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THE IMPLEMENTATION OF INTERNATIONAL NORMS AND NATIONAL BEST PRACTICES OF FRONTLINE RESPONDERS TO DOMESTIC VIOLENCE

This report describes research on how cases of domestic violence are processed in Austria, Finland, France, Germany, Hungary, Portugal, Scotland and Slovenia. It outlines, how this relates to international norms and which processes are working or which do not.

IMPRODOVA is a European H2020 research and innovation project concerning human factors shaping responses to domestic violence. The project has received funding from the European Union's Horizon 2020 research and innovation programme under grant agreement No 787054. The project studies responses to domestic violence (DV for short) in eight European countries: Austria, Finland, France, Germany, Hungary, Portugal, Scotland, and Slovenia. IMPRODOVA aims to improve and integrate the response of police, social work, health and non-governmental organizations, and other actors making up the ecosystem of frontline responders to DV.

International organizations have defined a set of minimum standards that governments and service providers should achieve and implement in order to meet the international obligation to exercise due diligence to investigate and punish acts of violence, provide protection to victims and prevent DV. There are international standards for service providers in general and law enforcement in particular (but not specifically for NGOs or medical doctors). The foundations from which the essential standards are developed encompass confidentiality, safety, security, and respect for service users, accessibility, and availability. Support for DV victims should be available free of charge, and interventions should employ the principles of empowerment and self-determination. Service providers should be skilled, gender-sensitive, have ongoing training, and conduct their work under clear guidelines, protocols, and ethics codes and, where possible, provide female staff. Each service provider should maintain the confidentiality and privacy of the victim and should co-operate and co-ordinate with all other relevant services. It should monitor and evaluate service provision, seeking the participation of service users. The expertise of specialized NGOs should be recognized.

The research interviews were carried out in at least two locations in each partner country (in Germany, interviews were conducted in three locations). The researchers conducted 296 interviews in total, with interviews involving police officers, social workers, medical staff, and members of non-governmental organizations. Forty-one interviews from Austria, 44 interviews from Germany, 35 interviews from Finland, 48 interviews from France, 32 interviews from Hungary, 26 interviews from Portugal, 30 interviews from Scotland, and 34 interviews from Slovenia, were included in the analysis.

The main finding of this part of the IMPRODOVA research is that international standards are relatively well implemented in all the partner countries. Based on this analysis, we can conclude that police have the power to enter private property, arrest, and remove a perpetrator. Protection or

restraining orders are available for police to tackle all forms of DV. Police agencies co-ordinate with, and refer to, specialist support services for domestic victims well, and that all analysed police organizations have protocols on information sharing on DV cases with other agencies. The IMPRODOVA partners also found that in the future, some areas require special attention since gaps between the international standards and the actual practice were discovered. Police personnel should be better trained on all aspects of DV, victims should be seen as soon as possible by a specially trained officer, and there should be at least one specialized officer per police unit, for DV and sexual violence.

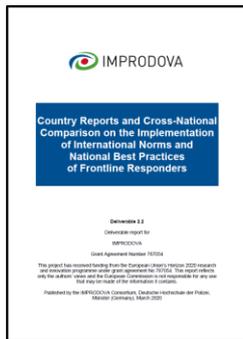
The comparison of the case studies in the eight partner countries yields many lessons, but one sticks out: frontline responders who are specialists of domestic violence serve the needs of victims in a better way than frontline responders who are generalists. By “specialist,” we mean police officers (or social workers, or medical professionals) whose job specialty consists of handling domestic violence cases. “Generalist” refers to those police officers (or social workers, or medical professionals) who handle all cases they encounter in their work. The critical variable, therefore, is whether victims make themselves known to specialists or generalists.

In some countries, such as Hungary, Slovenia, or Portugal, virtually all police officers on the frontline response to domestic violence are generalists. In other countries, such as Scotland and Finland, most frontline response is made by specialists. In France, Germany, and Austria, it varies according to locations, with some places served with specialized units and others with only generalists. Beyond necessary discussions on territorial equality, the pattern that the IMPRODOVA team has identified about specialists and generalists proves true both in cross-country comparison and within-country differentiation.

Where victims’ point of contact with the frontline response to domestic violence is with generalists, police discretion comes into play in the determination of the level of help that the victim will receive. Police discretion is inherent to police work, but since the 1980s in relation to domestic violence, discretion has been analysed as a critical factor in the under-serving of domestic violence victims. Police officers traditionally tend to consider domestic violence as a private family concern, and not as a criminal offense. Discretion means the quality of service depends on the quality of the particular individuals who are on duty that particular day, and not on the quality of the organizational processes that are implemented to ensure higher standards of service. The results reveal that generalists typically tend to think of domestic violence as severe when in the form of physical violence. This occurs at the expense of a broader definition that encompasses psychological harassment, marital rape, financial abuse, and other non-physical forms of violence against women. Typically, generalists justify the focus on severe physical violence by pointing at the question of evidence (such as visible injuries or medical certificates) and may develop negative stereotypes about victims (“they always withdraw their complaint”). Results reveal that social workers who lack training and specialization may develop these negative stereotypes, as well. In some countries, older officers tend to cling to outdated stereotypes, if compared to younger officers. Generalists usually are overworked because of the variety of requests that they face; they have restricted or very little time for partnerships.

Where victims’ point of contact with the frontline response to domestic violence is with specialists, their experience is typically different. Although quality of the service provided by specialists and specialized units may vary, in general, the IMPRODOVA team could establish that specialists are well trained and have more experience. They are more likely to be able to ensure prompt and suitable treatment of uncomplicated cases routinely and to manage more complex and technical cases. Their organizational structure reflects an advanced process of division of labour (e.g. the Scottish case and the task-sharing in the Scottish police between the local, divisional, and national levels). Specialists are more capable of correctly interviewing the victim, of appropriately filling out case documentation, of giving the correct advice to the victim, and of appropriately orienting the victim to support structures. This is manifest from the Finnish, German, and Scottish cases. Being specialized in relation to one type of crime, specialists do not face the problem of managing conflicting priorities—a problem typical of generalists. They usually have more reasons (and perhaps more time) to attend

additional training, academic workshops, and to visit NGOs. They play the role of internal and external experts for DV prevention and investigation (towards non-specialized police officers, NGOs, public administrations). Specialized units also are more likely to work in close partnerships with other types of professionals, for instance, the embedded social worker at the police station (French case). Partnerships of police officers with social workers enable specialized units to focus on their core professional specialties and to delegate other tasks to other specialists. Social workers who take care of the social needs of victims (housing, children, access to poor relief) allow police officers to focus on investigations and procedural aspects of the case (Finnish case). The fact that the social worker operates at the police station facilitates information sharing and exchange of views on DV situations. The social worker can be present during the interview of the victim by investigators. In Scotland, Multi-Agency Risk Assessment Conferences assemble professionals from different sectors (including housing and education) to make sure that every angle of the victims' concerns is addressed.



Free download of the full research report:

https://improdova.eu/pdf/IMPRODOVA_D2.2_Norms_and_Best_Practices_of_Frontline_Responders.pdf?m=1585673378&

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