



IMPRODOVA

Improving Frontline Responses
to High Impact Domestic Violence

Detecting Violence within relationships, couples, and families
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Prof Joachim Kersten, German Police University (DHPOL)
IMPRODOVA Coordinator



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Victimization surveys: Percentage of females with experience of DV victimization since age 15

- Germany 35%
- Sweden 35%
- Finland 37%
- Denmark 55%
- Italy 29%

Victim reporting and first line contact

- Reporting: 66% did not come to the attention of police
- Germany: 15% France: 18%
- EU average: 20% UK: 25%
- Reporting to hospital, MD: 26%
- Reporting to police: 14%
- No faith in police that they would do anything

Needs of Victims

- Unmet needs of DV victims:
- Someone to talk to: 33 – 54%
- Protection: 12 – 25%
- Practical help: 13 – 21%

Domestic Violence: What is at stake?

- The damage done: deaths, traumatization physical, psychological;
- Long term effects on brain and childhood development;
- Lockdown survey data: children even more affected than their mothers;
- Economic effects (lost days)

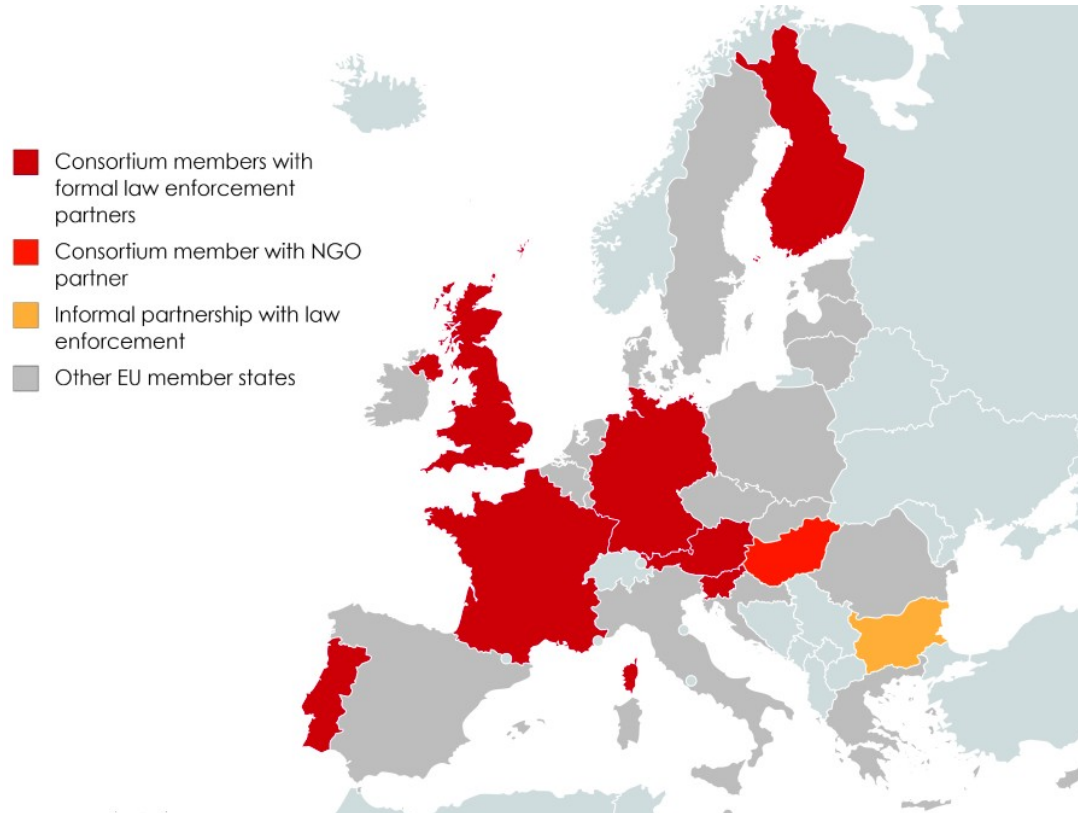
Domestic violence correlates

- Gender/masculinity
- Culture of male dominance
- Religion
- Feminist discontent
- Loss of trust in police and state
- “Domestic terror” with many victims

Factors and Circumstances

- Factors that contribute and are difficult to tackle: income, alcohol consumption, cultural factors that affect reporting (victims, families, community, witnesses);
- Factors that can be tackled: Communication skills of first line responders;
- Public awareness.

Countries of IMPRODOVA partners



Project status: ,who is involved?'

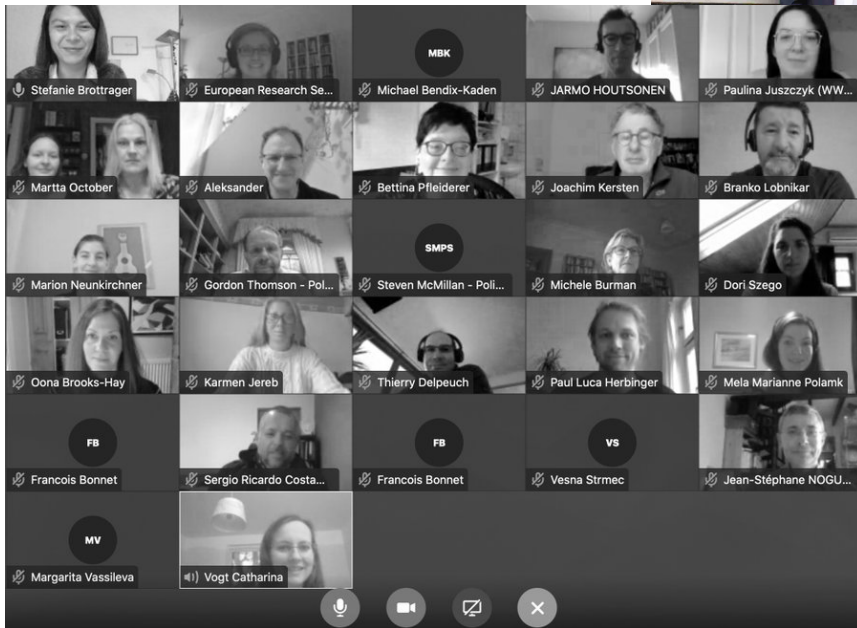
- 8 EU member states with 16 partners, including 5 police universities/colleges, 6 police organizations, medical science faculty, independent/national research, public health, NGO
- In November 2020: 31 months of research activity done
- Project extension from 36 to 40 months

IMPRODOVA's consortium

Virtual meeting -
November 2020



Porto, Portugal - November 2019



IMPRODOVA's main objective

Improve **interagency cooperation** among
HIDV frontline responders;
develop and test tools for this aim;
integrate **human factors** in FLR's perception of
and intervention in HIDV cases.

IMPRODOVA's structure

WP1:
target situation

WP2:
current state

WP3:
Tools: Training and
response platform

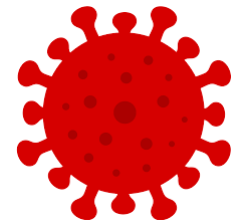
WP4:
Assessment of tools

Key outcomes of WP1 and WP2

- WP1's central outcome: relevance of Istanbul convention (IC); Countries had already established advanced responses, IC occasionally not really compatible;
- WP2: Management level is decisive for interagency co-op: police is a key player;

Special Report: DV and COVID-19 lockdown

- Individual level: risk factors, prevalence, reporting, accessing services
- Organisational level
- Societal level
- Human factors



Key findings/ recommendations

- Effect on DV forms, frequency and intensity;
- Victims' opportunities to contact authorities, support, and access services;
- On authorities' capacities of prevention and intervention;
- Existing abusive relationships may have worsened;

Key findings/ recommendations

- Increased possibilities of control and coercion;
- Considerations of leaving diminished/ postponed;
- Increased vulnerability for disabled, immigrant, and ethnic minority women;
- Agencies: no face-to-face contact; physical services closed;

Key findings/ recommendations

- Shelters: fear of infection;
- Medical sector: Covid-19 patient priority;
- Worry: welfare of children;
- Best practice examples: pharmacies and supermarkets as contact points; new means for secure accommodation;

Key findings/ recommendations

- Victims' access to services;
- Contact points;
- Special care for the vulnerable;
- Public campaigns, aware raising;
- Harmonized definitions and classification of DV, robust data, monitor escalations;
- Help staff



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