



MANUAL alcipe. PARA O ATENDIMENTO  
DE MULHERES VÍTIMAS DE VIOLÊNCIA

parte I

# compreender

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## INTRODUCTION

The purpose of this manual is to provide guidance to professionals, who deal with women experiencing violence in Portugal. The manual should also be considered as a tool created within the framework of the Alcipe project – training and information on combating violence against women<sup>1</sup> - for which Portuguese Association for Victim Support has acted as the lead partner.

Comment:

The *Alcipe Project* has been co-financed by the European Union's Daphne initiative (1998-9), which funds actions to combat violence against children, young people and women. The project was launched on 15 November 1998 by APAV in partnership with three Portuguese National Police forces (Guarda Nacional Republicana (GNR), Polícia de Segurança Pública (PSP) and Instituto Nacional de Polícia e Ciências Criminais (INPCC)), Northumbria Victim Support (United Kingdom) and the Police Utrecht Region (Netherlands).

The objective of the Alcipe Project is to disseminate information on the issue of violence against women, in relation to public opinion and awareness, victims and potential women victims, as well as professional intervention. In addition, the project seeks to establish guidelines for appropriate assistance and intervention, in order to promote a code of good practice within Europe.

The Alcipe manual's aim is to assist women victims experiencing violence and recognises that the term "to assist" can be interpreted in two ways. Whilst in a wider sense it refers to the problems of women as victims experiencing violence in our society, it also proposes a specific method of intervention to assist those women who currently seek help from a variety of agencies.

The manual then, proposes a specific method of intervention, which has been developed in consultation with practitioners and victims. The content of the manual is influenced by a variety of theoretical and practical approaches to the problem. These include feminist theory, interactive-symbolic and personalised approaches, and the experience of APAV and the English and Dutch agencies who deal with the complex issues surrounding the subject and with victims themselves on a daily basis. The approach taken by the manual is innovative within Portugal and is considered to be an appropriate model for application in the innumerable communities where this problem occurs.

The intervention model proposed, once adopted and translated into practice by professionals and agencies, will provide an appropriate and valid response for victims. The response should be on the part of each community, to all the women who have experienced or still experience violence and are in need of immediate and effective professional assistance, to enable them to continue their lives with confidence and without fear.

Of all the women experiencing violence, the Alcipe Project has selected two particular vulnerable groups: women victims experiencing domestic violence and those experiencing sexual violence<sup>2</sup>.

Suggested intervention for both groups, each of which has its own requirements, includes extended assistance to the victims of violence. The premise taken is that these problems justify professional assistance, not only in the first instance, but whenever required. Assistance is therefore divided into two phases, firstly crisis intervention<sup>3</sup>, relating to the first request for support on the part of the victim and the immediate response, and secondly, extended intervention<sup>4</sup>, corresponding to the assistance and care provided after that point.

Professionals are interested in providing appropriate assistance to victims whilst they are experiencing the problem, as well as learning how to react and what to do in that situation. However, they should also be interested in how to continue helping victims. Professionals need to be aware of the complex issues and associated problems and understand that the victims' suffering does not end after first contact. In order to deal effectively with these problems and the trauma of violence, professionals should be aware of the longer-term work that needs to be undertaken with the victims to help them overcome their ordeal and the associated problems.

Both personal and institutional help is required and it is important that professionals know how to make that help readily available. They should be able to assist in supporting the victim by helping them victims to communicate with relatives and friends, as well as to access support from external agencies. The Alcipe project recommends a multi-agency partnership approach, complemented by the involvement of local community support forums for women experiencing violence. Although this approach has been developed in the UK, it is transferable and could be easily adapted to operate in Portugal and other countries. It is an approach which seeks to overcome the barriers which are present in the support process.

Some of these barriers can further traumatise victims and add to the difficulties of engaging with help agencies, where attitudinal problems can create further problems. This phenomenon is known as re-victimisation and occurs in situations in which the victim, due to a lack of understanding and absence of personal sympathy on those she would have expected to show a professional attitude, is once more victimised after having sought help.

What is the correct professional attitude? It is clear that empathy implies the capacity to imagine oneself standing in the victim's shoes, in order to understand the victim's reactions and difficulties. However, the Alcipe manual suggests a series of attitudes and responses, which include how to talk to a victim, the ideas to be conveyed, the method of registering the events and the need for confidentiality within the entire process. The manual has been specifically designed to provide professionals with guidelines and frames of reference when dealing with victims of violence.

These frames of reference allow flexibility on the part of the professional working in the field, depending on the resources available and the particularities of the community he/she is working in. Such personal experience and involvement would add to the practical results sought by the project.

The manual's objective is to assist professionals, such as the police and health services, who work on the front line and have direct contact with women experiencing violence. The chapters which deal directly with these services<sup>5</sup>, seek to complement the specific nature of their intervention, particularly in relation to crisis intervention and subsequent action<sup>6</sup> and guidelines for professionals are defined.

The Alcipe Project, with the help of the European Commission through the Daphne initiative, suggests that Portugal, like many other countries, has been gradually awakening from the silence common to many societies, when considering the subject of violence against women. The reality of the situation is that some agencies, which have previously improvised their approach to the subject, are seeking to adopt more professional, articulate and effective intervention. There is a wider public debate on the problems which has led to the establishment of Shelter Centres, formal co-operation with Social Communication, the setting up of a telephone help-line to help women victims experiencing violence<sup>7</sup> and a *National Plan against Domestic Violence*<sup>8</sup>. In addition, there is a new philosophy of close contact with police forces, the inclusion of subjects related with women victims experiencing violence<sup>9</sup> in police training curricula and the recent publication of related studies<sup>10</sup>.

We believe that both this manual and the material published within this project provide an *historic opportunity* for professionals and the community at large to become involved in developing effective support for women victims experiencing violence. However, there still remains a need to continue international collaboration which highlights common problems and the universal nature of the difficulties faced by women victims, their relatives and friends, offenders and professionals.

If one believes in this *historic opportunity*, one should also believe that despite all the difficulties encountered in providing support, each professional can become a leading character in this developing process.

Various characters stand out for their leading role in society and in the community, whose attitudes can be called authentically heroic; i.e. those women who experiencing violence day after day, still have the courage to believe that the world should not be seen from the perspective of having been or being victims.

The proposed approach of intervention should be implemented bearing those women in mind. However, one should not only take a single perspective, but should also consider the perspective of a more complex victimising reality, in terms of the professional who stands in the shoes of the victim herself.

Through the whole process the professional staff member should bear in mind that he/she are individuals and consequently should be able to understand the person who has called upon them for their help.

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**PART I**

**UNDERSTANDING ISSUES CONCERNING WOMEN EXPERIENCING VIOLENCE IN PORTUGAL**



## CHAPTER I

### ISSUES CONCERNING WOMEN VICTIMS EXPERIENCING VIOLENCE IN PORTUGAL

#### 1- WOMEN EXPERIENCING VIOLENCE

Violence against women is not a recent phenomenon, though it only started being highlighted and denounced during the seventies, when the feminist movements emerged and it became a public problem worthy of consideration. *Historical perspective*

In the past, violence was considered a normal code of conduct in relation to the male/female relationship. The woman had to submit herself to the authority of the father and afterwards the husband. Any male who battered his wife was not subject to any charge and was protected by the law.

Nowadays both men and women are equal before the law and in principle, legally speaking, women and men carry on the same activities. They are theoretically entitled to the same legal protection, notwithstanding the fact that these legal rights are not always recognised as being legitimate. Violence against women is still deeply rooted in the cultural tradition of some.

In spite of changes to the law, these traditions are sometimes perpetuated when women putting aside the legal rights they are entitled to, submit themselves to situations of injustice, which they refer to as being normal. At judicial level there is a discrepancy between some situations and the effective enforcement of the law concerning those situations. The police are sometimes asked to intervene in domestic conflicts simply to re-establish public order when it is being menaced, which might dissuade women to make a formal complaint. This problem is therefore circumscribed to a private dominion, outside the legal field of action or any other public intervention, which is now considered imperative.

Women were deprived of protection for a long time, not only because of cultural habits but also because of the prevailing law which according to T. Beleza<sup>1</sup>, exempted men who battered women from punishment. Although these situations have been levelled, legally speaking, the weight of tradition still prevails, which adds further difficulties not only to the enforcement of the law but also to its application. Let us take a closer look at some figures, which illustrate the reduced application of article 152 – point 2 (partner assault). In 1997, 121 cases were reported as opposed to 1023 cases of partner assault alone registered by APAV in 1998. This figure takes into account one situation of violence (52%) or more than one situation of violence (36%) experienced by Portuguese women who, in interview, revealed having been victims in 1995<sup>2</sup>.

This phenomenon cannot be dissociated from the redefinition of the social role which has been played by women for the last 25 years. They have conquered a number of rights they were previously not entitled to and have fought for a new type of social integration, by forcing changes in custom, rejecting situations which had been considered normal and denouncing situations which had been enclosed within the family circle.

The fact that nowadays a family matter might be disclosed more reluctantly, is beginning to be understood by the police and other agency staff. These professionals may have refrained from interfering in matters, which have been considered personal, but were seen as a crime for others.

One major issue could be to determine explanations for those women, who being abused, choose to remain in these situations.

*Explanatory perspectives*

One should not ignore the social pressures, which have led many women to stay with their husbands at any price, holding family/social continuity at a higher level than the dignity and the safeguard of any one individual's rights.

One should also not forget the perspective which groups domestic violence with responses to the social disturbances some families are not able to cope with, such as problems of stress, frustration, financial difficulties and any other accumulated social tensions, thereby classing some domestic violence as a response to social violence. However, this perspective does not explain why some men, subject to the same conditions, are not violent to their partners or even why it is men who abuse their wives and not the opposite. There is also a lack of distinction between offensive violence and defensive violence, considering that a huge number of women kill their husbands in order to stop the abuse.<sup>3</sup>

According to the feminist perspective, domestic violence is much deeper social problem. Male violence against women in our society and the subordinate social position of women, in terms of salary and child care, amongst other things, has given rise to a criminal justice system and public opinion which indulge this situation.

The main aspect of this perspective highlights social structuring which incites and perpetuates the domineering attitude of men over women resulting in domestic violence. This, in turn, leads to the discussion of public/private issues, ignoring the private sphere, which for a long time was not considered in legal terms.

It is also important to analyse the definitions of violence against women, in order to get a conceptual vision of the problem. Various studies have shown that, although violence exerted against women might not be confined to domestic boundaries, occurring also in the street or within the workplace, it is almost certain that the greatest number of violent situations of this kind occur in the home. The home is the usual place where such violent situations occur in Portugal (43%), as a recently published book on these issues demonstrated. It is within the family boundaries that husbands become the main perpetrators of violence against women<sup>14</sup>. The same study has also concluded that violence exerted against women is mainly physical and psychological when it occurs within domestic boundaries; socio-cultural discrimination when it occurs within the workplace; and sexual violence mainly occurring in the street. This raises certain questions in relation to Portugal: i.e. whether sexual violence occurring within domestic boundaries is less relevant than that occurring in the streets, or whether women see sexual offences committed by men they live with as less serious, thus allowing tradition to hold a stronger influence than the ruling law.

At European level, Giddens<sup>15</sup> states that the home is one of the most dangerous places in modern societies, where anyone, no matter how old or whether male or female, runs a higher risk of been attacked than anywhere else. American figures estimate that at least four million American women have been severely battered by their companions within the period of a year<sup>16</sup>.

This phenomenon, which has been silenced within family boundaries, is gradually being disclosed and being recognised, thus beginning to break the public and private way of considering this problem.

The EU has dedicated 1999 to the study and fight against domestic violence. It is anticipated that, by the end of the year, a report on the initiatives carried out by the Member States during this year will be compiled under Finnish leadership, focussing on safeguarding of women's rights and raising awareness and enforcing those rights.

Following European Council resolutions on this issues, Portugal has recently launched a National Plan Against Domestic Violence<sup>17</sup>. This proposes a series of innovative measures, which are expected to be the subject of legislation. One proposal is the removal of the offender from the family home, rather than the victim having to leave.

Violence against women is a multi-dimensional, complex phenomenon, which crosses social class, age and geography and which has encountered passive and non-opposing reactions on the part of women<sup>18</sup>. According to B. S. Santos<sup>19</sup>, it is women who look for more conformist and informal solutions, having reluctantly brought these conflicts forward to the public arena, where they have been confined to silence for a long time.

Although this phenomenon does not affect every home, it is essentially a problem for everyone, in the sense that we are all, in some way, responsible for the development of society. It is therefore imperative that we all get involved and engaged in seeking solutions and providing support. There needs to be a framework which assists the re-structuring of the lives of the victims.

*Personal  
responsibility*

## CHAPTER II

### WOMEN EXPERIENCING DOMESTIC VIOLENCE

#### 1- THE CYCLE OF DOMESTIC VIOLENCE

According to the experience of Agency staff, who welcome and work with women victims experiencing domestic violence, and the various studies which have been undertaken on these issues, violence exerted within domestic boundaries (among people living with one another, married or not) is a system. *A circular system*

This system is circular, that is: it starts, continues, finishes and is repeated.

The Cycle of Domestic Violence can be understood as a circle, in which the ongoing movements within the relationships of the couple, are systematic and always go through specific phases.

One might then identify the following phases:

a) The Phase of Increased Tension: The offender's daily life accumulates strains, which he is not able to resolve without using violence, which can develop into a dangerous situation for the woman victim, who is held responsible for his discontent. Under any pretext, the offender will vent his feelings onto the woman victim. The pretext might be as simple as accusing the victim of not having washed the dishes up properly, having cooked something which did not please him, or even not having adequately taken care of his clothing. He might also accuse her of having love affairs. The increased tension might end up in a discussion between them, and it might be worse if the offender has drunk alcohol or used drugs;

*Phases of the domestic violence cycle*

b) The Phase of Violence Itself: The offender hurts the woman victim physically and psychologically, whilst she tries to defend herself passively, expecting him to stop or not use any more violence. The violence itself might be intense, leaving the woman victims in a deplorable condition and in need of medical assistance, which may not always be immediately available.

c) The Pacifying Phase: The offender, after having directed his tension onto the woman victim under the form of violence, shows her his repentance and promises never again to be violent. He might invoke motives which might make her to forgive him, for instance having had a difficult working day, having been drunk etc. In order to reinforce his asking for forgiveness, he will treat the woman victim adequately, making her believe that, that was in fact the last time he would get out of control. Because throughout this phase, the offender surrounds the woman with sweetness and seduces her, this phase is also known as the honeymoon phase.

The woman victim lives throughout this Cycle under constant fear, hope and love. The fear that she feels is connected with the violent experiences that she has already gone through and the danger, which is real and always there.

Her hope in this situation is attached to determination to make a success of her life, which includes the partner. Because she has spared no efforts so far, she may consider that there are positive aspects to the relationship, without actually ignoring the negative violent ones.

One of the positive aspects she can identify, is the love she still feels for the person she is married to or lives with, compounded by love the offender seems to show her during the periods in which desists being violent (Honeymoon).

The Cycle of Domestic Violence makes it very difficult for the woman victim to make clear decisions, as she has experienced very dramatic phases (the phase of tension and the violence itself), which may conclude with an almost gratifying phase (the pacifying phase), in which the hope for a shared life with a partner without violence, makes her once again believe that the life she had dreamt of is possible.

*The feelings of the woman victim*

This cycle is marked by its continuity in time, that is, by its successive repetition, with possible reduction in phases of tension and pacification and the increase in stronger and violent phases, which could ultimately result in domestic homicide.<sup>20</sup>

#### 2- CHARACTERISTICS OF THE WOMAN EXPERIENCING DOMESTIC VIOLENCE

Although the problem of domestic violence is common to many women and might be identified as a recurrent system, according to the Cycle of Domestic Violence, it doesn't necessarily mean that all the women victims have the same reactions. Every person is unique in the sense that, although experiencing similar situations, these can never be considered as being exactly the same. The way each woman victim reacts to a problem is a personal reaction that only she could have had, although it may be similar to many other victims' reactions.

Among other aspects, the relationship she has with the offender, her previous way of life, the support she has had, the violence itself and everything that it means, the impact that violence has had on the woman victim

and above all the meaning she attributes to all of this, determine the singularity of her reaction.

And yet apart from the singularity of each woman victim's reactions one might identify a group of characteristics, which are common to every one of them.

Some of these characteristics are<sup>21</sup>:

a) cognitive and memory disturbances: The woman victim might show some cognitive dysfunction's in the form of flashbacks, nightmares, difficulties in paying attention and poor concentration, mental confusion, erroneous opinions about themselves and about other people, frequently remembering traumatic situations (beatings, constraints, etc). These reactions lead to increasing difficulties, especially in relation to decision making;

b) depressive behavioural attitudes and/or escaping: The woman victim develops a pessimistic cognitive style associated with depression and is ashamed of revealing her problem to others, feeling very confused and emotionally fragile, blaming herself for the problem she is experiencing, isolating herself, not having many social relationships, underestimating herself as a person, having low self-esteem, showing scepticism in relation to the law, losing confidence in the future, not trusting other people;

*The characteristics of the woman victim*

c) anxiety disturbances: Not having control, becoming hyper-vigilant when facing dangerous situations, having phobias and anxiety symptoms as well as psycho-physiological symptoms associated with stress and anxiety;

In spite of all these characteristics, one cannot consider women experiencing domestic violence as being pathologically sick, simply because they display these symptoms. These should be understood as psychological survival mechanisms<sup>22</sup>, that each victim utilises in a different way, in order to cope with the abusive situation.

The woman victim experiencing domestic violence may also show the following characteristics:

a) believing in myths associated with violent domestic relationships<sup>23</sup>;

b) having a traditionalist attitude towards the relationship, strongly believing in the family indivisibility and the stereotypes connected with the different roles played by male and female<sup>24</sup>;

c) having assimilated the idea of submission to the will of the man, from an early age on, and accepting it as something normal<sup>25</sup>;

d) having difficulty in accepting the idea of failure within the domestic relationship<sup>26</sup>;

e) having a concept of love which implies sacrifice and absolute dependence on the husband or partner<sup>27</sup>;

Another determining characteristic is the fact that the woman victim does not come out of the violent situation because she is not aware of the rights she is entitled to and this lack of awareness implies a much more serious consequence – not considering herself a victim of crime<sup>28</sup>.

Many women victims do not consider the suffering they are subject to, the seclusion, the harmfulness, the offence, the sexual coercion and the rape inflicted on them by their husbands or partners as crimes<sup>29</sup>, and yet the law protects them.

Many women victims will have to face serious economic and social<sup>30</sup> difficulties, if they wish to break out of the Cycle of Violence. These difficulties will undoubtedly be an obstacle for their autonomy, i.e. not having a job, a house to live in and any belongings<sup>31</sup>.

Despite these characteristics they should not be discouraged from breaking the silence about the violence they are subject to, and asking someone for help.

Requesting help from agencies might occur because of three reasons, depending on the personal situation of the women victims<sup>32</sup>:

*Asking for help*

a) When they are going through a crisis at its beginning, that is when the violent situations haven't yet turned into a recurrent reality;

b) When they can't stand the violence any longer and aren't able to cope with the prospect of its intensification;

c) When an unbearable situation has been created and has forced them to ask for help (for instance physical constraints and/or sexual abuse of the children; having been put outside the house; having been subject to an attempted homicide).

### 3- THE WOMAN EXPERIENCING DOMESTIC VIOLENCE: UNDER THE CONTROL OF THE OFFENDER

The woman finds herself within the Cycle of Domestic Violence, particularly when the offender has absolute control over her, using various strategies to continue maintaining that direct authority over her.

The strategies used by the offender are of a different kind (subtle or violent) and might be used either in isolation or in conjunction.

These strategies might be the following:

a) Using physical violence on the woman victim: this violence could be battering her, strangling her, violently pulling her hair, banging her head against walls or similar surfaces, striking her head with his own, throwing her down the stairs, kicking her on the belly (in some cases when pregnant), secluding her, attempting to kill her, not assisting her after these violent situations or in subsequent periods of sickness<sup>33</sup>;

b) Using psychological violence on the woman victim: this violence could be screaming at her in order to intimidate her, humiliating her with words or behavioural attitudes, harassing her in the streets or at work, comparing her to other people in negative ways (attacks on her self-esteem), mistreating her relatives and friends (who have begun to withdraw from her problems), breaking furniture and other objects, waking her up during the night in order to intimidate her, blackmailing her, throwing food onto the ground, considering her a whore and consequently insulting her<sup>34</sup>;

*The offender's strategies*

c) Exerting sexual violence against the woman victim: subjecting the woman victim to sexual intercourse with him and/or other people against her will, very often in a very violent way. Rape and sexual assault are crimes committed against the woman by her partner - the woman may be submissive for not considering those acts as being crimes. Other acts could include sexually torturing the woman victim by burning her genitals with lit cigarette butts, tying her, beating her, etc;

d) Secluding her in terms of social relationships: Not allowing the woman victim to work, to leave the house, to have friends, to frequently get in touch with her relatives. These relatives might, in turn, not want to get any closer to the victim, fearing the possibility of aggravating the situation or even suffering retaliations. The woman victim, on one hand, avoids getting involved with other people, for fear of the offender's rage, and on the other hand, feeling ashamed of her own problem and being apprehensive about other people's understanding of it. A sort of ghetto-marriage<sup>35</sup> situation arises, which in some cases is effective in isolating the woman under the offender's control;

e) Intimidating her: Having the woman in constant fear of what he might do to her or any of her relatives and friends (above all the children) or her possessions. The offender might use words, screams, simple glances or facial expressions, show or touch objects (cleaning the rifle; loading the gun, sharpening a knife, exhibiting a stick, etc.) He might even take advantage of his physical supremacy by simply approaching the victim. Intimidating the victim might lead to his control over her, as anticipating a forthcoming violent atmosphere she will be in constant fear of what might happen<sup>36</sup>;

f) Having financial control: Denying the victim any access to the couple's possessions, including money to satisfy basic needs, such as food, medication, payment of regular expenses – water, electricity and phone bills. It might also mean not allowing her to work outside or even if he allows her to work, doesn't let her take advantage of her salary, as he keeps and controls it.

These strategies are linked to the Cycle of Violence and keep the woman in a constant state of intimidation and under the offender's control.

### 4- CULTURAL MYTHS CONCERNING WOMEN EXPERIENCING DOMESTIC VIOLENCE

In order to understand the issues associated with domestic violence against women it is essential to stress cultural factors. Cultural factors necessitate careful deliberation of the type of intervention on the part of agencies the victims may contact.

Culture factors refer to cultural myths, that is to say, the myths which a particular society has created, in order to explain a specific reality which hasn't been examined analytically and around which a rarely questioned and very often apparently satisfactory story (a myth), is told to be used by people who don't intend to face that reality with a true critical approach.

Taking this into account, the myth seems to emerge as a folk tale or expression used in a naïve and irresponsible way, in order to legitimate the violence exerted against women. These women are then submitted to the cultural tradition of inequality of genders, which consequently legitimise these and other crimes committed against women.

Once the law has decreed the equality of gender and protection for the victims of crimes in general and has ruled on these matters, official institutions and professionals should act to punish the offenders, but also to

defend the victims of domestic violence. These institutions and professionals should not have distorted opinions of the legislation.

Cultural myths cannot therefore be used as viable explanations for the reality experienced by victims and professionals, who need to know exactly what the realistic approach to the situations should be, through objectivity.

*The myth as an explanation*

We have assembled some myths which show distorted explanations of the reality experienced by victims of domestic violence. The observations and comments provided might be of some help in developing more coherent explanations of the reality for the women victims and the law which defends them:

a) «The problem of women experiencing domestic violence is not very relevant. Very few women are subject to domestic violence.» Domestic violence does exist in every society and is experienced by many women, which makes this a serious social problem, which has negative effects on people's lives. The problem of domestic violence is a reality and has to be considered human rights issue.

*Cultural myths*

b) «Between husband and wife let there be no interference.» Domestic violence is a problem which affects not only involve the life of the woman, but also the lives of many other people. This includes relatives, – especially children – friends and professionals working for the agencies approached, who may be harassed and threatened by the offender, whose lives may be endangered. Because of these facts, the whole society should feel responsible. People who believe they have a social conscience should not consider this a domestic problem or even a problem that only affects the offender and his partner. This matter has to be considered a public issue, and something which should not be tolerated. Domestic violence may also determine the development of other social problems, such as delinquency on the part of the children who directly or indirectly suffer (by witnessing) the crimes committed;

c) «Only Women from lower classes of society are subject to this problem.» Domestic violence exists in every class of society and may be carried out in various ways. The fact that women victims from lower classes are in more serious need of financial and social support than more wealthy women and are more likely to ask for support, makes this appear a problem of the 'lower class'. Domestic violence, both in terms of both physical and psychological violence, occurs in all sections of society.<sup>37</sup>

d)«The more you hit me, the more I like you. Some women enjoy being battered: They have masochistic attitudes.». Believing that women victims experiencing violence have masochistic attitudes, ignores the fact that the problem is highly complex. Within the dynamics of the couple (re. Cycle of Domestic Violence) and considering the social difficulties the women victims would have to face if they left the relationship, there are many reasons why women may submit to violence, although these may vary from case to case.

e) «A slap in the face doesn't hurt anyone.» Domestic violence cannot be reduced to a specific or isolated aggressive incident. It is continuous victimisation, as part of a system - The Cycle of Domestic Violence. It implies physical and psychological aggression towards the woman victim. It is a series of repeated, countless crimes against the woman committed by the offender;

f) «Only older women are battered by their husbands.» Domestic violence occurs in couples of all ages and is not exclusively a problem of older couples.<sup>38</sup>

g) «The husband has every right to hit the woman when she misbehaves.». The husband has no right to mistreat the woman when he is not happy with her behaviour or attitude. Violence cannot be tolerated, even if it is exerted as the resolution of problems between two people. There are other ways of solving problems, such as dialogue and an agreement between the partners.

h) «The husband is entitled to use his wife's body whenever he wants to. It is her duty not to refuse him.». Nobody has the right of using other people's bodies. The husband may use his own body, but the fact that he is a man does not entitle him to use his wife's body, especially against her will. The woman may get sexually involved with her husband whenever that is not against her own free will.

Both men and women have their own free will to make their own decisions.

i) «There are provocative women, no wonder their husbands get out of control.». Domestic violence should not be attributed to some sort of uncontrollable situation on the part of the offender. His criminal acts cannot be condoned because of supposedly provocative behaviour on the part of the woman. Domestic violence should not be tolerated because it is a crime.

j) «Women have to endure the consequences of a domestic relationship if they want to keep on being married. It is their destiny.». One can only recommend that someone remain in a relationship when the woman is happy and fulfilled as a person, but certainly not when the ultimate end is unhappiness. Any domestic relationship based on violence cannot make the victims happy (in this case, the victims are the women and their children, who are directly or indirectly subject to violence). These women only experience traumatic situations.

Domestic violence cannot be seen as the destiny the woman victim has to silently endure. Destiny is in her

own hands, she should be the one to decide on whether she wants or not to submit to violence and not be fulfilled as a human being.

## 5- CRIMES ASSOCIATED WITH DOMESTIC VIOLENCE

Domestic violence generally involves a number of associated crimes.

The domineering strategies used by the offender on the woman victim may involve actions of a criminal nature, which he may be held responsible for in law. It is essential to identify the various crimes the woman victim has been subject to in domestic violence situations.

The most common associated crimes are:

a) Cruel and unusual punishment of the partner. This crime normally occurs when the husband or anyone in a similar situation, physical and psychologically maltreats his wife or partner;

b) Threat. This crime occurs when there is an intimidating reaction against someone, in order to make him/her feel fearful, disturbed and/or affect his/her freedom of determination;

c) Coercion. When by the use of violence or threats, one forces the other to do something or endure something;

d) Kidnapping. Depriving someone of his/her freedom;

e) Sexual coercion. Forcing someone – by using violence, severe threats or even by knocking the person unconscious or putting him/her in a situation of not being able to defend him/herself – to withstand or have sex with him or someone else;

f) Rape. When someone is forced to have sexual intercourse whilst subject to violence, threats of violence, in an unconscious state or unable to react;

g) Sexual abuse of someone unable to offer resistance. Having sexual intercourse with someone who is unconscious or unable to resist, taking advantage of his /her stage of incapacity (though not having contributed to it);

h) Homicide (attempt). When someone, with the intention of killing, does everything that could lead to effectively achieving it, but in which (death) the final goal does not occur.

i) Physical integrity offences. When someone, harms someone, causing him/her physical injury, usually on purpose;

j) Robbery. A crime – with the illegitimate intention of taking for him/herself or somebody else; by stealing or forcing someone to hand him/her goods and personal property; using violence, threatening and endangering the life or physical integrity of the other or putting him/her in a situation of absolute incapacity to offer resistance;

k) Damage. Means to total or partially destroy, damage, deform or make something belonging to someone else useless.

*Crimes, Legal  
complaint,  
evidence,  
compensation for  
damages*

### 5.1 - HOW THE VICTIM SHOULD ENTER A LEGAL ACTION

The victim of domestic violence may enter a legal action against the offender if he has committed any crime against her, her goods or personal property.

Entering a legal action initiates a criminal proceeding.

(Portugal) She might enter the action at Guarda Nacional Republicana (GNR), Polícia de Segurança Pública (PSP) or Polícia Judiciária (PJ), who, in turn, will inform the Department of Justice of the crime(s) committed.

The victim might enter the action directly at the Department of Justice.

It could be helpful if the victim has witnesses to testify to the crime(s) committed, as well as any objects which clearly show circumstantial evidence, (e.g: ripped clothes, broken objects, letters with threatening written evidence) as they could be called upon as testimony and documentary evidence as part of the court proceeding.

Medical reports. Should also be requested as evidence, if the woman victim has gone to a Health Service Centre and has declared that she was victim of a crime and stated who the offender was.

The deadline for entering such an action is six months after the crime(s) was/were committed.

## **5.2- WHAT SORT OF COMPENSATION SHOULD THE VICTIM SEEK**

The woman victim should press for compensation damages of the crime(s) she was subject to and which had negative consequences for her.

She should press for damages from:

- a) The offender himself, who has become a defendant because of the court proceeding;
- b) The State, through the Commission for Damages for Victims of Violent Crimes, should the woman victim have the necessary conditions to apply<sup>39</sup>.

In order to press for damages to be paid by the State she should:

- have an injury caused by the crime(s) which resulted in a permanent incapacity or a temporary one for work over a period of 30 days or more;
- have had a considerable change in her way of life or those entitled to alimony;
- not have been redressed for the damages in the verdict in relation to the civil request for damages or if it is anticipated that the offender and those responsible for the civil action will not redress her for the inflicted damage, or that it will not be possible to effectively get the redressing.

It would be advisable for the victim to assisted by her lawyer, a solicitor or even the APAV supporting Branch, closer to her residence, in relation to the request for compensation damages.



## CHAPTER III

### WOMEN EXPERIENCING SEXUAL VIOLENCE

#### 1- THE CYCLE OF REACTION OR RECOVERY

The suffering a woman experiencing sexual violence has to go through, does not end with criminal issues. From that moment on, she will have to go through great emotional pain, as well as suffer the physical wounds she may have sustained.

A victim who has experienced a sexual crime might have to face a complicated and difficult number of mixed emotions and worries. Her immediate reaction might be one of confusion about whom she should approach for help. Fear and anxiety might be some of the prevailing feelings associated with this initial confusion.

The victim very often fears exposing the crime she was subject to, because of the offender's potential retaliations. She will also fear being discredited or even condemned by those who have acknowledged the crime, as well as having worries about criminal action and police intervention.

The victim's reaction after such a crime seems to follow a typical pattern, which can be considered in three phases. Recovery time, i.e. going from one phase to the other, might differ, depending on the victim.

These are the three phases or stages of the Cycle of Reaction or Recovery:

a) The Phase of Impact, or the first stage which occurs soon after the violent attack. It is during this stage that the victim goes through intense emotions.

The victim might reject what has happened in order to psychologically survive: expressions like "I can't believe this has happened to me!" might be indicators of this tragedy.

The victim might also blame herself whilst trying to work out what she might have done to deserve this: expressions like "what have I done to deserve this?" might show her guilty feeling.

The victim might have constant nightmares, which will have an effect on her emotional state.

The victim might show rage, a desire for revenge, confusion, fear, discouragement, guilt, feeling sorry for herself and low self-esteem - some of her feelings throughout this stage, which could lead to total chaos in her life.

The physical trauma, especially in those areas of the body which have been affected (muscular strain, gastrointestinal reactions, loss of appetite, genital problems and sexually transmissible diseases) might also account for the pain she has to endure.

At this initial stage the woman might still have some pre-conceived idea of the sexual crime, reinforced by the attitude of the one who has assisted her during the crisis, which sometimes corresponds to the culturally sustained myth.

The woman might be confronted with the guilt she is accused of by others and which she herself feels. This reaction may lead to suggested spurious reasons to justify a crime, which she hasn't committed: the provocative way she was dressed; the fact that she might have been sexually involved with the offender and only changed her mind later; having been out on her own; having attended 'undesirable' places; having been the victim of either her boyfriend or husband, therefore not considered a victim.

*The phases of the  
cycle of reaction  
or recovery*

These myths, when associated with sexual crimes in general, and particularly in relation to rape, might aggravate the suffering, guilt and shame the victim already feels.

b) The Phase of Recovery: It is throughout this phase that the woman starts adapting herself to the reality of having been a victim and accepting the fact that the crime has occurred, and that she must continue living.

Although her feelings tend to be revived from time to time, they are not so devastating and intense as before. Because of this reviving situation, this phase is also characterised by the constant revival of the crime.

The victim might move back and forward between this phase and the previous one, but given time, these movements will be less frequent and less intense;

c) The Phase of Reorganising herself: The victim has overcome her initial feelings and chaos and is now able to look at the crime in perspective and rationally.

The degree of the emotional reaction to the crime is less aggravating and the victim is now able to concentrate on other activities: one can say she is getting out of the crisis.

The woman victim might never fully recover. The emotional scars will always be with her. Yet, if she reaches this phase it means she is willing to proceed with her life in a less disturbed way.

One shouldn't ignore the fact that behaviour designated to sexual crimes does not fall into a specific pattern of reaction, as it may vary significantly and the effects on the woman might be relative to the nature of the crimes committed. This should be taken into account in order not to undervalue the effects on women who may have been subject to 'minor' crimes. Only the woman experiencing a crime will know exactly what she went through and still is going through and how it has affected her.

Many crimes might not have involved violence or any resistance on the part of the woman, but what it might have meant to her and the anguish she might feel cannot be overcome alone. It is the duty of all of those within her personal circle (family, friends, colleagues, etc) and those professionals who have entered this circle, to help her through this situation.

## 2- CULTURAL MYTHS CONCERNING WOMEN EXPERIENCING SEXUAL VIOLENCE

In order to understand the issues associated with violence against women, it is essential to stress cultural factors, which should be taken into account when considering intervention and assistance by agencies.

The cultural factor refers to the mythological cultural outputs, that is to say, the myths which a particular society has created, in order to explain one or a specific reality which hasn't been looked at with an analytical insight, and around which a rarely questionable and very often satisfying small story (a myth) is told, to be used by people who don't intend to face that reality with a true critical approach.

Culture factors refer to cultural myths, that is to say, the myths which a particular society has created, in order to explain a specific reality which hasn't been examined analytically and around which a rarely questioned and very often apparently satisfactory story (a myth), is told to be used by people who don't intend to face that reality with a true critical approach.

Taking this into account, the myth seems to emerge as a folk tale or expression used in a naïve and irresponsible way, in order to legitimate the violence exerted against women. These women are then submitted to the cultural tradition of inequality of genders, which consequently legitimise these and other crimes committed against women.

Once the law has decreed the equality of gender and protection for the victims of crimes in general and has ruled on these matters, official institutions and professionals should act to punish the offenders, but also to defend the victims of domestic violence. These institutions and professionals should not have distorted opinions of the legislation.

*The myth as an explanation*

Cultural myths cannot therefore be used as viable explanations for the reality experienced by victims and professionals, who need to know exactly what the realistic approach to the situations should be, through objectivity.

We have assembled some myths which show distorted explanations of the reality experienced by victims of domestic violence. The observations and comments provided might be of some help in developing more coherent explanations of the reality for the women victims and the law which defends them:

a) «Some women secretly wish they were raped». Rape and any other sexual crimes have to be considered as attacks on the freedom and self-determination of the victims and their rights as human beings. They should also be understood as causing deep psychological and physical pain. Nobody wants to have her rights taken away by being forced to submit herself to the authority and control of someone who doesn't consider her a human being and only sees her as subject to be manipulated.

*Cultural myths*

Although some women might fantasise about being raped as a way of expressing their sexuality, this should only be considered as what it actually is – a fantasy. This fantasy should not be confused with reality. A woman may indulge in a fantasy involving those she willingly has a relationship with and with whom she has previously defined the limits of her willingness. The same cannot be said about rape and other sexual crimes, where she is the victim. Those limits have not been taken into account, neither has her free will and the fact that her real wishes have not been considered. In rape or any other sexual crime, the offender has a complete lack of respect for the woman's wishes and exerts an unacceptable authority and control over her;

b) «Some women deserve to be raped». Nobody, whatever gender, age, race, occupation, status or any other characteristic, deserves to become a victim of crime. No woman deserves to be raped or become the victim of other sexual crimes, irrespective of her personal and social characteristics.

c) «Only immoral women are raped». Nobody, according to the law, should be judged in terms of their personal and social behaviour. Where that behaviour does not impinge upon the freedom, personal rights and privileges of others. It is, therefore, not legitimate to judge women on their behaviour, classing them as being moral or immoral and considering that because of subjective criteria only the immoral women are subject to being raped.

Every woman is susceptible to being raped or a victim of any other sexual crime, irrespective of her behaviour.

d) «If she was raped it is because she provoked the offender». No woman wishes to be raped or be victim of any other sexual crime, even if her personal and social behaviour are thought to have led to an approach of the would-be-offender. The way she dresses, walks, expresses herself, at what time she attends certain public places, people she gets acquainted or involved with or even the implicit or explicit way she might have become involved with the potential offender, amongst other things, should not be used as justifications to excuse the actions of the offender.

It is not the personal and social behaviour of the victim which should be focused upon, but the disrespectful attitude of the offender before and during the violent situation.

e) «Women are only raped by strangers». Women victims of rape and any other sexual crimes are subject to a lack of respect and absence of sexual self determination. The offenders might be known or unknown to them, friends or relatives, neighbours, boyfriends, husbands, fathers, brothers, etc.

f) «If the woman has had a sexual relationship with the offender, it is not so serious». The fact that the victim might have had a sexual relationship with the offender should not reduce the gravity given to her suffering, nor the seriousness of the crime in terms of legal action. One should not judge the psychological and physiological pain suffered by the victim without taking into account the context of the action, nor should there be a reduction in the seriousness with which it is dealt with in law.

g) «Offering resistance during the rape might determine whether the woman was actually raped». Whether the victim offered resistance during the crime or not does not determine whether she was or was not willing. The absence of any physical reaction on the part of the woman should not be seen as willingness to participate in sexual intercourse. A victim's reactions vary, from a permanent fight with the offender to absolute incapacity to move or resist.

The victim's innocence should always be paramount when taking into account her reactions at the moment of the crime.

h) «A legal complaint which has been entered a few days after the crime is almost certainly not trustworthy». A woman who has been subject to any sexual crime and has survived, is not always capable of being psychologically and physically fit to enter an immediate formal complaint against the offender. Making the decision to proceed with a formal complaint might be as painful as the situation she has already gone through. Having entered the formal complaint two or more days following the crime, should not imply be treated as suspicious or with any less seriousness or gravity.

### 3- CRIMES ASSOCIATED WITH SEXUAL VIOLENCE

Sexual violence could have a number of other crimes associated with it. In addition to the sexual crime, for example, the woman might have been raped or even subject to offences against her physical integrity, robbery and any injury within that context of violence.

It is essential to identify the various crimes the woman victim has been subject to, in violent situations.

The most common crimes associated with sexual violence are:

- a) Rape. Occurs when someone is forced to have sexual intercourse whilst subject to violence, threats of violence, in an unconscious state or unable to react;
- b) Sexual coercion. Forcing someone – by using violence, severe threats or even by knocking the person unconscious or putting him/her in a situation of not being able to defend him/herself – to endure or have sex with him or someone else against his/her will;
- c) Sexual abuse of someone unable to offer resistance. Having sexual intercourse with someone who is unconscious or unable to resist, taking advantage of his /her stage of incapacity (though not having contributed to it);
- d) physical injuries. When one injures somebody else on purpose;
- e) offences against one's physical integrity. When the woman victim needs to be hospitalised;
- f) Threat. This crime occurs when there is intimidation against someone, in order to make him/her feel fearful, disturbed and/or affect his/her freedom of determination;
- g) Seclusion. Depriving someone of his/her freedom;
- h) Kidnapping. A crime committed by someone, who using violence, threats or even subtlety, deprives someone of his/her freedom, having as the main objectives the subjection of the victim to extortion, the

*Crimes, the legal complaint, evidence, the compensation for damages*

practice of a crime against someone's freedom and sexual self-determination or even obtaining a ransom;

i) Robbery. A crime – with illegitimate intention of taking for him/herself or somebody else; stealing or forcing someone to hand him/her goods and personal property by using violence, threatening and imminently endangering the life or physical integrity of the other or even putting him/her in a situation of absolute incapacity to offer resistance;

j) Damage. To totally or partially destroy, damage, deform or make something belonging to someone else useless.

### **3.1 - HOW THE VICTIM SHOULD ENTER A LEGAL ACTION (Portugal)**

The victim experiencing sexual violence may enter a legal action against the offender if he has committed any crime against her, her goods or personal property.

Entering a legal action initiates criminal proceedings.

She might enter the action at Guarda Nacional Republicana (GNR), Polícia de Segurança Pública (PSP) or Polícia Judiciária (PJ), who, in turn, will inform the Department of Justice of the crime(s) committed.

The woman victim might enter the action directly to the Department of Justice.

It could be helpful if the woman victim has witnesses to testify to the crime(s) committed, as well as any objects which clearly show circumstantial evidence (e.g. ripped clothes, broken objects, letters with threatening written evidence) as they could be called upon as testimony and documentary evidence as part of the court proceedings.

The forensic medical examination might prove the crime(s) and identify the offender (should he have been an unknown person). The woman victim should be examined by a forensic doctor at the hospital serving the district in which the crime(s) has have occurred, (at the Forensic Medicine Institute if there is one, or by any examiner requested for that purpose) or in any other Forensic Medicine Institution (in Lisboa, Porto and Coimbra)

If the woman victim has been examined at any Forensic Medicine Institute, she can enter the legal complaint there.

Should she want to be subject to a forensic medical examination at any hospital, she has to previously have entered a legal complaint either at GNR, PSP, PJ or at the Department of Justice.

The deadline for entering such an action is six months after the crime(s) was committed.

### **3.2 - WHAT SORT OF COMPENSATION SHOULD THE VICTIM SEEK (Portugal)**

The woman victim should press for compensation/damages of the crime(s) she was subject to and which had negative consequences for her.

She should press for damages to:

- a) The offender himself, who has become a defendant because of the court proceedings;
- c) The State, through the Commission for Damages for Victims of Violent Crimes, should the woman victim have the necessary conditions to apply<sup>39</sup>.

*Crimes, the legal complaint, evidence, the compensation for damages*

In order to press for damages to be paid by the State she should:

- have an injury caused by the crime(s) which resulted in a permanent incapacity or a temporary one for work over a period of 30 days or more;

- have had a considerable change in her way of life or those entitled to alimony;

- not have been redressed for the damages in the verdict in relation to the civil request for damages or if it is anticipated that the offender and those responsible for the civil action will not redress her for the inflicted damage, or that it will not be possible to effectively get the redressing.

It would be advisable for the victim to assisted by her lawyer, a solicitor or even the APAV supporting Branch, closer to her residence, in relation to the request for compensation damages.

**PART II**  
**ISSUES CONCERNING WOMEN VICTIMS EXPERIENCING VIOLENCE:**  
**HOW TO ACT**

## CHAPTER I

### THE PROCESS OF HELPING WOMEN EXPERIENCING VIOLENCE

#### 1. PROFESSIONALS AND CRISIS INTERVENTION

Women experiencing violence are often in a crisis situation. It is important that every professional involved understands the crisis and knows what to do whilst facing it. To know how to act in this crisis is to intervene in it.

Intervening in crisis<sup>39</sup> means<sup>40</sup>, in a restricted sense, providing psychological therapy to help the victim overcome a traumatic event. In a broader sense it means intervention which includes a number of strategies. Although crisis intervention might be carried out by a professional working from a psychological standpoint, it may also be undertaken by other professionals who help in the crisis and use strategies connected with psychological intervention, which may not be considered as psychological therapy.

One should therefore be allowed to refer to the professionals involved in crisis intervention professionals as meaning all those who frequently assist women experiencing violence through the various intervention agencies.

Crisis intervention should seek the immediate resolution of the crisis, focusing on the immediate issues or urgency arising from the particular problem and searching for the development of appropriate strategies to deal with the problem. That is to say, allowing the person in crisis to look for adequate strategies to face the problem herself, in order to be able to resolve it. *Aim*

Crisis intervention can help those in crisis to focus on their capacities, to determine coping strategies, to try to understand the trauma and establish solutions relevant to the victim and her particular situation, integrated within a specific context.

A wide variety of situations might determine the state of the crisis. This happens when the violent experience seems to threaten or endanger the physical and/or psychological integrity of the person, who feels incapable of facing or confronting the situation she has experienced.

The seriousness and the duration of the crisis depend mainly on three conditions:

- a) the degree of violence with which the integrity of the person has been threatened;
- b) the person's own capacity to face the problem;
- c) the intervention or immediate assistance the person receives after the traumatic event.<sup>41</sup>

*Conditions of the crisis*

Professionals who intervene in the crisis, are extremely important actors in relation to condition c), referred to above. Their response to a request for help and the manner in which they respond, will certainly affect the ability of the victim to deal with the crisis, either in a positive or negative way.

In order to achieve effective crisis intervention, professionals should take into account several points<sup>42</sup>:

a) a crisis shouldn't be considered as a mental or emotional disturbance, it could be defined as a critical situation or a turning point in the life of somebody. One could identify it as a combination of danger and opportunity. A crisis does not generally last long and could be restrained by the person who is experiencing it, should she be helped to use appropriate procedures to find a solution to a problem, that she herself can't solve because of the trauma she has experienced;

*Guidelines on how to intervene in crisis*

b) one should manage the crisis, i.e. put all the relevant remedies into effect, in order to turn the crisis into a process, in which all strategies used focus on the resolution of the problem. Handling this process, should not exclude the efforts of the woman who is experiencing the crisis, all of her support networks (family, friends, neighbours, etc) and the appropriate agencies (police, health services and supporting agencies).

c) Crisis intervention is, in fact, fundamental, in as much as the handling of the crisis is undertaken by people the person experiencing the crisis does not know and who are expected to respond to her request for help effectively. The crisis intervention professionals could be police officers, doctors, nurses, lawyers, psychologists, social assistants, amongst others.

Crisis intervention should define purposes that determine the intervention itself:

*Presupposed aspects of crisis intervention*

a) the crisis should be resolved in constructive terms, otherwise it could result in a mental or emotional illness, suicide or violence against other people. Once the victim has gone through a crisis, she feels fragile and is more prone to suffer other problems;

b) the crisis does not become active because of issues of life itself, but because of the meaning which is attributed to them by the person in crisis. The same is true of the ability to face the problem and the limits on the assistance given by other people (her personal life and the agencies she has requested that assistance from);

c) those who get involved in the intervention might be of greater help if they consider that everyone has a role to play and that the crisis is not just a moment of risk and opportunity. To help someone in crisis means to help her seek the opportunity and advantages of a solution and to avoid the risk of an inadequate resolution of the crisis;

d) the crisis should be viewed from a psycho/social perspective and as an interdisciplinary effort. There should be a 'connecting' approach, in order to properly understand the reasons for the crisis, its development, the ability of the person to face the crisis and to find a solution to the problem (the psychological dimension of the crisis), and to bear in mind that the crisis is also based in social complexity (the social dimension of the crisis), in which one might come across limiting factors such as the economic and political considerations.

e) it is very important not to make any value judgements during the crisis. The decision and the decision-taking of the victim should always be respected throughout the support process. This impartiality on the part of the professionals with regard to the woman being assisted, as well as those she is involved with (women victims and their offenders), should always prevail.

### **1.1- WOMEN EXPERIENCING VIOLENCE: HOW THE PROFESSIONALS WHO INTERVENE IN THE CRISIS SHOULD ACT**

Every victim is different, as are the meanings each victim attaches to the crime she has experienced. All crimes are committed by different offenders in different ways. In spite of all these differences, it is possible to define a general procedural approach which can be adopted by all agencies who are approached by women who are victims of violence. This could be an set of professional guidelines or standards which is followed by all those who intervene in the crisis and which would dictate how they should behave and react when facing the victim, as well as on how to respond effectively to what the victim is requesting.

Any professional could use these standards to define a specific procedural approach to be taken with a victim. This approach would take into consideration the fact that the victim is unique in her own way and although some of her characteristics might be common to many other women victims, her life, her relationship with the offender and all the meanings she has attributed to the domestic violence are specific to her.

Before any procedure is undertaken, the professional who intervenes in the crisis should establish himself/herself as being human in front of the victim.

*Attitude of the professional*

To establish oneself as a 'being human' inevitably means not treating the woman as one more statistic or case, but as someone who is experiencing serious difficulties and who is in crisis. This requires a vocational attitude which should be established before professional assistance is given to the victim.

This attitude is a personal one, without which the technical competence of the professional might be deficient, if not devoid of any sense. This attitude is essentially empathic and would involve:

a) firstly, putting himself/herself in the position of a potential crime victim, in particular in cases of domestic violence and sexual crimes. If the professional is a man, he should bear in mind that there are situations of domestic violence in which women are the offenders and the men are the victims. However, the number of these scenarios are few in comparison to the majority of cases, in which the women are the victims. Nevertheless as a man, he might be a potential victim, even a victim of sexual abuse.

*The empathic process*

b) secondly, understanding human nature, whereby if he/she was subject to a similar situation as the victim, he/she, would suffer the same kind of trauma and have as many difficulties in overcoming it;

c) and finally, having considered himself/herself a potential crime victim and having adopted an appropriate attitude, putting himself/herself in the shoes of the woman victim, in order to have the same perception as victim.

The professional should consider the fundamental question in relation to themselves: What if I were in this situation?

The acknowledgement and consideration of this question encourages an empathic attitude, which helps avoid judgmental responses such as: I am sure I would have never allowed it; I would never get in such a situation. Refusing to accept that life is complex and that everyone is subject to many dynamics (mainly the emotional ones) and therefore likely to be ruled by problems arising from them, would be like refusing to accept that living can be very difficult for some people.<sup>43</sup>

*Empathic attitude*

This empathic attitude and ability to identify with the victim, should not emotionally affect the professional whilst working with the victim, as it could be harmful for both. The victim would not have confidence in the

professional, who in turn might not be able to differentiate his/her professional life from the personal one. The psychological stability of the professional necessitates not taking home emotional problems connected with his/her professional life.

Following this personal predetermined attitude, the professional who intervenes in the crisis should be prepared to take appropriate action. The professional should take into consideration the two different ways of intervening, depending on whether the women victims have been subject to domestic violence or sexual abuse.

### **1.1.1- WOMEN EXPERIENCING DOMESTIC VIOLENCE: INTERVENING IN THE CRISIS**

One of the most important things to take into account in crisis intervention relating to women experiencing domestic violence is the notion of empowerment.<sup>44</sup>

Empowerment seeks to help women to make the most of their own capacity to cope in a crisis, which may have been diminished during the trauma, or which may not have been developed at all.

The professional's intervention should thus be geared towards empowering the woman and helping her to resolve problems, complemented by assistance from friends and other agencies.

The professional intervening in the crisis is there to facilitate the whole process, by considering the problem, examining ways it can be resolved and reflecting on options. The professional may also need to get in touch with the relatives and friends of the victim, appropriate agencies and the offender himself.

The professional should follow these guidelines:

a) Empowerment, i.e. helping the victim find her own capacity for problem resolution, by reinforcing her own capacity for decision taking. The first aspect, which should be referred to is, the courage she has had (or is having) to break the silence about the violence she was subject to and having contacted the agency<sup>45</sup>;

b) Validating her rights and decisions, i.e. confirming the rights of the victim: ensuring that she is properly informed of her rights under law, civil action and judicial proceedings, how to take action, and the various constraints which might delay or obstruct these legal proceedings. The professional must respect the woman's decisions, whatever they might be, including going back to the domestic relationship with the offender. The professional should always try to help her understand the advantages and disadvantages of each decision she might take;

*Empowerment*

c) Maximising existing resources, so that the woman victim is supported in her decision. These resources could be material, such as: allowing her to use the agency to phone, to send or receive mail or any other way of communicating with her relatives and friends; to use the agency's means of transportation to go to any other agency or even to go home. In terms of human resources, this could mean getting technical or professional assistance from agency staff, particularly those who initially helped her and with whom she has developed a close relationship with;

d) Security and control over her life, by helping her formulate a personal security plan, which will make it easier for her to deal with the violence. This would apply should she keep on living with the offender, if she has left him and he is still pursuing her. This personal security plan will include preventing strategies, i.e. knowing when to expect violent situations, working out behavioural patterns, anticipating the best way to react to those situations, should they occur. The plan will also include survival strategies, i.e. how to defend herself when it occurs, where to go to, what to take with her and how not to leave any clues as to where she has gone;

e) Understanding the victimisation she feels, during the whole process and throughout decision taking, as she is in an uncertain and frightening situation and will be vulnerable. She may find it difficult to take decisions and may be unsure about her course of action;

*Crisis intervention*

f) Accompanying the woman wherever she needs to go to, as part of the assisting process, such as to the hospital or police station. Public transport should not be used, as discretion and security is required for confidentiality. The use of the agency's vehicles or those of relatives and friends should be considered, as the woman victim would be more comfortable and at ease.

If the victim requires immediate medical assistance, an ambulance may be necessary. However careful consideration should be given to the fact that getting into such a vehicle or arriving in it at the hospital or health centre might arouse people's curiosity (particularly in small local communities) and will undoubtedly lead to questions as to what has happened?

The professional should never leave the victim alone, but should give all the required support. If the victim has to come into contact with other professionals, they should avoid making the victim repeat the whole story. This may only be strictly necessary, for instance, if the woman wishes to make a formal legal complaint. Having to go through the story over and over again might increase the woman's anguish and make her re-experience the traumatic incident.



When arriving at the hospital or the health centre, the professional should hand out or fill in the hospital enrolment form, paying particular attention to the reference of the cause (domestic violence). The details of the case should not be known by anyone outside the health service staff.

*Intervention crisis tasks*

The professional should remember that he/she is with the victim in order to help and not to add to the existing crisis. He/she should not show any anxiety, despite the fact that this may be difficult. To show anxiety, nervousness, emotional unbalance or lack of control would certainly not help in terms of handling the crisis. His/her attitude should be one of absolute serenity and reliability.

Where it is necessary for the professional to show some degree of intolerance connected with the attitude or actions of another member of staff or institution, this should not occur in the presence of the victim. Any burst of emotion on the part of the person assisting the victim could lead the woman to feel more vulnerable, or could reduce her confidence in the professional or agency representing her, thus deepening her crisis;

g) Reorganising her life, in the short or long term. Whenever a victim discloses the problem, she usually considers whether or not she should put an end to her domestic relationship: what shall I do? It is then up to the professional staff member to help the woman analyse the real possibilities for a new life, once the previous one (the domestic relationship with the offender) no longer satisfies her.

This reorganisation of a woman's life starts the moment she refuses to continue playing a passive and permissive role in the violent domestic relationship and is finally looking for a solution to her problem.

The professional should bear in mind that putting an end to a domestic relationship might not be the only solution, let alone the only decision the woman might want to take. She might be interested in keeping the domestic relationship because she finds it gratifying, despite the violence. She might simply be looking for some emotional support, trying to find a way of influencing the violent behaviour of the offender or even attempting to use some strategies to cope with this violence.

The professional should, in any case, inform the woman victim of the rights she is entitled to, should she wish proceed with a legal complaint. She should also be alerted to the danger she might face if the offender is notified that he is the subject of an investigation, particularly if she is still sharing the same residence - reprisals by the offender might be a real possibility.

The professional and the victim should consider all possibilities. This type of approach is directly related to her security<sup>46</sup> (point C). Certain questions could be put to the victim, such as: What if you phone us from a neighbour's house? - considering the dangers of phoning when the offender is near by; What if we get in touch with you, by phoning your mother's, would she give you the message?; What if you leave the house when your husband is out working? - in case of an anticipated termination of the domestic relationship without the offender knowing about it; Couldn't you stay at some relative's for sometime? A relative your husband might not have a close relationship with?; Would you consider moving elsewhere? (to another geographical area), etc.

Should she have decided on ending the domestic relationship, she should then be taken to a place of safety, somewhere she could be safe in the long term and try to reorganise her life (for instance, to the house of a relative or a shelter. This would enable her to get accustomed to her new condition in a safe and trusting environment.

Taking into consideration the fact that many women refuse to or cannot go back home, may fear the threats and reprisals of the offender and very often cannot count on the support of relatives or friends, the professional should suggest a shelter.<sup>47</sup>

As many of these shelters can't give immediate responses, because they may be full, she should be found temporary accommodation (with her children, should she have any).

*Suggesting sheltered accommodation*

Whilst awaiting to be taken into a shelter, she should be kept and with her children, who should not be separated from her.

Temporary accommodation should be found.<sup>48</sup>

- at relatives or friends, where the victim feels she might not be traced by the offender, for example, at a relative's, who does not have a close relationship with the offender or has never met him, or with any friend under the same circumstances. The professional might have to phone them, on behalf of the victim, as a mediator, should there be any difficulty on their part;

*Temporary lodgings*

- at any agency, although they may not normally offer this service, they might consider the situation as an exception, particularly if it is for a short period of time, before she can be taken into a shelter;

- at a hotel or guest house, where the woman might be adequately lodged. The expense should be paid by the Agency, if it is possible, if not, by other support agencies involved in the process. Even if the woman victim has some money with her, she should not be liable for these expenses, as she will need her money to establish

herself in a new life (which may include the bringing up the children, the house and other expenses).

Providing temporary accommodation is an important aspect of crisis intervention, as it relates to an emergency. The woman might have been expelled from the house by the offender, under the threat of being killed if she returns. She might not want to go back home, having left after extreme violence and having decided never to go back and to avoid further violence. The drama: I have got no where to go – which the professional is faced with should meet with an immediate and appropriate response by the agency.

*Urgency*

Whilst in temporary accommodation, the woman should be contacted by the professional on a regular basis, either by phone or in person, so that she doesn't feel lonely and unprotected.

The professional should also ensure that meals are provided by allocating a specific amount of money to cover these expenses, as well as any others she might incur (medication, etc).

The victim should be given the telephone number of the police station, in case she needs any help, particularly if she has been traced and harassed by the offender. The police should also be informed about her temporary accommodation.

The woman might not always be able to comply with the shelter's<sup>49</sup> requirements. This should be fully taken into account.

The cost of temporary accommodation in a hotel or guest house should also be carefully considered, especially if the woman is not sure of what decision to take concerning her future.

### **1.1.2- WOMEN EXPERIENCING SEXUAL VIOLENCE: INTERVENING IN THE CRISIS**

One of the most important things to take into account in crisis intervention relating to women experiencing sexual violence is the notion of empowerment.<sup>50</sup>

Empowerment seeks to help women to make the most of their own capacity to cope in a crisis, which may have been diminished during the trauma, or which may not have been developed at all.

*Empowerment*

The professional's intervention should thus be geared towards empowering the woman and helping her to resolve problems, complemented by assistance from friends and other agencies.

The professional intervening in the crisis is there to facilitate the whole process, by considering the problem, examining ways it can be resolved and reflecting on options. The professional may also need to get in touch with the relatives and friends of the victim, appropriate agencies and the offender himself.

The professional should follow these guidelines:

a) Empowerment, i.e. helping the victim find her own capacity for problem resolution, by reinforcing her own capacity for decision taking. The first aspect, which should be referred to is, the courage she has had (or is having) to break the silence about the violence she was subject to and having contacted the agency<sup>51</sup> - he/she can express this will phrases like, this with phrases like: I can imagine how difficult it must be for you to find yourself in this situation, but I strongly believe you will have the courage to overcome it, as you look very brave and it was very courageous of you to have broken the silence and asked us for help...;

*Crisis intervention tasks*

b) Validating her rights and decisions, i.e. confirming the rights of the victim: ensuring that she is properly informed of her rights under law, civil action and judicial proceedings, how to take action, and the various constraints which might delay or obstruct these legal proceedings. The professional must respect the woman's decisions, whatever they might be, including not taking legal action, but it is up to the professional to help her realise the advantages, which might be pointed out, taking into account the complaint of the violence experienced.

These victim, having denounced and refused to have a passive attitude to the crime(s), needs to be fully informed so that she takes the right decision, which she will not regret in the future. Another advantage could be the fact that by formally complaining she is preventing other potential women victims from falling in the hands of the offender - if he is identified and convicted he will not commit similar crimes, at least during the time he will be in detention. The disadvantages should be all the difficulties the woman victim will have to go through during the legal proceedings, particularly those concerning police investigation, which may lead to her re-experiencing the trauma every time she has to describe it or listens to it being described.

c) Understanding the victimisation she feels, during the whole process and throughout decision taking, as she is in an uncertain and frightening situation and will be vulnerable. She may find it difficult to take decisions and may be unsure about her course of action;

d) Preserving the evidence of the crime: the professional should alert the victim for the necessity of preserving the evidence of the crime, should she want to enter legal proceedings. He/she should then advise the victim not to take off what she was wearing when she was abused and not to wash herself as she might eliminate essential evidence (such as fibres, hair, blood, sperm, skin), which must be collected for the forensic

examination. Her clothes should be taken off, they should be put in paper bags, along with any objects, such as a watch, belt, earrings, necklaces, bag, etc. It is of extreme importance that none of these are placed inside plastic bags because the concentration of humidity favours the development of bacteria, which might alter the remaining genetic material (blood, sperm, hair, etc).

Despite this, the professional should understand the victim's wish to undress and wash herself, as this is necessary to feel clean after the crime and the repulsion she feels for anything which might have to do with the offender. The professional should tell the victim he/she understands her wish, but ensure that she knows how important every detail might be even if it looks unimportant, in order to identify and/or prove the identity of the offender;

*Intervention crisis tasks*

e) taking the victim to the hospital<sup>52</sup> emergency services, Insitutes of Forensic Medicine (Portugal - Lisboa, Porto and Coimbra). The professional should direct the woman victim to the hospital close to her residential area.

Should she inhabit Lisboa, Porto or Coimbra she should be taken to be examined at an Institute of Forensic Medicine (IML). After the medical examinations she can enter the legal complaint without having to go to the police.

Some hospitals have Forensic Medicine Units where the victim can be examined and simultaneously enter the legal complaint.

Should the victim want to enter the legal complaint in Portugal, she could either do it at the Guarda Nacional Republicana (GNR), the Polícia de Segurança Pública (PSP) the Polícia Judiciária (PJ), or even at the Justice Department, directly, depending on where she lives. She could then be taken to the hospital or the Institute of Forensic Medicine.

This whole process<sup>53</sup> should be carried out in taking into consideration the situation of the victim, i.e. all of the institutions involved should be warned about the arrival of the victim in advance, so that she can be dealt with soon after arriving;

*Intervention crisis tasks*

f) Maximising existing resources, so that the woman victim is supported in her decision. These resources could be material, such as: allowing her to use the agency to phone, to send or receive mail or any other way of communicating with her relatives and friends; to use the agency's means of transportation to go to any other agency or even to go home. In terms of human resources, this could mean getting technical or professional assistance from agency staff, particularly those who initially helped her and with whom she has developed a close relationship with;

g) Accompanying the woman wherever she needs to go to, as part of the assisting process, such as to the hospital or police station. Public transport should not be used, as discretion and security is required for confidentiality. The use of the agency's vehicles or those of relatives and friends should be considered, as the woman victim would be more comfortable and at ease.

If the victim requires immediate medical assistance, an ambulance may be necessary. However careful consideration should be given to the fact that getting into such a vehicle or arriving in it at the hospital or health centre might arouse people's curiosity (particularly in small local communities) and will undoubtedly lead to questions as to what has happened? Should this question be asked by people who the victim knows, there should be some discretion as to the version of the story to be passed on, avoiding mentioning the sexual abuse and focussing on the violence of the attack. This version should satisfy the victim, as information about the violence she was actually subject to will be withheld and further crisis can be avoided.

The professional should never leave the victim alone, but should give all the required support. If the victim has to come into contact with other professionals, they should avoid making the victim repeat the whole story. This may only be strictly necessary, for instance, if the woman wishes to make a formal legal complaint. Having to go through the story over and over again might increase the woman's anguish and make her re-experience the traumatic incident.

When arriving at the hospital or the health centre, the professional should hand out or fill in the hospital enrolment form, paying particular attention to the reference of the cause (sexual violence). The details of the case should not be known by anyone outside the health service staff.

Another important aspect might be the fact that the woman victim might not want to go ahead with legal procedures or reveal to the doctor what might have happened to her. The professional should advise her to have pregnancy and HIV tests done. Pregnancy can't be considered if a legal complaint hasn't been entered and it will always depend on its entering within the legal terms<sup>54</sup>;

The professional should remember that he/she is with the victim in order to help and not to add to the existing crisis. He/she should not show any anxiety, despite the fact that this may be difficult. To show anxiety, nervousness, emotional unbalance or lack of control would certainly not help in terms of handling the crisis. His/her attitude should be one of absolute serenity and reliability.

Where it is necessary for the professional to show some degree of intolerance connected with the attitude or actions of another member of staff or institution, this should not occur in the presence of the victim. Any burst of emotion on the part of the person assisting the victim could lead the woman to feel more vulnerable, or could reduce her confidence in the professional or agency representing her, thus deepening her crisis;

*Intervention crisis tasks*

h) Helping her get in touch with relatives and/or friends, who are of extreme importance in the whole process. The professional might be asked to get in touch with some of these friends or relatives, on behalf of the victim.

He/she should bear in mind the shock that such news might have on the relatives or friends and whose reactions might be unfavourable in relation to the resolution of the crisis. Taking into consideration how important their support might be in the short and long term, the professional should plan that contact in advance. Co-operation, tranquillity and discretion will certainly influence this contact.

When approaching any relative or friend of the victim he/she should be careful not to address him/her by the relationship he/she has with the victim, as this could be off-putting from the beginning. This initial contact could be detrimental. The professional should address them by their names, for example: Am I talking to Mr. Fernando Silva? Rather than – Am I talking to the husband of Mrs. Marisa Silva?

The professional should then identify himself/herself – give his/her name and the agency he/she works for, followed by the information that the relative and/or friend is safe, although she has been the victim of a crime. It is natural to be asked what sort of crime was committed and although he/she might refer to the nature of the crime, should not reveal any more details.

It is important to calm the friend or relative by adding that he/she has established this contact, on behalf of the woman, because of her vulnerability at the time. It might also be added that the victim is not going through this situation on her own and is being given assistance. Details connected with the legal procedures or even some of the decisions taken by the victim could be mentioned.

The professional request confidentiality on this matter, even to the point of asking the person not to mention this issue to anyone else. He /she should also be asked to remain calm and discrete, so that other people might not suspect what is going on. Whenever necessary, if questioned, the person should be recommended to mention another type of violence (e.g. robbery).

They should agree upon the necessary timing for any kind of assistance, whether in the short or long term. The woman might need clothing to replace those clothes she was wearing at the time of the crime; personal documents etc. In the long term she will certainly need emotional support, in order to overcome the difficult situation she will have to face. This will very much depend on the importance of the role played by all of those who feel close to her.

Another aspect which should be pointed out, is that in dubious circumstances which might involve suspicion on the part of relatives or friends, the woman should under no circumstances be held responsible or take the blame for their behaviour or attitude.

Throughout the phone call, should the victim want to talk to the person herself, because she feels more at ease, it is up to the professional to inform the person that she is willing to talk to them.

The professional should agree a meeting point with the person, such as the hospital, police station, etc.

It may be necessary to ask the relatives and/or friends of the victim to bring her clean clothes, yet, should that not be possible, it is up to the professional obtain some clothes, taking into consideration not only her necessity for clothing but also her physical characteristics;

i) Security and control over her life, by helping her formulate a personal security plan, which will make it easier for her to deal with her insecurity. This personal security plan will include preventing strategies, i.e. knowing when to anticipate violent situations, working out behavioural patterns, anticipating the best way to react to those situations, should they occur. The plan will also include survival strategies, i.e. how to defend herself, where to go to, what to take with her. Some of her relatives and/or friends might be in a better position to co-operate than the professionals.

Her feeling of insecurity should be taken seriously and could represent real danger to her real danger, although it might only represent a natural psychological reaction to the traumatic situation she went through;

j) Agreeing further action with the victim. Professionals should agree upon a future meeting with the victim, giving her their contact numbers, working times and any other information considered important. The fact that she might be in a fragile state of mind and more liable to forget the amount of information, means that it should be written down.

*Intervention crisis tasks*

Whenever possible, the professional should ask the victim's permission to get in touch with her by phone or by letter, in order to ensure that there should at least be some form of further contact between them.

Further contact might be very important for her recovery, as the period of crisis intervention is very brief. This

might include long term involvement of professionals.<sup>55</sup>

## CHAPTER II

### SECOND STAGE INTERVENTION: THE NEXT PHASE OF THE HELPING PROCESS

#### 1- CONTINUING INTERVENTION

Crisis intervention might be defined as immediate supporting action concerning someone in a very vulnerable situation, such as women experiencing violence. However, this does not mean that it is not necessary to continue this support, especially as the crisis and its related problems, cannot be immediately overcome.

*Reasons for  
continuing  
intervention*

Women victims experiencing violence might be able to resolve their crisis in a short period of time, depending on their state of mind. However, they might also need to continue having support from those agencies which helped them at the moment of crisis. This is particularly the case when the victim has been subject to considerable violence, e.g. having been severely battered, raped or subject to attempted murder. The woman's life will have been deeply affected and she might need help to re-organise it.

The victim may also need further support in order to take forward criminal proceedings or initiate civil proceedings, for instance when suing for divorce or the regulation of paternal rights. Pursuing these complaints, for instance, the investigation connected to a criminal complaint, the court case, the parental counselling sessions, reconciliation attempts associated with the divorce suing, may cause enormous strain and further trauma to the victim.

Victims of domestic violence may persistently followed by the offenders, giving rise to feelings of fear and insecurity, but also the ambiguity of their feelings, having previously been subject to the offenders seduction strategies (similar to all the characteristics referred in the Honeymoon phase: repenting, promises, etc).

It is the duty of the professional to play an effective role in helping the women victims through this difficult period of obtaining autonomy from victimising situations. The professional is responsible for helping the woman to reconstruct her life and giving her support when she is alone, possibly with small children.

#### 1.1- CONTINUING HELP FOR VICTIMS OF DOMESTIC VIOLENCE

When a woman experiencing domestic violence asks an agency for help, it may not always mean she wants help to split up her domestic relationship (a). In many cases she may wish to carry on in her relationship and simply expects the professional to help her resolve this situation. Frequently, the woman will say, 'He is my husband and the father of my children'; 'We are happy except when he gets like that and starts beating me up'; 'All I want is to live in peace, please do something so that he stops being so violent !'.

The situation might also be different: (b) the woman victim no longer values a life, which has been frequently affected by violence and decides to break the cycle, by leaving the offender and starting a new life, without the daily bouts of violence. In this situation the woman may encounter innumerable difficulties. Some obvious examples are: having left home, sometimes with small children to care for, having nowhere to go, having to look for a house, a job, having to go through loneliness, a life on her own.

Crisis intervention can be the appropriate response in both cases, but in spite of all the positive effects of this type of intervention, it may be necessary for more than a single/first approach to the victim, in terms of an immediate solution;

a) Should the woman victim wish to stay with the offender, the professional is expected to respect her decision and understand how insufficiently prepared she might be. In order to help her survive the potential violence, the professional should encourage various meetings, in order to consider the positive and negative aspects of her relationship.

*Maintaining the  
domestic  
relationship*

In order to survive the domestic violence, the woman might have to develop strategies to defend herself against the offender's bouts of violence. It is her own security and the one of her children's that she must consider.

The professional should help the woman victim to develop up a personal security plan in order to survive to the violent situations.

This will enable her to decide on the best course of action<sup>56</sup>.

- during the violent act itself: if she has to leave the house, which exit should she use (which stairs, doors, windows, elevators, etc); what she should have prepared, in case she has to leave unexpectedly (necessary things, such as the wallet/handbag, keys, etc) and where to keep them; who to confide in (a neighbour, for instance) and to agree upon a given sign, which would make the person call the police (screams, strange noises coming from the house); to teach her children to use the phone to call the police; to know where to go in advance (even if she feels that she will never leave the house); to avoid any kind of discussion or confrontation with the offender; to avoid dangerous areas (the kitchen, the bathroom, the garage or any area

*Personal security  
strategies*

without a way out) as well as being close to any type of weapon; which parts of the body to protect (head, eyes, breast); if she gets hurt or injured, to remember that she should immediately go to the hospital, state who the offender was and ask the doctors for a medical report (which might be used as evidence, should she decide to follow legal proceedings); not to be ashamed of screaming out for help in the building or in the street; to try avoid having the children watch these violent assaults; how to take the children away from the place where the violence is occurring.

- if she decides to leave home: who should she give some money or spare keys to, in order to have access to them; where to keep copies of documents; to have either coins or a phone card with her at all times, in case she has to use a public phone; who should she leave some of her clothes with; who to ask for shelter or borrow money from; to have a secret bank account; to review her security plan with a friend; to rehearse the plan; to talk to her children about the plan; to know which agencies to go to for help.

- When she actually leaves home, what to take with her; she should never take anything that might belong to the offender as revenge, such as objects which might have had some sentimental importance for the offender; she should keep all the important things she might have to take with her in one single place - identity card, birth certificates of the children or their identity cards, her marriage certificate, social security cards, tax cards, passport, vaccination certificates, Health Card, driving licence and car documents, phone book, house and car keys, cheque book, bank credit cards, mortgage documents or receipts of the rent of the house, bank and insurance documents, medication, doctors' reports, resident card (if she is foreign), the toys the kids like most, their school books, objects which have emotional value, clothes and any other important items.

The professional should provide emotional support, a psychologist or psychiatrist might provide therapy - both of which might minimise her loneliness and help her to take decisions;

b) Should the woman victim want to leave the offender, the professional can help her overcome the difficulties arising from this decision.

*Domestic break up*

The first difficulty might be to find accommodation, because once she has left home, the offender is unlikely to leave the residence.

The professional should help the victim consider every possibility: to get a house of her own, which is generally unlikely for the most women victims soon after the separation; to go to a relatives' or friends' or even to a shelter.<sup>57</sup>

Many of the women cannot be not taken in by relatives or friends, due to their fear or not being able to take in an adult and children due to lack of space or money. In this case, most would prefer to be given accommodation in a shelter with their children.

Having examined this option together, the professional should tell the woman victim exactly what a shelter is<sup>58</sup>: an agency which provides accommodation for women experiencing domestic violence, and a place where they can begin recovery. In addition, women are assisted to plan for the future and make preparations to get employment and a house of their own.

*Being taken to a Shelter Home*

The professional should advise the woman victim of the requirements and rules of each shelter<sup>59</sup>, and those limitations which may apply to the woman's situation, such as the age limit or the number of children.

The professional should help the woman to have realistic expectations, as shelters may have difficulty giving an immediate response to the various requests made by other agencies or even women victims. A request for a shelter place can be made by phone or in writing to the shelter. This request should take into account whether the woman minds moving to a different geographical area.

Once the professional has requested the enrolment of the woman and her children by phone, he/she should make a formal written request, enclosing the official report on the support given to the woman experiencing violence<sup>60</sup>. The report gives the shelter workers enough information to evaluate the enrolment of the woman and allows them to consider any further support which may be required.

The shelter may want to interview the woman before deciding to give her a place.

During this process the professional should continue the process of empowerment, as the woman generally experiences anxiety throughout this procedure.

The support process should not end when the woman has been accepted at the shelter. Support should be continued on the part of the professional and the team of workers at the shelter.

If the woman victim is placed in a different geographical area and if she has children, it will be necessary for the professional to work with the teachers (school teachers and welfare teachers) to complete the required procedures to transfer the previous school registration to the new school.

It may be advantageous for the woman to enter legal and judicial proceedings:

**Please note that the following applies to the Portuguese legal system, although there is an**

**equivalent in the English legal system.**

- to sue for contentious divorce proceedings if the offender will not agree to settle for an agreement. Civil proceedings can be initiated at the Family Court of the judiciary district which the woman belongs to;
- to regulate paternity rights, if the woman victim and the offender have had children and are not married, i.e. to ask the competent court to decide on the most relevant action in relation to parental responsibility towards the minors. Civil proceedings can be entered at the Juvenile Court of the Judiciary District to which the woman belongs to;
- to start criminal proceedings, if the woman victim decides to make a formal accusation against the offender for the crimes he has committed.

*Judicial  
proceedings*

The victim may request judicial support to the court (England - legal aid), i.e. she is entitled to legal representation in court, where she does not have the necessary means to support the costs of the proceedings.

Judicial support may be requested to the Judicial District Court, by presenting a petition (in accordance with the form given by the judicial employees) a Financial Insufficiency Certificate also known as Poverty Affidavit, issued by the district the woman victim lives in (eventually having to present the revenue procedural declaration).

The woman will be required to request legal aid for every different judicial proceeding she has, i.e. to be represented by a solicitor/barrister in every judicial proceeding.

These proceedings might take quite a long time. This could put an emotional strain on the victim, as it is yet another test of endurance for a woman who has already been through considerable trauma.

The fact that the woman might have to see the offender throughout these proceedings might also prove to be difficult for her. The professional should accompany the woman in every situation, with additional police support, in those situations where protection is required, e.g. when she might have to see or be in the same room as with the offender.

Police protection would be recommended where the woman victim has left the house (in which she lived with the offender) without essential personal items she needs, such as clothes, documents etc. If she needs to go into the home and retrieve them, there may be a possibility of a confrontation with the offender. If possible, it is advisable to go into the home when the offender is out, but police support is always recommended.

Police protection would also be recommended during the collection of community property following the divorce.

From the moment the woman has decided to leave the offender, the agency must identify the various stages of support required<sup>61</sup>:

- a) the phase of separation, there might be turbulent separations and an unexpected departure (not anticipated) giving way to violence, oppression and threats, despite preparation on the part of the victim;
- b) the pacifying phase, when feeling safe, following the civil and/or judicial proceedings, the woman victim has started a new life, away from the offender<sup>62</sup>. Depending on the length of time between the initial court proceedings and the first hearings (for instance parents' conferences and reconciliation attempts in a litigious divorce), the woman victim will meet the offender;
- c) the recurrence phase: when the court proceedings require both the victim and offender's presence for questioning. The memories of her previous life and the victimising associated with them might be hard to come to terms with, especially coupled with the difficulty of the judicial process. Having to face the offender might be emotionally difficult, as would the possibility of seeing people she considered her friends testifying in favour of the offender (former neighbours, friends and relatives who had always known she was being subject to domestic violence);

*Phases following  
the domestic  
break up*

The woman might continue to experience victimisation by the offender, who usually continues to threaten and harass her, if he knows her whereabouts. This can sometimes result in the murder of the woman. The danger is not only real but also very traumatic, as it is an extension of a number of other domestic violence crimes to which she was subject over a long period of time.

Gaining autonomy may prove problematic. In addition to obvious difficulties (for instance having to find a job, a house and bringing up the children), the woman may come across difficulties in relation to her personal safety and that of her children. The professional should be prepared to suggest appropriate strategies for their safety. The professional may advise her to follow the 'Guide for a New Life. Planning Personal Safety'.

These are some of the various strategies she might follow:



a) for her personal safety at home: change the locks of both doors and windows (should she continue living where she had formerly lived with the offender); substitute the wooden doors by steel-armoured ones; reinforce the safety-locks; bar the windows; install an alarm; install an external light system which is automatically switched on, whenever someone gets closer to the outside door of the residence; ask for a confidential phone number; ask those neighbours she trusts to call for the police, if threatened or after having received anonymous phone calls.

*Personal security strategies*

b) for the safety of her children: teach them to make a phone call (either to her or someone she might trust) should they be kidnapped by the father; warn those who look after the children (babysitters, teachers) not to allow anyone else but her to pick them up.

c) for her personal safety at work or in public places: let her manager know of her personal situation; get other staff to always ask who is calling her; plan ahead how to react, should anything happen on her way home; start doing the shopping in different places and at different times; have her bank account number changed and alter her timetable; avoid unsafe and isolated places and try to avoid going out on her own.

It could be important to have her go to the nearest support agency to her residence, whenever the further intervention cannot be carried out by the professional who initially provided her with supported. She could even see other professionals, who may not have had experience with victims, but who might be able to continue supporting her, e.g. social workers, psychologists, etc.

It is important for her children to be helped by a psychologist, in order to allow them to develop a healthy personal and social life, after having experienced domestic violence within the family.

## 1.2- CONTINUING ASSISTANCE FOR VICTIMS OF SEXUAL VIOLENCE

Following the Phase of Impact<sup>63</sup>, which defines the period of time after the incident of sexual abuse, the victim should be supported to minimise her psychological trauma and to help her to reorganise her life.

The initial intervention is very important, as the professional involved in the situation is now in a better position to understand and propose the most appropriate support for the woman.

*Psychological, psychotherapy oriented or psychiatric support*

On the other hand, the professional should be aware of the possibility that the woman might not want continuing support from him/her. The woman might associate him/her image with the traumatic event (negative image) and be reminded of her suffering at the time, despite having been helped throughout the crisis. The professional should respect this decision and the woman's reaction to him/her, as it might well be associated with the reviving of the crucial moments of the trauma she went through. In this event, it is the duty of the professional to suggest that another person could provide her with support, in another location, or in another agency. The professional should be aware that negative images (same spaces, same surrounding atmospheres) might be an obstacle to her recovery.

Notwithstanding this fact, it is important to know whether she wants to continue receiving specialised support of a legal, psychological, psychotherapy-oriented or even psychiatric nature.

It is also important to get legal aid to help her with the judicial proceedings, if she is entitled to it, as well as ensuring that she is defended in court, when the criminal proceedings are dealing with the accusation of the offender and consequent trial in court.

*Legal aid*

**(Portuguese legal system)** Legal aid should be requested from the Court County, by submitting a form (according to a formula provided by the judicial employees) a Financial insufficiency Certificate, also known as Poverty Affidavit, issued by the Parish Council to which the woman victim pertains (on presentation of tax on wages declaration).

*The criminal investigation*

Psychological, psychotherapy-oriented or even psychiatric support might be of great importance in helping the woman minimise her psychological suffering and empower her to solve the crisis. This support will be essential in the months that follow the traumatic event (the frequency of the sessions will depend on the therapy and the progress made by the woman victim) and throughout the criminal investigation process which follows.

This criminal investigation will be painful in itself, mainly because it takes a long time. This may give the woman the sensation of still being connected to a painful event in her life that is still present, although it belongs to a past experience. It might also be difficult for her to be interviewed in the enquiry as it will may revive all the negative feelings, such as the humiliation and guilt, associated with it.

It is extremely important that the woman feels that she is being helped by the professional throughout the whole process, so that she does not fall back into crisis when she remembers traumatic events.

If a woman does not receive updates on the development of the criminal investigation, it may cause a degree of anxiety. She might also feel negative about the whole process, should the proceedings be rejected.

It could also be difficult for her to bear the final Court decision, if the offender's solicitor manages to put her innocence in doubt in court. It could also be very traumatic, if she has to restate what happened to her in a

court full of strangers, who may misinterpret the events.

The possibility of the offender not being convicted could also affect her in negative way.

*Court*

Another difficulty to be taken into consideration, is the possibility of meeting the offender in the street or anywhere else (should the offender have been an unknown person) or having to continue to associate with him (in case he happens to be either a relative or friend).

The professional should ensure that the woman receives permanent encouragement and help, so that she is adequately prepared to face all the potential difficulties. He/she should also help the woman anticipate some of the difficulties and the reactions she might have, in order to help her to feel more secure of her position and minimise her suffering.

It could be important to have the woman victim go to a support agency closest to her residence, if this further intervention cannot be continued by those professionals who initially helped through the crisis.

## CHAPTER III

### THE POLICE AND WOMEN EXPERIENCING VIOLENCE<sup>64</sup>

#### 1- THE CLOSE CONTACT ROLE

The problems concerning victims experiencing violence are discussed in this manual which proposes wider and closer police intervention by suggesting a new way of acting and reacting – close contact police intervention.

*Being close to the women victims*

According to these proposals, police officers should not only be expected to do undertake their traditional role of defending citizens by directly taking action against the criminals, but should participate in community dialogues, supporting the victims of crime and preventing violence, crime and insecurity.

Police officers should therefore be an integrating group and effective group within the community in terms of ensuring protection, quality of life and dignity for everyone.

In considering the relationship between police officers and women victims experiencing violence, it is important to recognise that the police are usually the first agency to be confronted with the problem. Contact may be with the victims themselves or other parties, such as neighbours, friends, family members, victims' children, etc. The police force is the State organisation which has the authority and the responsibility of ensuring the citizens' safety in critical situations. They also have to respond nationwide, being present in every local community and being available to intervene at any time of day or night.<sup>65</sup> Because of these facts, close contact intervention on their part would be an expression of this new approach of participating in the community.

Women victims frequently seek help at the police station showing signs of being in crisis. They should be assisted in a particular manner, both in terms of the physical spaces within which they are assisted, but also in terms of the behaviour and interaction of police officers throughout their contact at the initial stage and during further intervention.

#### 2. CLOSE CONTACT ASSISTANCE

Police assistance can be viewed from two different perspectives, i.e. penal-proceedings and psycho-social<sup>66</sup>

*The penal-proceeding perspective*

a) The penal-proceedings perspective is concerned with the participation of the police force as part of the criminal justice system in relation to criminal proceedings. The police have to present the criminal charge to the Department of Justice as well as take the necessary steps in order to produce the evidence.

b) The psycho-social perspective is concerned with close contact support for the victims and relates to the respect that the police should have for citizens who have been or are victims of crime.

*The psycho-social perspective*

Their response might positive or negatively influence the victim's recovery from the crisis. Therefore the police should consider this approach as important as the penal-proceedings perspective, especially as people who have been crime victims trust the police to help them in such traumatic moments.

The police are close to victims and their problems in both perspectives.

Close contact should not be seen as a formal approach, rather as a natural willingness to be closer to all those requiring police assistance and to reduce their suffering as victims.

It is therefore legitimate to require police to undertake close contact assistance with victims, providing trust and valid responses to the complex problems that the victims are facing.

Close contact assistance role can either be carried out by phone, at the police station or even at the crime scene. Close contact assistance can empower the victim by reinforcing positive messages, i.e. that:

a) she is a unique case, i.e. although women who have experienced violence may display some common characteristics, she is unique as a person; significance should be given the problems she is facing and understanding in relation to her reactions and the fact that she may have her own individual way of overcome the crisis, taking as much time as she needs;

b) she deserves to be assisted with sympathy and respect by the police officers involved, i.e. she should not feel unwanted or undervalued;

c) she should not be held responsible for the violence she has experienced, often for a long period of time. The only one to be blamed and held responsible should be the perpetrator;

*Five golden rules*

d) she should be given all the details concerning the penal-proceedings, i.e. what the investigation will be like, how she will be notified, what to do then, how to get financial support; concerning the psycho-social perspective, she should be helped in order to overcome the crisis and lead a fulfilling life;

e) she should be referred to other appropriate support agencies, i.e. be supported in terms of contacting other

agencies who can help her overcome the crisis. This may involve providing agencies' addresses and phone numbers, but should also include real assistance in terms of the police officers actually accompanying her to their offices.

## 2.1.- TELEPHONE ASSISTANCE: TOWARDS "ON LINE" CLOSE CONTACT

It is possible to feel supported by someone who provided assistance over the telephone in response to a request for help.

For the person who answers the phone it is a challenge. A woman victim experiencing violence normally calls the police when she is in a crisis situation, which implies a police crisis intervention by phone.

Some aspects connected with a request for assistance by phone have already been analysed, but some techniques might be further developed<sup>67</sup>. The police officer who answers the phone should:

a) talk in a kind and assertive way, introducing him/herself and asking in what way he/she might be of help. His/her voice should convey reliability and confidence and be, clear and undisturbed. It is advisable to talk at a distance of 5cm from the mouthpiece of the phone;

b) use simple and short sentence structures;

*Phone assistance techniques*

c) identify the victim, by writing down her full name, address and further contact details;

d) calm the woman down, assuring her that the police will help her, should it be necessary;

e) let her know that the officer is there to listen to her, should he/she realise that the victim is having difficulties in talking or being hesitant. The police officer should use sentences like: 'You shouldn't be afraid ... we are here to help you ... yes, I'm listening to you ...';

f) not forget that silence is not necessarily comforting for a victim at the other end of the line, so he should keep on using gap-fillers (active listening), such as 'yes..., I understand...';

g) record every important detail of the incident in the victim's 'case record'<sup>68</sup>, without letting her realise that the officer is writing it all down, as this might interfere with the natural course of the phone conversation;

h) find out what crimes have been committed in relation to the victim or her assets, as well as who has committed them, when and where they were committed;

i) advise her of the importance of preserving the evidence. In the case of a woman victim of sexual violence and abuse, advise her not to undress or change the clothes she was wearing when she was assaulted and not to take a bath;

j) briefly tell her the rights she is entitled to as a victim, such as undertaking criminally proceedings against the offender, where to go, how long it might take, what the investigation will be like, etc.;

k) let her know that there are other agencies which might help to resolve problems, in close co-operation with the police. (she could be given examples which relate to the specific problem);

l) make sure, throughout the phone call that there are no interferences or interruptions of any kind, like other people talking to the police officer while he/she is on the phone to the victim;

*Phone assistance techniques*

m) thank her for having called and reinforce the idea that the police will help her (by using expressions like: 'Thank you so much for having trusted us, we will do our best in order to help you');

n) use the empowerment strategy, i.e. reinforce the victims' trust in terms of her own capacity to solve the problem (for instance, by referring the courage she had so as to phone and the strength she has in order to overcome all the difficulties with the help of the agencies). The empowerment strategy should be used in every situation where assistance is being given.

## 2.2- ASSISTANCE AT THE POLICE STATION: TOWARDS FACE-TO-FACE CLOSE CONTACT ASSISTANCE

Whether the victim received assistance at the police station or by a police unit is of extreme importance. Police officers have to face a woman victim who has experienced violence and whose discourse might be verbal/non-verbal, relational/emotional and produce a wide variety of information, which will convey a complex set of issues and difficulties and point to urgent support requirements.

*Going to the Police*

The fact that woman victim experiencing violence has asked the police for assistance is mostly associated with:

a) having called them initially;

b) feeling that this might be the first legitimate support she is entitled to;

c) having been sent to them by some other agency she might have been in contact with (for instance the local hospital or any other local organisation);

d) being involved with the police intervening at the crime scene and having agreed to going with the police officers.

The reason behind the request for help is normally the intention of making a complaint and starting criminal proceedings, but it could very well be a request for support in a wider sense (psycho-social).

In either situation the assistance given should be carefully conducted. If on one hand, the penal proceeding perspective is to be should be accomplished, then the psycho-social perspective should not be neglected. They should both be broached during the police questioning, an essential part of the assistance provided at the police station or unit.

Police questioning is when the police officers collect the necessary information regarding the penal-proceeding and psycho-social perspectives. This enables the police officers to determine the victim's requirements and define the objectives and strategies to be followed during the supporting process.

### **2.2.1- WHERE TO QUESTION A WOMAN VICTIM EXPERIENCING VIOLENCE**

The physical spaces where police questioning occurs are of extreme importance.

*The place where the police questioning should be carried out*

The existence of a victim's room<sup>69</sup> is important, as it provides the victim with a degree of privacy, avoiding any exposure to people who might be at the police station. This space should be pleasant, cosy and decorated with nice colours and positive inspiring pictures. It should not have artificial lights and could have fresh flowers or plants to create a favourable environment for both women victims of violence and police officers.

Although the space allocated to the victim's room within a police station might seem restrictive, it is possible to reinvent such spaces in order to establish the required environment for the purpose. As a last resort, a senior police officer's office could be used, to convey the seriousness of the assistance.<sup>70</sup>

The woman should be immediately admitted into this physical space and given assistance. A close contact relationship between the police officers and the victim should be established, in order to engender trust.

There should also be a children's space at the police station, where the children who are with the victim of violence, can wait for their mother/carer, whilst they are being interviewed, without overhearing the discussion or details of the violence. This space should have plenty of toys, such as dolls, baby-trolleys, colouring pens and pencils, cartoon books, etc.

*Children*

Should it not be possible to have a dedicated children's space, a similar space should be arranged in the victim's room either fixed or removable. In the absence of any space, a basket or even a box of toys would have to suffice.

### **2.2.2- WHO SHOULD QUESTION A WOMAN EXPERIENCING VIOLENCE?**

Every police officer, irrespective of rank or gender, should be able to respond to the request for help and also be able to question a woman victim experiencing violence in an appropriate manner.

*Those who conduct the questioning*

It would be logical if the questioning were carried out by the officers who had the first contact with the victim, by phone, at the crime scene or at the police station. These officers will have already started to develop a close contact type of relationship, which could be enhanced. This might lead to the victim feeling safer, more secure and confident, as she will not be obliged to describe the traumatic event repeatedly and cause additional trauma.

It is important to ask the victim, whenever possible, if she would rather be questioned by a male or female officer.

### **2.2.3 - POLICE QUESTIONING: A CLOSE CONTACT RELATIONSHIP**

Police questioning should effectively lead to a close contact type of relationship between the police officers and the woman victim, i.e. the method of communication should establish a relationship in which the woman victim feels really supported by the agency she called upon for help.

As previously mentioned, police questioning should include two very important aspects: the penal-proceeding and the psycho-social perspectives.

At the police station the woman should receive immediate assistance and be taken into a reserved place (the victim's room or any other similar place). She should be accompanied by two officers, preferably the ones who

have assisted her right from the beginning - she may have previously phoned or been helped by them at the scene of the crime. The victim should be questioned by female officers, if she prefers.

Each officer should concentrate on one of the two perspectives throughout the questioning.

The officer who is taking care of the penal-proceeding perspective should present the statement and ask the victim to sign it. This initiates the criminal proceedings. The police officer should record details of every crime the woman victim experiencing violence was subject to, in order to progress the criminal proceedings and make the Department of Justice aware of those crimes. The officer should be careful to record the crimes correctly, because in a violent situation more than one crime might have occurred, e.g. cruel and unusual punishment of the wife or of the woman the aggressor is living with, rape, and other injuries. It is important that details are recorded as offences but as cruel and unusual punishment of the wife<sup>71</sup>, or anyone in similar situation.<sup>72</sup>

*The statement*

The officer in charge of the psycho-social perspective should use the victim's case record<sup>73</sup>, in which he should write down all the circumstances connected with the crisis, naturally paying the necessary attention to the victim. A more elaborate text should be written afterwards, based on some of the issues noted down during the questioning.

The officer should pay particular attention to the victim in order to gather the necessary information, disseminate it and decide what a course of action, in relation to objectives and intervention strategies. The police officer should also help the woman in terms of adequate assistance and emotional support in order to ensure the effectiveness of the support process.

*The case record*

Establishing a close contact approach helps the victim feel that she is being listened to.

During police questioning<sup>74</sup> the police officers should consider the following approaches:

a) introducing themselves to the victim. It is quite important for them to introduce themselves by saying their names and letting her know their rank, in order to establish a personal approach: e.g. 'Hello, my name is Peter and I'm a police officer, so is my co-worker, police officer Anna N.';

b) to be clear as far as the objectives of the questioning are concerned. It is important to define an initial questioning objective, to facilitate the questioning itself, e.g.: 'We are going to register the criminal proceedings as you have been a victim of crime. We will also talk a bit about you and the support you will receive during this difficult time...';

*Police questioning techniques*

c) the way the woman victim should be addressed. It is of extreme importance to use kind and courteous speech, but not to be too formal as it could lead to a certain reserve between the officers and the victim. She should always be addressed with dignity. She should choose the title by which she is addressed;

The police officers should avoid using expressions which could be interpreted negatively and should always call her by her name, avoiding making mistakes as far as her name is concerned, so that she feels she is a unique case and not just one more case;

d) to be attentive to verbal communication. The police officers should be willing to listen to what the woman victim has to say without interrupting her. Her silence should not be intimidating. It is up to the police officers to know how to facilitate the speech, especially in those determining moments in which getting further seems relevant;

e) Facilitating. The police officers should help the woman victim tell them her story, her feelings and her emotions, which reflects her inner reality and which translates the personal meaning she attributes to each event.

Facilitating means to encourage the communication by using gestures, sounds or even words. These may not specify the types of information one intends to obtain, but it has the effect of encouraging the woman victim to speak freely, by giving voice to her problems, worries or even anxieties.

Facilitation normally occurs in parallel with moments of silence, whilst the police officers should either nod their heads or use facial expressions or even use loose words or short phrases such as 'yes... I understand...' and gap fillers like 'Mmm'.

When the victim clearly shows a need to cry, the police officers should facilitate this letting out of emotion, by helping her not to feel any reservation in front of them, e.g. by telling her to feel at ease or saying, 'don't be afraid... crying will do you some good', or even showing it with kind gestures like getting up to hand her glass of water or a paper handkerchief, or even sitting by her side and holding her hand or putting his/her hand on her shoulder;

*Police questioning techniques*

f) Confronting. Confrontation discloses something beyond the woman victim's verbal / non-verbal behaviour. By doing so, the police officers might be able to control the direction of the questioning more effectively, something which may not happen in the facilitation process. Confronting means setting up one or more

decisions the woman might have to take, e.g. 'If you feel your partner will change his behaviour, it makes no sense to leave him ... but if you reckon you will keep on feeling as unhappy as you seem to feel now, then it does make sense that you turn away from that situation and try to be happy yourself...'

Confrontation could become dangerous as it could be seen as intimidating or blaming the victim, for example, blaming herself for still believing that her domestic relationship is doomed to failure and feeling insecure and unsure about taking any decisions. Police officers should be assertive, but at the same time kind and welcoming. The moment they suspect she is feeling intimidated, they should stop confronting her.

A good opportunity to confront the woman victim would be during a period of silence, following a difficult explanation of the event, when they could ask her to proceed with another aspect, allowing her to deviate from the previous one: e.g. 'It seems to me that you find it difficult to talk about this subject ...'.

Another way of confronting the woman could be to ask her to repeat her last sentence or any sentence in which some kind of difficulty or constraint was felt Example: 'I had never felt so lonely ...';

g) Asking. To let the woman victim talk doesn't mean to say that the police officers are not supposed to ask her questions, some of which might be very pertinent for the development of the conversation and provide specific and essential information for the whole support process. Police officers should be able to distinguish between restrictive and non-restrictive questions and use them adequately.

Restrictive questions imply simple subject matters and correspond to simple and short answers. Example: 'At what time was that?' or 'You haven't been to the hospital yet, have you?'

Non-restrictive questions imply wider and more complex subject matters which sometimes involve some degree of abstractedness and whose answers aren't expected to be simple. Example: 'How do you feel now?' or 'Why do you fear being alone?'

*Police questioning techniques*

The number of questions should be moderate so that the woman victim doesn't feel as if she is being questioned intensively, which could inhibit her or even lead her to defence strategies. There should be a certain balance between restrictive and non-restrictive questions.

The question 'why?' should be avoided in certain contexts within the conversation, as it could suggest or even stimulate feelings of guilt on the part of the victim;

h) Be attentive to non-verbal communication. The police officers should be attentive to the language inflections of the woman victim and relate them to the verbal language. The way she uses her language inflections may provide information she might want to conceal. Example: stuttering, being hesitant, or wanting to talk but quickly avoiding it.

Her non-verbal language might also help in relation to the crisis intervention. Example: crying hysterically/uncontrollably, shaking, etc.

It is also important to pay attention to the woman's facial expressions, which might reveal a lot about her emotional state, for instance dim-sighted eyes, tightened lips or even a slight tremor on the chin. There are certain signals of tension, e.g. having clenched teeth; fear e.g. having a fixed smile without showing any expression in the eyes and looking rather artificial; apprehension, e.g. eye movements wandering about the room; pain, e.g. showing great tension in the facial muscles. The police officers might be able to gather a lot of important information by looking her in the eye, e.g. not being able to look one in the eye might reveal the degree to which she blames herself.

The way the woman victim sits might also reveal how easy it is for her to relate to the police officers during the questioning (for example, having crossed arms and unclasped hands might mean being receptive whilst being straightened up and having crossed arms might imply seclusion). The oppressive situation she is experiencing might be indicated by having her shoulders and head down. Anxiety is shown when the victim is restless and sits rigidly.

The police officers' attitude should also be taken into account. They should not be standing up during the woman victim's questioning, particularly if she is sitting down and looking down, as this type of position might suggest seclusion and control. It is important for the police to show her that they are listening and interested in what she has to say (Example: by sitting, looking her in the eyes, not exclusively concentrating on the notes they are making. She should not feel that she is just another case, similar to the others they had to handle during the day. Above all, she should feel that her problems are relevant and important and they should not be moving about the room or doing other things when they are talking or listening to her. Their attitude should be welcoming. At no time should they turn their backs on the woman;

i) Make a summary. The police officers should make a summary of the questioning in order to clarify some of the points raised and to make sure that everything has been clearly understood. They should then integrate any other points that might not have been either considered or requested during the discussion;

j) Saying goodbye on a positive note. It is important for the police officer to say goodbye to the victim on her

way out. Sentences like "I believe that we will make it through together" could in a way be a positive way to end the discussion.

It is important for the police officers to understand that the use of these questioning techniques in isolation might not be sufficient in terms of crisis intervention, but they should recognise that the techniques could be of great help in establishing effective communication with the victim.

Police officers should take into consideration the importance of<sup>75</sup>:

- a) empowerment;
- b) the validation of the rights and interests of the victim;
- c) optimising existing resources;
- d) establishing the victim's safety and getting back control over her own life;
- e) understanding the difficulties she feels when having to take decisions;
- f) personally accompanying her to wherever she might have to go, during the whole support process.

### **2.3 – BEHAVIOUR AT THE CRIME SCENE: TOWARDS CLOSE CONTACT ON THE GROUND<sup>76</sup>**

Whenever called, the police officers should immediately proceed to the victim's location, which is normally her residence. The situation normally involves three people: the woman victim, the offender and the police officer.

*Two important questions*

For the victim to feel close contact on the ground, there are two essential questions which could have a positive or negative influence on the outcome of the problem:

- a) the police officers' attitude to conciliation between the victim and the offender;
- b) breaking in to the residence whilst the violence is in progress

#### **2.3.1 – CONCILIATION BETWEEN THE VICTIM AND THE OFFENDER**

Police officers intervening at the crime scene should be aware of the fact that, on one hand, they are interfering in a dispute, but on the other hand, one of the two people involved in that dispute is being victimised and is therefore in a negative situation. The scene should not be considered a mere domestic conflict, but seen for what it really is – a criminal situation, where there is an offender and a victim who is subject to the offender's criminal actions.

Police officers should respond immediately when either the woman victim or any other party requests police intervention. The following aspects should be taken into account<sup>77</sup>

*Conciliation at the crime scene*

- a) Conciliation at the crime scene and prior to any criminal proceedings suggests that violence within the domestic context cannot be seen as a crime, and if it is considered as such, it diminishes the crime;
- b) Conciliation will not guarantee that the offender will be blamed for his criminal actions and neither does it ensure that the woman victim avoids the risk of being victimised once again;
- c) Conciliation requires a change of attitude on the part of the woman. She might have to consider forgiving the offender, which will go against a decision that might have been hard for her to take and which in turn implies reverting to a violent situation;
- d) Conciliation implies that there is equality between the offender and the woman victim. This does not correspond to the real situation, as the woman victim was in an negative position of being unable to defend herself against the offender, whilst being victimised;
- e) Conciliation will not allow the determination of the real facts connected with the criminal event (to which the police officers were called);
- f) Police officers should not impose a convention following a mediation strategy, if they do not have the legal powers to make it prevail, whatever the agreement.

Mediation is therefore not the adequate answer for the situation. It is imperative that the woman victim feels supported and for that to happen, the police officers have to effectively consider her a crime victim instead of attempting conciliation with the offender. She should be respected and entitled to any support they might be able to provide. This may involve driving her to the police station in order to present a complaint, and/or anywhere else she might want to go to where she feels safe.



### **2.3.2 – PROBLEMS ASSOCIATED WITH THE POLICE BREAKING INTO THE VICTIM AND THE OFFENDER'S RESIDENCE**

The fact that the crimes of sexual violence (mistreatment, injuries, sexual abuse and others) might occur within a private residence can make police intervention difficult. The police should take into account the citizen's rights concerning to trespass on private property<sup>78</sup>, as well as the need to defend a citizen who is being subject to a criminal offence<sup>79</sup>. The defence of a person's integrity should be paramount.

*Breaking into the residence*

Another possibility is to stay outside the residence, but warn the offender of his criminal behaviour and inform the woman that she is has rights as a victim of crime. They should be both informed that if the woman victim makes a formal complaint, this might lead to criminal proceedings for which the offender will have to answer in court.

Police officers should, above all, try to relate to the woman victim on a basis of trust and whenever possible give her the contact details of the police station contact and any other organisation that might be of help.

They could encourage her to go to the police station in person, in order to make a formal criminal complaint and consequently initiate a support process.

*Not entering the residence*

She should also be told that the formal criminal complaint should be made within six months.

If the woman victim wishes to leave her residence, the police officers should help her move wherever she might want to go, including her children (if she has any) and goods.<sup>80</sup>

### **3- WHO SHOULD CO-ORDINATE THE SUPPORT PROCESS AT THE POLICE STATION**

At the police station two police officers, preferably a male and a female officer, should be appointed by the commanding officer. They should be responsible for the police intervention on the part of the victim at that particular police station.

These two officers shouldn't only become responsible for the assistance, but also for the co-ordination of all the assisting processes.

*Requirements of the co-ordinators*

They should be appointed, taking into account the following criteria:

- a) their personal sensitivity in dealing with the crime victims, in particular with women victims experiencing violence;
- b) their technical training in psycho-social assistance techniques;
- c) their straight-forward interaction with the local community;
- d) their capacity to communicate with the various support workers or organisations Example: other police officers; women victims; their children; relatives and/or friends, any other Institutions within the community and the offenders themselves.

These selected police officers should co-operate with their commanding officer in the implementation of the intervention model proposed, as well as help him in assessing any training which should be carried out in order to put into practice the guidelines suggested in the Alcipe manual.

They should also participate in the Domestic Violence Forum<sup>81</sup>, to which they should present fortnightly reports on the police support given to women experiencing violence.

## CHAPTER IV

### WOMEN EXPERIENCING VIOLENCE AND THE ROLE OF HEALTH PROFESSIONALS<sup>82</sup>

#### 1- VIOLENCE AGAINST WOMEN: A HEALTH PROBLEM

Violence against women is a health problem:

a) As a personal health problem: it might affect everyone involved, particularly the women victims, their children, the offender, the relatives and/or friends, as it influences the healthy development of the relationship between them disturbing their quality of life and the balance of their physical health. This may be due to the offender's attacks against the woman victim, the mistreatment, the rape, the lack of assistance, etc., not to mention associated reactions such as muscular tension, gastrointestinal problems, loss of appetite and alcohol and drug addiction. All of these symptoms are intimately connected with the psychological crisis. Their psychological health should also be considered as the victim may exhibit unresolved psychological problems, depression, suicidal tendencies, psychiatric problems, etc;

*Personal Health*

b) As a community health problem: it might affect the stability of her relationship with others, the family way of life, personal safety and security, the children's interest in their education, the equality of sexes, the personal and social improvement of the people involved, amongst other things. In addition, there may be likelihood of certain addictions and transgressions whereby the children and adolescents may reproduce the patterns of violence.

*Community health*

These issues can be rather complex and very demanding on the health professionals, who may have a variety of ways of approaching the problems.

#### 2- THE ROLE OF HEALTH PROFESSIONALS

All health professionals have a very important task to perform within the whole process.

The fact that they are close enough to the victim's health requirements and those of their families at the health centres, puts them into a privileged position in terms of being intimate with the victim. Giving medical advice necessitates getting to know their eating, hygienic habits, as well as those pertaining to sexual and relationships.

The fact that there is an isolated type of physical space and time between the doctor and the patient makes it easier for them to get closer to each other. A person might need to go the doctor for any reason, which might not be associated with having been subject to any violence. Thus the advantage for the woman victim, who may fear being under suspicion by the offender, is that under these circumstances she does not need to invent any pretexts to make her way to the family doctor, emergency unit or any other medical professional.

*The degree of intimacy with the woman victim*

The strict confidentiality which is ensured at a medical consultation creates the ideal atmosphere for the woman victim to disclose her problems. The health professionals, because of the degree of intimacy with their patients, have the possibility to examine the woman's body and therefore can easily discover any violence which has been inflicted, which the victim may not have had the courage to disclose.

Following the diagnosis, the treatment should not be confined to a strictly medical approach. Special care should be taken regarding the victim's psychological health, in order to avoid such problems having a bearing on her health in general. This is important if she has concealed the real cause of those problems (having given false reasons for injuries, like having fallen down the stairs, or banged her face against the wall, etc). She should immediately be advised to approach a support agency, in order to initiate support process, which will involve help being given by other professionals, agencies and relatives and or friends.

#### 3- ASSISTANCE TO WOMEN AT HEALTH CENTRES

Assisting a woman victim who has experienced violence, whether given at an emergency department or at a local health centre can be a decisive point in the woman's recovery. The immediate treatment, as well as general ongoing treatment is important, as she may require support to resolve her problems.

Professionals should therefore always try to encourage a support process which can be maintained, above and beyond the crisis intervention, which acknowledges the fact that the woman has been a victim of violence even if she tries to hold back the truth.

The crisis might continue over a period of time, resulting in a psychiatric problems, addictions, further violence, suicide or even homicide. Therefore there should be further intervention which might necessitate a support process involving professionals and external agencies beyond those already involved.<sup>83</sup>

### 3.1- ENCOURAGING THE VICTIM TO PARTICPATE IN THE SUPPORTING PROCESS

It has been recognised that in the relationship between the health professional and the patient it is important to promote encouragement to take advice and positive action. A lot of research studies on these aspects have been published, attempting to make intervention more efficient.

*The concept of participation*

Taking the case of a patient who might either have declared or omitted to declare the violence she has experienced, encouragement seems to be particularly important. It might, in fact, be more important than any medication prescribed. From that moment onwards her lifestyle should include supporting action on the part of professionals, relatives and/or friends.

The communication between the health professional and the patient might be of extreme importance in terms of encouragement<sup>84</sup>, as the way things are said and who actually says them might either have a positive or negative impact on the woman. This impact normally occurs at delicate moments, because the health professional is gathering information prior to diagnosis, but is also very close to the victim.

Negative impact should be avoided at all times and occurs when the victim feels that both the attitude and information given by the professional is not appropriate or adequate in the face of to the crisis she is experiencing. The victim may consequently abandon the medical appointment, as she believes that her situation and symptoms are not being considered as an important health problem.

*Communicating in order to encourage participation*

Positive impact derives from an effective two-way communication process, in which the woman victim becomes aware of the health problem (physical/psychological) caused by the violence inflicted on her. It is of extreme importance that she adheres to a new lifestyle.

### 3.2- THE CLINICAL APPOINTMENT: COMMUNICATING IN ORDER TO ENCOURAGE PARTICIPATION

Diagnosis and medical treatment normally starts with a clinical appointment. The health professional should be able to understand the patient in order to make the correct diagnosis, following careful consideration of the situation. Following this, the professional should encourage the woman to follow the proposed treatment.

The initial clinical appointment is therefore handled carefully to establish the relationship of trust between the health professional and the patient. It should be more than just information gathering. The clinical appointment should be a process used by the interviewer in order to understand the biological, psychological and social factors which have played a part in the development of the woman's health problems and which will, in turn, affect her recovery.<sup>85</sup>

Should the health professional concentrate on gathering information based only on the physical aspects of the problem (wounds, bone fractures or genital traumas) he/she will not be able to reach an accurate diagnosis. Even if she adheres to the suggested prescription (by either taking the recommended medication or by following the physiotherapeutic treatment, etc), the problems will not be resolved because it will be an adherence, in immediate terms, and cannot solve problems which go beyond physical trauma.

It will only be possible to help and understand the complexity of a problem with both a physical and psychological nature, as well as its causes, if there is extensive communication between the health professional and the victim. He/she should suggest that the woman adheres to a long-term support process, which should mean being aware of the problem in its entirety, as well as finding an effective solution for it.

Knowing how to question a woman victim is not associated to having any medical experience, but requires the ability to help someone tell their story. By using explicit or implicit cues, essential information pertaining to the medical, psychological and social approach, will be obtained.

The health professional should pay attention to the following interview format. An open interview is the most appropriate for this type of situation and should be carried out by either doctors, nurses or any other health professional. Four fundamental aspects should be considered:<sup>86</sup>

- a) It should be done within a favourable environment, in order to encourage the victim's spontaneous behaviour;
- b) the behaviour of the health professional should encourage communication with the woman;
- c) the health professional should pay particular attention to the non-verbal behaviour of the woman victim (her body language);
- d) the health professional start by asking general questions, which might encourage the woman victim to tell him/her her personal story, and effectively leave the direct questions to the end. Very specific questions asked at the beginning of an interview might interfere with the natural flow of information and restrict the amount of information provided.

The discourse style used by the health professional should in no way control the discourse of the woman victim and her the spontaneous description of the facts. The feelings and emotions of the woman should be

encouraged.

### 3.2.1- WHO SHOULD CARRY OUT THE CLINICAL APPOINTMENT

The health professional who initially gave assistance to the victim, should take her to see a doctor, if they are not a doctor themselves. The woman should be asked whether she would prefer to be assisted by a male or a female doctor, especially if she has experienced sexual violence.

The doctor who assists the woman might also suggest to her, if possible, to have present the health professional who initially assisted her at the appointment, for instance, a nurse who waited with her before the medical appointment. The doctor should try to establish whether a relationship of trust has been developed between them.

*Type of clinical appointment*

The doctor might also suggest to the woman, that the person who took her to the health centre (for instance, a social worker) could sit in on the appointment, or accept the assistance of any psychologist or social worker operating at the location of the appointment.

Should the woman victim have been accompanied by a relative or friend, the doctor may suggest that they be present during the appointment.

The doctor should not suggest that any of these people be present in front of other professionals, as the woman victim might simply accept the suggestion because of feeling compelled to do so. The woman should enter the doctor's office alone and decide whether she wants other people present. From the moment the woman victim has participated in the support process, the health professional(s) should use the relevant health service forms to record information, but should also ensure that they complete the form specifically designed to record details of the support process.

*The record of the support process*

The professional should write down any relevant information as requested by this form. The record should then be circulated to professionals from any other agency, with whom the victim may have come into contact.<sup>87</sup>

To make things easier, and where there are two professionals present, the doctor should then give his/her complete attention to the woman and conduct the clinical appointment, whilst the other professional (social worker, nurse, etc.) takes notes.

The woman victim should be told that this record will not be used for judicial purposes, but that it is merely to assist the professionals involved, as it will make it easier for them to recall relevant information. She should also be assured that this document is confidential and will only be used to inform other professionals from agencies she might need to get support from in relation to the resolution of her problem (these other professionals will also keep it strictly confidential).

### 3.2.2- WHERE THE CLINICAL APPOINTMENT SHOULD TAKE PLACE

The place where the victim of violence has her clinical appointment/interview is extremely important.

It should be a comfortable, agreeable space, decorated with nice colours and having positive images. The existence of natural light and fresh flowers and plants will create a relaxed atmosphere for both the victim and health professional(s).

There might be an advantage, in having the clinical appointment in the doctor's office, as the personalised atmosphere might encourage communication.

*Where the clinic appointment should take place*

Places, where other people such as patients are sitting and other professionals are passing by, should be avoided at all costs, as this will not offer the degree of intimacy nor confidentiality, required in such situations.

The woman should also not be subject to being in a crowded waiting room for too long, as she might feel uneasy and attract other people's curiosity (particularly if she has marks which clearly show she has been subject to some sort of violence).

The kind of questioning in which the patient has to lie down should also be avoided. To question a woman victim in an examination room, whilst she is lying down, generally half naked, is very inhibiting and uncomfortable. This unease would also occur if she is still on a stretcher, or in bed at the hospital, because she will most certainly either be sharing a room with other patients or at an infirmary. Whenever these situations cannot be avoided, the professional should be as close as possible to the victim and at the same eyelevel (not having to look down on her). It might be convenient to sit by the bedside or even on the bed, in order to be closer and should she want to feel even closer to the doctor, he/she could even hold her hand. The professional should draw the curtains or bring a partition wall, and sit in such a way that other people around cannot see or hear the woman victim, for example: leaning over her or turning his/her back to the other people.

During the questioning, the health professional should avoid being interrupted, either by people who might walk in or even by a phone call. He/she should let others know that there should be no interruptions, for

example, by telling the person at the reception desk or even a nurse. A warning notice could also be put on the door.

Whenever it is necessary to move her from one place to another, the professional should be careful not to walk in front of her, but instead should walk beside her, in order to make her feel more comfortable.

Should it be necessary to have her examined in another hospital department, such as Radiology, the doctor should either take her there or have someone accompany her. If she has to wait for medical results, the doctor should ensure that she is not left alone. Should she need to be examined by another health professional, she should not have to move to the other doctor's office, but should be examined in the same office and the doctor should come to her.

Within the health centres there should be a children's crèche, i.e. a space where children who have come with women victims of violence, might wait for her, whilst she is being examined. This means that they do not have to listen to the description of the violence she has experienced. This space should have plenty of toys, e.g. puzzles, colouring pens and pencils, cartoon books, etc. *children*

Should it not be possible to have a crèche for the children, there should at least be an adaptable structure which could be assembled, or at the very least a toy box. There should always be someone with the children whilst they are waiting for their mothers to return.

While the victim is being examined, there should always be paper handkerchiefs and water made available, in case the woman victim starts to cry.

### 3.2.3- HOW TO QUESTION THE WOMAN VICTIM

It is essential for the professional to conduct the questioning based on the information he/she was previously given on the person he is about to see. If the victim has declared at the reception desk that she has been subject to violence, the questioning should take the form of a direct approach to the problem.

If, on the other hand, the victim has attempted to withhold the truth concerning the violence she has experienced, for example, by saying that she fell down the stairs and banged the head against the door, the professional should conduct the questioning in such a way that might help her to either reveal the truth or participate in a support process. This may occur if the doctor suspects she is lying because of the inconsistency of her discourse or the incompatibility between what was said and the results of the medical examination, for example having realised that it is most unlikely that the wounds were caused by such accidents. Another scenario may be that that having gone to a health centre because of another health problem, e.g. flu, she might have revealed her problem during the medical examination.

Factors which should be taken into account during the medical examination:

a) The way the professional introduces themselves to the patient. It is particularly important to welcome her and introduce themselves, by saying his/her name and profession, in order to establish a relationship, e.g. 'Hello my name is Gustavo N. and I am a general practitioner' or 'Good afternoon, I am nurse Paulina N.';

b) Clarify the purpose of the questioning from the start. It is important to define an initial aim of the questioning, so that both parties have the same point of reference. This may depend on the individual situation, i.e. whether the victim has stated the real reason for having gone to the health centre, or has avoided specifically saying what her problem is. Examples: 'I know that your husband has beaten you, so we'll treat your injuries and see if there is any additional problem connected with this episode'; 'Taking into consideration the fact that you've been a crime victim and that your husband has subjected you to violence, which we consider a very serious situation, we will also try to help you solve this problem'; 'Let us look at these injuries and talk a little bit about you, shall we?'

*Medical  
questioning  
techniques*

c) The way the patient is treated. It is extremely important to treat the patient with dignity and to be courteous and kind, without becoming too informal. She should always be addressed by her social status Mrs. followed by her name. Example Mrs Maria N. or her academic title, Dr. Margarida or Prof. Margarida, unless she has not suggested using this title.

The professional should avoid using expressions which could be interpreted as being negative (e.g. 'You there') and try to always call her by name, avoiding making mistakes, so that she feels she is a unique case and not just one more case. Example: Avoid situations such as, 'I'm really sorry, but what is your name?', 'Rita, if I'm not wrong ... Oh no, Mafalda ... I'm really sorry but I've forgotten your name ...';

d) Be attentive to verbal communication. The health professional should be willing to listen to what the woman victim has to say without interrupting her. Her silence should not be intimidating. It is up to the professional to know how to facilitate the speech, especially in those determining moments in which getting further seems relevant;

e) Facilitating. The health professional should help the woman victim tell them her story, her feelings and her emotions, which reflects her inner reality and which translates the personal meaning she attributes to each

event.

Facilitating means to encourage the communication by using gestures, sounds or even words. These may not specify the types of information one intends to obtain, but it has the effect of encouraging the woman victim to speak freely, by giving voice to her problems, worries or even anxieties.

Facilitation normally occurs in parallel with moments of silence, whilst the police officers should either nod their heads or use facial expressions or even use loose words or short phrases such as 'yes... I understand...' and gap fillers like 'Mmm'.

When the victim clearly shows a need to cry, the professional should facilitate this letting out of emotion, by helping her not to feel any reservation in front of them, e.g. by telling her to feel at ease or saying, 'don't be afraid... crying will do you some good', or even showing it with kind gestures like getting up to hand her glass of water or a paper handkerchief, or even sitting by her side and holding her hand or putting his/her hand on her shoulder;

In cases where the victim insists on not revealing the truth as to what really happened, despite the suspicions of the professional, the facilitator should consider implying that they have not understood what she meant. That is to say, the professional staff member should imply that he/she didn't quite follow what the woman was saying and should ask her to repeat what was just said or even clarify a specific detail he/she might not have clearly understood. Example: 'I haven't quite followed ...', 'So what you are trying to tell me is that you don't get along well with your husband ... and that seems to be because he loses his control quite easily ...' or 'Tell me once more ... so you were going down the stairs when all of a sudden you fell down 5 or 6 flights of stairs'.

The professional should not let woman feel that he/she does not entirely believe what she is saying, but by not confronting her openly, she might restart the story at a specific point, which might contain important information which might not have been revealed the first time around. Example: 'Yes, we've never got along very well ... he gets out of control from time to time and goes mad', or 'Yes, well it was a discussion with my husband ... and it was by the front door ... I don't know exactly what happened ... all I know is that I fell down the stairs';

*Medical  
questioning  
techniques*

f) **Confronting.** Confrontation can achieve disclosure of information beyond the patient's verbal / non-verbal behaviour. By doing so, the professional might be able to control the direction of the questioning more effectively, something which may not happen in the facilitation process. Confrontation means to encourage the patient to disclose something, based on a choice; or to take the opportunity to develop an aspect of the conversation that might reveal the real problem or simply ignore it. The patient may have difficulty continuing to use a natural form of speech, as she may be careful, in order not to reveal the truth. The professional should then take the advantage of further opportunities for confrontation.

Confrontation could become dangerous as it could be seen as intimidating or blaming the victim, for example, blaming herself for still believing that her domestic relationship is doomed to failure and feeling insecure and unsure about taking any decisions. Professionals should be assertive, but at the same time kind and welcoming. The moment they suspect she is feeling intimidated, they should stop confronting her.

A good opportunity to confront the woman victim would be during a period of silence, following a difficult explanation of the event, when they could ask her to proceed with another aspect, allowing her to deviate from the previous one: e.g. 'It seems to me that you find it difficult to talk about this subject', 'You seem to have difficulty in talking about your husband getting out of control', or 'It seems that the discussion by the door ended up in bringing about severe consequences for yourself'.

Another way of confronting the patient is repeating her last sentence or any sentence, in which some kind of difficulty or constraint was felt. Example: 'He gets out of control and goes wild'; Example: 'I had never felt so lonely ...';

g) **Asking.** To let the woman victim talk doesn't mean to say that the professionals are not supposed to ask her questions, some of which might be very pertinent for the development of the conversation and provide specific and essential information for the whole support process. Professionals should be able to distinguish between restrictive and non-restrictive questions and use them adequately.

Restrictive questions imply simple subject matters and correspond to simple and short answers. Example: 'At what time was that?', or 'Did you come alone or with someone else to the hospital?'

Non-restrictive questions imply wider and more complex subject matters which sometimes involve some degree of abstractedness and whose answers aren't expected to be simple. Example: 'How do you feel now?' or 'Why do you fear being alone?'

The number of questions should be moderate so that the woman victim doesn't feel as if she is being questioned intensively, which could inhibit her or even lead her to defence strategies. There should be a certain balance between restrictive and non-restrictive questions.

The question 'why?' should be avoided in certain contexts within the conversation, as it could suggest or even stimulate feelings of guilt on the part of the victim;

h) Be attentive to non-verbal communication. The health professional should be attentive to the language inflections of the woman victim and relate them to the verbal language. The way she uses her language inflections may provide information she might want to conceal. Example: stuttering, being hesitant, or wanting to talk but quickly avoiding it. *Medical questioning techniques*

Her non-verbal language might also help in relation to the crisis intervention. Example: crying hysterically/uncontrollably, shaking, etc.

It is also important to pay attention to the woman's facial expressions, which might reveal a lot about her emotional state, for instance dim-sighted eyes, tightened lips or even a slight tremor on the chin. There are certain signals of tension, e.g. having clenched teeth; fear e.g. having a fixed smile without showing any expression in the eyes and looking rather artificial; apprehension, e.g. eye movements wandering about the room; pain, e.g. showing great tension in the facial muscles. The professional might be able to gather a lot of important information by looking her in the eye, e.g. not being able to look one in the eye might reveal the degree to which she blames herself.

The way the woman victim sits might also reveal how easy it is for her to relate to the professional during the questioning (for example, having crossed arms and unclasped hands might mean being receptive whilst being straightened up and having crossed arms might imply seclusion). The oppressive situation she is experiencing might be indicated by having her shoulders and head down. Anxiety is shown when the victim is restless and sits rigidly.

The professional's attitude should also be taken into account. They should not be standing up during the woman victim's questioning, particularly if she is sitting down and looking down, as this type of position might suggest seclusion and control. It is important for the professional to show her that they are listening and interested in what she has to say. Example: by sitting, looking her in the eyes, not exclusively concentrating on the notes they are making. She should not feel that she is just another case, similar to the others they had to handle during the day. Above all, she should feel that her problems are relevant and important and they should not be moving about the room or doing other things when they are talking or listening to her. Their attitude should be welcoming. At no time should they turn their backs on the woman;

i) Make a summary. The professional should make a summary of the questioning in order to clarify some of the points raised and to make sure that everything has been clearly understood. They should then integrate any other points that might not have been either considered or requested during the discussion;

j) Saying goodbye on a positive note. It is important for the professional to say goodbye to the victim on her way out. Sentences like "I believe that we will make it through together" could in a way be a positive way to end the discussion.

It is important for the professional to understand that the use of these questioning techniques in isolation might not be sufficient in terms of crisis intervention, but they should recognise that the techniques could be of great help in establishing effective communication with the victim.

Health professionals should take into consideration the importance of<sup>88</sup>:

- a) empowerment;
- b) the validation of the rights and interests of the victim;
- c) optimising existing resources;
- d) establishing the victim's safety and getting back control over her own life;
- e) understanding the difficulties she feels when having to take decisions;
- f) personally accompanying her to wherever she might have to go, during the whole support process.

*Medical questioning techniques*

### **3.3- BEING SENSITIVE DURING THE MEDICAL/FORENSIC EXAMINATION**

The professional doing the medical/forensic examination should behave with sensitivity towards the victim, particularly if she has been subject to sexual abuse.

As the examination will be emotional for the woman and because she has suffered a very offensive type of violence, i.e. violence against sexual freedom and self-determination, she will be much more sensitive to the physical touch of someone she does not know.

The phase of Impact<sup>89</sup> is still very active and she feels repulsion by the evidence left on her body by the offender. All these aspects will increase her psychological suffering after the traumatic event.

The professional should proceed in a cautious manner and with respect, taking into account the woman's shyness and the fact that he/she is dealing with someone who is experiencing serious psychological pain.

*Empathic attitude*

It is important for the professional to understand this kind of suffering by having an empathic<sup>90</sup> attitude, i.e. trying to imagine him/herself in that situation and the way he/she would like others to treat them in the same circumstances.

The professional should be very careful the way they touch the woman victim's body, telling her what procedure comes next. Before any examination takes place, the woman should be asked in such a way that she understands the respect they feel for her.

The professional should ensure that the woman has privacy during the examination, by drawing the curtain or putting a partition wall round the examination table. This should create a safe environment for the woman, who will not be afraid that she is being watched by anyone and who will not be put in a humiliating and distressing experience.

*Discretion*

The professional should cover the parts of the woman's body which are not being examined or will not be examined within the next few moments. The examination should be done in calm conditions and the silence should only be broken by the explanations given by the professional, or any questions and explanations on the part of the victim.

It could be helpful for the woman to have a relative or friend present during the clinical examination and help her emotionally. Example: sitting by the bedside holding her hand; or even another professional, such as a psychologist or a nurse, could hold her hand.

*Emotional*

Soon after the examination she should have access to either a bath or a shower and clean clothes, preferably, some of her own clothes (brought in by either relatives or friends).

#### **4- WHO SHOULD CO-ORDINATE THE SUPPORTING PROCESSES AT THE HEALTH CENTRE**

The health professionals at the health centre, the hospital or any other medical centre responsible for the direct co-ordination of the supporting process for women experiencing violence, should preferably be a doctor, a nurse and a social worker.

These professionals should not only assist the victim, but above all co-ordinate the action of any other professionals involved. They should also be responsible for ensuring that the guidelines are complied with in order to fulfil the appropriate supporting processes.

They should, therefore, have the following characteristics:

*Requirements of  
the co-ordinator*

- a) Personal sensitivity specifically in relation to situations involving women victims experiencing violence;
- b) Ability and willingness to get involved with the local community and their organisations;
- d) Ability to communicate with the various people involved in the supporting process Example: other health professionals, woman victims and their children as well as their relatives and/or friends; any other community organisation; the offenders themselves.

They might also become responsible for the implementation of the actual intervention, by ensuring that training is provided for other colleagues in relation to the guidelines proposed in the manual.

They will also be responsible for taking part in the local Domestic Violence Forums<sup>91</sup>, to which they should present reports on the health centre they work for and their work with women experiencing violence.



## CHAPTER V

### COMMON REPORTING AND RECORDING PRACTICE TO FACILITATE APPROPRIATE INTERVENTION

#### 1. THE IMPORTANCE OF THE CASE RECORD

It is important to record a wide variety of information concerning the victim: the story of her life; the victimisation she was subject to; the meaning she has attributed to it; outlines of the problems; what has been/is being done at institutional level regarding support for her.

*Systematic recording of information*

The systematic recording of all this information will create the foundation upon which the support process can be established, in terms of helping the woman to get a degree of autonomy from the crisis.

This detailed and systematic recording process will also mean that the victim will not have to be made to repeat the tale of the victimisation she was subject to, over and over again and be re-traumatised as a consequence.

These procedures will also allow the professionals intervening in the crisis to have the necessary information in order to assist the victims through the whole supporting process. Having more information might enable them to have a better understanding of the situation and consequently be in a better position to act effectively.

#### 2. THE IMPORTANCE OF HAVING A COMMON RECORD FOR THE VARIOUS AGENCIES INVOLVED

There might be a danger of having different types of information gathered by different agencies and a lack of co-ordination and common recording practice. It is necessary for all details and any intervention to be recorded in a common manner by all agencies.

*The important a single record of information*

It would be advisable to have one single record, systematically updated to include details of the support process and intervention. This could be communicated by fax, phone or letter.

This record should be used as an integral part of the support process, could still be made available for use by other agencies that the woman is referred to. It will include detailed information in reference to the various support processes and have extensive chronological references.

#### 3. THE VICTIM'S CASE RECORD

The development of the case record has numerous advantages in relation to the support process, as it will bring together distinct information gathered by the various professionals who have been involved in the intervention in the woman's case.

The case record should comply with the requirements of the support process, but have the following characteristics:

- a) coherence : whatever has been recorded should be uniform and clearly identify the objectives of each support process;
- b) sequence: whatever details have been recorded, should be in chronological order, with supporting information about where the incidents occurred and where support was given;
- c) flexibility: each case record should contain pertinent information for the professionals, who are intervening in the supporting process. It should be written taking into account the inclusion of significant events and exclusion of insignificant or irrelevant details;
- d) precision and objectivity: the case record should be clear, objective, precise and irrefutable.

*Characteristic the single record of information*

The following structure is proposed for a case record of a woman experiencing violence <sup>92</sup>:

- a) identification of the victim: her full name, date and place of birth, social status, address and phone number (it should be noted down whether this information is confidential) and educational background;
- b) identification of the crimes against the victim: identification of the crimes the woman victim was subject to: every crime she was subject to or is still being subject to, within the context of the violence she is referring to;
- c) identification of the offender: the identification of the offender – his full name, place and date of birth or age, social status, educational background and the relationship he has with the victim;
- d) identification of her children: full name, birth date or age, social status, educational background, schools they have attended, teachers and/or class head teachers, as well as their relationship to the victim;
- e) examining the problem: the definition of the problem, how serious it is; the victimising factors; what was the definition of the problem, how serious it is; the victimising factors; what was openly stated and what was

inferred (body language); definition of the objectives of the intervening strategies; the requested support, the supported that was granted; the working out of a safety plan for the woman victim;

f) the final outcome: what was the final outcome, where was the woman victim taken to, the objective behind that decision and the way it was carried out, was she taken immediately or did she have to wait for some time;

g) the evolution of the supporting process<sup>93</sup>: every decision and event which took place during intervention.

## CHAPTER VI

### INTERVENING WITH ABSOLUTE CONFIDENTIALITY

#### 1- PROFESSIONALS AND ABSOLUTE CONFIDENTIALITY: RECOMMENDATIONS

The support process should be carried out under absolute confidentiality.

The professionals should always maintain confidentiality in dealing with a victim experiencing violence, because:

- a) they are working with people who are suffering and the victim should be respected whilst going through such a delicate personal situation;
- b) they should respect the professional ethics by which they are bound.
- c) Any deliberate or accidental disclosure of information may compromise the whole intervention process, as well as endanger the life of the victim, their relatives and/or friends, as well as the professionals involved and their relatives and/or friends.<sup>94</sup>

*The need for confidentiality*

It is therefore essential that the professional keeps the whole support process strictly confidential, being cautious in regard to his/her own behaviour, that of the victim and of other professionals involved.

To maintain absolute confidentiality, the professional must be careful in obtaining information or passing on information about the support process. At no time should he/she convey any information, without the woman victim's previous authorisation. This does not include all those professionals from other agencies who are involved in intervening in the crisis, who need to share information on the victim.<sup>95</sup>

The professional should follow these procedures:

- a) at his/her workplace (office, examination room, police station, consultation room), the professional staff member should keep all documentation concerning the supporting process under lock and key (cases and drawers, with keys) as he might not always be able to ensure that others will not look through or even steal documents containing confidential information. By doing so he/she will ensure that no documentation or photocopies of it are taken. He/she should avoid leaving around any documentation in places which other parties might have access to it (corridors, waiting rooms, reception desks, etc).

*Strategies to ensure confidentiality*

He/she should ensure that the victim is assisted in absolute privacy, should not have to wait for too long, in a reserved space, with the door locked and preferably in a room where other people might not be able to overhear what is being said. The woman may feel the need to cry out loud, which will undoubtedly attract other people's attention. Those outside should not be allowed to speculate about the situation.

In what concerns assisting the woman victim as soon as possible, it should be referred that leaving her in a waiting room for too long, particularly if she has visible marks of the violence she was subject (ripped off clothes, facial hematomas, etc) not to mention certain behavioural attitudes associated to what she has gone through (crying, trembling, anxiety, etc) might naturally lead those around her to feel like asking her directly what has happened. Many women victims will instantaneously start telling those strangers things they would have expected to tell the professionals. Having to tell the same thing a second time round won't have the same impact as the it would have the first time.

The women victims shouldn't be deliberately or eventually photographed or filmed whilst they are within the Agency premises;

- b) outside the working place: (in the streets, at relative's or even at Public events, etc) one should avoid talking about one's involvement in these processes, especially to women victims having experienced violence, even if those supporting processes have been carried out a long time ago.

*Confidentiality strategies*

The professionals should avoid referring these cases to other people they might have a personal relationship with (relatives and/or friends), especially in public places, where their conversation might be overheard (such as restaurants, public transports, etc).

During professional events (such as Congresses, Seminars, etc) attended by many people and even to the social communication representatives, real stories regarding women victims should be told, without using the victims' real stories and/or places where these violent situations have occurred. Knowing full well that real life stories do impress those who listen to them or get to know about them by reading them, the professional staff member should, bearing this in mind, take advantage of this opportunity and to substitute a real story by a fabricated one based on several true elements of real live experiences of the past. Even so, he/she should avoid referring certain details of several of those experiences, in order to avoid the identification of some of the women victims involved in them.

The professionals shouldn't allow journalists or social investigations to get closer to the women victims,

without their previous consent. Should they have been authorised by the women victims, they should still be reminded of being careful not to refer or include certain elements (such as the name of the victims, the city where the violence took place, photographs or filmed interviews though the voice and image might be distorted) which will endanger the victim being interviewed. She should also be told of the dangers she could be exposed to, if she were identified by the offender following the interview.

c) on the phone: he/she should be careful, not to talk in front of other people (such as visitors, etc) about the supporting processes, by closing the door of the room in which he/she is talking or even going somewhere else, where his/her conversation might not be overheard.

The professional should not phone the victim experiencing domestic violence, as the offender is liable to answer the phone and any excuse the professional might invent (such as being a friend or someone questioning people by phone about any cleaning products) could lead to suspicion and endanger the woman. Should a male voice answer the phone, the best attitude is, to say it is a wrong number, rather than putting the phone down soon after having heard the voice, as this reaction could lead the offender to mistrust the woman and even make him think that she has a lover.

Should she answer the phone, the professional must try to work out whether she is alone, and if she is not alone, agree upon a pretext as to why she is receiving a phone call. Above all the professional should confirm whether she is, by using a strategy. Example: If the woman victim gives a signal to confirm that she is not alone, the professional should say something like, 'I understand. Calm down and phone me as soon as you can. Pretend that I am a salesman wanting to sell something by doing some sort of demonstration and now talk back to me saying – "I'm really not interested, as I have already got one, thank you very much"'

If someone phones the agency saying he/she happens to be a relative and/or friend (even if it is a female voice) the professional should not disclose any information on the victim, unless the victim has previously given the professional authorisation to do it. The professional could simply take down the name of the person, the relationship with the victim (in order to tell the woman victim later). They might also state that they do not know what they are talking about and will therefore not take down any message for the suggested victim;

The professional should not leave any taped messages, as they could be heard by other people, including the offender.

d) concerning the woman victim: help her keep her support process confidential. They could agree on specific days in which it would be more discreet to come to the agency, as well as the most convenient hours, preferably within periods in which the offender might be out of the home.

The woman could be helped in working out a pretext, should the offender for unexpected reasons come back home before she does. Example: 'I had to go to the children's school in order to talk to their teachers and find out how well they are doing a school', or even 'I've been to church, praying'. It is necessary for the victim to decide which excuse or pretext is more adequate for her situation, not forgetting to plan further possible answers to questions he might ask connected with the excuses given.

She should also be advised not to refer any agency or names of professionals who are helping her, even under violent circumstances. It is quite common for women to do this, amongst other reasons, to show the offender that they are not bearing all this alone. Example: 'This will be the last time you hit me, for I've seen Dr Joana, a social worker and police officer Pinto and they've told me that what you've been doing counts as a crime. If I make a formal complaint, I might be taken away, where you might never see me again!' By reacting in this way, the woman victim could compromise the whole supporting process and be subject to further violence on the part of the offender, who could decide to control her even more strictly and go after those who are trying to help her.

She should be warned about leaving items lying around which might be compromising, such as the agency's card, phone numbers written down in her personal notebook, her personal safety plan. These should be hidden in unusual places, such as in the sewing machine, pots of flowers, underneath carpets or pieces of furniture. These items should be left at relatives' or friends'. The best solution should be to memorise them, or at least the phone numbers.

In relation to relatives and/or friends, the woman should be helped by the professional to select those she can trust and whom she can tell what is happening to her and the support she is receiving. Most of the time these people may not be trustworthy and might disagree with the position the woman has taken in relation to the offender. They may think that nothing like that has ever happened and that it was over-exaggerated by the woman. If they do believe her, they may try to persuade the woman that show them that he really regrets what has happened and will try not to get out of control again.

If on one hand, those who have a relationship of any sort with the woman victim, might be very important throughout the whole supporting process, on the other hand she should be careful as to whom she confides in.

The woman should also be made aware about confidentiality in terms of using a phone. She should be aware that there may be an itemised phone bill, listing all the numbers she has phoned. The offender may check the

bills if he feels that there's something different about her actions or if the phone bills have been more expensive than normal. Using a mobile phone could also become a problem, as the offender might be able to trace all the phone calls she has made or received. It is therefore advisable that she erases them from the phone memory.

The best advice would be for the woman to call from public telephone boxes or even have the professionals phone her at a relative's or friend's house, reducing the phone call expenses she will have to pay for and their traceability;

e) concerning the victim's children and other relatives or friends: warn them about the need for absolute confidentiality. They should be given a full explanation of what to do regarding this matter.

The professional should talk to them personally. If they are small children, their mother should be present. The professional should use a clear language, taking into account their ages. They should be told that the problem of violence they are all going through, will have a solution because their mother, the child(ren), other relatives, friends, and any other professionals involved will work together as a team to find a solution to the problems they are experiencing.

Their part, as children is to keep it a secret from the offender. If the offender is their father, the word father should be used instead of offender. Under no circumstances should they reveal any information, even if their father promises to be different or tells them he will give them toys and sweets.

It should be pointed out that they should pretend that team does not exist at all, for if it were known that could endanger the mother's situation.

The professional should advise the woman that the children should continually be reminded and warned about these recommendations.

The woman's relatives and friends should be contacted by the professional and called in for a meeting. The same sort of speech used with the children could be adapted. The main principle which should be reinforced is that the whole team is working under absolute confidentiality and breaking it could compromise the entire supporting process as well as endanger the life of the woman.

## 2- CONFIDENTIALITY AND SAFETY

Confidentiality is connected with the other main principle, i.e. the safety of all those involved in the process: the woman victim, the professionals, her relatives and/or friends. If confidentiality is deliberately or accidentally broken, the offender might, as several offenders have in the past, severely punish the woman victim. If the woman has abandoned the domestic relationship, the offender could go after all those intervening in the supporting process, threatening them, trying to find out where she might have gone to or even looking for revenge, blaming them all for what they have done, especially for destroying his life.

The professionals should:

a) have the police station's phone number close to hand e.g. stuck to the phone in the agency, in their personal notebooks, memorised in their mobile phones, etc. so that they can ring for help, should it be necessary;

*Professional safety strategies*

b) not give any information about their personal lives or their colleagues involved in the supporting processes. Example: do not give out home phone numbers, comment on where he/she lives or the places he/she usually goes to, whom he/she is married to in front of the victims, their relatives and/or friends;

c) have their phone numbers kept confidential, as well as not having any indication of their name outside their residences. Example: family name outside his mail box;

d) avoid using their surname during the supporting processes, or even whilst talking on the phone. Using their first names might not be sufficient to be identified;

e) avoid leaving their place of work (agency) accompanied by relatives or friends Example: husband/wife or children who have met them at work or even showing some sort of affection (like kissing or holding hands). They should also avoid the victims meeting people they are personally acquainted with or have a relationship with;

f) not use their private cars whilst doing whatever they might have to do in terms of the supporting process.

If the professionals have any interaction with the offender (face to face or over the phone) they have to be aware of his behaviour, in light of the information conveyed by the woman victim. It is important to know about his social behaviour and if ever he has been violent with people he has a friendly relationship with, in order to assess whether he might harm them in any way.

The offender could approach them in a number of different ways:

a) the pacifying approach: behaving in a calm manner, as though he has no idea about the fact that his partner has requested support in relation to the violent situation. He will try to mislead the professional and establish a relationship with him/her, in order to re-establish his relationship with the woman victim. He might use an empathic approach, particularly if the professional is a man. The following questions could be used by the offender: 'What if you were in my shoes? How would you react to losing your wife and children by simply having tried to exert your authority in your own house?'

*Approaching the offender*

By using this type of approach, the offender might try to show that he has been the victim and his wife or female companion, is the offender, who has forced him into this situation. Example: he could accuse her of having committed adultery or provoked him inside the house; he could also enforce the idea that he happens to be a father deprived of the children, because of his wife or female companion; he could promise, sometimes whilst crying, not to exert any violence against the woman again, if she goes back to him;

b) the aggressive approach: exhibiting threatening, violent verbal and physical behaviour. Meeting such a person can have a negative effect on the professional involved, as he/she might run serious risks of being harassed by the offender, who will try to obtain the information by violence, or may make personal threat against them or their relatives as revenge.

c) the unbalanced approach: showing both types of behaviour as previously described. This behaviour can be sometimes observed during the first contact, yet other times only during the course of the events which naturally lead him to adopt one pattern of behaviour or the other, depending on the circumstances.

In spite of the offender's different approaches, the professional should maintain constant behaviour pattern, not showing any vulnerability which the offender could take advantage of.

The professional should:

a) always remain calm, without any behavioural changes, whatever reactions the offender might exhibit;

b) have an assertive attitude, not letting the offender threaten him/her, stating that they will no longer talk, should he continue adopt that behaviour;

*Professional attitude*

c) not meet the offender in an isolated room, having the door closed or even without having warned his/her colleagues that they are going to talk;

d) avoid places where he/she might bump into the offender, outside the agency. Example: in the street or in a bar. The professional may have been threatened by him and if approached in a violent way he/she should go to a public place where there is group of people or even request police intervention;

e) enter a legal complaint for having been or being a victim.

It is important to keep whatever might be considered evidence, such as letters, taped phone calls or even consider the evidence of those who might have witnessed some of these scenes.

## CHAPTER VII

### THE IMPORTANCE OF PARTNERSHIPS WITHIN THE LOCAL COMMUNITY

#### 1- THE RESPONSIBILITY OF THE COMMUNITY

Any community has got responsibilities concerning the social issues arising.

Each person, as member of any community, can and should have a say in problems relating to the community problems, whether in terms of prevention or direct intervention.

*A responsible community*

Everyone within a community might end up being a victim of any of these problems, such as the crime and insecurity and therefore the community's response to these problems must be effective.

Besides everyone's personal solution to these problems, one should not forget the existence of locally based agencies, whether they are branches of state institutions or local organisations, which can carry out have a direct or indirect intervention within the community.

In relation to the problems of women experiencing violence, the community's responsibility must be second to none, especially because this problem interferes with an individual's integrity and the quality of life of many of those who belong to the community itself. The community's responsibility goes beyond crime prevention. It is necessary to ensure the victims' protection and support, as well as the offenders' punishment and social reintegration.

Within a local community there might be two different objectives in relation to intervention. One in relation to victims and the other in relation to offenders.

Although the each agency's approach to intervention may differ, depending on the target population, reference patterns and structure, each has a common responsibility.

*A permanent platform for intervention*

This common responsibility should not be seen in isolation, in spite of there being agencies which specifically handle the problems from the perspective of the victims and those which deal with the offenders.

All agencies should combine their efforts and work towards co-ordinated, common intervention, in order to reduce the problems which affect the community at this level.

#### 2- DOMESTIC VIOLENCE FORUMS WITHIN EACH LOCAL COMMUNITY

The various agencies located within a community should be involved in tackling the issues concerning the women experiencing violence and get organised in such a way that everyone has access to a permanent platform for articulating intervention.

It would be possible for all of those people working within agencies in the community, who already have an established network of contacts, to develop a greater level of co-operation connecting bonds, leading to more efficient team work.

Setting up a Domestic Violence Forum within each local community would bring together all those agencies dealing with problems concerning both sides of the common issue – the victims and the offenders.

*Nature, aim and general objectives*

A Domestic Violence Forum will in principle be a joint organisation which includes every appropriate agency within the community, with the aim of raising awareness and sharing information and between every agency concerned with issues around women experiencing violence. In addition the forum could discuss and develop effective strategies to overcome the range of problems arising from the violent situation, as well as developing prevention strategies.

##### 2.1 - WHICH AGENCIES SHOULD SET UP A FORUM

A Domestic Violence Forum should be set up within a specified geographic area, including every parish pertaining to a given administrative subdivision of a district. Depending on their characteristics, it could include more than one administrative subdivision.

The suggested agencies to be involved should be:

*Participating Agencies*

- a) Victim Support ( local branch);
- b) Police Force;
- c) Health agencies (Hospital, National Health Trusts, associated health services, health professional associations, amongst others);
- d) Women Organisations (Any association or group of women direct or indirectly involved in these issues);

- e) Children, adolescent, youth and family organisations (Shelters, Primary/Elementary/Secondary schools, youth associations, family support groups etc.);
- f) Elderly people's organisations (Old people's homes, day centres, domestic support organisations, etc.);
- g) Justice agencies (Courts, social services, youth services etc.);
- h) Housing (Housing Associations, property owning associations, etc.);
- i) Employment and Professional Training agencies (Employment and Professional Training Associations, Enterprises, local employment agencies, etc.);
- j) Social intervention services (Social Security, benefit agencies);
- k) Local authorities (Councillors and council officers, etc.);
- l) Churches and Religious Associations (Parish churches, religious communities, both Christian and non-Christian);
- m) Universities and Colleges (research institutes and departments, etc).

*Representatives*

Any other association considered important should be suggested by those participating in the Forum.

Each agency should be represented by one or two people who have direct responsibility relating to women experiencing violence. It is important that each agency always sends the same representatives, for the sake of continuity and easing exchanges of information and good practice.

## **2.2- HOW A FORUM SHOULD BE RUN**

The informal relationship between the representatives of the various institutions can be an excellent way of working, which can lead to better co-operation.

*Informal type of relationship*

The informal forum will also encourage a wider variety of opinions and should help to consolidate the forum itself.

## **2.3- ACTIONS WHICH A FORUM MIGHT ACCOMPLISH**

Depending on the needs which might have been identified within the local community, particularly those concerning women experiencing violence, several actions might be suggested:

- a) the organisation of a logbook in which the participating agencies should be registered, that is, a data base of the various institutional services involved in dealing with issues concerning women experiencing violence, in order to improve information collection and interagency action;
- b) running awareness campaigns on violence against women in the local community, by getting awareness-raising information disseminated (using advertising posters, radio, newspapers)<sup>96</sup>;
- c) running training events within the local community, mainly within schools, to make children and young people aware of they issues concerning domestic violence within the context of the inequality of sexes and its criminal perspective;
- d) establish close co-operation with the social communication agencies, to spread appropriate information, which might influence a gradual change of behaviour, attitudes, as well as cultural values which have legitimated violence exerted against women. These could also be used as a means to inform women victims of support agencies working within the community in case they decide to escape the victimising situations and their effects.
- e) establishing crisis intervention support structures, such as shelters, where the women might be taken to and start a new life with their children.

*Activities*

Other type of actions might be encouraged. These would depend on the natural evolution of each of the above proposals, within each Forum and the communities.

### **2.3.1- THE FORUM SECRETARIAT**

For a Domestic Violence Forum to be responsive to the various participants and for it to meet all its objectives, it is important for its action to be co-ordinated through a secretariat.

One of the forum's participants could be unanimously selected to perform these tasks. It should assume this responsibility for the period of one year, after which another participating agency might be nominated for the



position.

The secretariat's main responsibilities should be:

- a) to organise Forum meetings, and remind all the participants about the meeting;
- b) to conduct the discussion of the agenda items and co-ordinate the overall discussions in the meeting;
- c) to organise the agenda for forthcoming meetings, as well as dates, times and venues;
- d) to take the minutes of the meeting;
- e) to undertake any necessary action inbetween meetings, ensuring the permanent nature of the Forum regarding action and contact.

*Competencies  
and  
responsibilities*

It is important that anyone working for the secretariat of the forum understands the task he/she is performing. Any task will be performed as a common project. Whoever might be co-ordinating the various actions to be accomplished by the forum should develop a democratic approach which respects the decisions of all the participants involved and values their opinions.

Should there be differences of opinion amongst the various forum participants, the democratic approach of the secretariat should not deviate from the objectives previously defined for the forum.

The secretariat should be able to handle such situations and seek to conduct the final decision towards a consensus or an unanimous decision based on the agreement of a majority.

The secretariat members should not perform their tasks for more than a year.

The Forum should be held every three months, in a place selected by one of the agencies involved. This allows each agency the opportunity of being the hosting agency. It will give each agency the chance to understand the dynamics of the selected agency.

*The meetings*

There should be a working agenda with previously defined items to be discussed. The agenda should be posted to forum members in advance of the meetings.

The agenda should consider various issues:

- a) welcoming the participants and newcomers. Reminding those who have decide to join the forum which are its objectives;
- b) reminding all the participants about the confidential nature in relation to specific matters involving women victims which will be discussed in the meeting;
- c) asking each agency to provide an update of their contacts and to sign an attendance list;
- d) discussion of the outcomes of the previous meeting and the agreed action, as well as the dissemination of the minutes and any other relevant documentation;
- e) presenting the work which has been carried out since the last meeting, relevant to the agreed action;
- f) evaluating the work, which has been carried out and developign further action, in order to meet the objectives;
- g) giving further information on the requirements expressed by agencies in relation to victims experiencing violence;
- h) discussing and evaluating victim case studies as well as working out common intervention strategies;
- i) agreeing the next meeting to be held - its date, time and venue.

### **2.3.2. – ENABLING FORMAL PARTICIPATION THROUGH AGREED TERMS OF REFERENCE AND ESTABLISHING CONFIDENTIALITY**

The various agencies involved in the Domestic Violence Forum should agree to give weight to their participation in the forum. The heads of the organisations should agree to sign the terms of reference of the forum. This document could be personalised by the Forum, which could decide upon a logo to be used as a symbol of the Forum and on any other relevant documentation to be used elsewhere<sup>97</sup>.

*Participation  
compromise*

This document could be used in two perspectives:<sup>98</sup>

- a) Stating an agency's intention of adhering to the specific model of intervention in relation to women

experiencing violence proclaimed by the Forum, as well as to participate regularly in the meetings and action of the forum, being represented by two professionals, whose names should be stated;

*Confidentiality  
compromise*

b) as a statement of confidentiality, in relation to the forum's action and any information about victim's case studies presented at the forum or through daily contact between the professionals and the various participating agencies.

A copy of this document should be given to each of the signatories and the original kept on file by the forum secretariat.

This document, though it might not be legally binding, it should be a reminder of the responsibility accepted by every participant in relation to every other agency within the local community and above all every woman experiencing violence.

This document should not be static. It should mean that a particular agency has decided to participate in a joint strategy with other local community agencies, in a process of evolution, internally (in its day to day operation) and externally (in the relationships with other Agencies and the community itself).

### **2.3.3. THE NATIONAL SECRETARIAT: A CENTRALISED INFORMATION SERVICE**

Although the action developed by the Forum might be significant for the local community, it should also have national significance. It should contribute towards awareness-raising in the public domain. Studies carried out by the forum should be published or be made known through to the wider population through the media.

*National Forum  
services*

It is important to supervise the activities each forum has developed within every community over the year.

There should be a National Secretariat to handle not only national co-ordination but also be responsible for gathering information from the various parts of the country. This secretariat should also provide technical support for establishing new forums or assisting the actions being developed by the existing forums.

It should be a sort of centralised information service regarding activities which are being carried out.

*Annual report*

The National Secretariat should receive an annual report from each Domestic Violence Forum, containing information about each forum, action undertaken and agencies involved.

This report should focus on the following aspects:

a) to identify the forum and its main activities: Which forum it is, its foundation date, the name of the participating agencies, the number of people who regularly meet, how regularly do they meet and the activities which were carried out during the year;

*Structured report*

b) to specify the development activities: indicating the context and the main requirements of the local community, carrying out such activities, the evaluation of the results, the main difficulties encountered, the level of involvement of the participating agencies, funding and long term action;

c) support for women experiencing violence: the number of identified support processes, how many are carrying on, which forum agencies have been involved, which of the solutions were accomplished by the women victims.<sup>99</sup>

Centralising this information will enable the development of a wider perspective on what is being done nationwide. Consequently, evaluation of those areas which require further development, for example, geographic areas which have not yet been developed a forum; which areas have been most active. The evaluation should also take into account the challenges and difficulties which have been experienced throughout the development of these activities.



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**ANNEXES**

**"X" DOMESTIC VIOLENCE FORUM**  
(Police Station "X")

**Case Record of a woman experiencing violence**

(Fictitious Data)

**Date:**

**Police Officers:**

**1. Identification of the victim**

- a) Name:
- b) Place and Date of Birth:
- c) Civil Status:
- d) Address and Phone Number :
- e) Academic Background:
- f) Profession:
- g) Relationship to the Offender:

**2. Identification of the crime(s) she was subject to**

**3. Identification of the offender**

- a) Full Name:
- b) Place and Date of Birth:
- c) Civil Status:
- d) Address and Phone Number:
- e) Academic Background:
- f) Profession:
- g) Relationship with the victim:

**4. Identification of the children**

- a) Full Name:
- b) Place and Date of Birth:
- c) Civil Status:
- d) Academic Background:
- e) School:
- f) School Headmaster:

**5. Domestic history/background**

**6. Exploring the problem**

- a) Definition of the Problem:



b) Personal Safety Plan:

c) Other support agencies she has approached:

**7. Where has the woman been taken to**

a) Where:

b) Adjective:

c) In what manner:

**8. The development of the support process**

## Foot Notes – Part I

<sup>1</sup> The title has been inspired by classic mythology, son of Ares, God of War, and the Princess Aglaurus, granddaughter of Cecropus, first King of Athens. Alcipe was raped by Halirrotius, son of Poseidon God of Sea. Ares \*+ the offender.

Alcipe is also the arcadian name of the Portuguese poet D. Leonor de Almeida Portugal Lorena e Lencastre, 4<sup>th</sup> Marquise of Alorna, who having been married to a German officer, Earl of Oyenhausen, travelled around Europe and therefore culturally influenced Portugal.

Out of curiosity, the arcadian name of the poet D. Maria, her sister, was Daphne, taken from the classical mythology and adopted by the initiative of the European Commission which has co-financed this project.

<sup>2</sup> By referring the second group, one does not want to deny the fact that sexual violence is not included in domestic violence, but simply the women victims experiencing sexual crimes outside of the domestic context, whose characteristics imply a different intervention.

The term 'domestic violence' is used, as it is the most commonly used word internationally speaking. Domestic violence in the international context usually refers to violence against women committed by a partner or ex partner.

<sup>3</sup> Chapter I – Part II

<sup>4</sup> Chapter II – Part II

<sup>5</sup> Chapters III and IV – Part II

<sup>6</sup> Chapters I and II – Part II

<sup>7</sup> Project under the responsibility of **Comissão para a Igualdade e para o Direito das Mulheres**

<sup>8</sup> **Diário da República Nº137/99**

<sup>9</sup> INOVAR Project (Ministério da Administração Interna) and APAV Training Project at Escola Prática da Guarda Nacional Republicana (EPGNR), at Instituto Nacional de Ciências Policiais e Segurança Interna (INCPPI) and at Instituto Nacional de Polícia e Ciências Criminais (INPCC).

<sup>10</sup> Amongst others the study by N. Lourenço, M. Lisboa e E. Pais, **Violência Contra as Mulheres**, 1995, requested by **Comissão para a Igualdade e para o Direito das Mulheres** and **E. Pais, O homicídio conjugal em Portugal. Rupturas Violentas da Conjugalidade.**

<sup>11</sup> Beza, T. (1990). **Mulheres, Direito, Crime ou a Perplexidade de Cassandra**, Lisboa: Faculdade de Direito.

<sup>12</sup> Lourenço, N.; Lisboa, M.; Pais, E. (1997). **Violência Contra as Mulheres**, Lisboa: CIDM.

<sup>13</sup> Dobash and Dobash, R. (1979). **Violence Against Wives**, New York: Free Press. Pais, E. (1998) **Homicídio Conjugal em Portugal: rupturas violentas da conjugalidade**, Lisboa: Hugin.

<sup>14</sup> Lourenço, N.; Lisboa, M.; Pais, E. (1997). **Violência Contra as Mulheres**, Lisboa: CIDM.

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- <sup>15</sup> Giddens, A. (1994). **Sociología**. Madrid: Alianza Universidad Textos.
- <sup>16</sup> Report of the American Psychological Association Presidential Task Force on Violence and the Family, 1996, p.10.
- <sup>17</sup> Diário da República, nº 137/99.
- <sup>18</sup> Lourenço, N.; Lisboa, M.; Pais, E. (1997). **Violência Contra as Mulheres**. Lisboa: CIDM.
- <sup>19</sup> Boaventura S.Santos (1996). **Os Tribunais nas Sociedades Contemporâneas: o caso português**, Porto: Afrontamento.
- <sup>2020</sup> Pais, E. (1998). **Homícidio Conjugal em Portugal. Rupturas violentas da conjugalidade**. Lisboa: Hugin.
- <sup>21</sup> Walker, L (1994). **Abused women and survivor therapy: a practical guide for the psychotherapist**, Washington: American Psychological Association.
- <sup>22</sup> *op.cit.*
- <sup>23</sup> Walker, L. (1979). **The battered women**. USA: Harper and Row.
- <sup>24</sup> *op.cit*
- <sup>25</sup> *op.cit.*
- <sup>26</sup> Torres & Espada, F. J. (1996). **Violencia en casa**, Madrid: Aguilar.
- <sup>27</sup> *op.cit.*
- <sup>28</sup> APAV (1998). **Manual dos serviços de apoio à vítima de crime na APAV**. Lisboa: APAV.
- <sup>29</sup> Lourenço, N.; Lisboa, N.; Pais, E. (1997). **Violência contra as mulheres**. Lisboa: CIDM.
- <sup>30</sup> See 'Women experiencing domestic violence – under the control of the offender'.
- <sup>31</sup> APAV (1998). **Manual dos serviços de apoio à vítima de crime na APAV**. Lisboa: APAV.
- <sup>32</sup> Matos, M. (1997). **Monografia de estágio**. Braga: Universidade do Minho.
- <sup>33</sup> Lourenço, N; Lisboa, N.; Pais, E. (1997). **Violência contra as mulheres**. Lisboa: CIDM.
- <sup>34</sup> *op.cit.*
- <sup>35</sup> Pais, E. (1998). **Homícidio conjugal em Portugal. Rupturas violentas da conjugalidade**. Lisboa: Hugin.
- <sup>36</sup> Walker, L. (1979). **The battered women**, USA: Harper and Row.
- <sup>37</sup> Lourenço, Lisboa & Pais (1997). **Violência contra as mulheres**. Lisboa. CIDM.
- <sup>38</sup> *op.cit.*

## Notes – Part II

<sup>40</sup> Walker, L. (1994). **Abused women and survivor therapy: a practical guide for the psychotherapist**, Washington: American Psychological Association.

<sup>41</sup> Matos, M. (1997). **Monografia de estágio**, Braga: Universidade do Minho.

<sup>42</sup> Walker, L. (1994). **Abused women and survivor therapy: a practical guide for the psychotherapist**, Washington: American Psychological Association.

<sup>43</sup> The expression now proposed is an adaptation of the English expression crisis intervention.

<sup>44</sup> Walker, L. (1994) **Abused women and survivor therapy: a practical guide for the psychotherapist**, Washington: American Psychological Association

<sup>45</sup> Matos, M. (1997). **Monografia de estágio**, Braga: Universidade do Minho.

<sup>46</sup> Walker, L. (1994) **Abused women and survivor therapy: a practical guide for the psychotherapist**, Washington: American Psychological Association

<sup>47</sup> APAV (1998). **Manual de serviços de apoio à vítima na APAV**, Lisboa: APAV.

<sup>48</sup> APAV (1998). Ent, D. W. van der; Evers; Komduur, K. (1998). **Violence Against Women: The Police's Responsibility**. Utrecht: Utrecht Police Region.

<sup>49</sup> Technical English expression which though not having a Portuguese translation means to give someone the means to achieve something

<sup>50</sup> Walker, L. (1994) **Abused women and survivor therapy: a practical guide for the psychotherapist**, Washington: American Psychological Association

<sup>51</sup> Matos, M. (1997). **Monografia de estágio**, Braga: Universidade do Minho.

<sup>52</sup> Matos, M. (1997). **Monografia de estágio**, Braga: Universidade do Minho.

<sup>53</sup> The professional could use a guide produced by INOVAR Project (Ministério da Administração Interna): O Guia do Novo Rumo. Plano de segurança pessoal (1998) which has already been made available and distributed to the various agencies throughout the country, mainly by Polícia de Segurança Pública (PSP) and Guarda Nacional Republicana (GNR) to be used by the woman victim, if previously taught how to use it.

<sup>54</sup> See chapter VI – Part II

<sup>55</sup> The expression 'shelter', which is commonly used by APAV refers to the agencies which provide accommodation for those at risk, such as children and young people

<sup>56</sup> APAV (1998). **Manual dos serviços de apoio à vítima de crime na APAV**, Lisboa: APAV.

<sup>57</sup> About being taken in by a shelter – see chapter II – Part II in which further information is provided in relation to second stage intervention.

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<sup>58</sup> Any Hospital might request the immediate presence of a doctor in Legal Medicine in order to carry out the Legal/Medical Examination.

<sup>59</sup> “Encaminhamento” is a Portuguese expression commonly used by Social Workers to indicate anyone who has contacted a specific agency for help and then referred to another agency, which might help her/him solve that particular problem. This implies advising the other agency of who is in need and sometimes even take the person there.

<sup>60</sup> Interrupting a pregnancy under these circumstances is now subject to a limit of 16 weeks of pregnancy – Article 142º of the Portuguese Penal Code.

<sup>61</sup> Traditionally referred to by the Social Workers as a contract, which is an agreement between the professionals and those who have requested their support, in which both parties assume the responsibility of certain steps to be taken. In relation to women experiencing violence, the first contract implies agreeing the next contact with the agency or service.

<sup>62</sup> Projecto INOVAR (1998). **Guia do Novo Rumo. Plano de Segurança Pessoal**. Lisboa: Ministério da Administração Interna.

<sup>63</sup> See chapter I – Part II, where this aspect has already been referred.

<sup>64</sup> Not every Shelter in Portugal is prepared to take in women subject to domestic violence, as there might be further problems associated with it, such as prostitution, unprotected pregnancy, drug addiction, etc.

<sup>65</sup> Information on the profile of each Shelter will be the responsibility of the Domestic Violence Forums (chapter VII – Part II). APAV Headquarters might also make this information available, having been formally requested by other Agencies.

<sup>66</sup> See chapter V – Part II

<sup>67</sup> In some cases, there might never be a continuous pacifying phase, as the offender knows where the woman victim lives or works and harasses her.

<sup>68</sup> Projecto INOVAR (1998). **Guia do Novo Rumo. Plano de Segurança Pessoal**. Lisboa: Ministério da Administração Interna.

<sup>69</sup> For adequate intervention to occur, reading of the whole manual seems imperative, as there are other important references.

<sup>70</sup> Mateus, R. Soares (1998). **Violência conjugal. Uma abordagem policial deste fenómeno social e criminal**. Lisboa: Escola Superior de Polícia.

<sup>71</sup> Pereira Nunes, P. (1998). **Atendimento policial a vítimas de violência sexual**. Lisboa:

<sup>72</sup> These 5 golden rules have been defined by Project INOVAR (1998).

<sup>73</sup> See chapter I – Part II – Intervening in Crisis.

<sup>74</sup> See chapter V – Part II.

<sup>75</sup> Some of these physical spaces referred to as the victim’s room have already been materialised – under the INOVAR Project, Ministério da Administração Interna.

<sup>76</sup> Pereira Nunes, P. (1998). **Atendimento policial a vítimas de violência sexual**. Lisboa: Escola Superior de Polícia.

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- <sup>77</sup> Article 144º of the Portuguese Penal Code.
- <sup>78</sup> Article 152º of the Portuguese Penal Code.
- <sup>79</sup> We will talk about this in chapter V – Part II.
- <sup>80</sup> APAV (1998). **Manual dos serviços de apoio à vítima de crime na APAV**, Lisboa: APAV.
- <sup>81</sup> According to a Portuguese saying “the eyes are the mirror of the soul”.
- <sup>82</sup> See chapter I – Part II.
- <sup>83</sup> Only Domestic violence has been mentioned.
- <sup>84</sup> Mateus, R. Soares (1998). **Violência conjugal. Uma abordagem policial deste fenómeno social e criminal**, Lisboa: Escola Superior de Polícia.
- <sup>85</sup> Article 225º of the Portuguese Penal Code.
- <sup>86</sup> Article 34º of the Portuguese Penal Code.
- <sup>87</sup> See chapter I – Part II, about being taken to a Shelter.
- <sup>88</sup> Some of these physical spaces referred to as the victim’s room already exist – under the INOVAR Project, Ministério da Administração Interna.
- <sup>89</sup> For adequate intervention to occur, reading of the whole manual seems imperative, as there are other important references.
- <sup>90</sup> See chapter I – Part II.
- <sup>91</sup> The recent work of Lourenço, N.; Lisboa, M.; Pais, E. (1997). **Violência Contra as Mulheres**, Lisboa: CIDM should be Seeed. Domestic violence is identified as being one cause for Domestic homicide.
- <sup>92</sup> See chapter II – Part II
- <sup>93</sup> Ogden, J. (1999). **Psicologia da Saúde**, Lisboa: Climepsi Editores.
- <sup>94</sup> Op. cit
- <sup>95</sup> Enelow, A.; Forde, D.; Smith, K. (1999). **Entrevista clínica e cuidados ao paciente**, Lisboa: Climepsi Editores.
- <sup>96</sup> Op. cit
- <sup>97</sup> See chapter V – Part II.
- <sup>98</sup> According to a Portuguese saying “the eyes are the mirror of the soul”.
- <sup>99</sup> See chapter I – Part II.
- <sup>99</sup> See chapter III – Part II
- <sup>100</sup> See chapter I – Part II.

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<sup>101</sup> See chapter VI – Part II, in relation to the Domestic Violence Forums, within the local communities.

<sup>102</sup> See the annex.

<sup>103</sup> This is the most relevant aspect in relation to support for women experiencing domestic violence.

<sup>104</sup> APAV has registered several cases of information made available by women victims, which had a direct bearing on several crimes committed against APAV professionals by offenders, including defamation, injuries, damages, physical offences and threats.

<sup>105</sup> See chapter VII – Part II, in relation to the Domestic Violence Forums, pointing towards inter-agency intervention, taking into account sharing of information in an informal way, without having to go through the whole bureaucratic process, which naturally makes the speedy intervention difficult.

<sup>106</sup> APAV (1998). **Manual dos serviços de apoio à vítima de crime na APAV**, Lisboa: APAV.

<sup>107</sup> See chapter II and III – Part I, concerning cultural myths.

<sup>108</sup> The presented situations have been based on the experience of APAV professionals, who very often get in direct contact with the offenders.

<sup>109</sup> Based on a European Commission recommendation, all the projected images should have a positive bearing (DAPHNE 1999).

<sup>110</sup> The design of the logo will be the responsibility of each forum and should reflect the characteristics of the Forum itself as well as that of the local community; it should be positive.

<sup>111</sup> It might be useful to consult the support process contents (under the responsibility of some of the participating agencies).