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Policies and good practices in combatting Domestic Violence: The case of Portugal

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Abstract

In Portugal (PT), domestic violence assumes a worrying dimension, affecting the lives of many citizens and entailing high costs, even though the country, in recent decades, has made a significant investment in combating this crime. This commitment has involved innovative policies and projects, the strengthening of legislative measures and the development of good practices for victim support and protection. However, even though this crime is increasingly reported, there are several systemic challenges that the country still faces, namely in terms of the disclosure of the crime, the effective protection of victims (adults and children) who seek support and the respective accountability of the aggressors, given the alarming number of homicides committed in this context and which could have been prevented. We need to do more, assertively, to guarantee the victims rights, provide them with the support they need, and preventing their re-victimization. Multisectoral reinforcement of professional qualifications is recommended and is currently ongoing, in favour of services centred on victims, on their needs, and based on a culture of empowerment. Greater attention to mental health issues for victims and perpetrators is imperative. Given the heterogeneity and diversity of victims (e.g., age, sexual orientation, ethnicity, nationality, vulnerability) and their complex needs, services need to be inclusive and culturally competent and, where necessary, sustained by trauma-informed approaches. The evaluation of policies or pilot initiatives should always benefit from an independent evaluation. It is not enough to do, it is necessary to evaluate constraints and potentialities, as well as the impact of what is implemented. Effective violence prevention is also fundamental, involving boys and girls, from multiple contexts (formal and informal).

1. Relevant country context

1.1 Situation in PT regarding domestic violence

In recent decades, in line with the normative frameworks (e.g., Council of Europe; EU Strategy on Victims' Rights 2020-2025; Istanbul Convention), PT has developed public policies that assist in the diligent fight against Domestic Violence (DV), raising an energetic debate, producing new legislative measures, and fostering competent professional practices. This policy has been raised since the 90's and has been consolidated through five National Plans for the Prevention and Combat of Domestic and Gender Violence (1999-2017). To date, in PT, the "National Strategy for Equality

and Non-Discrimination (2018-2030) - PT + Equal" is in force. The GREVIO evaluation of PT (2022) underlines this commitment by PT in DV, in parallel with the effort to promote equality between women and men. Nevertheless, the European Institute for Gender Equality (EIGE), in 2021, estimated that the annual cost of countries with gender violence has been increasing. In PT, violence in the context of intimate relationships costs around 4 billion euros annually, mainly in physical and emotional impact, in criminal justice services, in the economy and at work. Those costs do not include the long-term costs either in school and professional qualifications, employment and income, health, among other that are borne by the victims.

1.1.1 Policy and societal context

The European Union Agency for Fundamental Rights (FRA) study, in 2014, reported that, in PT, almost all the women surveyed (93%) considered violence against women as very common or quite common in the country. The official criminal report level is increasing, except during the pandemic, when it decreased (-6.3%). DV is the crime with the highest number of reports in the country, in 2021 (26.520) and 2022 (30.488). DV against spouse or similar assumes 85% of all DV, but violence against children has increased (+8.1% in 2021). The pattern in 2021 is the same as in recent years (RASI): 74.9% victims are women, 73.3% aged 25 years or more and 16.2% under 16 years; 81% of those reported were men, 93.6% aged 25 years or more. The victim was a spouse or partner in 34.2%, 20% was a child or stepchild, and 13.3% was an ex-spouse or ex-partner. However, there is a very high attrition rate: in 2021, of the cases filed, 63.1% were closed/archived, charges were filed in 14.9%, and 6.4% were provisionally suspended. In December 2021, 810 people were convicted of DV and there were 243 pre-trial inmates for the same crime. Of the risk assessments by the security forces, 50.9% involved medium risk, 20.3% high risk and 28.7% low risk.

The homicides in the context of DV is something very worrying in PT. Since 2019, an average of 2.4 people per month have been murdered, victims of DV, mainly women. The data shows that, between 2019 and 2022, there were 118 homicides that occurred in that context: 78.8% were women, 13.7% men, 7.6% children. There are also a significant number of murderers who commit suicide or suicide attempts (Economic and Social Council, 2023). Empirical data about homicides in PT evidence that about half of the victims had reported the crimes, but even then, they ended up dead (Matias, Gonçalves, Soeiro, & Matos, 2020).

The cases of DV in PT are higher than the official records. Many victims do not report due to cultural issues, for not knowing their rights, for fear of retaliation or they consider that the support systems are unreliable and/or efficient in protecting them.

1.1.2 Legal provisions

PT has had the merit of legislating adequately on DV and has been improving a solid legal framework. It first established DV as a public crime in 2000 and later, through Law no. 112/2009, it established a broad legal regime applicable to the prevention of DV and the protection of its victims. Also, Law no. 104/2009 approved the regime of granting compensation to victims of violent crimes and DV through the creation of a Commission for the Protection of Victims of Crime. In 2021, a simplified model was

approved as proof of the attribution of the status of victim, of especially vulnerable victim and of victim of DV, allowing the victims to better access their rights. There was also a legislative change (Law no. 57/2021, 16 August) which removes the subjectivity about the victimization of children exposed to violent contexts, which now allows giving new technical and legal responses to those children. Economic violence has also been included as a form of DV. Moreover, more courts in the inquiry phase activate a mechanism foreseen since 2007, which allows taking the spontaneous testimony of the victim, within an informal and reserved environment: statements for future memory (art. 271, Code of Criminal Procedure), where a specially qualified technician, appointed by the court, may be present. It is a production of evidence before the hearing, avoiding that a victim must repeat the DV facts, often difficult to recount. In PT, there has been a sustained increase in the number of coercive measures (e.g., withdrawal of access to weapons, attendance to a programme for DV defendants, prohibition of contacting with victim) applied to defendants in DV cases, as well as the use of electronic surveillance. The use of teleassistance for DV victims was one of the protection measures applied by the courts with more growth recorded.

1.1.3 Relevant data on combating DV

In PT, prevention and fight against DV is based on a multi-sectoral, network approach, implemented by specialised multidisciplinary teams. The requirement for professionals to have a 90h Victim Support Technician Course (art. 2, Law 112/2009) is an added value. Among the good practices in PT on combating DV are the following:

- The concerted response is sought through a National Network of Support for Victims of DV (RNAVVD), with a territorial coverage, decentralised, which involves a set of bodies dedicated to supporting victims of DV. This Network, recently certified, has been extended and currently includes 133 service structures, which provide free legal, psychological, and social support. It includes 39 shelters for victims with or without children and 26 emergency reception centres for urgent situations. For LGBTI victims, some care structures and one emergency reception unit have been made available. For the victims of sexual violence (SV), a support structure was created for women and another one for male victims. The most recent responses include a shelter for men and a shelter for women victims of DV with disabilities. There are also support structures for the autonomy of women victims of DV. In this network it is possible to have access in real time to the vacancies available for housing. Something worrying is that the RNAVVD reached a very significant value in 2022: about 3211 cases, in the 1st semester. The group that increased the most was the group of children sheltered, almost equal to the number of women sheltered, marking 2022 as a particularly critical year in the sheltering.
- In 2022, victims of DV who have the status of victims granted by the authorities are entitled to a family restructuring allowance (max. 10 days) if they are forced to leave their residence due to the crime.

- In the health system, PT has teams, with a territorial coverage, for the prevention of violence among adults and support to children and young people at risk; most of the referrals are related to DV in a family context or in intimate relationships.
- The fact that in PT there are, since 2001, Commissions for the Protection of Children and Young People at Risk (CPCJ) and for the Protection of the Elderly (CPI), since 2013, at regional level, allows each citizen to be a "sensor" in the detection of DV.

2. Policy debate

2.1 Recent issues and reforms in PT

2.1.1 Single Record of Attendance and Database on DV

PT has highlighted the relevance of obtaining updated and systematised official data on DV. In 2018, a single attendance form was the first effort towards data harmonisation, an instrument about the victim and her/his history that aims to standardise the registration, simplify data collection and processing, while promoting information sharing, avoiding secondary and institutional victimisation. Since 2019, there is planned to be a Database of Violence against Women and DV information processing system, based on a global and integrated vision of the phenomenon. It is fundamental for in-depth knowledge of DV to the development of a criminal policy. Such data is essential for a comparative approach, at national and international level.

2.1.2 Resource Guide to support services for victims of DV

PT has a platform, the Resource Guide, with georeferenced information on support in DV. It aims to streamline the work of professionals who accompany DV by concentrating in a single tool the entities that provide the RNAVVD.

2.1.3 Constitution of Integrated Specialised Sections for DV in the courts

In 2019, PT started a new organisational model, on an experimental basis, in four Portuguese courts, through the constitution of Integrated Specialised Sections of DV (SEIVD). It aims at an integrated and comprehensive analysis of the family plan, trying to quickly define procedures to protect victims in the family area. It seeks to overcome the gaps in the interaction between the Judicial Court (criminal law) and the Family and Minors Court (civil law), where parental responsibilities are located.

2.1.4 Professionalisation and specialisation of services

In PT an effort has been made to create specialised teams in the police forces to assist victims of DV (EPAVS, NIAVES). A Handbook was created so that they act within 72 hours. It reinforces the intervention foreseen after the complaint and the risk management, the continuous training of police officers and the existence of a space for victims support in the police stations. For the qualification of the professionals, in 2021 an ambitious annual Training Plan on violence against women was initiated, as it is addressed to all workers in public functions, aiming at local networks of integrated

intervention. This involved 12.000 participants in the first year, covering mainly the area of government and justice.

2.2 Future developments required

We need improvements and developments at the centre of the debate, such as:

2.2.1 Developing a criminal policy model of protection of DV victims

To have a broad and integrated perspective on the needs of victims and the means to gather evidence of DV and prevent re-victimisation, it is important to establish a set of criminal policy guidelines on the effective protection of victims.

2.2.2 Promote a policy of standardised risk assessment in DV

Notwithstanding the existence in PT, since 2014, a structured DV risk assessment instrument (RVD) by police forces, the revision of the RVD is urgent, considering the dissimilar weights of the factors for the risk of lethal violence. This revision of the RVD should be accompanied by a comprehensive training of professionals in DV homicide prevention. An efficient assessment may support more often the judicial decision to remove the perpetrator from the home (and not the victim, as usually in PT).

2.2.3 Assume future VD recall statements as mandatory

Given the centrality of victims' testimony in constituting evidence, taking statements for future recall should be mandatory in cases of DV and especially vulnerable victims (e.g., the elderly, children, the disabled).

2.2.4 Increasing forensic expertise for victims of domestic violence

The timely forensic expertise (of bodily harm and/or psychological) is a safeguard of evidence in DV cases. In convictions it is assumed as information for compensation.

2.2.5 Adoption of an intersectional perspective in DV policies

It is necessary to pay attention to the specific needs of some groups to protect them from violence so that they have information about their rights and can seek help (e.g., LGBTI population; minorities; citizens with disabilities or specific vulnerability). Those victims are facing higher rates of violence than other people.

2.2.6 A trauma-informed approach (education, services, practices, training)

Studies on the effects of DV on victims have shown significant consequences that can persist over a long period of time. Some victims of DV, especially those in shelters, have moderate to severe symptoms of distress. These consequences limit the possibility of a healthy and trusting relationship with others in the future. To meet the needs of victims, medical but above all psychological support is essential. A trauma-informed psychotherapeutic intervention, allowing victims to overcome those adverse experiences, generating significant changes, is an important contribution to their empowerment, sense of safety, respect and protection and, consequently, prevents their re-victimisation. Attention to the mental health issues of victims, as well as of perpetrators, is increasingly imperative.

2.2.7 Inclusive, culturally sensitive and competent services

The diversity of current societies has placed increased demands on the assistance to multicultural populations such as the victims of DV. The development of cultural competences in victim support professionals should be a concern at institutional level, as well as more inclusive services that safeguard the interests of all vulnerable victims, including migrants, eliminating barriers in accessing services.

2.2.8 Scientific data collection on and policy evaluation of DV

Research data are primarily intended to inform policy and support measures. Detailed studies of the nature of the problem are needed. Scientific research, policy analysis and evaluation can have important implications for responses that should be funded.

2.2.9 Programmes for DV perpetrators

Programmes for perpetrators of these crimes are scarce, have significant limitations in terms of admissibility criteria (limiting diversity) and are not sufficiently available territorially in Portugal. However, these are fundamental for changing criminal behaviour and preventing the high recidivism in this crime. These programmes are executed by the central services and other competent entities, but there is a lack of evaluation of effectiveness.

2.2.10 Prevention of DV through educational institutions and universities

There is insufficient attention given by educational institutions and universities to the issues of DV in terms of awareness raising and the training of future professionals.

3. Good practice examples

3.1 Policies

3.1.1 DV against children: Protection and Psychological Support Responses

In 2021, DV was the most signalled situation in CPCJ. Another worrying indicator is the number of children sheltered in the RNAVVD. So, in 2021, two new measures aimed to provide technical and legal responses to these children: the legislative change embodied in Law no. 57/2021 and the creation of Psychological Support Responses (RAP) for Children victims of DV. Territorially disseminated, the objective is to strengthen the psychological support for children/young victims of DV assisted and/or hosted in the RNAVVD and fill the need for specialised support services.

3.2 Initiatives

Since 2017, PT has a DV Homicide Retrospective Analysis Team (EARHVD) whose mission involves retrospective analysis of homicides occurring in DV, aiming to draw conclusions for preventive methodologies (procedures and recommendations). An independent evaluation underlined the value of this work in improving the national protection system. Also, since 2019, PT has had a pilot model involving six specialised service offices for victims of DV and gender violence in the courts (GAV-DIAP), which promote technical advice and a close articulation between victim support and the

justice system. We need its territorial extension to prevent re-victimisation and contribute to a collaborative involvement of the victim during the criminal proceedings.

4. Transferability aspects

There are some constraints that PT may overcome by being inspired by Romania (RO). This country may, identically, transfer some good practices from PT. In a similar way in both countries, there is a decentralisation of DV services with a major involvement of NGOs. However, both need more inclusive and culturally sensitive services for vulnerable victims, facilitating their integration. Regarding transferability, the law in PT needs to be more sensitive to new forms of violence (cyber-violence). PT also needs to invest in referral centres and specialised responses to support victims of SV (as GREVIO stated, 2022) and centres for perpetrators of such violence. The fact that RO reveals a higher number of measures may help PT to understand how this is feasible and how law enforcement officers are managing to intervene quickly to place DV perpetrators outside the family home. It is recommended that PT knows the set of normative acts that have been recently adopted in RO for an efficient implementation of protection and care measures. In turn, RO could take inspiration from PT's new database to produce an integrated data system to assess the cases throughout the criminal process. In addition, it may be useful for RO to build on the Resource Guide about support structures. The example of the RNAVDD in PT is a good model facilitating the setting up of reception centres and shelter homes.

5. Conclusions and recommendations

5.1 Portugal, lessons learned so far at national level

- Adopt a definition of DV including all its manifestations, including cyberviolence (digital violence, facilitated by technologies), ways to measure and characterize it;
- Increasing crime report, decreasing tolerance of DV and increasing victims' trust;
- Set up a telephone line for women victims of all forms of violence (GREVIO, 2022);
- Improve data collection on DV, disaggregated, in the health and justice sectors;
- Adopt an integrated approach that prioritizes the victim, whether an adult or a child;
- Improving the authorities' effectiveness in removing offenders from the home, rather than the victims and their children leaving, in a more victim-centred approach;
- Increase the conviction rate for DV and the available programmes for perpetrators;
- Promote victim support and protection services from a trauma-informed approach;
- Services and tools should be more inclusive (e.g., risk assessment);
- Increasing victim empowerment flats aimed at transition to autonomous living;

- Invest in scientific studies to analyse DV, evaluate policies and practices.

5.2 European Level

- Certification of services and entities working in the field of DV.

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