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**Project: 101049100: Protection of victims of gender-based violence -
response to pandemic challenges – RISKFREE**

DELIVERABLE 2.4

RISK ASSESSMENT TOOL



autonomna
ženska kuća
zagreb



CENTAR ZA ŽENE ŽRTVE RATA - ROSA



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1. Introduction

This document was developed within the project "Protection of victims of gender-based violence – response to pandemic challenges (RISKFREE)" financed by the Citizens, Equality, Rights and Values program (CERV) of the European Commission and which is being implemented from 15 April 2022 to 14 April 2024. The project is implemented in partnership with organizations from 5 countries: The Union of Women Associations of Heraklion – UWAH (Greece), Association for Nonviolent Communication – DNK (Slovenia), Fenestra (Slovakia), the Women for Women Together Against Violence Association – NANE (Hungary) and Autonomous Women's House Zagreb and Centre for WOMEN war Victims – ROSA (Croatia). The purpose of the project is to contribute to the improvement of the protection of women from gender-based violence (GBV) by examining the phenomenon of an increased level of risk for women survivors of violence in the context of the COVID-19 pandemic. Along with research, as part of the project, a risk assessment protocol and methodology will be developed to ensure the continuity of service provision to women who survived violence during the pandemic. The capacities of practitioners who provide support to women survivors of violence and/or their children will be further improved through their participation in training on risk assessment methodology that will be conducted by members of partner organizations in their respective countries. Finally, public awareness campaigns will be conducted in all countries involved in the project with the aim of promoting zero tolerance towards gender-based violence against women and informing women on how to seek help.

The aim of this document is to provide an overview of key elements for the development of risk assessment tools and to provide an overview of the existing tools for risk assessment in cases of violence against women and their children. Also, we included some specific knowledge and experiences from our work and research we have conducted within this project. In the document, we also try to clarify the challenges in applying this tool and what should be taken into account in order to improve the protection of women from violence, but at the same time to protect them from secondary victimization.



2. Risk assessment, risk assessment tool and risk management

Violence against women has a tendency to escalate over time. Also, it is a repetitive crime. There is usually a history of previous abuse especially in relation to murders of women or attempted murders or cases of severe violence. Therefore, the system is likely to know both the survivors or victims and the perpetrators of such violence as they had contact with various institutions and organizations dealing with cases of violence against women and their children. All actors in the system have a responsibility to decide what actions will be taken against the perpetrator and also what measures will help to protect the victim. Risk assessment can help in this decision-making process.¹

States have an obligation to protect those whose lives are at risk.² This obligation is addressed in several international treaties and documents at the UN and the EU level.³ According to the Council of Europe Convention on preventing and combating violence against women and domestic violence,⁴ risk assessment is the assessment of the safety risks a particular victim faces on a case-by-case basis, according to standardized procedures and within a multi-agency framework. Risk assessment includes an assessment of the seriousness of the situation, the risk of repeated violence (recidivism) and the risk of the victim's death (lethality).

Identification of risk factors is the initial and vital step in the risk assessment process and in the process of protection of women and children from gender-based violence as it informs planning and ensuring their safety.

The aim of risk assessment is not to predict risk, but rather to assess it in order to provide adequate safety measures and protection to victims. We cannot eliminate risks, however, we can implement protective measures to reduce harm.⁵ The purpose of the individual assessment of a woman - survivor

¹ Logar.R., Marvanová Vargová B.:Effective Multi-agency Co-operation for Preventing and Combating Domestic Violence Training of Trainers Manual, Council of Europe, 2015

² See European Court of Human Rights (2009). Judgement case of Tomasic and others v. Croatia, Para. 51. in Logar.R., Marvanová Vargová B.:Effective Multi-agency Co-operation for Preventing and Combating Domestic Violence Training of Trainers Manual, Council of Europe, 2015

³ See, for instance, General recommendations no. 19 and no. 35 to the Convention on the Elimination of All Forms of Discrimination of Women (CEDAW), Directive 2012/29/EU Of The European Parliament and of the Council of 25 October 2012, establishing minimum standards on the rights, support and protection of victims of crime, and replacing Council Framework Decision 2001/220/JHA, Council of Europe Recommendation Rec(2002)5 of the Committee of Ministers to member states, CoE Convention on Preventing and Combating Violence Against Women and Domestic Violence (Istanbul Convention).

⁴ CoE Convention on Preventing and Combating Violence Against Women and Domestic Violence (Istanbul Convention), Council of Europe, <https://www.coe.int/en/web/istanbul-convention/text-of-the-convention>

⁵ Logar.R., Marvanová Vargová B.:Effective Multi-agency Co-operation for Preventing and Combating Domestic Violence Training of Trainers Manual, Council of Europe, 2015



of gender-based violence is to determine whether she has specific protection needs, and thus if special protection measures should be applied, and what these measures should be.

Risk is dynamic and is of changing nature. It can sometimes change over short periods of time, in some cases within a few hours. This can depend on a number of factors and circumstances that can raise the level of risk. They include separation, court hearing, child conduct, loss of employment and other factors. This means that risk needs to be assessed systematically and in close cooperation with the woman survivor. It is a continuous process and needs to be followed by safety planning and risk management. It is also important to review its effectiveness and to do a re-assessment if needed.⁶

Depending on who conducts the risk analysis and for what purpose, in the last few decades several materials have been developed for risk assessment in cases of violence against women. Long-term research processes preceded the development of risk assessment tools, and many of them are further developed by taking into account testing of the tool through its implementation.

A risk assessment tool is an instrument that can be used by different points of contact with women survivors of violence: police, centers for social care, hospitals, women's NGOs, prohibition and prison services. In most cases of violence police is the first point of contact and institution that is managing cases and has a leading role in processes that assess risk. There are two groups of risk assessment tools. One type of risk assessment tools is used for assessing the risk of repeated physical assault in cases of intimate partner violence against women. The other is used to assess the risk of murder of women (femicide) due to intimate partner violence.⁷

It is important to remember that risk assessment tools are not accurate instruments and should be used with caution. The quality and depth of information gathered is essential and therefore, it requires a trained, skilled and experienced professional. Those who do not have the necessary training, skills and experience should try to involve a specialized professional.⁸

⁶ Ibid.

⁷ Protect II Capacity Building in Risk Assessment and Safety Management to Protect High Risk Victims. A Learning Source. WAVE - Women Against Violence Europe, Vienna 2012, https://files.wave-network.org/trainingmanuals/PROTECTII_Risk_Assessment_and_Safety_2012_English.pdf

⁸ Ibid.



As shown in the research study conducted by the European Institute for Gender Studies (EIGE) in the EU member states, there are several approaches to risk assessment.⁹ All have certain advantages and disadvantages as to their reliability and their relevance and appropriateness for various practitioners:

- unstructured clinical decision-making¹⁰

Unstructured clinical decision-making is an informal approach to risk assessment used by professionals and practitioners in the field of intimate partner violence, including the police, social workers, health professionals and victim support services. It is perhaps the most widely used approach to risk assessment of violence as it does not involve any constraints or guidelines in performing the assessment and can be carried out by professionals across sectors. In this approach, the professional collects information and renders a risk assessment based on their own subjective judgment and discretion; these are justified by the professional's qualifications and experience. One strength of this approach, as argued by some, is that it allows for flexibility and for the professional to consider the offender's specific behaviors and circumstances in the development of specific violence prevention strategies. However, the approach is also criticized as too heavily dependent on the opinion of the assessor, and therefore suffers from low reliability and is less accurate than structured risk assessments.

- the actuarial approach¹¹

The actuarial approach is a method used to predict specific violent behaviors based on the use of evidence-based risk factors. It uses statistical analysis conducted within a limited time frame in order to predict violence by providing an accurate estimate of the probability of a repeat attack. The actuarial approach involves the use of a tool with a checklist of static risk factors (such as criminal history) that have been shown to be statistically related to a specific outcome (recidivism/lethality). Risk factors are assessed as to whether they are present or not present, or are assigned a specific value according to guidelines. The values are then added up to get a total score that corresponds to a specific level of risk for future violence over a given period

⁹European Institute for Gender Equality, Risk assessment and management of intimate partner violence in the EU, Publications Office, 2019, <https://data.europa.eu/doi/10.2839/39960>

¹⁰ Adapted from: European Institute for Gender Equality, Risk assessment and management of intimate partner violence in the EU, Publications Office, 2019, p. 19-20, <https://data.europa.eu/doi/10.2839/39960>

¹¹ Adapted from: European Institute for Gender Equality, Risk assessment and management of intimate partner violence in the EU, Publications Office, 2019, p. 20, <https://data.europa.eu/doi/10.2839/39960>



of time. The main advantage of this approach is that it improves credibility and validity compared to an unstructured clinical approach. (...) The limitations to this approach include a dependence on static risk factors that do not capture how risk may fluctuate over time, and a focus on risk prediction rather than risk management and violence prevention.(...)

- the structured professional judgment approach¹²

Structured professional judgment is an approach that can be seen as a bridge between the actuarial approach and the unstructured clinical approach to risk assessment and it addresses the limitations of both. (...) Here, the practitioner must conduct the assessment according to specific risk assessment guidelines that reflect current theoretical, professional and empirical knowledge about violence. Such guidelines provide the minimum set of risk factors to be considered in every case as well as recommendations for information gathering, communicating risk assessment results to other agencies where relevant and implementing violence prevention strategies.

In structured approaches evidence-based static and dynamic risk factors are used, which allows risk assessment processes to be used by a wide range of professionals such as police officers, lawyers, correctional staff, mental health professionals and victim support services. Additionally, risk assessment tools following this approach allow practitioners to integrate their own judgment when making the final risk decision. Most importantly, this approach changes the emphasis from one of risk prediction to one of risk management. (...)"

Also, the analysis of risk assessment should not be exclusively quantitative (if the number of points turns out to be high enough), but it should also be qualitative (e.g. intense and escalated stalking is one element, but it can itself indicate a high risk).

The risk assessment is prepared with a purpose to increase the safety of the woman survivor of violence, and not to traumatize her. We usually do not make a risk assessment during only one conversation. The risk assessment form is the base, but we do not use it directly as we would use a survey questionnaire, as it contains traumatic content.

¹² Adapted from: European Institute for Gender Equality, Risk assessment and management of intimate partner violence in the EU, Publications Office, 2019, p. 20-21, <https://data.europa.eu/doi/10.2839/39960>



The implementation of risk assessment should be a dynamic process, in which attention should constantly be paid to elements that indicate an escalation of violence and an increase of danger. The importance of the proper implementation of risk assessment tools lies in the recognition of all levels of risk, as well as specific needs of women survivors of violence. This will make it easier to collect detailed and relevant information about the victim and the perpetrator in cases of violence against women.

Following an assessment of the level of risk of further harm, the next step is to enhance the safety of the woman. This is known as safety planning. Safety planning has different forms and includes a wide range of activities and resources. It can only be effective when the woman survivor is actively engaged in the process. Even though safety planning is usually conducted by practitioners from different agencies together with survivors and is informed by particular steps and strategies many survivors already use, it is important to remember that safety and protection are an obligation of the state, not the responsibility of the survivor.¹³

As stated in the EIGE document *Risk assessment and management of intimate partner violence in the EU*: “The development of risk management strategies is linked to risk assessment procedures and depends heavily on the purpose and outcome of risk assessment tools, whether the system focuses exclusively on victims or on managing perpetrator behavior (or both).”¹⁴

After conducting the risk assessment, the next step is to create a safety plan. Safety planning is a dynamic process that needs constant analysis and appropriate changes/adjustments.

Strategies of risk management are designed with the intention to protect the victim and to work with the perpetrators to make them more aware and to reduce their violent behavior. According to above mentioned EIGE document¹⁵ those risk management strategies can include:

- “Monitoring, which refers to strategies that involve surveillance or repeated assessment. The goal is to evaluate changes in risk factors over time so that risk management strategies can be revised as appropriate;

¹³ Protect II Capacity Building in Risk Assessment and Safety Management to Protect High Risk Victims. A Learning Source. WAVE - Women Against Violence Europe, Vienna 2012, https://fileserver.wave-network.org/trainingmanuals/PROTECTII_Risk_Assessment_and_Safety_2012_English.pdf

¹⁴ Adapted from: European Institute for Gender Equality, Risk assessment and management of intimate partner violence in the EU, Publications Office, 2019, p. 28, <https://data.europa.eu/doi/10.2839/39960>

¹⁵ Ibid



- Supervision, which involves imposition of controls or restrictions of freedoms. The goal of supervision is to make it (more) difficult for the perpetrator to engage in further violence;
- Intervention, involving measures that focus on the perpetrator's behavior or mental health, including referral to a perpetrator programme, a substance use treatment programme, or other rehabilitation strategies, etc.;
- Victim/survivor safety planning, which is the process of supporting or empowering victims/survivors in developing strategies and implementing measures to increase their safety."

Protection of the victim strategies¹⁶:

- "Victim safety planning is facilitated by the screening and risk assessment process. It is a strategic process enabling the victim, with the support of professionals and services, to make use of the existing and available resources. This helps her to be aware of the risk she faces and increases her, as well as her children's, safety. The safety plan is composed of a set of measures designed together with the victim and can cover the victim's specific needs at different times in the cycle of the abusive relationship. (...)
- The role of the victim is crucial for risk management. A victim-centered approach aims to achieve a shared safety management strategy where responsibilities, actions and commitments are clearly identified and agreed upon. The greatest source of information on the specific situation is the victim herself so she should be at the center of all interventions. All efforts should aim to provide her with the opportunity to engage actively with supporting agencies/services and to be informed at every stage of the process. Children's needs should also be taken into account since they could be an important consideration to victims whether they seek safety or not, as well as how victims retrospectively evaluate the safety strategies they used. When drafting risk management strategies with the collaboration of the victim, the personal characteristics of the victim of intimate partner violence should be taken into consideration. For instance, migrant and refugee women often fall out of the system and, at times, are barred from seeking legal remedies altogether, particularly in the case of

¹⁶ Adapted from: European Institute for Gender Equality, Risk assessment and management of intimate partner violence in the EU, Publications Office, 2019, p. 30-31, <https://data.europa.eu/doi/10.2839/39960>





undocumented migrants. For many migrant women, the choice is essentially limited to either 'safety in their home' (safety from a violent partner) or 'state intervention in their life.

- Multiagency mechanisms, whether formal or informal, could provide a prominent response to intimate partner violence. A multiagency framework provides a coordinated response to intimate partner violence by bringing together statutory and volunteer agencies which, in collaboration with the victim, design tailored, individualised safety strategies. Such agencies could be the police, public safety organisations, social services, health professionals, emergency shelters and consultation centres, as well as experts in intervention programmes for perpetrators.”

At this point it is important to emphasize that it is also necessary to have information about the situations of children if they may have witnessed or were present during escalations of violence. It is important to find out about violence directed at them or what they witness, what risks are associated with them and what strategies they have. After separation, child custody proceedings and the resulting child contact with the abuser need to be also carefully examined and considered when assessing the level of risk posed by violence not only to children themselves, but also to women.

As is stated in Risk assessment and management of intimate partner violence in the EU¹⁷ part of risk management are offender management strategies that include:

- “A protection order is a fast legal remedy to protect persons at risk of any form of violence by prohibiting, restraining or prescribing certain behavior of the perpetrator. (...) In general, protection orders are not sufficient if used alone without any additional protective actions from police or social services.
- Perpetrator programmes for intimate partner violence constitute an offender management strategy focused on perpetrators, although controversial. (...) These programmes should not be set up in isolation, but in close cooperation with women’s support services, law-enforcement agencies, the judiciary, probation services and child protection or child welfare offices in order to contribute to women’s safety. (...)”

¹⁷ European Institute for Gender Equality, Risk assessment and management of intimate partner violence in the EU, Publications Office, 2019, p. 29-30, <https://data.europa.eu/doi/10.2839/39960>



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At this point it is important to emphasize certain problems related to offender management strategies . As for protection orders, they are not recommended in case of high-risk victims. In such cases, there needs to be a more effective intervention implemented such as arrest, custody and other measures taken by law-enforcement agencies to effectively protect women and their children from severe violence, to prevent femicides and to hold the perpetrators accountable.

Perpetrator programmes alone, although controversial as their long-term effectiveness is debated, are not an effective strategy for protection of survivors of intimate partner violence, especially those exposed to high-risk or severe violence or femicide. In such cases, other interventions to ensure survivors' safety and safety of their children need to be put in place.



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3. Risk assessment tool

As stated in the EIGE document *Risk assessment and management of intimate partner violence in the EU*,¹⁸ risk assessment tools allow practitioners to integrate their own judgment when making the final risk decision. Most importantly, this approach changes the emphasis from one of risk prediction to one of risk management.

3.1. Content categories of risk assessment tool

According to materials developed by WAVE on risk assessment and safety in PROTECT II¹⁹, there are 5 categories of risk in domestic violence. Those are areas that should be covered by a risk assessment tool or checklist organized through a list of questions.

Mentioned categories are:

1. History of violence
2. Forms and patterns of violence
3. Risk factors related to perpetrator's attitudes and behavior
4. Victim's perception of risk
5. Aggravating factors

Each of these categories is divided in subcategories and further opens more specific risk categories that should be detected by formulating questions.

1. History of violence:

- Previous violence against women and domestic violence
- Violence against children and other family members
- Generally violent behavior
- Violation of protective orders

2. Forms and patterns of violence

- Severity and frequency of violent acts

¹⁸ <https://eige.europa.eu/publications/risk-assessment-and-management-intimate-partner-violence-eu>

¹⁹ Protect II Capacity Building in Risk Assessment and Safety Management to Protect High Risk Victims. A Learning Source. WAVE - Women Against Violence Europe, Vienna 2012, http://files.wave-network.org/trainingmanuals/PROTECTII_Risk_Assessment_and_Safety_2012_English.pdf p 85-92



- Use of threats or weapons
- Controlling behavior and isolation
- Stalking
- Sexual violence
- Threats to kill, threats to harm, coercion
- Strangulation and choking

3. Risk factors related to perpetrator's behavior

- Issues related to alcohol and drug use
- Possessiveness, extreme jealousy and other forms of harmful behavior
- Issues related to poor mental health, including threats and attempts to commit suicide
- Economic stress (changes in perpetrator's financial status)

4. Victim's perception of risk:

- Fear for herself and others

5. Aggravating factors:

- Separation
- Child contact
- Step-child living in family
- Violence during pregnancy (approx. 30% of violence starts in pregnancy)
- It would also be necessary to create specific RA - for example, for violence against the elderly by adult sons, daughters, guardians, grandchildren, etc.

3.2. Examples of existing risk assessment tools

1. DANGER ASSESSMENT (DA)²⁰ – 20 yes/no questions about risk factors which are weighted and result in four levels of risk. Review of the past year with a calendar filled to document severity and frequency and battering. It is conducted as an interview with the victim usually by her advocate. Use: assessing the risk of extreme dangerousness and lethal violence for victim education, awareness, safety planning and service provision.

https://www.dangerassessment.org/uploads/DA_NewScoring_2019.pdf

2. BRIEF RISK ASSESSMENT FOR THE EMERGENCY DEPARTMENT – shorter version of DA that consists of 5 questions. A positive answer to any three questions has a sensitivity for high risk of severe

²⁰ <https://www.dangerassessment.org/uploads/pdf/DAEnglish2010.pdf>





assault of 83%. This interview is conducted with the victim by an Emergency Department health care provider. This is an instrument developed for Emergency Departments to identify victims at highest risk of suffering severe injury or potential lethal assaults.

3. CAADA DASH Checklist²¹ (CAADA - Coordinated Actions Against Domestic Violence; DASH – Domestic abuse Stalking and Harassment and Honor Based Violence) – 24 questions about risk factors – 10 yes responses are regarded as high risk, whilst 14 of more yes responses would normally meet MARAC (Multi Agency Risk Assessment Conference) referral criteria. It is conducted as an interview with the victim by any professional identifying domestic violence. It is used to help front line professionals to identify high risk cases of domestic violence, stalking and harassment and honor-based violence; to establish which cases should be referred to MARAC and what other support might be required.

<https://safelives.org.uk/sites/default/files/resources/MARAC%20FAQs%20General%20FINAL.pdf>

A MARAC is a meeting where information is shared on the highest risk domestic abuse cases between representatives of local police, health, child protection, housing practitioners, Independent Domestic Violence Advisors (IDVAs), probation and other specialists from the statutory and voluntary sectors. Over 270 MARACs operate across England, Wales, Northern Ireland and Scotland.

4. METROPOLITAN POLICE RISK

The MPS Risk Assessment Model was developed by the Understanding and Responding to Hate Crime Team. It was built on a thorough review of existing international research and literature, a comprehensive consultation exercise involving leading academics and practitioners, including contributions from victims of domestic violence. The model has been extensively piloted within the MPS and other forces. The work has also been informed by findings from MPS domestic homicide reviews and a detailed analysis of other serious domestic incidents.

https://www.whatdotheyknow.com/request/26758/response/70582/attach/3/MPSDVSPECSS2008.doc.pdf?cookie_passthrough=1

5. ONTARIO RISK ASSESSMENT

The ODARA is an actuarial risk assessment that calculates how a man who has assaulted his female partner ranks among similar perpetrators with respect to risk. It also calculates the likelihood that he will assault a female partner again in the future. The 13 ODARA items include domestic and nondomestic criminal history, threats and confinement during the index incident, children in the

²¹ <https://www.safershetland.com/assets/files/RIC%20Without%20Guidance.pdf>





relationship, substance abuse, and barriers to victim support. Each is scored 0 or 1 and the total score is simply the sum of the items. <https://grcounseling.com/wp-content/uploads/2016/08/domestic-violence-risk-assessment.pdf>

3.3. Specific risk elements related to the COVID-19 pandemic and other types of crisis (our experiences based on the research conducted in the scope of the project and partners' experiences)

When conducting risk assessment, it is important to consider specific elements that are characteristic to certain contexts, based on the findings from the research carried out in the scope of the project and partners' experiences/country contexts .

In times of social crises (war, mass migration, pandemic, etc.), it is necessary to take into account the specific circumstances brought about by a crisis. It is necessary to include the social dimension in the personal risk assessment, i.e. a broader view of the situation, while, at the same time, taking into account specific circumstances.

The COVID-19 and other health crises

The COVID-19 pandemic brought about specific conditions and its consequences will be felt throughout the world for a long time. This should be taken into account when assessing risk and/or creating or upgrading risk assessment tool(s) and also when interpreting the results obtained. Some aspects related to COVID-19 or a similar health crisis increase the risk of severe physical violence in abusive relationships. Besides, a wide range of professionals might get in contact with survivors, and knowledge on risk assessment can help them identify the abuse.

In general, a health crisis like COVID-19, especially during a lockdown, bears greater risk for women. It increases the abusers' stress (see the 3. category in PROTECT II) as well as access to their partner (physical access if they live together). In the first few weeks, NANE helpline in Hungary received a lower number of calls than average. In such a social crisis, survivors first typically do not ask for help: they are trying to adapt to radically altered life circumstances, and the new life-threatening crisis takes priority over the threats of the abusive relationship. Lockdown measures, with the presence of the abuser and limited access to support might add to this tendency. However, with time, Hungary saw that women were asking for help more frequently than before the pandemic, via available channels.



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Many survivors of domestic and intimate partner violence reported that the situation regarding violence has increased dangerously during the pandemic. Survivors of violence and children who may have been indirect or direct victims of violence spent much more time with the perpetrator of violence. Some felt cramped in apartments that were too small and due to mandated restrictions it was impossible to spend time outdoors. A lot of cooperation was needed to coordinate the care and education of children, the work from home and the rest of the organization of daily life. When the opinions of the survivor and the perpetrator differed regarding the causes of COVID-19 and the measures, this significantly increased the possibility of danger and a violence. Children and young people who lived in homes for children and youth/housing for children and youth due to violence or neglect before the pandemic, have returned home during the pandemic. Some were exposed to violence once again, some caused violence themselves. Some of them, in addition to behavioral and emotional problems, also had problems with internet addiction and addiction to alcohol and/or illegal substances.

In the lockdown context the assessment of isolation and control by an abusive partner needed to be given special attention. In such context, it is essential to distinguish health concerns from control mechanisms, including the woman's physical isolation or mobility restrictions. Our research shows that abusers often legitimized their controlling behavior by referring to the pandemic safety measures. This included behavior affecting children, especially in cases of custody and visitation, which could easily become a tool of manipulation and abuse in the father's hand.

During the pandemic, the calls arriving to NANE helpline in Hungary reported a significant increase in online forms of violence. Online violence affects women both living together with their partner and living separately. If they live separately, the abusive partner looks for alternatives to physical access and starts using online forms of control and violence. If they are in a lockdown together, the woman's activities are restrained, as she cannot make phone calls without her partner's knowledge. As her activities are increasingly moving online, including work and personal relations, the online control and violence also increases. With support services increasingly operating remotely, it is essential to know whether the woman seeking help is physically alone when she contacts the organization (see our Online protocol, Deliverable 2_5). As for the abuser's online activities, our experiences in work with women survivors showed that it is important to include the use of pornography as an integral part of risk assessment of the abuser's profile and expected behavior.



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Furthermore, the COVID-19 pandemic entailed a significant economic crisis, resulting in the escalation of economic forms of violence. With narrowing financial opportunities, women's chances to leave have decreased. The woman and the abuser's unemployment or impoverishment increased the risk of severe violence.

In Croatia, we experienced similar issues. The number of calls during the lockdown was lower than average because women survivors were trapped with their abusers and were unable to call for help. However, in the months following the lockdown the number of calls to our helpline rose for 18 %. According to the research on the impact of COVID-19 on gender-based violence we have conducted at the end of 2020, we discovered that during the pandemic new forms of abusive behavior appeared, such as control of mobile phones and social media accounts, threats to spread the disease, bans to leave households etc.

Our research implemented within the project RISKFREE showed that some women had difficulties in contacting institutions because of specific limitations in their operation or because the women were in a lockdown together with the abuser. This is something that should be taken into consideration when preparing a tool for risk assessment and when carrying out risk management. The limited accessibility of institutions might increase the risk of severe physical violence. The capacity and admission policy of institutions shall be assessed to know if the woman can find refuge (also in case if she is tested positive). Clear and wide communication on accessibility and admission procedures from the side of institutions is therefore of vital importance. Also, the pandemic measures (e.g., control of lockdown rules) requires extra effort from the police, narrowing their capacity on other fields such as violence against women. Therefore, it is recommended that police controlling the streets during lockdown also pays attention to and assesses signs of domestic violence. In general, during health crises, preliminary risk assessment should be practiced in a wider range of institutions, including those professionals who frequently meet women, such as pharmacists and family doctors. The routine of asking a few basic questions could help them establish if the woman is experiencing abuse.

During the COVID-19 pandemic, it was important to assess what were the current restrictive measures, which changed frequently and made it difficult for the women experiencing intimate partner violence to retreat to safety and find help and support. When there were restrictions for



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moving from municipality to municipality, we issued a certificate to women who were included in the program due to extraordinary personal circumstances, to protect the their health and life those of their children. Similar problems were caused by the declared lockdown “ora legalis” (prohibition of outdoor movement between 9:00 p.m. and 6:00 a.m.). In the future, it should be clear that the circumstances of taking care of one's health and life related to abuse are exceptions in which it is not necessary to follow such prohibition. Governments and their responsible authorities need to take into consideration the situation of women experiencing intimate partner violence and their children when designing measures with regard to the protection of citizens' health during a public health crisis. Various crisis management teams set up to manage a public health crisis such as the COVID-19 pandemic at the national, regional or local levels should seek consultation from representatives of specialist support services for women - survivors of gender-based violence.

Our research for this project has shown that specifically during the COVID-19 pandemic, case workers in Greece have been extra vigilant during the counseling sessions with women who have experienced violence, as the increased time and proximity that the women spent with the perpetrator could potentially escalate the danger.

During this period, there were fewer programs for women experiencing violence, or they were available for a shorter period of time. In these cases, it was a good practice that programs took place online (via phone, e-mail, social and video applications for conducting counseling, etc.). Help and protection provided by the relevant state and public institutions was also limited for a certain period of time during the pandemic, so women experiencing intimate partner violence had difficulties seeking help from them. Overall, the pandemic meant fewer sources of support for women and their children from the relevant state agencies, as well as from their supportive relatives, colleagues, employers, and friends.

Social advocacy was also effective in increasing safety, when the counselors explained the situation and proposed measures in front of the institutions in prior agreement with the survivor of violence. When the restrictive measures were a little more relaxed, personal consultations were carried out outside, in nature, in the park. In Hungary, NANE launched chat support services to expand the opportunities to ask for help. Accompaniment to institutions for victims of violence, to the police and court also continued; we informed the institutions in advance in order to ensure a large enough space.



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A good practice during the COVID-19 pandemic in Slovenia was that the state also took care of raising awareness about the prevention of domestic violence and about help programs for survivors of violence. The police issued a notice several times that they detected an increased number of interventions in homes, both due to conflict situations and violence, and called for safe and respectful relationships. They also encouraged people who saw the violence in their area to inform the police.

The experience from Slovakia shows that there were some useful measures taken by the government, as well as issues that got overlooked by the crisis management teams set up at the national, regional and local levels and the government. One of the positive measures taken was that support services for women experiencing intimate partner violence in Slovakia, including NGO Fenestra, were granted an exception and were declared an essential service, which meant their staff could go to work and women experiencing intimate partner violence were also allowed to seek help from essential services in person, even under the strictest lockdowns. Also, the pandemic together with the awareness raising about increased risk to women experiencing intimate partner violence and their children, as well as other victims of domestic violence, accelerated the introduction of intervention centers for domestic violence victims under the Victim Protection Act. On the other hand, many of the general measures aiming at protecting public health did not reflect the needs of women experiencing intimate partner violence (e.g. facilities set up by municipalities for quarantining did not take into account the need for specific security and safety measures for women experiencing intimate partner violence and their children, the measure that aimed to ensure that court decisions on child custody and child contact remained effective at the time of pandemic failed to reflect that child contact had gradually become a further means of control and escalation of violence to abusive ex-partners of women - survivors of intimate partner violence, which many women stated in our research as a reasons for calling the police and seeking legal and other help during the pandemic, etc.). Overall, it can be said that the pandemic further accentuated the gaps in the system of help, support and protection of women - survivors of intimate partner violence and their children.

War and migration crisis

When working in a post-war or current wartime area we should have in mind specific consequences as: the easy availability of weapons and increased tolerance towards violence in general and post-traumatic stress disorder. The consequences of war in Croatia are still present in all those aspects and the war in Ukraine is having similar outcomes. Also, as a result of large population migrations in the



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last 10 years, we are facing new challenges in the area of dealing with violence against women. In some countries, certain forms of violence are not sanctioned by the law and are not seen as a violation of women's human rights. Therefore, women coming from or fleeing those countries may need information and support to better understand attitudes to and perceptions of violence against women in European countries. Social isolation and language are also barriers. The experience of Centre for Women War Victims - ROSA from Croatia has shown that a great number of women refugees that come from Syria, Iraq and other countries from that region are socially isolated, have poor or no knowledge of the local language and experience serious difficulties when entering the labor market and gaining financial independence. Those elements should be taken into account when dealing with cases of violence against women refugees and asylum seekers.

The experience gained in countries that were part of the migrant route during the mass migration wave since 2015 shows how important social advocacy work is at the level of state institutions. As the state authorities strictly controlled crossing the border, many rights were restricted. NGOs also informed state authorities about discriminatory and sometimes violent behavior that was caused by people in positions of power towards people who migrated. In order to prevent sexual harassment, we requested safe spaces for changing clothes for women and children. NGOs proposed many measures, but they were not adopted or only partially adopted. In the future, it would be necessary to restart negotiations with state services to increase the safety of women and children, other vulnerable groups, and additionally of survivors of domestic violence. The awareness and security enhancement programs that are carried out on an ongoing basis in refugee centers, are welcome as well. In times of crisis, it is important that the support of a vulnerable group must not be carried out at the expense of another vulnerable group (e.g. opening up shelters for migrants cannot entail reducing the capacity of women's shelters).

Most of the women fleeing from Ukraine to Hungary belong to the disadvantaged Roma community. Even though they speak Hungarian, their economic opportunities are limited, and their chance to receive adequate institutional support are also curtailed by racism. In general, institutional racism has to be taken into consideration as a factor in the support migrant women can receive.

The consequences of the war in Ukraine have an adverse effect on the economic situation of women and children in general. It is necessary to perceive that the rising prices of many commodities,



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including energy, the increase in inflation and the resulting lack of resources can lead to escalation of tension and violence. It can, therefore, be even more difficult for women and children to seek help or take steps, e.g. to leave the abuser.



autonomna
ženska kuća
zagreb



CENTAR ZA ŽENE ŽRTVE RATA - ROSA



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4. Recommendation for usage of risk assessment tools and possible challenges/risks during performance

Risk assessment tools should be used in every case of violence against women by the first institution/organization that comes into contact with a woman survivor of violence, and should be an integral part of the documentation of each case. Based on the risk assessment, it is necessary to initiate relevant steps to protect women survivors of violence and their children, as well as appropriate actions against perpetrators. The extent and depth of risk assessment may vary depending on whether the first institution a survivor contacts is a first-contact institution such as the police, other law-enforcement authorities, health care professionals, a child protection authority or specialist support services or another type of institution or organization (e.g a school). The first-contact institutions and organizations should have the knowledge and skills to conduct in-depth risk assessment, as well as safety management.

Users of tools that assess the risk should be well educated about violence against women, its causes and consequences, and about the gender specificity of this problem. They should be familiar with theoretical approaches and the way risk assessment is implemented, so as to be able to proceed towards the development of more accurate ways of assessing risk. The importance of implementing it lies in the identification of all levels of risk, namely standard, medium and high, as well as victims' specific needs, which in turn will facilitate the gathering of detailed and relevant information about the victim and the perpetrator in intimate partner violence cases. Through this, better responses to women's safety, tailored to their specific needs, could be designed. Education on risk management must be provided to those who implement it.

Victim centered approach should be included in the creation and implementation of risk assessment and risk management tools. Moreover, with regard to developing risk assessment tools, it is important to make sure they are informed by thorough research and are standardized.

Everyone who implements risk assessment must undergo training and must be familiar with the instrument and its implementation process, educated about the issue of violence against women, its causes and consequences for women, gender specifics of violence against women, cultural differences, impact of trauma on behavior and memory of a woman who suffers violence and other relevant factors. The predictive accuracy of risk assessment tools largely depends on the training of professionals, their level of experience with intimate partner violence and the existence of specific guidelines or monitoring of standardized risk assessment tools.



The gender dimension of violence against women must be present in all stages of preparation, implementation and interpretation of risk assessment and risk management. All aspects of vulnerability of women survivors (intersectional approach) should be taken into account when creating risk assessment tools.

It is important that implementation of the risk assessment tool - the questionnaire is carried out in direct contact with the woman and that she gives answers to the questions, when it is necessary for certain questions to be explained in more detail to her. When conducting a risk assessment, special attention should be paid to how a woman survivor of violence feels. It shall be explained to her why it is important to collect the required information and treat her with care in order to protect her from secondary victimization. It is important to monitor the woman's non-verbal communication and reactions all the time and record them, as they can be significant in the interpretation.

Challenges

As already emphasized, the use of a risk assessment tool and risk management are important, but it is important to be aware of the risks and possible problems in the implementation of those tools. Some of the problems that emerged in the practice of some partner organizations are that women felt uncomfortable when they were asked to answer questions listed in risk assessment questionnaires and experienced secondary victimization. Therefore, it is important to pay attention to this problem and find a way to minimize the damage.

To avoid secondary victimization of women survivors, it is necessary for them to be informed and understand why we are asking the questions and how the information provided will be used.

If we apply the risk assessment properly, it serves as a tool for communicating our concerns about the risks of the abuse the survivor is experiencing, and the threats it poses to her safety and the safety of her children. Ultimately, it helps us recommend steps to take for preventing violence. Furthermore, it results in improved safety planning and helps ensure that the safety plans will be better matched to the nature and level of the identified risk.²²

In a review document²³, GREVIO defined some of the problems associated with the implementation or non-implementation of those tools. The greatest emphasis was placed on the problem of

²² Logar.R., Marvanová Vargová B.: Effective Multi-agency Co-operation for Preventing and Combating Domestic Violence Training of Trainers Manual, Council of Europe, 2015

²³ <https://rm.coe.int/prems-010522-gbr-grevio-mid-term-horizontal-review-rev-february-2022/1680a58499> p 133-134



incomplete implementation of risk assessment and risk management. According to the several shortcomings in the use of risk assessment tools detected in some countries the following instructions are given:

- ensure that risk assessment instruments are available for all forms of violence covered by the convention, and not only applied to cases of domestic violence
- risk assessment shall be carried out systematically, while the length of the risk assessment procedure shall not be excessive
- the inequalities created by domestic violence should not be ignored and victim and perpetrator cannot be put in equal position
- it is necessary to repeat risk assessment and management procedures in all relevant stages of the procedure
- risk assessment procedures must be fully integrated into multi-agency co-operation and it is necessary to ensure that women's specialist support services are included systematically in multi-agency co-ordination processes for risk assessment and management
- risk assessment protocols must be integrated with other protection measures, namely protection orders or temporary restraining orders

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