



FEM-UNITED

united to prevent femicide in europe

**WORKSHOP
RECOMMENDATIONS:GERMANY**

Introduction

Within the framework of the EU-funded project '**FEM-United - United to prevent IPV/DV Femicide in Europe**', the Institute for Empirical Sociology (IfeS) at the Friedrich-Alexander University Erlangen-Nürnberg in Germany, conducted capacity-building training workshops targeted at frontline professionals for the prevention of intimate partner violence/domestic violence (IPV/DV) and femicide.

The training workshops were held online with professionals from **the healthcare system, the police and judicial system, the support system** as well as **the multi-agency / cross institutional settings**. The workshops were held on the following dates: 20 May 2022 with the health care system; 17 June 2022 with the police and judicial system; 24 June 2022 with the support system; and 11 July 2022 with the multi-agency / cross institutional. A total of 78 participants attended the workshops.

The materials and programme of the workshops were developed with an emphasis on sensitising frontline professionals on harmful attitudes, behaviours and stereotypes and on developing strategies, anchored in a gender perspective, for the better protection and safety of victims with the aim of preventing femicide.

Workshop Recommendations

In order to improve system-wide responses to IPV/DV and prevent femicide, the following recommendations surfaced from the workshops:

Healthcare System 20.05.2022

Consistent intervention and comprehensive protection for women at risk

- **Indication of men being dangerous:** after being taken into custody.
- **Develop prevention and intervention strategies in the health sector in parallel in a sustainable way:** important demand to take the woman out of danger and protected (provide immediate assistance and offer protection spaces that are available, such as women's shelters); professionals must know how to act, i.e. there must be a certain basic knowledge (by using a risk assessment - health risk assessment tool) so that the right action/decision can be taken.
- **Include violence against women / femicides as a topic:** in the curriculum / examinations catalogues for students in the field of healthcare institutions.
- **A system and organisational development in the healthcare system:** should clarify when the police should be called in and who has to be systematically involved.

Primary prevention and awareness raising

- **To raise public awareness of femicide:** away from the stereotype that femicide is (only) about honour killings of women; traditional patterns of perpetration in intimate relationships (e.g. aspects of masculinity: "I decide when you leave") are present in all educational classes and socio-economic and cultural backgrounds.
- **Social attention:** should also be paid to the issue of violence experienced by women with disabilities.

Interdisciplinary and multi-professional training(s)

- **Uneven development:** some agencies well trained and informed, others not yet.



- **Healthcare system lacks knowledge on the topic:** often health professionals do not know how to raise their suspicions (especially if violence is not obvious); therefore knowledge about the warning signs (injuries, psychological problems and chronic headaches etc.) and the dynamics of violence (separation phase - possibly at-risk situation for the woman) and awareness raising of professionals (family doctors, midwives, gynaecologists etc.) should be achieved by means of further training or be an integral part of their training.
- **Doctors, as important contact persons:** for women affected by violence can be informed within the framework of training courses in order to better recognise violence and to document it (if necessary, for use in legal proceedings).
- **Development of guidelines:** specifically addressed to different areas (emergency aid); these would have to be established and implemented in a mandatory manner for the health sector (e.g. clinics - emergency rooms; doctors etc.).
- **Anonymous counselling:** of healthcare professionals is important for psychological relief.
- Women are mainly the focus of counselling services for the health sector (victim protection - care for women affected by violence) and far too few men - as potential perpetrators
- **Expand women's shelters and establish networking between institutions:** to offer victim support/protection to a woman who is in acute danger.
- **A good networking with the support system (within the health system):** should be established at a local level.

Data collection, monitoring and research

- **To develop perpetrator typologies** could help the courts to identify where there are potential risks for the woman.
- **To collect systematically more knowledge about the risk factors**, especially with regard to the dynamics in the context of intimate relationships.

Police and Judicial System 17.06.2022

Consistent intervention and comprehensive protection for women at-risk

- **Police as a central actor:** the task of the police is to prevent crimes or to help the injured parties and to restrict the potential perpetrators in their field of action.
- **Risk assessment tools available and positive experience:** need to be trained as part of an ongoing training programme and supplemented with additional questions to identify comprehensive femicide risk.
- **Authorities and all institutions across federal states have to work with a uniform risk assessment tool to identify high-risk cases of femicide:** The experiences are positive when threat management is largely established (e.g. also with the support of social authorities, youth welfare offices).
- **Gender-specificity problematic:** better develop concrete perpetrator/victim profiles for femicides and backgrounds.
- **Implementation of a mandatory risk management** in the terms of the Istanbul Convention.
- **Good experience with case conferences:** Measures with regard to victim protection and offender supervision are examined; if necessary, with the involvement of the public prosecutor's office (positive experience) and partly led by a senior police officer. (However, the question is who can convene a case conference: Police or other institutions, e.g. Youth



Welfare Office, Intervention Centre); the establishment of stable structures in the process is important.

- **In case of non-compliance with the protection measures:** the protection of victims is limited and there are insufficient options for sanctions; the use of electronic ankle bracelets can often be successful.
- **Relocation and change of identity:** is often difficult for affected women and children. The focus of measures needs to be placed more on the perpetrators.
- **Right of custody and access:** it is often problematic when the women's right to protection is not equated with the father's (potential perpetrator's) right to custody; although women are threatened with death, fathers are given access to visit their children, even in high-risk cases.
- **Problem:** lack of places in women's shelters; occasionally not much willingness to go to a women's shelter.
- **Psychological violence / threats:** neither considered by criminal courts, nor by family courts (but they are taken into account at case conferences)
- **Contact persons at the police:** there should also be specialised contact persons for traumatised relatives.

Data collection, monitoring and research

- **The lack of systematic recording and investigation of cases of violence against women (domestic violence to femicide), including analysis of the impact of interventions** is a research gap; surveys as well as in-depth case analyses (evidence-based development of victim/perpetrator profiles) are needed.
- **A State-based monitoring body to establish:** is needed to gain accurate and regular knowledge about cases, intervention measures and the impact of police work.

Support System 24.06.2022

Consistent intervention and comprehensive protection for women at-risk

- **Optimal intervention procedure:** a. risk assessment by the police, b. report to the intervention centre, c. convene a case conference, d. immediately protect the woman and her children, e. approach the perpetrator and work with the perpetrator, monitor the perpetrator if necessary, f. close interdisciplinary cooperation (with youth welfare office, family courts etc.) to prevent the perpetration of the offences.
- **Intervention centres** as an important link in the intervention network (with appropriate resources) as well as a nationwide establishment of intervention and counselling centres.
- **Provide sufficient shelter places in women's shelters:** Every woman in need of protection must be granted immediate protection.
- **Flexible concepts for support and protection:** should be developed.
- **Work with perpetrators:** (access to the perpetrator requires networking with other institutions;) the weak point is that perpetrators are often not reached because violence is not admitted; a proactive work with perpetrators would be necessary.
- **Consider the perspective of the woman (affected by violence/stalking) and ask:** within the framework of the risk assessment how dangerous the perpetrator from their point of view is.
- **If access rights are restricted:** the perpetrator may be even more dangerous / tunnel vision; there is also a great danger of assault if the father has access rights.
- **Youth welfare office/family court:** usually does not notice the presence of manipulative perpetrator strategies because perpetrators know well how to present themselves socially: in some cases destruction of the woman's life is their purpose in life; big challenge



- **Example from practice** [Berlin]: App for women affected by violence after reporting and assessment of high-risk case; alarm can be triggered by woman in case of threat and police can immediately locate and intervene
- **In high-risk cases the police is the central actor:** well-trained police officers are needed.

Primary prevention and awareness raising

- **Warning signs / risk factors:** severe domestic violence in advance, weapons, concrete threats, subjective fear of the woman, opportunity structures (in the context of accompanying contact and custody), control by the perpetrator in advance (cyberstalking), separation and high/increasing aggression in the perpetrator, men with potential for violence, extremist and/or anti-feminist attitudes, digital violence and surveillance, stalking with intent to separate, alternation of calm and aggressive phases, financial dependencies in care and custody issues, personality disorders, narcissistic, antisocial, depressive behaviour.
- **Raise awareness of risk factors:** also in the area of health / psychiatry / therapy; a systematic monitoring of perpetrator profiles in the different institutions is needed by using a screening tool (to identify potential perpetrators also in the counselling system).
- **Train youth welfare offices at federal state level.**
- **Stronger focus on awareness-raising work towards men.**
- **Previous awareness-raising work too high-threshold:** awareness raising should rather refer to men's controlling behaviour; different kind of education and awareness-raising work, without primarily addressing violence (too high a hurdle for women to identify the behaviour as violence); broader information about male dominance, possessive and controlling behaviour.

Interdisciplinary and multi-professional training(s)

- **Close cooperation and networking** with affected women's organisations and victims' relatives' organisations (new perspectives).

Data collection, monitoring and research

- **Involve affected women's organisations in monitoring.**
- **Set up and evaluate database:** on attempted femicides (important information for improved intervention and prevention).
- **Include cultural aspects:** within the research context without stigmatising
- **Monitoring of failed cases:** creation of a place where a failed intervention is documented; systematic search for sources of error in order to learn from the cases

Multi-Agency / Cross Institutional 11.07.2022

Consistent intervention and comprehensive protection for women at-risk

- Also take an **intersectional perspective with** regard to law enforcement and protective measures (migrants sometimes have less trust in police/justice).
- Demand for **more human resources for counselling and intervention centres** should not be limited to rural areas - this is also a problem in many big cities.
- **Information transfer in high-risk cases** (by the police): should also reach the courts and the guardians ad litem, also at **case conferences** (should involve youth welfare offices, courts and guardians ad litem).
- **Raising awareness of the judiciary:** is urgently needed.
- **High-risk management and case conferences with respect to finance capacities:** all institutions involved in high-risk management and case conferences must be given additional time and personnel resources.



- Nationwide structures must be created for the operational protection of victims.
- **Anonymisation of personal data and residence of woman and children across authorities:** in high-risk cases to protect women. Amend the law at federal level on subject matter and local jurisdiction to ensure victim protection, have official matters in high-risk cases (given a change of identity and residence) handled by a neutral body that ensures the link to the victim's previous residence without involving the perpetrator.
- **Perpetrator work and work with perpetrators even if men do not admit to violence; proactive work with perpetrators;** example of Austria; possibly declare as low-threshold work with fathers.
- **Specific responsibilities and departments for domestic violence in criminal and family courts and in public prosecution offices** (for professionally informed handling of cases).
- **Mandatory training on domestic violence in legal institutions and authorities.**
- **Improve measures and sanctions for repeated violations of violence protection measures:** implementation of violations as grounds for detention and tightening of sanctions as well as consistent implementation of measures (de-escalation detention).
- **Create complaints office for anonymous recording of abuses in the courts' treatment of women as victims of domestic violence / partner violence:** making inappropriate treatment of victims by judges transparent.

Primary prevention and awareness raising

- Observance of **ethical standards of reporting in the media.**
- **No victim-blaming** and no understanding for perpetrators.
- Regular **awareness-raising workshops for journalists;** here the topics are: Diversity, perpetrator strategies, control, femicide as a structural problem.
- **Origin-neutral reporting.**

Changing the legal situation and practice

- **Recognise femicides as murder.**
- **Provide clear description and definition as well as clear guidance on how to proceed with classification:** terminology of *femicide* is not sufficient.
- **Prepare legal expertis:** **a.** to review the current legal situation and **b.** identify areas where legislative changes are required.
- **Free psychosocial process support:** for women affected by domestic violence.

Data collection, monitoring and research

- **Keep statistics on criminal cases, proceedings initiated and convictions for diligent** (monitoring of sanction and judicial practice).
- **Systematic case analyses.**
- **Linking** of police and court records.

Protection and measures for specific at-risk groups

- **Intersectional perspective: to be considered.**
- Staff for counselling **girls and young women** needs to be increased (big problem) and there is a lack of concepts for **working with young perpetrators of domestic violence** and stalking.
- Involve **older people** - specific approach and counselling required
- Places in shelters for **people in need of care.**
- Show **steps towards an ideal monitoring** (instead of only ideal model)
- **Current research projects in Germany: case analysis** to determine offender behaviour and planning in the run-up to the offences
- Present **disability in an even more differentiated way**



- In addition to **flexible and low-threshold counselling**, also **long-term counselling** (protection and healing processes)

Cross-institutional cooperation; examples of good and bad practice

- **Systematic case conferences in high-risk cases** and optimal implementation / inter-institutional staffing as a good way - **to be carried into the area and implemented nationwide**
- Develop a **uniform tool for risk analysis that is** not only based on previous domestic violence, but also on the threat situation (also cover threat situation after prison stay).
- **Involvement of victims' (survivors of femicide) and relatives' organisations** in the development of measures.

Proposal for stakeholders to pick out 10 points: was positively perceived, but remarked that networking does not have to be the number one priority.

