



# The EU Mutual Learning Programme in Gender Equality


## Preventing domestic violence with Men and Boys: Challenges and Opportunities

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### Comments Paper - Portugal



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# Preventing domestic violence with Men and Boys: A public health and networking approach

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## **Abstract:**

As the World Health Organisation (2002) states, to eliminate violence and promote good health and welfare of individuals, investment in prevention strategies is essential. This calls for the adoption of an ecological public health perspective associated to a multisectoral and multidisciplinary network. Guided by a common vision, objectives and strategies, prevention can be strengthened and irreversible consequences avoided.

## **1. Relevant country context**

### **1.1 Brief presentation and assessment of the situation in Portugal**

Gender-based violence reflects a serious violation of human rights, in particular ones of women, as defined in the Declaration and the Beijing Platform for Action (Organisation of the United Nations, 1995). Several have been the recommendations of European and international bodies, throughout the 21st century, in order to intensify the efforts by the Member States to eliminate all forms of violence against women<sup>1</sup>.

In Portugal the approach to this phenomenon, by successive National Plans Against Domestic and Gender based Violence, has accompanied the evolution of European and international guidelines on this subject. It has been based on a concerted and structured policy with the objective of protecting victims, condemn and recover the perpetrators, knowing and preventing the phenomenon, qualify professionals and provide the country with structures of support and care — calling the local government and civil society organisations to a union of efforts and strategies to eradicate the violence and gender-based violence in the country.

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<sup>1</sup> Portugal was the first European Union country to ratify, in 2013, the Council of Europe Convention on Preventing and Combating Violence Against Women and Domestic Violence (Istanbul Convention).

### 1.1.1 Preventing domestic violence with Men and Boys: National level

Portugal has made a long solid legal evolution<sup>2</sup>, reinforced by the implementation of several National Plans in the areas of Gender Equality, Citizenship and Non-Discrimination, Domestic and Gender Violence, Trafficking in Human Beings, Female Genital Mutilation, Implementation of UN Security Council Resolution 1325 (2000). The National Strategy for Equality and Non-Discrimination (ENIND) "Portugal + Equal" (2018-2030), temporally and substantively aligned with the 2030 Agenda for Sustainable Development, is based on three main pillars:

- public policy in the field of equality between women and men;
- preventing and combating violence against women and domestic violence;
- discrimination on grounds of sexual orientation, gender identity and sexual characteristics.

The Action Plan to Prevent and Combat Violence Against Women and Domestic Violence<sup>3</sup> (PAVMVD 2018-2021), among other measures, defends the importance of interventions targeting perpetrators, underlining that the intervention becomes a priority, given the necessity of protecting victims and preventing recurrence<sup>4</sup>.

A National Network Support, coordinated by CIG, was set up in 2005 to provide an integrated response to cases of domestic violence and to enhance existing

<sup>2</sup> Some major landmarks: **1982** - The Criminal Code typifies the crime of ill-treatment to a spouse or equivalent; **1999** - First National Plan against Domestic Violence (1999-2002); **2000** - The Crime of ill-treatment to spouse or equivalent becomes a public crime. The crime of domestic violence is expressly established and punished under the Penal Code and is considered a public crime. Further legal amendments were introduced to extend the concept of domestic violence to dating and other intimate relationships without cohabitation; **2007** – Penal Reform implements the domestic violence crime autonomously through article 152 of the Penal Code; **2009** - Law no. 112/2009, of 09/16, amended and republished by Law no. 129/2015 of 3 September, which establishes the legal framework applicable to the prevention, protection and assistance of domestic violence victims and creates The National Support Network for Domestic Violence Victims; **2012** - Portugal introduced at the Immigration Law (Act 23/07, 4th July) the issuing of a resident permit to foreign national women victims of domestic violence; **2013** - Council of Europe Convention for the Prevention and Fight against Violence against Women and Domestic Violence (Istanbul Convention) adopted by the Republic Assembly Resolution No. 4/2013 and ratified by the Republic President's Decree no. 13/2013. Portugal amended the Penal Code with the publication of law 83/2015, 5th august (thirty-eighth amendment to the Penal Code) autonomising the crime of female genital mutilation, creating crimes of persecution and forced marriage and altering the crimes of rape, sexual coercion and sexual harassment, in compliance with the provisions of the Istanbul Convention; **2014** - The V National Plan to Prevent and Combat Domestic and Gender-based Violence (2014-2017) that includes the III Programme of Action for the Prevention and Elimination of Female Genital Mutilation 2014-2017; **2015** - Portugal has transposed the Victim's Directive to its National Legal System (...)

<sup>3</sup> The Action Plan for the Prevention and Combating Violence Against Women and Domestic Violence (PAVMVD 2018-2021) strategies: 1. Prevent - eradicate social tolerance to various manifestations of violence, raising awareness about their impacts and promote a culture of non-violence, human rights, equality and non-discrimination; 2. Support and protect - expand and consolidate the intervention; 3. Intervene with perpetrators, promoting a culture of accountability; 4. Qualify professionals and services for intervention; 5. Investigate, monitor and assess public policies; 6. Preventing and combating the harmful traditional practices, including female genital mutilation and child marriages, early and forced (<http://www.guiaderecursosvd.cig.gov.pt/>)

<sup>4</sup> The implementation of the strategy is coordinated and monitored by the Commission for Citizenship and Gender Equality (CIG) assisted by a Monitoring Committee of the ENIND and by Technical Committees for Monitoring each Plan of Action (CIG is legally under the responsibility of the Presidency of the Council of Ministers).

resources. National coverage was achieved in January 2009 (18 districts) and there are currently 40 shelters (39 for women, 1 for men) with a total capacity for accommodation for approximately 679 for victims of domestic violence and their children (669 for women, 10 for men). There are also 165 support centers and 26 emergency shelters.

As the WHO (2002) states a growing number of countries are encouraging routine screening for intimate partner violence (IPV) and drawing up protocols for the proper management of IPV. In 2013, in continuation of the strategy adopted in 2008 by the Ministry of Health (Portugal) through the creation of the Health Action for Children and Youths at Risk (HACYR) (Order no. 31292/2008), an integrated model of intervention on interpersonal violence across lifecycle was created – Health action on gender, violence and lifecycle (HAGVLC) (Order no. 6378/2013)<sup>5</sup>.

The National Programme for Mental Health (PNSM) - Directorate-General of Health (DGS), Ministry of Health, is investing in a project (2019) aiming to disseminate to Mental Health Services the strategy adopted in Coimbra in relation to the prevention/intervention programme with perpetrators.

### **1.1.2 Preventing domestic violence by Men and Boys: Regional level (Coimbra / Centre of Portugal)**

Since 2005 the Family Violence Unit (UVF, 2005) and the Center for Prevention and Treatment of Psychological Trauma<sup>6</sup> (CPTTP, 2013),<sup>7</sup> are investing in the implementation of responses to victims of (potentially) traumatic situations, intentional (e.g., violence) and unintentional situations (e.g., natural disasters, road accidents) along with the response to victims and perpetrators of family / intimate partner violence. This work goes in line with the guidelines of the National Programme for Mental Health (Directorate-General of Health, Ministry of Health) and the initiatives recommended by the National Plans proposed by the CIG.

<sup>5</sup> Among other objectives, HAGVLC aims to prevent interpersonal violence, specifically domestic violence, stalking, dating violence, violence against elder people, vicarious violence and trafficking in human beings. HAGVLC is coordinated by the Directorate-General of Health (DGS). Read more in <https://eige.europa.eu/gender-based-violence/good-practices/portugal/health-action-gender-violence-and-life-cycle-hagvlc>

<sup>6</sup> This Centre, along with the activities of the UVF (which is now part of the CPTTP), provides care to victims of human trafficking, war and other interpersonal violence victims, refugees in need of mental health care/psychiatry, invests in prevention/intervention in relation to moral/sexual harassment in the workplace (CHUC) and victims of unintentional traumatic events (Note: in the wake of the catastrophe associated with the fires that in 2017 devastated the central region of Portugal, the CPTTP collaborated with the Central Regional Health Administration in the organisation of the responses and assumed the organisation/provision of mental health/psychiatry in one of the Municipalities).

<sup>7</sup> UVF/CPTTP defend a social-ecological systemic public health approach, and assumes networking as a fundamental strategy to respond more effectively and efficiently to the multiple needs of those requesting help — but also important for a more accurate assessment of the risk / danger associated with situations of violence.

UVF/CPTTP have the support of the “Violence: Information, Research, Intervention”<sup>8</sup> (2002), and “School Against Violence”<sup>9</sup> (2007) networks. Along with the clinical activities, it develops activities in the areas of training<sup>10</sup> /supervision<sup>11</sup> and research. In order to broaden the network and promote even more investment in research / training, UVF / CPTTP are co-founders of the Agency for the Prevention of Trauma and Human Rights Violation<sup>12</sup>, CHUC (2014).

<sup>8</sup> The network "Violence: Information, Research, Intervention" was formally established in Coimbra in 2002. The following institutions belong to this network: Regional Health Administration of the Centre Region (ARSC); Coimbra District Centre for Social Security; Coimbra Hospital and University Centre - CHUC (the Family Violence Unit and the Centre for Prevention and Treatment of Psychological Trauma - Department of Psychiatry and Mental Health; Child and Adolescent Psychiatry Service; Emergency Room); Centre Delegation of the National Institute of Legal Medicine and Forensic Sciences; Department for Investigation and Penal Action (DIAP), Coimbra; Faculty of Psychology and Educational Sciences of the University of Coimbra; Bissaya Barreto Foundation (FBB); Office of Victim Support Coimbra, APAV; National Guard (GNR), Coimbra; National Institute of Medical Emergency (INEM); Public Security Police (PSP) of Coimbra. ([www.violencia.online.pt/](http://www.violencia.online.pt/))

<sup>9</sup> The network "School Against Violence" includes the following organisations: Coimbra Group of Schools Central; Coimbra Group of Schools West; Coimbra Group of Schools South; Avelar Brotero Secondary School; D. Dinis Secondary School (3rd Cycle); Coimbra Hospital and University Centre - CHUC (the Family Violence Unit and the Centre for Prevention and Treatment of Psychological Trauma ! Department of Psychiatry and Mental Health; Child and Adolescent Psychiatric Service); Commission for Protection of Children and Youth of Coimbra (CPCJ Coimbra); Bissaya Barreto Foundation (FBB); Polytechnic Institute of Coimbra - Coimbra College of Education (ESEC). (<https://www.facebook.com/rede.ecv/>)

<sup>10</sup> Aiming to disseminate our practices and the underlying thinking model we published in 2012: (1) The book "Without domestic violence". Defends an ecological public health approach, and report the multidisciplinary and multisectoral strategies we developed (USF team and our networks), in the area of family/intimate partner violence prevention / intervention. It includes our history, our programmes for victims and perpetrators, and the perspective of other sectors / professionals about networking at the level of prevention / intervention, consultancy / supervision, training, and research. (2) The Manual "SARAR" (Redondo et al., 2012), addresses the issue of family / intimate partner violence, embodying some of the knowledge and experience we acquired over the last decade in the Family Violence Unit (USF), under our work (clinic/networking). Among various topics: reinforce the importance of health services as a privileged space for early diagnose of family/intimate partner violence and risk/danger assessment and management (networking); describes the strategies to be adopted and how to implement them (plan, processes and examples); define indicators for evaluation / research in these matters in [www.violencia.online.pt](http://www.violencia.online.pt) (portuguese)

<sup>11</sup> UVF supervises a support network for victims of domestic violence in Figueira da Foz and the team of a shelter house. Also supervise the team of the Commission for the Protection of Children and Youth at Risk of Coimbra (CPCJ de Coimbra).

<sup>12</sup> Institutions/Entities that integrate the Agency's scientific board: Group of Schools of Central Coimbra; Central Regional Health Administration; Portuguese Association for Victim Support (APAV); Portuguese Family Planning Association; National Civil Protection Authority; Diocesan Caritas of Coimbra; Coimbra Town Hall; District Centre of Solidarity and Social Security of Coimbra; Coimbra's Territorial Command of the National Republican Guard (GNR); Commission for Citizenship and Gender Equality (CIG); Commission for the Protection of Children and Youth at Risk (CPCJ) of Coimbra; Coimbra's District Council of the Portuguese Bar Association; Portuguese Red Cross; Directorate-General of Educational Establishments; "Ergue-te" Social Intervention Team; Secondary School Jaime Cortesão; Faculty of Medicine of the University of Coimbra; Faculty of Psychology and Educational Sciences of the University of Coimbra; Bissaya Barreto Foundation; National Institute of Legal Medicine and Forensic Sciences; Amnesty International ! Portugal; Order of Portuguese Psychologists; National Programme for Mental Health – Directorate General of Health; Public Security Police; "Saúde em Português", Non-Governmental Organisation; Centre Regional Chamber of the Portuguese Order of Physicians; Immigration and Borders Service (SEF); Centre Regional Chamber of the Portuguese Order of Nurses; Portuguese Society for the Study of Mental Health. Currently there are five research projects in progress in the areas of violence against elderly, violence in the context of deprivation of liberty, violence in health services, teen dating violence, and violence in the school context.

## 2. Policy debate

As noted earlier in this paper, Portugal has a new National Strategy for Equality and Non-Discrimination (2018-2030)<sup>13</sup>. In line with the European and international guidelines, the Strategy consolidates the vision of Portugal in the framework of the promotion of public policies for equality and non-discrimination as a condition of progress and sustainable development.

The Retrospective Domestic Violence Homicide Analysis Team<sup>14</sup>, regulated by Administrative Rule n<sup>o</sup>. 281/2016, started its activity in October 2016. Through the reconstitution of the history of a consummated or attempted murder in the context of domestic violence, this team seeks to rectify the mistakes and overcome the shortcomings, which did not allow an effective protection of the victim. To this end, the Team aims to understand the reasons, circumstances and context of occurrence of violence and to improve the preventive methods.

Last July, as response to higher rates of spousal homicide at the beginning of 2019, Portuguese Government approved a set of measures aimed at strengthening responses to prevent and combat violence against women and domestic violence. The approval of these measures follows the recommendations in the report of the Multidisciplinary Technical Commission (CTM)<sup>15</sup> on improving prevention and combating domestic violence. The three priority areas identified by this commission were related to collection and crosschecking of quantitative data; improved victim protection mechanisms within 72 hours of reporting a crime; strengthening and diversifying training models.

In January 2019, Portugal received the Group of Experts on Action against Violence against Women and Domestic Violence (GREVIO). Whilst GREVIO welcomes Portugal's ratification of the Istanbul Convention, it has identified a number of priority issues requiring further action by the Portuguese authorities to comply fully with the convention's provisions (e.g. Take measures to ensure that the offence of domestic violence is effectively prosecuted; Expand the number and types of perpetrator treatment programmes available and develop common minimum standards applying to these programmes; Measures to strengthen co-operation mechanisms with NGOs to ensure consultation processes are inclusive and transparent; measures to improve data collection, in particular in the health and criminal justice sectors; and measures

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<sup>13</sup> Agenda strategy for gender equality in the labour market and in business aims to reinforce the fight against occupational segregation, to promote equal pay and reconciliation of professional, family and personal life, to encourage the dialogue with the social partners. It also aims to consolidate the policy of prevention and combat violence against women, through an emphasis on primary and secondary prevention, intervention with vulnerable and/or in disadvantaged groups, empowering victims, training of professionals and prevention and combat against harmful practices, including female genital mutilation and child, early and forced marriages.

<sup>14</sup> Site (portuguese) <https://earhvd.sg.mai.gov.pt/Pages/default.aspx>

<sup>15</sup> More information (portuguese)

<https://www.portugal.gov.pt/pt/gc21/comunicacao/documento?i=relatorio-final-da-comissao-tecnica-multidisciplinar-para-a-melhoria-da-prevencao-e-combate-a-violencia-domestica>

regarding migrant victims' right to an autonomous residence permit and asylum-seeking women's rights to obtain international protection for reasons of gender-based violence).<sup>16</sup>

### 3. Good practice examples

#### 3.1 National and regional level

Portugal has made significant efforts to prevent violence against women through the implementation of several measures, many of them established by the National Plans against Domestic and Gender-based Violence (2018/2021):

- Annual information campaigns for specific target groups, to conduct information and awareness raising programmes on domestic and gender-based violence<sup>17</sup>;
- Development and dissemination of informative and educational materials;
- Training of professionals involved in the area of domestic violence, in particular judges, security forces and health professionals;

<sup>16</sup> e.g. *take measures to ensure that the offence of domestic violence is effectively prosecuted*, including, where applicable, through the cumulative application of the criminal provisions related to several concurrent offences, and that sentencing adequately reflects whether the violence qualifies as domestic violence; *expand the number and types of perpetrator treatment programmes available* and develop common minimum standards applying to these programmes (...) More information in <http://cid.cig.gov.pt/Nyron/Library/Catalog/winlibimg.aspx?skey=984BE0F27D27460B9AC80FF7D4B07F1E&doc=96534&img=141212> ("GREVIO Baseline Evaluation Report", Published on 21 January 2019).

<sup>17</sup> *"Women do better democracy. The difference makes equality"* (2009). Awareness campaign at national level aimed at disseminating the reasons and objectives of the "parity law", and the advantages of more parity democracy. *"Dislike Bullying Homophobic"* (2013). This campaign goal was to promote the change of mentalities, sensitising the population to the harmful effects of homophobic bullying taunts on its victims. *"Don't shut the door on them"* (2015). National campaign against homophobia and transphobia. *"Equality Minutes"* campaign (2018). Launched on International Women's Day is the result of a partnership between the Commission for Citizenship and Gender Equality (CIG) and the EEA Grants Portugal National Focal Point. It is raising the general public's awareness of the continuing inequalities between women and men in various sectors of society. The 4 videos cover the following topics: sexual harassment, domestic chores, shared parenting and wage inequality (<https://www.cig.gov.pt/2018/03/campanha-minutos-igualdade/>) *"Explored and treated as trash: change their story and give them a childhood"* (2016). Campaign against child trafficking. *"Not one more minute of silence"* (2017) for all women victim of any form of violence. National campaign against domestic violence promoted by the Portuguese Government and several NGOs. *"Trans and Intersex # RightToBe"* (2018) Gives voice to trans people and intersex people. To invite the whole society to see them, to listen to them, to know a little of their stories. Encourage different audiences to know more, to question, to understand. *"It could be you"* (2018). Campaign against trafficking (<https://www.cig.gov.pt/campanha-nacional-traffic-seres-humanos-podias/>). *"The right to live without female genital mutilation"* campaign (2016-2018). Promoted by the Portuguese Government, in partnership with several private and public organisations (namely CIG). The Survey on Violence against Women carried out by the Fundamental Rights Agency (published in March 2017) found that, in Portugal, 70 % of the women asked have recently seen or heard awareness-raising campaigns (EU average is 50 %).



- Extension of the tele-assistance<sup>18</sup> system, by increasing the available electronic surveillance devices (by now, about 2600 victims all over the country) and dissemination of information about this means of protection in training actions addressed to judges and prosecutors.

The prevention of violence constitutes one of the priorities of education programmes for health as defined by the Ministry of Education (Reference for Health Education, June 2017). The schools operationalize these guidelines articulating with structures of health, social security and associations responsible for the prevention of violence, in order to develop prevention programmes with students in class context, to train their professionals, and for referral of situations of family violence identified in schools.

Researchers agree that perpetrators may differ markedly from each other. The issue of heterogeneity represents the first argument for a paradigm shift regarding intervention, although usually traditional approaches look at offenders as a similar population<sup>19</sup>. This heterogeneity is reflected in the models and strategies associated with programmes for perpetrators in Portugal:

- The Programme for perpetrators of Domestic Violence (PAVD)<sup>20</sup>, developed by the Directorate General of Rehabilitation and Prison Services (DGRSP);
- The Promotion Programme and intervention with Perpetrators (PPRIAC)<sup>21</sup>, implemented in the Psychology of Justice and Community Unit - University of Minho (Braga);

<sup>18</sup> Teleassistance to domestic violence victims: 1. Victims of domestic violence had access to this programme whenever they were at-risk of revictimisation, had specific security needs and a Criminal Court decided her/his protection; 2. The psychosocial support and protection by Teleassistance were operated for a period of time not exceeding six months, renewable by Court decision; 3. The decision could only be taken after the victim's consent; 4. It was considered that Teleassistance was especially suited for the following situations: high revictimisation risk; low social support; no cohabitation with the perpetrator; 5. The programme appealed to appropriate technology, ensuring victim support a 24H/ day, 365 days/year to the following needs: information, emotional support and, if necessary, police protection; 6. In addition to a telephone service, the technological support system allowed the victim's geographical tracking, fundamental in emergency/crisis situations; 7. Equipment given to victims consisted of a mobile voice and GPS device connected directly to a call-centre.

<sup>19</sup> Although various researchers have tried to classify the violent behaviour using different subtypes to predict risk of new episodes of violence, these classifications have proven unhelpful. Multiple studies have failed to validate any classification of battering propensity based on personality types or mental illnesses, and multiple observational studies reveal different patterns of behaviours among perpetrators.

<sup>20</sup> PAVD is a structured intervention, based on a cognitive-behavioral orientation model, directed only to male defendants/convicts. Setting of intervention: individual (ex.: stabilisation phase), group (ex.: psycho educational (intervention phase).

<sup>21</sup> PPRIAC adopts a theoretical and practical model based on a set of assumptions and guiding principles (intervention model additive or cumulative, based on guiding principles: risk, need, responsiveness). It is intended to the individuals self-referenced either the individuals referred by judicial authorities or other supporting institutions. Setting of intervention: individual and group.

- The Programme of Intervention and Prevention of Domestic Violence (PIPVD)<sup>22</sup>, developed at the Faculty of Psychology and Educational Sciences of the University of Porto;
- The Programme for Intimate Partner Violence Perpetrators<sup>23</sup> developed in the Family Violence Unit, Department of Psychiatry – CHUC (More information on “UVF\_About perpetrators programme” doc.).
- The evaluation and psychotherapeutic intervention in the context of Juvenile Justice developed by a group of researchers from the Faculty of Psychology and Educational Sciences of the University of Coimbra<sup>24</sup>.
- Overall, these programmes have duration between 6 to 24 months.

Recreational settings play an important role in the life of young people and their cities, but they have, in many situations, an intrinsic link with the disruption of healthy lifestyle habits and an association with a multiplicity of risk factors in several problematic areas. The ongoing project (2018-2021) “Healthy Nightlife in the Cities of the Centre of Portugal”<sup>25</sup> include 24 municipalities and is investing in the prevention of: interpersonal violence (include dating and sexual violence), alcohol abuse / illicit drugs consumption, and in road accidents. It seeks to contribute to: eliminate / mitigate risk factors associated with the areas mentioned above, promote protective factors, and enhance community resilience. The project targets students of the secondary and university level; families; population in general; and macro system. It is scientifically coordinated by the CPTTP and by the European Institute of Studies on Prevention (IREFREA - Portugal) and is funded by the “Centro 2020”<sup>26</sup> (More information on “Healthy Nightlife in Cities of Centre of Portugal” doc.).

### 3.3 Municipal level

In the context of domestic and gender based violence (among adult population), the investment of municipalities is focused mainly on the victim. The National Strategy undertakes territorialisation as a priority<sup>27</sup>. In this strategy, municipalities are

<sup>22</sup> PIPVD, directed to adults perpetrators of both sexes, has as its central reference the cognitive-behavioral approaches. Setting of intervention: individual and group

<sup>23</sup> The Programme for Intimate Partner Violence Perpetrators developed in the Family Violence Unit defends an ideographic approach, systematically seeking to encompass the complexity of violence and the heterogeneity among the perpetrators, adopting a ecological systemic public health perspective to understand the “situation-problem” and to define the intervention strategy. Has as target population the perpetrator and its network of support (primary and secondary). Setting of intervention: individual, family, group, support network.

<sup>24</sup> Promoted by the Directorate General of Reintegration and Prison Services (DGRSP). Cognitive behavioral orientation strategy. Setting of intervention: individual and group.

<sup>25</sup> More information (Portuguese) <https://www.noitesaudavel.pt/>

<sup>26</sup> More information (Portuguese): <http://www.centro.portugal2020.pt/>

<sup>27</sup> The involvement of civil society organisations should be strengthened, particularly in view of the special closeness and empirical knowledge that non-governmental organisations have of the territorial contexts. Consequently the three Action Plans incorporate measures aimed at developing appropriate responses to the local reality and strengthening the instruments of mainstreaming. Recognising the role and contribution of academia, the private sector and civil society, measures are defined to enhance and support these partnerships.

demanded to integrate an intervention protocol with a Non-governmental organisation (NGO) and other local and regional stakeholders. This strategy is important for rural areas and allows all municipalities to guarantee a specialized response for victims. In relation to the younger population, schools are investing primarily in the prevention of bullying and teen-dating violence through local initiatives associated with national strategies.

*Breaking down the silos - Coimbra Networking Experience (2000 - 2019)*

- In the region of Coimbra various sectors (health, education, criminal justice, policy, social services, and others involved in the development and implementation of violence prevention strategies) are working together since 2002 (“Violence Group: Information, Research, Intervention), in tackling the problem of family/intimate partner violence.
- As the health sector is an active and valuable ally in the global response to violence and brings a variety of advantages and assets to this work the network “Violence Group: Information, Research, Intervention” (Group V!!!), supported by Coimbra Hospital and University Centre (CHUC), created the Family Violence Unit (UVF). It is a unit that runs programmes for victims and programmes for perpetrators. Since 2013, this unit is part of the Centre for Prevention and Treatment of Psychological Trauma (CPTTP).
- Group V!!! and the UVF, supported by CIG, developed between 2009 and 2012 the Network Intervention Project (PIR)<sup>28</sup>, which made possible to train about 500 professionals from Health Primary Care / Hospital and other Services of the country's central region, that represents potential interfaces in response to the IPV.
- The Emergency Department of the Coimbra Hospital and University Centre UVF & Group V!!! are investing, since 2008, in the training of professionals in the areas of family/intimate partner violence.
- In a situation of violence, if there is not a quick and articulated intervention, the victim will remain unprotected. To increase prevention and to overcome this situation, the Department of Criminal Investigation and Prosecution of Coimbra (DIAP)<sup>29</sup> proposed to the Directorate-General of Rehabilitation and Prison Services – Regional Delegation of the Centre (DGRSP), the Family Violence Unit (UVF), the Public Security Police (PSP) and the Republican National Guard (GNR) the implementation of a protocol (2009). This strategy enabled a quick

<sup>28</sup> Health care professionals, and, especially the Primary Health Care, are well placed to identify cases of intimate partner violence (IPV), and to refer victims, and eventually perpetrators, to other services of the network. Seeking to invest in primary prevention and early diagnosis of IPV, improve accessibility and continuity of care, effectiveness and efficiency of the response, in a multidisciplinary and multisectoral perspective, it was developed between 2009 and 2012 the Network Intervention Project.

<sup>29</sup> Paula Garcia, former District Prosecutor of the DIAP of Coimbra, focal point for the domestic violence and child sexual abuse cases; wrote a chapter in the book “Sem Violência Doméstica” (Redondo, 2012, p. 207) about this protocol.

intervention with the perpetrator (and with the victim/s) and a more precise assessment of the risk. Also, it helped the acquisition of evidence about the IPV crime, and enabled within the shortest period of time the adoption of more appropriated measures to protect the victim.

- Group V!!! and the Family Violence Unit, supported by schools in Coimbra, created in 2007 the “Schools Against Violence Network” This network is investing fundamentally in training strategies to school professionals and information / prevention strategies to students<sup>30</sup>, families and community in general<sup>31</sup>.
- In terms of supervision, professionals of the Family Violence Unit provide support to the team of a women's shelter from our region; also they support the team of the Commission for the Protection of Children and Young People at Risk of Coimbra.
- In terms of research, with the support of Coimbra Hospital and University Centre, the Agency for Prevention of Trauma and the Human Rights Violation was established in 2014. It is integrated in the Centre for Prevention and Treatment of Psychological Trauma.
- To implement a “Health Observatory directed to Intimate Partner Violence”<sup>32</sup>, the Family Violence Unit and the Telemedicine Department (CHUC), and the Public Health Department (Central Regional Health Authority), are working together to implement this regional pilot project (supported by PNSM).
- In order to invest in violence prevention, among children and young people, the Family Violence Unit (UVF), Group V!!! and “Schools against violence” networks, associated with the Academy of the Professional Soccer Club of the city (<http://www.academica-oaf.pt/>) implemented the networking project "Domestic violence is not our game"<sup>33</sup> directed to a younger population and including the training of team coaches.

<sup>30</sup> Health care facilities alone cannot meet all the needs of young people; schools must be able to act as a means of violence prevention. They are a privileged place and time for primary prevention, for screening violence and their consequences, and for early referral to the healthcare system. In this framework it was created in 2007 the Schools Against Violence Network.

Some of the programmes (target population: students) developed in Coimbra by the “Schools against violence” network: *“Students against violence”*, *“Bullying: what is my role?”*, *“Prevent cyber bullying and talk about violence in dating”*, *“Here I feel fine”*.

Aiming to have a more precise knowledge about their schools, this network developed two research projects: (1) one in the area of bullying and (2) another in the area of perceptions in the school environment about the impact of family violence in the school context

<sup>31</sup> In <https://www.facebook.com/rede.ecv/> Celebrating 70 years of Universal Human Rights. Organisation of the Agency for Prevention of Trauma and the Human Rights Violation with Schools Against Violence Network.

<sup>32</sup> We hope to be able to count with the collaboration of the professionals of the Primary Health Care that we trained in 2009, within the Network Intervention Project (PIR), previously mentioned in this paper.

<sup>33</sup> Within the scope of this project were trained coaches of the club to flag situations of family violence, together with the definition of a flowchart for the subsequent referral of children exposed to violence.

- “Estilhaços”<sup>34</sup> is a theatre piece created from the stories of the Family Violence Unit (CHUC) and networks "Group Violence: Information, research, intervention" and "School Violence". Its objective is to raise awareness among the population in general of the phenomenon of family/ intimate partner violence and about strategies to be adopted to prevent/overcome the problem. (Redondo, 2012).

## 4. Transferability aspects

Considering the current Portuguese reality, the recommendations proposed by Sweden contain various common concerns, examples of which are the investment in primary prevention and the strengthening of the investment in multidisciplinary/multisectoral networking.

Establishing a European Knowledge Centre for sharing successful examples of primary prevention programmes (evidence-based and followed by a rigorous methodological evaluation design), extending posteriorly to the secondary and tertiary prevention, would increase knowledge and improve practices among the Member States within the EU. For the moment, it would be interesting to exchange knowledge/experiences with professionals associated with some of the projects referenced on the Sweden document (e.g. programmes for perpetrators of domestic violence and sexual offences; programmes of violence prevention among the youth).

## 5. Recommendations

As the WHO (2002) states, violence is not inevitable. We can do much to address and prevent it. The individuals, families and communities whose lives each year are shattered by it can be safeguarded, and the causes of violence tackled to produce a healthier society for all.

The objective of public health is to create safe and healthy communities around the world. A major priority today is to persuade all the various sectors – at the global, national and community levels – to commit themselves to this objective. The data at the disposal, the insights and understanding developed through scientific method, and the dedication to finding effective responses are important assets that the field of public health brings to the global response to violence (Dahlberg & Krug, 2006). While some risk factors may be unique to a particular type of violence, the various types of violence more commonly share a number of risk factors. The overlap between the set of risk factors for different types of violence reinforces the idea that if we want to prevent domestic violence we must invest in Violence prevention in order to promote Non-violent communities.

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<sup>34</sup> More information in <https://www.bonifrates.com/historial/estilhaços>

Taking into account the multiplicity of factors (from micro to macro system) associated with violence, it is important to break down “silo” interventions and invest in multidisciplinary and multisectoral networking strategies<sup>35</sup>.

When we define and implement a strategy to support and protect a victim of intimate partner violence (IPV), it is important to consider that not intervening concomitantly with the perpetrator can eventually contribute and increase the severity of violence / risk to the victim.

Although a growing number of countries are encouraging routine screening and are drawing up protocols for the proper management of IPV, and studies repeatedly show that women welcome being queried about violence in a non-judgemental way, little systematic evaluation has been carried out on whether screening for IPV can improve the safety of women or their health-seeking behaviour and if it does, under what conditions (Krug et al., 2002)

The impact on health and quality of life of children exposed to violence in the family context deserves serious attention. It is important to continue to investigate this reality (Felliti et al., 1998).<sup>36</sup>

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Krug EG et al., eds. *World report on violence and health*. Geneva, World Health Organisation, 2002.

<sup>35</sup> Adopting a networking strategy improves our effectiveness and efficiency on the answers to give on a case-by-case basis, preventing: care fragmentation, revictimisation, areas unanswered for lack of planning, little connection between services; stiffness on rules, criteria and development of programmes and interventions; divergences / overlapping objectives and interventions; centralised decision-making, information and resources; strengthening of verticality / hierarchies and decision-making powers; isolated financing and evaluation; patient’s weakening.

<sup>36</sup> Felliti et al., (1998) found a strong graded relationship between the breadth of exposure to abuse or household dysfunction during childhood and multiple risk factors for several of the leading causes of death in adults.

## Annex 1: About the Perpetrators Programme

João Redondo

### Summary

- A. Family/Intimate partner violence (UVF): from the ecological public health perspective to the network intervention.
- B. A brief note about the UVF's perpetrators programme
- C. Final note

### 1. Family/Intimate partner violence: from the ecological public health perspective to the network intervention.

In 2002 begun formally the multidisciplinary/multisectoral network “Violence Group: Information, Research, Intervention” ([www.violencia.online.pt](http://www.violencia.online.pt)). Supported by this network, was born, in 2004, the Family Violence Service, currently referred as Family Violence Unit (UVF, figure 1), which is integrated in the Centre for the Prevention and Treatment of Psychological Trauma (CPTTP, 2013)<sup>ii</sup> - Department of Psychiatry of the Coimbra Hospital and University Centre (Fig. 2).

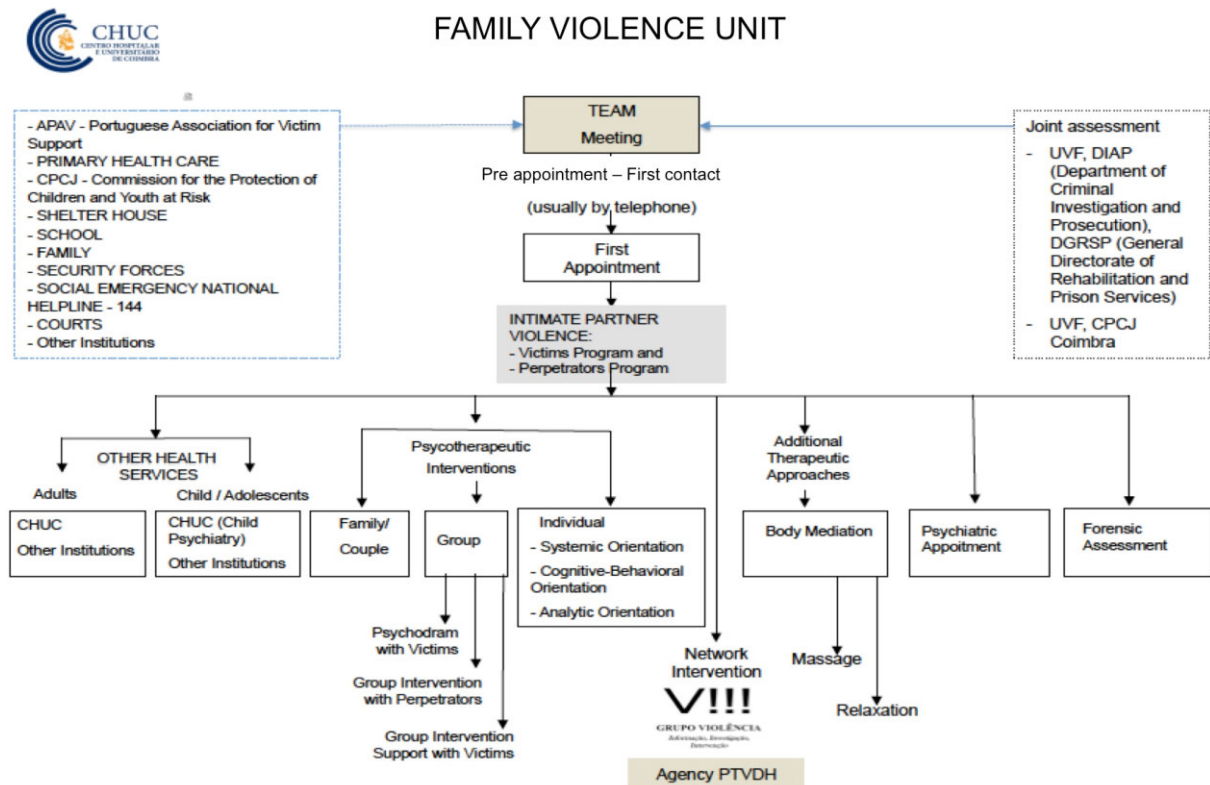


Fig. 1

The UVF/CPTTP has a multidisciplinary team and programmes for victims and perpetrators (domestic and gender violence), having the support of the “Violence: Information, Research, Intervention”<sup>iii</sup> (2002) and the “Schools Against Violence” (2007)<sup>iv</sup> networks. Along with the clinical activities, it develops activities in the areas of training<sup>v</sup>/supervision<sup>vi</sup> and research. In order to broaden the network and promote even more investment in research / training, UVF / CPTTP are co-founders of the Agency for the Prevention of Trauma and Human Rights Violation (APTVDH)<sup>vii</sup>, CHUC (2014).

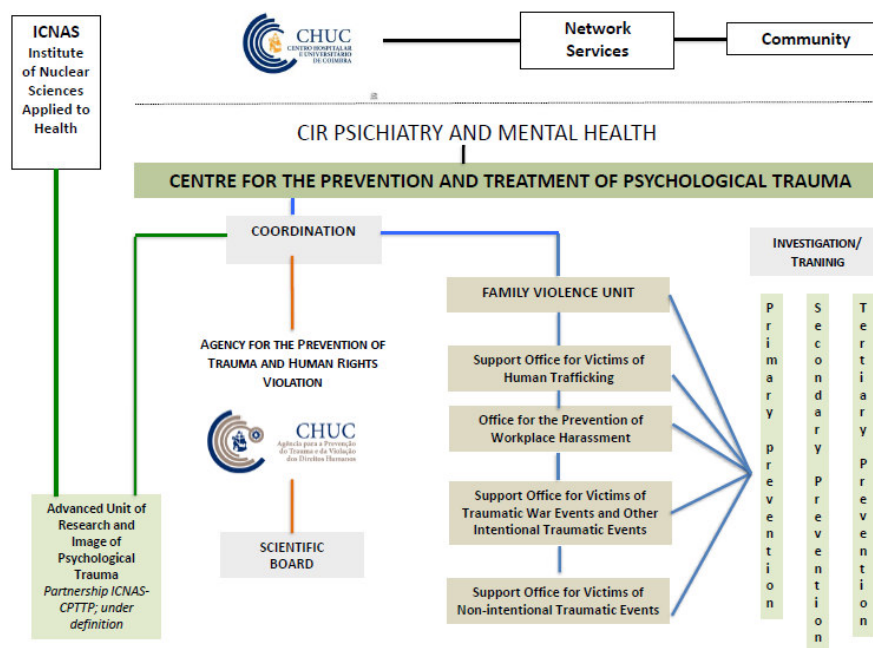


Fig. 2

From April 2004 to December 2017, UVF had 1857 first appointments, about two-thirds are female and one-third are male. Since its beginning to the present moment, we have seen a gradual increase in the number of consultations / year, as shown in Table 1.

**Table 1. Family Violence Unit - Number of appointments by year, gender and type**

Year	Male		Female		Total by type		Total
	First time	Subsequent	First time	Subsequent	First time	Subsequent	
2005	12	15	21	81	33	96	129
2006	15	56	50	246	65	302	367
2007	27	98	63	391	90	489	579
2008	36	197	73	525	109	722	831
2009	43	292	53	521	96	813	909
2010	58	453	80	812	138	1 265	1 403
2011	42	440	58	753	100	1 193	1 293
2012	63	256	90	347	153	603	756
2013	70	292	81	361	151	653	804
2014	65	285	97	412	162	697	859
2015	110	378	133	657	243	1 035	1 278
2016	95	405	121	675	216	1 080	1 296
2017	150	516	151	736	301	1 252	1 553
<b>Total</b>	<b>786</b>	<b>3 683</b>	<b>1071</b>	<b>6517</b>	<b>1 857</b>	<b>10200</b>	<b>12 057</b>

Source: SONHO  
The numbers don't include the group interventions – victims program and perpetrators program

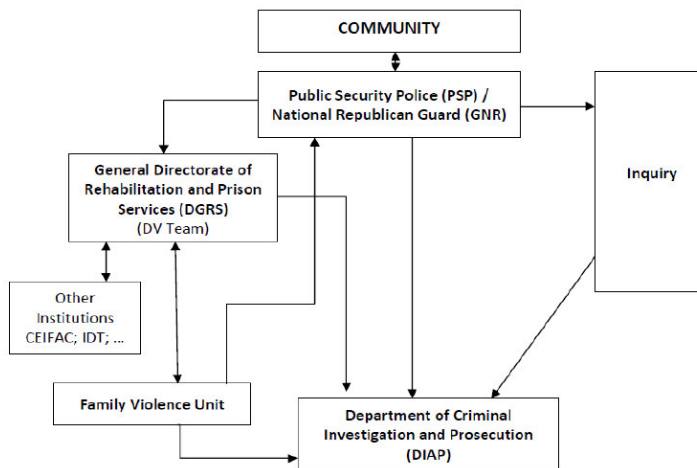


### B. A BRIEF NOTE ABOUT UVF'S PERPETRATORS PROGRAM

One of the most common forms of violence against women is performed by a husband or an intimate male partner. This is in stark contrast to the situation for men, who in general are much more likely to be attacked by strangers or acquaintances than by someone within their close circle of relationships (WHO, 2002).

1. The majority of the perpetrators are referred to UVF by the Judicial System (Directorate of Rehabilitation and Prison Services - DRGSP); others by the Commissions for the Protection of Children and Youth at Risk or the Health System. We have some cases in which the perpetrator comes with his/her family (nuclear or extended) or on his own initiative. The victims are usually referred by their Family doctors, as well as Hospitals, Commissions for the Protection of Children and Youth at Risk, Shelter Houses and School.

#### COOPERATION PROTOCOL FOR THE INTERVENTION WITH PERPETRATORS



In a situation of violence, if there isn't a quick and articulated intervention, the victim will remain unprotected. In order to increase prevention and to overcome this situation, the Department of Criminal Investigation and Prosecution of Coimbra (DIAP)<sup>viii</sup> proposed to the Directorate-General of Rehabilitation and Prison Services – Regional Delegation of the Centre (DGRSP), the Family Violence Unit (UVF), the Public Security Police (PSP) and the Republican National Guard (GNR) the implementation of a protocol (2009). This strategy enabled a quick intervention with the perpetrator (and with the victim/s) and a more precise assessment of the risk. Fig. 3

Also, it helped the acquisition of evidence about the IPV crime, and enabled within the shortest period of time the adoption of more appropriated measures to protect the victim.

Since 2016, to improve the articulation between DRGSP and UVF, have been carried out on a quarterly basis joint meetings with domestic violence perpetrators selected by the DGRSP (these meetings take place in the building of the DRGSP). This strategy:

- Helps to evaluate their motivation to comply with the program, if they have the conditions (e.g. motivational, economic, work,) to be referred to the UVF;
- Reduces the waiting time between the beginning of the DGRSP process and the referral / first appointment in the UVF;
- Avoids /Reduces future absences or withdrawals from the program.

During this group meeting we present UVF, the objectives of our program and its characteristics and strategies, emphasizing that the complexity of intimate partner violence necessarily implies a multidisciplinary and a global view of the intervention, involving judicial, social and clinical measures. After this session, the UVF waits (during the next two weeks) the contact from the perpetrators requesting their integration in the program. Usually about two-thirds request integration; for the others, the judicial system reevaluates alternative strategies.

2. At UVF about ninety-eight percent of the perpetrators are men. With regard to age, the great majority is between 30-60 years old. In general, they don't have a prior criminal history. About 50% of them have a previous history of violence in their family of origin. About 70-80% of the cases are associated with psychological and physical violence against the victim(s). Although research suggests that in one-third to over half of the cases exists sexual abuse, such % does not occur in our population.

The majority of perpetrators supported by UVF are not affected by mental illness. It is not uncommon to find emotionally dependent and insecure men, with low self-esteem, low frustration tolerance thresholds, and poor impulse control. About 15-20% are depressed (or will depress during the program);  $\pm 10\%$  present personality disorders (e.g., passive-aggressive, narcissistic, paranoid, sociopathic). In UVF, the cases that have been diagnosed as sociopathic, after evaluation/intervention of the services, were/are arrested. About one-third of the perpetrators at UVF have a history of immoderate alcohol consumption.

About 70% of the victims we support in the UVF suffer mostly from depression (sometimes with a history of suicide attempts) or from anxiety disorders. In situations with a long and severe history of violence, the diagnosis of Post Traumatic Stress Disorder (PTSD) is not uncommon. Some of the women present a borderline personality/ complex PTSD, sometimes associated with a history of intra-family sexual abuse in childhood.

3. Victims and perpetrators are usually referred to UVF using our referral form. Every Monday morning, during the team meeting, we distribute the new cases by the different professionals of the team and re-evaluate the cases in progress. With regard to the new cases, our approach is to contact first with the victim (by a "secure" phone number) in order to assess the urgency of our intervention, and who will come with her in the 1<sup>st</sup> appointment. Usually we also contact, with the victim's knowledge, her family doctor (or social worker) in Primary Health Care.

4. With the perpetrator and his/her personal social network, from an ecological and transgenerational perspective, we consider fundamental:

- An in-depth assessment (also clinic) of the perpetrator, including the violence history/context; when possible with the participation of his/her personal social network (always bearing in mind the importance of protecting the victim of possible risk/danger);
- To assess his/her motivation to change violent behaviors/attitudes and the commitment and reliability to comply with what was previously agreed with the therapist;
- To evaluate if he/she shows willingness to maintain in security his/her family, accepts that his/her behavior during the program can be monitored, and if he/she accepts to face any legal intervention if there is a "breach of the undertaking";
- A clear definition of the objectives and strategies of the intervention (it's important to inform the perpetrator of the underlying rules to comply with the program).
- A continuous assessment during the intervention, involving whenever is possible the social actors involved in the programme (network evaluation). The periodicity is defined on a case-by-case basis. Our decisions are as good as the information on which we base them on. It is therefore essential to collect information about the perpetrators and victims from multiple sources, including the assessment of danger in this evaluation. It is important that the assessment of risk factors and danger is reviewed frequently, acting as if in each new assessment we didn't know anything about the situation.
- The previous definition of indicators is fundamental for the later evaluation of the impact of the program on the change of attitudes<sup>ix</sup> and behaviours of the perpetrators. At the end of the first/second appointments with the perpetrators (and also with the victims) we propose that he/she fulfills the following evaluation instruments:

- a. *Family Adverse Childhood Experiences Questionnaire* (Felitti et al., 1998), assesses adverse childhood experiences, including exposure do domestic violence and sexual abuse;
- b. *Revised Conflict Tactics Scale* (Straus, Hamby, Boney-McCoy & Sugarman, 1996), measures psychological and physical attacks on a partner in a relationship and the use of negotiation or reasoning to deal with conflicts;
- c. *Brief Symptom Inventory* (Derogatis, 1982), evaluates different symptoms, like depression, anxiety or hostility;
- d. *General Health Questionnaire-28* (Goldberg, 1972), designed to detect psychiatric disorders among respondents in primary care or general medical outpatients;
- e. *WHO Quality of Life – Bref* (WHOQOL Group, 1994), evaluates the individual's perception of his/her quality of life.

5. Although various researchers have tried to classify violent behavior using different subtypes to predict the risk of new episodes of violence, these classifications have proven unhelpful. Multiple studies have failed to validate any classification of battering propensity based on personality types or mental illnesses, and multiple observational studies reveal different patterns of behaviors among perpetrators. Researchers agree that perpetrators may differ markedly from each other. The issue of heterogeneity represents the first argument for a paradigm shift regarding intervention, although usually traditional approaches look at offenders as a similar population.

At UVF we privilege an ideographic approach — systematically addressing violence complexity and perpetrators heterogeneity — and we invest in several therapeutic strategies (Fig. 1) on a case-by case basis, involving different types of subsystems: individual, group, personal social network, family/couple (*In endnotes some relevant principles<sup>x</sup> and concepts associated with perpetrators' interventions that we defend*).

Regarding the perpetrators' program, the adoption of an individual *versus* group psychotherapeutic intervention takes into account, among other aspects, the characteristics of the personality, the existence of acute mental illness or an additive problem. Regarding cases associated with cognitive deficit, we invest fundamentally in networking, working with the various sectors of the community of the area of residence of the social actors involved.

With regard to the children exposed to the violence, our team tries to evaluate systematically if they need some care. If necessary, they can be supported at school, by the family doctor or a child psychiatrist (they integrate our network).

6. Concerning the strategy associated with perpetrators group intervention:

- Each group has, on average, 12 elements. It counts with the participation of three therapists, with training in psychodrama: a psychiatrist and two psychologists (man / woman).
- Sessions periodicity: every two weeks, on Mondays, from 6:00 p.m. to 8:00 p.m.
- Unjustified absences are referred to the judicial system. More than 1/3 of unexcused absences imply the exclusion of the group and the reassessment of the strategy.
- Any situation that puts the victim at risk / danger also implies a reassessment of the strategy with the service network involved, including the judicial system and the community network.
- The program lasts an average of 2 years (about 28 sessions).

In order to work on several themes related to situations of violence — e.g.: gender equality, human rights, jealousy, alcoholism, drug use, violence in intimacy, parenting, impact of violence on victim's (mental) health — psychodramatic / playback theater techniques are adopted<sup>xi</sup>.

7. The influence of the characteristics of the therapist on the establishment and maintenance of the therapeutic relationship is unquestionable. The literature indicates, among others, the following qualities necessary to the therapist: an empathic and understanding posture; acceptance devoid of judgments; authenticity; self-confidence; flexibility in the application of techniques. Rudy and Gorsuch (1985) indicated that therapists rated as "warm", friendly, tolerant, and interested are those who are most successful in the outcome of treatments.

### 8.8. About UVF intimate partner violence perpetrators' programme evaluation

Our perpetrators' program is a process, not a "final" product.

Taking into account the information received from the various sectors involved in the implementation of the intimate partner violence perpetrators' program, there have been no new episodes of physical violence in the vast majority of the cases. It is interesting to note some situations in which the tension in the couple's relationship has increased, and the perpetrator, or both, have resorted to the UVF asking for support before physical violence takes place (even after discharge).

Regarding the (network) evaluation of the program's impact on the perpetrator(s) / victim(s) / family, UVF has adopted the following criteria:

- How did the perpetrator comply with the activities and prescriptions associated with the programme?
- Does he assume responsibility for his violent actions?
- Does he recognize his ability to control and stop his violent attitudes?
- Does the victim confirm (in separate encounters) that the perpetrator was no longer violent and that there was also a change in attitude towards violence?
- Is there a significant period without new episodes of violence?

Other criteria:

- What we observe/hear from the: perpetrator? family? friends? networking services?
- In the genogram and personal social network map what changes do we observe? And with some of the evaluation instruments we used initially? And about the risk factors at the time of referral (includes the evolution of the clinical situation, if applicable)?
- In the case of group interventions, how the group evaluates the evolution of each member?
- How his/her employment situation evolved? And the economic situation?

## C. FINAL NOTE

Violence is not inevitable. As WHO (2002) states, we can do much to address and prevent it. The individuals, families and communities, whose lives each year are shattered by it, can be safeguarded, and the causes of violence tackled to produce a healthier society for all. A major priority today is to persuade all the various sectors of society – at the global, national and community levels – to commit themselves to invest on violence prevention. The data at the disposal, the insights and understanding developed through a scientific method, and the dedication to finding effective responses are important assets that the field of public health brings to the global response to violence (Dahlberg & Krug, 2006).

*"The solution to the problems of tomorrow's adults depends to a large extent on how our children grow today."* (Margaret Mead, Anthropologist)

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<sup>ii</sup> This Centre, along with the activities of the UVF (which is now part of the CPTTP), provides care to victims of human trafficking, war and other interpersonal violence victims, refugees in need of mental health care/psychiatry, invests in prevention/intervention in relation to moral/sexual harassment in the workplace (CHUC) and victims of unintentional traumatic events (Note: in the wake of the catastrophe associated with the fires that in 2017 devastated the central region of Portugal, the CPTTP collaborated with the Central Regional Health Administration in the organization of the responses and assumed the organization/provision of mental health/psychiatry in one of the Municipalities).

<sup>iii</sup> The "*Violence: Information, Research, Intervention*" network (Grupo VI!!!) was formally established in Coimbra in 2002. The following institutions belong to this network: Regional Health Administration of the Centre Region (ARSC); District Centre of Solidarity and Social Security of the District of Coimbra; Coimbra Hospital and University Centre - CHUC (the Family Violence Unit and the Centre for the Prevention and Treatment of Psychological Trauma - Department of Psychiatry and Mental Health; Child and Adolescent Psychiatry Service; Emergency Room); Centre Delegation of the National Institute of Legal Medicine and Forensic Sciences; Department of Criminal Investigation and Prosecution (DIAP) of Coimbra; Faculty of Psychology and Educational Sciences of the University of Coimbra; Bissaya Barreto Foundation (FBB); Office of Victim Support Coimbra, APAV; National Guard (GNR), Coimbra; National Institute of Medical Emergency (INEM); Public Security Police (PSP) of Coimbra. ([www.violencia.online.pt/](http://www.violencia.online.pt/))

<sup>iv</sup> The "*Schools Against Violence*" (2007) network includes the following organizations: Coimbra Group of Schools Central; Coimbra Group of Schools West; Coimbra Group of Schools South; Avelar Brotero Secondary School; D. Dinis Secondary School (3rd Cycle); Coimbra Hospital and University Centre - CHUC (the Family Violence Unit and the Centre for Prevention and Treatment of Psychological Trauma – Department of Psychiatry and Mental Health; Child and Adolescent Psychiatric Service); Commission for Protection of Children and Youth At Risk of Coimbra (CPCJ Coimbra); Bissaya Barreto Foundation (FBB); Polytechnic Institute of Coimbra – Coimbra College of Education (ESEC). (<http://grupoviolencaeescola.blogspot.pt/>)

<sup>v</sup> Aiming to disseminate our practices and the underlying thinking model, we published in 2012:

- The book "Without domestic violence". Defends an ecological public health approach and reports the multidisciplinary and multisectoral strategies we developed (UVF's team and its networks) concerning family/intimate partner violence prevention/intervention. It includes our history, our programmes for victims and perpetrators, and the perspective of other sectors / professionals about networking at the level of prevention / intervention, consultancy / supervision, training, and research.
- The Manual "SARAR" addresses the issue of family / intimate partner violence, embodying some of the knowledge and experience we acquired over the last decade in the Family Violence Unit with our work (clinic/networking). Among various topics: reinforces the importance of health services as a privileged space for early diagnose of family/intimate partner violence and risk/danger assessment and management (networking); describes the strategies to be adopted and how to implement them (plan, processes and examples); defines indicators for evaluation / research in these matters. (Portuguese version [www.violencia.online.pt/](http://www.violencia.online.pt/)).

<sup>vi</sup> UVF supervises a support network for victims of domestic violence in Figueira da Foz and the team of a shelter house. We also supervise the team of the Commission for the Protection of Children and Youth at Risk of Coimbra.

<sup>vii</sup> Based on national and international guidelines and recommendations, as well as the experience of networking in the region of Coimbra, it upholds the importance of creating, implementing and monitoring a regional plan for the prevention of violence and other unintentional traumatic situations, based on a perspective of public health and networking, multidisciplinary/multisectoral. The Institutions that integrate the Agency's scientific board are: Group of Schools of Central Coimbra; Central Regional Health Administration; Portuguese Association for Victim Support (APAV); Portuguese Family Planning Association; National Civil Protection Authority; Diocesan Caritas of Coimbra; Coimbra Town Hall; District Centre of Solidarity and Social Security of Coimbra; Coimbra's Territorial Command of the National Republican Guard (GNR); Commission for Citizenship and Gender Equality (CIG); Commission for the Protection of Children and Youth at Risk (CPCJ) of Coimbra; Coimbra's District Council of the Portuguese Bar Association; Portuguese Red Cross; Directorate-General of Educational Establishments; "Ergue-te" – Social Intervention Team; Secondary School Jaime Cortesão; Faculty of Medicine of the University of Coimbra; Faculty of Psychology and Educational Sciences of the University of Coimbra; Bissaya Barreto Foundation; National Institute of Legal Medicine and Forensic Sciences; Amnesty International – Portugal; Order of Portuguese Psychologists; National Programme for Mental Health – Directorate-General of Health; Public Security Police; Saúde em Português – Non-Governmental Organization; Centre Regional Chamber of the Portuguese Order of Physicians; Immigration and Borders Service (SEF); Centre Regional Chamber of the Portuguese Order of Nurses; Portuguese Society for the Study of Mental Health.

Currently there are five research projects in progress concerning violence against elderly, violence in the context of deprivation of liberty, violence in health services, teen-dating violence, and violence in the school context.

<sup>viii</sup> Paula Garcia, former District Prosecutor of the DIAP of Coimbra, focal point for the domestic violence and child sexual abuse cases; wrote a chapter in the book "*Sem Violência Doméstica*" (Redondo, 2012, p. 207) about this protocol.

<sup>ix</sup> From Thomas, Michelle L. (2006) *"The Contributing Factors of Change in a Therapeutic Process"*. Contemp Fam Ther 28:201–210. Springer Science+Business Media, Inc.

The Contributing Factors of Change in a Therapeutic Process / The Big Four Common Factors: (1) client and extra-therapeutic factors; (2) relationship factors; (3) model or techniques, and (4) expectancy factors (Sprenkle & Blow, 2004).

1. Client extra-therapeutic factors are estimated to contribute 40% to change (Miller et al., 1997). Sprenkle and Blow (2004) reported that client factors are the characteristics of personality of the client. Extra-therapeutic factors are components in the life and environment of the client that affect the occurrence of change, such as the client's inner strengths, support system, environment, and chance events. More specific examples of these factors include faith, persistence, supportive family members, community involvement, job, or a crisis situation (Hubble et al., 1999).
2. Relationship factors are estimated by Hubble and associates (1999) to account for 30% of the change. This set of factors represents the strength of the therapeutic alliance between the therapist and client(s). This alliance is the joint product of the therapist and client together focusing on the work of therapy (Sprenkle & Blow, 2004). Relationship factors also include behaviors provided by the therapist such as warmth, empathy, encouragement, and acceptance (Hubble et al., 1999).
3. The last two components of the model, model/technique and hope/expectancy each attributed 15% to the change process. (a) The model/technique component consists of the therapist's theoretical orientation, therapeutic methods, strategies, or tactics implemented to move clients to take some action to improve themselves or their situation (Hubble et al., 1999). These factors represent the unique parts to specific theories of therapy (Sprenkle & Blow, 2004). (b) Lastly, hope or expectancy refers to the client becoming hopeful and believing in the credibility of the treatment (Sprenkle & Blow, 2004).

<sup>x</sup> In the following table, where we also share the perspective of Peter Lehman and Catherine Simmons (2009)\* concerning the intervention with the perpetrators, we summarize some of the points that we consider to be fundamental in defining and implementing a program for IPV perpetrators.

\* Lehmann, P., & Simmons, C. A. (Eds.). (2009). *Strengths-based batterer intervention: A new paradigm in ending family violence*. New York, NY, US: Springer Publishing Company

"Traditional" / Family Violence Unity (UVF) approach

AREA	"TRADITIONAL" APPROACH	UVF'S APPROACH
Violence against women is interpreted as ...	An extension of men's universal power & control	A complex phenomenon
Causes of violence	Society that reinforces patriarchal beliefs	Avoids imposing a universal explanation
View of perpetrator	All are similar/same	Different types
Micro focus of intervention	Educational	Therapeutic. Whole person
To change behaviors, beliefs, need to be...	Challenged & confronted	A place to start and work with throughout the intervention
Role of the perpetrator intervention program's professional	Expert and teacher	Psychotherapist / Facilitator
Intervention method	The same strategy for all (group)	Different people need different strategies (individual, group, involving personal social network, family/couple)

<sup>xi</sup> During this group sessions is important to promote the emergence of contexts that enable (to):

- greater "closeness" to thoughts, feelings, emotions, motivations, behaviours and relationships;
- promote the ability to metacommunicate;
- discover new behaviours and attitudes, more functional in intimate relationships;
- test the new behaviours and attitudes in a "here and now" and "as if" matrix.

## Annex 2: Healthy Nightlife in Cities of Centre of Portugal

(NSCCP, MAY 2018 – MAY 2021)

### **MAIN OBJECTIVE**

To increase security and quality of life in recreational nightlife settings of the cities of Portugal's central region.

### **SUMMARY**

Recreational nightlife plays an important role in the city's economy and the young people's lives, but, in several situations, it's associated with the disruption of healthy lifestyle habits and with a multiplicity of risk factors in multiple areas.

The Centre for Prevention and Treatment of Psychological Trauma (Coimbra Hospital and University Centre - CHUC) and the European Institute of Studies on Prevention (IREFREA Portugal) have been investing, since 2004, in the prevention of risk factors and the promotion of protective factors and community resilience associated with recreational nightlife. In this context, were established partnerships with stakeholders in the sectors of Health, Education, Security Forces, local governments, among others. In 2018, these efforts culminated in the project "Healthy Nightlife in Cities of Centre of Portugal"<sup>i</sup>, with the support of the Centro Regional Coordination and Development Commission (CCDR<sup>ii</sup>), under the 2020 programme.

From an ecological public health and networking perspective, this project focuses on the prevention of interpersonal violence (WHO, 2002)<sup>iii</sup>, alcohol abuse and illicit drugs consumption, and road accidents. It covers 24 municipalities in the central region of Portugal

From theory to practice, this project aims at building capacities among the social actors that directly or indirectly are involved in the prevention/intervention of the aforementioned problems. Therefore, the project's main target publics are the primary health care and hospitals, schools, security forces, private welfare institutions and NGOs, local associations (cultural, entertaining and sports) and nightlife industry (bars, nightclubs, restaurants). The main purpose of the activities of the project is to reinforce the cooperation, institutional capacity and networking, through the construction of mechanisms of articulation at regional and sub-regional levels of the 24 municipalities involved. The goal is to improve the health and security conditions in recreational nightlife settings and to empower communities, involving them in this process.

The "Healthy Nightlife in Cities of Centre of Portugal" project has 16 SUBPROJECTS, each one with a different design and objectives. Alongside with these initiatives, the project will implement an annual "Healthy Nightlife in Cities" FORUM<sup>iv</sup>. It will also be established a "Healthy Nightlife in Cities" OBSERVATORY<sup>v</sup>

### **COORDINATION COMMITTEE**

- Centre for Prevention and Treatment of Psychological Trauma (CPTTP), Department of Psychiatry – Coimbra Hospital and University Centre (CHUC);
- CHUC International;
- European Institute of Studies on Prevention (IREFREA Portugal).

## SUMMARY OF THE 16 SUBPROJECTS

<p><b>“ANTES QUE TE QUEIMES”</b> (Before You get Burned)</p>	<p>To promote risk-free fun and to reduce alcohol-related harm among young people that attend university festivities and youth festivals Target public: Participants in academic festivities and youth festivals</p>
<p><b>CAPACITAÇÃO DE PROFISSIONAIS DE ESTABELECIMENTOS DE DIVERSÃO NOTURNA</b> (Capacitation of Professionals of nightlife Entertainment Venues)</p>	<p>Training of strategies to resolve different risk situations in recreational settings (e.g., Interpersonal communication, conflict management, first aid) Target public: Professionals of nightlife entertainment venues, NGOs and health and safety sectors</p>
<p><b>“ESTAR EM FORMA É FIXE”</b></p>	<p>To promote a healthy lifestyle; development of cooperation and individual/group responsibility, among young people, through sports Target public: Sport and physical activity professionals, as well as volunteers</p>
<p><b>FORÇAS DE SEGURANÇA E PREVENÇÃO NAS ÁREAS-ALVO DO PROJETO - GNR e PSP)</b> (Security Forces and Prevention in the targeted areas of the Project – GNR and PSP)</p>	<p>Collaboration with other subprojects, giving information/training about the three problematics; awareness actions on the streets Target public: The communities and young people of the municipalities and the target public of other subprojects</p>
<p><b>“LUA NOVA”</b> (New Moon)</p>	<p>To promote skills that may contribute to healthy nightlife experiences through theatre forum methodology Target public: Teachers and students from secondary and higher education</p>
<p><b>“MEXER A MÚSICA, TOCAR A VIDA”</b> (To play music, to play life)</p>	<p>Music as a tool to build new realities: to prevent vulnerabilities, to develop individual and group self-esteem, to develop family and community well-being Target public: Members of musical formations of the community (e.g. philharmonic bands, “tunas”); Children and young students from the school groupings</p>
<p><b>“NOITES LONGAS COM LEI”</b> (Long nights with Law)</p>	<p>Evaluation of legislation and public policies to tackle violence; evaluation of local/regional mechanisms to tackle violence; promotion of discussion/reflexion about this topic and proposals of prevention and action against violence Target public: Youth and population who attend nightlife venues; Key-elements associated with the implementation of local policies for the management of nightlife venues</p>
<p><b>O PAPEL DA ESCOLA NA PREVENÇÃO DA VIOLÊNCIA</b> (The Role of School in the Prevention of Violence)</p>	<p>Implementation of intervention guidelines about the role of the school in the prevention of interpersonal violence Target public: Teachers from all levels of education; advanced technicians of schools (psychologists; social service technicians; socio-cultural animators)</p>



<p><b>“PRIORIDADE JOVEM – PROMOÇÃO DA SAÚDE MENTAL E SEXUAL”</b> (Priority Youth – Promotion of mental and sexual health)</p>	<p>Capacitation of professionals and awareness actions among the general public about young people’s reproductive/sexual and mental health Target public: Students from the secondary and higher education and health professionals</p>
<p><b>“ROTEIROS DA NOITE”</b> (Nightlife roadmaps)</p>	<p>Capacitation of groups of parents/guardians about young people’s health and security in nightlife recreation settings Target public: Parents, guardians and educators of young people who attend nightlife recreational venues, as well as representatives of local authorities</p>
<p><b>SELO DE QUALIDADE “NOITE SAUDÁVEL E SEGURA DA CIDADE”</b> (Seal of Quality “healthy and safe nightlife of the city)</p>	<p>Recreational spaces will be granted with a seal of quality when they have the required conditions, and their professionals have attended capacitation activities Target public: Entrepreneurs, owners and managers of nightlife venues</p>
<p><b>“SEMENTES”</b> (Seeds)</p>	<p>Capacitation of groups of volunteers (youth) so they can support, when necessary, the implementation of the subprojects Target public: Young people from the municipalities</p>
<p><b>SENSIBILIZAÇÃO E CAPACITAÇÃO DOS MEDIA</b> (Awareness and training of the Media)</p>	<p>To reflect with the <i>Media</i> professionals best practices to disseminate information concerning the areas targeted by the project and how to evaluate its impact Target public: Communication professionals (spoken and written press)</p>
<p><b>SINISTRALIDADE RODOVIÁRIA: PENSAR A PREVENÇÃO/MELHORAR A RESPOSTA — UMA PERSPETIVA DE SAÚDE PÚBLICA E TRABALHO EM REDE</b> (Road Accidents: Thinking about prevention/To improve the response – a public health and networking Perspective)</p>	<p>Capacitation of professionals of different sectors (education, health, security forces, ...) about themes related to road accidents (e.g., alcohol abuse/illicit drugs consumption, sleep and quality of life, traumatic impact) aiming an earlier intervention; implementation/reinforcement of multidisciplinary/multisectoral networks in the municipalities. Target public: Professionals who represent potential responses to the prevention/intervention (e.g.: Health, Education, private welfare institutions, Security Forces, Nightlife Industry/Catering Schools, Driving Schools)</p>
<p><b>“TU DECIDES”</b> (Decide Yourself)</p>	<p>Capacitation of teachers, parents and other agents related to education. Approach to education about legal and illegal drugs and other addictions; Target public: Secondary school teachers and educators.</p>
<p><b>CONTEXTOS RECREATIVOS NOTURNOS E VIOLÊNCIA INTERPESSOAL - PENSAR A PREVENÇÃO — UMA PERSPETIVA DE SAÚDE PÚBLICA E DE TRABALHO EM REDE</b> (Recreational Nightlife Settings and Interpersonal Violence: Thinking about prevention – a public health and networking perspective)</p>	<p>Evaluation of protective and risk factors; (re)definition of strategies aiming the prevention of interpersonal violence; implementation / reinforcement of networks in the municipalities. Target public: Professionals from the different sectors that represent potential interfaces in the target areas of this subproject (e.g.: Health, Education, Security Forces, Judicial System, Social Security, NGOs, private welfare institutions).</p>

## **COOPERATION AGREEMENTS AND PARTNERSHIPS**

- AHRESP - Associação da Hotelaria, Restauração e Similares de Portugal <https://ahresp.com/>
- CIG - Commission for Citizenship and Gender Equality <https://www.cig.gov.pt/>
- CNPDPCJ - National Commission for the Promotion of Rights and the Protection of Children and Young People <https://www.cnpdpcj.gov.pt/>
- ESEnfc - Nursing School of Coimbra <https://www.esenfc.pt/en>
- IPDJ - Portuguese Institute of Sports and Youth <http://www.ipdj.pt/>
- National Republican Guard (GNR) <https://www.gnr.pt/>
- Public Security Police <https://www.psp.pt>
- TCP – Turismo Centro de Portugal <https://turismodocentro.pt/>
- Stakeholders of the 24 municipalities signatories to the DECLARATION “**Healthy Nightlife in Cities of Centre of Portugal**” – Abrantes; Águeda; Alcanena; Aveiro; Cantanhede; Castelo Branco; Coimbra; Covilhã; Figueira da Foz; Fornos de Algodres; Guarda; Idanha a Nova; Leiria; Lousã; Montemor-o-Velho; Oliveira do Hospital; Pedrógão Grande; Pombal; Sever do Vouga; Soure; Tomar; Torres Vedras; Vila Nova de Poiares; Viseu.

## **OTHER ORGANIZATIONS INVOLVED IN THE PROJECT**

- Network *Violence: Information, Investigation, Intervention* <http://www.violencia.online.pt/>
- Network *Schools Against Violence* <https://www.facebook.com/rede.ecv/>
- Agency for the Prevention of Trauma and Human Rights Violation <https://www.facebook.com/apvdh/>
- Faculty of Medicine, University of Coimbra <https://www.uc.pt/en/fmuc>
- Faculty of Psychology and Education Sciences, University of Coimbra (UC) <https://www.uc.pt/en/fpce>
- Faculty of Sport Sciences and Physical Education, UC <http://www.uc.pt/en/fcdef>
- University of Coimbra Institute for Legal Research [https://www.ij.fd.uc.pt/index\\_en.html](https://www.ij.fd.uc.pt/index_en.html)
- *Existências* Association <http://www.existencias.net/>

<sup>i</sup> “Healthy Nightlife in Cities of Centre of Portugal” site [www.noitesaudavel.pt](http://www.noitesaudavel.pt)

<sup>ii</sup> CCDR-C site <https://ec.europa.eu/growth/tools-databases/regional-innovation-monitor/organisation/centro-regional-coordination-and-development-commission-ccdr-c>

<sup>iii</sup> Krug EG et al., eds. World report on violence and health. Geneva, World Health Organization, 2002.

<sup>iv</sup> **Forum** - with the purpose to create a space and time so that all the professionals that worked in the different subprojects, and the public, can share information and good practices. The objective is to stimulate a network effect and to enhance the sustainability of the implemented subprojects.

<sup>v</sup> **Observatory** - to promote better knowledge about the reality of the centre region of Portugal and to help define, implement and evaluate prevention strategies based on evidence, regarding the three areas addressed by NSCCP project.