Daphne Programme

Final Report

Project Nr. : JAI/DAP/2006-II-W/300

Title: ISA: Increasing Self-Awareness - Victims of Intimate Partner Violence Assessing Risk of Repeated Victimisation and Enhancing Resiliency Strategies

Start Date:30.11.2007 **End Date: …28.02.2010**

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Partner Organisations' names and countries:

Partner 1. The Slachtofferhulp Nederland (NL)

Partner 2. Victims Support in Scotland (UK)

Partner 3. The Associação Portuguesa de Apoio à la vitima (PT)

Partner 4. Intervict of the Department of Criminal Law, Faculty of Law (NL)

Partner 5 The Instituto Nacional de Polícia e Ciências Criminais (PT)

Partner 6. The Casa per le donne maltrattate (IT).

1. Aims of the project

(In this part, please answer the following questions: What **problem** did the project aim to address? Who are the **beneficiaries**? What was the **expected result**? If the Commission formulated **conditions / recommendations** in its selection letter, how were these fulfilled?)

What **problem** did the project aim to address

The project ISA, Increasing Self-Awareness - Victims of Intimate Partner Violence Assessing Risk of Repeated Victimisation and Enhancing Resiliency Strategies aimed at increasing self-awareness (ISA) risk of repeated victimisation in women victims of intimate partner violence, by assessing own level of risk through a screening list corresponding to risk factors. This screening list allows to come up with a score which corresponds to a percentage of risk of recidivism estimated according to criterias established according to results rerived from previous studies.

Thanks to the ISA project we were able to develop an European valid self-rating version of the SARA (Spousal Assault Risk Assessment) to help women help themselves go through what they are living, the risk they are running and possible ways to manage and reduce any risk of revictimisation and reduce the impact of negative mental/behavioral consequences of violence, by enhancing coping strategies, resiliency and adopting pro-active measures useful for the victim herself.

Who are the **beneficiaries**?

Beneficiaries of the ISA project were in the first place women victims of intimate partener violence, those directly taking part in the project (approx. 200 in IT, and 50-100 in the other countries taking part in the project); however beneficiaries are far more since ISA tool is currently used regardless the fact that the Daphne project has ended. These women thanks to the self assessment approach are more capable of understanding what they are going through and help themselves to step out of the violent relationship. Children are indirect beneficiaries because they will reduce the risk of being exposed to IPV.

What was the **expected result**?

The expected results of this project were the following:

(1) Scottish (UK), PT, NL victims support partners and one IT party will be trained in SARA - Screening version (10 factors).

(2) Data production on changes of risk perception prior and after the risk-assessment (that functions also as risk-communication) with the victim-support assessor, with prior and post assessment risk evaluation.

(3) EU version of ISA (Increasing Self Awareness) toolkit in 4 languages – IT, UK, NL, PT, with booklets for victims

(4) Data on ISA and relevant variables, derived from each EU participating country.

(5) Training Module for victim support workers and social workers on ISA procedure.

(6) Approx. 50 Victim support workers in each EU participating country trained in the use of ISA toolkit for IP victims.

(8) Scientific results on effect of ISA use in reducing risk and reduce of negative impact of violence.

(10) On-line version of ISA for treatment and self-assessment scope.

(11) Organisation of an International conference in IT.

No specific raccomandation(s) were outlined by the commission when the project was approved.

2. Implementation of the project

(In this part, please answer the following points: Amongst the **planned activities**, outline those that were **implemented**. Likewise, outline those that were **not implemented** and explain the underlying reasons thereof. Were any **unforeseen activities** implemented? Did you revise the **timetable** at any point and why? Describe the role, the activities and the contributions of **every partner**.)

Amongst the **planned activities**, outline those that were **implemented**.

1) Based on implementation of SARA - Screening version (SARA-S, based on 10 risk factors) in previous Daphne projects, the SARA-S was transferred to new partners (partner 1, 2, 3, 6) in a 2-days training meeting in Tilburg, NL. During this meeting also a kick-off meeting was included.

(2) A 6 months study was conducted with victims' support agencies (applicant, partner 1, 2, 3) to rate their level of perception of risk of recidivism in the short-medium and long term, and risk of escalation and lethal violence BEFORE the assessor starts the SARA interview and AFTERWARDS. A follow up after two months contact with the victim agency. In Italy, data were collected from a sample of almost 200 victims, in other EU countries data were collected from a smaller sample (approx. 50/coutry).

(3) Data were analysed to statistically prove significant differences in terms of changes of perception of risk by victims prior/after the risk-communication process activate with SARA risk assessment. The hypothesis was confirmed: going through the whole story with a structured approach (SARA) increases awareness and recollection of negative events. Significant changes were found

with regard to self-perception of risk prior and after the interview, meaning after the victim recalled and talked about what was going on and what had happened.

(4) A 2-days steering committee meeting was held in IT to set up training modules for victims to learn how to increase awareness of risk and manage it.

(5) Applicant and partners developed a EU version of ISA (Increasing Self Awareness) toolkit in 4 languages (IT, NL, UK, PT). During the meeting set up in 4, the rapresentative from each partner worked together to establish the content of the ISA and the procedure for its use. The ISA, in its final version was then developed in its currecnt form by the applicant with constant sharing and information gathering from the partners. The final version of the ISA is a short and easy to handle format: it constitutes of a 12-months calendar format where women contacting the shelter or victims agencies rates each day one of the three coulours as a 'traffic light': green, yellow, and red according to the severity and type of violence that has happened during that day. The toolkit consisted also of a broushure which explains what IPV is and why a woman often tenmds to underestimate its severity or even deny its presence.

(6) Victim support workers were trained in each EU participating country in pilot sites: Rome & Milan, for IT, Lisbon for PT, Tilburg, Brabant and Zeeland for NL and Glasgow and Edinburgh for Scotland, UK. The content of the training was: risk assessment, prevention of recidivism, consequences of IPV, risk communication, risk management, self-assessment, self-awareness, self-protection exit violence strategies. Training could last from 1 to 3. Each partner organised and delivered own training.

(7) During a 9 months period, women contacting victim support or shelters where provided with the ISA tool, and instructed on how to use it. They rated on different psychological scales measuring coping strategies, anxiety, and external/internal blame attribution dimensions, as well as measures of Stockholm syndrome (justification, minimization of violence, dependency of perpetrator). (7.1) ISA include questions regarding expected outcome, and risk-management strategies the victim foresees, if any. (7.2) Level of risk perceived by women was measured before the ISA assessment toolkit was used and approximatly two months later the level of recidivism was assessed with the CTS (Conflict Tactic Scale, Straus, 1979; Straus et al. 1996). (7.3) Victims were also asked which measures they took to prevent recidivism they previously assessed. During this stage volunteers, victim counsellor and social workers also approached the victim in a way that would help them better understand their risk and take actions that would protect them rather then expose them to a higher risk. (7.4) As a pilot trial self-awareness risk toolkit (self-reported version of the SARA (with most of the questions of the and use of the CTS (conflict tactic scale, Strauss, 1999) was conducted in IT with a sample of violent men who got in touch with the Centre for Alcoholic treatment of the 'Policlinico' (main hospital structure

in Rome). Results showed that 60% of patients contacted reported being violent against their partners, and of these half of them admitted would continue to be violent if he would not stop using alchol.

(8) Multivariate analysis were then conducted with the data collected to establish whether the ISA toolkit was actually able to predict future violence on the basis of the women's point of view gathered at stage one and then measure follow-up at stage 2 after 2 months. Comparative analyses were also conduced nationally and internationally to look at any differences among different EU victim's behaviours, reactions.

(9) A group of victims who increased their awareness and reduced their victimisation, and increased resiliency became active in the process; they were trained as 'peer-helper/risk assessment mentors' of other women. In the shelter they helped other women disclosure what they had gone through and discussed with them the self assessment approach.

(10) A computerised on-line version of ISA was then be put online for victims to fill in, rate their level of risk, and according to the score obtained, refer to a shelter, or a service.

(11) An International 2 day conference was held in Rome, to present results, launch the ISA toolkit and share different best practice among participants. Testimonies and involvement bu each partner and testomony by a witness took place.

Activities that **not implemented** and explain the underlying reasons thereof.

During the project some of the expected and foreseen activities were not conducted as planned. The Associate partner from Serbia-Montenegro did not take part in the first training meeting because was not available.

Former victim of IPV who were instructed in the use of the ISA toolkit to other victims were not involved in producing the toolkit and will help applicant and partners conduct of Focus groups.

No specific booklets for schools were prepared, due to other activities on gender issues taking place in several schools we had taken contacts with, previousy.

With regard to the writing therapy method that was originally planned to undertake as part of the self assessment, no actions were activly taken in that direction; this was decided due to the difficult process of keeping secrecy over the data collected and the on-line system that was developed.

Were any **unforeseen activities** implemented?

Some extra activities were implemented. The partners and the applicant decided to develop a manual on the ISA for the trainers.

This was done in addition to the ISA booklet and toolkit for women because of the need to provide a wider range of information to the volunteers and trainers trained.

An extra meeting was arranged in Lisbon (PT) among partners because several issues related to the toolkit and development of the ISA needed to be discussed.

Did you revise the **timetable** at any point and why?

Yes. With regard to the activity number 7 (use of the ISA with the women contacting the shelters or the victim services) we needed more time to gather a significant and considerable number of victims. In fact, this activity was originally scheduled for 6 months but it needed to be extended another 3 months (we also applied and were granted a 3 months extension).

All the subsequent activities were post-pone for 3 months.

Describe the role, the activities and the contributions of **every partner**.

Partner 1. The Slachtofferhulp Nederland is the National organisation for assisting victims of crime (and also IPV). This partner participated in the meetings and was initially trained in the procedure of risk assessment. It eventually contributed in the development of the first draft of the ISA and eventually to the final version. Was in charge of the translation and adaptation of the ISA to the Dutch victim services system. Volunteers and workers from the victim services were trained by the partner in order to provide victims with the tool for self-assessment. This partner also developed the Dutch version of the material and tha manual and participated in the collection of cases for the validation of the instrument. It participated in the organisation or the final conference where it also presented the data derived from own policy and activities undertaken in NL. This partner provided victims a service for tutoring victims of IPV by other (past) victims would give help and support, mentor other victims.

Partner 2. Victims Support in Scotland, after being trained by the applicant and Intravic staff in SARA method, it participated also in all the meetings for the set up and the implementation of the instrument. It eventually contributed to the development of the first draft of the ISA and eventually to the final version. Was in charge of adaptation of the ISA to the Scottish legal system, and was in charge of the set up of the first (common) version of the ISA manual. Volunteers and workers from the victim services were trained by the partner in order to provide victims with the tool for self-assessment. This partner made use of the common developed version of the material and collected data for the validation of the instrument. It participated in the organisation or the final conference where it also presented the data derived from own policy and activities undertaken in Scotland.

Partner 3. The Associação Portuguesa de Apoio à la vitima is the National organisation for assisting victims of crime (and also IPV). This partner participated in the meetings and was initially trained in the procedure of risk assessment. It eventually contributed in the development of the first draft of the ISA and eventually to the final version. It has been in charge of the translation and adaptation of the ISA to the Portuguese victim services system. Volunteers and workers from the victim services were trained by the partner, according to the shared and agreed module, in order to provide victims with the tool for self-assessment. This partner also developed the Portuguese version of the material and tha manual and participated in the collection of cases for the validation of the instrument. It participated in the organisation or the final conference where it also presented the data derived from own policy and activities undertaken in PT. This partner provided victims a service for tutoring victims of IPV by other (past) victims would give help and support, mentor other victims.

Partner 4. Intervict of the Department of Criminal Law, Faculty of Law hosted training meetings and steering committee meetings; provided assistance and coordination to Slachtofferhulp Nederland and analysed prospective data collection with ISA, to prove validity of women assessing their risk in reducing own risk. It assisted all partners and applicant in research method set up, uniformed data collection, assisting and providing training and develop ISA.

Partner 5 The Instituto Nacional de Polícia e Ciências Criminais is in charge of training police officers and conducting research of function and role of police. The Institute has already participated in Daphne 04/044/W project and implemented SARA and used it, was in charge of sending cases to partner 3 for the ISA assessment. It contributed to the collection of PT cases.

Partner 6. The Casa per le donne maltrattate che Associazione Progetto Donna Ceteris is a non-profit association assisting and providing protection to women victims of domestic violence. They have been in charge of addressing cases of IPV to increase awareness of risk and implementing ISA with clients. This NGO has already been involved in previous Daphne project 04/044/W and has helped in the collection of data for the implementation and set up of ISA toolkit. It has provided training to its social workers and volunteers in liaison with the region by organising seminars, and courses for disseminating the ISA procedure to increase victims' awareness of violence.

3. Results and impacts of the project

(In this part, please answer the following questions: Which **results** were obtained from the activities described above? How did you **evaluate** the results? What did you **learn** from that evaluation? How were the **ultimate beneficiaries** involved in the project and in the evaluation of the results? What are the **impacts of the results** on beneficiaries and /or other audience?)

Which **results** were obtained from the activities described above?

1) Training of partners (1 or 2 from each partner) on the use of SARA (Spousal Assault Risk Assessment). This was evaluated by doing exercise and case example to check that all participants did in fact understand about the use and purpose of the SARA.

With regard to the kick off meeting we were able to set up the Agenda of the project and discuss about the role of each partner and try to foresee the problem that might have come across.

(2) A data base was contructed were all cases collected were inserted, with the follow-up at two and four months. Results, for the efficiacy of self-assessment of SARA, were analysed with descriptive and multivariate analysis, with a sample of 200 victims and approx another 200 between the other EU partner parties.

(3) Results from the analysis were used for the construction of the ISA

(4) During the steering committee meeting the main structure of the ISA was developed and the programme for the training and the procedure of conducting the training and the contact with victims.

(5) The ISA tool-kit was first developed in English and then a version in each language of the participating countries was developed: IT, NL, PT. The final version of the ISA is a short and easy to handle format: it constitutes of a 12-months calendar format where women contacting the shelter or victims agencies rates each day one of the three coulours as a 'traffic light': green, yellow, and red according to the severity and type of violence that has happened during that day. The toolkit consists also of a broushure which explains what IPV is and why a woman often tenmds to underestimate its severity or even deny its presence.

(6) Approx 20-30 Victim support workers were trained and they then had the skills to use the ISA in their services when a case of IPV would come to their service.

(7) Results obtained from the 9 months period where women were contacted and provided with the ISA tool consisted in the data collected that were inserted in a data-base for further analysis.

(8) Results of the Multivariate analysis showed a rather good reliability of the ISA method in predicting future violence, but not so much according to the victim's report, meaning that victims tend to underestimate the risk they run. This resulyt is of relevance since it confirms that victims of IPV, especially those who are still in the relationship, they tend to undervalue the severity of the situation they are inn, and thefore expose themselves to a higher risk. This was assessd by seing that these victims often did not take any actions to protect themselves.

(9) Results from this activity consisted in the creation of a group of women (former victims of IPV) acting as mentors for other women who were still in a violent relationship and needed to be

supported with regard to their perception of risk. Meetings were conducted among these women/mentors and other women contacting the shelter to identify steps to undertake.

(10) A on-line system for women to assess their risk was created. This system is still going; data are directly collected in a data-base system.

(11) At the two-days conference, more than 200 people participated and sevela aspects were discussed in English with simultanous translation for Italian presenters. Positivie results were granted through the delivery of a questionnaire measuring level of satisfaction.

How did you **evaluate** the results?

Beside what has been mentioned above, when describing results obtained, we can add that results were also evaluated by the external evaluator who was in charge of monitoring the different stages of the project with special reference to the data collection and follow-up of data collection. We had a system of monitoring which consisted of partner filling inn a monitoring card, sheet where they had to report steps taken, results achieved and problems encountered.

What did you **learn** from that evaluation?

From the evaluation we were able to follow each step and see whether different activities and expected results were obtained as expected and how to face any problem encountered. The supervisor was able to provide us with an 'external eye' providing information on how to reach results that we could not be easily obtained. The evaluation also helped better understand the impact of the results.

How were the **ultimate beneficiaries** involved in the project and in the evaluation of the results?

The ultimate beneficiaries of the activities are women victim of IPV. They were also target of part of the project beside the beneficiaries. A) they were provided with the ISA toolkit, and with this instrument they were able to assess their own level of risk and estimate the level of severity they were going through. This method helps them better understand their level of risk and severity they are in. B) a subgroup of the women who took part in the study and in the application of the method ISA became mentors to support other women in need. The type of actions undertaken by these women, the decision to leave the partner or increase their awareness is a way also to test the results obtained.

What are the **impacts of the results** on beneficiaries and /or other audience?

As mentioned, the results impacted the beneficiaries because they were directly helped to understand what is going on. In addition to this sample of women, the ISA and the toolkit impacts potentially many other women who can use the ISA either on-line or by getting the ISA from a social service, a victim service or from the shelter. The ISA also has an impact on the volunteers working in the shelters because they have additional skills to better address the problem of IPV especially with regard to underestimation of risk, understanding the different psychological mechanism which lead women not fully understanding what is going on.

4. Dissemination and follow-up

(In this part, please answer the following questions: How – and to whom - did you **disseminate** your results? What are your intentions for **further dissemination**? What do you think the **follow-up** of your project should be? What are your **plans to ensure yourself** (part of) this follow-up? How did you ensure the **visibility of the European Commission** contribution to this project?)

How – and to whom - did you **disseminate** your results?

All partners disseminated the results to own staff and volunteers through their website, the training, newsletter. Results were first disseminated at the international conference, held at the end of the project, but thereof the dissemination continued and national and international conference, through scientific publications. In IT, the dissemination of the ISA toolkit was provided at the national IPV services, gathered under the name 'Dire' who have a newsletter, and a mailing list system, so that we could provide them with all the information not only of the toolkit but of the results obtained and its implication. Results of the ISA were also presented at the International conference on victim services, held in Edinburgh.

What are your intentions for **further dissemination**?

Plans for on-going dissemination of findings and results consist of information on the website, updated, on-going data collection with the ISA instrument to have a bigger sample and have the possibility to validate it at a scientific level. Further dissemination of result will consist in providing training to other local and national or international victim services or any other medical and social location where potential women victim of IPV were referred. These will be done so that these services can then accordingly themselves deliver the ISA to any woman who gets in touch with the shelter. Further data collection of new cases is taking place among all partners and this new data will also be disseminated through publication, training courses, master classes, university courses.

What do you think the **follow-up** of your project should be?

The follow-up is consisting in sharing information, results obtain to increase the number of local services to use the method. All parties are contacting or informing other services for victims, or other branches then the ones originally taking part in the study about the ISA tool, its advantages and use.

Another follow-up will consist of recontacting the women taking part in the original ISA project at a distance of a one year and eventually another year (for a follow-up at two year) to establish the validity of the tool (ISA) and its use for long term self assessment of risk.

This approach should also be officially introduced at hospital (emergency rooms), social services, to give all women who contact these services, even if they are not contacting these services for violence related reason, to be screen out for any violence and then get a special attention by a specialist on the IPV issues whether a social worker, a psychologist, a doctor.

Follow-up will consist also in keeping up-dated the system of gathering data on-line and have women fill inn on line this self-assessment tool.

What are your **plans to ensure yourself** (part of) this follow-up?

We will try (in IT) to search for money from the Ministry to expand the project to what mention in the above point, and also have a dvd produced with case scenarios. The same are trying to do other partners. However, we all decided that the decision of going on using the ISA is disconnected from the actual securing money. We will be using the ISA, and in fact already doing so, by adopting it as an integrative part of the method of the victim service and shelters.

How did you ensure the **visibility of the European Commission** contribution to this project?

This was done and is done all the time when using the instrument by having the Daphne EU logo, which is also on the web-site, and by explicitly mentioning it in the toolkit and at conference this is stated in the abstract presented, in the presentations.

5. Conclusions

(Please sum up in a short paragraph what your project has achieved, its impact on beneficiaries and what remains to be done. Please bear in mind that this paragraph will be used as the **summary report** that the Commission plans to circulate largely via the Daphne web site and other means. Therefore, ensure that it is concise, right to the point, explicit and attractive.)

Women victims of Intimate Partner Violence (IPV) are at risk of being revictimised by their partners. Risk assessment is the approach that helps identify risk and vulnerability factors related to the perpetrator and to the victim to establish the risk of being revictimsed. What about victims themselves? Do they

perceive their level of risk? Are they capable of acknowledging the level of risk of being revictimised or even killed?

Too often research and daily news show that women who are in a violent relationship tend to have a reduced awareness of the risk they run, and therefore do not take the adequate actions to protect themselves or do not take actions at all to free themselves from IPV.

The current ISA (Increase Self-Awareness) EU Daphne project aimed at creating a tool (consisting of a self-rating scale and a accompanying booklet) that the woman is provided at shelters, services, hospitals or she can even find it on-line. According to the tool she has to answer to a set of questions related to her, ex partner, their relationships and some attitudinal and experiential questions for which a score is determined. The woman, once the instrument has been filled inn, has to count single scores and determine a total score according to a easy-to read table.

On the basis of the final score the woman finds a corresponding percentage of risk of being revictimised and she is provided with suggestions and examples of actions which she could/should take (go to the police, talk to someone, phone a national help free line number) to prevent such risk. The ISA EU project helped developing this toolkit that showed good reliability and validity.

A final conference attended by different experts and professionals working in different sectors in the 5 different EU countries which took part in the project helped informing about the new tool and share different methods of intervening with IPV victims. Thanks to the ISA project also beneficiaries were directly involved by serving as mentors for other IPV victims who are still in a situation where they are afraid of consequence.

Annexes

1. List of keywords describing best your project (please use the form attached);

2. List of materials produced during your project (audio or audio-visual media, publications, brochures, manuals, posters, CD-ROM, web-site,…)

ANNEX: KEYWORDS

The main purposes of the Daphne Programme are to create networks and to encourage the exchange of information and best practices. The Commission has therefore set up a database containing the details of all completed Daphne projects. This database is accessible via the Daphne page on the EC web site:

http://europa.eu.int/comm/justice_home/funding/daphne/funding_daphne_en.htm

The matrix below allows us to categorise your report according to certain pre-set search words. Please complete it carefully.

Mark the main areas of action and types of activity listed below which were covered by your project (respecting the limits mentioned).

Beneficiaries		
☐ Children	☐ Young people	☒ Women

Specific groups (maximum 2)		
☐ Homosexuals	☐ Migrants	☐ Refugees
☐ Asylum Seekers	☐ Trafficked Persons	☐ Ethnic minorities
☐ Handicapped	☐ Domestic workers	☐ People in prostitution
☐ Elderly	☐ Prisoners	

Targeted Audience (maximum 2)		
☐ Violent men	☐ Perpetrators / offenders	☐ Public Authorities
☐ General Public	☐ Medical staff	☒ Educational staff
☐ Police staff	☐ Judicial staff	☐ Media / Journalists

Daphne II Objectives (maximum 1)		
☐ Set up of multidisciplinary networks	☐ Studies of phenomena linked to violence	☒ Expansion of the knowledge base, including the exchange of good practice
☐ Raising awareness among targeted audiences towards violence		
Specific Objectives (maximum 1)		
☐ Treatment programmes for offenders	☒ Treatment programmes for victims	☐ Identification and exchange of good practice and experience
☐ Mapping surveys, studies and research	☐ Field work with involvement of the beneficiaries	☐ Creation of multidisciplinary networks
☐ Training and design of educational packages	☐ Awareness-raising activities targeted to specific audiences	☐ Awareness-raising material
☐ Dissemination of the results obtained under Daphne I and II programmes	☐ Development of activities contributing to positive treatment	
Areas (maximum 3)		
☐ Sexual violence	☒ Gender violence	☒ Violence in family
☒ Violence in domestic context	☐ Violence in schools	☐ Violence in institutions
☐ Violence in urban areas	☐ Violence in rural areas	☐ Violence in the work place
☐ Trafficking in human beings	☐ Commercial sexual exploitation	☐ Internet
☐ Child Pornography	☐ Racism	☐ Self-harm
☐ Physical punishment	☐ Female genital mutilation	☐ Health impacts
Instruments (maximum 2)		
☐ Network with NGOs	☐ Multisector network	☐ Awareness-raising
☐ Dissemination of good practice	☐ Guidelines / Counselling	☐ Models (analysis / Development)
☒ Training	☒ Production of materials	☐ Conference / seminar
☐ Telephone / Internet Helpline	☐ Field work	