



PROTOCOL and TOOLKIT

Multiagency Standard Agreement (MSA)

POLICY DOCUMENT

WP2 Development of collaboration model



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1. Introduction	4
1.1. The Istanbul Convention and the definition of violence	4
1.2. Elaboration of the A.S.A.P.2.0 Protocol	5
1.3. Purposes of the A.S.A.P.2.0 Protocol	6
2. Emerging issues need to be addressed	7
2.1. Emergency/crisis situations (COVID-19)	7
2.2. Child Protection	7
2.3. Cyber violence against women and girls (CVAWG)	9
2.4. The main risk factors related to the new issues of violence include online safety, sustainable and effective support by the professionals, risk assessment and child safeguarding	11
2.4.1. Process Management and Coordination	11
2.4.2. Coordinated Risk Assessment	12
3. Participants	13
3.1. Participants	13
3.2. Targets and Exclusions	13
3.3. Mandatory and Voluntary Participation	13
4. Privacy	14
5. Collaboration Protocol and Toolkit	15
5.1. Phase 1	15
5.2. Phase 2	15
5.3. Phase 3	16
5.3.1. Joint risk assessment	16
5.3.2. Assessment of recidivism	16
5.3.3. Assessment of individual change	17
5.3.4. Measurement of other qualitative elements	18
6. Annexes	19
6.1. Checklist: risk indicators in maltreatment situations	19
6.2. Recidivism Assessment Tool	21
6.3. Meeting Record	22

1. Introduction

1.1. The Istanbul Convention and the definition of violence

In Europe, the main reference document on preventing and combating male violence against women and violence against minors (both direct and assisted) is the “**Council of Europe Convention on the prevention and combating of violence against women and domestic violence**” (Istanbul, 7 April 2011).

The Convention is the first international legally binding document on preventing and combating violence against women and domestic violence.

The preamble of the “Istanbul Convention” quotes the main European and international recommendations that inspire the Convention, and **defines the key concepts for a correct interpretation of the phenomenon and of its causes**, namely:

- that violence against women is a structural phenomenon:
“...violence against women is a manifestation of historically unequal power relations between women and men, which have led to domination over, and discrimination against, women by men and to the prevention of the full advancement of women”;

- that, consequently,
“...the realization of de jure and de facto equality between women and men is a key element in the prevention of violence against women”;

- that women and girls are more exposed, compared to men, to the risk of suffering various forms of violence (domestic violence, sexual harassment and violence, forced marriages, so-called “honor” crimes, female genital mutilation ...) and that all of this constitutes
“...a serious violation of the human rights of women and girls and a major obstacle to the achievement of equality between women and men”.

Given these premises, Article 3 (“Definitions”) describes “**violence against women**” as

“...a violation of human rights and a form of discrimination against women and shall mean all acts of gender-based violence that result in, or are likely to result in, physical, sexual, psychological or economic harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life” (Art.3 a).

It also defines “domestic violence” as

“...all acts of physical, sexual, psychological or economic violence that occur within the family or domestic unit or between former or current spouses or partners, whether or not the perpetrator shares or has shared the same residence with the victim” (Art.3 b)

Finally, it defines “violence against women based on gender” as

“...any violence directed against a woman as such or affecting women disproportionately” (Art.3 d), meaning the term ‘women’ even girls under the age of 18 (Art.3 f) and with the term ‘gender’ the set of ...roles, behaviours, activities and socially constructed attributes that a given society considers appropriate for women and men” (Article 3 c).

The main purpose of the Convention is

“...to protect women against all forms of violence, and prevent, prosecute, and eliminate violence against women and domestic violence” (Chapter I – Purposes, definitions, equality and non-discrimination, general obligations - Art .1 a).

This goal is pursued through actions and interventions relating to three main thematic areas:

1. the prevention of violence (Chapter III - Prevention)
2. the protection of victims (Chapter IV - Protection and support)
3. the prosecution of perpetrators (Chapter V - substantive law)

In Chapter III, **the work with perpetrators of domestic violence (Art.16) is listed as one of the possible forms of prevention**, in addition to other actions like awareness-raising, education and training of professionals (Art.13, 14 and 15).

More specifically, Art. 16 (Preventive intervention and treatment programmes) states as follows:

1. *Parties shall take the necessary legislative or other measures to set up or support programmes aimed at teaching perpetrators of domestic violence to adopt non-violent behaviour in interpersonal relationships with a view to preventing further violence and changing violent behavioural patterns.*
2. *Parties shall take the necessary legislative or other measures to set up or support treatment programmes aimed at preventing perpetrators, in particular sex offenders, from re-offending.*
3. *In taking the measures referred to in paragraphs 1 and 2, Parties shall ensure that the safety of, support for and the human rights of victims are of primary concern and that, where appropriate, these programmes are set up and implemented in close coordination with specialist support services for victims.*

Art.16 3 underlines the need for a coordinated work between services that support victims (as defined in Articles 20 and 22 of Chapter IV) and programmes for perpetrators, but no methodological indication is given regarding the possible forms of this collaboration.

In conclusion, the “Istanbul Convention”:

- defines male violence against women as a structural phenomenon, mainly caused by social and cultural reasons (gender inequality and its consequences in terms power inequality between men and women);
- states and defines the different forms of gender-based violence (physical, sexual, economic, psychological, stalking);
- states that protection and support of victims (women and minors) is the main goal to be pursued by the Parties that ratified the Convention;
- details the main areas of intervention for the prevention and combat of violence (prevention, protection and punishment);
- quotes the work with perpetrators as one of the necessary preventive interventions, acknowledging the need for collaboration between programmes for perpetrators and support services for victims (although there are no operational and methodological indications on how to implement this collaboration).

1.2. Elaboration of the A.S.A.P.2.0 Protocol

The collaboration between services working with perpetrators and working victims of domestic violence is a necessity addressed by the Istanbul Convention and by the national legislations of many countries across Europe. It is a need that arises in the day-to-day work of professionals that work in Programmes for Perpetrators and Services for the protection of victims of domestic violence.

The “A.S.A.P.2.0 Protocol” is an update of the existing ASAP protocol developed through the implementation of the ASAP Project (A Systemic Approach for Perpetrators, co-funded by the European Union – Programme REC 2019). The A.S.A.P protocol proved to be a useful tool in the management of collaborative networks among organizations and entities working with perpetrators and victims of domestic violence. It is an updated version of the original protocol adapted to the new requirements that have been arisen in the field. It incorporates the outcomes of the pilot implementation of the A.S.A.P protocol, and takes into consideration aspects related to crisis situations i.e. COVID-19 pandemic, child protection, Cyberviolence against women and girls, and coordinated response.

It tackles the main opportunities and challenges resulting from the preliminary mapping on existing forms of collaboration and good practices in Europe carried out by the partners of the project, and are aimed at granting the safety of women and children victims of violence through:

- Cooperation and coordinated interventions;
- Establishment of institutional agreements;
- Capacity building of professionals on domestic violence (DV) related issues;
- Improved interventions and follow up of the cases of DV;
- Greater understanding of Male Violence Against Women (VAW)/DV;
- Understanding the impact of the crisis of COVID-19;
- Underline issues relating to child protection and children safeguarding, and
- Broader approach to the issue of cyberviolence.

The **A.S.A.P.2.0 Protocol** and the associated set of the **A.S.A.P.2.0 Protocol Toolkit** propose a multi-agency collaboration between professionals working at Services for victims of domestic violence and the Perpetrators Programmes. The protocol and its associated tools (Toolkit) provide a systematic and holistic approach based on a structured and staged process of active collaboration between professionals, and proposes a clearer timeline and thematic framework. The A.S.A.P.2.0 Protocol sets a structured “meetings timeline” for sharing information, inter-institutional cooperation and joint planning among front line professionals of different disciplines, either coming from Victims Support or from Perpetrators Programmes.

The A.S.A.P. 2.0 protocol is a universal and flexible structure suitable for use in all cases of domestic violence and it can be adapted to the reality of each organization and each country's capacities.

The development methodology followed the notion of “adaptability” and flexibility aiming to establish a viable tool for collaboration and coordinated response by both the Victims and Perpetrators' side. The A.S.A.P 2.0 protocol is structured so to highlight the difficulties related to interventions during the period of crisis, such as COVID-19 pandemic, the need for child safeguarding, and cyberviolence so to maximize the victim's protection in cases of recidivism or risk maximization.

At the following chapters we discuss issues related to the victim's safety maximization, child protection, and recidivism protection, we propose tools for Risk Assessment proposing that risk assessment should be carried out quite regularly, so to assess risk at any given time.

The A.S.A.P.2.0 Protocol Toolkit is fully presented at the ANNEXES.

1.3. Purposes of the A.S.A.P.2.0 Protocol

The present protocol aims at providing an operational tool to implement a systemic cooperation between Victims Support Services and perpetrator programmes. In cases children are involved; professionals from Child Support Services, Social Services and Criminal Justice System should participate.

The main purpose of the A.S.A.P.2.0 Protocol and Toolkit is to improve interventions for perpetrators with a view to ensuring victim's and child's safety and risk reduction. Every step and action within the frame of the collaboration among involved services should be in compliance with this purpose. 2. Emerging issues need to be addressed

2. Emerging issues need to be addressed

2.1. Emergency/crisis situations (COVID-19)

Over the last few years, crises, such as the COVID-19 pandemic highlighted the necessity for changes and adoption of improved methodology, tools and practices in order to deal with the phenomenon of VAW/DV at time of crisis. Stress factors, isolation of victims due to the imposition of restrictive measures/lockdowns and limited access to the legal, health, and mental health services, and the increased risk of abusive behaviour or recidivism should be taken into account in professionals' interventions in times of crisis. Updated A.S.A.P.2.0 Protocol and Toolkit assess these issues and focus on victim's safety and identification of victim risk (see Annex 5).

Online/distance counselling and support should be adopted by both Victim Support Services and Perpetrator Programmes in order to maximize victim's safety, prevent further violence, reduce recidivism and minimize risk in time of crisis. It is vital to ensure consideration of ethical and confidentiality rules in cases distance counselling is used.

All the professionals and services need to work together to assess risk, to develop safety plans and to discuss for emergency situations relating to the time of crisis.

2.2. Child Protection

Victim's safety remains a key priority, underlying at the same time, the importance of child protection within Victim Support Services (VSS) and Perpetrator Programmes (PP). Coordinated efforts among case managers from both victims support and perpetrators work are more than legitimate to prioritize the safety of children when their wellbeing, integrity and needs are at risk.

I. Child Protection Policy

The protection and promotion of children's rights and their best interest need to be ensured in cases children are involved. Professionals from both services (VSS and PPs) have the inviolable duty to protect children from abuse, maltreatment, exploitation, neglect, and re-traumatization.

Istanbul Convention provides the "*Protection and support for child witnesses*" (Article 26) and ensures that the rights of children and their voice should be taken into account in relation to "*Custody, visitation rights and safety*" (Article 31).

Beyond testimonies, even suspicions of violation of the Child Protection Policy should be reported to the Child Protection Focal Points. Steps for a child safeguarding process need to be structured in each country according to its capacity.

Involved stakeholders should focus on the best interests of the children and the avoidance of further harm and re-traumatization. In particular, the children should not be exposed to the intentional and unintentional risk of harm and abuse in any situation. All engaged professionals should ensure open dialogue and communication between each other to improve awareness and implementation of protection policies and practices.

WARNING! Information should be carefully shared between professionals during the children safeguarding process respecting ethical and confidentiality rules, unless there is a high risk to those concerned and involved.

II. Conditions for an open dialogue in the organizations using the A.S.A.P.2.0 Protocol

Creating a policy that focuses on child protection and child safeguarding allows for clear and respectful communication and comprehension, both inside and outside the organization, and among various entities such as ngo's, schools, welfare services, police, medical staff etc.; the collaboration framework should focus on the following:

- Resolution of the conflict of interest between the different actors;
- Build a common framework for meaning and intervening in situations of direct or indirect abuse.
- Judicial processes should follow a sensitive approach so to minimise re-traumatisation and child safety maximisation at each level of case management.

III. Risk Assessment

A risk assessment should be carried out at each step of the process, either at the victims support or at perpetrators work, aiming for maximising multiagency collaboration and safety (see Annex 5.1, Section B). The Risk Assessment is adapted to the issues related to emergency situations/crisis, such as digital counselling and restrictions imposed. Cyberviolence is also taken into account in the Risk Assessment for promoting children's safety.

NOTE! A thorough, coherent, and possibly joint assessment of the situation is recommended so to provide a safety "network" for children at each stage.

IV. Principles when assessing children

In cases children are directly involved, the following principles should be followed by both Victim Support Services and Perpetrator Programmes to ensure children's dignity and rights:

Informed consent to the assessment procedure	→ initial informed consent from the parent → information to the children on the subjects to be covered and the right to withdraw at any time
Support	→ Child has the right to be accompanied by someone she/he considers familiar and should be able to choose from who will receive support or even be left alone if she/he is over 13. NOTE! Special attention needs to be provided to the person accompanying the child at all processes
Respecting Rights	→ information on the right to refuse to answer, to participate in the assessment and to have it recorded by any means
Gender & Needs	→ consider children's gender and their different needs (e.g., age, developmental stage etc.), as well as the professionals' gender with whom the child wishes to speak

Children's role, needs and voice are valuable for interventions in cases they are directly or indirectly involved. Their rights need to be protected when professionals gather and exchange information. According to European Commission "*participation must be safe, meaningful and does no harm for children. That's why organizations need to have child protection policies in place*".

2.3. Cyber violence against women and girls (CVAWG)

CVAWG against women and girls is a phenomenon that encompasses many different aspects of violence perpetrated online or through digital devices, and it's an emerging new dimension of gender-based violence. Cyberviolence is an umbrella term including all the forms of violence that are perpetrated through Information and Communications Technology (ICT). Common forms could be regarded as cyberstalking, cyberbullying, harassment, non-consensual sharing of images and limiting tech access. Violence perpetrated online or through ICT is a continuum of offline forms of violence, and it is not a phenomenon separated from offline violence. Most of the times it follows the same patterns of offline violence, and it leads to psychological, social and economical consequences for women and girls and can transform into physical, sexual or psychological.

At the case of multiagency collaboration, it's important that joint or parallel risk assessment and safety planning to take into consideration any episode of digital violence, in order to better focus the work with the perpetrator and to increase the safety of the victim. When working on CVAWG cases, the collaboration network should be extended, if possible, to the potential engagement of cyber crime law enforcement agencies.

I. Forms of CVAWG

There are different forms of cyberviolence, such as: cyber harassment, hate speech, bullying, cyber exploitation, coercion, threats, cyber stalking, identity theft and especially stalkerware.

Specifically in relation to Intimate Partner Violence (IPV), the most frequent forms of cyber violence are the following:

- a) **Cyber stalking:** stalking by means of e-mail, text or (online) messages or the internet, specifically:
- persistently engaging in threatening or intimidating conduct directed at another person, by means of information and communication technologies, which causes that the person fears for own safety or that the person fears for safety of dependants;
 - placing another person under continuous surveillance, without that person's consent or legal authorization to do so, by means of information and communication technologies, to track or monitor that person's movements and activities;
 - making material containing the personal data of another person accessible to a multitude of end-users, by means of information and communication technologies, for the purpose of inciting those end-users to cause physical or significant psychological harm to the person¹.

Cyberstalking involves repeated incidents, which may or may not individually be innocuous acts, but combined undermine the victim's sense of safety and cause distress, fear, or alarm, and includes²:

- threats (of a sexual, economic, physical, or psychological nature)
- damage to reputation
- monitoring and gathering of private information on the victim
- identity theft
- solicitation for sex
- impersonating the victim
- harassing with accomplices to isolate the victim
- surveilling or spying on the victim
- stealing passwords
- cracking or hacking devices to access private spaces
- installing spyware or geo-localization apps
- stealing devices.

1 Proposal for a DIRECTIVE OF THE EUROPEAN PARLIAMENT March 8th , 2022 <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:52022PC0105>

2 GREVIO 2021, general Recommendation no.1 on the digital dimension of violence against women <https://rm.coe.int/grevio-rec-no-on-digital-violence-against-women/1680a49147>

b) **Cyber harassment:** harassment by means of email, text (or online) messages of the internet (EIGE 2017), including:

- initiating an attack with third parties directed at another person, by making threatening or insulting material accessible to a multitude of end-users, by means of information and communication technologies, with the effect of causing significant psychological harm to the attacked person
- participating with third parties in attacks referred to above.

Acts of cyber-harassment include:

- threats of physical and/or sexual violence
- inappropriate or offensive advances
- hate speech, meaning language that denigrates, insults, threatens, or targets the victim because she rejects the perpetrator

c) **Non-consensual sharing of intimate content:** involves the online distribution of sexually graphic photographs or videos without the consent of the individual in the images , including:

- Making intimate content (images, videos, or other material depicting sexual activities) of another person accessible to a wide audience through information and communication technologies, without the consent of the person depicted;
- Creating, changing, and then sharing through digital means, images, videos, or other materials that falsely depict someone engaging in sexual activities without their consent
- Threatening to publish sexual content (images, videos, deep fakes) to menace, coerce or blackmail someone, either for more sexual content or for money, sometimes both.

As outlined by EIGE (2022), all acts of CVAWG could:

- a. start online and continue offline such as in the workplace, at school or at home;
- b. start offline and continue online across different platforms such as social media, emails or instant messaging apps;
- c. be perpetrated by a person or group of people who are anonymous and/or unknown to the victim;
- d. be perpetrated by a person or group of people who are known to the victim such as an (ex) intimate partner, a school mate or co-worker

II. Assessment of the CVAWG and IT safety planning³

The initial assessment helps us identify existing forms of digital violence; this must be followed by a risk assessment and the co-construction with the victims of an individualized intervention plan, which includes safety planning and the collection of documentation and evidence, also for the purpose of a possible complaint by the party. Digital violence can literally overwhelm the lives of those affected, because it can happen at any time, anywhere and in very different ways. Working with women confirms that this is an “authentic” form of violence, even if it is acted out in virtual life, with traumatic, impactful and long-lasting effects.

When working with victims/survivors, it's important to keep in mind all forms of CVAWG and to know how to deal with.

3 For further details on these aspects see “DeStalk toolkit for providers working with victims/survivors”

In the assessment phase, it is important to:

- Look for the types of digital media used by the victim or the perpetrator
- Check if victim and perpetrator have shared accounts or use shared devices
- Ask about the digital skills of the victim and perpetrator
- Investigate whether the victim has experienced cyber harassment and threats
- Investigate whether the victim has been controlled and monitored digitally
- Look if the perpetrator knows about things that he shouldn't know or have access to a password or have shared accounts with the victim.

When there is the possibility that the perpetrator is monitoring and tracking the victim/survivor's phone the priority is to develop a clear and thorough IT safety plan with the woman, keeping in mind that any abrupt change may escalate the perpetrator's abusive behaviour.

The IT safety plan should tackle the following points:

- Setting up of safe communication channel
- Use of a safe device
- Use of online communication and social media accounts
- Safety concerns about a possible escalation

III. Work with perpetrators of CVAWG

Professionals need to be very careful when discussing about CVAWG with perpetrators to avoid providing them details on aspects they may be aware of. The risk is to suggest new forms of coercive control, increasing the risks for victims/survivors. For this reason it is recommended to use the "funnel questions technique" that is, starting with general questions and then moving to more specific questions about the possible use of ICT to exert coercive control.

2.4. The main risk factors related to the new issues of violence include online safety, sustainable and effective support by the professionals, risk assessment and child safeguarding

2.4.1. Process Management and Coordination

Whenever the protocol is activated, involved professionals need to select a coordinator responsible for overseeing the collaborative process and executing the agreed-upon decisions. In cases of disagreement among the professionals, the coordinator may take the initiative. Coordination could be rotated among professionals from engaged programmes. The framework of the terms of coordination is set at the **A.S.A.P.2.0 Multiagency Standard Agreement and the A.S.A.P.2.0 Policy Document**.

The systematic and staged cooperation between Victims Support Services and Perpetrators Programmes needs to be ensured at all levels of the process, while flexibility to the micromanagement of the process could be foreseen.

All parties involved need to enact the necessary legal or procedural measures to ensure a proper assessment of the risk of death, the severity of the situation, and the likelihood of recurring violence. This assessment is crucial for risk management and, if needed, for providing coordinated security and support.

2.4.2. Coordinated Risk Assessment

Risk Assessment prevails as a safeguarding and evaluation process, for safety maximization at each level of the process. Continuous collaborative risk assessment and mutual analysis by professionals, focusing on both victim and perpetrator risk factors, ensures effectiveness of process, cohesion, and accountability by professionals. It's an essential step for case managers so to accurately and consistently determine the level of risk, ensuring a shared understanding and a solid foundation for cooperation.

The effectiveness of the aforementioned process hinges on the crucial factor of mutual understanding, the recognition of procedures and the coordination by both services involved. It is fundamental to clarify the roles of professionals representing both the victim and perpetrator sides to ensure they work in harmony, focusing on combating violence without favoring one side over the other. Achieving a shared understanding of the process is critical to preventing any unconscious biases on the part of professionals. Whenever other services are involved, they should be part of the whole coordination process.

The A.S.A.P.2.0 Protocol and Toolkit include joint risk assessment (see Annex 5.1) of recidivism episodes (see Annex 5.2), individual change (see IMPACT questionnaires) and for the measurement of other qualitative elements. These tools are meant to be used by the professionals working in victim support services and perpetrator programmes, as well as by professionals from other agencies involved (e.g. child protection services, social services, police, etc.) during the application of the protocol to ensure both the validity and reliability of the process and a common level of understanding (see Annex 5.3.).

Communication between professionals should exploit all available means, taking into account of all associated risks which might arise upon. Risk Assessment is used to determine the severity of the situation and to guide the decision-making process for implementing appropriate mitigation and protection measures. The coordination process should be agreed upon by all collaborative parties to ensure effective management of the situation.

3. Participants

3.1. Participants

The A.S.A.P.2.0 protocol can be activated for the cases of domestic violence – and IPV in particular – where both members of the (ex) couple – perpetrator and victim – is attending Victims support and Perpetrators Work respective programmes.

The main parties of the protocol are the Victim Support Service (VSS) and the Perpetrators Programme (PP). The protocol could be used as follows:

- Between the Perpetrator Programme and an external support service, involving the professional working with the perpetrator and the external professional working with the (ex) partner
- Between the Perpetrator Programme and an external support service, involving the professional working with the perpetrator, the professional dedicated to partner contact, and the external professional working with the (ex) partner

Within the Perpetrator Programme, there is a need of a dedicated professional working with the perpetrator and of one professional dedicated to partner contact. If it is deemed necessary, collaboration should be extended to all relevant local agencies involved in the case, such as child protection services, Social Services, and the Criminal Justice System, including the Prosecutor's Office and Police Forces, upon coordinators authority and consent of engaged professionals.

3.2. Targets and Exclusions

The A.S.A.P.2.0 Protocol and Toolkit can be applied to most cases, while they could be valuable in high-risk cases, when children are involved and in cases repeated violent behaviors are observed. If the (ex) partner is not attending any support service, the protocol can also be implemented between the professionals of the Perpetrator Program and partner contact professionals.

This protocol can also be applied in specific cases in which the VSS is not directly involved:

- the man attending the perpetrator programme is the father of a child/children under Children support/protection Services
- the man is addressed to the programme by the Criminal Justice System (e.g., Prosecutor's office, Police Forces) or other Services that can monitor the impact of the violence on women or children

NOTE! Before activating the Protocol, it's important that professionals assess all potential risks connected to the implementation. Particular situations that need a thorough evaluation include, for example,

- Stalking cases
- Situations in which the client or the (ex) partner have previously attended a therapy programme and the therapist(s) know the (ex)partner
- The perpetrator is intensively upset or objects to enrolment of the survivor in service, as it might indicate a high risk of violence

3.3. Mandatory and Voluntary Participation

Depending on the institutional framework of each country and agency, the participation in perpetrator programmes could be either mandatory or voluntary. The implementation of this Protocol is quite flexible and could be applied on the specific institutional context of each agency, either the attendance is mandatory or voluntary.

4. Privacy

In compliance with the GDPR and with the relevant measures for the protection of personal data, the collaboration and exchange of information between different Services need to be explicitly addressed in all privacy authorizations.

The A.S.A.P.2.0 Protocol can only be applied where the victim has explicitly authorized the exchange of information on her situation. Due to the potentially increased likelihood of risk and recidivism episodes, the perpetrator does not necessarily need to be informed of the activation of the Protocol, especially if he's not aware that the (ex)partner is receiving support. He could be informed only after a long period of interventions in both of them and for very specific reasons (e.g., issues related to children's welfare and custody).

All ethical and privacy issues related to the coordinated collaboration process and the exchange of information among agencies are regulated by the **A.S.A.P.2.0 Multiagency Standard Agreement (MSA)** attached to this protocol. The MSA is signed by the case managers on the victim's and the perpetrator's side, and by case managers of any other agency involved, and describes the whole process of cooperation, the key points, and the mutual commitments. The signatories undertake to respect and enforce the rules of the Agreement.

If the MSA is not possible to be signed by both parties due to organizational and formal administrative reasons, the **A.S.A.P.2.0 Policy Document** could be the effective option, signed by the engaged professional. The A.S.A.P.2.0 Policy Document includes the main principles that every involved professional consent to follow and respect. These principles are related to information sharing and case managing with a view to ensuring victim's and children's – where relevant – safety.

According to the *Child Protection Policy*:

Any information revealing the identity of the children which would potentially put them at risk should follow a strict confidentiality among collaborating professionals/entities. Information about children's lives should be kept in secure files. Access to these should be limited to those that need to use them during their work.

5. Collaboration Protocol and Toolkit

The collaboration is going to be regulated by the ASAP2.0 Multi Agency Standard Agreement and the A.S.A.P.2.0 Policy Document signed by the engaged professionals.

The cooperation between the Services and agencies involved is divided into three phases:

- **Phase 1:** meeting between the teams of the services/agencies involved, in order to establish a mutual language, build a common ground of understanding of the phenomenon and acquire finally a mutual knowledge of working methodologies

- **Phase 2:** meetings between the case managers (one from each Service)

- **Phase 3:** Cases closure and follow up

5.1. Phase 1

It involves a first meeting between the involved professionals from the collaborating services/agencies after an initial mapping ecosystem of all stakeholders at local and regional level. In case children are involved, the presence of an expert in charge of Child Protection Policy in the organization to introduce this topic to the participants is appropriate.

The aim of this meeting is to share theoretical and methodological foundations and operational procedures of each Service/agency, and to

- Train both teams on the use of this protocol
- Start the cooperation with reciprocal knowledge and awareness
- Build mutual trust, based on the awareness that all Services/agencies have the same priorities (i.e. victims' safety and/or children's best interest)
- Discuss any different view (both methodological and/or theoretical)

5.2. Phase 2

It involves meetings between case managers from both services to discuss the assessment process for both victim and the perpetrator.

This phase aims at:

- Working with the beneficiary having clearly in mind the parallel path the other member of the couple is following with the other service.

- Controlling any unrealistic expectation the woman may have about an immediate improvement of her (ex)partner's violent behaviour (especially at the beginning of the programme). This may help prevent drop-out.

- Conveying to the beneficiary the idea that all the Services involved are not only cooperating, but they also share the same purpose.

A stakeholder from Child Protection Services will be invited to participate when it's necessary.

If the Programme for Perpetrator has a team member dedicated to "partner contacts", she/he is also invited to the meetings.

The case managers will meet as often as they deem necessary based on their availability and the updated needs of the beneficiaries according to the local context during the period that both members of the couple are attending their respective programme (even if they join the programme at different times).

NOTE! The spacing between meetings should not exceed four months but should not be less than two weeks apart.
 In particular situations, the frequency of the meeting could be intensified.
 In case of emergency, each case manager can convene an extra meeting, regardless of the agreed-upon schedule

5.3. Phase 3

It includes the period of evaluation and closure of cases. Provision is made for the follow-up of cases over such period of time as is deemed necessary.

NOTE! The rationale behind the long-term follow-up of cases after the end of the programme is to dispense with the utilitarian aspect of the process, i.e., decriminalisation, but to highlight the authentic aspect of the process which is changing violent behaviours and reducing risk for victims.

5.3.1. Joint risk assessment

The risk assessment will be carried out through the specific checklist “RISK INDICATORS IN MAL-TREATMENT SITUATIONS” (See Annex 5.1), that contains risk indicators for the woman and for the children. Programmes that are already using similar tools for risk assessment (for example the S.A.R.A. questionnaire) can substitute or integrate the protocol’s checklist with their own tool. Risk assessment through the checklist is done individually by each case manager **before** every meeting, in order to reach a faster and more effective comparison and sharing procedure.

→ When using the checklist, the risk is to be considered as high when 3 items are checked.

WARNING! The level of risk should be assessed since the prevailing conditions at the socio-cultural-economic level, considering the possibility of change in times of emergencies and crisis. For instance, the condition of isolation and restrictive measures (measures against COVID-19 pandemic) pose serious risks that need to be considered by the case managers.

5.3.2. Assessment of recidivism

Assessment of recidivism is performed confronting the episodes of recidivism described both by the perpetrator and the victim and recorded by case managers in the following table

Recidivism episodes reported by the perpetrator

Type of violence	Description of the episode	Date
Physical violence		
Psychological violence		
Economic violence		
Sexual violence		
Stalking		
Cyberviolence		
Stalker ware		
Violence against children		
Other		

Recidivism episodes reported by the victim

Type of violence	Description of the episode	Date
Physical violence		
Psychological violence		
Economic violence		
Sexual violence		
Stalking		
Cyberviolence		
Stalker ware		
Violence against children		
Other		

Recidivism episodes reported other agencies

Type of violence	Description of the episode	Date
Physical violence		
Psychological violence		
Economic violence		
Sexual violence		
Stalking		
Cyberviolence		
Stalker ware		
Violence against children		
Other		

5.3.3. Assessment of individual change

The assessment of individual change is carried out through the administration of IMPACT questionnaires to both the perpetrator and the victim according to the following programme:

- T0 at the beginning of the programme
- T1 when the perpetrator starts the intervention
- T2 every three months
- T3 at the end of the programme
- T4 follow-up

NOTE

- T2 can be administered periodically (every 3 or 4 months) in case of a long-standing programmes (more than 12 months duration).
- Depending to the characteristics of each programme (e.g., psychoeducational group intervention, counseling etc.) the professionals could have the option to use T1 or not.

For victims, the questionnaire can be administered either by the case manager from the service for victims or by the case manager of the programme for perpetrators that manages the contacts with perpetrators' partners. This timeline assessment could be adapted according to the National Framework of Programmes.

The questionnaire should be administered at the same intervals both to the perpetrator and the victim. In case of particularly difficult situations for the victim, case managers can decide to delay the questionnaire to avoid potential stressful effects.

In this case the delay of the evaluation should be justified written , thus acting as a presumption for the process followed and the special aspects of the case that impede evaluation.

5.3.4. Measurement of other qualitative elements

It's very important that the case managers also share information and discuss other qualitative features of the programmes (e.g., perception of risk beyond the objective results of risk assessment).

Besides the programmed meetings, informal contact between the case managers are encouraged in case of critical events for which the reassessment of risk is necessary, including, for example:

- significant changes within the life-cycle of couple/family – e.g. births, deaths, separation, divorce,
- recidivism, especially about physical violence or serious threats;
- escalation;
- court orders regarding children;
- will of the woman to split up;
- actions taken by judicial system or modifications in the legal procedure.

Case managers should also discuss and share information on any form cyber violence, regardless of if it is certain or suspected.

6. Annexes

6.1. Checklist for risk assessment (woman and children)

6.2. Recidivism assessment tool

6.3. Meeting records

6.1. Checklist: risk indicators in maltreatment situations

Section A: risks for the woman

SERIOUS (HIGH RISK)

- The woman has intuitive feelings of being at risk (woman's fears)
- Death or suicide threats; woman's fantasies of death
- Non treated alcohol or drug use (memory loss, cruelty)
- Increase in the frequency and seriousness of violent behaviours (escalation)
- Extreme and obsessive jealousy (both online or offline) towards every area of interest of the partner
- Aggressive behaviour toward other people (parents, siblings, relatives, etc.)
- Criminal record
- Access to or possession of weapons; reference to weapons as tools of power, control or revenge; "intimate" relationship with the weapon, jokes about it, use of terms of endearment for the weapon
- The woman has left post-death instructions
- Pet abuse
- Violence in previous relationships
- Previous police interventions for threatening behaviours, stalking, private violence, maltreatment, sexual abuse
- Demand for the relationship to last forever; use of expressions such as "together for life", "forever", "whatever it takes"
- Will of the woman to split up
- Ongoing divorce proceeding
- Diagnosis of mental illness in the perpetrator not treated by a psychiatrist or doctor
- Violation of Court's protective order measures
- He has access to her accounts and devices

NON-SPECIFIC INDICATORS - INTERMEDIATE RISK (TO BE ASSESSED AS A WHOLE)

- Anger against police or other (real or perceived) authorities
- Responsibility for violent or aggressive behaviours is attributed to alcohol or drugs
- Monitoring, control and inappropriate attention to the partner also through stalkerware or other online tools
- Rejection is not accepted
- Projection of extreme emotions on others (hate, love, jealousy)
- Minimization of violent behaviours
- Belief that everyone is against him

- Refusal to change and description of himself as inflexible and not willing to compromise
- Acceleration of involvement in the first phases of relationship (cohabitation, marriage, pregnancy)
- Suicide attempts of the victim
- Growing up in a violent environment (parents abusive with one another or towards children);
- Growing up in the welfare system (with a foster parent or in an institution);
- He has access to intimate pictures or videos of her

Section B: risks for the children

- She is pregnant
- She takes care of the children (her own or his)
- They have their own (legal) children.
- She knows that the children have heard what has happened in some of the episodes.
- She knows that the children have witnessed any of the episodes.
- He has hurt the children at least once.
- He has threatened to hurt the children.
- He has threatened to kill the children indirectly
- He has threatened to kill the children directly
- He has access to children's devices and accounts in order to monitor/control children's and mother's actions
- He doesn't follow the decisions taken by the court on divorce (marital allowance, safety measures, non-formality regarding designated contacts with children)
- He neglects children's needs, as deprivation of food, play and social contacts (extra on the grounds of COVID-19 crisis)
- He is (cyber) stalking and/or harassing the children for the collection of information concerning the mother or her decisions
- Children spend more or a lot of time with them mother
- He has threatened to kidnap the children
- Children refuse to contact and communicate with him
- Children's relationship with him has deteriorated
- Children's fear/anger/vindictiveness/aggressiveness of him or generalized on a frequent basis

6.2. Recidivism Assessment Tool

Recidivism episodes reported by the perpetrator

Type of violence	Description of the episode	Date
Physical violence		
Psychological violence		
Economic violence		
Sexual violence		
Stalking		
Cyberviolence		
Stalker ware		
Violence against children		
Other		

Recidivism episodes reported by the victim

Type of violence	Description of the episode	Date
Physical violence		
Psychological violence		
Economic violence		
Sexual violence		
Stalking		
Cyberviolence		
Stalker ware		
Violence against children		
Other		

Recidivism episodes reported other agencies

Type of violence	Description of the episode	Date
Physical violence		
Psychological violence		
Economic violence		
Sexual violence		
Stalking		
Cyberviolence		
Stalker ware		
Violence against children		
Other		

6.3. Meeting Record

Meeting n°	Case number	Date	Participants

a) Assessment

	Support service for victims	Service for perpetrators	Other services/agencies
risk			
recidivism			
individual change			

other qualitative notes:

a) Action plan

Protection/ support needs	Actions	Term	Person/agency responsible

Multiagency Standard Agreement (MSA)

Introduction

Considering

The current legislation and, in particular, Article 16 ("Preventive intervention and treatment programmes") of the *Council of Europe Convention on preventing and combating violence against women and domestic violence* (7 April 7th, 2011) states that perpetrator programmes "where appropriate, (...) are set up and implemented in close co-ordination with specialist support services for victims."

The "ASAP2.0 Protocol" was created in the framework of the EU-funded project "A.S.A.P. - A Systemic Approach for Perpetrators", whose major objective is to ensure the protection of direct victims or witnesses of violence against women and girls.

The purpose of this agreement is to define the implementation of the "Operational Protocol A.S.A.P. 2.0 " and only, between:

The programme for perpetrators
represented by Mr/Miss
The Victims Support Service
represented by Mr/Miss
Other Agency
represented by Mr/Miss

NOTE!

- The case managers are appointed as representatives
- This collaboration is not once for all, but it strictly regards this specific case

It is recommended to fill in the following coding Case identifier: (first/third letter of name/surname/ mother's name/father's name/date of birth/1 for woman-2 for man)

Case ID:.....

(Ad hoc ID or IDs already used within organizations)

Key points

- Case managers can share information on the case. Exchanged information must be shared exclusively with their own work teams, in a way that is functional to the effective management of the cases;
- The "ASAP Protocol" can only be activated if the woman gives explicit written consent to information on her situation being exchanged with concerning with the case manager of the perpetrator programme. The consent of the woman must be periodically verified: the exchange of information shall be interrupted as soon as her consent is withdrawn;
- Information about the woman will, in no case, be shared with the perpetrator of violence;
- The perpetrator will in no case be informed about the fact that his partner is attending the Victims Service;
- The exchange of information between Victim and Perpetrator Services must be expressly provided in the respective authorizations for the use of data, in accordance with the GDPR and the relevant privacy regulations;
- The exchange of information will be strictly functional to the joint risk assessment and the assessment of recidivism and change in the perpetrator's behaviour, as established in the protocol.
- In the event of a high-risk situation for women, girls or minors, both Services undertake to activate joint measures in order to manage this risk;
- Both services are committed to the implementation of the "Protocol" according to the working steps defined in it, carrying out the collaboration until the end of the perpetrator programme.

Mutual Commitments

**The Victim Support Service, represented by Mr/Ms
..... is committed to:**

- verify with the woman her consent to sharing, through her case manager, information on her situation with the case manager of the Perpetrators Programme in charge of the man who acted/acts violently against her.
- activate "extraordinary" meetings when crucial information on the case emerges, especially then this may lead to a change in the risk for the woman/minors
- ...
- ...

**The Perpetrator Programme, represented by Ms/Mr
..... is committed to:**

- share information regarding the change in the behaviour of the perpetrator, assessed through the administration of the IMPACT questionnaire or equivalent tool;
- activate "extraordinary" meetings when crucial information on the case emerges, especially if they determine a change in the risk for the woman/minors
- promptly inform the victim service in case of immediate danger for the woman or the children...
- ...

The(third party), represented by Ms/Mris committed to:

- verify with the woman her consent to sharing, through her case manager, information on her situation with the case manager of the Perpetrators Programme in charge of the man who acted/acts violently against her;

- activate "extraordinary" meetings when crucial information on the case emerges, especially then this may lead to a change in the risk for the woman/minors;

- Share information regarding the change in the behaviour of the perpetrator, assessed through the administration of the IMPACT questionnaire or equivalent tool;

- promptly inform the victim service in case of immediate danger for the woman or the minors

- ...

- ...

- ...

Implementation of Coordinated Cooperation

The coordination of the process concerned could be undertaken on a rotating basis by the case manager of each service. In each coordination, the coordinator in charge will be responsible for implementing the agreed decisions or taking the initiative in cases of disagreement. The process will be carried out in a more flexible way, according to the capacities and means available to each body and country.

Or

Mr/Mrs oversees the coordination...

Service/ agency	Case Manager's signature

POLICY DOCUMENT

1. Introduction

The necessity of effective collaboration of Victims Support Services and Perpetrators Programmes is a key priority for the efficacy of the process, and the maximization of safety for survivors and children. Effective collaboration between Victims Support Services and Perpetrators Programmes needs to take into account several key aspects, ensuring that risk is properly and promptly assessed, that recidivism is minimized and that accountability is key priority among professionals involved at the local level. At this level, professionals engaged in Victim Support and Perpetrator Work need to follow an effective frame of collaboration to avoid critical mistakes that could expose the victim to further risks, so to achieve a minimum level of coordination in the activities they carry out. Collaboration between professionals working with the survivor and the perpetrator, need to include the avoidance of stigmatization of any of the members and at any level of the process.

At this extent, the ASAP 2.0 Project focuses on the improvement of the collaboration between Victim Support Services (VSS) and Perpetrators Programmes (PPs) in order to ensure the effective protection of survivors of gender-based violence. It builds upon the tools and methodologies developed during the implementation of the ASAP Project.

The goal of ASAP 2.0 is to enhance the effectiveness of treatment programmes for perpetrators through the implementation of a systemic approach that builds on ASAP's experimental methodologies. The collaboration protocol is piloted in 4 EU countries (BG, CY, DE, EL, ES, IT), with the goal of standardizing the collaboration between PPs and VSSs, introducing procedures and methodologies aimed at increasing the effectiveness of PPs and the safety of victims, both women and children.

The **A.S.A.P.2.0 Protocol and Toolkit** which has been developed, together with this **A.S.A.P.2.0 Policy Document** and its subsequent **A.S.A.P.2.0 Multi-agency Standard Agreement**, serves as a key tool for professionals to further improve multi-agency collaboration.

The original ASAP's protocol has been upgraded to include:

- COVID-19 effects on perpetrators, victims, and online treatment and collaboration
- Online is an emerging form of violence that needs to be considered in the assessment of risk and recidivism and in the delivery of treatment to perpetrators.
- Ethical and procedural issues arising from the sharing of sensitive information between different agencies
- Child protection aspects, both in the assessment and in the management of VAW and DV cases where children are involved.

2. Objective

The main purpose of this Policy Document is to ensure that the professionals involved in survivor treatment and perpetrator work, agree upon minimum standards of collaboration, so to enhance the efficacy of coordination, maximize safety for survivors and reduce recidivism

In a collaborative approach to case management, professionals involved express their readiness to engage in or evaluate processes as outlined in the ASAP 2.0 Protocol. Furthermore, they consent to sharing essential information about the cases under discussion, doing so in compliance with GDPR and the appropriate personal data protection measures (as detailed in paragraph 3.4 of the Protocol). In addition, professionals pledge to adhere to established principles of multi-agency collaboration, with a focus on minimizing risk throughout every stage of the process.

The role of this Policy Document is to serve as a mutually agreed pathway for collaboration between professionals of Victim Support and Perpetrators Work services, in the case that the MSA cannot be signed due to formal / administrative reasons by Organizations. It's an agreement between professionals upon each case, illustrating their consent for effective case management.

3. Fields of collaboration between Organizations and Professionals

The professionals
of service
and
of service

agree that collaboration among professionals is crucial for maximizing the safety of survivors and their families. An important aspect of making this process effective is ensuring that professionals share case information objectively, without any bias or prejudice.”

According to this document, collaborating professionals shall not share any crucial or confidential information that might breach their respective organization's data protection policies.

Professionals from the collaborating organizations agree upon the following basic principles:

- a. **Communication:** The aforementioned professionals will be in continuous communication, as provided by the ASAP Protocol (article 3.2). This collaboration aims to ensure effective case management and the protection of the survivor and any involved children.
- b. **Common understanding:** professionals share a common understanding of violence as defined by the Istanbul convention and they commit to exchange knowledge about their working methodologies.. They commit to outlining the roles, potential intervention actions, and procedures for each agent involved in the system, as detailed in paragraph 1.4.1 of the Protocol.
- c. **The Protocol provides a standardized and coordinated collaboration process.** Each professional involved in the process agrees to take responsibility for their professional duties within the collaboration.
- d. **Collaborative attitude regarding networking,** information will be exchanged between services and professionals according to the modalities outlined in paragraph 3.4 of the Protocol, to facilitate effective case management. The exchange of information will be conducted in accordance with GDPR and relevant privacy regulations, ensuring accuracy, timeliness, and security.
- e. **The provision of consent by the professional does not by any mean act as a binding action** to the operation and strategy of the organization that the professional is working in.
- f. The provision of consent is not a binding action, rather a **consent provision to promote mutual understanding and collaboration** between agencies.

4. Signature

Organization:.....
Name of Professional:
Profession:
Signature:
Date:/...../20.....



ASAP_{2.0}

A Systemic Approach to address
Perpetrators of domestic violence



Funded by
the European Union



Association *NAIA*



UNA CASA
PER L'UOMO
società cooperativa sociale



www.work-with-perpetrators.eu