

FRONTLINE RESPONSE TO HIGH IMPACT DOMESTIC VIOLENCE IN PORTUGAL

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Abstract There have been profound social transformations in Portugal in the last 50 years. Portugal currently adheres to the international and European agenda to prevent domestic violence. In the chapter the Portuguese legislation and the reporting figures regarding domestic violence, the role of the Law Enforcement Agencies, other first responder agencies, and pertinent stakeholders in responding to high impact domestic violence, as well as the National Network for the Support of Victims of Domestic Violence, are addressed. The authors also discuss good practices and significant challenges. Two of these are intertwined – none of them is quickly addressed, nor can they be addressed by themselves. One is developing a collective attitude that considers domestic violence as unacceptable behaviour, besides being punished by the criminal law. The other is directly posed to the law enforcement agencies and has to do with the increasing complexity of the operational procedures (derived from the new tools presented by the government recently). The problem of elites provoking social change on a superlative level is to forget that adopting new social models is not achieved by decree but through social influence processes, which takes time.

Keywords:

domestic
violence,
Portugal,
interagency
cooperation,
victims,
police,
NGO



Introduction¹

There have been profound social transformations in Portugal, namely its urbanisation rate, industrialisation and tertiarization processes in the last 50 years. However, Portuguese society is still rooted in old customs and social practices that are not gender-friendly, nor very progressive towards the eradication of interpersonal violence as an instrument of coercion over others, namely within the family. In this respect, Portugal is very diverse, but this diversity is not essentially geographical (rural vs urban), political (left vs right), socio-economic (rich vs poor), educational (low vs high educational degrees) or generational (youngers vs elders). It is above all sociological, in the sense that absolute adherence to the international and European agenda in terms of the prevention of violence, namely domestic violence, is assumed by certain political and cultural elites, namely by the Parliament and Government. However, there is still much mistrust and resistance in large cross-sectional groups within society.

The question should be understood under the opposition between cultural roots and the change of social values (Inglehart, 2018). There are some areas and some discourses that still embody a social and cultural belief regarding the patriarchal power that ruled social and intimate relationships in Portugal for a long time. We keep hearing a discourse that is tolerant of this issue. Some violent behaviour remains admissible, even taken as naturalised behaviours, at least in some social environments.

Does statistical data on DV reflects those characteristics of the Portuguese social structure?

¹ At a court session (in the mid-2000s), a judge addresses an aggressor who had just been convicted of domestic violence and asked him:

"Do you understand why this Court has sentenced you?"

The defendant answers:

"I do not, Your Honour. I beat my wife, not yours".

Portuguese legislation regarding domestic violence

The current legislation is a consequence of two significant steps:

- a. The advent of democracy (after the Carnation Revolution in 1974) and the demands it has brought to tackle the issue of the women's condition and rights (Equality of all citizens towards the Law is one of the Portuguese constitutional principles); and
- b. The political overture to the international scenario and its influence towards the growing respect to those rights. The influence of the external environment on national reform dynamics has been evident due to the role of cultural and political elites.

Internally, the main legislative features were:

- 1982 - Penal Code revision, including the crime of mistreatment (partner/children).
- 1999 - Since 1999, Portugal has been implementing a structured public policy on DV. Currently, within the National Strategy for Equality and Non-Discrimination 2018-2030 "Portugal + Equal" (ENIND), Portugal has been implementing the 6th National Plan on DV.
- 2000 – The recognition of DV as a public crime (victim's complaint is not needed for registration, and the subsequent investigation and eventual prosecution) occurred.
- 2007 – DV as a specific type of crime against people in the Penal Code.
- Since 2007 – DV defined as a priority crime in terms of prevention and investigation under the Criminal Policy Law.
- 2009 - The Domestic Violence Act approval. Among other relevant features, it has:
 - Brought the victim status;
 - Provided the technical means to improve the safety of victims (Tele assistance);
 - Displayed protection and coercion measures within 72 hours after the denounce;
 - Created urgent measures to be applied within 48 hours (after the indictment of perpetrator);

- Recognised the urgent nature of the DV process, the detention (arrest) out of flagrant and the risk assessment and safety plans;
- Reinforced the necessity for more attending rooms;
- Demanded the mandatory communication of data (victim status and final decisions in criminal cases);
- Integrated knowledge and intervention on the phenomenon [Source: Law 112/2009, 16th September - updated version].
- 2013 - Amendment in the Penal Code (explicitly inclusion of dating situations in DV).
- 2015 - Amendments in DV Act (DV database; homicide reviews, risk assessment, safety plans...).
- 2018 - Amendment in the Penal Code (Law no. 59/2007, 4th September) - DV aggravating circumstances – the inclusion of dissemination (through social networks or other means) of data related to the privacy of the victims. Currently, the definition of the DV crime under Criminal Code is:
- 2021- Amendments in the Penal Code and in the DV Act (Law no. 57/2021, 16th August)- Penal Code: introducing the economic/patrimonial violence in legal typification of DV and defining that children dependent of the perpetrator or dependent of other victim of DV (provided for in the paragraphs a, b or c) are also considered victim of DV even if doesn't cohabit with the perpetrator. DV Act: Article no. 37.-A- enlargement of the previous database, which is renamed into database on violence against women and domestic violence (enlarging its scope in terms of data, crimes included and data sources).

Article 152

Whoever, in a repetitive manner or not, imposes physical or mental abuses, including bodily punishments, deprivations of liberty, sexual offences or prevent access or enjoyment of own or common economic and patrimonial resources to the:

- a) spouse or ex-spouse;*
- b) to a person of another or of the same sex with whom the agent maintains or has maintained a relationship of dating or equal to a relationship of spouses, even if without cohabitation;*
- c) to the progenitor of a common descendant in the first degree;*
- d) to a person particularly undefended, namely due to age, deficiency, disease, pregnancy, or economic dependency, who cohabitates with him;*

- e) *to a child dependent of the perpetrator or dependent of a person mentioned in the paragraphs a), b) or c) even if doesn't coabit with him, - is punished with a sentence of imprisonment from 1 to 5 years. (...)*

At the international level, Portugal has ratified all existing legal instruments, namely the UN Convention on the Elimination of All Forms of Discrimination against Women (1980), which entered into force in Portugal on 03rd September 1981. In 2000 Portuguese authorities adopted the EU Convention on Compensation to Victims of Violent Crimes. Portugal has also ratified in 2013 the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (Istanbul Convention, 2011), and is, since August 2014, legally binding.

It has been evident the capacity to monitor and transpose into Portuguese legislation the civilisational advances in terms of preventing and combating DV. To this achievement, the political will and participation in the most essential and decisive international *fora* took a decisive role, both in Europe and worldwide. Indeed, the advances made in terms of legislation and public policies regarding DV are less due to the existence of gender-egalitarian or pro-feminist social pressure from the bottom, which is not remarkable. The emancipatory social movement has been weak and almost partisan. Much more important has been the role played by non-governmental organisations and, above all, by the public body named Commission for Citizenship and Gender Equality (CIG), whose origin dates back to the early 1970s (although with a capacity quite distinct from today's). CIG's mission is to ensure the implementation of public policies in the field of citizenship, the promotion and defense of gender equality and the fight against domestic and gender violence and trafficking in human beings. CIG is responsible for the coordination of the ENIND (see, above, page 217).

Reporting rates about domestic violence

A snapshot about DV reported crimes shows its high relevance within the Portuguese criminal panorama: in 2019, as in previous years, this continued to be the second crime most reported at the national level, representing 9 % of all the crime recorded by the LEA. Considering all the different sub-types within DV crime (domestic violence spouse/marital partner; against minors; mistreatment spouse/analogue and other maltreatment), the number of cases in 2019 reached 30

thousand (for a population of 10,2 million inhabitants, which corresponds to a rate of 2,9 cases per 1000 inhabitants). It means almost 2500 cases per month, 81 per day and 3 per hour.

The current DV situation throughout the country is characterised by marked diversity (see Figure 1) and does not show a clear pattern in regional terms. The incidence rate is very high in the autonomous island regions (Azores and Madeira), in some heavily urbanised coastal regions (Lisbon, Setúbal, Aveiro, Algarve) but also in inland regions that are heavily aged and predominantly rural (Castelo Branco, Portalegre). There are no social indicators that correlate positively and powerfully with DV, and that can be unequivocally considered as good predictors of this type of violence. However, there are not also social conditions immune to these practices. The complexity in designing public policies to prevent DV lies precisely in the uncertainty and variability of this social phenomenon.

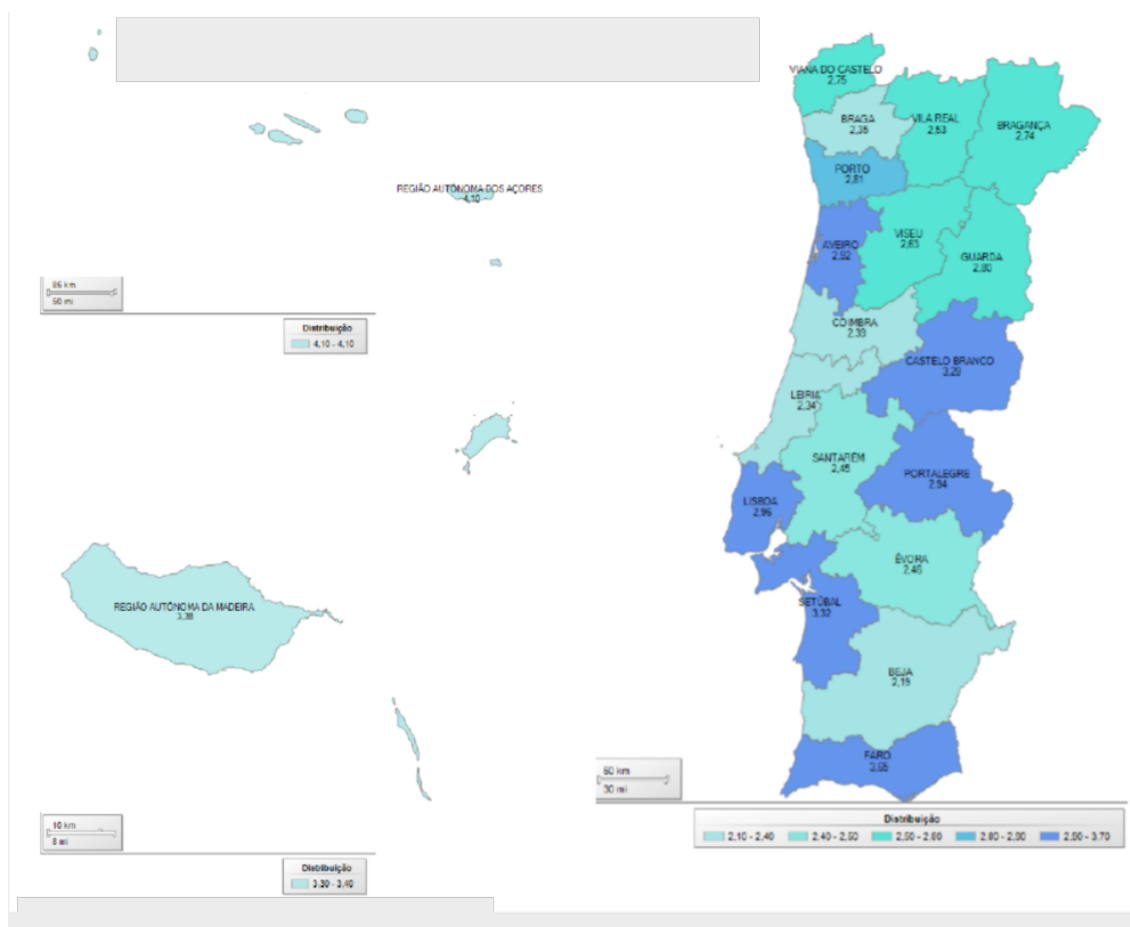


Figure 1: Domestic Violence Incidence Rate in 2019 (per Thousand Inhabitants), by Region
(Source: DV Annual Report, Ministry of Interior, 2020)

According to existing official data (see Figure 2), the evolution of DV crime over the last two decades expresses an evident linear growth ($R^2= 0.7819$), in contrast to both the evolution of offences against person and, above all, to total reported crime figures. It should be noted that the DV crime classification is comprehensive and is not limited to marital crimes, but to crimes committed within the domestic unit or arising from an intimate relationship (e.g. dating) - see article 152 citation from the Penal Code, above).

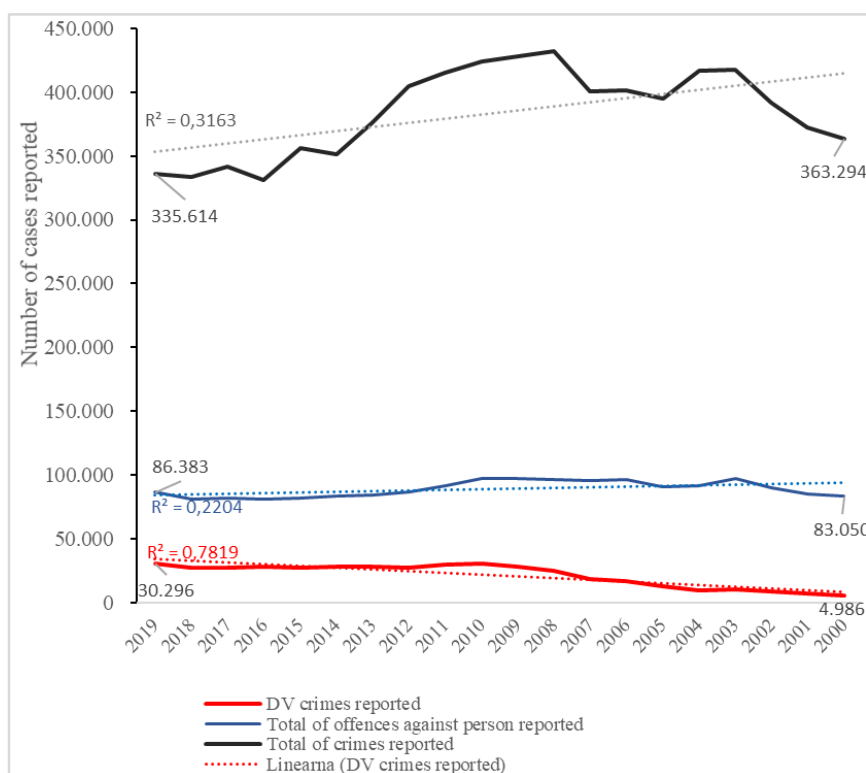


Figure 2: Trends in DV Crime, Offences Against Person and Total Crime in Portugal Since 2000

(Source: Ministry of Justice - Statistics data base (SIEJ))

These two decades are, however, completely different (see Figure 3). The data show that between 2000 and 2009 there was a real explosion in the number of DV cases, which cannot be explained by the sudden radical change in the individual behaviour of offenders, but by the creation of the legal and logistical conditions (strengthening the capacity of the first responders) so that DV victims could complain, reducing the dark figures (unknown numbers) of the phenomena. Thus, it was not the interpersonal social dynamic that brusquely changed, but the creation of a new formal social rule system that brought out the intensity of the social phenomenon of domestic violence.

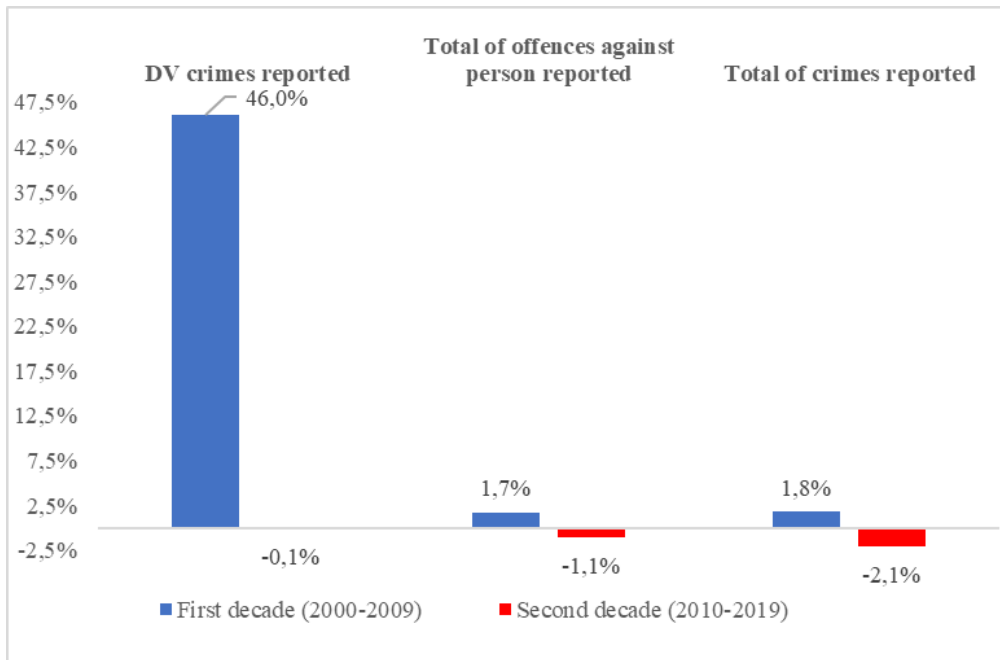


Figure 3: Trends In DV Crime, Offences Against Person And Total Crime In Portugal. Comparison Between Two Decades

(Source: Ministry of Justice - Statistics data base (SIEJ)); calculations by the authors)

There are two undeniable indicators of the occurred social change, even considering such a conservative system like Justice. First, the number of people accused of DV crime in Portugal has increased since 2000 (see Figure 4), even before.

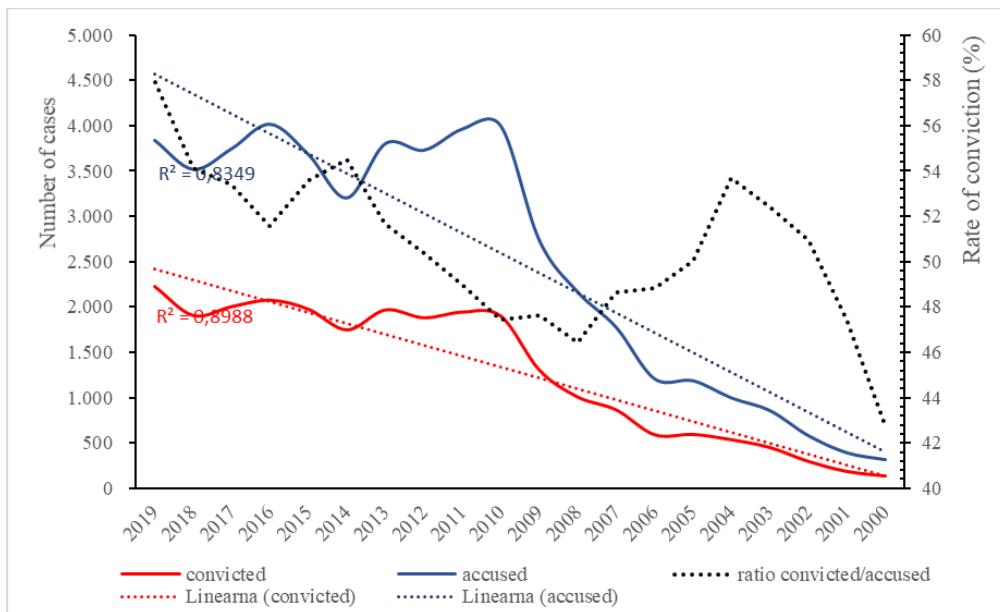


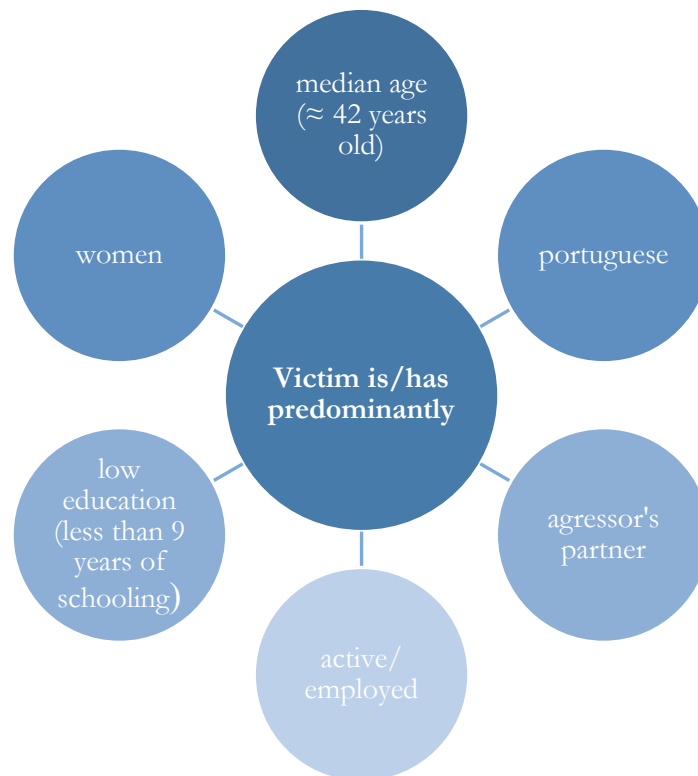
Figure 4: Trends in the Number of DV Crime Convicted, Accused and Ratio of Conviction in Portugal Since 2000

(Source: Ministry of Justice - Statistics data base (SIEJ)); calculations by the authors.)

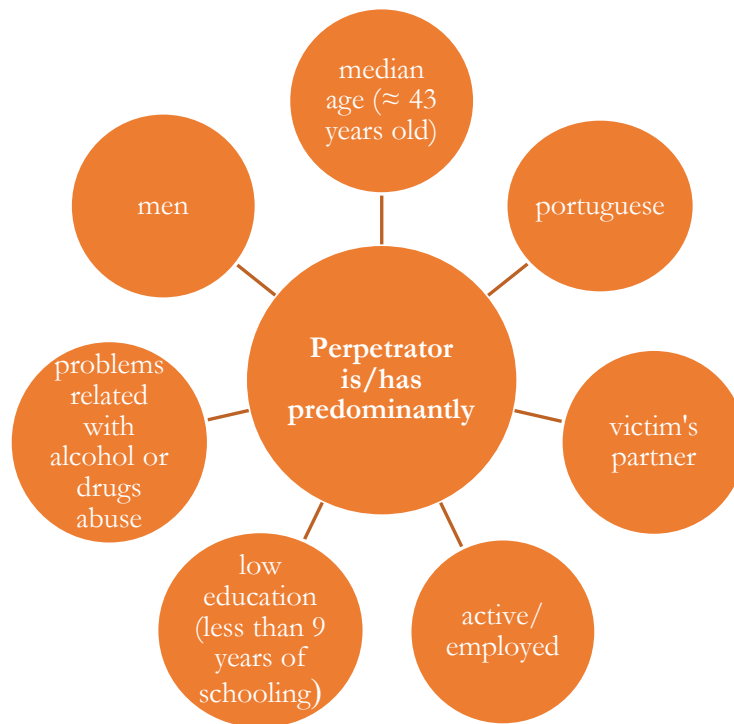
The growth in accusations has been linear, with an $R^2 = 0,8349$, reaching over 3.800 cases in 2019. Second, the evolution of the number of convicted was also accentuated, with a linear trend ($R^2 = 0,8988$), with 2.223 convictions in 2019, the highest number ever (see also Figure 4). The ratio convicted/accused expresses the increased capacity of the prosecution system (accusation) in recent decades, and even more so the Courts to convict. In 2019 this ratio reached 58 %, meaning, however, that much still seems to be done in terms of the efficacy and efficiency of the criminal investigation system (Police and Prosecution Office) and sentencing system (Court).

From the data collected by the LEAs, it is possible to draw a profile of victims, perpetrators and occurrences of DV, all of it updated to the year 2019 (see Figure 5), but which has not undergone significant changes in the last two decades.

Characterization of victims



Characterization of perpetrators



Characterization of occurrences



Figure 5: A Fresh Approach to DV Victims, Perpetrators, and Occurrence's Profiles
(Source: DV Annual Report, Ministry of Interior, 2020)

These data from the DV profile in Portugal allow to reinforce that co-presence at home is an increased risk factor (at night, during weekends), and that low schooling and alcohol and drug addiction can be assumed as individual characteristics for an increased vulnerability to DV. Nevertheless, in-depth studies (possible with the vast information available) are needed for a comprehensive understanding of this phenomenon.

The role of Police, other frontline and first-responder agencies, and pertinent stakeholders in responding to high impact domestic violence

The role of the Law Enforcement Agencies (LEAs)

In 2019, 30.030 risk assessments and 23.376 reassessments were carried out by the Portuguese LEAs. These figures would not be possible without the reforms mentioned above (see Introduction). According to data from the Annual Internal Security Report 2019 (RASI 2020), there were in Portugal more than 1.300 police officers with specific responsibilities within the scope of the DV.

Around 69 % of the police stations (GNR – Portuguese National Guard, and PSP – Portuguese Public Security Police) with on-site presence had a room for victim's attendance (RVA), totalising 472 RVAs. Two decades before, probably there was not more than a dozen. The Government recently (November 2020) has adopted a new regulation on the material conditions of the RVAs, defining common criteria for such RVA (in terms of physical conditions, but also in terms of its usage and information materials to be available there) according to Order no. 11718-A/2020 of 25 November.

In the early 2000s, some specialised police structures and programmes were created to deal with DV. Since then, the procedures changed quite a lot. Nowadays, the complaints of DV presented to the Police (GNR or PSP) originate two documents: A Complaint Report and a Risk Assessment form (RVD-1L). Both documents are sent jointly to the Public Prosecution Service (PPS). A risk assessment reevaluation should occur (RVD-2L). The time frame between RVD-1L and RVD-2L depends on the level of risk determined and the decision of the supervisor responsible for

that documentation. The following evaluations are also sent to the PPS and usually it is also the police that makes such reassessments.

After the assessment is made, the Police may adopt immediate measures at their disposal; others may be proposed to the PPS. So, the evaluation procedure also contains a set of strategies to adopt to promote the victim's safety and security. The design of the Individual Security Plan begins here. In the risky situations, the adoption of protective measures will depend on the coordination between the Police, the PPS, and the Investigating Magistrate, and must be implemented as fast as possible. Also, in these cases, the victim can be enrolled in the Tele assistance programme. There is no deadline for the reevaluation to cease, which will naturally stop if the judicial process ends.

For understandable reasons, perhaps because of the traditional willingness of the police 24/7, for 365 days a year, there is a strong propensity of citizens to lodge complaints about DV, and others, with the Police (GNR and PSP), more than in the Courts, near the Public Prosecutor's Office, and even near the Judiciary Police's facilities (criminal investigation police). In Portugal, polices are the frontline responders (FLR) at the central stage of the DV public approach. All the following considerations must be understood under this assumption.

However, Police as all does not have a unique capacity of response, and the differences we can point out are relevant for the understanding of the frontline institutional response to DV problems in Portugal. There are different generations of professionals with different skills to address DV situations, also geographical capacities, and so the different kinds of outputs in terms of the information collected and registered. Contrary to the *vox populi* that sees bureaucracy as an obstacle, it seems evident that institutions that deal directly with the phenomenon of violence need greater bureaucratisation (in the Weberian sense) of diminishing the preponderance of individual and traditional action and strengthening rational action (free of prejudice and self-determination).

On the other hand, it seems clear that first responders are not exploring all the potentialities of the data gathered, transforming such massive stock of information into knowledge. From the police service point of view, the experience seems to be limited to the strategy of data gathering. In the absence of this knowledge, the

capacity to identify predictors (e.g. mainly by path analysis using previous risk assessments) decreases significantly. Moreover, if it decreases, prevention is almost impossible, and the add-value chain weakens.

The new database that will be implemented is a special opportunity to develop a true integrated knowledge in this area to serve public policies but also to serve better and more informed interventions namely by LEAs and the PPS.

The role of the National Network for the Support of Victims of Domestic Violence (RNAVVD) and NGOs

Support services for victims of domestic violence are organized in the National Network for the Support of Victims of Domestic Violence ("the national network") created under Law no. 112/2009. The national network comprises namely the CIG, the ISS (Institute of Social Security), shelters, emergency accommodation structures and centres providing counselling, psychosocial and/or legal support. This network is coordinated by the CIG and ISS, according to respective competences. Most of the support services under the RNAVVD is managed by NGOs.

In a country without a great tradition of organised civic participation, the exception to initiatives coming from the Catholic Church, the so-called civil society and its non-governmental organisations play, however, a crucial role in terms of direct and indirect support to DV victims, but this role could grow significantly. There are just a few specific NGOs dedicated, cross-nationally, to DV. Most of them only have a regional, or even local spectrum.

Two other sensitive problems in the activity of NGOs concerning DV have to do with a) the difficulties in working together with the Police for reasons of prejudice (that is still visible, although much less than in the past); b) the significant dependence they have, in terms of logistical and financial support, on the State, creating instability regarding the sustainability of responses. In other words, the very centralist model adopted by the State in terms of the strategy to prevent and combat DV ends up limiting the role of civil society and its organisations.

Again, a highly professionalised model that limits discretionary action, personal knowledge rather than the existence of suitable criteria, is something that seems to be lacking in the NGO sphere, about which there is, on the State side, an attitude of some distrust. However, it does not seem possible that support for the victims of DV can be achieved today without these organisations. For instance, they have quite the monopoly of the shelters for victims. They also constitute what we can understand as the 2nd level responders (see Section 3.4., below), which means many responsibilities towards victims. Finally, they have trustworthiness with the victims and their families. The problems we mentioned earlier concern more the relationship between the State and these institutions, and less so between them and the people they serve.

The role of the Health Services

The health services provided to victims are overwhelmingly in the State sphere, and the few that are carried out by private companies are generally agreed with the State. There are two different open doors to the National Health System (SNS): hospitals, and health centres. The first ones deal predominantly with emergencies, often quite close after a DV occurrence; the second ones regard situations known within regular medical appointments (indoor approach) and during community medical work (outdoor approach). Both indoors and outdoors approaches benefit from an interdisciplinary team (where medical doctors (MDs), nurses, psychologists, social workers, and when necessary police officers contribute to a final and common outcome).

However, the current conditions of medical attendance in health services, namely hospitals, do not allow us to assure that health professionals have the proper conditions to make an in-depth assessment of a DV victim. This situation was real before the SARS-CoV-2 pandemic but was very much damaged by it. The SNS is under intense pressure, and this situation is very unfriendly to proceed according to the existing recommendations.

According to the document named “*Interpersonal violence: Approach, diagnosis, and intervention in the health services*” (2016), the MDs follow a set of steps during medical appointments. There are six steps to consider: (1) screening, (2) detecting/assessing, (3) diagnostic evaluation (hypothesis), (4) registering, (5) acting, and (6) signalling.

When handling cases where the victim needs urgent primary medical care, it is usual to present the victim for forensic medical expertise by the National Institute of Legal Medicine and Forensic Sciences. The risk indicators are usually assessed by the MD, together with the victim. The diagnose of imminent danger occurs when there is the possibility of suffering an imminent episode of violence, life-threatening for the victim (or her/his significant persons), based on the interview, the victim's perception, biopsychosocial assessment, and physical exam.

However, the Ministry of Health in 2019 established the National Program for the Prevention of Violence in the Life Cycle. This Program aims the reinforcement, in the scope of health services, the mechanisms of prevention, diagnosis and intervention concerning interpersonal violence against social groups of increased vulnerability.

The general and specific medical training is scarce, and the level or degree of dissemination is probably not sufficient to allow us stating that it occurs transversally in the whole SNS. Central hospitals need to have closer cooperation with the Police. For instance, we know that they complain about not having women police officers at the Emergency Services and the necessary commitment regarding DV cases when they arrive at the Hospital (specifically to those Emergency Services). It should be remembered that in Portugal only central hospitals have a police officer within the premises.

Given a more comprehensive vision of the national organisational model of response to DV, the following scheme (see Figure 6) sums up all the relevant tasks performed by the different stakeholders. The arrows show the interactions amongst the services (each service as a specific colour) to attend the DV incident.

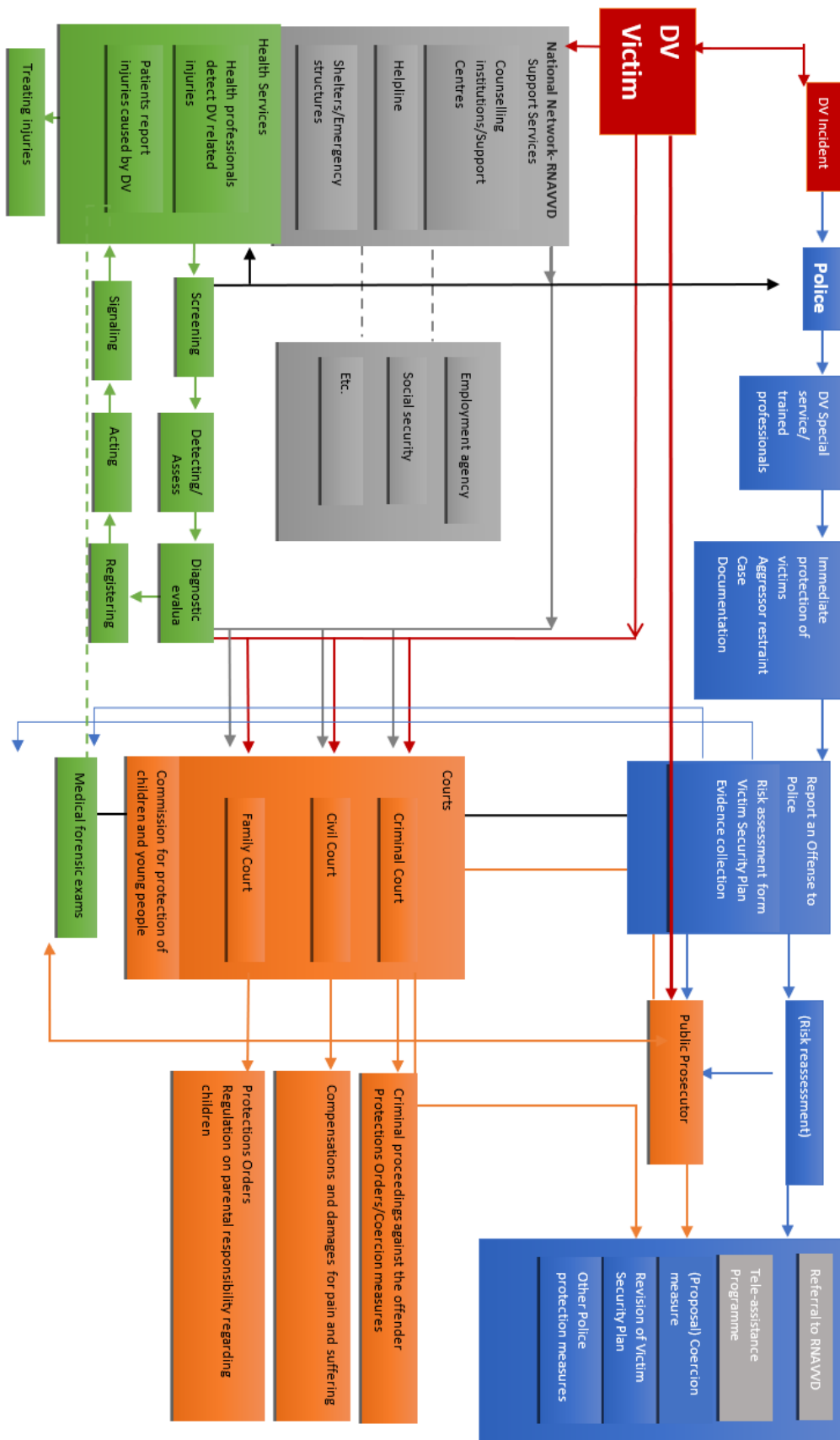


Figure 6: Flowchart of the Attendance Process to a DV Victim (Updated 2020)

Good practices of cooperation between Police, other frontline responder agencies, and pertinent stakeholders

There are three different levels of responders. All of them may be asked for help and advice in specific circumstances by the victims, their relatives, neighbours, work colleagues, or any citizen who may know about a DV occurrence. The first level responders are responsible for the direct and immediate response to DV occurrences:

- The Portuguese National Guard (GNR);
- The Portuguese Public Security Police (PSP);
- The Judiciary Police (PJ; only in cases of homicide), and
- The Public Prosecution Service (PPS).

The second level responders usually are not mobilised and do not intervene in the DV situation itself. They are services to which the victims appeal for help or assistance (strictly social service). They are also services where DV occurrences become disclosed in front of different situations (e.g. divorce, or child neglect). For instance:

- Police local service desks by the central hospitals;
- Hospitals (they communicate with the Police whenever they find some specific evidence or strange situations – signalling to police authorities and providing medical treatment);
- Health Centres – around 400 (for sure at the municipal level, though in many cases at parish level);
- National Network of Support to Victims of Domestic Violence (RNAVVD);
- CPCJ local bureaus (State local Commissions for the Protection of Children and Young Persons);
- Directorate-General of Reintegration and Prison Services.

The third level responders provide specialised responses to help DV victims resolving situations following specific needs (e.g. regular medical assistance, job search, insolvency procedure). For instance:

- Social Security – approximately 442 local offices for public attendance;
- Employment Agency – 106 offices, region-based;
- DECO (consumer protection) – 6 regional delegations;
- Education (13850 public schools, from pre-primary to secondary education).

In March 2019, following a succession of alleged cases of homicides in the context of DV (occurred at the beginning of that year) and the publication of GREVIO's Report on the implementation of Istanbul Convention in Portugal, the Portuguese Government created the Multidisciplinary Technical Commission for the Improvement of the Prevention and Combat of Domestic Violence (CTM). This Commission produced a report with several recommendations on data and statistical indicators. Following this report, a Governmental Order was approved (Council of Ministers Resolution no. 139/2019, 19th August), defining the priority actions to be developed, as well as other measures to be taken in areas such as health, education and social security. Among measures determined, it should be underlined: a) the implementation of the database on violence against women and domestic violence (to improve official data in this domain); b) the elaboration of a joint training plan of professionals regarding Violence against Women and DV; and c) a guide of functional procedures to be followed within the 72 hours after the report by LEAs.

In accordance, at the end of June 2020, the Portuguese Government presented four new instruments to prevent and fight DV:

- Handbook on Functional Performance within 72 hours following the reporting of domestic violence (Portuguese version available from <https://bit.ly/38453Iz>);
- Integrated Intervention Guide for Children or Young People Victims of Domestic Violence (Portuguese version available from <https://bit.ly/2CCOQOE>);
- Annual Joint Training Plan on Violence Against Women and Domestic Violence (Portuguese version available from <https://bit.ly/2YzaYBY>);

- Handbook on the Minimum Requirements for Primary Prevention Programmes and Projects of Violence Against Women and Domestic Violence (Portuguese version available from <https://bit.ly/3eC3AeW>).
- New models for attributing the status of victim were developed and entered into force in September 2021. It includes a model for DV cases - the especially vulnerable victim status (DV).
- Aligned with the handbook on functional performance within 72 hours the Standard form for registering DV cases reported to LAE was also revised and will enter into force in January 2022. This model will be used not only by the GNR and the PSP, but also by the the PPS and the PJ.

LEA - GNR (The Portuguese National Guard)

In the context of the GNR, it is essential to mention a program that consists, roughly, in the specialisation of human resources for prevention, investigation and monitoring of situations of violence against women, children and other specific groups of victims (IAVE Project). There are 24 IAVE's Nuclei, seated at the territorial commands or deployments of the GNR (with 3-4 researchers) or the level of the territorial squads, closer to the population, including 350 Teams (with 1-2 elements). These teams have a strong relationship with local entities and operate in a proximity policing logic.

LEA - PSP (The Portuguese Public Security Police)

In terms of models for organising policing at DV, there are several initiatives, in addition to the traditional service at the Police Station and the Integrated Model of Proximity Policing: the Victim Information and Assistance Office (GAIV) in Porto, found in 2013, the "Espaço Júlia" in Lisbon and the "Casa da Maria" in Oeiras, among others. These models have been implemented in the last years, reinforcing the availability of police elements with specialised training in DV, service spaces with greater comfort and privacy for the victim, a more direct articulation between the Police and the PPS and the victim service structures.

GAIV manages all the DV related calls in the city of Porto (Machado et al., in press). GAIV has become the DV pivotal frontline responder in the city. In the backstage, PSP created the Crime Investigation Special Teams for DV (EEIV) which are specialised in the criminal investigation of these crimes. This new arrangement allowed the PSP to obtain a high level of public awareness regarding DV.

The “Espaço Júlia”, opening date in 2015, was designed to provide an integrated response to DV victims. A response that is lacking in many police stations in the country is here: to support and accompany the victims of domestic violence, 365 days a year, 24 hours a day, with specialised technicians. Ten agents from the PSP officers work within “Espaço Júlia” - male and female agents with training in DV and Victim Care; along with two technicians of Victim Support from the Santo António Parish Council, coordinated by the Technical Director of this facility. All cases signalled by Dona Estefânia Hospital's Paediatric Emergency Department and São José Hospital's Emergency Department are conducted to this facility. However, any person who goes to this space will be attended.

Public Prosecution Service (PPS)

Also, it should be mentioned the Victims of Gender Violence Assistance Offices (GAV) that were created through a protocol between the Ministry of Justice (MJ) and the Attorney General's Office (PGR) and integrate victim support technicians from NGOs. Since 2019 six GAV were created.

The PPS adopted the Directive no. 5/2019² aimed at providing public prosecutors with guidelines for homogeneous action in the segments identified as especially missing in standardised intervention.

This Directive also intended to promote the articulation within the recent created Specialized Integrated Domestic Violence Sections (SEIVD), which comprise Criminal Action Nucleus (NAP) and Family and Children Nucleus (NFC). These SEIVD were created, at an experimental level, in several Criminal Investigation and Action Departments. These Sections contribute to the increasing movement of

² Available at: http://www.ministeriopublico.pt/sites/default/files/documentos/pdf/diretiva_num_5_2019.pdf

specialization of the intervention of the PPS in domestic violence and facilitate specific attention and articulation in the cases where children are involved.

As far as the Third Sector is concerned, some local support networks in the DV field have been set up over the last few years, and it is relevant to mention them here. These networks are local in scope, and their main objective is to increase the coverage of the territory concerning the provision, namely, of victim care facilities. These initiatives are the result of a policy of establishing territorial protocols of the National Network of Support to Victims of Domestic Violence (RNAVVD) with several municipalities. A NGO carries out the coordination of each protocol with local/regional implementation.

Many other initiatives could be flagged about good practices of cooperation between Police and other stakeholders, crossing the different levels of responding and types of partnerships, and that can be understood as experiences of social response to admittedly wicked social problems. There is, in fact, an area for intervention that is not defined by experimentalism but by innovation. Synthetically, some experiences have already been partially evaluated and others that should be evaluated with the greatest possible urgency. This urgency arises from the need to understand what should be stimulated and replicated by the country. Moreover, what does not work well and should be closed and forgotten.

Main challenges and issues to be anticipated

No society can collectively eradicate interpersonal violence, and most especially not the violence that is hidden in intimate relationships. The tremendous social challenge, however, concerns the development of a collective attitude that considers such violence as unacceptable behaviour and a crime punishable by Law. The modern societies' recent fight against DV is the story of how this path has been taken. Thus, the enlarged social visibility of violence and its moral condemnation is a cross-cutting challenge that cannot be interrupted and is projected as vital in the very long term.

Another challenge is the reinforcement of the fight against a relativistic attitude towards violence in a context of intimacy, embedded in retrograde ideologies that see gender equality as a danger for civilisation and defend the past as an idyllic

historical reality. There are clear signs that this risk is not only theoretical, nor does it belong to a distant future. On the contrary, it is a risk still of the present.

The slow and gradual transformations, sometimes speeded up by significant legal reforms and driven by international conventions, have simultaneously brought new challenges. One of these challenges, directly posed to the LEAs, has to do with the increasing complexity of operational procedures (more sophisticated administrative proceedings, victim status attribution, risk assessments, individual security plans, and recently adopting the reinforcement of all procedures within 72 hours). However, in the sense of the complexity of procedures and the need for training that responds to new challenges, this tendency is not exclusively of the police institution. This complexity has not ended and has dragged on other changes in intern police organisation and other public systems as well. Often, the problem of elites provoking social change on a superlative level, almost an ultimate social goal, is to forget that the adoption of new social models is not achieved by decree, but through processes of social influence, and this takes time. The key variable seems to be more and more training. Only training and supervision can counteract individual facilitation and routine on activity, responsible for errors and omissions that do not help condemn the aggressors and fuel an idea of impunity in the community.

On the other hand, civil society responded to the new challenges by multiplying the available resources, which forced it to redesign the map of institutional actors that moves around DV. This change is still under consolidation, and mutual distrust is still widespread and seems to be an immediate challenge to overcome.

The total confinement resulting from the COVID-19 pandemic (from March to May 2020) added a new challenge, increasing the complexity of the public response to violence in intimate relationships. More than never, institutional support became very difficult, and DV became even more hidden. The number of cases reported remains lower and very unstable. What will the «new normal» look like in terms of DV? Has the pandemic partially reduced interpersonal violence, just as it has reduced other types of crime? When the great focus of public policies concerning the fight against DV was the greater visibility of this phenomenon, the combination of fears can trigger a silent crisis that will affect the victims of this other pandemic which is the violation of citizens' rights to their peace and tranquillity in the family context.

Note

At a court session (in the mid-2000s), a judge addresses an aggressor who had just been convicted of domestic violence and asked him:

"Do you understand why this Court has sentenced you?"

The defendant answers:

"I do not, Your Honour. I beat my wife, not yours".

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