

The essence of multidisciplinary cooperation in the approach of domestic violence and child abuse

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Abstract

L'articolo prende in considerazione il tema delle violenze domestiche e dell'abuso sui minori, secondo una prospettiva integrata. Il testo presenta un modello valido e già comprovato di un approccio multidisciplinare efficace: il Family Justice Center (FJC). Si tratta di un centro di servizi multi-agenzia e multidisciplinare in cui agenzie pubbliche e private assegnano membri del personale per fornire servizi di supporto specializzato alle vittime di violenza domestica, abusi su minori e violenza sessuale e le loro famiglie. L'articolo ne tratteggia le caratteristiche e il lavoro che svolge, delineando altresì l'impatto del Covid-19 su questi elementi e le buone pratiche che possono essere messe in atto.

The article takes into consideration the issue of domestic violence and child abuse, from an integrated perspective. A good and already proven model of an effective multidisciplinary approach is The Family Justice Center (FJC). This is a multi-agency, multidisciplinary service center where public and private agencies assign staff members to provide specialized support services to victims of domestic violence, child abuse and sexual violence and their families. The article outlines their characteristics and the work they do, also outlining the impact of Covid-19 on these elements and the good practices that can be put in place.

Parole chiave: violenze domestiche, Family Justice Center, Covid-19

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Domestic violence and child abuse have an enormous impact on survivors and their families. Survivors, adults and children, are entitled to

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careful and tailored care. Many professionals are involved in tackling domestic violence and child abuse, from preventive actions to the approach of high-risk and acute situations. To achieve the most effective approach to situations of domestic violence, improved coordination between the services involved is necessary. The last decades multi-agency collaboration partnerships have evolved, which is good news. At the same time, in reality we experience that it's still not good enough. In several situations, the options of the individual partners in the field – from the police and judicial or social and care services – are inadequate for providing an effective response that does justice to the victims and children. This is related to the problems that exist in numerous areas of their lives, as well as the dynamics of domestic violence and child abuse. Violence has an effect on people and its impact cannot be underestimated. There are situations in which families are so deprived that they cannot find a way out on their own.

Collaboration has been an ambition in many areas for many years, but there are a range of barriers to overcome in order to achieve this effectively. These thresholds lie in obvious matters such as professional secrecy, difference in objectives, different competent authorities, the reluctance of organizations to relinquish or at least share part of their responsibility, difference in all kinds of administrative statutes, different ICT systems and not least a difference in cultures among the organizations and individuals.

The result is that survivors and their families often have to go long and difficult pathway to find the help needed and be able to stop the violence. Almost always they are faced with a multitude of services. Finding help not only involves travelling from one location to the other, which is time-consuming, but also not always that easy from a financial point of view. What's more, it is especially (emotionally) draining. It usually means that the story must be recounted repeatedly, to staff of the different services, even in situations in which they are specifically referred. Waiting times involved in switching from one service to another are long and can run up to several months.

At the judicial level, criminal and civil law systems are often very confusing for those involved. There is little understanding of the possibilities or of the impossibilities offered by the judicial system. This often causes anxiety with the survivors. One example is the fear of repercussions to their role as a parent if the judicial system becomes aware of the long-term history of domestic violence.

The dynamics of domestic violence also play a major role. The violence takes place in a context in which people are dependent on each other in certain ways – emotionally, financially, psychologically and socially etc. and in which the relationship may change from day to day. There are many forms of violence. They involve a great many different types of relationships, personal life stories, personality issues and economic positions etc. that afford each situation its own dynamic.

All these factors deplete people's courage and energy to persevere. The unfamiliar criminal justice system and the maze of services involved often unintentionally result in victims becoming frustrated in their hope for help and in them ending their search for a solution.

Experienced professionals also find it extremely difficult to offer resolute help in a number of situations involving ongoing domestic violence. The dynamic in the families and the multitude of problems the families and individual family members face are major factors in this respect.

Some collaboration partnerships evolved in response to these points for concern and areas for improvement into a more organised multidisciplinary approach. An approach in which organisations and professionals are working closer together and share information what's needed. An approach in which it's about the wellbeing victims and their families. A good and already proven model of an effective multidisciplinary approach is The Family Justice Center (FJC). This is a multi-agency, multidisciplinary service center where public and private agencies assign staff members to, on a full-time or part-time basis, to provide specialized support services to victims of domestic violence, child abuse and sexual violence and their families from one location. The FJC model brings together professionals from governmental and non-governmental organisations. The victim orientated approach of a FJC is one of the most significant initiatives to help victim of violence and their families in the world.

The overall goal of a Family Justice Center is to ensure that clients have access to all necessary services, to enhance their safety and increase offender accountability. Victims and their families who report there can obtain legal advice, safety planning, make a statement, obtain accommodation planning, medical evidence of violence, transport assistance and trauma processing. A Family Justice Center provides one physical location:

- to reduce the number of places victims must visit to obtain all the help and the services they need to put an end to the violence;
- to reduce the number of times victims must tell their story;

- to empower and bring perspective to victims;
- to foster collaboration and a common approach of the different agencies;
- to increase access to services and support for victims and their children;
- to build capacity among professionals to provide a quality-standard approach to victims.

The FJC model is defined by the following guiding principles:

- *safety-focused*: increase safety, promote healing, and foster empowerment through services for victims and their children;
- *victim-centered*: provide victim-centered services that promote victim autonomy;
- *kind hearted*: develop a FJC that values, affirms, recognizes and supports staff, volunteers, and clients;
- *survivor driven*: shape services to clients by asking them what they need;
- *empowered*: offer survivors a place to belong even after the crisis intervention services are no longer necessary;
- *relationship-based*: maintain close working relationships among all collaborators/agencies;
- *offender accountability*: increase offender accountability through evidence based prosecution strategies and/or evidence based treatment programs;
- *transformative (willing to change)*: evaluate and adjust services by including survivor input and evidence based best practices;
- *culturally responsive*: commitment to the utilization of culturally relevant service approaches.

The ideology of the FJC model aims to break the intergenerational circle of violence and to bring back hope in the lives of victims. This requires knowledge on the consequences of traumatic life experiences during childhood. Childhood trauma is far more common than generally recognized, is complexly interrelated, and is associated decades later in a strong and proportionate manner to medical problems and social behavior problems.

The international recognized Adverse Childhood Experiences (ACE) study maps out the massive costs and lifelong consequences of unaddressed childhood trauma. The findings of the ACE study provide a cred-

ible basis for a new paradigm of medical, public health and social service practice. To create pathways of hope for victims, professionals need to learn more how to understand the implications of the ACE study and deep significance of childhood trauma in our most intractable social and public health problems.

Covid-19-crisis: Impact on the approach of gender-based violence and new challenges for professionals during the measures

The measures taken by the European countries to combat the Covid 19 have a huge impact on all lives of the European citizens, especially vulnerable groups, survivors of gender-based violence are hit hard by all the restrictions. The concern of all professionals is how to ensure during, but also after the Covid-19 measures safety for these survivors and their families. In this time of the Corona crisis it is a crucial task for not only professionals, but also for policymakers and the social network to adapt a different and creative approach of gender-based violence and child abuse under these changed circumstances, with the aim to prevent escalation of violence and ensure the maximum safety. It means absolutely new challenges and new pathways for professionals, because the world isn't the same anymore as before the Covid-19 crisis.

Staying in your house and keeping social distance entails risks when your house is a hostile environment and you depend on support from outside. Stress, power, control, disturbed relationships and poor family dynamics are usually at the basis of domestic violence and/or child abuse. Disasters and crises, like Covid-19, have a greater and different impact on vulnerable people and families. Normal life stops, stress and uncertainty increases, families are extra dependent on each other, there is financial uncertainty and social and institutional support disappears.

The increase in the factors of stress intensifies escalations, including in families where gender-based violence and child abuse already is a risk, and increases the frequency and severity of violent incidents. The situation as a result of the Corona crisis triggers possibly slumbering violence, may increase the level of violence or the escalation of violence within a family.

Under the Covid-19 measures and with current knowledge about the dynamics and impact of factors of stress factors in gender-based violence and child abuse, we can assume that victims will try to find support even less often than usual or possibly not at all.

There are several reasons: not being able to leave the perpetrator, caring for the children, not expecting any help due to the Covid-19 measures, given the circumstances not daring to burden professionals, the idea (influenced by the Corona reports, fake or real) that only 'serious and acute' cases receive help or support.

Stress created by the Covid-19 measures can also intensify trauma. Loneliness and being alone with problems, without social contact during this difficult period, will lead to extra trauma complaints.

In situations of coercive control, as professionals we have to be extra alert. Coercive control is often accompanied by extreme power inequality, involving threats, breaking resistance and intimidation. In coercive control safeguarding the victims and taking accountability by perpetrators is crucial.

When victims are forced to stay at home and in the immediate environment of the perpetrator, this offers the perpetrators many opportunities to exercise control. The lock-down and social distancing measures that are imposed mean that perpetrators of violence have the opportunity of taking advantage of an already stressful situation and gain more control.

Victims are trapped in a situation where they are required to stay in their homes together with the perpetrator, isolated from people and resources that can help them.

Testimonials from victims in such situations demonstrate various ways in which measures are taken against them.

Increasing factors of stress in families in difficult circumstances can also trigger or mean escalation of violence. Families that are held together in confined space for extended periods of time without being able to get out of it can even cause a rise of tension in general. In families prone to gender-based violence and child abuse and/or with insufficient coping mechanisms, this is a serious aggravating factor for violence.

The effects of the crisis and the resulting measures may have implications for the behavioral patterns of perpetrators and for the functioning of the family and the children present in the family. Due to the social distance, victims, children and adults, have fewer opportunities to contact supportive friends, family members, social workers.

Under the measures of Covid-19, any pattern of domestic violence and child abuse should be seen as more serious. An important aspect is that almost all safety tools that are available are based on involving the social environment and assistance. The risk factors for an escalation and pos-

sible fatal outcome of violence (by example the use of weapons, isolation, recidivism) are no different during the Covid-19 measures than before. However, they are greatly strengthened by the crisis and the possibilities for professionals to have an impact on them are seriously reduced or even absent.

Failure to create safety can have major consequences, also in the long term. Even in usual circumstances, it's often not so simple to install safety. Victims can already have negative experiences because the actions that were taken did not lead to safety (by example seeking help and not having success, reporting and not being followed up, social environment that's critical towards the victim). Under the Covid-19 measures, this experience can be enhanced if there are even more thresholds to find support by social welfare organisations or police and judicial options.

In tackling gender-based violence, many professionals experience that victims, especially those who live under coercive control and inequality of power between perpetrator and victim, go along with the perpetrator's story and are very accommodating towards the perpetrator. Examples include withdrawing the original story about the facts, returning to the partner, matching the story to that of the violent partner. This has various causes, such as fear, dependence, no defense against years of violence, shame and guilt, fear of losing the children, financial reasons.

Under conditions of Covid-19, victims of coercive control live even more than usual in a situation where they have few escape possibilities and are strongly controlled by the perpetrator.

Children are (even) more often witnesses of violence and/or the rise of tension as a result of the compulsory family home stay. We now know very well the (also long-term) effects of family violence on children. The ACE (Adversed Childhood Experience) study, among others, is very clear in this. Also studies on mental and psychological impact show the negative effects on children. In normal circumstances, children are witnesses and/or co-victims of the violence in up to 80% of the cases. Under the circumstances of staying all together in the house for weeks without the possibility of going to other places, it is more than likely that this percentage will increase. Combined with an escalation of violence in the family and of the severity and frequency of violence, this means a highly explosive cocktail.

Problems can also arise with regard to co-parenting and visiting arrangements. For example, a scheme can be jeopardized due to working hours, one parent may be afraid to give the children to the other parent

because of the risk of infection. Reasons can be the presence of other children and adults in newly composed families, different ways in dealing with the measures. The risk of infection can also be used as an opportunity to control the ex-partner.

The specific situation of people who are ill and have to stay in quarantine at home, often in a room separate from other family members, should also be considered. Their freedom of movement and the ability to outreach to others for help, to control the situation or to regulate the emotion is often even more affected, and the stress and anxiety even higher.

Psychiatric problems, as for perpetrators and victims, and the resulting emotions and moods (anxiety, depression, suicidality, paranoid thoughts) can be aggravated by the stress under Covid-19 and the limitation of freedoms and possibilities for support.

A side note is that gender-based violence often also affects the physical resistance of victims. Constant stress and exposure to threats and violence has consequences for physical capacity and immunity. In times of risk of infection with a dangerous virus like Covid-19, this should also be considered.

The current Covid-19 measures and the impact on violence in families, of whatever form and dynamics, combined with the impact on the available resources to install safety, require much more concrete and visible action in the event of (imminent) insecurity.

In many situations the range of options for action and options for working on immediate safety will decrease seriously. The lack of options to install time-out, involve the social network, arrange intensive case management at home, and other possible actions, has an important consequence: the choice of staying or leaving is much harder to make. Staying means a situation whereby family members are forced to live together under one roof without much possibilities to create space, distance and involve third parties to de-escalate tension. Leaving means separation of the family members without a direct timing for the length of separation and the possibility to meet face-to-face, including the children and other cohabitant family members. This is an important decision for victims, their family members and professionals. Victims can therefore be very hesitant about taking the necessary physical Time-Out, to leave home, to turn to a crisis center or shelter.

To ensure that victims of gender-based violence still receive the help and support they need during and after the Covid-19 crisis, it's crucial

for professionals to find and adapt new pathways. Their challenge is to find answers on questions such as ‘how do I as a professional deal with the changing circumstances?’ ‘How can I achieve safety as optimal as possible?’ ‘What are my options?’ ‘How do I realize online assistance and accessibility as quickly as possible?’. To find the answers on these questions means mutual sharing of national and international experiences. Because it’s a global crisis professional all over the world are struggling with the same issues. The dynamics of gender-based violence are not different in each country and are in general everywhere the same. What differs in many situations is the level and severity of the used violence by perpetrators, by example by using guns. By sharing knowledge and experiences professionals will be able to find the best and most effective pathways to offer the best possible help and support to victims of gender-based violence and child abuse.

Examples of how to modify the regular work into a new digital environment

In order to tackle domestic violence and child abuse under the Covid-19 measures, the partners in the multidisciplinary approach need to rework a number of regular work processes. An important element is the replacement of the normal face-to-face approach to a telephone and online approach which means that other mechanisms need to be worked out. Case consultation, network discussions and multidisciplinary meetings with the involved family members is not an issue during a lock-down and also still not always possible during social distancing.

To ensure still the best possible multidisciplinary collaboration during the Covid-19 measures it’s essential to provide a permanent virtual coordination team with cooperators of (key) partner organisations. This can be, for example, the team of a Family Justice Center and/or a similar multidisciplinary center. This coordination team provides a central point for the regional organizations and professionals in contact with victims of domestic violence, gender-based violence and child abuse and their families. To achieve the best results, it’s recommended to ensure that these organizations and professionals do agree this coordinating role and that the responsible government (local, regional or national also is involved).

Organize an advice and consultation video conference (zoom, skype, teams, etc.) at fixed times during the week is also very helpful. This gives

professionals the opportunity to log in and ask for advice in cases of domestic violence and child abuse. The permanent team of professionals can provide a regularly updated overview of the assistance still available, adapted approach of the involved services (police, justice, social care, youth care,...) and the housing options. The team can form the bridge between social care and help centers and police and judicial authorities for urgent interventions in the event of (threatened) escalation. It's important to ensure that professionals can easily contact and register through a website or email in order to receive advice and consultation if needed.

When it comes to housing options, it's recommended that professionals are aware what is available in their areas in terms of assistance, care and what can be expected from the police and judicial authorities. This can differ from day to day and therefore stay informed on the available options.

Some practical guidelines in cases of housing:

- The multidisciplinary partnerships, such as Family Justice Centers and related multidisciplinary models, can provide an overview of the availability of housing/shelter options for survivors of domestic violence and child abuse in the region, including how to contact them. They can make these available and keep them up-to-date through their website and/or mailing to the partner organizations.
- Due to the crisis, in many cases fewer places for shelter and help are available and they need to be used even more carefully. At the same time, crises in domestic violence and child abuse may require faster action given the loss of other options for de-escalation. It is important to keep an overview of the possibilities.
- Agree (regionally) how the professionals view daily the available residential shelters. This can be done, for example, by agreeing to install a permanent contact person of a multidisciplinary setting who has access to the information and can provide this to the partners on request. An online multidisciplinary consultation to switch quickly can be helpful here. This avoids by example that professionals have to call all possible centers individually.
- Create extra residential care: Discuss with the local authorities the options for providing residential care for victims of domestic violence and their children. Use can be made of buildings of the public authorities or local/regional/national organizations/governments that are vacant under Covid-19, of hotels or bungalow parks in the region, and more. Be as creative as possible and come up with pro-

- posals to the responsible authorities. Inquire with the other regions if they have already taken any action and for any available roadmaps.
- Ensure good follow-up from the multidisciplinary cooperation between the crisis centers, police and justice. Make agreements with the police about the safety of the victims and their family members.
 - Agree with philanthropic organizations and service clubs to provide sponsorships to support additional residential care, by example in hotels, during the Covid-19 measures for victims of domestic violence and child abuse and their family members.
 - Under normal circumstances, there are rules for access in most shelters. Contra-indications to enter the center can be, for example, because of psychiatric problems or drug use, or undocumented status. Due to the limited possibilities to bring people in safety, it may be advisable to reduce or minimize these rules and to focus on direct physical safety as much as possible.
 - Involve psychiatric support, mental health care and addiction care through telephone contact or online options (chat, video calling) counseling for people in shelters.

Safety planning in cases of domestic violence and/or child abuse under the Covid-19 measures are not the same as before the crisis. It requires different skills, tools and assessment grounds, due to the circumstances in which the families find themselves because of a lock-down and/or social distancing and the fact that a lot has to be done by telephone or online.

For professionals it's important to ask clients directly if it is safe to start a conversation. It's recommended to ask clients what they are most hopeful for and most afraid of, how the situation evolves and what are the changes in the family situation. This often provides valuable information for stress and needs. Map out who is in the house and at what times and more than ever, safety planning must be followed up as quickly and regularly as possible. Involving the social network as much as possible (like neighbors, family members, colleagues, friends, ...) is a good instrument for monitoring the safety plan

Teachers and schools can provide this task for children and young people. A regular outreach (if necessary, under the guise of school task guidance) to keep informed can be crucial.

Some other guidelines:

- Agree code words to report impending crisis and threat. The code word, or a specific answer to a normal question agreed in advance, can send out an alarm for further help.
- If a peer group is available, involve them in the follow-up of safety. Make buddies between victims/family members who contact each other every day by telephone, chat,... If possible, enter code words here that reveal a potentially dangerous situation. Give the peers direct access to a care provider if they are worried about their buddy.
- Previously prepared safety planning may no longer be accurate. Some cases may require a completely new and adapted safety planning. Proactively contact victims and their family member to discuss safety planning and revise if necessary.
- In cases of coercive control, be well aware of the dynamics and the situation of victims. Perhaps they don't have any choice then to take a very confirming behavior towards their partner. It's possible that victims don't respond to the outreach of social help, care takers,... Don't withhold further action, because this can be an important warning sign. Take proactive contact and if needed involve police.
- If you work with perpetrators and/or have contact with them, talk about the stress they are experiencing. Exercise coping mechanisms to reduce stress. Discuss the build-up of tension and the impact of crisis measures on this tension. Give plenty of time to discuss what resources are currently available to reduce anxiety, stress and anger and practice them together if possible.
- Pay extra attention to those families where the violent partner stays at home with the children and the victim has to go to work. Provide a strong developed safety planning, involve the social network and follow-up the children on daily basis.
- If the victim has to work out (for example in the healthcare sector), check if this fact is not being used against her. For example, not letting her in the house, near the children,... because of a possible risk of infection. Discuss the fear about infection and agree upon health measurements with all family members.