behaviour. The IDVAs training and skill-set are matched well for work in emergency medicine; their work is fast-paced and working to a speed set by patient presentations. Full engagement with IDVA services can result in the mobilisation of up to 15 local agencies to keep victims and their children safe (*'A place of greater Safety'* Safelives policy report, 2012). This IDVA service being on-site ensures interventions can be implemented as near to the time of crisis as possible to enhance victim safety.

#### **Case Study: Seema**

Seema attends A&E following an assault at the hands of her husband. With support from the on-site IDVA, Seema calls the Police for assistance. Although Seema does not wish to formally report the matter, Police agree to flag Seema's address with a DVA marker to ensure a prompt response in the event of any future call outs. A specialist DVA Police officer will offer support if Seema contacts them in future. The IDVA arranges an appointment with a solicitor the next day to explore application of a Non-molestation order (civil injunction). The IDVA assesses Seema's case as high risk and therefore agrees to co-ordinate specific actions with other agencies to keep Seema and her children safe. Housing agrees to change Seema's locks and make her home safer if she pursues a Non-molestation order. Following referral from the IDVA, the Asian women's outreach service agrees to prioritise support for Seema in her first language. A&E and GP patient records are flagged to ensure that medical staff are informed and offer treatment and screening for DVA in a separate area from her husband if she attends in the future. Children & Young People's Services agree to assess the risks facing the children, and Education are tasked with providing extra emotional support to the children.

Results of the safety plan and working with the IDVA, Seema gains immediate Non-molestation and Occupation Orders to keep her safe and allow her and her children to remain in the family home. The husband is not permitted to contact Seema or access the family home, should this be the case the Police would have the power to arrest him. Seema and her children feel a lot safer now and she continues to receive structured support from the IDVA (short-term) and the Asian women's outreach service (long-term) and is filing for a divorce.

#### **Safelives Insights data:**

Safelives Insights is an outcomes measurement service designed specifically for the domestic abuse sector, evidencing many outcomes including the impact domestic abuse services have on victim safety, i.e. pre and post-IDVA intervention. This data is useful at a national level as it has identified specifically that hospital

IDVA services are more likely to be accessed by vulnerable, marginalised groups such as BME (Black, Minority and Ethnic) women, pregnant women, younger patients and those with complex needs, including mental health and substance/alcohol misuse issues (*'A place of greater Safety'* Safelives policy report, 2012).

***“...this hospital IDVA service is supporting a large proportion of high risk victims with complex needs, many of whom are slipping through the net of other agencies, for example the police or social services”***  
(*'A place of greater Safety'* Safelives policy report, November 2012).

Safelives Insights also recognise that health-based IDVAs assist victims through ease of access to immediate support from services such as psychiatric liaison and substance misuse specialists, both within the hospital and off site (*'A place of greater Safety'* Safelives policy report, 2012). In recent years it has become increasingly apparent that ‘multiple agencies working together are the only way to reduce domestic violence’ (The Coordinated Community Response to domestic violence, 2010). In an effort to reduce repeat victimisation, IDVAs will formulate safety plans for high risk patients alongside other agencies at MARAC (Multi Agency Risk Assessment Conference), a victim-focused meeting where information is shared on the highest risk cases of DVA between various criminal justice, health, housing and child protection agencies. Evidence shows that following MARAC and an IDVA intervention, up to 60% of DVA victims report no further violence ( *'Saving lives, saving money'* Safelives policy report, 2010).

#### **Nature and numbers of referrals:**

The IDVA service has received a total 845 referrals over a 3 year period, of which 45% have been assessed as high risk. Education of ED staff has been an important part of this service, and engaging support of staff via training and exercising a co-ordinated team approach has contributed to a 50% increase in IDVA referrals since Year 1.

Client demographics, including diversity and complex needs data can be seen below\*, including information comparisons with the national dataset:

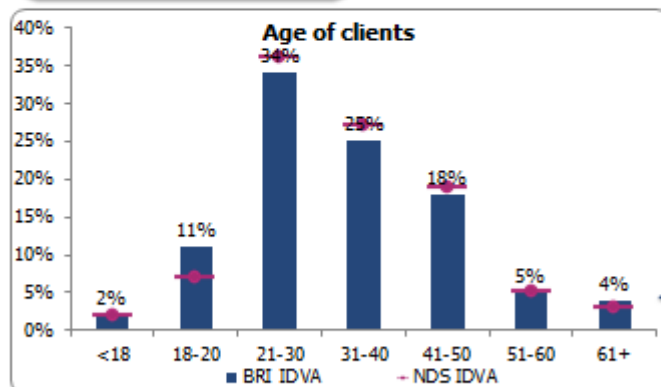
## Client demographics



The majority of clients were:

- White British or Irish (75%)
- Female (89%)
- Heterosexual (95%)

Children	BRI	NDS
Clients with children	37%	64%
Average # of children each	1.8	2
Social services involved	32%	35%
Pregnant client	7%	8%



Fewer clients reported having children. The proportion of clients who were pregnant was in line with the national dataset.

In comparison to the Insights national dataset, more clients were aged under 20 years old.

CAADA Insights – Bristol Royal Infirmary IDVA service

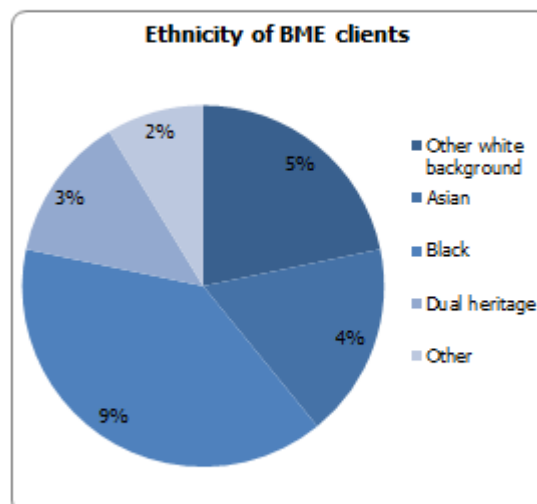
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## Diversity statistics



- 8% of clients were **male**
- 3% **lesbian, gay or bisexual**
- 2% needed an **interpreter**
- 3% needed to **apply for ILR**
- 5% had **no recourse to public funds**

24% of clients were black or from an ethnic minority. This is slightly above the local BME population (21%). The majority of BME clients were black.



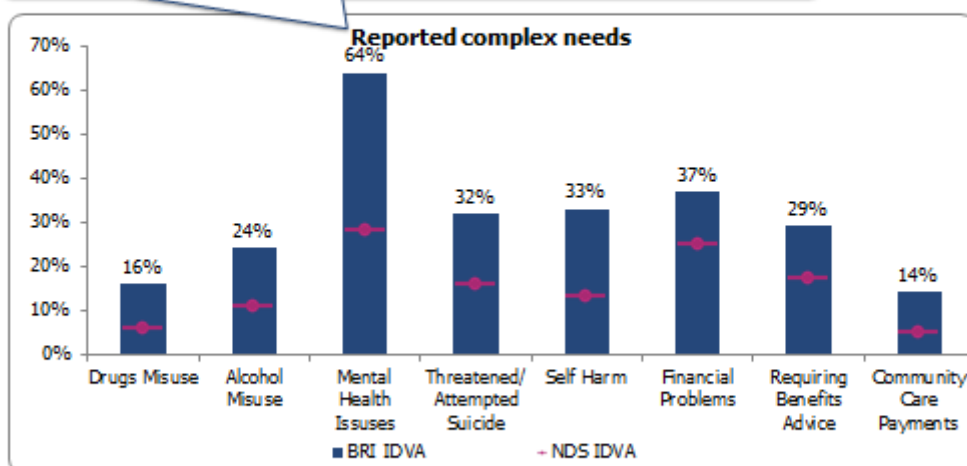
CAADA Insights – Bristol Royal Infirmary IDVA service

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## Complex needs



Complex needs were notably more prevalent for clients accessing the BRI IDVA service. In particular mental health issues were most commonly reported with nearly two-thirds of clients disclosing.



CAADA Insights – Bristol Royal Infirmary IDVA service

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\*Not all service users agreed to Safelives Insights data collection and monitoring

(Safelives Insights outcome measurement, Feb 2014)

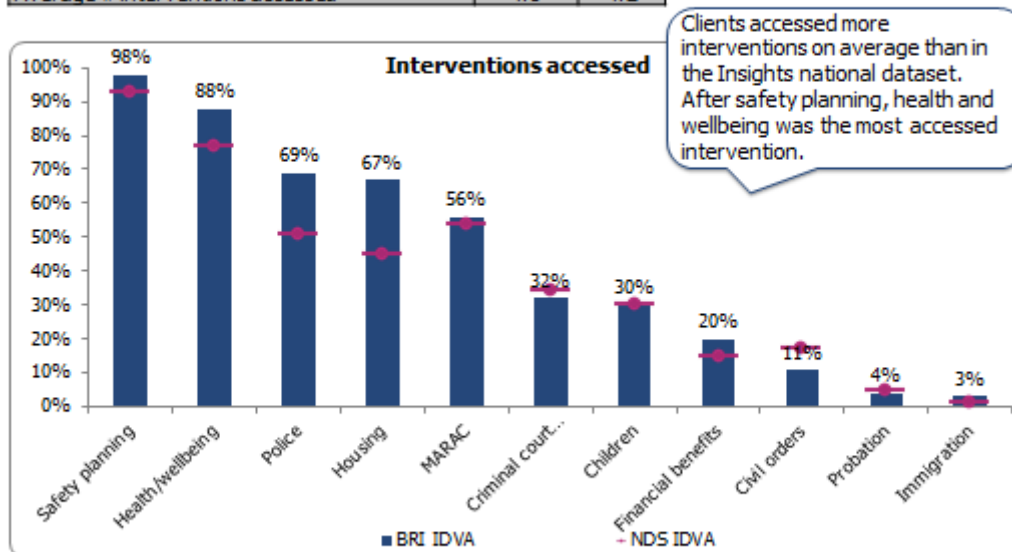
Data continues to show DVA victim's use of alcohol and drugs, mental health issues including self harm or threatened or attempted suicide, play a significant associative factor and have implications for ED staff education in terms of targeting those patient groups. The IDVAs sustain strong links with Alcohol and Drug Specialist Nurses and Psychiatric Services on site, to support and treat victims through collaborative care pathways. Referrals from BME communities are positive being higher (24%) than the local BME population in the city (19 - 21%) showing equality of opportunity for all victims to access this ED IDVA service, irrespective of their cultural or ethnic background.

IDVA interventions accessed were more than the national dataset, as follows:

## Interventions



	BRI	NDS
Average # interventions accessed	4.8	4.2



CAADA Insights – Bristol Royal Infirmary IDVA service

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### Service delivery:

As NHS Trust employees, the ED IDVAs have additional responsibilities within their roles, for example to ‘flag’ high risk patient records in an attempt to fully inform all practitioners who may come into contact with this victim (flags expire after 6 months unless the patient is still deemed to be high risk); this is particularly useful for victims who disclose DVA in ED but choose not to seek help and support from the IDVAs. This scenario can be particularly frustrating for healthcare professionals, however the IDVAs response would be that flagging high risk disengaged patients post-disclosure is a positive course of action to take when options are limited.

It is widely recognised that even if victims refuse referrals, repeatedly offering or making them available helps victims feel like they are not alone and that when they are ready to seek support, it is available (Medics Against Violence Intervention, 2014). The enquiry alone by healthcare professionals is thought to send the message that DVA is wrong and the offering of services is ‘planting the seed’ in the victim’s mind of how and where to seek help and support when ready, despite initially refusing. Post-disclosure, patients within this hospital are offered safe DVA takeaway material, such as lip balms (IDVA telephone numbers hidden along the barcode), providing discreet and convenient access to IDVA contact numbers without raising suspicion in perpetrators if found:



IDVAs location within ED means that all staff have access to extensive training on the subject of DVA (Recommendation 6, NICE Guidelines 2014) including appropriate methods of screening, i.e. in a private one-to-one setting, and how to assess the current risk of the patient. All training delivered by the IDVA team is current and relevant to emergency medicine, i.e. training on common injuries: multiple bruises or lacerations in various stages of healing, patterned injuries, injuries to hands and arms (defence wounds), injuries to breasts and genitals, strangulation marks, as well as recognising emotional signs and symptoms of DVA - depression, anxiety, suicidal thoughts, substance misuse (Domestic Violence Guidance for nurses, August 2000).

Consultant feedback on this IDVA service includes: *“From a Department perspective, having an IDVA around not only raises the awareness of domestic abuse, but, because you are willing to do training sessions and come and see the patients directly, the staff have benefitted. Not only are they more aware of domestic abuse, but they can safely screen patients and also have been able to learn from the example set by yourselves in how to deal with patients of domestic abuse”* (Dr Richard Jeavons MBChB MRCS FCEM, Lead Consultant in Emergency Medicine, Bristol Royal Infirmary).

On-site specialist training helps dispel myths on DVA screening, i.e. it takes too long, patients will be insulted when asked and that asking will open a “Pandora’s Box”. One clear message conveyed by the IDVAs during training is that women in particular try hard to hide or minimise the violence they have suffered, yet ‘it is clear that they are ready and willing to disclose.... if they think they will be believed and supported’ (Social Services Inspectorate, Department of Health 1995, *Domestic Violence and Social Care*).

Being on-site means that since service implementation, the Senior IDVA has consulted fully on DVA clinical guidelines for ED and development of Trust training material, now inclusive of 2 subjects that fall within the DVA definition – [‘honour’-based violence](#) and [forced marriage](#). Specific training on these 2 issues ensures a greater level of engagement of marginalised groups, those renowned for finding services inaccessible and difficult to use. Specific training on DVA and cultural issues also assists staff in understanding equality and diversity issues (Recommendation 9, NICE Guidelines 2014).

### **Service limitations:**

The service does have its limitations in that delivery of DVA training to all staff (7000 Trust-wide) is a huge task and not achievable with only 2 members of substantive staff. This is overcome by development of strong links with Adult safeguard and Child Protection teams, who deliver training on DVA as part of their existing curriculum, highlighting the IDVA service – its service remit and referral pathways. The future development of DVA ‘link nurses’ on high risk wards, such as gynaecology, will endeavour to keep a maximum number of staff informed on DVA training and best-practice guidelines via one key contact.



## Conclusion:

Having an IDVA team based within this ED ensures that victims are not only more readily identified, but that they are also offered a full care package: from immediate medical assistance and IDVA support, to alcohol/substance misuse services and psychiatric care, where appropriate. As recommended in the recently published NICE Guidelines (2014) IDVAs can be seen to support and encourage the development of safe and confidential environments for patients to disclose DVA, with implementation of a robust and consistent mechanism for referral into the service, which benefits staff and service users alike.

150 additional IDVAs are required to achieve national coverage (*'A place of greater Safety'* Safelives policy report, November 2012) and recommendation from Safelives would be to locate these extra posts within ED and maternity units as identifiable safe locations for DVA victims to disclose. This would achieve a potential engagement of 10, 000 'hidden' high risk DVA victims in the UK (*'A place of greater Safety'* Safelives policy report, November 2012) who are unable to access support elsewhere. Co-locating 150 extra IDVAs in ED and maternity units will create a platform of sustainable national provision from which further cost savings could be realised – local public agencies would spend £1 to save £3.40 (*'A place of greater Safety'* Safelives policy report, November 2012).

Through training, detection of DVA with this ED has increased which highlights that healthcare professionals becoming informed on the subject of DVA leads to a better level of engagement between patient and health care professional and the offer of support and appropriate care leads to increased victim safety. Arguably, the IDVA service offered is consistent with the running of a modern emergency department with a heightened commitment to tackling DVA. It is important for healthcare professionals to listen to and act upon patient disclosures of domestic violence and abuse (NICE Guidelines, 2014) and the implementation of this IDVA service has been recognised as a positive step: ***"We feel that your approach is potentially the single most important step forward to address the safety and wellbeing of victims of domestic abuse ...particularly those who do not call the Police. The quality of your service and the model that you represent could and should be understood at a national level and replicated across the country"*** (Diana Barran, Safelives, founder and chief executive 2012).

# Domestic Violence and the Justice System

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**Theme:** Domestic Violence and the Justice System

**Title:** Victims of gender violence: Problematic issues in Spanish Criminal Proceedings\*

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**Abstract:** After more than a decade of applying the *Organic Law 1/2004, of December 28, on Measures of Integral Protection against Gender Violence*, the controversial procedural issues that appear at the criminal system when dealing with gender violence are clearly identified. On the one hand, it is necessary to point out that these crimes have a particular element that must be taken into account, that is, the special relationship between victim and offender. This specific condition carries out many difficulties and issues that are particularly faced by Violence against Women Courts, especially the ones related to evidence and victim's testimony. On the other, the non-fulfillment of protective or precautionary measures or the breaking of penalties consisting in a protecting order envisaging the prohibition of approaching the victim, sometimes even with the acquiescence of the victim, generates many procedural issues that must be analyzed in depth. The aim of this paper is to provide an overview of the most controversial procedural issues in the Spanish Criminal System regarding gender violence. That is, on the one hand, victim's testimony evidence and, on the other, legal problems that arise related to the adoption of protective measures and violation of sentence.

**Key words:** intimate partner violence, victim, criminal procedure, victim's testimony, report, privilege against the incrimination of relatives, witness, restraining order, protection order, violation of sentence.

## Introduction:

The phenomenon of gender violence<sup>22</sup>, understood as a demonstration of violence against women, has a great impact at national and international level, considering itself as a global scourge against which one must fight from different perspectives to achieve its complete eradication. It is necessary to highlight as a prior

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\* This paper has been written in the framework of the following research projects: "La tutela procesal de las víctimas de violencia de género: El Estatuto de la víctima del delito", Programa estatal de Fomento de la Investigación Científica y Técnica de Excelencia, Subprograma Estatal de Generación del Conocimiento, en el marco del Plan Estatal de Investigación Científica y Técnica y de Innovación, MINECO (DER2015-64506-C2-2-R); "Violencia contra la mujer migrante: víctimas especialmente vulnerables", 10ª Convocatoria de ayudas para proyectos de investigación y formación «OPI-UJI: Migración e interculturalidad» de la Universitat Jaume I (curso 2016-2017 -OPI13A/17) y, "Víctimas de la justicia: Recursos docentes para mejorar su situación en el proceso", Programa Proyecto de Mejora Educativa, Unidad de Soporte Educativo UJI (3516), 2017-2018.

<sup>22</sup> Art. 1 *Organic Act of Protection Measures against Gender Violence*: "The purpose of this Act is to combat the violence exercised against women by their present or former spouses or by men with whom they maintain or have maintained analogous affective relations, with or without cohabitation, as an expression of discrimination, the situation of inequality and the power relations prevailing between the sexes".

warning, that judicial and punitive proceedings are not the only answer, since the legal order must use also educational and assistance mechanisms to help the victims of this violence to get out of the situation in which they find themselves, but above all, legal resources must be focused on preventive measures<sup>23</sup>.

In Spain there is a generalized consensus regarding the need<sup>24</sup> to broaden the concept of gender violence<sup>25</sup> envisaged in our legal system that has been addressed in the *State Pact on gender violence* supported by all political parties. In this sense, the way to fight against this kind of violence is to improve preventive, welfare, health, social and legal measures so that victims can face the situation they are suffering. Taking into account these factors pointed out, we must indicate that the processes for gender violence generally present a series of particularities related to: a) Violence against Women Courts jurisdiction (Art. 87 ter *Organic Act of Judicial Power 1985*), b) Practical problems derived from the protection of the victim; c) Interpretation problems related to the criminal types and, d) Penalties and enforcement. In particular, these difficulties can be translated into the following aspects:

In first place, it is a criminal figure, based on personal and affective relationships, which implies an added complexity that does not occur, except in cases of domestic violence, in the rest of the types of crimes provided for in the Criminal Code. This dependence on the aggressor has a dimension especially psychological but not exclusively. That lack of independence is also linked to other aspects, such as economic reasons, fear, shame, fear of taking the initiative or ignorance of legal and welfare measures that can help them to get out of the situation they are in, or even self-deception<sup>26</sup>.

Second, in the Spanish Legal system, the LO 1/2004 is restricted to the type of violence that occurs mainly in the area of coexistence of the couple or ex-partner, both in relationships of *de facto* couple, as in marriages and has been advanced in an important way at the moment in which young people begin their relationships as a couple or courtship, even without coexistence.

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<sup>23</sup> This issue is one of the key pieces in the common objective of improving the fight against violence against women, that is, seeking to expand the preventive assistance, health and social possibilities to allow victims to break the situation of violence who suffer. Keep in mind that the State Pact contemplates a package of 213 measures by Congress and 265 measures by the Senate within a period of 5 years. ALVAREZ, P., "Solo el 12% de las medidas del pacto contra la violencia machista se activarán en 2018", *ELPAIS*, 27 December 2017.

<sup>24</sup> It is necessary that the concept foreseen in the Organic Law 1/2004, of December 28, of Measures of Integral Protection against the Violence of Gender, to be adapted to the Convention of the Council of Europe on prevention and fight against the violence against the woman and the domestic violence, done in Istanbul on May 11, 2011.

<sup>25</sup> Specifically, it aims to: "Expand the preventive, procedural, punitive and protective provisions of the 2004 Law as well as the rest of the legal system to cover, with the necessary adaptations, all forms of violence against women. Vid., *Pacto de estado en materia de violencia de género*, SENADO, *Ponencia de estudio para la elaboración de estrategias contra la violencia de género*, constituida en el seno de la Comisión de Igualdad (543/000002), 28 de julio 2017 (BOCG, núm. 131, p. 1-103), CONGRESO, *Informe de la Subcomisión creada en el seno de la Comisión de Igualdad para un Pacto de Estado en materia de violencia de género* (Núm. Expte 154/2), 28 de julio 2017 (BOCG, núm. 199, p. 3-190).

<sup>26</sup> Those are causes that justify the silence of the victims. Vid. GISBERT GRIFO, S./ MARTÍNEZ GARCÍA, E., *Género y violencia*, 2ª ed., Ed. Tirant lo Blanch, Valencia 2016, págs. 58-61. GUDÍN RODRÍGUEZ-MAGARIÑOS, F., "El silencio procesal de las víctimas: ¿caballo de troya para futuros maltratos?", *Actualidad Jurídica Aranzadi*, núm. 769, 2009; JIMÉNEZ MUÑOZ, F. B., "El silencio de la víctima: guía para no perderse", *Revista de mediación*, N 7, 2011, p. 26-31.

Regarding the subjective field, it is necessary to clarify that it must be violence exercised by the male (active subject) over the woman (passive subject)<sup>27</sup>, being fundamental that there is or was an affective relationship<sup>28</sup>.

Finally, the greatest difficulty in this type of process, affects evidence issues, since they often occur in the privacy of the domestic<sup>29</sup> environment, usually there are no direct witnesses, different from the family, the situation of domination within the relationship generates the silence of the victims, and the experience and practice before courts shows that the only proof of charge found is the victim's statement.

## **IControversial issues in the Spanish Criminal Proceedings regarding intimate partner violence:**

### **1. Reporting gender violence crimes**

It is necessary to mention some data, facts and figures that are especially significant in this area and that will serve to understand the practical difficulties that occur in the criminal process and that involves complex procedural issues that are difficult to deal with. We are referring to the lack of reporting by the deathly victims<sup>30</sup> of gender violence.

It is observed that the percentage of fatalities that reported the crime in the last five years is very small<sup>31</sup>. The main reasons why women who have suffered physical, sexual or fearful violence by any couple throughout their life, do not refer the situation before police, prosecution or judicial authorities, are in accordance with the Macro Survey<sup>32</sup> of 2015: First, not giving enough importance to the violence, considering that the facts were of

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<sup>27</sup> Envisaged in Circular 4/2005, de la Fiscalía General del Estado, *relativa a los criterios de aplicación de la Ley Orgánica de Medidas de Protección Integral contra la Violencia de Género*, p. 24.

<sup>28</sup> Doubtful situations or excluded by law are, among others, homosexual couples, cross-claims, MARTÍNEZ GARCÍA, E./ MONTESINOS GARCÍA, A./ PLANCHADELL GARGALLO, A./ VEGAS AGUILAR, J.C, *Esquemas Sobre Procesos por Violencia de Género*, Tomo XXXI, 2ª ed, Ed. Tirant lo Blanch, Valencia 2017, p. 83.

<sup>29</sup> “In most or a large part of the cases analyzed, the offenses are committed without the presence of third parties, in areas of privacy”, Grupo de expertos y expertas en violencia doméstica del CGPJ, *Estudio sobre la aplicación de la Ley Integral Contra la Violencia de Género por las audiencias provinciales del Consejo General del Poder Judicial de 2016*, ed. CGPJ, Madrid, March 2016, pág. 66.

<sup>30</sup> As indicated by the Delegate Prosecutor on Violence against Women: “The data of the 16 victims of gender violence who had previously denounced their offenders requires us to carry out a scrupulous and detailed analysis of each of the cases, to investigate the causes that, in each specific case, led to the death of these 16 women despite having reported well a situation of habitual abuse, either a psychological abuse, or an act of punctual violence, in order to know where it has failed or how we can improve in order to give an effective response, punctual and adequate to the protection of those victims, without losing sight of the fact that the complaint may be a factor that increases the aggressiveness of the offender and therefore an element that raises the level of risk”, FGE, *Memoria anual*, 2017, p. 455.

<sup>31</sup> Year 2013, 54 fatalities (20% filed a complaint); year 2014, 55 fatalities (30.9% filed a complaint); 2015, 60 fatalities (21.7% filed a complaint); year 2016, 44 fatalities (36.4% presented a complaint), year 2017 49 fatalities (22.4% filed a complaint, <http://www.violenciagenero.msssi.gob.es/violenciaEnCifras/victimasMortales/fichaMujeres/home.htm>.

<sup>32</sup> MINISTERIO DE SANIDAD SERVICIOS SOCIALES E IGUALDAD, *Macroencuesta de Violencia contra la Mujer 2015*, n. 22 Colección contra la Violencia de Género. Documentos, p. 192- 193.

little importance, that it did not occur to her or that she thought she could solve it by herself alone (44, 6%); second, out of fear, fear of reprisals (26.6%), and, in third position, by shame, since the woman did not want anyone to know (21.1%).

## 2. Victim's Testimony

From the legislative perspective in the Spanish legal system, Law 4/2015, of April 27, *on the Statute of the victim of crime*, implies a notable advance, obliging a care, accompaniment and assistance to the victim of any crime but especially of gender violence<sup>33</sup>, before reporting the crime. In this context, the declaration of the victim takes a special role, since it is usually the only evidence for prosecution<sup>34</sup>, that is to say, of incriminating content, taking place in the majority of cases in the privacy. Therefore is the victim's word against the offender's. In these cases, the jurisprudence admits that the victim's statement may be sufficient to distort the presumption of innocence as long as the following requirements are met: absence of subjective disbelief, verisimilitude of the testimony and, finally, persistence in the incrimination.

Among these three requirements the one that generates a greater tension in the forensic practice is the persistence in the incrimination, since the art. 416 of the Law of Criminal Procedure (*Ley de Enjuiciamiento Criminal*) envisages the dispensation to declare, so if the victim decides not to declare, it implies the offenders' acquittal due to the lack of evidence. In this sense, it is an objectively unquestionable fact, as reflected in the statistics, reports and judicial studies<sup>35</sup>, that almost half of the cases of gender violence end without a conviction when the victim (and witness of the facts) decides to use the exemption provided in art. 416 of the Law of Criminal Procedure. There are many critical voices that highlight from the doctrinal point of view, as well as from the different legal operators, the convenience of a legal reform that excludes the victims of gender violence from the scope of the aforementioned exemption to avoid that precisely the proof of charge, is say, the testimony of the victim, is outside the process, although it is an initiative at all peaceful.

## 3. Protecting order

On the other hand, the failure to comply with precautionary measures or sentences consisting of the prohibition of going to certain places or prohibition of approaching the victim, is giving rise to practical problems that could be avoided, in the case of listening to the affected. As stated in the doctrine, the obligation

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<sup>33</sup> Art.7.3 Right to receive information about the criminal process; Art. 10 Right of access to services and assistance and support; Art. 23.2.2 Article 23. Individual evaluation of the victims in order to determine their special protection needs; Article 30 Article 30. Training in the principles of protection of victims LO 4/2015.

<sup>34</sup> Vid. EXTEBERRÍA GURIDI, J.F., "La prueba en el proceso de violencia de género" en CASTILLEJO MANZANARES, R (DIR.), CATALINA BENAVENTE, M. A. (Coord.), *Violencia de Género, justicia restaurativa y mediación*, Ed. La Ley, Madrid, 2011, pág. 348; SERRANO MASIP, M., "La instrucción y el enjuiciamiento de delitos de violencia de género a través del juicio rápido", en VILLACAMPA ESTIARTE, C. (coord.), *Violencia de género y sistema de justicia penal*, Ed. Tirant lo Blanch, Valencia 2008, p. 424.

<sup>35</sup> The figures are the following: In 2016 -47.2 % (Memoria 2017, pág. 459) 2015 - 51, 38% (FGE, *Memoria 2016*, pág. 406), 2014 - 46% (FGE, *Memoria 2015*, pág. 351). <https://www.fiscal.es/>

to agree to the penalty of prohibition of approaching the victim of art. 57.2 Penal Code. In addition, the imposition of measures of alienation or non-communication with the victim in cases of suspension and replacement of the sentence, should be assessed by the judge attending to each specific case. Likewise, there should be a greater possibility of victim participation in the adoption of this kind of measures<sup>36</sup>.

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<sup>36</sup> GUARDIOLA, “La víctima de violencia de género en el Sistema de justicia y la prohibición de la mediación penal”, *Revista General de Derecho Penal* 12 (2009), p. 35.

**Theme:** Domestic Violence and the Justice System

**Title:** Stalking and Domestic Violence: the confluence of phenomena after the criminalization of stalking in Portugal

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**Abstract:**

When Portugal ratified the Istanbul Convention, it assumed, among others, a public commitment to criminalize stalking. In 2015, the Portuguese Penal Code created the crime of stalking (Article 154-A), which represents the outcome of a lengthy process of claiming legal recognition of victims of stalking. Having in mind the premise that criminalisation is essential but not sufficient, it is now time to identify and understand the new challenges post-criminalization at both the conceptual level and practical level. For this purpose, eleven interviews with police officers were analysed using thematic analysis, which focused on the definition of the phenomenon, the implications of its criminalization and victim support. Six themes emerged from the analysis of data: 1) naming it; 2) the potential of criminalisation; 3) the confluence of phenomena – domestic violence and stalking; 4) the differentiation of phenomena; 5) genderisation of stalking; 6) pathologisation of stalking. The results of this exploratory study are discussed regarding the social implications of the confluence or differentiation of stalking from domestic violence.

**Keywords:** stalking, domestic violence, intimate partner violence, criminalisation

At a time when the stalking has just been recognized as a crime in Portugal and its social recognition is gradually increasing, we propose to think about the impact of the criminalisation of stalking. Particularly, it will be analysed the implications of the conceptual overlap between stalking and domestic violence, on the utility, enforcement and comprehensiveness of the crime of persecution<sup>37</sup> (Article 154-A, Portuguese Criminal Code).

Although stalking has progressively gained notoriety in Europe in the beginning of the 21st century In Portugal the first studies about stalking are from 2007, when a research group – Research Group on Stalking in Portugal, GISP – was created at the University of Minho to study specifically the phenomenon. In 2011, the National Survey of Stalking Victimization was published, which mapped the phenomenon and warned of its prevalence - 25% of women 13% of men – and pervasiveness (Matos, Grangeia, Ferreira, & Azevedo, 2011).

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<sup>37</sup> In Portugal, the legislature adopted the term “persecution” to designate the crime that characterizes acts of stalking, in line with the Portuguese version of the Istanbul Convention.

It was only after the entry into force of Istanbul Convention (Council of Europe, 2011), on the 1st August 2014, that Portugal began the process of criminalisation to comply with one of the recommendations of this Convention, which was concluded in 2015 (Law 83/2015 of 5th of August).

The Portuguese Law defines stalking (which translation in Portuguese is more close to “persecution”) as the conduct of the person who repeatedly, persecute or harass another person, by any means, directly or indirectly, in a way such to create fear or restlessness or to harm his/her freedom of determination (Article 154-A, Portuguese Criminal Code). It is worth to notice that this crime does not define any specific relationship between the stalker and his or her victim. Therefore, stalking that is perpetrated by a current or a former intimate partner may be legally prosecuted as persecution. Nevertheless, intimate partner violence, whether is perpetrated by a current or an ex-partner is widely typified through the Article 152 of the Portuguese Criminal Code that defines Domestic Violence. In this case, stalking can be understood as psychological violence and be charged with a more severe penalty than the stalking crime. Also, the principle of subsidiarity shall be applied and the agent may be punished as domestic violence rather than being punished for the crime of persecution. It worth to notice that Domestic Violence has associated a prison sentence from 1 to 5 years, compared to persecution that may be punished with a prison sentence that can reach, generally, 3 years.

Having in mind the possible overlap between the crime of persecution and of domestic violence, we ran an exploratory qualitative research, with data collected from semi-structured interviews with police officers in order: 1) to identify available social discourses about stalking, and 2) to understand discursive impacts resulting from the criminalization of the phenomenon. The interviews took place between April and May 2016, less than a year after the creation of the crime of persecution.

For these purposes 11 interviews with police officers were analysed using thematic analysis (Braun & Clarke, 2006), which focused on the definition of the phenomenon, the implications of its criminalization, and on victim support.

Participants were 11 police officers, with five men and four women. Five participants had specific function to monitor cases of domestic violence. The mean age of participants was 39 (min. = 34; max. = 56) and they were on duty from 8 to 32 years, with a mean of 15.5 years.

Six themes emerged from the analysis of data: 1) naming it; 2) the potential of criminalization; 3) the confluence of phenomena – domestic violence and stalking; 4) the differentiation of phenomena – domestic violence and stalking; 5) genderisation of stalking; 6) pathologization of stalking.

The results of this exploratory study are particularly discussed regarding the confluence or differentiation of stalking from domestic violence.

### **1) Naming it**

Concerning the first theme, we began by questioning whether participants knew the term stalking (not persecution). Two participants said that the term was complete unknown and also did not identified any cases in their practice.



For the rest of the participants, the term stalking was recognised. This recognition was due to training, the recent criminalization, or colleagues shared it. The difficulty was naming the phenomenon rather than identifying cases, which were normally assigned as a tactic of intimate partner violence.

*Previously, this type of behaviour was covered ... it was ... it was different. Or another name was given. (H4 / DV)*

*Yes, I know, very recently. Maybe I knew it in some other way. It was "persecution" (M2)*

## **2) The potential of criminalisation**

When we asked about the importance of the recent criminalisation of stalking, all participants agreed that the law had relevance and might be easily applied.

Nevertheless, the importance attributed to the criminalisation is considered in general, without concretisation in professional practices.

*In stalking, I do not know how it's working. It is always useful. Easily applicable. (M1)*

*It is always important to specify a crime and make it more real ... [Implications of criminalisation?]*

*Not in our work, but in general, because citizens got more knowledge about it. (H6 / DV)*

Participants weren't able to identify the relevance of the crime of stalking in their practices. Justifications were related to: 1) the reduced number of "pure" cases of stalking (*To my knowledge I had only one situation of persecution. But in the context of domestic violence, it is always present. [H11, DV]*); 2) the recent criminalisation (*I think, for now, there are no changes. it's still a little bit unknown. [M2]*); and 3) the difficulty in recognizing professional responsibilities associated with stalking cases since they were not part of the special unit that deal exclusively with cases of domestic violence (*I am out of this context. But I recognize it as domestic violence. If there are facts, I think it's good to be criminalised. [H9]*).

## **3) The confluence of phenomena – domestic violence and stalking**

The third theme points to an overlap between stalking and domestic violence presented in the discourses of the police officers. Stalking appears as a characteristic of domestic violence (*But there it is, we will never say that the person is stalked, the person is a victim of domestic violence. The person is stalked, but in the context of domestic violence. [M7 / DV]*) or as an extension of domestic violence after the breakup (*There are breakups, people do not accept them and they start stalking, but then this also fall into domestic violence [H11 / DV]*).

In such cases, there was a precedence of the classification of the behaviour as domestic violence (*When we have such situations, if there is an injury, we frame it as domestic violence [M1]*), which was usually considered as more serious than the pure cases. This framework facilitates the action of the police, because there are clear guidelines about how to act in domestic violence cases.

*More severe situations have more attention. Now it is evident that in situations of stalking ... if they are practiced in the context of domestic violence, it is clear that these situations require a greater monitoring of the police and the special programs that the police have. (H3 / DV)*

#### **4) The differentiation of phenomena – domestic violence and stalking**

The forth theme emerged as the need of differentiate cases of “pure” stalking, which are defined as rare cases, from those that arise from the context of domestic violence. The “pure” cases were distinguished because they were defined as a “non violent” strategy.

*They walk around; almost trapped the victim, but they do not touch him, do they? (M1)*

*The only thing I know is stalking without violence. Whether in dating, couples, that are always calling but without violence, " I love you very much " and " I want to stay with you, " but never break into violence. (M10)*

Or is confined to the persecution among those who had not a previous intimate relationship.

*I have already had contact with a situation. I have already received a complaint from a person about another person with whom he or she had no relationship (H3 / DV)*

#### **5) The genderisation of stalking**

The fifth theme can also emerge from the common association of stalking to the domestic violence. The common gendered nature of domestic violence is also adopted to characterize stalking. The victim was typically described as a woman and the stalker as a man, and these cases were usually perceived as more serious than the female stalking.

*In terms of Stalking are more men than women, I do not remember any situation where there was a women who stalks, it can happen in messages, contacts, to know where we are, how we are, ... but this is not so ... (H6 / DV)*

Also, explanations based on gender inequality were used to frame stalking by associating it to the need of male power and control over women. Mostly because stalking is viewed as connected to domestic violence, it is characterized as gender violence.

*It is the possession factor. "You are mine and you are of no one else." (H8)*

*They do not accept it (breakup). Somehow they are a bit macho. (M2)*

## 5) The pathologisation of stalking

The sixth theme is related with the genderisation of stalking and its association to domestic violence. As in cases of domestic violence, social discourses tend to adopt a pathological view of the perpetrator and the victim (Grangeia & Matos, 2013). The perpetrator, typically a male, was perceived as sick person with mental health issues, because stalking was usually understood as a clinical deviant behaviour (and not a social deviant behaviour). This has implications in the police practices, since the clinical and medical intervention was considered more useful and appropriated than their intervention.

*Of course a person who behaves like this is a person who is disturbed, who has a strong psychological disorder, has some pathology (H3 / VD)*

*I think that this is a disease, I think .... I even said they should go to a doctor, they should go to an appointment but they do not accept it. (M10)*

That pathological view was also associated with victims based on the evaluation of their attitudes towards the stalkers initiatives as passive. Police officers addressed such passivity as an opposition to police intervention, which can be easily converted into an attitude of victim blaming.

*We want to help, but the other party does not want to cooperate. That's when they need medical help.*

*First we have to really listen to this person and also to see the history ... and try to suggest that maybe medical help is needed. What can we do? ....At the end they do not say no, they support that attitude. (M10)*

This is a small and exploratory research and because of that there are clear limitations to the generalization of results. Nevertheless, we think there are some important remarks to be noticed. First, stalking seems to be mainly perceived as part of domestic violence. Second, stalking that happens between people that do not have or had an intimate relationship is still hardly recognized. Third, the utility of the new crime of persecution is acknowledged in theory, but its benefits are rarely recognized in practice. Such facts could mean that victims who were unprotected by the criminal justice system prior to the criminalization of persecution could continue to see their needs unrecognized. The creation of this crime should potentiate the recognition of a new category of victimization and the activation of specific responses. Now, it is time to effectively recognise all the victims of stalking and their specific needs and to move from the theory to the practices, from the formal to the informal plan in victim support. At the end, one provocative question prevails: can the increasing visibility of the domestic violence overshadow other forms of gender-based violence, namely stalking?

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**Theme:** Domestic Violence and the Justice System

**Title:** Preventing Domestic Violence – Evaluation of a coordinated response involving specialized prosecutors and a special police unit

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**Abstract:**

In the last decades and in some developed countries, specialized domestic violence (DV) programs have been implemented by police or by criminal justice agencies, aiming at reducing recidivism and protecting victims. According to the scarce evaluative research, victims tend to report satisfaction with these special police DV units, but the results regarding their effect on re-offending are inconsistent. Literature reviews about the effects of DV specialized criminal justice agencies suggest that they tend to produce faster decisions, but there are inconsistent results regarding recidivism and other outcomes as convictions rates.

Since 2013, the first Portuguese DV coordinated special program is taking place in Porto, involving a specialized prosecution team and a special police DV unit. Our processual evaluation research of this program shows that victims are better supported by the special police DV unit and that the prosecution services accomplish higher rate of criminal indictment and take less time to decide on dismissals. The evaluation of the outcomes, using a quasi-experimental design, considering data from two periods (pre-test/post-test measures) and two sites (experimental/equivalent), allows us to conclude that the program improves satisfaction with processual decisions, satisfaction with police and prosecution services and confidence in police and in the justice, and reduce both victim's perception of fear of crime and risk of victimization. However, there are contradictory findings regarding recidivism measures. Victims' self-report data are similar between Porto and an equivalent site, even though official data shows a more significant reduction in re-offending rates at a short term in the experimental area. In general, our evaluation suggests that this DV coordinated and specialized program can be, at least partially, effective.

**Introduction:**

This paper presents the preliminary research evaluation outcomes of the special program “One Step Forward” that is taking place in Porto since 2013. This program is the first Portuguese domestic violence (DV) coordinated special program, involving a specialized prosecution team and a special police DV unit, following other experiences in developed countries in the last decades (e.g. Cissner, Labriola, & Rempel, 2015; Keilitz, 2004; Townsend, Hunt, Kuck, & Baxter, 2005). DV specialized police units perform proactive policing with a solid engagement with criminal justice agencies and community services. They typically include trained staff that provide direct assistance to victims and police officers devoted to criminal investigation. Similarly, DV specialized criminal justice agencies (prosecution services and courts) make use of dedicated prosecutors and

judges, involved with police and community services, to guarantee victim support, celerity in decisions and an effective prosecution or sentencing.

Literature suggests that DV units are well received by victims (e.g. Exum, Hartman, Friday, & Lord., 2010), but also shows mixed results concerning their effects on recidivism (e.g. Weisz, et al., 2004; Davis, Maxwell, & Taylor, 2006). Courts and prosecution specialized experiences are associated with an increased celerity in process decisions (e.g. Angene, 2000). However, regarding the effects of these specialized criminal justice agencies on convictions (e.g. Visher, Harrell, Newmark, and Yahner, 2008; Cissner, et al., 2013) and recidivism (e.g. Gover, MacDonald, & Alpert, 2003; Klevens, Baker, Shelley, & Ingram, 2008), scientific results are inconsistent.

### **The Oporto domestic violence special program:**

The Oporto DV special program consists in a special and coordinated response to DV, implemented by a specialized prosecution unit and by specialized police units – an office with dedicated police officers in direct assistance to victims and a criminal investigation unit. The program also has the collaboration of a multi-agency network of social and health services, victim-oriented services and forensic services. This program aims to protect victims, reduce the fear of crime, improve victim's confidence in police and justice, improve celerity in decisions and, finally, to reduce recidivism.

### **Evaluation of the Oporto domestic violence special program:**

This special program is evaluated regarding the process and the outcomes. For the former, data was collected at the Oporto police services (all reported complaints in 2014 and interviews with police officers) and at the prosecution services (information about the process before/after the special program take place and interviews with the prosecution team). Outcomes evaluation was performed following a two-groups (experimental area / control area, EA/CA) pre-test / post-test quasi-experimental design, with a two waves victim survey (3 months and 1 year after the complaint had been reported) and with the collection of police official data (covering periods before and after the program implementation). This evaluation included measures about offender and victims' characteristics; police intervention; prosecution intervention; victim's confidence in the police and in the justice; victim's satisfaction with police and with prosecution services; victim's fear of crime; and recidivism.

The analysis of the cases reported in 2014 (N=897) shows that the majority of the victims are female (84.1%), and the majority of the offenders are males (85.5%). Intimate partner violence, including couples and separates couples, is present in near 93.9% of the cases. Victims and offenders are around 42 years old.

In the context of this program, police action is specially structured by risk assessment, security plans, and referrals to community agencies when necessary. In the period of the first 3 months after the complaint had been reported, the specialized DV police unit contacted 99% of the victims at least once, with a mean of around 6 contacts (SD=4). The majority of these contacts were made by the initiative of the police unit looking for providing victim's support. Police officers assessed positively their intervention and saw it as an important

contribution to victims' empowerment. They especially emphasize the celerity in actions and the relevance of the multi-agency collaborative action in which the program is based.

The prosecution team action is structured around the screening process of identification of urgent situations and the adoption of appropriate measures (e.g., arrest warrants, coercive measures). At the prosecution level, a moderate increase in decisions (4.5%, from 903 to 944) and an increase in accusation rate (12.5% to 15.5%), despite not significant, emerged with the implementation of the program. The time for decisions decreased for closed cases, but not for accusations. Like police officers, in the interviews, prosecutors positively assessed their work and emphasized as very positive the protection of the victim "who wants to be supported", the speed of actions, and the advantages of the collaborative work taking profit of the multiagency structure.

In a survey applied 3 months and a 1 year after the violence had been reported at the services in Oporto (experimental area, EA) or in a control equivalent area (CA), victims evaluated police and prosecution actions regarding several issues which are collapsed into three dimensions – demeanour, behaviour and fairness. Although in both periods and areas police actions are positively evaluated, EA's police actions were significantly higher scored than CA's especially one year after the violence episode had been reported. Prosecution services are also positively evaluated, but differences between EA and CA are less relevant. Regarding program's outcomes, survey evidence also shows that, especially 1 year after the violence episode had been reported, when compared with CA's, EA's victims, are more satisfied, reveal a sense of security, and state that police and prosecution services behaved as expected. EA's victims also assert significantly higher confidence in police and justice and lower in fear of crime.

Finally, recidivism was analysed using data from the surveys applied to victims and from official data. With the former – self-report data through surveys – no significant differences were identified between EA and CA. Contrarily, official data reveal some interesting patterns. While before the intervention no differences were identified between the two areas, after the implementation of the program significant differences in the short-term (3 months) were identified, with a decrease in recidivism rate in EA higher than in CA, but without significant differences in the 1 year period.

### **Conclusions:**

The Oporto DV special program is a well-planned and implemented program that uses the best of DV police units and prosecution specialized teams, with close follow-up of victims and with greater procedural efficiency. Specialized police and prosecution actions are well received by victims and their action promote trust in police and justice and reduce the fear of crime. Finally, despite no significant differences are shown in self-report data, the program seems to promote short-term effects on recidivism.

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## Research and Intervention Methods

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**Theme:** Research and Intervention Methods

**Title:** Thousands of cases of domestic violence reported to the police: what happens after and how can we promote in an effective way the safety of victims?

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In 2016 domestic violence was the most registered crime in Portugal in terms of crimes against people. In average, each year more than 27000 cases are brought to the attention of law enforcement agencies and based in available figures 79% of the cases are filled and between the ones that are prosecuted about 58% result in a conviction. The phenomenon of lack of progress of the cases through the criminal process from the initial stage of report to a final stage of court proceedings, representing situations that drop out of the criminal justice system, is known as attrition rate. In domestic violence high attrition rates are found and several factors are described to explain this situation, namely the ones related with the victim and the ones related with the system. A study conducted in Lisbon (Portugal) based in 362 cases of domestic violence reported to the police addressed several factors related with attrition, namely police procedures that initiates with the report of the occurrences until the criminal investigation, motivation and preparedness of police officers to deal with these cases, length of time between contacts with the victim, victim's expectation regarding police intervention and victim's motivation to promote their safety (using the framework of the transtheoretical model of change of Prochaska & DiClemente). The investigation finished in 2010, presenting then the first numbers in Portugal related with the attrition rate for domestic violence cases. Results evidenced namely the importance of promoting victim's motivation right at an initial stage of the process and are discussed in light with actual police procedures. One of the main concerns in the area is the promotion of victims' safety, independently of the result of the case under the criminal justice system, being so, the adoption of an effective integrated approach for the intervention with victims is also discussed.

**Keywords:** domestic violence; attrition rate; motivation; cooperation; integrated approach

Accordingly with the last available data, in 2016, with more than 27000 occurrences registered by law enforcement agencies, domestic violence was the second most registered crime in Portugal (after the theft), corresponding to 8% of all the criminality; and was the most registered crime within the crimes against persons (where represents 33%)<sup>38</sup>.

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<sup>38</sup> Calculations based in the data provided by the Justice Statistics System.

In theory, domestic violence should be one of the easiest crimes to investigate since both the victim and the perpetrator are known and the crime scene is easily identifiable, however, the number of cases that are successfully charged tends to be reduced (Richards et al., 2008).

Goodman, Bennett and Dutton (1999) consider that the major problem for criminal prosecution in these cases is generally that the victim does not intend to have the perpetrator "brought to justice". Among the factors found by these authors to predict the victim's cooperation in the process are the existence of support for victims, the severity of violence and the existence of children in common between aggressor and victim. Not all victims expect the perpetrator to be arrested, many just want the police to calm the situation and stop violence (e.g. Buzawa & Austin, 1993 cit, by Hirschel & Hutchison, 2003). Many women simply want violence to stop, but they do not want their partner or ex-partner to be labeled a criminal or have a criminal case (Harne & Redford, 2008). Several studies namely in United Kingdom have addressed the fact of having high number of cases of domestic violence that end up outside the criminal justice system, a phenomenon that is known as *attrition rate*.

Shurman and Rodriguez (2006) stated that most victims who leave the relationship tend to return to it and that many studies have tried to explore the external constraints that victims encounter when they want to end a relationship (e.g., economic, housing, etc.), however, and despite initiatives to minimize such barriers, the incidence of domestic violence has not diminished. Thus, according to these authors, attention has recently been focused on the study of the internal psychological barriers that victims find in this process of ending the relationship with the aggressor, with consequent implications for the practice of the professionals who deal with these situations.

Despite the numerous studies on domestic violence, information on the best ways to intervene to help victims to end violence within intimacy relationships is scarce (Burke, Denison, Gielson, McDonnell & O'Campo, 2004), as well as information on the patterns of safety-promoting behaviors that these victims develop in order to reduce their exposure to violence (Cluss et al., 2006). The description and evaluation of the processes of change in domestic violence are fundamental to develop effective interventions with the victims (Cluss et al., 2006).

Several models in the field of Health Psychology have been applied to the process of change through which the victims (women) move towards improving their safety and, among them, the transtheoretic model of change, also known as the model of the phases of change (Prochaska & DiClemente, 1982; Prochaska et al., 1994), has aroused greater attention and interest in the literature on violence between partners (Cluss et al., 2006). Change is seen as a process that takes place over time and that needs to be maintained, not constituting a single event; and this process usually runs in spiral with relapses, regressions and progressions. The proposed model focuses more on strengths than on individual weaknesses and refers to a goal-oriented intervention, without requiring a specific theoretical or philosophical approach on the part of the professional using it (Dienemann, Neese, & Lowry, 2008).

This model has been used in a growing number of studies on intimate partner violence (Frasier, Slatt, Kowlowitz, & Glowa, 2001; Dienemann, Campbell, Laudenburg & Curry, 2002; Burke et al., 2004; Cluss, et al., 2006; Dienemann et al., 2008) and Frasier et al. (2001) find it particularly well suited to the process whereby

the victim may move towards reducing their exposure, and their family, to violence. The model conceptualizes the change in five phases: Pre-contemplation, Contemplation, Preparation, Action and Maintenance, through which people who successfully make changes in their lives (Frasier et al., 2001) go; although the progress through the phases may not be linear, with relapse, returning to an anterior phase, which is something normal in this process<sup>39</sup>.

Such model, besides explaining the phases of change indicated, also includes a second dimension, the processes (cognitive and behavioral) that allow us to understand how these changes occur (as it changes from one phase to another)<sup>40</sup>. Also, the concepts of decision-making (referring to weighing the pros and cons of change) and self-efficacy (relative to the individual's confidence in his or her competencies to implement changes), derived from other theories, are considered by the authors of the model as fundamental in the transition between the phases (Prochaska, DiClemente et al., 1992).

It should be noted that the use of this model in the context of intimate partner violence has two fundamental differences with respect to its traditional applications (other areas, such as addictions). First, it is not the victim who is responsible for the problem (violence), but the aggressor (Cluss et al., 2006), and secondly, there may be several ways of measuring success in terms of reducing exposure to violence, and that ending the relationship is only one action, among others, and often it results in no increase in the safety of the victim (*per se*).

Frasier et al. (2001) refer to other behaviors that reveal change: to seek a group of help or to require the partner to be involved in an aggressor treatment program (when the goal is to continue in the relationship). Cluss et al. (2006) also address other actions that can lead to success (reducing exposure to violence): hiding clothes to take in an emergency or asking a neighbor to call the police. Based on this diversity of possible actions, the model may require some adaptations, since the person may present her/himself in different phases, depending on the type of behavior/strategy for safety promotion considered.

### **Study conducted in Lisbon/Portugal (Quaresma, 2010; 2012):**

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<sup>39</sup> Accordingly with Prochaska et al.(1992):

In the pre-contemplation phase (PC) there is no intention of changing in the near future (6 months), at this stage individuals do not recognize the existence of a problem or minimize its importance. Contemplation (C) is the phase where people are aware that there is a problem and are seriously thinking about overcoming it (within the next 6 months), but have not yet committed to action, and aren't yet ready to do so. In the next phase, preparation (P), are people who usually intend to act in the next month and who have not adopted changes successfully in the last year. In the action phase (A), individuals modify their behavior, experiences or environment in order to overcome problems; their actions of commitment to change are evident. People who have successfully implemented changes for a period ranging from the previous day to 6 months are at this stage. Finally, in the maintenance phase (M), people strive to consolidate gains achieved in the action phase and prevent relapse. This phase extends from six months, after successful implementation of the actions, to a period that can go to the end of life, depending on the behaviors in question. For a pragmatic and detailed approach of this model in the context of intimate partner violence (under the Irish national health system) please see Rian and Daly (2014).

<sup>40</sup> Cognitive: increased awareness, self-reassessment; dramatic relief (expressing feelings about the problem), reassessment of the environment and social liberation (alternatives in society); Behavioral: counter-conditioning (substitute for other behaviors, verbalizations), stimulus control, self-liberation (commit, believe in change), contingency management (reinforcement management) and social support.

Having namely these concerns and contributions as background, a study was conducted in 2009 and 2010 in Portugal (in the District of Lisbon) which focused on the process that starts on the report of the occurrences to law enforcement agencies (National Republican Guard and Public Security Police) leading to the criminal investigation, concentrating on: victims' motivation to promote their safety, their cooperation and the results in terms of prosecution. It was based on 362 cases of domestic violence<sup>41</sup> and involved 259 police officers. Besides interviews with police officers and prosecutors, a total of 702 questionnaires were applied to victims and professionals.

The transtheoretic model of change previously mentioned was used to measure the change in victims through five different strategies (table 1). It was found that the victims positioned themselves differently for each strategy. Most of the victims, at the time of the initial contact, did not consider the possibility of using specialized support (Pre-contemplation: 41%) or if they considered it was something still very little defined (Contemplation: 40%). As for sharing the situation with someone he/she trusts, more than a third vaguely considered this hypothesis (34,5%) and 45% were already doing it or had already done it (Action and Maintenance). "Presenting a complaint to the police whenever he/she is attacked" was a strategy that more than a third were considering in a less precise way and another 53% had been doing it for less than six months or had been doing it for more than six months. About 16% of the victims were preparing to cooperate in the criminal investigation in next month (Preparation), 40% were still somewhat ambivalent on this issue and 39% mentioned they were already doing so. As for ending the relationship, 40% of victims did not consider this hypothesis or would do so in the next six months, 17% said they would do it next month and 43% had already done so or were doing so.

**Table 1: Change phase for five strategies concerning safety promotion – Initial contact with police (Me<sup>42</sup>; %)**

	<i>Me</i>	PC (1)	C (2)	P (3)	A (4)	M (5)
Seek support services (n=140)	2	40,7	40	6,4	9,3	3,6
Sharing situation ( <i>informal support</i> ) (n=142)	3	12	34,5	8,5	27,5	17,6
Presenting report ( <i>if new occurrence</i> ) (n=144)	4	5,6	34,7	6,9	36,8	16
Cooperating with criminal investigation (n=141)	3	5	40,4	15,6	26,2	12,8
Ending relation (n=124)	3	12,9	27,4	16,9	29	13,7

In the investigation phase, the position of victims seems to be for all strategies in phases of change less advanced than the one found in the initial contact, however, using paired samples, the differences found are not statistically significant ( $\alpha = 0,05$ )<sup>43</sup>.

<sup>41</sup> Cases that were reported do GNR or PSP within a range of two months of observation (from 5<sup>th</sup> of November of 2009 until 5<sup>th</sup> of January of 2010, which were followed up until 5 of March 2010).

<sup>42</sup> Median.

<sup>43</sup> Wilcoxon Signed Ranks Test

On the other hand, it can also be said that, in terms of the degree of importance assigned to each strategy, when compared with responses in the initial contact with those at the criminal investigation contact, there were significant differences in all strategies (except to present a report), the importance levels attributed in the initial contact were higher than those allocated in the criminal investigation contact (E1:  $Z_W = -2.5$ ;  $p = 0.011$ ; E2:  $Z_W = -2$ ;  $p = 0.042$ ; E4:  $Z_W = -1.97$ ;  $p = 0.049$ ; e E5:  $Z_W = -2.02$ ;  $p = 0.043$ )<sup>44</sup>.

In terms of self-efficacy levels, significant differences were found between the initial contact and the criminal investigation contact in three strategies: Seek support services ( $Z_W = -2.3$ ,  $p = 0.02$ ), Cooperate in the criminal investigation ( $Z_W = -2.3$ ;  $p = 0.02$ ) and ending relation ( $Z_W = -2.5$ ,  $p = 0.011$ ). For these three strategies, victims felt more self-efficacious about their adoption/maintenance at first contact than at second contact with the police.

Thus the results pointed out to an apparent regression on motivational level for change between 1<sup>st</sup> and 2<sup>nd</sup> contact with police (with levels of importance and self-efficacy higher at first contact).

Further, it was found that higher levels of victim motivation for the adoption of safety promotion strategies were correlated with higher levels of collaboration in criminal investigations, and these, in turn, were associated with a prosecution outcome for the criminal investigation phase.

Data on the results of the criminal investigations for the year 2009 in the then district of Lisbon were also analyzed, and revealed a prosecution rate for the cases of domestic violence of 8.9%, about half of the prosecution rate registered there for the generality of crimes against people (18.1%). Data suggested that the majority of cases were filed due to lack of evidence.

Additionally, it should be mentioned that the main expectations of the victims towards the police intervention were related with: Make aggressor stop/reduce violence” (73%), “Provide information on rights” (68%) and “Help on safety planning” (64%)<sup>45</sup>. Only 39% of victims at the first contact, and 24% at the latter contact with police, expected the arrest of the offender.

## Discussion:

This investigation observed the existence of some indicators in terms of the decrease of motivation levels of the victims for the adoption of safety-promoting strategies, between the initial contact with the police (when reporting the occurrence) and the latter contact (during the criminal investigation), confirming the particular importance of promoting regular monitoring of victims by specialized professionals throughout the criminal process, in order to maintain / promote levels of motivation and collaboration.

As shown in the literature, the attrition rate is lower when victims are supported by civil workers or counseling professionals; some authors have pointed out that in these cases the rate of attrition is only 10% (Halt, 2004; Hester and Westmarland, 2005; both cit. by Harne and Redford, 2008), while in areas where this type of support is not available, it is around 44% (HMCPSP<sup>46</sup>, 2004, cit. by Harne & Redford, 2008).

<sup>44</sup> E1= Seek support services; E2= Sharing situation; E4= Cooperating with criminal investigation and E5= Ending relation.

<sup>45</sup> Proportions indicated for the first contact. For the second contact the values were: 61%, 63% and 53%, respectively.

<sup>46</sup> Her Majesty's Crown Prosecution Service Inspectorate.

It should be noted, however, that the attrition rate is not necessarily negative itself; if a particular case "leaves" the criminal justice system, but the situation has been settled by another route and the victim is safe, it is not negative; only when the situation is not "solved" and the victims remains in danger (which will happen many times).

Recent data from Portugal, and at a national level<sup>47</sup>, provided by the General Secretariat of the Ministry of Internal Affairs (SGMAI) (2017), indicate that for a sample of 45467 cases (from the years 2012 to 2016), 78% were filed, 17% were charged (prosecuted) and 5% were suspended (provisional suspension). In terms of reasons for the processes to be filed, about 75% were due lack of evidence (proof). In terms of final decisions (courts), between the ones that went to court, 42% resulted in absolution and 58% in conviction (sample of 6003 cases from the years 2012 and 2016) (SGMAI, 2017).

Little or nothing is known about the thousands of cases that drop out every year from the criminal justice system, and it should be a major concern under the National Network for Supporting Victims of Domestic Violence. More studies are needed in order to compare attrition rate in domestic violence with others crimes against persons, and it would be important to provide such data through a longitudinal approach that allows the analysis of possible trends/variations through the years.

As mentioned by Burke et al. (2009) the conceptualization of change in the case of intimate partner violence through this model is not a simple and immediate task and further studies are needed. Although some challenges might emerge from the current state of art, namely "Matching" the safety plan with motivational training (taking into account the level of risk); risk (re)assessment "weightened" with stages of change and the need of a multi-agency approach for the management of, at least, high risk cases systematic implemented all over the country.

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**Theme:** Research and Intervention Methods

**Title:** Transitional Journeys of Domestic Violence and Abuse

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Drawing upon doctoral-level research, this extended abstract outlines how an arts-based methodology can be used to enable women to express visually how they imagine themselves moving away from domestic violence and abuse towards a better future. Within the field, research methods employed to investigate domestic violence and abuse include a range of methods that emphasise enabling women to tell their stories in authentic ways. Arts-based research is not a well-documented methodology within the study of domestic violence; it is argued here that such a methodology provides access to embodied and situated knowledge that is usually hidden. The research was conducted within the East Midlands region of the UK, in conjunction with an organisation affiliated with Women's Aid UK. The participants were all women who had either left a violent relationship or were being supported to do so. During weekly meetings, over twelve weeks, participants created visual representations of how they were responding to experiences of domestic violence in the present and how they imagined their futures to be. The visual representations were combined with spoken words to create complete stories that incorporate the past, the present and the future. In total eight women were able to participate fully in a way that meant they were able to present complete stories. The stories created have been termed *transitional stories of domestic violence* and show that the home has significance for women as they transition away from domestic violence. The home becomes a metaphorical and physical manifestation of hopes and fears for the future that often incorporates the desire for the return of a complete family. The stories show that relationships with family, friends and services can be both enablers of agency and barriers to good transitional journeys. The findings show that attention needs to be placed upon the appearance of agency within the everyday tasks of creating and maintaining a home and relationships as women move away from domestic violence. The findings also point to the need for services to work harder on empowering women not only by listening to stories told about the past but also to stories told about the future. Evaluation of the methodology shows it to be capable of enabling women to have their experiences witnessed in ways that complement the spoken word.

Two key points to emerge from the research that are focused upon in this extended abstract are:

1. The way in which women make sense of their experiences of domestic violence and imagine their futures is strongly related to the physicality of domestic and natural spaces.
2. Imagination provides access to embodied and metaphorical knowledge.

Building upon earlier arts-based research with refugees and asylum seeker that I had been involved in, the aim of the research was to develop and evaluate a methodology that employed the arts as a means of documenting and representing women's experiences of domestic violence and abuse. The methodology joined

together arts-based methods and feminist-standpoint theory, with the concept of situated and embodied imagination being the common ground between them. In terms of the enacting of these ideas within the collection of data, the main artforms were collage and the use of basic art materials such as pastels and felt-tip pens. Such mediums provided accessibility for participants. In addition to a pilot-group, three separate on-going groups were facilitated. Participants in those groups met together once a week over a twelve-week period. Not all participants attended all meetings or were able to complete a fully coherent story that they were able to reflect upon. As such, eight complete stories were produced. The methodology was designed to allow participants to make good use of their imagination. It allowed participants to focus upon their imagined futures as well as their remembered past and lived present.

The stories women created I have termed *transitional stories of domestic violence*. The research shows that the home has special significance for women as they transition away from domestic violence and plan for their future. The home, and how women interact with it, becomes both a metaphorical and a physical manifestation and container for women's hopes and fears for a harmonious future that often incorporates the desire for the return to the idea of a complete family. The stories also show that relationships with family, friends and services are shown to be both enablers of women's agency and resistance whilst acting as barriers to women's positive transitional journeys. As well as contributing to a renewed sense of self and agency, thoughts about home and relationships contribute to women's sense of belonging and to their revised sense of self. Transitional stories of domestic violence are also stories that move back and forth in time. As philosopher Susan Brison has written '*It is only by remembering and narrating the past . . . that we can participate in an ongoing active construction of liberation . . . that forms a background from which a freely imagined . . . future can emerge*' (Brison, 2002, p.99).

The images presented below are just a sample of the many produced. Figure 1, made by Emma (all names are pseudonyms), shows her recollection of that point where she first began to recognise the reality of domestic violence and was able to start to consider a way out – thus the figure placed between dark and light.



Figure 1: Emma: Movement in time

Figure 1, made by Emma (all names are pseudonyms), shows her recollection of that point where she first began to recognise the reality of domestic violence and was able to start to consider a way out – thus the figure placed between dark and light. The song lyrics that are visible in the background are by Elton John (John and Taupin, 1989). They played a significant role in Emma's journey away from domestic violence – giving her hope and resilience in the past and the present and pointing to a better future for herself. This image can be read as indicative of the themes of escape and agency. The use of these song lyrics that resonated at different points in her story show how stories can move back and forth in time.

Figure 2, made by Margaret, shows her idea of the domestic space in the future, which expresses ideas about independence and freedom as expressed through the making of a home as a space for family on their terms. It is illustrative of the themes of engagement with the physical environment as an act of agency and a desire for harmony.

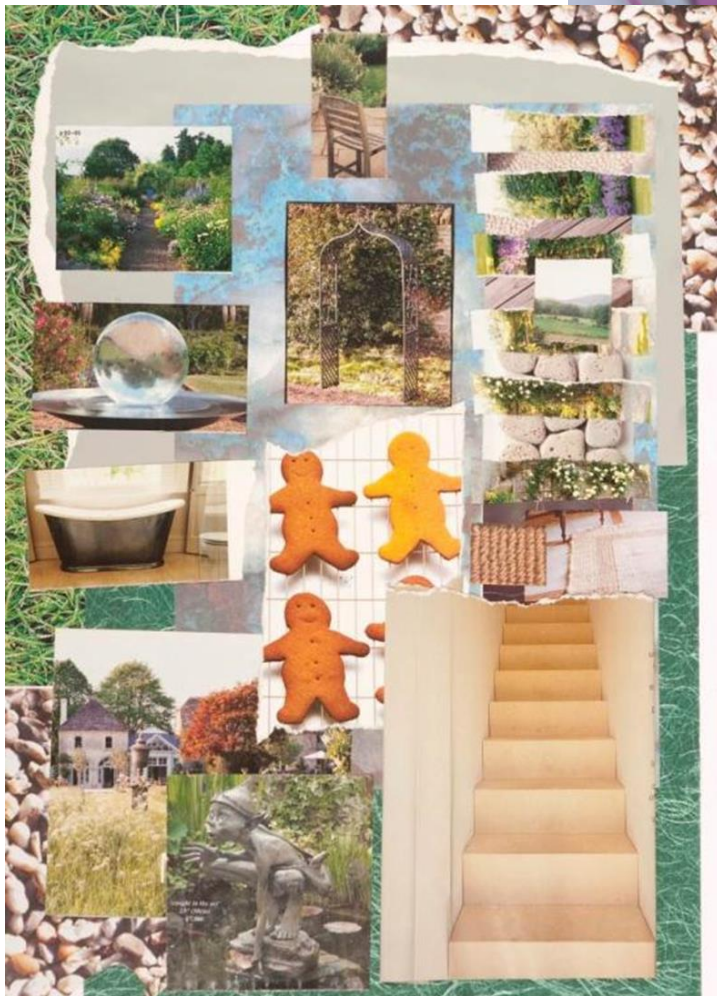


Figure 3: Jane; creativity and harmony

ation of a new home

In a similar way figure 3, made by Jane, shows agency through creativity. In this instance being art, decoration and engagement with the natural environment. Nature (in this case the domestic garden) appears as a metaphor of freedom, escape and harmony. Engagement with the natural environment, via the domestic garden for example, or going for walks in the countryside, can be taken as signs of women acting autonomously and taking ownership of physical spaces. Doing so countered their experience of domestic violence and abuse that removed autonomy.

The following three images are an attempt to bring together both words and images to create single elements that encapsulate the essence of what a transitional journey entails.



Figure 4, made by Jane, shows her escape from an extended family. It indicated how she was now able to decide upon her own choice of decoration and own choice of food. This image illustrates how agency is expressed through domestic acts of decoration and cooking. The themes of relationships and agency are strongest in this image.



Figure 4: Jane; saying goodbye



Figure 5: Carol; welcome home  
women's agency.

Figure 5, created by Carol, show the idea of becoming a family and becoming safe. Strategies for doing this are about creating domestic spaces and work upon the self (via: positive steps to change relationships by taking control of them, personal or group therapy, and taking part in projects such as this.) The image illustrates how physical and emotional management work together. The image can be seen as indicative of the theme of the home as a container for harmonious relationships and

Figure 6 joins together an image made by one women with the words of another. In talking generally about how she was working on creating a different kind of home and set of relationships, Jane stated that “*I couldn't move forward if I didn't look back*”. The power and significance of Jane's words is that spatial (“*move forward*”) and visual (“*look back*”) metaphors come together in thoughts about the management of the self through time. This statement encapsulates the coming together of ideas about the management of memory and the management of the self through time. On the one hand, reference is being made to the physical elements of moving forwards in time, which can be taken as being representative of how the future was aligned so strongly to the physicality of home and place within many of the stories women constructed about their imagined futures. On the other hand, the reference to looking backwards hints at the psychologically internal process of reviewing the past; a process that Jane suggests is essential to the making of a life in the future. Jane's words about looking

at the past in order to move forwards illustrates the interconnection between points in time within women's autobiographical stories of their transition away from domestic violence.



Figure 6: I couldn't move forwards . . .

To conclude, the research shows that the home has special significance for women as they transition away from domestic violence and plan for their future. The home becomes a physical manifestation and container for women's hopes and fears for a harmonious future. Relationships with family, friends and services are shown to be both enablers of women's agency and resistance. Those same relationships can also act as barriers to women's positive transitional journeys. An arts-based methodology is a valid form of enabling women to have the embodied subjectivity of their experiences and imagination witnessed in a way that complements the written and spoken word, whilst better allowing the physical and metaphorical quality of their stories to come to the foreground.

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# The State and Social Policy

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**Theme:** The State and Social Policy

**Title:** Norwegian measures to combat forced marriage and female genital mutilation – a holistic approach

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## **Violence in close relationships:**

The Norwegian government's view is clear. Violence against women and domestic violence is unacceptable. It must be prevented, combated and alleviated through measures to help and protect the victims and through treatment and prosecution of the perpetrators.

Norway ratified the The Council of Europe Convention on preventing and combating violence against women and domestic violence in July 2017. The Convention entered into force, as regards Norway, on 1 November 2017. The ratification of the Convention is an important signal from the Norwegian government that this work will be given high priority.

The convention will be an important platform for the further work of the Norwegian government to combat violence against women and domestic violence in years to come. With the EEA grant it is a priority for the Norwegian Ministry of Justice and Public Security to support countries that wish to prepare for implementation of the Convention.

## **Terms and understanding:**

In Norway we are using the term “violence in close relationships” to describe many different forms of violence; intimate partner violence, forced marriages, female genital mutilation (FGM) and other honour related crime, violence against elderly (people) and sexual and physical abuse of children. These forms of violence have common characteristics – the victims are mainly women and children and the violence is perpetrated by a person or persons known to the victim.

## **Action plans and strategies:**

A White Paper on violence against women and domestic violence was presented in March 2013. The White paper was followed by a new national action plan for the period 2014-2017. The White Paper and the action plan emphasizes the need to see the work against such violence in an integrated, cross-sectorial perspective.

In order to work most effectively with the various forms of violence separate plans and strategies for each form of violence have been developed. These plans/strategies and initiatives are mutually supplementary and are intended to ensure a coherent approach to combating violence in close relationships;

- Action Plan to prevent and combat intimate partner violence (2014 – 2017)
- Action Plan against negative social control, forced marriages and female genital mutilation (2017-2020)
- Action Plan to prevent and combat human trafficking (2017)
- Strategy against physical and sexual violence against children (2014-2017)
- Escalation plan on violence and abuse (2017-2021)
- Action plan on UN Security Council Resolution 1325
- Action plan to prevent and combat rape – in process (2018)

**Action plans as a tool to:**

- Translate political will into practical and appropriate action.
- Put violence against women and domestic violence on the agenda.
- As a tool for crossministerial coordination.
- Clarify the responsibility of the ministries/agencies/services.
- Generate funding.

**Coordinating mechanism:**

The responsibility for coordinating the Norwegian Government's efforts to combat intimate partner violence, rape, forced marriages and female genital mutilation lies with the Ministry of Justice and Public Security. The Ministry of Children and Equality is responsible for the action plans concerning children and youth.

Cross-ministerial working groups led by the Ministry of Justice and Public Security and The Ministry of Children and Equality has been set up. These groups consists of civil servants from the Ministries of Health, Education, Foreign Affairs, Labour, Children- and Equality, Local Government and Regional Development and the Ministry of Justice and Public Security.

**Mandate for the cross-ministerial groups:**

- Ensure implementation of measures in the national action plans and the Istanbul Convention.
- Publish reports on the progress of the implementation of activities ([www.regjeringen.no](http://www.regjeringen.no))

- Coordinate the activities of different stakeholders and levels of government implementing the plan.
- Propose further efforts to combat and prevent violence in close relationships

### **Implementation strategies – experiences with national and transnational coordination and cooperation.**

By Solfrid Lien, Directorate for Integration and Diversity (IMDi)

#### **20 years with action plans:**

In 1998 the Norwegian Government launched its first Action Plan against Forced Marriage, and in 2000 an Action Plan against Female Genital Mutilation. These were both followed-up by Plans of Measures against FGM and FM, in 2001 and 2002 respectively. In this first phase the emphasis was on support to Non-Governmental Organisations (NGOs) for establishing services such as shelter and protection. Also, important work was done on the legal framework, with changes to the Penal Code. FGM was made illegal already in 1995, but legislation on forced marriage was in place in 2003.

From 2008 there was a major shift, with the Government taking a greater role. Four year plans, along with fresh funds, focused on prevention strategies and research. While still collaborating with civil society organisations, government agencies were now spearheading the efforts. In 2012 a joint one-year plan was put in place to combat FM and FGM, leading up a four-year joint plan in 2013. From now efforts were also targeting “severe restrictions of young people’s freedom”. Experience and research had shown the need to take more of a process perspective including wider issues than “just” forced marriage or FGM. Related issues, that could be signals of a future forced marriage, or that in themselves deeply problematic and often a violation of rights of those affected, gained more attention. This I will come back to.

Finally, in 2017 another four-year plan was launched, building on the previous efforts new and research findings. “Severe restrictions of young people’s freedom” was re-framed as “negative social control”, and these forms of violence were more explicitly established as violence in close relationships (domestic violence). Finally, the ongoing process since 2008, of mainstreaming measures against negative social control, forced marriage and FGM into the ordinary public services, in professional education and training programmes, and research programmes on domestic violence was further strengthened.

#### **A broad based approach:**

Since 2008 documentation of the various implementation strategies has been a key priority. In addition to regular reporting, a wide range of topical research projects have been funded by different sectors and agencies, in addition to follow-research from 2008-2016. All-together, this has resulted in the production of an extensive knowledge-base, guiding the ongoing fine-tuning and development of measures. In brief, we have gained a



better understanding of the “what, who and how” – about the phenomena, who is affected, and how to address the identified issues. Key points can be summarised as:

- From working against 'just' forced marriage to addressing issues of authoritarian up-bringing, negative social control, forced re-location for those breaking with their family, domestic violence, gender equality and human rights.
- From a victim approach to increasingly seeing young people as active agents subject to difficult cross pressures.
- From a focus on honour and culture, to also addressing broader issues of migration, transnational family life and living conditions in the new home country. E.g. socio-economic factors such as poverty, trauma and psychological stress as sources of family conflict and control.

These analytical and conceptual developments have been shaping the *measures*, influenced who we identify as *target groups*, which *agencies* need to be involved, and the *geographical scope*. In the following I will give a brief overview of the trends and development in each of these aspects.

### Measures

The ongoing production of new knowledge has over the years translated into new policies and measures. Generally speaking, we can say that for the last decade preventative strategies has been at the centre of government measures. Not at the cost of, but in addition to, services assisting those in an acute situation. Key points:

- From acute emergency help to increased focus on early intervention.
- From 'break or stay' with the family to supplementary solutions such as dialogue and mediation.
- From little to greater focus on mental health follow-up after a breakdown of family relations, both for the individual and the family.
- Pilot measures strengthening ordinary services: 30 Minority Councillors in schools, four Integration Councillors at embassies.
- Support to NGOs for prevention and awareness raising projects at grass roots level.

### Target groups:

More nuanced perceptions of who is actually the target group has emerged over time. Recognising the role of the extended family and social networks of those affected by negative social control, forced marriage and FGM has been an important part of this. Also, with increasing experience of providing assistance and engaging with the communities of those affected, different profiles of vulnerability has emerged. Key points:

- From a focus on the individual to a focus on the family.

- From a focus on girls to also including other vulnerable groups (boys, parents, gay people, transsexual people, people with mental disabilities).
- From a focus on youth and adults to younger children, and practices of parenting.
- Including diaspora groups and leaders.
- Including members of religious sects with majority background. This group is explicitly included as part of the target group for the first time in 2017.

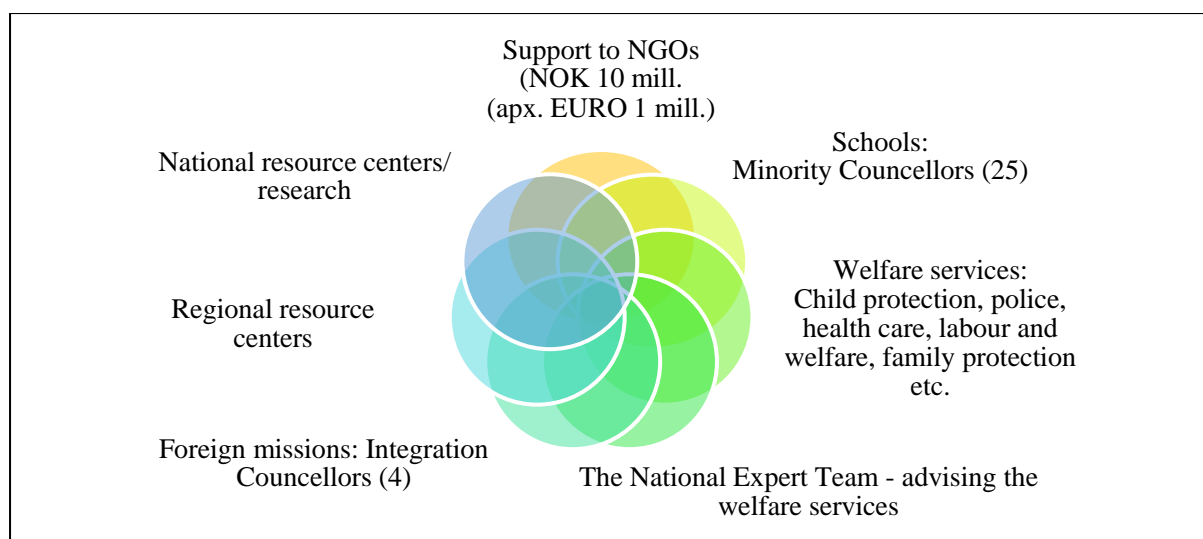
#### Agencies involved:

When the first action plan came in 1998, it was perceived as an extra-ordinary challenge, demanding measures outside of the ordinary support system. This partly due to an acknowledgement of forced marriage and FMG as phenomena needing special competencies in order to give proper assistance, along with an awareness that these competencies were to a large extent lacking in the ordinary services. Some would argue it was also partly due to the government failing to take these problems seriously, therefore not mobilising the resources needed to properly address these issues. However, by 2008 there was a major shift in government policy, also more firmly framing these forms of violence under the larger umbrella of violence in close relations. Key points:

- From special to mainstream.
- From NGO to public agency-based approach.
- From separate and independent projects, to more exchange of knowledge and cooperation across agencies.

#### Geographical scope:

Having moved from a set of more fragmented measures, today we can speak of “a chain of services” as being at the heart of the broad based approach, developed by the Norwegian government action plans over the last two decades. This chain of services consists of a number of different measures at local, national and transnational levels. These can be seen as complimentary, as they are supporting and informing each other as they evolve over time. This can be exemplified by the following model, which is by no means exhaustive in terms of agencies, but serves as a useful illustration.



### Priority areas in the current plan:

The current plan, “The Right to Decide about One’s Own Life. An Action Plan to Combat Forced Marriage and Female Genital Mutilation 2017-2020”<sup>48</sup> was launched on 8. March 2017. It has five priority areas, and altogether 28 measures, of which I will only mention a few:

#### 1. Strengthening legal protection.

This involves evaluating and updating the current legislation on forced marriage. For example, the current legislation does not include non-judicial (religious, informal) marriages, leaving those forcibly married to someone through a non-judicial procedure or ceremony unprotected by law. Also, an annulment of a marriage recognised as a forced marriage, has to take place within 6 months. Expanding this timeframe will be looked into as many who are forcibly married will need more time to seek help and be prepared to take the steps to leave and have such a marriage annulled.

#### 2. Strengthening assistance to people who break with their family and network.

Those who break with family and network are vulnerable, needing support in order not to return to the family or the situation from which they fled in the first place. Being in a situation where they have to start all over again is both lonely and difficult. A mentoring measure will be developed to address this gap in the current chain of services. The next presentation will elaborate on the content of this measure.

#### 3. Changing attitudes and practices in the relevant communities.

<sup>48</sup> <https://www.regjeringen.no/en/dokumenter/the-right-to-decide-over-ones-own-life--an-action-plan-to-combat-negative-social-control-forced-marriage-and-female-genital-mutilation-2017-2020/id2542163/>

Working with the affected communities is important to enable change in attitudes and practices, and local civil society organizations are considered well placed to implement projects and campaigns at the grass roots level. Many of these are diaspora organizations. Prioritized initiatives are Training of Trainers who can be change agents in their community, various campaigns on social media and other platforms, and projects to support parents in their role as care takers.

4. Enhancing knowledge in the support services.

Raising competencies in the support services has been ongoing for at least a decade. While research findings indicate increased knowledge among staff in key support services, there is still a long way to go before this is mainstreamed into the various professional education and training curricula. Prioritized services in the current plan are police, family protection services, schools, and Norwegian foreign missions. I will elaborate on measures in the latter two under point 4, below.

5. Strengthening research and increase knowledge sharing.

Sharing of experiences and knowledge needs to continue, and in a more systemized manner. With regards to research there is an important step taken towards mainstreaming studies on negative social control, forced marriage and FGM, by channeling research funds on these topics into the five-year Research Programme on Domestic Violence (The Violence Programme). Interdisciplinary cooperation on major projects is encouraged.

**Key national and transnational measures:**

Minority Councillors in schools

In 2008 a pilot measure was implemented in selected schools around the country, in order to strengthen prevention and support to pupils threatened with, or experiencing, forced marriage. 30 new positions were created, called Minority Councillors, with upper secondary schools as their work place. Negative social control and FGM has since been included in their mandate, which is to:

- ✓ Give individual advice and assistance
- ✓ Run groups for empowerment and awareness raising
- ✓ Dialogue with parents
- ✓ Build competencies among staff in schools and other services
- ✓ Cooperate with other services, including NGOs.

The measure has been part of the real-time evaluation, as well as a separate research project, and key findings are:

- Minority Councillors offer a low threshold service to affected pupils, allowing for early intervention and prevention of serious conflicts with the family.
- With a specific mandate the Minority Councillors are more available than the ordinary councillors in schools. This creates space to build trust with the pupils who approach them.
- *'Our remit is to work against honour-related violence – but there are many hungry children out there..'* This is a quote from one of the Minority Councillors, illustrating a dilemma they often face, of assisting pupils in situations that fall both within and outside the mandate

In order not to become “the only one” in school that follow-up and assist pupils exposed to negative social control, forced marriage and FGM, mainstreaming knowledge and competence is a priority for the next four years.

### Integration Councillors in foreign missions

In 2008 a pilot measure of Integration Councillors was implemented in selected Norwegian embassies. Today they are posted to the embassies in Amman, Ankara, Nairobi and Islamabad. Their mandate is to:

- ✓ Give individual advice and assistance.
- ✓ Develop routines for disclosing and handling cases at the embassies.
- ✓ Give advice to support services in Norway.
- ✓ Establish local networks.
- ✓ Build competencies among staff in the Norwegian services.

The measure has been part of the real-time evaluation, as well as a separate research project, and key findings are:

- Most forced marriages take place abroad. Either while on holiday with the family, or the youth is left behind to get married after a visit.
- The Integration Councillors handle many serious cases, including abductions, restrictions of freedom, violence, abuse, threats of murder.
- Assisting the youth back to Norway is difficult, but in some cases possible.
- Most cases are known to the help services in Norway. Prevention efforts in Norway have to be further strengthened in order to prevent people being left abroad where assistance is complicated and difficult, and in some cases dangerous and impossible.

### **1. How the expert team for the prevention of forced marriage and female genital mutilation work to supervise social workers, health workers and others, and raise awareness of, and knowledge on, honor-based violence**

By Elisabeth Grøtteland, Norwegian Directorate for Children, Youth and Family Affairs

The expert team is involved in about 600 cases every year. In 2016 23% of the inquiries that the team received, was regarding people fearing forced marriage and 21% had already been forced to marry. 26% of the inquiries was regarding violence and honor-based threats and 6% regarding FGM. 79% was girls and 16% were boys. 60% were over 18 years and 40% were under 18 years.

The Expert teams core tasks is to provide advice and guidance to the front-line services in individual cases. They help to improve better coordination between the services and make sure individuals receive necessary follow-up from the front-line services. In Norway we have a website called ung.no. It is the governments official site for the young population and has about a million visitors every month. 200 experts answer questions about all sorts of thing, including forced marriage, female genital mutilation and honor-based violence.

The Expert team are responsible for competence and capacity building, both out to the front -line services and by lifting up their experiences to decision-makers. They make a yearly report where they analyze their experiences, they makes digital guides, they take part in conferences and workshops around the country, and they use the media as a way to reach out. But evaluation done by the institute for Social Research makes it clear that forced marriage, honor-based violence and female genital mutilation is a complex field and that it is necessary that the Expert team are hands on these cases.

That is why the team is given responsibility for the coordination between the help services in Norway where exposed youths are abroad. We collaborate with the Ministry of foreign affairs and the embassies. And we have a refund scheme so it is possible to help the young adults to get a ticket back home.

Normally these cases are very complex, they are demanding and the work that is being done to help the young adults back home are often high-risk operations. Sometimes we simply can't help them because they are located in an area that is too dangerous. That's why we had a campaign in Norway this summer where the message was "If you are afraid what will happen on holiday, seek help and don't go!"

### **Measures developed to prevent acts of violence and assist exposed youth:**

In Norway it was non-governmental organizations who started offering help and housing to young adults that needed to break contact with their family because of forced marriage or honor-based violence. An evaluation done by the institute for Social research in 2008, showed that instead of building competence, services and help to receive and follow up these young adults in particular, the municipalities was leaning on the organizations measures. The evaluation made it clear that services to this group, was also a public responsibility, and should be a part of the public welfare system that we have in Norway. Shelters represent an important emergency service to the victims, but the same evaluation showed that some of the young adults that have escaped from forced marriage, honor-based violence or threats, needed more than a shelter can offer.

Based on this the national housing and support service was established with 22 places at secret address with security measures in together 5 municipalities in Norway. The service is for young women, men, couples and single with children. Non-governmental organizations are still very important and they refer potential users

to us. They are also responsible for given the exposed youth support after moving out of the housing. When the expert team consider to place a person in the housing and support service, they ask the police for a risk assessment that tells whether the person needs to stay at a secret address with security measures, and which one of the municipalities that are the safest for that person. When that decision is made, it is the municipality's responsibility to give the young adult the follow-up and treatment that they need. The Police are also responsible that the housing has adequate security. The Norwegian Directorate for Children, youth and family Affairs have the overall responsibility.

In 2015 the institute for Social research made a study for us, where they looked at the professional approach in the national housing and support service. The study showed that the young adult that breaks out of forced marriage and honor-based violence have several needs. They need to feel safe and secure, they need psycho-social and health treatment. they need financial assistance, they need work and education guidance, and they need help to orientate between the different services. Loneliness and lack of support network make them extremely vulnerable and moving from the housing and support service means another relational break and is demanding for the exposed youth. The study recommended good access to the various services in the municipality. Good cooperation and coordination between the services is also very important. It recommended an early involvement of non-governmental support and it also recommended a flexible follow-up by the social workers after moving out of the national housing and support service. Based on the study, we made a professional routine for the municipalities that are hosting the 22 places in the national housing and support service. We demanded that every youth that are offered a safe and secure place, should get early access to every relevant welfare service. They need access to a job or education program and they need to establish a social network. A professional network is not enough if you break off all contact with your family, and the study made it clear that non-governmental organizations are not only important before or after living in the housing and support service, but also during the stay. We also said that the moving out and follow up can be flexible up to a certain level. This means that the young adults can be followed up by social workers until other services and networks are established.

Even how good routines we have or even how good the services and organizations work to offer the young adults a new and safe start, we see that almost everybody seeks their family again. We therefore ordered a new study that was going to look at dilemmas in the intersection between family-work and security-work when young adults are subjected to honor-based violence. KUN, that made the study for us in 2016 found that the young adults put them self in big danger, but strict rules in the safe housing is not a solution. That would just make it feel like the same prison they have escaped from. KUN made it clear that Security-work and family-work are not opposites but have the same goal: To help the young adult to make good and safe choices about their own lives. The study recommended to further develop the cooperation between the national housing and support service, the family counselling service and the police and that has now become a new measure in our new action plan. In this measure we are particularly going to look at a very exciting collaborative project between one Police station and one Family counselling service in Norway. When a young adult break with their family because of forced marriage or honor-based violence, they seek the family together and try to mediate.

The last year a new generation of young people from immigrant backgrounds are now making their voices heard and are fighting for their rights in the Norwegian society. They challenge their own families and the communities that are trying to deny them their rights. These young people have asked for a mentoring-scheme, that the Norwegian Directorate for Children, youth and family Affairs have been tasked to develop. This will be done in cooperation with non-governmental organizations at the field and is going to be based on experiences of aftercare for people in the national housing and support service. The scheme is intended to provide victims with help and support for an independent existence.



# Victim Support Professional

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**Theme:** Victim Support Professionals

**Title:** Quality in Shelters

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Intimate partner violence is a social problem in Sweden as worldwide. Shelters provide support and protection to mainly battered women and their children. The Swedish National Board of Health and Welfare have 2016 conducted a national survey of shelters for persons who have been victims of domestic violence. An electronic survey was sent out to all 157 known shelters in the country. The purpose was to investigate the quality of the services provided by the shelters. In this short paper we are going to present some of the results of the survey.

First, The Board of Health and Welfare's definition of a shelters is: "accommodation facilities that provide places around-the-clock for people who need measures in the form of protection against threats, violence or other abuse, as well as other relevant measures." There are about 157 shelters in the country which met the criteria for this study and our definition of shelters. 100 of them replied to the questionnaire. That gives a response rate of 64 percent.

Most of the shelters are non-profit-making, 85%. About 7 % are municipal and 8 % are private, i.e. companies. The questions in the survey were based on the indicators developed in 2012-2013.

The common factor for the indicators is that they contribute to good care and nursing in the social services' activities. This means that the services performed comply with the relevant laws, regulations and rules and that they:

- are safe and secure, and show legal certainty in the exercise of authority
- are accessible
- are based on respect for people's right to independence and integrity
- are knowledge-based
- originate from a holistic approach, are coordinated and characterised by continuity

The indicators are general and apply to all types of shelters, including those aimed at specific target groups, such as abused people with drug abuse problems, abused people with physical or mental disabilities, abused people with a foreign background or abused men. The indicators can be used in organisations with different types of operation: public, non-profit and private. In total there are 35 indicators.

### **Results from the study:**

Results from the survey show that shelters offer a variety of support which along with providing safe housing provides an opportunity to help women getting out of a violent relationship.

Access to shelters is lower than the demand, and a large percentage of shelters are forced to reject new persons seeking protection because lack of rooms. During the period May 2015 – April 2016 approximately 3300 adults and about as many accompanying children were living at the shelters.

Teenage boys have less protection than girls when teenage boys often cannot stay in the shelter with parents and siblings. Few shelters conduct security planning when someone is moving out.

There is low staffing at the shelters that are managed by non-profit organisations during evenings, nights and weekends.

### **The shelters:**

Most shelters are small. 52% have 1-4 places for adults. Accompanying children are not counted. There are only 4 shelters (3%) that have 20 places or more. The largest has 26 places. Three of these four are municipal and one is privately run.

The size of the shelter is related to its type of operation. Non-profit shelters have an average of 5 places, municipal shelters 11 and private shelters 9 places. Non-profit shelters on average are smaller than municipal and private shelters.

### **Different target groups:**

The shelters receive women, men and accompanying children. All shelters admit women. A slightly smaller proportion, 95%, admit accompanying children, and 16% admit abused men.

Municipal shelters have the highest level of receiving women who are drug abusers (43%). Men who are admitted at shelters are not generally placed in the collective shelter with women, but in external apartments that are part of the shelter.

### **Un- manned shelters:**

The Swedish Board of Health and Welfare and other actors consider it to be important that there are employed staff who can provide advice, support and personal assistance to individuals. Staff can also be responsible for ensuring that there are safety procedures and that they are maintained. The fact that staff are employed generally leads to a greater degree of continuity than if the shelter is staffed with volunteers.

The shelters are manned to 90 percent per average during day-time Monday – Friday, in the evenings less and in the night time only a third are manned by hired staff.

There are differences between municipal and private shelters and non-profit shelters. There are more municipal and private shelters that are manned around the clock (100 percent). 82 percent of non- profit shelters

have staff during daytime, Monday- Friday. The differences are particularly noticeable at night-time, both weekdays and weekends.

This difference is probably because there are more non-profit shelters that are small. In the smaller shelters it may be difficult to finance employed staff, in particular during evenings, nights and weekends. Non-profit shelters have a tradition of working with volunteers. The basis for non-profit women's shelters and other shelters is people working voluntarily.

The national Board for Health and Welfare find it not satisfactory that the shelters are unmanned to such an extent, especially because of the children, often traumatized and in need of support at even evening and night time.

***Most shelters have physical safety protection:***

Almost all shelters stated that they have some form of physical protection. Secret address is the most common form of physical protection, followed by security doors. It is also clear that there are large variations in the sort of protection between the different types of operation. Of private shelters, 100% have a secret address, and only 53% of the municipal shelters have secret address. Of municipal shelters, 68% have a security door compared with 22% of the private shelters. Panic alarms and security passages are most common in municipal shelters. Video surveillance is most common in private shelters.

**Accessible:**

During day- time at weekends about 70 percent of the shelters can admit persons in need of shelter. On the other hand, fewer than half of the shelters can admit persons at night. Of the different modes of operation, it is mainly municipal and private shelters that can admit abused persons any time during day and night.

**Limited access for children:**

Only 9 % of the shelters had an age limit for girls, and it was always 18 years. Though 47 % of the shelters had an age limit for boys, and it ranged between 12 and 18 years. Teenage boys are often placed out of the common shelter, in apartments connected to the shelter etc. Boys that cannot stay with their mother and siblings at the shelter are forced to stay with the perpetrator or with relatives or friends or living on their own. This gives a lower protection for the boys as well as the mother and siblings.

**Staff's competence:**

According to the quality paragraph in the Social Services Act, staff who carry out tasks within the social services must have appropriate training and experience. The Swedish Board of Health and Welfare's regulations and general advice describe in more detail what competence staff should have in order to provide support and assistance to victims of violence. This includes knowledge of violence and other abuse by or towards close family members, and the ability to translate knowledge into practical work.

### **Level of education for managers and staff:**

The educational level and professional experience of the director and staff at shelters differed. 61 % of all managers have a bachelor's degree or have taken courses at college or university. The most common is a degree in social work. Other degrees or programmes are behavioural scientist, psychotherapist, teacher and nurse. 52 % of the other staff hold a university degree. Here, also, it is a degree in social work that is most common.

There are, however, differences between the modes of operation: 100% of the municipal managers have university degrees, 55% of the non-profit driven shelters and 74% of the private. Of those who reported what education managers have, the most common answer is social worker. About 24 % of all managers and 33% of all staff have a high school education. Non- profit shelters have lower education levels. This is compensated to some extent by the fact that the national federations of shelters offer short introduction courses to volunteers and employees in shelters.

### **Post script:**

A commission of inquiry was set up by the Government to suggest efforts to strengthen the rights for children living in a shelter for abused persons. The commissioner delivered a report in January 2018, "*A Window of Opportunity*" (SOU 2017:112). The conclusions and main suggestions to the government are:

- The children in need of shelters need to be placed in their own capacity. At present the children are seen as accompanying to the parent, only. This means that they don't have the right to the support and treatment they are in need of e.g. healthcare, schooling, PTSD treatment, counselling, etc.
- Shelters will be a new specific form of placement apart from foster home care, and institutional care, for adults and children.
- The shelters will be regulated and defined in the Social Services Regulation (Socialtjänstförordningen).
- Private actors (NGO: s, companies, associations etc.) will need the authorisation from the Social Care Inspectorate (IVO) to open a shelter.
- A shelter should have security measures and sufficient hired staffing 24 hrs, 7 days a week. Shelters that take in children will have additional demands concerning staff.
- The National Board of Health and Welfare will develop a guiding model for the municipalities and the shelters for children's meetings with the parent who is a perpetrator.
- Children in shelters will be included in the national official statistics. It will be mandatory for the municipalities to report in the children staying in shelters. There will also be regular quality assessments of the shelters from the National Board of Health and Welfare.
- Permanent living accommodation and continuous support are important factors for the rehabilitation of the child after the period in the shelter. The Social services need to plan for this from the beginning when a child is placed in a shelter.

A national survey on shelters will be carried out in 2018.

<sup>1</sup> The main outputs so far can be accessed at <http://ceinav-jrp.blogspot.de/>

<sup>1</sup> Ziegler, Holger: Unerbetene Hilfen. Versuch einer Begründung einiger Kriterien zur Legitimation paternalistischer Eingriffe in der Sozialen Arbeit. in: Soz Passagen 6:253-274. Springer, Wiesbaden, 2014. DOI 10.1007/s12592-014-0178-2, p 9

<sup>1</sup> Kelly, L. & Meysen, Th.: Transnational Foundations for Ethical Practice in Interventions Against Violence, CEINAV Project website, 2016, 12 pp., <http://ceinav-jrp.blogspot.de/p/ceinav-main-results.html>

## Workshops, Posters and E-Posters

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**Theme:** WORKSHOP

**Title:** How we learned to love doing workshops

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The prospect of running a three-hour conference workshop can provoke anxiety even for the most seasoned conference-goer. Last month, I was a member of the IRIS+ research team, led by Dr Eszter Szilassy, that attended, and presented a workshop at, the Second European Conference of Domestic Violence in Porto, Portugal.

The conference brings together researchers, practitioners and policy makers from all corners of the globe to discuss, debate and exchange knowledge regarding domestic violence and abuse (DVA).

For context, the IRIS+ project is a training and intervention programme to support clinicians (GPs and nurses) to identify, document and refer female and male victims and perpetrators of DVA, as well as their children, to our dedicated specialist support service.

Before presenting, we had concerns that our workshop might not attract an audience. Partly because we thought our topic might be too niche and health-focused at what was a predominantly social sciences and psychological conference. Also, there were lots of other attractive options for conference go-ers: 13 other interesting workshops running parallel, not to mention the delights of a sunny afternoon in Porto.

Our fears were soon allayed, as the trickle of attendees increased until we were a ‘standing room’ only workshop. In the end, we received lots of positive feedback with international practitioners, researchers and policy makers wanting to use and adapt the IRIS+ model.

So, what were the ingredients that made this workshop successful?

### **Mix it up!**

The IRIS+ team is truly inter-disciplinary and includes practitioners, trainers, clinicians and researchers. Reflecting this multidisciplinary make up, the workshop was presented by a mixture of academic clinicians (Gene Feder and Lucy Potter), a member of our domestic abuse partner organisation, SafeLives (Briony Williamson) and health and social science researchers (myself, Eszter Szilassy and Emma Williamson). The resulting workshop was dynamic and multi-faceted, with individual components delivered by different members of the team.

### **Audience participation:**

Not as dreaded as you might think! The workshop was designed to be interactive and we encouraged the audience to engage with the content as much as possible. One way we did this was to demonstrate actual

segments of the training and get the audience to participate as if they were clinicians. For example, we showed the audience some of our training videos and asked them to reflect on the scenarios presented. Another, very simple, thing we did was to get everyone to introduce themselves at the beginning of the workshop and say where they were from and what they hoped to get out of the session.

### **Make it an exchange:**

We presented a series of practical and ethical dilemmas to our audience to seek their advice and opinions. In turn, we opened up the final part of the workshop to the audience to explore the role of primary care in relation to domestic violence and abuse in their own countries. This discussion gave a fascinating insight into the international picture. For example, a participant from Hungary commented that any primary health care intervention relating to domestic violence and abuse in his country would have to start by challenging endemic and ingrained societal sexism.

### **Enjoy it!**

The workshop was a truly enjoyable learning experience. Day-to-day research and practice is fast-paced and there can be little time for critical reflection. Planning and doing the workshop gave the IRIS+ team time and space to review what we had done and learn from skilled national and international colleagues.

We brought back many new ideas from Porto (although sadly not the sunshine) but two things stand out:

- **Asking about domestic violence and abuse in primary healthcare is seen as important and necessary both nationally and internationally.** However, different contexts present different challenges. The challenges to implementing a primary healthcare intervention around domestic violence and abuse in the UK are different, for example, from those faced in Denmark, Finland, Hungary, Sweden, Ireland and Palestine. We must remain sensitive and alive to these different social and cultural contexts.
- **Domestic violence and abuse is a significant public health and human rights issue.** However, discussion with international colleagues at the conference highlighted that with projects like IRIS+, the UK is leading the way in addressing domestic violence and abuse in a healthcare context. There's still a long way to go but we should remind ourselves of how far we have come in addressing domestic violence and abuse and supporting victims and survivors.

*'Reaching everyone in general practice: IRIS+ domestic violence training and support for family doctors'* was presented by the IRIS+ team at the Second European Conference of Domestic Violence, Porto 6<sup>th</sup> September 2017

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**Department of Health disclaimer**

The views expressed are those of the author(s) and not necessarily those of the NHS, the NIHR or the Department of Health



**Theme:** WORKSHOP

**Title:** ART'THEMIS+'s Project: Gender Violence Prevention Program in Portuguese Schools

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**Keywords:** primary prevention; gender violence; education for citizenship; feminist intervention; artistic methodology

## Introduction

UMAR - Women Organization Alternative and Response is a feminist NGO (Non - Governmental Organization) with more than 40 years of experience promoting Women's Rights and fighting Gender and Domestic Violence in Portugal.

Since 2004 this Portuguese NGO has been developing a program for primary prevention of gender violence in national schools, using action research, feminist philosophy and Freirean pedagogy while promoting a systematic intervention. Over the years, UMAR has had several gender violence prevention projects funded by various national and international institutions and has a wide recognition in this area.

As of 2014, UMAR has been setting in motion a prevention project named ART'THEMIS+, that is funded by the Secretary of State for Citizenship and Equality and Committee on Citizenship and Gender Equality (CIG) .

ART'THEMIS+ is a project directed to children and young people, and its main goals are promoting a culture of equality, peace, non-violent conflict resolution and women's rights, as well as preventing gender based violence through the reflection about stereotypes and myths.

Gender-based violence is nowadays considered a public health problem (Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002) with serious consequences for society and, in particular, for victims. This type of violence is based on the attribution of differentiated stereotypes to men and women, namely the association of men with the aggressiveness and strength, and women with sensitivity and affectivity (Barry & Barry, 1976).

The Project's baseline for intervention is that "violence against women" is a form of violence that constitutes a violation of the Human Rights. The third article of the Istanbul Convention (2011), defines violence against women as: all acts of gender-based violence that result, or may result, in physical, sexual, psychological or economic harm or suffering of a victim or several victims. Moreover, this convention "recognis[es], with grave concern, 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 "honour" and genital mutilation, which constitutes a serious

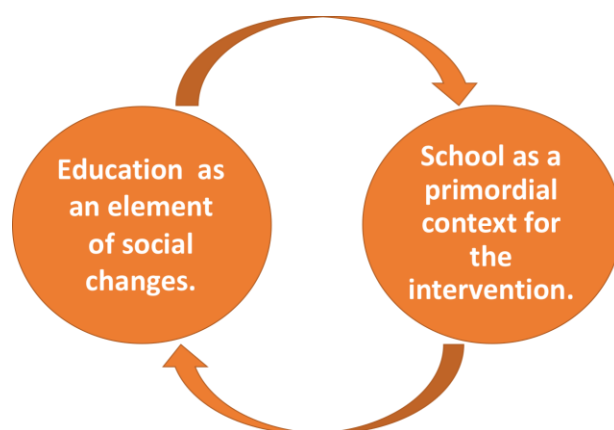
violation of the human rights of women and girls and a major obstacle to the achievement of equality between women and men” (Istanbul Convention, 2011: 6).

Considering that violence against women is based on power and the gender relations socially attributed to women to men, the Project also focuses on the deconstruction of the roles that defend the social construction of hegemonic masculinity and emphasized femininity (Connell, 2005).

The concept of domestic violence, enshrined in the article 152º of the portuguese Criminal Code, is also relevant for the intervention of ART'THEMIS+. While the Istanbul Convention describes this concept as “all acts of physical, sexual, psychological or economic violence that occur within the family or domestic unit or between former or current spouses or partners, whether or not the perpetrator shares or has shared the same residence with the victim” (article 3º.b); the Criminal Code definition is shorted but encompassing all these forms of violence: “Who, repeatedly or not, inflicts physical or mental abuse, including corporal punishment, deprivation of liberty and sexual offenses...”.

Based on a Human Rights and Gender Equality approach, the Project also focus on other forms of structural and interpersonal violence from which children and young people are also victims, such as homophobia, lesbophobia, transphobia, racism, class inequality and peer violence.

Education, as a children’s fundamental right, is established by a process of socialization, access to cultural heritage and a process for the development of citizenship. For such reasons, education must tackle problematic social issues that stem from the structural and symbolic construction of reality and social relations and thus, work against gender and dating violence by integrating a specialised pedagogical intervention within the school.



**Image 1:** Education as an element of social transformation and school as a primordial context for the intervention.

Public schools are plural and complex context that must create spaces to educate for global citizenship, Human Rights and gender equality, and this should include actions to promote the prevention of gender-based violence and the prevention of other forms of structural violence.

Violence prevention programmes can have several different types of approaches and methodologies. The ART'THEMIS+ Project focus within the primary prevention scope. Primary prevention programmes are not directed to particular groups of young people, but are aimed for greater groups of people. The Project focuses on the topics of Domestic and Gender Violence (the social problems), but also helps children and young people to tackle these subjects by identifying the problem, discussing and reflecting about it. The aim is to keep these groups educated and informed on how to recognise potential signs of violence and to know what to do if they find themselves in such circumstances.

### **Prevention of gender violence methodology**

The project ART'THEMIS+ works within the school system by developing sessions where students learn to identify, understand and act against the complex phenomena of violence, namely to identify and challenge power, cultural, and gender differences. Participants are encouraged to take an active part in the process and take the 'lead role in social change', in order to reduce victimization and to eradicate gender and domestic violence. The Project is being implemented in Porto, Braga, Coimbra and Lisbon, covering all educational levels from kindergarten to high school, through systematic and continuous sessions.

The methodology is based on the use of artistic tools and pedagogical games to promote the reflection. The Project aims to promote the protagonism of the children and youth, since it is a *topic work project* (project methodology), that requires the involvement of all the participants. Active participation of all students is a means to achieve *significant learning* which "contributes to learning processes with significance, carrying meaning, involving children (or adults) in real problem solving or in search of unknown answers" (Vasconcelos, 2011: 9). In this Programme participants are the ones who choose which topics they want to approach. Facilitators are present in each session to ensure the sequence and consistency of the themes, but each participant should be "an 'explorer', an investigator, an active creator of knowledge in alternative of being a passive receiver of knowledge of others" (Vasconcelos, 2011: 9).



## **Image 2:** Methodology of Project ART'THEMIS+.

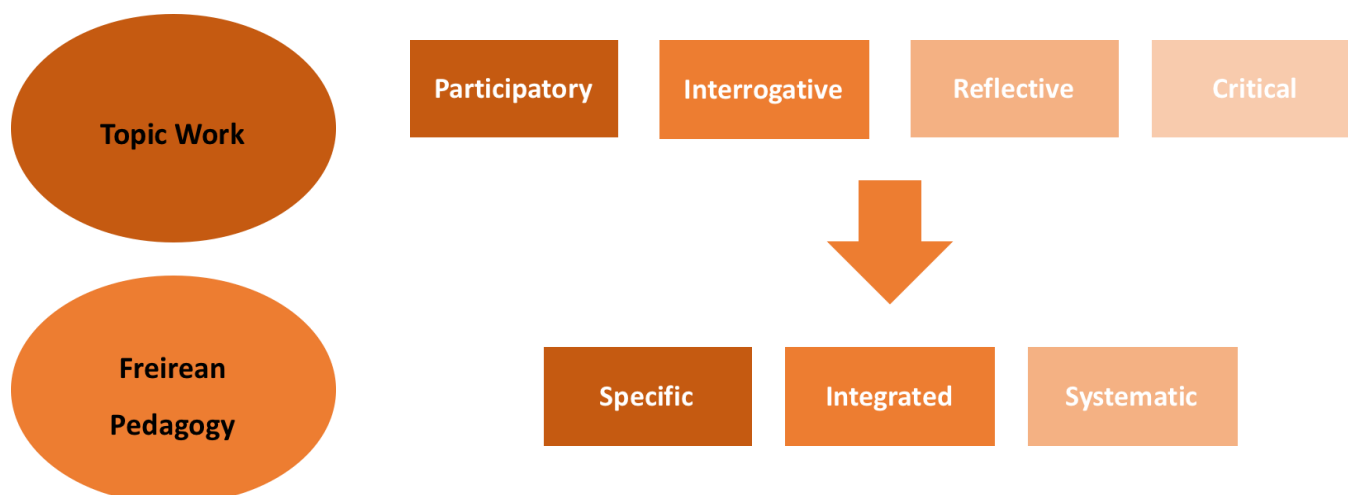
The intervention has as a starting point the representations, worldviews and experiences of the youth and, throughout the school year, students work in order to build together an artistic product of their making. At the end of the school year, students present their *artistic products* in a public seminar, where is given salience and importance to their work. By valuing their effort and reinforcing their role as active citizens, the young people might feel they are part of the fight against gender based violence and that they actually can promote healthy relationships and a better society.

This programme has been designed to be implemented with the same students for the minimum duration of three school years. In the course of an average of 15 sessions per year, there is a large range of themes that can be approached with each class/group: Human Rights, children's rights, women's rights, stereotypes and prejudice, LGBTQ+ phobia, gender based violence, dating violence, peer violence, personal and social skills, problem solving and decision making, emotional regulation and empowerment.

Art is used as a pedagogical tool that serves as an outlet for children and youth to express their creative, cognitive and reflective skills (Higenbottam, 2008). Furthermore, art is a resource for children and youth to express themselves and to discuss their experiences, while preserving their intimacy and privacy as they share their perspectives. Sessions are thought and designed to be a safe space for sharing experiences and where the ideas and perspectives of each participant are valued and taken into account in opening new paths of resistance and transformation.

The importance of using art in the field of prevention is based on social, individual and pedagogical factors. In social terms, creative work is crucial to challenge the naturalization of violence and inequality, not just gender, but also violence in general. Art provides a re-reading and a re-construction of reality, where we are allowed to believe that we will be able to build a different world without violence. Finally, in pedagogical terms, the use of artistic tools has another advantage: it can be a mediator between personal experience and more abstract ways of communicating with others, allowing the protection of the privacy, privacy of each one sharing their thoughts about experiences of violence and perspectives for their combat (Magalhães Magalhães, Teixeira, Dias, Cordeiro, Silva and Mendes, 2017).

This methodology of intervention aims to produce social changes through the research-action method in conjunction with a Freirean and Feminist philosophy and pedagogy (Magalhães, Canotilho & Brasil, 2007; Magalhães et al., 2017) as resources for a reflection on the social attribution of gender roles, artistic expressions and active tools such as dramatization, drawings, arts and crafts, cartoons, books, songs, films, poetry and educational games are used (Magalhães et al., 2007).



**Image 3:** Methodology of Project ART'THEMIS+.

The *topic work* methodology argues that participants should feel included in their own learning, placing children and youth at the center of decision-making on what, when, how and why to learn (Magalhães et al.; 2017).

In the intervention methodology of UMAR's prevention Programme, art is considered a pedagogical tool because it promotes a reflective and critical attitude about essential issues, such as cultural, social beings, as well as supporting personal and collective learning (Teixeira, 2015).

As briefly mentioned previously, at the end of the school year, participants have the opportunity to share their artistic products with other students from different parts of the country in a seminar. The collective decision of the *artistic product* is essential to our pedagogical approach, as well as the interest of children and young people, because we know that we work more willingly and commit ourselves more deeply when we do something we like and/or identify with (Magalhães et.al.; 2017). The class's decision is not only about the art product but also about the theme they will be working on throughout the school year and the theme they will present at this seminar. These *artistic products* are presented in different panels, so that youth can be simultaneously the protagonists of change, and to attend the presentations of their peers. Each panel also has experts and researchers from gender studies, education, violence, feminism and culture, who comment and dialogue with young people about the *artistic products* presented.

In this pedagogical philosophy, the ART'THEMIS+ team considers that the most important is the participation of all children and youth in the construction of something collective and feeling valued in their experiences, tastes, ideas and learning.

The final seminars, with the *artistic products*, highlight the protagonism of children and youth in the co-construction of a more egalitarian and less violent society.

## Results and Evaluation of Project ART'THEMIS+

The Project aims to stimulate individual and collective reflection and to provide the opportunity for joint intervention by the participants and facilitators in the search for solutions and modes of action. To achieve this purpose, and understand the motivations and perceptions about the Project, the team opted for an evaluation that is ongoing and understood as a learning moment, achieved through participation, dialogue, exposition and argumentation of all participants (Dias, 2015). To a better understanding of the Project's evolution, the evaluation relies in a combined approach of qualitative and quantitative methods.

The participant's knowledge, as well as the conceptual and the discursive's changes are evaluated at the beginning and at the end of the intervention, through a pre and post intervention questionnaire. The quantitative results are, then, done based on the difference between both pre and post questionnaires. In 2016, the quantitative data showed an increase of 13% regarding the alteration of the participant's perceptions and concepts about the themes.

Additionally, the qualitative part of the evaluation is done throughout the school year, as follows: at the end of each session, with the students and teachers; throughout the year, with students, teachers and school board; and at the end of the school year, with students and teachers.

At the end of each session, students and teachers are invited to share their thoughts and feelings about that day's activities and questioned if they would like to explore that topic further or talk about something that happened to the class or they believe it's important. At the end of the academic year, evaluation forms are given to students so they can assess the Project regarding the following topics: what they learned with the project, what they liked, what they didn't like and what they would change in the project. This feedback is of crucial importance in order to adjust the intervention for each class and guaranteeing the Project's sustainability.

Below are some examples of the qualitative comments made by the youth participants of the project:

"It meant respect for me, I took what I learned from the project and made me see the world with new eyes."

"It helped me realize many things and that I should not judge someone for their sexual orientation."

"I learned that girls and boys have the same rights."

"It helps people to be less prejudiced and sexist."

"I think it was an excellent project that allows all young people to learn more about social problems from bullying to prejudice and prejudice to dating violence."

"I learned that what I was doing to my colleagues was wrong and that I must accept and respect people as they are."

This evaluation not only presupposes interaction with the students, but also with the teachers that accompanied the classes, due to their knowledge and influence on the students' academic life. Therefore, periodically,

the facilitators hold meetings with the groups' teachers to get some feedback on the intervention. The meetings are important to reflect about the positive and negative aspects of the intervention and how to converge the topics tackled by the Project onto each teacher's subject. At the end of the school year, teachers are also asked to fill out a qualitative evaluation form inquiring about the relevance of the Project and their motivations to proceed with it. In addition, facilitators meet with the school board, where they focus on reviewing the intervention and planning the following school year.

When looking at the teachers' feedback, it becomes clear that teachers recognise the advantages of benefiting from ART'THEMIS+. Here are some examples of what they had to say:

"I noticed a change in the students' attitudes and behaviors, becoming more motivated for learning and social problems, wanting to change their attitudes and prejudices, for a better exercise of their citizenship." (7th grade teacher)

"As a class director, I only see the advantages of participating in such projects for the following reasons: Sometimes students are more comfortable dealing with certain issues with people outside their social / family / schools. The project allowed students to get in touch with specialist and outside-school techniques, broadening their knowledge." (8th grade teacher)

According to their evaluation, students' personal and social formation is important for the development of their citizenship. Regarding the topics covered in the sessions, teachers assert their importance and believe they should be further explored. Moreover, they mentioned that the work done with the classes can and should be deepened, since it can bring significant changes in the attitudes, values and behavior of young people and children.

## **Conclusion**

UMAR's prevention of gender violence programme is a pioneer in the portuguese school systems and has been providing, for over a decade, specialized intervention from a multidisciplinary team coordinated by highly trained pedagogical and educational supervisor, and facilitated by professionals who are specialists in arts, psychology, sociology, law and criminal sciences. Its innovation stems from its above mentioned methodology, for it includes the articulation within the school, not by providing punctual and short term informative sessions, but by systematically working with children and young people.

The pedagogical methodology focuses on the relationship between the facilitators and the participants, by making a clear separation from the role of a teacher, in order to grant the leadership and autonomy to students. Within the freirean model a dialogical action takes place, that starts with the students' representations and moves towards a common knowledge about violence and how to act, and collaboratively build alternative paths by their own means of expression - artistic expressions. By valuing their work and reinforcing their role as active citizens, we are fighting the mechanisms of gender violence and promoting healthy relationships.

Another important aspect to consider is the benefit and results the Project would achieve when implemented for a minimum period of 3 consecutive school years, ideally to the same groups and students. Finally, the Project addresses the topic of violence before it occurs, and promotes the involvement and participation of the students. It is precisely through the encouragement of children and young people to take a lead role in social change' that victimization is reduced, and solid steps are taken to eradicate gender and domestic violence.

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**Theme:** WORKSHOPS

**Title:** Domestic Homicide Reviews (DHRs) as a learning Tool for Prevention

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## **Introduction**

The core principle of Domestic Homicide Reviews (DHR) is that professional agencies learn from the experience in order to prevent similar tragedies in future. This workshop explored common themes in Domestic Homicide Reviews and offered strategies for enhanced learning outcomes in order to improve services to all survivors of abuse, as well as future victims at risk of homicide. The review purpose is not to reinvestigate the death or apportion blame, but to establish what can be learned by local professionals and organisations to improve protection for ALL victim-survivors.

Workshop attendees were given an overview of the policy context for DHRs as located in section 9 of the Domestic Violence, Crime and Victims Act 2004 (DVCA 2004). Reviews legally came into force on 13 April 2011 across England and Wales. However, some areas had been implementing both single agency and multi-agency reviews before the enactment to improve partnership responses and identify gaps in local responses. This requires viewing local responses through ‘the eyes of the victim’ to illuminate the compromises they may have made. Therefore reviews can be a useful tool to highlight systemic failures, emerging practice issues and gaps in multi- agency responses.

Participants in this seminar were given an opportunity to reflect, discuss and critique common themes and challenges inherent in DHRs. Through a mixed mode methodology, trainers enabled critical enquiry and professional curiosity on policy and practice issues, exposing tensions inherent in reviews, using case studies and ethical dilemmas. In doing so participants were encouraged to analyse what constitutes an effective chair, an effective review and how the statutory guidance can be more effectively implemented to achieve better learning outcomes, benefiting all survivors.

Furthermore, the workshop facilitators proposed that by using a socio-ecological framework for violence prevention, lessons from reviews can be applied to policy and practice areas in multiple dimensions including community, society as well as service delivery and national policy.

## **Policy Context for Domestic Homicide Reviews**

### **Background to Domestic Homicide Reviews (DHRs)**

First DHR established 2001 in Metropolitan (London) Police (multi-agency scrutiny but single agency focussed)

In 2004 established in law as part of the Domestic Violence, Crime and Victims Act (DVCVA)

Pemberton Review - a pilot showing that many lessons could be learned from the process

In May 2010 the coalition government made commitment to implement the provision

**Implementation:**

Section 9 DVCVA 2004 was implemented in England and Wales 13 April 2011, creating a duty for local areas to undertake multi-agency reviews

Allows the secretary of state to direct that a specific person or body establishes or participates in a DHR

Introduced a duty for every person or body establishing or participating in the DHR to have regard to the statutory guidance

Quality Assurance (QA)

Rests with a multi-agency panel managed by Home Office who request amendments to substandard reports

Examines all decisions not to undertake a review

Strategies to Enhance Learning & Impact

**Learning from victim experience and previous reviews**

In the US, early teams emerged in response to high profile domestic murder. Key findings

‘community level improvements needed to foster greater accountability and identify gaps in the response’

‘Timely and meaningful intervention can mean the difference between life and death for battered women’

**Mobilising community level change**

Means of identifying systems gaps; accurate data collection, multi-disciplinary collaboration, raising awareness of lethality

By investigating the circumstances surrounding the homicide to identify community level change that could be made to improve victim safety

Reports created are intended to assist professionals in prioritising issues for change

**The ecological model, a framework for Prevention Work**

Ecological or multi-level approaches to violence prevention suggest that transformations at the community level challenge social environments that are permissive to violence, and ultimately lead to a reduction in the overall perpetration of violence against women (Storer, Lindhorst & Starr 2013)

**When prevention is integral to the reviews purpose;**

‘They are efforts by communities to learn from the killing of people by their own family or intimate partners and to apply that learning to create and amend initiatives and policies that will prevent these killings and protect more people from domestic abuse’

‘They should have multi agency and community input where family, friends and others who lived alongside the victim are integral to the review. They should be comprehensive, broad based, open and honest.’ (Advocacy After Fatal Domestic Abuse)

Critical role of the chair

Not just chairing meetings!

Establishes effective liaison with the SIO, the Coroner and any other interested parties (eg IPCC)

Must also have skills to engage with family members and the perpetrator

In-depth knowledge of domestic abuse

In-depth knowledge of systems within each of the key statutory agencies

Ability to manage emotions, weigh up evidence objectively

Ability to establish credibility with senior professionals

Key themes emerging in the UK context (reference)

In 2014/15 there were 50 male and 107 female domestic homicide victims (which includes intimate partner homicides and familial homicides) aged 16 and over.

Although the number of both male and female domestic homicide victims fluctuates from year to year, there is a downward trend.

Among women, the majority of domestic homicide victims were killed by a partner / ex- partner.

Among both men and women the highest proportion of domestic homicides was among those aged 30 to 50 (around two-fifths).

The most common method of killing for both male and female domestic homicide victims was by a knife or other sharp instrument.

The majority of principal suspects in domestic homicide cases were male (87% for combined years 2010/11 to 2014/15) and nearly half were aged between 30 and 50 years old.

Around half of partner homicides include dependent children in the family structure. In the majority of cases, the victim and perpetrator are the parents of the dependent children. In almost all instance, children were aware of and affected by the abuse.

Mental health (most commonly depression) and substance use issues (most commonly alcohol) feature in half to two thirds of perpetrators. The presence of both issues is more common than either issue occurring alone.

In about two thirds of cases, the perpetrator had a history of violence (mostly to their victim or specifically to women). Around 1 in 7 had a history of general criminality.

In around 1 in 7 cases, the victim had a history of violence towards the perpetrator. In almost all instances the violence was mutual and was associated with significant relationship strain and other stressors, such as substance use

Familial Homicides have a slightly different profile:

Approximately 1 in 6 DHRs are familial  
Almost all are committed by a male perpetrator  
Almost all involve a son killing their mother  
Almost all perpetrators have mental health and substance use issues  
Agency contact by the victim is typically low/non-existent

#### Agency responses

The most common theme occurring in intimate partner homicide DHRs was **record keeping** (85%). GP records were particularly poor quality or inadequate

**Risk assessment** was the next most commonly occurring theme (82%). Police, health and Social Services were the most frequently mentioned as carrying out inadequate or no risk assessments. **This often meant non-physical violence elements not being taken seriously** (e.g. coercive control, threats to kill, sexual exploitation, grooming, stalking and harassment).

**Communication and information sharing** between agencies was identified as an issue in 76% of DHRs. As well as simply not sharing information, this included delays, failures to follow policy, closing cases prematurely and failure to follow up on referrals.

73% of DHRs showed victims or perpetrators presenting to agencies with **possible signs of domestic abuse but this not being recognised** or explored further. Again, health, police and Social Services were mentioned the most. Failure to refer to MARAC was common.

Other common themes included

**issues with agencies' organisational policies** in relation to domestic abuse— health being the most common with respect to not having one, police most commonly not understanding or following their organisational policy.

**failings in individual practitioner competence** – police most common followed by Social Services. **Failure to identify children at risk** was the most common issue followed by **lacking professional curiosity**.

#### Conclusion:

DHRs are a useful tool to identify necessary changes. By viewing circumstances through the eyes of the victim, a more holistic framework can be applied that allows the range of risks the victim faced to be addressed and the compromises identified. Through focusing on learning lessons and not on apportioning blame, searching questions can be asked: not 'did everyone do their job properly?' but 'are people's jobs properly structured to meet the challenges of ensuring safety?'

**Theme:** POSTER

**Title:** Intimate partner violence in Italy: the role of jealousy and satisfaction in sexual coercion

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According to the literature and to the clinical experience of field professional, intimate partner violence is related to jealousy and emotional abuse. Romantic relationships involve a reciprocal exchange of understanding and acceptance of the partner, respect and patience. There are a lot of couples in which a misunderstanding or mistrust can become a reason to fight and, if there are higher level of jealousy and emotional abuse, it can result in violence (Basile & Hall, 2010). According to the literature women are more likely than men to become victims of sexual or physical violence at some point in their life by a partner or an ex-partner (Buunk, Castro, Zurriaga, & Gonzáles, 2011). Intimate partner violence in couple often derives from a complex affective emotion of jealousy, activated by real or perceived infidelity (Carpenter, 2012). This phenomenon is influenced by various factors, as personal, interpersonal and sociocultural variables (Chin, Atkinson, Raheb, Harris & Vernon, 2017). An example of these factors are attachment styles, self-esteem, use of substance, transcultural comparisons, beliefs about love. According to researches men with pathological jealousy have anxious-ambivalent attachment type and mania love style (Costa, Sophia, Sanches, Tavares & Zilberman, 2015). There are a lot of classifications of jealousy, Buunk (1997) identifies different types of romantic jealousy as reactive jealousy, anxious jealousy and preventive jealousy. The first type is caused by an intimate behavior towards a third person; the second one derived from the fear of emotional or sexual involvement with someone else; the third aimed to avoid all kinds of contact with possible partners. Furthermore, according to the Multidimensional Jealousy Scale (Pfeiffer & Wong, 1989) jealousy can be emotional, cognitive and behavioral. Emotional jealousy consists in a reaction to a perceived threat; cognitive jealousy derives from infidelity of the partner; behavioral jealousy concerns in controlling and monitoring behaviors of the partner. Finally, the American Psychiatric Association in DSM-5 (2013), describes obsessive jealousy as a specific related disorder of compulsive-obsessive disorder, and a kind of jealousy in delusional disorder. In fact, emotional and psychological abuses are behaviors that frequently occur in family and couple relationship. Psychological literature has recognized these behavioral patterns as a form of violence which is different from physical one but could, later, become entrenched and explode in personal bodily harming (Lawrence, Yoon, Langer et al, 2009). Emotional abuse consists of different behaviors, such as sexual coercion, partner control, personal degrade, lack of trust, pathological jealousy: to talk about psychological violence, there must be intentionality in the actions of the partner. Psychological abuse has been defined by three specific aspects. First the abuse has to be perpetrated frequently and for long time, showing some kind of systematicness: sporadic fights cannot be described as psychological or emotional abuse. Then, the gravity of the abuses and the intentionality behind them should be taken into account: the abuses take place when the partner wants, consciously or unconsciously, harm his victim

from a psychological and emotional point of view. The victim, finally, should recognize all the aspects in the relationship that cause suffering at a deepest level, such as all the strategies and the tactics based on jealousy and partner control (Murphy and Hoover, 1999). As for pathological jealousy, there are several personality aspects that can be at the bottom of this behavior, such as narcissistic or borderline personality, where the goal is to control and isolate the partner, or antisocial and violent personalities (Filippini, 2005). But jealousy and the needing to control the partner represent the most frequent factors leading to the development of an abusive relationship. Even if jealousy and mate retention are common aspect in every species and cultures (Buss e Shackelford, 1997), sometimes they can results into violence. The extreme need to possess the partner and control his/her life, are strictly connected to the fear of loneliness, and are all aspects of jealousy, but if exaggerated and distorted, they can rise into a limitation of partner freedom and will, following by lack of trust and infidelity paranoia (Harris, 2003). The delusion assume the characteristics of strong certainty and the abuse become a prison, a psychological torture chamber where the partner punish his significant other for his obsessions. Thoughts connected to the jealousy are intrusive, unacceptable and unintelligible, leading to violent and extreme reactions (Easton and Shackelford, 2009; Kingham and Gordon, 2004). In these cases, women victims report severe levels of depression, low self-esteem and poor social support (Hamdan-Mansour, Constantino, Farrell, Doswell, Gallagher & Safadi, 2011). Qualitative evidences show incapacity to disclose about the abuse. An important protective factor is talk with someone who acknowledge the abuse and validate victim' self-esteem. Women who suffered domestic violence for years think to deserve it and accept this condition. For these reasons the process of changing is so difficult for women. Furthermore, women' partners threaten and use other kind of abuse to control their behavior and thinking, hindering change. Other important aspects are society and family which not always support victims. This lack of support provokes a sense of loneliness in women who decide to don't talk because of shame. Risk factors in abused women also are use of substances and negative stigmatized believes (Rhodes & Levinson, 2003; Mason, Wolf, O'Rinn & Ene, 2015). Women who suffer of intimate partner sexual violence have high-risk for contracting HIV and to get pregnant because were forced to have sex without contraceptive. All these findings are associated to Post Traumatic Stress Disorder and Battered-woman Syndrome because have common factors (Walker, 2015). These women are victim twice, their abusers and their fear of change. Despite the serious consequences resulting from pathological jealousy and emotional abuse, the problem could be difficult to diagnose, because derives from a perception of mate infidelity, sometimes distorted by a sense of insecurity about the love relationship (Buss & Abrams, 2016). As jealousy can be defined as pathological when the perception became problematic and obsessive, it leads to dangerous risks for the victim like stress, psychological and physical problems (Seeman, 2016).

Moreover, jealousy can be expressed as pathological behavior, and defined as an interaction of thoughts and believes about romantic relationship and could lead an escalation of violence. Domestic violence is often a symptom of dissatisfaction and fear to lose the partner. This fear is expressed by the need for closeness and control and generates possessive and aggressive behavior towards the partner. Murders followed by suicides (M-S), are an example of this phenomena: studies show high percent of men who live intimate relationship and

commit M-S (De Koning & Piette, 2014) be affected by pathological jealousy, which is the main reason of homicide and violence in romantic relationship, most likely in younger couples (Milroy, Dratsas & Ranson, 1997). In a Risk Assessment Validation Study data about risks of interpersonal violence in couple were collected from participants of East Coast and West Coast counties and results explain how some precursors of future intimate partner violence, like sexual coercion, rape and force woman to have sex without a condom, can be risk factors for future intimate partner violence (Cavanaugh, Amanor-Boadu, Sullivan, Webster & Campbell, 2013). Intimate partner violence is a crucial situation in our Country and important social problem. In northern Italy 66% of cases of homicide-suicide take place at home, perpetrated by husbands, boyfriends, fathers or ex partners (Verzeletti, Russo & De Ferrari, 2014). Recent crime news report history of jealousy results in dramatic violent events, where a young woman has been attacked by acid by her partner. Since she was strongly emotional and economical dependent by him, she decided to stay by his side. Or, again a girl in her 20s has been set on fire by her former partner after a huge fight on a congested road at night, and people passing by, didn't understand the gravity of the situation until it was too late. The phenomena of violence connected to jealousy has reach so much huge proportion in our Country, that the Govern has dispose, in line with European dispositions, a specific law on *feminicide*, in order to prevent these behavior. However, even if victim can be saved, survivors of domestic violence may develop anxiety, depression, psychosomatic problems, mental illness, social and financial problems, fear and solitude (Arroyo, Lundahl, Butters, Vanderloo & Wood, 2017). Abusive relationships represent, at different levels, a constant in the relations between people. Empirical research and clinical experience show how the interlocking of certain personalities and environmental and situational factors can serve as fertile ground for the development of violence, be it psychological violence or physical violence. Recognizing these aspects does not only mean enlighten potentially dangerous situations, but also resizing, supporting, and clarifying circumstances in which many women and couples are living. The difficulties of recognizing and interrupting a vicious circle of abuse and counter-abuse, recognizing signs of escalation, verbal abuse, deprivation of personal space and freedom, even murder, are known to many psychologists and experts of the field, which unfortunately find themselves intervening when it is too late. The lack of antiviolence centers, the scarcity of communities responsible for the rehabilitation of the perpetrators and the support of the victims, and the total lack of coordination at both national and local level of resources to combat this phenomenon make both the analysis and treatment deeply problematic. It is essential to continue research in this area, study the profile of the perpetrator and the victim herself, analyzing the conditions and find common risk factors in order to create ad hoc projects, which can be repeated and disseminated throughout the Italian territory and exported internationally.

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**Theme:** POSTER

**Title:** Mental health correlates associated with minor and severe intimate partner violence (IPV) perpetrated by male students in Kosovo

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### **Introduction:**

Research evidence shows that intimate partner violence (IPV) is common among all ages groups and diverse societies. Kosovo as the newest country in Europe and post-war society has been characterized by high rates of domestic violence (Farnsworth, Qosa-Mustafa, Banjska, Berisha, & Morina, 2015) and high rates of IPV among university students as well (Kelmendi & Baumgartner, 2016). Most of the studies conducted in Kosovo were focused on mental health correlates associated with IPV victimization, specifically female victimization (Farnsworth et al., 2015) and there is a lack of evidence on correlates associated with perpetration, respectively male perpetration. Besides, scholarly literature and research evidence shows that perpetration of violence toward intimate partners is also associated with negative mental health outcomes including anger, distress, low self – esteem and depression (Kaura & Lohhman, 2007; Finkell, DeWall, Slotter, Oaten & Foshee, 2009; Afifi, MacMilan, Cox, Asmundo, Stein & Sareen, 2009; Capaldi, Knoble, Shortt & Kim, 2012 ). Therefore, following the ecological model of Heise (1998) this paper focuses on the individual level of analysis, specifically on mental health correlates associated with minor and severe IPV perpetration (physical, psychological and sexual violence) among male students. Moreover, research evidence shows that war experiences have serious impact on the overall individual's well-being (Krug et al., 2002), whereas the findings of the study conducted in the postwar Kosovo showed high prevalence rates of anxiety, PTSD, and depression (Cardozo, Vergara, Agani & Gotway, 2000; Salama, Spiegel, Van Dyke, Phelps & Wilkinson, 2000) and high rates of suicide ideation and suicide attempt among youth (Arenliu, 2009). Many studies have shown that IPV is related to adverse mental health outcomes, including anxiety, depressive symptoms, anger (Kaura & Lohman, 2007), borderline personality (Ansell, Sanislow & McGlashan, 2007; Látalová & Praško, 2010; Leichenring, Leibing, Kruse, New & Leweke, 2011) and suicidal ideation (Kerr and Capaldi, 2011; Capaldi et la., 2012; Devries et al., 2013). Therefore, it was considered noteworthy to assess its relatedness with IPV. Specifically, it was hypothesized that individual-level correlates ( depressive symptom, PTSD symptoms, borderline personality symptoms and suicide ideation) would be significantly associated with IPV (physical, psychological and sexual perpetration).

### **Methodology:**

#### Participants

This paper is based on the larger study conducted for the Phd purposes. Convenience sample of 700 (50.7% males) students of University of Prishtina enrolled for the academic year 2012-2013 was used for the

purpose of the study. The eligibility criteria were: being active full-time student; being at least 18 years old or older, and have been in a romantic or dating relationship for at least 1 month or longer in the past 12 months. The respondents average age was 21.77 years (SD=3.05) and most of the participants were coming from urban area and were bachelor level students.

### Measures

For the purpose of this paper: Conflict Tactic Scales-2 (CTS-2; Straus, Hamby, Boney-McCoy & Sugarman, 1996) including: Physical violence ( $\alpha = 0.80$ ); Psychological violence ( $\alpha = 0.80$ ) and Sexual violence ( $\alpha = 0.79$ ). Response category: 0=never, 1=once, 2=2 times, 3=3 to 5 times, 4=6 to 10 times, 5=11 to 20 times, 6=more than 20 times, and 7=before past year. Sub-scales of Personal and Relationships Profile PRP; Straus, Hamby, Boney-McCoy & Sugarman, 2004), including: Depressive Symptom Scale ( $\alpha = 0.71$ ); PTSD symptoms scale ( $\alpha = 0.70$ ); Borderline Personality Traits Scale  $\alpha = 0.67$ ) and one item for Suicide Ideation. Response categories: 1 (strongly disagree) – 4 (strongly agree).

### Data analysis

Mann-Whitney U test was used to analyze differences in perpetrator of IPV (physical, psychological and sexual violence based depressive symptoms, borderline personality traits, PTSD symptoms and suicide attempts due to nonlinear distribution of the data. In order to understand correlates associated with IPV (physical, psychological and sexual violence), the IPV was treated as multinomial response variable with three categories “no violence”, “minor violence”, and “severe violence”, the multinomial logistic regression was used using “no violence” as the reference category.

### **Findings:**

Findings of the study show that males perpetrated high rates of IPV including physical violence (43.40%), psychological violence (68.50%) and sexual violence (46.50%), with the majority of acts being of the minor type of IPV.

Perpetrators of IPV, including physical, psychological and sexual violence, showed significantly higher rates of PTSD symptoms, borderline personality traits, and suicidal ideation, but not depressive symptoms.

Table 1. Mann-Whitney test for analysis of mental health correlates and perpetration of IPV

Physical violence	Borderline personality traits	Depressive symptoms	PTSD symptoms	Suicide ideation
Yes	209	179.26	191.23	199.58
no	153.97	177.02	167.75	159.63
Mann-Whitney U test	$z = (-5.029)^{***}$	$z = (-.204)$	$z = (-2.146)^{***}$	$z = (-4.529)^{***}$

Psychological violence				
Yes	200.09	177.01	188.02	188.16
no	130.08	180.14	156.26	152.98
Mann-Whiteny U test	$z=(-5.995)^{***}$	$z=(-.267)$	$z=(-2.720)^{***}$	$z=(-3.734)^{***}$
Sexual violence				
Yes	206.71	183.65	188.51	190.42
No	153.07	173.09	168.87	165.36
Mann-Whiteny U test	$z=(-4.929)^{***}$	$z=(-.969)$	$z=(-1.805)^{***}$	$z=(-2.850)^{***}$

Findings from multinomial logistic regression analysis showed borderline personality traits were consistently associated with any IPV (physical, psychological and sexual), including minor and severe. Whereas, suicidal ideation showed strong significant association with both minor and severe psychological violence perpetration and severe physical and sexual perpetration. It is interesting to observe that depressive symptoms and PTSD symptoms were not associated with IPV perpetration.

### Discussion:

As noticed borderline personality traits were consistently associated with any IPV (physical, psychological and sexual), including minor and severe, consistently to many studies ( Hines, 2008; Ross & Babcock, 2009; Lehrner, 2011). In Kosovar context, there were no studies that tested this association. Therefore, future studies with the specific focus on the relationship between personality traits and IPV would be useful for better understanding of this relationship. Depressive symptoms show no association with any forms of IPV perpetration for males. Research evidence shows the unclear relationship between IPV and depressive symptoms, and ambiguity has been mentioned in other studies such as Capaldi et al. (2012) and Winstok and Straus (2014). However, further studies with a specific focus on the relationship between depressive symptoms, and IPV in the Kosovar context should be carried out to explain these findings. The same was true for PTSD symptoms, no association with any types of IPV, and further elaboration is needed. Finally, suicide ideation seems to be associated with high rates of severe physical, psychological and sexual violence perpetration (Kerr and Capaldi, 2011; Capaldi et la., 2012; Devries et al., 2013), and is considered that borderline personality symptoms might play a mediating role in the prevalence of suicide ideation of the males who perpetrate IPV (Wolford-Clevenger, Febres, Elmquist, Zapor, Brasfield, & Stuart,2015). Findings from this study provide the firm basis for investigation of mental health correlates associated with IPV perpetration among health professionals, psychologists, and social workers, specifically in Kosovo context, where this association is understudied.

Table 2. Multinomial logistic regression for IPV (physical, psychological and sexual perpetration)

	Physical violence						Psychological violence						Sexual violence					
	Minor (OR)	S.E.	95% C. I.	Severe (OR)	S.E.	95% C. I.	Minor (OR)	S.E.	95% C. I.	Severe (OR)	S.E.	95% C. I.	Minor (OR)	S.E.	95% C. I.	Severe (OR)	S.E.	95% C. I.
Borderline personality traits	4.07*	0.45	1.65-9.93	5.69**	0.45	2.35-13.74	4.3**	0.47	1.71-10.80	14.6**	0.51	5.62-39.82	3.70**	0.4	1.67-8.22	7.83**	0.51	2.83-21.62
Depressive symptoms	0.8	0.24	0.49-1.27	0.91	0.24	0.56-1.47	0.86	0.21	0.56-1.30	0.69	0.25	0.42-1.13	0.93	0.2	0.62-1.39	1.32	0.3	0.73-2.37
PTSD symptoms	0.71	0.42	0.30-1.65	0.28	0.64	0.28-1.47	0.51	0.4	0.23-1.15	1.2	0.45	0.49-2.91	0.65	0.37	0.31-1.38	0.61	0.49	0.23-1.64
Suicide ideation	1.18	0.35	0.82-1.70	1.70**	0.16	1.25-2.32	1.61**	0.2	1.07-2.42	1.80**	0.21	1.20-2.70	0.949	0.17	0.68-1.32	1.25**	0.17	1.25-2.43
Model $\chi^2$	44.407***						77.957***						49.472***					
Nagelkerke R <sup>2</sup>	0.137						0.223						0.15					

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**Theme:** POSTER

**Title:** Domestic violence victims' perception on health personnel's attendance

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**Abstract:**

**Introduction:** women victim of Domestic Violence search, in healthcare services a resource which can provide support in the critical situation. **Objective:** To describe the victim's perception on the attendance, in the hospital environment, at the time of the violence episode. **Methods:** quantitative approach, descriptive, transversal. Convenience sample of 81 women housed in shelter-houses, with ages between 19-64 years old (SD=11.64). The questionnaire collected sociodemographic data and the history of victimization. Items regarding the evaluation of the attendance were applied, adapted from the Chicago programme. Ethical aspects were considered. **Results:** Violence occurs between 5 and 10 years to majority (n=19; 23,5%). Regarding the health professionals' actions in relational aspects, it is observed that the majority of women has a positive perception related to the given attention (n=51; 63%). Regarding the knowledge of the professionals, the victims' perception values the knowledge of legislation (n=75; 92.6%). Regarding the efficacy of attendance, the item utility of referral by the professionals is highlighted (n=72; 88.9%). **Conclusion:** Results regarding attendance are positive. However, in the victims' perception, the professionals don't possess a total easiness when speaking face-to-face about violence with the victim. Regarding the safety plan, it is desirable a better co-construction between victim and professional.

Violence is perceived as every situation that, in a conscious and intentional way, inflicts injury to another. From every sort of violence, Domestic Violence (DV) against women is the most common type. In this concept of DV, all violent acts are included (physical, sexual, psychological, and economical) which occur between actual or previous partners, who share or not, during the aggravated episodes, the same domestic space (Council of Europe, 2011). The concept is broad, reporting to people with the same status in the intimate relationship, that is, affective-sexual pairs. DV against women is recognized by the health authorities as a social and public health problem (WHO, 2016).

The World Health Organization estimates that physical and sexual violence acts, performed by the partner, or sexual violence performed by other non-partner, has a prevalence of 1 in each 3 women (35%), in any moment of their lives (WHO, 2016). Southeast Asian, East-Mediterranean and African countries are the ones who present the most violence representation (37.7%, 37% e 36.6% respectively). The lowest values are situated in the West-Pacific, but amount to ¼ of the population (24,6%). In Portugal, the representation of DV amounts to 24%, referring to any moment during women's lives with 15 years of age or more. However, these numbers can present a more inflated perspective if we consider that 9 in every 10 episodes of violence are not reported to the authorities or to the health services (FRA, 2017).

Health services are frequently the place where victims recur. However, the health professional's knowledge on victimization signs is sometimes scarce, and when a person does not declare herself as a victim, the case is not always identified (Cho, Cha, & Yoo, 2015). This leads to the aggravation of the victim's risk, because the fragile condition which led her to the health services is the same that she takes home, namely the ongoing exposure to new aggressions. To the victim, recurring to the health services is a sensitive situation, not only because of the physical and social exposure, as for the taking to public the couple's demeaned affections, meaning breaching of esteem and confidence. The health professional has before him a person in high vulnerability. When assisting a victim, he performs an observation, collects data, assists an emotionally disturbed person, and refers to a shelter. To the victim, it is positive to recognize the health professional's interest, his compassion and also precise orientations which relate to recovery and to safeguard the survival (Barros & Schraiber, 2017).

From the recommendations emanated by the international organizations, such as the United Nations (UN) and WHO, guidelines are produced, which the Commission on the Citizenship and Equality of Gender has lately established through different plans. In Portugal, the most recent is the V Plano Nacional de Prevenção e Combate à Violência Doméstica e do Género (2014-2017) (Resolução do Conselho de Ministros nº 102/2013 de 31 de dezembro).

In accordance with these programmes, the nongovernmental organizations (NGO) and local structures release their work, invest in the improvement of knowledge and victim support. The evolution of the legal frame helps survivor in a way to attain their rights more rapidly and, although there are legal loopholes, they attain the Shelter-House (Lei n.º 112/2009 de 16 de setembro da Assembleia da República, 2009). Based in these plans, each institution creates conditions to prevent, intervene and refer. The attendance during the critical episode happens under a high emotional level, not only from the victim, as from the health professional (Bacchu, Mezey, & Bewley, 2002; Mezey, Bacchus, Haworth, & Bewley, 2003).

Due to the relief provided and due to the urgency of the moment, the attendance can be under or overvalued by the victim. In fact, there is still little information on the experiences of the women subjected to DV assisted in healthcare services (Du Mont et al., 2014). The victim's perception on the attendance is fundamental so the assistance is improved. Therefore, after some time required for the emotional steadiness, it will be useful to investigate the victim's opinion regarding the carer's assistance. The present study aims to describe the victim's perception regarding the healthcare professionals when recurring to healthcare services.

## **Method:**

The present study is part of an academic investigation which updated the nursing's assistance programme to the woman, victim of DV, in a hospital located in Lisbon's surroundings. The study took place from February 2016 to February 2017. The study had a quantitative, descriptive, cross-sectional approach. The sample was a convenience one, constituted by shelter-house users in the country. The women selected for the study were recruited by the psychologist from each shelter-house, assuring the emotional condition in order to

become a participant. From the women contacted, 81 accepted the participation and filled a questionnaire after informed consent.

The study was subjected to the Ethical Commission from the Évora University, in Portugal, thus obtaining a positive ruling, accordingly to register 16001.

### Data collection instrument:

The data collection instrument was presented in a self-filling format. The first part contained social-familial variables, the second part indicated the type of aggression. The third part contained a group of 12 questions, which, adapted from the Chicago Department of Family & Support Services (CDFSS, 2012), evaluate the attendance from the participants' perspective. Four items were considered (from A1 to A4), expressing "relationship with the victim", b) three items referring to the users' perception on the "professional's knowledge" (from B1 to B3), c) five items referred as "efficacy perception", of which the victim may feel from the service. The questions were categorized in: a) agree, b) don't agree nor disagree and c) disagree.

### Results:

The sociodemographic data show participants with age between 19-64 years old ( $M=38.19$ ;  $SD=11.64$ ), the most detaining academic qualifications inferior to mandatory schooling ( $n=48$ ; 60.1%) and unemployed ( $n=47$ ; 59.5%). Relating to marital relationship, marriage/non-marital partnership is referred by 35 participants (42.3%), followed by a single status ( $n=31$ ; 38.3%), 13 divorcees (16%) and 2 (2.5%) widows. Most of the participants have children ( $n=76$ ; 93.8%).

The history of the personal victimization occurs between one month and 41 years ( $M=9.38$  years;  $SD=9.46$ ), being the largest representation between 5 and 10 years ( $n=19$ ; 23.5%), as figure 1.

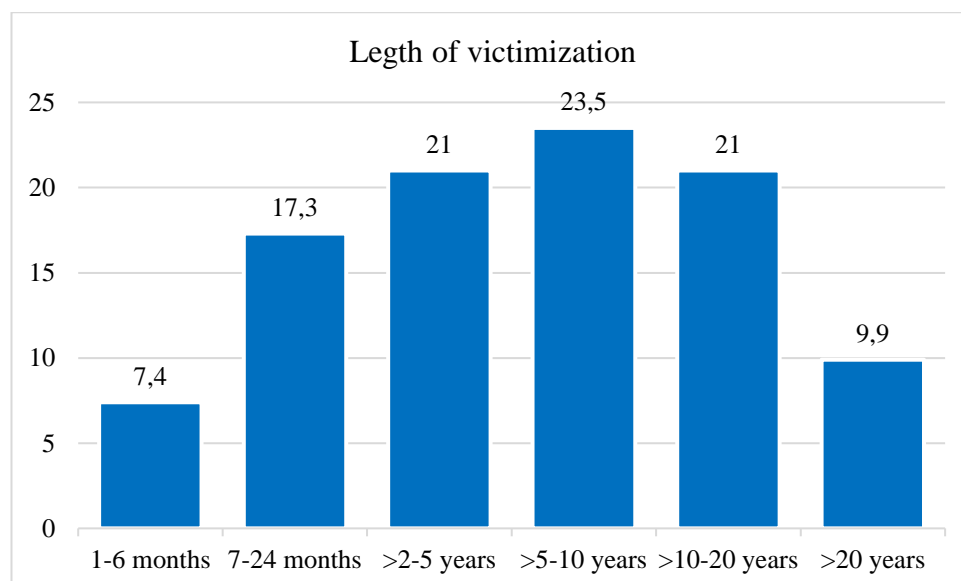


Figure 1 Victimization length

Regarding mistreatment, the most referred are psychological (n= 72; 88.9%), followed by the physical (n=66; 81.5%). Regarding psychological mistreatment, sexual coercion presents the largest representation (n=31; 38.3%). Regarding the physical, the largest representation is present in the sexual aggression (n=42; 51.9%). Pain is the most representative consequence of violence (n=54; 66.7%). The data is represented in Table 1.

Table 1 Data from the personal mistreatment

	Frequency	Percentage
Psychological mistreatment		
Negligence	30	37
Harassment	19	23.5
Sexual coercion	31	38,3%
Threat with weapon	5	6,2
Physical mistreatment		
Wounds	21	25.9
Fractures	12	14.8
Burns	4	4.9
Sexual Aggression	42	51.9
Rape	16	19.8
Identified facts as consequence of mistreatment		
Abortion	5	6.2
Sexual transmitted disease	7	8.6
Pain	54	66.7
Pregnancy	14	17.3
Cervix tear	3	3.7
Anal tear	6	7.4
Suicidal attempt	19	23.5

Through Pearson's correlation, it is found a positive association between the participant's age and the victimization time ( $r=.427$ ;  $p=.000$ ). When applying Spearman's correlation, we can observe a positive association between the frequency of the cumulative of the types of DV versus suicide attempt ( $r_s=.327$ ;  $p=.003$ ).

Regarding the assistance provided, it can be observed, in Table 2, that in the most variables, the women's perception is positive. Almost the totality of the responses are favorable regarding the professionals' knowledge on legislation on referral (n=75; 92.6%), in the usefulness of the referral (n=72; 88.9%), on the advice provided (n=71; 87.7%) and on the communication between services (n=68; 84%), as shown in Table 2.

Table 2 Participant perception of assistance provided

	Agree (%)	Don't agree nor disagree (%)	Disagree (%)
A1. During attendance, the professionals were considerate	63	34.6	2.5
B1. During attendance, the professionals sought solutions for your situation	51.3	43.8	5
C1. The professionals' referral provided safety	51.3	43.8	5
A2. The professionals heard, respected and took seriously your complaints	63	29.6	7.4
B2. The professionals demonstrated knowledge when speaking to you on domestic violence	45.7	44.4	9.9

A3. The professionals demonstrated interest in informing, intervening and referring you	54.3	38.3	7.4
C2 The professionals drew a safety plan with you	30.9	45.7	23.5
A4. The professionals showed difficulty in speaking face to face with you about violence	16	45.7	38.3
C3. The referral provided by the professionals was useful	88.9	9.9	1.2
C4. The advice provided by the professionals was important for the future	87.7	8.6	3.7
C5. The communication between victim support services helped the referral	84	14.8	1.2
B3. The professionals knew the legislation regarding the victim's referral	92.6	6.2	1.2

## Discussion:

Regarding the sociodemographic profile of the participants, a low level of schooling and unemployment dominate, aspects which weaken women through the diminishment of labour opportunities and conduct, not seldom, to an economic dependency.

The relationship between the schooling level, employment and victimization is not a linear one. The studies' results are somewhat conflicting, for some authors find a relationship between lower levels of schooling and a higher victimization (Avdibegovic, Brkic, & Sinanovic, 2017; Sen & Bolsoy, 2017), while others find an inverse association (Noughani & Mohtashami, 2011) and others reveal that an opportunity to a higher schooling level can lead to an environment with a lower rate of DV and promote autonomy, but can also intensify indirectly violence within the family (Marium, 2014). Although actual results cannot be confirmed through author studies, it is logical that recommendations on girls' education are directed to a higher and better level of schooling, to the combat to school abandonment, for they diminish the social vulnerability. A better instructed woman will have a better argumentation capacity, will make conscientious choices, what leads to a larger horizon and life aspirations. In fact, WHO insists on girls' education, as a factor which can bring decrease on DV in future generations (WHO, 2016).

The median longitude of mistreatment to which the participants were subjected to is high, is positively associated to age, corroborating other studies (Triantafyllou, Wang, & North, 2016). If, in one hand DV is exercised on a feminine partner at any age (WHO, 2016), on the other hand, it shows, on older participants, continuous and prolonged mistreatment. Psychological mistreatment predominates on physical, confirming other studies on women who occupy shelter-houses (Triantafyllou et al., 2016). It is necessary to take in account that the participants of the shelter-house are in a stage of awareness of the victim condition, remembering and identifying episodes in their lives which they didn't recognize before as such. Studies reveal that some women, exposed to mistreatment, not always get aware of the victimization (Avdibegovic et al., 2017). That can, simultaneously justify, in some of the actual participants, a tendency to prolong the affective-sexual relationship, even grueling, during most of the conjugality period, as other studies reveal (Othman, Goddard, & Piterman, 2014; Triantafyllou et al., 2016).

In the multiplicity of mistreatment, the couple's relationship of intimacy is highlighted. Sexual coercion and sexual aggression take the largest representation, concurring to other studies (Avdibegovic et al., 2017; Triantafyllou et al., 2016), leading to pregnancy or to sexual transmitted diseases. Every form of DV attempts

self-respect, but the forms that subjugate women with sexual practices perpetuate an image of an used object, removing their dignity of a Being with self will and personal decisions. Therefore, it is not strange that physical pain, as ideation of suicide, are symptoms and identified traces in the sample and in other studies on this theme (Avdibegovic et al., 2017).

The group of items which collected data on the participants' perception regarding attendance was assented on relational characteristics, of the professional's knowledge and of efficacy of attendance. Regarding the group of relational items, three of them show that more than half of the participants expresses satisfaction before attendance, they recognize attention to their case, respect for their complaints and interest in referral, concurring with other studies (Du Mont et al., 2014). However, the item related to face-to-face communication, by presenting a larger representation on the intermediate point (don't agree nor disagree), suggests a relational rift. Such is recognized by other authors, who discover barriers in the victim and health professionals' communication (Othman et al., 2014). In Portugal, although efforts are considerate, namely through plans of prevention which succeed each other (Resolução do Conselho de Ministros nº 102/2013 de 31 de dezembro), DV combat resources in the healthcare services, are somewhat recent in the care culture of the country. In truth, the report sent to the European Council states that there are still inequalities in the country (Council of Europe, 2018), which undergo communication forms. Face-to-face contact, such as touch, are tangible care, a mark of care quality which expresses compassion for the one who suffers. Therefore, through the participants' perspective, a deficiency is revealed, to which health professionals must pay attention to.

In the group of knowledge items, a predominantly positive perception on the professionals is ascertained. The professionals' help is fundamental during the critical situation in which the victim, disturbed and disoriented, recurs to the health services. The knowledge on legal protection on or the diverse solutions for the situation are of crucial importance to the victim, and, simultaneously, of professional responsibility. In truth, some studies refer that professionals ignore the duty to report victimization cases, not fulfilling a duty of the exercise of the profession (Cho et al., 2015). However, it is in the item which introduces knowledge to speak to the victim, that a higher representation of discordance and of neutral position is observed (don't agree nor disagree), such as in the previous group of items regarding face-to-face contact.

Regarding the group of items which approach the participants' perception on the efficacy of referral, there is a higher representation on the items referent to the utility and immediate importance in the future and in the interaction between services and safety perception. The importance that the participants attribute to solutions orientated by professionals for their aid is highlighted, avoiding returning to home and finding shelter. In fact, the victims' referral and the removal from home can avoid a vicious cycle of continuous aggression and revictimization. The action of the professionals in this referral can contribute towards the diminishment of emotional imbalance and self-destruction attempts (Avdibegovic et al., 2017). The execution of the safety plan is still to be considered in the results, item to which the participants mostly answer in the neutral category (don't agree nor disagree). This percentage representation suggests deficit in the assistance, creating a supposition of a need of a higher support from the professionals. The safety plan is an essential instrument, being foreseen its

completion in the directives of the V Plano Nacional de Prevenção e Combate à Violência Doméstica e do Género (2014-2017) (Resolução do Conselho de Ministros nº 102/2013 de 31 de dezembro).

The participants' perception agrees to studies which reveal the necessity of a higher domain on safety plans matter, referred by professionals (AbuTaleb, Dashti, Alasfour, Elshazly, & Kamel, 2012).

In truth, needs of higher education for the professionals are recognized in various studies (Ramsay et al., 2012; Rivas et al., 2015). In Portugal, the report (Council of Europe, 2018) and the visit of representatives of the Convention of the Council of Europe, expected for March 2018, can bring benefits and development.

### **Conclusion:**

The participants' victimization presents a heterogeneous duration, ascertaining that, for some, it might have occurred during almost all conjugality period. Recognition as a victim and recurring to services was markedly diverse, emphasizing DV as a phenomena which can happen no matter which the sociodemographic characteristics are. Psychological mistreatment, being the most referred, suggest that the participants are remembering their victim pathway, attributing a negative significance to the mistreatment experience. Between the multiplicity of mistreatment, the ones associated to coitus are highlighted as a way of subjugation. The participants' perception values, globally, the professionals as much in the relation aspects, as in knowledge or efficacy in the referral. However, it seems that there is some fragility in the tangible characteristics, which relate to face-to-face contact, as much as in the relational communication, as in the communication regarding DV knowledge. On the other hand, regarding the efficacy of referral, the execution of the safety plan is the most deprived aspect. The results suggest that, in the victims' perception, the professionals' action is reassuring but needs a sensible attitude in communication. On the other hand, there will be a need for more education and training when implementing safety plans, for only the professionals' education, directives and training can provide support to the victims accordingly to their individual needs.

**Limitations:** The sample is reduced and a convenience one, its results not being generalizable. The perception of the attendance by the victims is not an interval measure, being appreciated through independent items.

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**Theme:** EPOSTER

**Title:** ACTIONS TO FIGHT DOMESTIC VIOLENCE IN THE COUNTY OF PARANAVAÍ AND REGION, IN THE STATE OF PARANÁ, BRAZIL

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### **Introduction:**

The objective of this text is to discuss actions to fight domestic violence in the city of Paranavaí and region, in the state of Paraná, since 2010. A dynamics, including meetings, conferences and seminars was implemented with the participation of the whole network that provides services to women under domestic violence. With the contribution of Grupo de Pesquisa Gênero, Trabalho e Políticas Públicas (Gender, Labor and Public Policies Research Group) from Paraná State University, located in Paranavaí (UNESPAR/campus Paranavaí/PR) and other partners, it was possible to realize, in 2015, the Women Policies Conferences in twenty-eight counties in the Paranavaí region. The Gender, Labor and Public Policies Research Group from UNESPAR/Paranavaí/PR, has provided support and assistance for the development of women rights actions since 2013. In addition to the research under way, the research group realized two Seminars on domestic violence: the “I Seminar on Gender: gender violence and domestic violence as contemporary society’s challenges” which was followed by the “II Seminar on Gender: the 10 years of the Maria da Penha law and the challenges of the transversal public policies” in 2016. The two events had an average of 400 participants each and focused on the development of proposals to combat domestic violence in the city of Paranavaí and region. In addition to these processes, in January 2018, the university created the Núcleo Maria da Penha (Maria da Penha Center – NUMAPE), to protect women from domestic violence, a result of a partnership between the Paraná State Government, through the University Without Borders (UWB) Program from the Science, Technology and Higher Education Secretariat and the Paraná State University at Paranavaí.

### **Violence Against Women in Brazil and the State of Paraná:**

Domestic and family violence against women is any action or omission based on gender that may cause death, lesions, physical, sexual or psychological and moral suffering or proprietary damage, according to article 11.340/2006, Maria da Penha Law.

According to the “Violence against Women” dossier published by Instituto Patrícia Galvão (2015), there is a need to recognize domestic and family violence against women and girls as unacceptable and, above

all, governments, international agencies, companies, research and education institutions must commit themselves not to coexist with this problem. It must be seen as a serious issue that impedes the development of the person's full life potential, victimizes families marked by violence and, consequently, limits society's global development.

The research on Women Violence and Murders (Instituto Patrícia Galvão, 2015) showed significant preoccupation with domestic violence: for 70% of the population, women suffer more violence in their homes than in public areas in Brazil. Research data show that the problem is part of the routine of most Brazilians: 54% of interviewees from both sexes and all social classes said they know a battered woman, and 56% know a man who has already beaten his partner.

It is important to emphasize that the State of Paraná is second with the largest number of cases of domestic violence against women (Instituto Brasileiro de Geografia e Estatística [IBGE], 2013) and third in femicide rate. Until May 2017, 62 cases of physical or moral violence against women were registered daily. From 399 cities in the State of Paraná, 87% reported at least one case of violence against females, and only 54 counties showed no occurrence.

### **Domestic violence in Paranavaí and the Creation of the Núcleo Maria da Penha – NUMAPE:**

In regards to the city of Paranavaí, data from the local Police Department show that in 2016 an average of 70 cases of domestic violence were registered per month, with emphasis on the month of December, when 108 episodes of violence were registered and 505 police investigations were opened every year.

In 2017, however, there were 76 police reports from January to August. During this period, there were 328 investigations and 89 flagrant prisons.

To meet this demand, the city of Paranavaí counts on a Women Protection Police Unit with the presence of a deputy, a Reference Center Specialized in Social Assistance (CREAS), the City Council for Woman's Rights and the Public Prosecutor's Office. The Maria da Penha Center - NUMAPE/Campus Paranavaí was created to operate in close partnership with such institutions and other institutions connected with different local public policies.

It is also important to highlight the active participation of the Education Center for Gender Relations (NERG) at the Paranavaí Campus created in 2016 as part of the Human Rights Education Center of UNESPAR. Teachers, students and professionals are involved in this context as researchers and as part of the Gender, Labor and Public Policies Research Group (registered at CNPQ since 2014), developing research and making interventions to combat domestic violence since 2014.

These data can be confirmed by the article entitled "Women Public Policies in Paranavaí and region" published by Jornal Diário do Noroeste on March 26, 2014: "The I Seminar on Gender in 2014 had "Gender violence and domestic violence as contemporary society's challenges" as the main theme" (Pesquisa revela, 2014).

Before the Seminar, a research on domestic violence types and occurrence rates and offenders' profiles was carried out by a partnership between the Research Group, the Prosecutor's Office and regional police stations in the Paranavaí region. Research results were published in the *Anais do I Seminário sobre Gênero* and presented in the XIV Encontro Nacional de Pesquisadores em Serviço Social realized in the city of Natal/RN. The proposals to fight domestic violence put forward during the I Seminar on Gender in the Paranavaí/PR region were forwarded to the Women Policies National Secretariat. Then they were delivered to the region's mayors during a meeting with Dr. Maria Inez Barboza Marques from the Social Service Department, Coordinator of the Gender, Labor and Public Policies Research Group and Gender Relations Education Center of UNESPAR/Campus Paranavaí/PR, and Vice-president of the Woman's Rights Council of Paranavaí.

In 2015, a partnership was established between the Gender, Labor and Public Policies Research Group and the Family and Social Development Secretariat Regional Office. For the realization of conferences on women policies in the Paranavaí region. Twenty-eight out of the 29 counties in the region realized conferences individually or under the intermunicipal modality.

In 2016, the theme of the II Seminar on Gender was "The 10 years of Maria da Penha Law and the challenges of the transversal public policies". Supported by different partners, the event count on 400 participants who reflected on domestic violence and related themes.

Thus, it is possible to attest that UNESPAR in Paranavaí has a history that justifies the effective implementation of NUMAPE in to bring indisputable benefits such as a strong support system for victims of domestic violence, contribution to prevent and combat family and domestic violence, availability of new paid and/or supervised training for undergraduate students of related courses.

Effectively, NUMAPE provides sociological, legal and psychological assistance to battered women whose rights are being threatened or violated. A multi-professional team includes a Psychologist, a Social Worker and a Lawyer. The Center also counts on the participation of teachers from other areas and volunteer professionals.

NUMAPE actions are based essentially on the following legislations: Federal Constitution of 1988; Law 11.340/2006 – Maria da Penha Law; Law 13.104/2015 – Feminicide Law; Laws related to health, social assistance, safety, education public policies and others.

The general objective of NUMAPE is to shelter and provide free legal, psychological and social assistance to victims of domestic violence that need protection so that their rights are guaranteed, keeping them away from the aggressor. It also promotes prevention actions through socio-educational practices, articulations and social mobilization to combat violence against women and raise the population awareness towards this public's rights to comply with the Maria da Penha laws effectively. The specific objectives are to disseminate the content of the Maria da Penha Law through visits and make it available and comprehensible to the general population.

The Center also contributes to the work developed by battered women support system by helping to prevent, protect and disseminate public policies related to gender. It also collaborates with actions and protection during specific legal proceedings, guarantees assistance to women who are victims of violence, with legal, social

and psychological focus, provides consultancy and assistance to services that work on preventing and combating domestic violence. It promotes debates, studies and research in areas related to public policies for women, especially those actions regarding to preventing and fighting domestic and family violence, offers professional training, cooperates with the process of consolidation of UNESPAR/Campus Paranavaí before the local and regional community, offering teaching, research and extension actions of quality and social interest.

To meet the needs of Paranavaí and region, the actions developed by NUMAPE/Paranavaí are interdisciplinary and intersectoral. They are directed to hosting the victim, providing guidance and meeting the demand, giving lectures, providing consultancy and network assistance, professional development, workshops, home and/or institutional visits; specific projects that can be developed by the support centers, social and legal guidance and intervention and preparation of materials for the dissemination of the actions developed.

### **Considerations:**

The processes triggered by this partnership between the university and support centers are important tools for the establishment of the women's rights in Paranavaí and region. However, it is important to make clear that the violence suffered by women is a challenging phenomenon and should always count on the continuous efforts of different bodies that act not only on combating the problem but also on changing the culture of violence that has spread throughout society in general.

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**Theme:** EPOSTER

**Title:** Presence of Exonerations and of circumstances that amend the Criminal Liability in 580 criminal cases of gender-based violence

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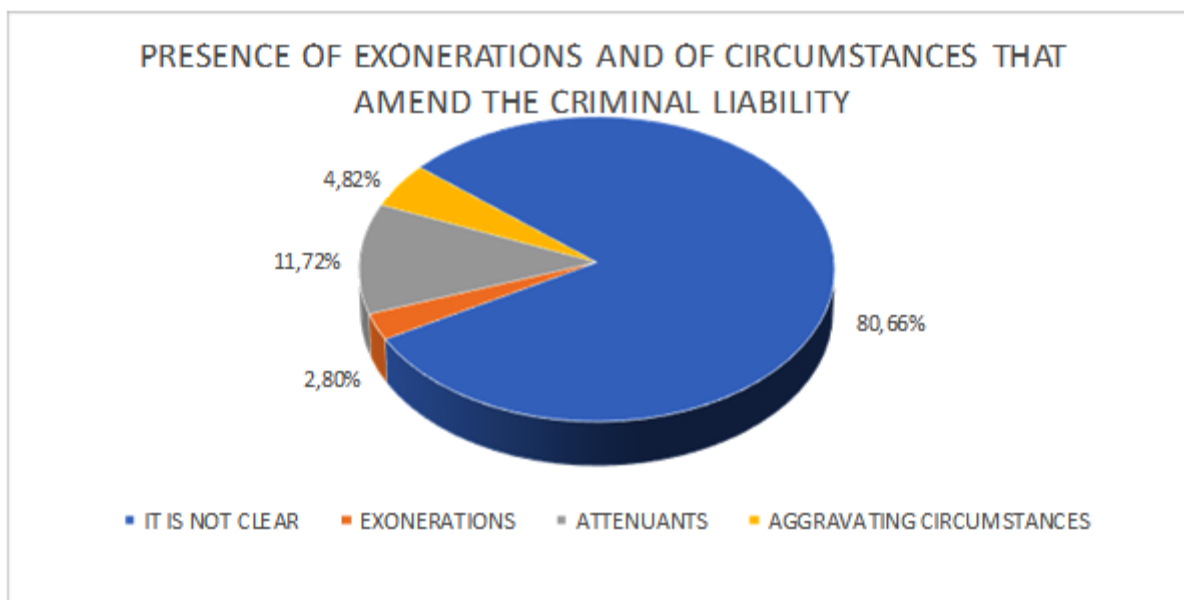
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### **Introduction:**

The circumstances that amend the criminal liability play a far-reaching role in the implementation of the Spanish criminal law. They contribute to the individualisation of the penalty in each specific case according to the concrete forethoughts of the Penal Code, especially in the articles 66 and 68.

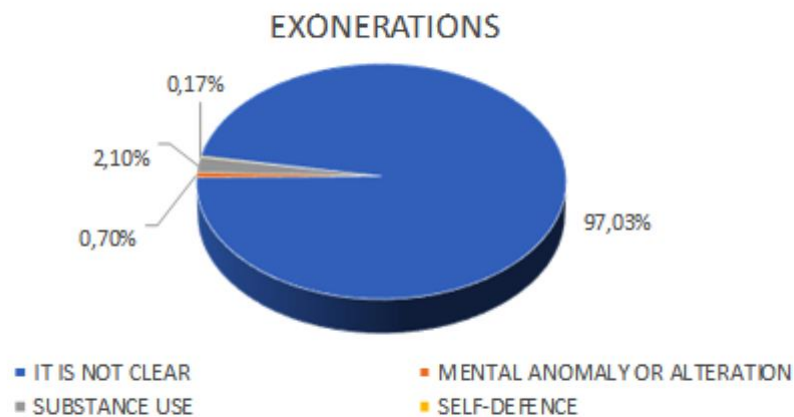
The aim of this paper is to provide some empirical evidences about the presence of exonerating, mitigating and aggravating circumstances in the files that were analyzed for this research. For that purpose, an in-depth review of the 580 files we had access to in the framework of this research, has been carried out. Whereof 398 concluded with a guilty verdict (68,62%) and 182 ended with judgements of acquittal (31,32%).

The research revealed a conjunction of exonerating circumstances in 16 assumptions (2,80%), attenuating circumstances in 63 cases (11,72%) and, finally, aggravating circumstances in 28 judicial files (4,82%).



### **Exonerations:**

The conjunction of exonerations has been found in 16 of 580 cases, as mentioned before. There are three exonerating circumstances: mental anomaly or alteration (4 cases – 0,70%); substance use (12 cases – 2,10%); and self-defence (1 case – 0,17%).



**Mental anomaly or alteration.** This circumstance is provided in section 1 of the article 20 of the Penal Code. In the 4 analyzed cases, we can find disorders related to substance use (1 case); schizophrenia (2 cases) and personality disorder (1 case).

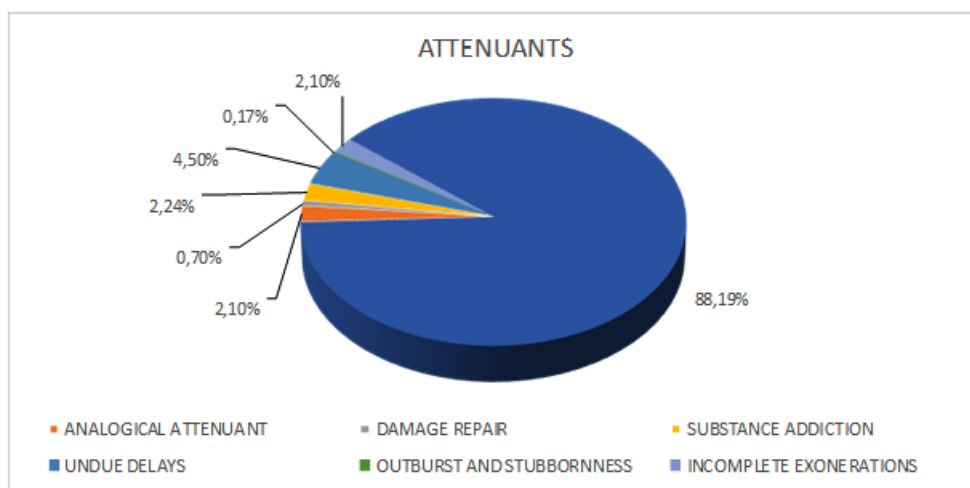
In the assumption related to substance use, the judge implemented the complete exoneration as a consequence of appreciating the existence of an anxiety-depressive syndrome because of an hazardous alcohol consumption syndrome. In two cases we can certify the existence of paranoid schizophrenia, and in one case we can find a mixed personality disorder.

**Substance use.** The presence of alcohol in cases of gender-based violence is common. In 12 cases there is a complete exoneration according to the article 20.2 of the Penal Code. In order to modify the criminal responsibility of the individual, the cases of drug addiction need the enforcement of a number of general biopathological, psychological, chronological and normative requirements (STS 898/2013 November 18 - Id Cendoj 28079120012013100947).

**Self-defence.** Section 4 of the article 20 of the Penal Code exonerates from criminal liability those who act in self-defence. In this research we could only find one case, related to the alleged offence of a woman, within the framework of a fight.

#### **Attenuants:**

Attenuating circumstances in the criminal liability could be found in 68 cases. In particular, there are 6 attenuating circumstances: incomplete exonerations (12 cases – 2.10%); act due to substance addiction (13 cases – 2,24%); act due to an outburst, stubbornness or a passionate state (1 case – 0,17%); damage repair before the trial (4 cases); undue delays (26 cases – 4,50%); analogical attenuants (12 cases – 2.10%).



**Incomplete exoneration.** The article 21.1 of the Penal Code stipulates that we should consider as attenuants the cases of liability exemption where not all the requirements concur, but the key ones do. Of the fourteen cases in which we can regard this, ten were caused by alcoholism, and the other two, by drug addiction.

**Substance addiction.** The study exposes that to act because of a serious addiction to one or several of the mentioned substances has motivated the implementation of the attenuant of the article 21.2 of the Penal Code in 13 different cases. In 7 of them, the convict endured a serious addiction to alcoholic beverages, and in the other 6 cases, to toxic drugs.

**Outburst, stubbornness or passionate state.** In 580 cases, we can only find the circumstance of the article 21.3 of the Penal Code in one case. There is a stubbornness because of jealousy related to an offence of making threats of the article 169.2 of the Penal Code.

**Damage repair.** In this empirical research, this circumstance has been applied in 4 cases. In two of them, the attenuation is associated with the penalty imposed for a criminal damage (article 263 of the Penal Code). In the other two cases, the association is established regarding the already derogated damage penalty of the article 625.1 of the Penal Code.

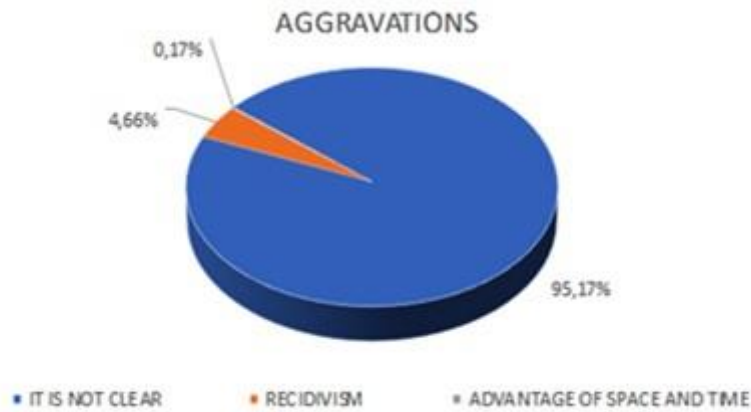
**Undue delays.** The circumstance of the article 21.6 of the Penal Code has been found in 26 assumptions.

**Analogical attenuants.** In the analyzed files, we can find 12 cases where we can see an analogical attenuating circumstance (art. 21.7 of the Penal Code). In all of them, the judicial body has settled it in connection with the incomplete exoneration of the article 21.1 of the Penal Code, and the exoneration because of the use of alcohol and other substances of the article 20.2 of the Penal Code.



### Aggravations:

The conjunction of aggravating circumstances has been observed in 28 cases. In detail, we can find two aggravating circumstances: taking advantage of space and time (1 case – 0,17%); and recidivism (27 cases – 4,66%).



**Advantage of space and time.** In this paper, we can only find a case where this circumstance of the article 22 happens. The offender took advantage of the circumstance that the victim was sleeping in order to carry out the attack.

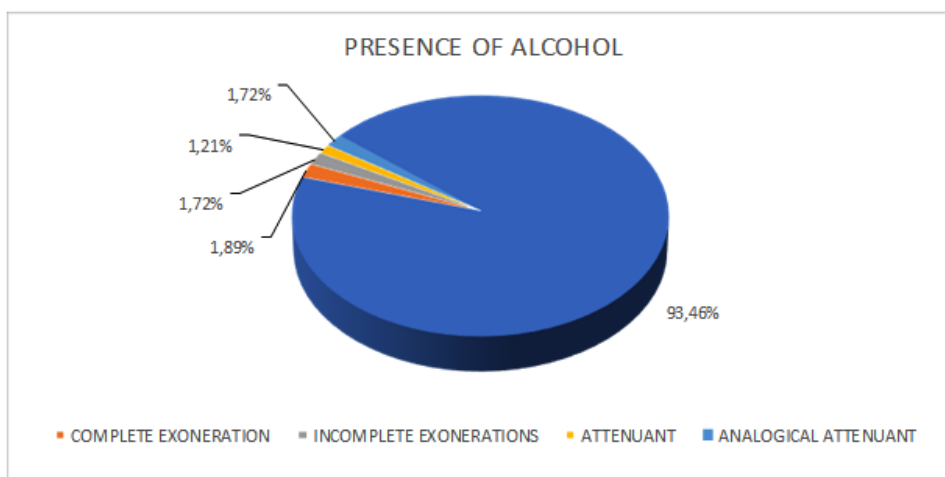
**Recidivism.** This research was focused on the penal recidivism, in particular, on the aggravation drafted in the article 22.8 of the Penal Code, and we have analyzed 27 cases (4,66%) with the aggravation of recidivism.

### Conclusions:

According to the research, we can find a low presence of modifying circumstances of the criminal liability in the resolutions of the analyzed judicial files.

From a strictly quantitative point of view, the aggravations of recidivism (27 cases) and undue delays (26 cases) have a greater representativity.

But, from a qualitative point of view, we can't obviate the role of alcohol in the studied cases. As it has already been shared in this research, the presence of alcohol in the criminal field is worthy of different penal treatments. In our research we can find 38 cases where the alcohol use caused the exoneration or an attenuant of the criminal responsibility. In 11 cases it was a complete exoneration. On the other hand, in 7 cases the attenuant of alcohol poisoning of the article 21,2 of the Penal Code was applied. Finally, in 10 cases an analogical attenuant in connection with the articles 21.1 and 20.2 of the Penal Code has been adopted.



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