Family Justice Center Limburg: a systemic approach to domestic violence
Short introduction
3.3.2 Fragment 1 - Witnessing domestic violence - YouTube
1/4 of the population will ever be affected

Very high ‘dark number’

35 Average number of violent incidents before someone seeks out help

7 Average number of attempts before someone really leaves
Dangerous vicious circle that is difficult to break

Often in combination with multiple underlying problems (substance abuse, financial problems, personality disorders,...)

And always bear in mind the different dynamics / offender profiles and the consequences for treatment
**ACE-study**

The impact of adverse childhood experiences - by Dr. Felitti

<table>
<thead>
<tr>
<th>ABUSE</th>
<th>NEGLCT</th>
<th>HOUSEHOLD DYSFUNCTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical</td>
<td>Physical</td>
<td>Mental Illness</td>
</tr>
<tr>
<td>Emotional</td>
<td>Emotional</td>
<td>Incarcerated Relative</td>
</tr>
<tr>
<td>Sexual</td>
<td></td>
<td>Mother treated violently</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Substance Abuse</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Divorce</td>
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</tbody>
</table>
ACE-study

WHAT IMPACT DO ACEs HAVE?

As the number of ACEs increases, so does the risk for negative health outcomes.

Possible Risk Outcomes:

Behavior:
- Lack of physical activity
- Smoking
- Alcoholism
- Drug use
- Missed work

Physical & Mental Health:
- Severe obesity
- Diabetes
- Depression
- Suicide attempts
- STDs
- Heart disease
- Cancer
- Stroke
- COPD
- Broken bones

Probability of Outcomes

Given 100 American Adults

<table>
<thead>
<tr>
<th>33</th>
<th>51</th>
<th>16</th>
</tr>
</thead>
<tbody>
<tr>
<td>No ACEs</td>
<td>1-3 ACEs</td>
<td>4-8 ACEs</td>
</tr>
<tr>
<td>1 in 16 smokes</td>
<td>1 in 9 smokes</td>
<td>1 in 6 smokes</td>
</tr>
<tr>
<td>1 in 69 are alcoholic</td>
<td>1 in 9 are alcoholic</td>
<td>1 in 6 are alcoholic</td>
</tr>
<tr>
<td>1 in 480 uses IV drugs</td>
<td>1 in 43 uses IV drugs</td>
<td>1 in 30 use IV drugs</td>
</tr>
<tr>
<td>1 in 14 has heart disease</td>
<td>1 in 7 has heart disease</td>
<td>1 in 6 has heart disease</td>
</tr>
<tr>
<td>1 in 96 attempts suicide</td>
<td>1 in 10 attempts suicide</td>
<td>1 in 5 attempts suicide</td>
</tr>
</tbody>
</table>
DV requires a specific approach

- Common and highly under-reported problem
- Complex and dangerous dynamics and those involved often stay in each other’s environment
- Devastating impact on children (including intergenerational transfer)
DV requires a specific approach

- Great social cost (lower quality of life, high governmental costs, higher work absenteeism and lower productivity, ...)
- Many services involved -> transcends policy domains, policy levels and competencies
A lot of organizations and professionals are working really hard but...
The maze makes it difficult to find or offer help.
Family Justice Center Limburg: a multi-agency and systemic approach to domestic violence
Family Justice Center Limburg

- Multidisciplinary team of professionals - and thus various services and agencies - under one roof
- To tackle domestic violence
- Coordinated & systemic approach
“Take the best of what you already have and bring it all together”
Goals

► Ensure safety and prevent future violence
► Getting an overview of what’s going on and who is involved (through information sharing)
► Pro-active offer to help
Activities

Creating synergy between partners = organisational level

Increase expertise of professionals = level of an individual professional

Client-focused services = level of client
Client-focused services
**Step 1:**
incident & police intervention

**Step 2:**
police start or add info to existing “family file”

**Step 3:**
risk screening & triage
Step 4: Public Prosecutor’s Office

- Checks their databases and adds informations
  - Which sometimes leads to a different risklevel (triage)
- Checks whether minors are already known by mandated youth services

Regarding the next step in the multi-agency collaboration:

- Check principle of proportionality for information sharing
- Check whether there are no conflicts regarding the secrecy of pre-trial investigations
- Make a safety assessment (is it ok to share information or does this possibly make it more dangerous → cfr. HRV)
= letter of public prosecutor and brochure FJC

= Next step → information sharing with FJC partners
Information sharing

- Protocols are in place - important regarding professional secrecy
- ICT-platform plays an important role
  - Who has access and can see which information?
  - Expect partners to add their own information to the family file
Information sharing

- Legal framework, but also necessary to have a ‘practical framework’ about the do’s and don’ts
  - Golden rule: Information that is only known because of a relationship of trust with a client may be known by the FJC partners, but such information can never be used by another partner without permission of the source of that information.
  - You can only share information with FJC-partners, not with other professionals!
Information sharing

- Only need-to-know information!
  - Are the clients known within your organisation?
  - Now or in the past?
  - Who is/was working with them? + contact information
  - What topics are you working on?
  - Is there any other relevant information that you want to share with the partners?
Information sharing

- Only need-to-know information!
- If it’s still ongoing:
  - Is the professional comfortable to include the topic of DV in their trajectory or not?
  - Do you think it would help if there’s an active offer from the FJC towards the client(s)?
Multidisciplinary assessment

- Police, Public Prosecutor’s Office, Casemanager, FJC-coordination
- Weekly meeting to decide whether there will be an active FJC-offer towards the clients
- Guidelines to make this decision
Decision after multidisciplinary assessment

No active FJC offer = letter & brochure FJC possibility of FJC consultation for relevant services

Active FJC offer

Intake team
Families out of balance
First contact within max. 30 days

ICR- team
Structural unsafe families
First contact within max. 5 days,

HRV- team
Honour related violence
Combo police-social worker
Very specific tailor-made approach
After 61 months

+6100 families

- Intake-team: 46%
- ICR-team: 19%
- HRV-team: 35%
Increasing expertise of professionals
Creating synergy between partners
Creating synergy

- Meeting place for organizations to get to know each other and to inspire each other
- Create a joined vision and language
- Creating a we-culture
- Strengthen cooperation and tailor-made solutions (at client level as well as at policy level)
- Tackling complex cases together and sharing information/knowledge with each other
Conclusion
Added value

- Multi-agency coordination and information sharing
- Under one roof
- Structural risk assessment/overview by family file
- Team with DV experts
- Pro-active approach
- Tailor-made approach
Questions?

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Afdeling Gendergerelateerd geweld