

Early prevention mechanisms of law enforcement, health and social services, and inter-service coordination and data sharing

1 Introduction to prevention

In her political guidelines, President of the European Commission Ursula von der Leyen declared that the Union should do ‘all it can to prevent and combat gender-based violence, support and protect victims of such crimes, and hold perpetrators accountable for their abusive behaviour’.¹ The EU Gender Equality Strategy 2020-2025 envisaged key actions for preventing and combatting violence against women and domestic violence in the Europe Union, including ‘an EU network on the prevention of gender-based violence and domestic violence (GBV and DV), bringing together Member States and stakeholders to exchange good practice [...]. Violence prevention focusing on men, boys and masculinities will be of central importance.’² As the Strategy explains, ‘effective prevention of violence is key. It involves educating boys and girls from an early age about gender equality and supporting the development of non-violent relationships. It also requires a multi-disciplinary approach among professionals and services including the criminal justice system, victim support services, perpetrator programmes and social and health services. Addressing violence against women and ideologies undermining women’s rights could also contribute to the prevention of radicalisation leading to violent extremism and terrorism.’³

The EU acceded the 2011 Council of Europe Istanbul Convention on preventing and combating violence against women and domestic violence (hereinafter Istanbul Convention) in June 2023.⁴ The legal instrument entered into force for the EU on 1. October 2023. The legal basis for the EU accession also covers measures of prevention. In the Istanbul Convention, an entire chapter is dedicated to prevention. Article 12 contains the general obligation to prevent violence against women, followed by Articles 13 to 16 that outline this obligation more specifically.⁵ Prevention

¹ *A Union that strives for more. My agenda for Europe*, available at https://ec.europa.eu/commission/sites/beta-political/files/political-guidelines-next-commission_en.pdf

² European Commission, Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions. A Union of Equality: Gender Equality Strategy 2020-2025, COM(2020) 152 final, 5 March 2020, <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A52020DC0152>

³ Ibid.

⁴ Council Decision (EU) 2023/1075 of 1 June 2023 on the conclusion, on behalf of the European Union, of the Council of Europe Convention on preventing and combating violence against women and domestic violence with regard to institutions and public administration of the Union, ST/5514/2023/INIT, OJ L 143I , 2.6.2023, p. 1–3; Council Decision (EU) 2023/1076 of 1 June 2023 on the conclusion, on behalf of the European Union, of the Council of Europe Convention on preventing and combating violence against women and domestic violence with regard to matters related to judicial cooperation in criminal matters, asylum and non-refoulement, ST/5523/2023/REV/1, OJ L 143I , 2.6.2023, p. 4–6. Deposit of the instrument of ratification on 28. June 2023.

⁵ M. Hester, S.-J. Lilley, Preventing Violence against Women: Article 12 of the Istanbul Convention. A collection of papers on the Council of Europe Convention on preventing and combating violence against women and domestic violence, Strasbourg, CoE, 2014.

measures work best when they are not taken in isolation, but integrated into a wider, holistic response to violence against women.⁶ The Istanbul Convention asks States parties to develop ‘integrated policies,’ which are ‘State-wide effective, comprehensive and co-ordinated policies encompassing all relevant measures to prevent and combat all forms of violence.’ Also, prevention of the escalation of violence, and early intervention mechanisms, entail an effective risk assessment, which is enshrined in Article 51 of the Istanbul Convention:

‘Parties shall take the necessary legislative or other measures to ensure that an assessment of the lethality risk, the seriousness of the situation and the risk of repeated violence is carried out by all relevant authorities to manage the risk and if necessary to provide coordinated safety and support.’ Furthermore, Article 22 of the Victims’ Rights Directive provides that ‘Member States shall ensure that victims receive a timely and individual assessment, in accordance with national procedures, to identify specific protection needs and to determine whether and to what extent they would benefit from special measures in the course of criminal proceedings.’⁷ In the Proposal for a Directive of the European Parliament and of the Council on combating violence against women and domestic violence, presented by the Commission on 8. March 2022,⁸ draft Article 18 operates as *lex specialis* by providing that ‘in the framework of the individual assessment which is to be carried out under Article 22 of Directive 2012/29/EU, Member States shall ensure that, as regards victims covered by this Directive, the additional elements as set out in paras 2 to 7 of this Article are assessed.’ In particular, ‘the individual assessment shall focus on the risk emanating from the offender or suspect, including the risk of repeated violence, the risk of bodily harm, the use of weapons, the offender or suspect living with the victim, an offender or suspect’s drug or alcohol misuse, child abuse, mental health issues or behaviour of stalking’ (para. 3), and ‘the assessment shall take into account the victim’s individual circumstances, including whether they experience discrimination based on a combination of sex and other grounds and therefore face a heightened risk of violence, as well as the victim’s own account and assessment of the situation. It shall be conducted in the best interest of the victim, paying special attention to the need to avoid secondary or repeated victimisation’ (para. 4).

Even though the individual assessment is aimed at identifying specific measures of protection, it is also a prevention mechanism: on the one hand, it prepares professionals working in the criminal justice system, victim support services, perpetrator programmes and social and health services to

⁶ Ibid.

⁷ 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, OJ L 315, 14.11.2012, p. 57–73.

⁸ Proposal for a Directive of the European Parliament and of the Council on combating violence against women and domestic violence, 8.3.2022, COM(2022) 105 final 2022/0066(COD).

promptly identify the risks; on the other hand, it prevents escalation of violence and secondary victimisation.

The purposes of the Network can be summarised in the acronym **MA.K.E**: a) **MA**pping measures and approaches in prevention, looking into gaps and emerging needs; b) share **K**nowledge and tools for risk assessment and detection of vulnerabilities; c) **E**xchange existing good practices and effective outcomes.

The Commission will work closely with the appointed expert, Prof. Sara De Vido,⁹ on developing the topics for discussion and provide relevant speakers and pre-reading material to participants. There is however significant scope remaining for Member States to indicate their desires for the Network, particularly in relation to the guiding questions listed below.

1.1 What prevention means

At first sight, prevention would only mean preventing violence from occurring. The so-called *primary prevention* requires the development of strategies aimed at preventing violence before it occurs.¹⁰ This is also what Article 12 of the Istanbul Convention suggests in terms of the promotion of changes in the social and cultural patterns of behaviour of women and men. *Secondary prevention* (or early intervention) refers to programs that involve early detection of risk or early manifestations of the problem.¹¹ *Tertiary prevention* is the response after violence has occurred with the purpose of reducing the consequences and the impacts of violence and preventing repetition. These three forms of prevention overlap: an effective response by the police to episodes of violence (tertiary prevention) can send a strong message that gender-based violence is not acceptable and influence the implementation of primary prevention policies. This structure is part of a public health model that can be transferred to policies aimed at countering GBV and DV and emphasises prevention:

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As a scholar, Sara De Vido has extensively written on topics related to human rights, in particular in recent years on women's rights and countering gender-based violence against women in international and EU law. Her publications include articles, blog posts and books on the Istanbul Convention, women's rights, the ratification of the Council of Europe Istanbul Convention by the EU. Her latest book is *Violence against Women's Health in International Law* (Melland Schill Series, Manchester University Press, 2020). Forthcoming in December 2023, co-edited with Micaela Frulli, is *Preventing and Combating Violence against Women: A Commentary on the Istanbul Convention* (Elgar Publishing), article by article plus some thematic chapters, with the contribution of around 70 authors. She has been invited as legal expert in academic conferences (including the first pan-European OCEAN conference in Milan on 27. October 2023 as keynote speaker), by the Council of Europe, the European Commission, and NGOs at European level, including WAVE and European Women's lobby. She co-edited, along with Lorena Sosa for the European Equality Law Network, a report for the European Commission mapping the criminal legislation of European Member States to counter violence against women, including ICT-facilitated violence (published in November 2021). She is at present national researcher for EIGE, and she is conducting a research project for EL*C, along with Ruth Mestre i Mestre (University of Valencia), on the Istanbul Convention and violence against LGBTI women and NB persons.

¹⁰ J.M. Last, R.B. Wallace, *Maxcy-Rosenau-Last Public Health & Preventive Medicine* (16th ed.), Norwalk, Connecticut: Appleton & Lange, 2022.

¹¹ <https://aifs.gov.au/resources/practice-guides/reflecting-primary-prevention-violence-against-women#the-public-health-approach>

rather than simply accepting or reacting to violence, its starting point is the strong conviction that violent behaviour and its causes can be prevented.¹² Prevention has been pictured as a tree, which shows how primary prevention depends upon robust, well-funded secondary and tertiary interventions.¹³

1.2 What a risk assessment is

Risk assessment is clearly envisaged under Article 51 of the Istanbul Convention. It consists of a 'decision-making process through which we determine the best course of action by estimating, identifying, qualifying and quantifying risk.'¹⁴ Its purpose, as reported in a 2019 EIGE report, is to 'reduce harm to female victims of intimate partner violence and their children,' by identifying 'all levels of risk, namely standard, medium and high, as well as victims' specific needs'.¹⁵ At first sight, it seems that only the criminal justice system is requested to use the risk assessment in the decision for, e.g., protection and/or barring orders. However, as GREVIO stressed in its Mid-Term Horizontal Review:

'All relevant professionals, not only law enforcement, are obliged to assess and take steps to manage the safety risks to a particular victim on a case-by-case basis, including the risk of repeated and lethal violence and, if necessary, to provide co-ordinated support.'¹⁶

Some risk assessment tools have been elaborated for all responders, such as the *Ontario Domestic Assault Risk Assessment* (ODARA), which can be used by a wide range of service providers including: shelter workers, victim services workers, attorneys, health care professionals and social workers.¹⁷ Sharing of data and cooperation across law enforcement, health and social services are essential elements for an effective preventive strategy.

An 'individual assessment' was also envisaged in the Victims' Rights Directive. In the proposal for amendments submitted by the European Commission on 12 July 2023, Article 22 of the Victims' Rights Directive has been changed stressing in more detail how the individual assessment shall be conducted, what the individual assessment shall take into considerations, when particular attention

¹² World Health Organization, *World report on Violence and Health*. Geneva: WHO, 2002.

¹³ M. Salter, A. Gore, The Tree of Prevention: Understanding the Relationship Between the Primary, Secondary, and Tertiary Prevention of Violence against Women, in D. Chung, et al., *Improved accountability: The Role of Perpetrator Intervention Systems*, Sydney: ANROWS, pp. 67-91. See also the image below, retrieved from this article and the connected post on the then Twitter (X) by M. Salter.

¹⁴ T.L. Nicholls, S.L. Desmarais, K.S. Douglas, P. Randall Kropp, *Violence Risk Assessment with Perpetrators of Intimate Partner Abuse*, in J. Hamel, T.L. Nicholls, *Family Interventions in Domestic Violence: A Handbook of Gender-Inclusive Theory and Treatment*, New York, 2017.

¹⁵ EIGE, *Risk Assessment and Management of Intimate Partner Violence in the EU*, 2019, p. 19.

¹⁶ <https://rm.coe.int/prems-010522-gbr-grevio-mid-term-horizontal-review-rev-february-2022/1680a58499>, para. 451.

¹⁷ <https://www.hss.gov.nt.ca/professionals/sites/professionals/files/resources/guide-risk-assessment-safety-planning-ccp.pdf>

should be paid: ‘In this regard, victims of [...] gender-based violence, including violence against women and domestic violence, sexual violence, exploitation or hate crime, [...] and victims with disabilities shall be duly considered. Particular attention shall be paid to victims who fall under more than one of those categories.’¹⁸ As mentioned above, the risk assessment is also crucial for the Proposal for a Directive of the European Parliament and the Council on combating violence against women and domestic violence. One of the amendments submitted by the European Parliament, for example, stresses the importance to ensure a ‘standardised approach to risk assessment that promotes a shared understanding of the risk throughout proceedings, and a common language to be adopted;’ a ‘gender-sensitive and culturally sensitive risk assessment protocols and clear guidelines issue by the Member States.’¹⁹

An EU-funded project called IMPRODOVA was specifically designed to provide solutions for an integrated response to DV, based on comprehensive empirical research of how police and other frontline responders (e.g. medical and social work professionals) respond to DV in European countries. A map for the training was elaborated and recommendations adopted.²⁰ It now continues as HORIZON project, IMPROVE.²¹

In the *European Manual for Risk Assessment*,²² Albuquerque et al. define risk assessment as a tool that can only be made with the victims’/survivors’ collaboration; where victims/survivors’ own assessment of their safety and risk levels must be considered; where victims/survivors must be listened to, including children, without the presence of the perpetrator, family and/or their community members; where professionals have the responsibility to assess, manage, monitor the perpetrators risk, and, in case of significant harm to children, must consider and agree on the best procedure that safeguards and protects them; a tool whose limits must be clarified and through which no improbable or unrealistic promises should be made.

The importance of an effective risk assessment as instrument of secondary and tertiary prevention, and indirectly of first prevention, is the reason why the focus of this first meeting of the EU Network will be on: law enforcement, health sector, social services.

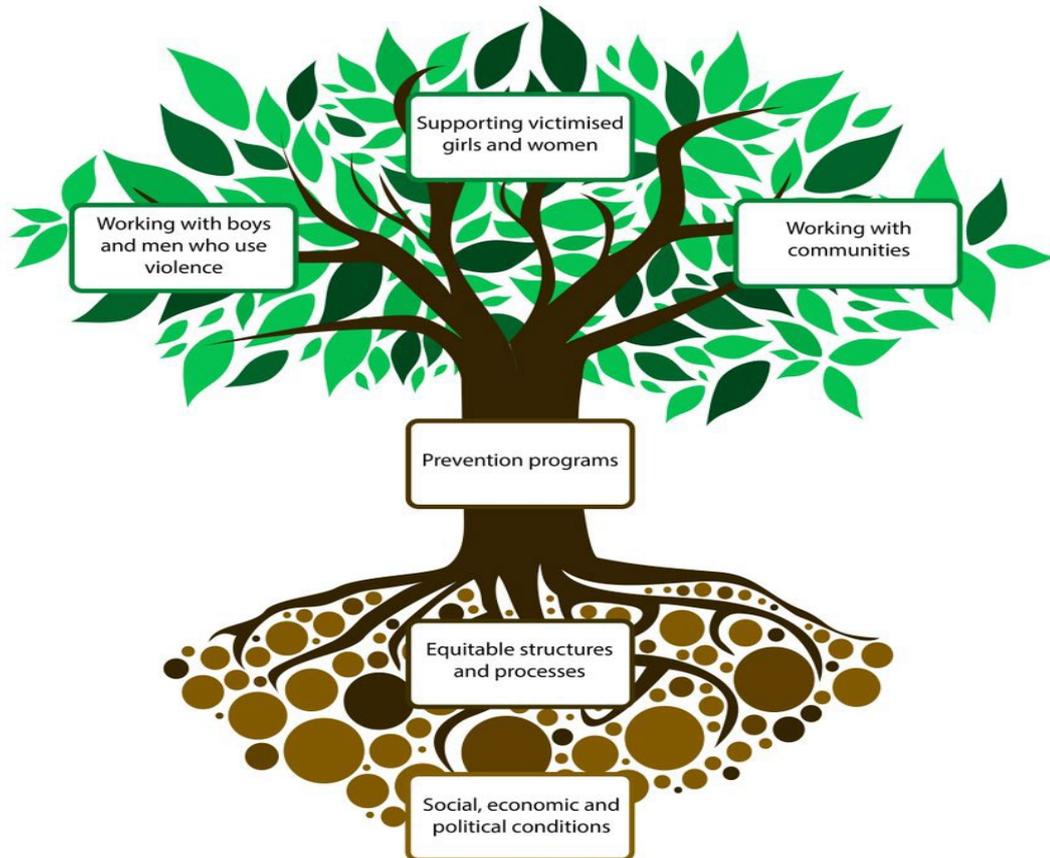
¹⁸ Proposal for a Directive of the European Parliament and of the Council amending Directive 2012/29/EU establishing minimum standards on the rights, support and protection of victims of crime, and replacing Council Framework Decision 2001/220/JHA, COM/2023/424 final

¹⁹ Draft European Parliament Legislative Resolution, COM(2022)0105 – C9-0058/2022-2022/066(COD), Amendment 40.

²⁰ https://training.improdova.eu/wp-content/uploads/2020/08/Improdova_Risk_Assessment_Checklist__Module_5_Final.pdf

²¹ <https://www.improve-horizon.eu/>

²² <https://e-maria.eu/wp-content/uploads/2011/10/Manual-latest-version-light-colours.pdf>



1.3 Guiding questions:

- i. What topics do you feel would be addressed in this network?
For example: prevention measures in the context of women and girls seeking asylum and international protection, intersectional approaches to prevention measures including women with disabilities, targeted approaches for engaging men and boys
- ii. Are there any specific outputs that you would like to see from the network in order to maximise its added value for you?

2 Early Prevention Mechanisms in Law Enforcement: Effectiveness of the Risk Assessment

2.1 Background

The majority of EU Member States have risk assessment processes included in policy documents and/or national legislation on intimate partner violence (IPV). Several IPV risk assessments have

been developed²³ and there is no uniformity at the EU level on the tools that are used. Among the areas of improvement identified, the EIGE reports refer to the area of:

- a) risk assessment tools (risk assessment of IPV as a strategy to prevent future violence; victims' individual assessment of their own risks; risk related to psychological violence and coercive and controlling behaviour);
- b) specialised police training on risk assessment;
- c) monitoring and evaluating risk assessment and risk management practices;
- d) gender, intersectionality and children's experience as crucial factors.²⁴

Risk assessment is also used for the issuance of emergency barring orders.

The European Court of Human Rights in its jurisprudence related to DV cases argued that the risk assessment must be autonomous, proactive and comprehensive.²⁵ It also stated that law-enforcement authorities should share information on risks and coordinate support with any other relevant stakeholders who come into regular contact with persons at risk, including, in the case of children, with teachers.²⁶

Among the positive practices identified by GREVIO, Portugal stands out. Risk assessment is mandatory in cases of domestic violence, and it is based on standardised forms. After the risk assessment is completed, a safety plan is developed for the victim, an application for protective measures is made, and the seizure of weapons and information sharing is also provided for. GREVIO noted that the risk assessment process has become an indispensable working tool and has enhanced contact and co-operation between law enforcement agencies and specialist services.²⁷ In Austria, MARACs (*Multi-Agency Risk Assessment Conferences*) were created in Vienna in 2011, with the participation of members of the Vienna police, officials from the justice system, women's safety organisations, organisations for migrants, non-governmental organisations (NGOs) working with offenders, and other relevant stakeholders.

Some risk assessment tools have been specifically elaborated to respond to stalking and harassment (which can be also forms of IPV). For example, the SASH (*Screening Assessment for Stalking and Harassment*) is a risk-assessment tool for stalking, first used in the Netherlands in 2016 and, after a positive evaluation of the results in 2017, the Netherlands National Police decided to implement the SASH across the country as part of such a structured response. The SASH is intended as a decision-

²³ Some member States apply internationally developed standards, including the Spousal Assault Risk Assessment (SARA) and the Dynamic Risk Analysis System (DyRiAs).

²⁴ EIGE, *op.cit.*

²⁵ European Court of Human Rights, *Kurt v. Austria* [GC], judgment of 15. June 2021, para. 168.

²⁶ *Ibid*, para. 174.

²⁷ Mid-term Horizontal Review of GREVIO baseline evaluation reports, Strasbourg: CoE, 2022, para. 452.

making aid for police, health professionals, security organisations and other professionals who are dealing with stalking situations: it asks the user to answer questions about the stalking or harassment situation and characteristics of the stalker and victim.²⁸ According to a 2017 study, the SASH level of concern outcome (low, moderate or high concern) was effective in differentiating between subsequent stalking of differing severities.²⁹ The study indicated that with appropriate training, the SASH could form part of a structured response to stalking that can ensure cases are treated appropriately by police and risk management strategies are put in place.³⁰ The Netherlands have adopted several risk assessment tools, including the RIHG (*Risk Assessment Domestic Violence*). In its baseline report on the Netherlands, GREVIO noted that there are many risk assessments ‘being performed by different agencies [...] how all these assessments relate to each other is unclear.’³¹ At European level, a handbook for police officers was developed taking into consideration examples taken from several countries.³²

2.2 Guiding questions

- i. In the field of law enforcement, does your country have tools in place for the risk assessment for all (or some) forms of GBV and DV? Has it been evaluated/is there data on how the situation has improved since it was introduced? Have you encountered/are you aware of issues with the tool that would also be relevant for other Member States?
- ii. Should the EU provide general guidelines identifying common elements taken from national practice to guide States’ action?
- iii. What are the key elements of an effective risk assessment? How do we take into account, e.g., the experiences and the perspective of women, especially those with intersectional vulnerabilities, when devising and implementing risk assessment processes, and the risks associated with ICT-facilitated GBV and DV?
- iv. Since the risk assessment must be located within a broader structured response to GBV and DV, which aspects should this response in law enforcement have (e.g. appropriate

²⁸ T.E. McEwan, S. Strand, R.D. MacKenzie, DV James, *Screening Assessment for Stalking and Harassment (SASH): guidelines for application and interpretation*, Melbourne: StalkInc. Pty Ltd.

²⁹ K. Hehemann, D. van Nobelen, C. Brandt, T. McEwan, *The Reliability and Predictive Validity of the Screening Assessment for Stalking and Harassment (SASH)*, in *Journal of Threat Assessment and Management*, 4(3), 2017, pp. 164–177. <https://doi.org/10.1037/tam0000085>

³⁰ Ibid.

³¹ GREVIO, *Baseline Evaluation Report on the Netherlands*, GREVIO/Inf(2019)19.

³² *Standardized Tools of Domestic Violence Risk Assessment - European examples*, 2018, <http://www.familyviolence.gov.cy/upload/20180207/1517996769-10312.pdf>

sensitive training, multi-agency cooperation, involvement of specialist support services, etc.)?

3 Early Prevention Mechanisms in the Health Sector: Challenges and Effectiveness of Existing Procedures

3.1 Background

The health sector plays a key role in the prevention of GBV and DV. Public health professionals are aware that DV, but also all forms of GBV, is a determinant of health and has a direct impact on many areas, ranging from reproductive health to injury prevention. GBV and DV are public health priorities. A public health approach emphasises primary prevention and working with community partners to develop a coordinated response to violence.³³ Risk assessment is also a component of the prevention strategies in the health sector. Challenges are numerous: in cases of GBV and DV, it is not only a matter of providing relief and saving lives, but also of identifying the risks and reporting to law enforcement authorities if needed, in the respect of the patient's self-determination but having in mind at the same time the primary objective to protect the person from further harms. In the Netherlands, GREVIO commended the efforts undertaken in the field of prevention of Female Genital Mutilation (FGM), including the compulsory training module for midwives and the training of youth health care professionals on FGM risk assessments.³⁴ With regard to DV and sexual violence, including rape, Italy elaborated in 2017 *National Guidelines for Hospitals* and similar entities concerning rescue and assistance of women victims of violence.³⁵ The nursing staff is adequately trained to immediately recognise any signal of violence, even when the victim is silent, and to detect immediate risks. The level of risk can be low or medium/high. Absent a quick solution, the victim can stay in hospital in a brief intensive observation. The Guidelines recommend the use of the *Brief Risk Assessment for the Emergency Department*: 5 items, where the positive answer to 3 out of 5 questions reveals a high risk of serious ill-treatment. Mental health should be included in all assessments, as it is highly affected by GBV and DV, including psychological and economic violence.

³³ L. Chamberlain, *A prevention Primer for Domestic Violence: Terminology, Tools, and the Public Health Approach*. Pennsylvania: The National Online Resource Center on Violence Against Women, 2008.

³⁴ GREVIO, *Mid-Term Horizontal Review*, cit., para 264.

³⁵ Decreto del Presidente del Consiglio dei Ministri Linee guida nazionali per le Aziende sanitarie e le Aziende ospedaliere in tema di soccorso e assistenza socio-sanitaria alle donne vittime di violenza (Decree of the Italian President of the Council of Ministries, National guidelines for health authorities and hospitals on rescue and social-health assistance to women victims of violence), 24. November 2017, in GU No. 24 of 30 January 2018.

3.2 Questions for discussion

- i. In the field of health, does your country have an effective tool in place for the risk assessment for all (or some) forms of GBV and DV? Has it been evaluated/is there data on how the situation has improved since it was introduced? Have you encountered/are you aware of issues with the tool that would also be relevant for other Member States?
- ii. Should the EU provide general guidelines identifying common elements taken from national practice to guide States' action?
- iii. What are the key elements of an effective risk assessment? How do we take into account, e.g., the experiences and the perspective of women, especially those with intersectional vulnerabilities, when devising and implementing risk assessment processes, and the risks associated with ICT-facilitated GBV and DV?
- iv. Since the risk assessment must be located within a broader structured response to GBV and DV, which aspects should this response in law enforcement have (e.g. appropriate sensitive training, multi-agency cooperation, involvement of specialist support services, etc.)?

4 Early Prevention Mechanisms in the Social Services

4.1 Background

Social Services play a fundamental role in preventing GBV and DV. Some examples are: *Danger Assessment Dynamic Risk Analysis System (DYRIAS)*³⁶, *Domestic Abuse Intervention Programs (DAIP)*³⁷, *Multi Agency Risk Assessment Conference (MARAC)*.³⁸ The tools have been commonly envisaged to respond to DV and IPV. Professionals should have knowledge of the dynamics of domestic violence, the impact of GBV and DV on victims-survivors, the factors that influence women's decisions on leaving or remaining in the violent relationship, the strategies perpetrators use, and the risk factors. Cooperation and communication among agencies are especially crucial. This latter element was absent but fundamental to decide the case *I.M. v. Italy*, involving children's custody and visitation rights.³⁹ The European Court of Human Rights found a violation of Article 8 of the European Convention, due, *inter alia*, to the judicial failure to ensure the children's healthy and untroubled development. In Finland, MARAC consists of two phases: first, the risk assessment is performed in the form of an interview with the client (e.g. in shelter services). In the second part, if the client gives consent and if there is an operative MARAC group in the area, information is

³⁶ <https://www.dyrias.com/en/>

³⁷ <https://www.theduluthmodel.org/>

³⁸ https://eige.europa.eu/sites/default/files/documents/multi-agency_risk_assessment_conferences_marac_-_support_services_-_uk.pdf

³⁹ European Court of Human Rights, *I.M. v. Italy*, Judgment of 10. November 2022.

exchanged at a multi-agency risk assessment conference and actions are planned for improving the safety of the victim. If there is not a MARAC group in the area, professionals can prepare a safety plan with their clients.⁴⁰ As reported, in some countries the use of the risk assessment tool is at the discretion of the social services, hence not compulsory.

4.2 Questions for discussion

- i. In the field of social services, does your country have an effective tool in place for the risk assessment for all (or some) forms of GBV and DV? Has it been evaluated/is there data on how the situation has improved since it was introduced? Have you encountered/are you aware of issues with the tool that would also be relevant for other Member States?
- ii. Should the EU provide general guidelines identifying common elements taken from national practice to guide States' action?
- iii. What are the key elements of an effective risk assessment? How do we take into account, e.g., the experiences and the perspective of women, especially those with intersectional vulnerabilities, when devising and implementing risk assessment processes, and the risks associated with ICT-facilitated GBV and DV?
- iv. Since the risk assessment must be located within a broader structured response to GBV and DV, which aspects should this response in social services have (e.g. appropriate sensitive training, multi-agency cooperation, involvement of specialist support services, etc.)?

5 Early prevention: multi-agency cooperation and data collection

Early prevention is not composed of just one action, but rather of a series of measures which must be gender and trauma-sensitive, respecting self-determination and human dignity of the victim/survivor. The risk assessment is a crucial part of the preventive effort, and it should be characterised by cooperation and interagency dialogue. As reported by the Inter-Agency Working Group on Multi-agency co-operation at local level, Council of Europe, 'there is no one single model of co-ordinated response to violence against women and domestic violence;' and 'initiatives differ according to the local and regional context, the type of violence and the human and financial resources at disposal.'⁴¹ For example, the Organic Act 1/2004 on Integrated Protection Measures

⁴⁰ IMPRODOVA, Country Reports and Cross-National Comparison on the Risk Assessment Tools and Case Documentation used by Frontline Responders, 2020, <https://www.improdova.eu>

⁴¹ Inter-Agency Working Group on Multi-agency co-operation at local level, *Preventing and combating violence against women and domestic violence in Ukraine*, Council of Europe, 2016, p. 34. <https://rm.coe.int/168069464f>

against Gender-based Violence⁴² adopted in Spain represents an interagency approach incorporated in the law. Protocols between different authorities are considered in the law as a tool to ensure a global, integrated response by the various authorities and services involved. The abovementioned MARACs represent another example of multi-agency cooperation that involve public and private actors dealing with domestic abuse. Inter-agency cooperation also entails the sharing of data across law enforcement, health and social services. A protocol on multi-agency cooperation could include a commitment by the parties to engage in gathering data and statistics on GBV and DV and share them in accordance with principle of confidentiality, in light of Article 11 of the Istanbul Convention.⁴³ Data protection, according to EU legislation, is a key issue. The rights of victims to privacy and health must be ensured throughout the procedure.

5.1 Questions for discussion

- i. How to effectively share data across law enforcement, health and social services?
- ii. How to guarantee a constant communication among the different actors involved, in the respect of the human rights of the individual (right to privacy and right to health, among others?)
- iii. What elements facilitate effective cooperation among the different support systems?

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https://www.coe.int/t/dg2/equality/domesticviolencecampaign/countryinformationpages/spain/LeyViolenciadeGeneroingles_en.pdf

⁴³ A model Protocol is included in Inter-Agency Working Group on Multi-agency co-operation at local level, *Preventing*, cit., p. 23.