

The integrated model of domestic violence prevention

(pilot model)

Glossary

Coordinated model - a mode of cooperation in which the Family Centres may function. The Centre plays a leading role in this model and coordinates preventive activities carried out by specialists from various institutions / organizations. The person responsible for the client establishes a support plan with the individual institutions.

Domestic violence - means any act of physical, sexual, psychological or economic violence in the family or in the household or between former or current spouses or partners regardless of whether the perpetrator and the victim share a residence or not.

Family Centre - a place or a platform for cooperation between institutions and organizations working for the benefit of the inhabitants of the commune with regard to support relations and prevent domestic violence.

Final version of the model - a version of the model created on the basis of the recommendations, evaluation and conclusions of the pilot carried out as part of the Small Grant Scheme, disseminated after the end of the project.

High relationship quality - means mutual support of persons involved in a relationship, the ability to resolve conflicts and to communicate, as well as a sense of security and mutual trust. One of the defined risk factors for the occurrence of domestic violence is the low relationship quality in the family, especially between spouses / partners. This is one of the fundamental assumptions of the model.

Integrated model - a mode of cooperation in which the Family Centre may function. In the integrated model, all services are provided by professionals from various institutions / organizations in one place. In this model, not only content-related but also architectural integration takes place.

Integration of prevention services - a coherent set of methods and models of financing, administration, organization of services providing. In the project, integration will concern: core values, structure, human resource management, information and financial management, local community inclusion, standardization and simplification.

Mixed model – a mode of cooperation in which the Family Centre can function. It includes the various features of a networked, coordinated and / or integrated model. In this model (for example) some services may be integrated "under one roof" and some operate in a network system.

Model – an integrated model of domestic violence prevention. The model is a tool supporting the main, long-term goal of the project - reducing the phenomenon of domestic violence by improving the relationship quality between spouses / partners and among family members. As part of the Small Grant Scheme, a pilot version of the model is being tested. The final version will be created after the pilot is completed and evaluated.

Network model – a mode of cooperation in which the Family Centre can function. There is no leading institution or organization in this mode. Various institutions cooperate with each other depending on the needs. The role of the Centre operating in the network model is limited to expert support for social assistance institutions in the commune.

Pilot version of the model - the version of the model tested within the selected projects submitted by communes. Conclusions from the pilot implementation, together with the assessment of individual solutions, will allow for the creation of the final version of the model.

Prevention of domestic violence - preventive measures play a very important role in counteracting domestic violence. In the model, preventive actions should be based on the improvement and strengthening of high quality relationships between partners (including ex-partners) and between family members.

Project "The Integrated System of Domestic Violence Prevention" - a predefined project implemented by the Institute of Justice under the "Justice" Programme financed by the Norwegian Financial Mechanism 2014-2021.

Relational Risk Assessment Tool - a short screening tool to identify risks of domestic violence at an early stage by focusing on the quality of relationships between couples. Throughout the assessment an interviewer should identify vulnerabilities in couples' life (e.g., poverty, social or emotional isolation, deteriorating mental health) that rise concern about the possibility of domestic violence in the future.

Relationship quality - is defined as the level of commitment of individuals to the relationship, the feeling of being with the "right" partner / spouse and the feeling of joy in being with another person (Chonody et al., 2018).

"Under one roof" model - see the integrated model.

I. The purpose of an integrated model of domestic violence prevention.

The integrated model of domestic violence prevention is a tool which is intended to reduce the risk of domestic violence by improving the relationship quality in family, in particular between spouses / partners (including ex-spouses or partners).

Testing the pilot model is a key element in developing the final version of the model. The main result of the pilot implementation will be to gain knowledge about the effectiveness of the model and its methodical and organizational solutions.

Detailed objectives of implementing the pilot version of the model:

- testing various concepts of Family Centres,
- developing and testing tools (services) related to relational support,
- developing and testing mechanisms of interinstitutional cooperation in the field of relational support,
- developing and testing solutions related to the prevention of domestic violence,
- developing and testing mechanisms of interinstitutional cooperation in the field of prevention of domestic violence,
- testing the usefulness of the Relational Risk Assessment Tool by representatives of various institutions and organizations.

The presented pilot model contains only example solutions. Project Promoters are expected to propose additional, own activities, tools (services) and procedures, the implementation of which will contribute to the achievement of the goal of reducing the incidence of domestic violence by improving family relationships, in particular between spouses / partners.

Testing the proposed solutions will be important due to the determination of their: value for money, the complexity of implementation, the possibility of adapting to the existing system (e.g. structure, organization, legal solutions, finance, human resources, organizational and social culture), relevance of implementation (some solutions may turn out to be irrelevant in terms of the project's goal).

The phase of implementation and testing (evaluation) of the model will be supported by the research team working within the pre-defined project "The Integrated System of Domestic Violence Prevention" and dedicated employees of the Institute of Justice: the field evaluator and the person supporting the pilot.

The integrated model of domestic violence prevention is in line with the Istanbul Convention, particularly in terms of preventive measures and the integration of services to counteract violence against women and domestic violence. The processes presented in the model are mainly based on the results of research (literature review, surveys and focus group interviews) conducted within the pre-defined project "The Integrated System of Domestic Violence Prevention". The aim of the research was to diagnose the current prevalence of domestic

violence phenomenon and the preventive and intervention measures applied in Poland and in other countries. The prepared model is in line with the evidence-based policy approach.

The main principles of the model are:

- ensuring high quality relationships so that people experience them in a fully satisfactory manner,
- promoting equality between women and men and counteracting discrimination,
- zero tolerance for violence against any person, especially women,
- prioritizing the rights, safety and needs of people at risk and experiencing violence,
- importance of stakeholder cooperation at the commune level to achieve the goals defined by the model;
- strengthening preventive activities (strengthening protective factors and eliminating risk factors).

The above principles should become a core of the entire model. All activities should focus on preventing various forms of domestic violence and respecting the rights of people at risk and experiencing violence.

Procedures and organizational solutions, although they constitute a significant part of the model, are important only in the context of the effectiveness of achieving the intended results:

1. reducing the occurrence of domestic violence,
2. increasing the quality of interpersonal relationships.

II. Theoretical foundations of the model

1. Good relationships as a protective factor against domestic violence.

Domestic violence has serious negative consequences for its victims, including physical trauma, chronic pain, fear, post-traumatic stress disorder, and depression (Loxton et al., 2017; McCauley et al., 1995). Children who witness domestic violence may experience emotional and behavioural problems, depression and learning difficulties (Edleson, 1999). These negative consequences can accumulate and persist long after the incident of violence (Felitti et al., 1998). Due to the seriousness of the consequences of domestic violence the focus should not only be on intervention measures, but active measures to prevent the occurrence of this phenomenon are also needed.

Research carried out under the project "The Integrated System of Domestic Violence Prevention" (focus group interviews) and a review of the scientific literature clearly indicate that one of the risk factors for the occurrence of domestic violence is a low quality of relationships between spouses / partners (Alfandri, 2021). This is one of the fundamental assumptions of the model.

One of the important factors determining the quality of a relationship is communication. Mutual misunderstanding, inability to resolve conflicts, excessive jealousy or the need to control a partner, as well as general dissatisfaction with the relationship, contribute to the occurrence of domestic violence significantly. Concentration on activities related to the improvement of the relationships quality will lead, through the elimination of those factors, to the reduction of the phenomenon of domestic violence.

Research has shown that by improving relational skills, it is possible to reduce the risk of domestic violence (Braithwaite & Fincham, 2014; David-Ferdon et al., 2016; Linder, Crick & Collins, 2002). For example, by teaching negotiation, conflict resolution and communication skills, the quality of relationships was improved, which led to a reduction in domestic violence (Kalokhe et al., 2021). Couples therapy, which aimed to improve the conflict management and problem-solving skills of substance abusers, has shown positive results in reducing domestic violence (O'Farrell, Fals-Stewart, Murphy & Murphy, 2003; Ruff, McComb, Coker & Sprenkle, 2010; Schumm, O'Farrell, Murphy and Fals-Stewart, 2009). Cognitive behavioural therapy, which included improving the quality of relationships through emotional regulation and conflict resolution techniques, was found to reduce the incidence of domestic violence (Hesser et al., 2017).

The relationship quality is defined as the level of commitment of individuals to the relationship, the feeling of being with the "right" partner and the joy of being with the other person (Chonody et al., 2018). A high relationship quality means that partners:

- support each other (Clark and Grote, 2003);

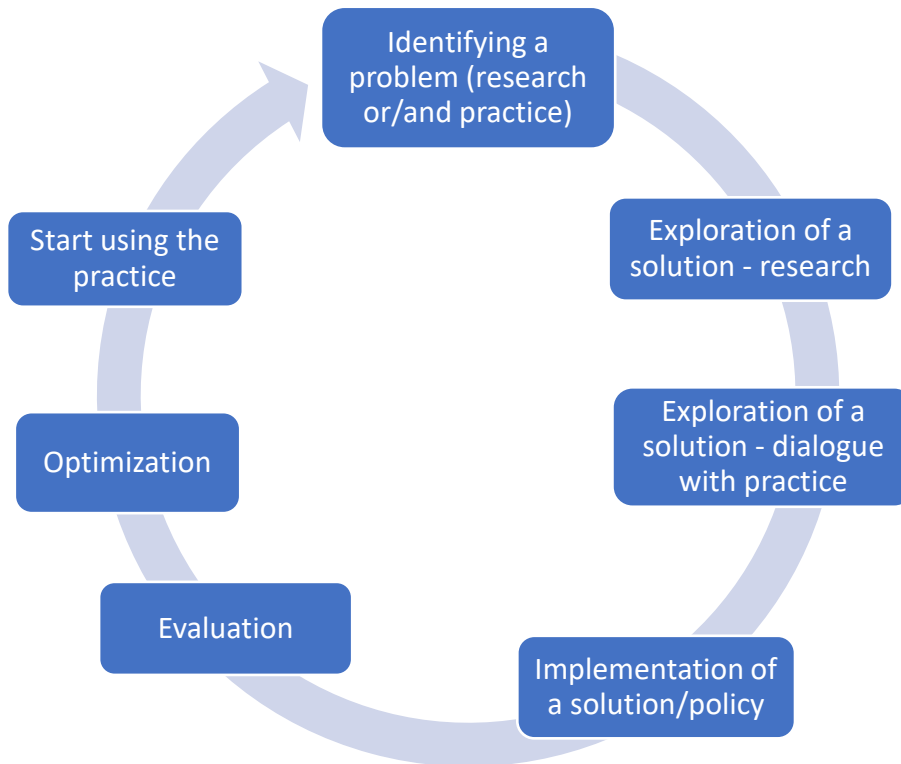
- feel safe with each other, trust each other and feel highly satisfied with their relationship (Clark, Mills & Powell, 1986);
- do not show hostility towards each other (Dush and Amato, 2005);
- are able to communicate well with each other and deal with conflicts in a relationship (Clark, Fitness and Brissette, 2001; Fitness, 2001, Feldman and Ridley, 2000; Moffitt, Krueger, Caspi and Fagan, 2000; Vagi et al., 2013).

The above indicators of a good relationship were confirmed in the focus group interviews. Interview participants identified respect, trust, mutual support and good communication as features of a good relationship.

2. Creation and implementation of solutions (interventions, public policies).

The developed model is in line with the stages model of formulating and implementing public policies (Howlett, 2019). Scientific research that analyses the implementation of public policies emphasizes the importance of not only developing new, innovative solutions, but most of all the process of their implementation (Aarons et al., 2011; Przeperski, 2020). The evaluation of projects and policies shows that the greatest risk of failure to introduce a solution successfully lies precisely at the level of its implementation. When carrying out the project, an important task will be to determine which factors support the implementation process so that it is finally possible to assess whether a given solution matches the needs or contributes to eliminate harmful situations (Cartwright & Hardie, 2012).

The implementation of solutions can be based on a flowchart. Relatively simple and at the same time clear, seems to be the idea according to which the implementation process consists of four steps (Aarons et al., 2011). The first step is searching for solutions. The second one is making decision to implement the solution, the third one is the proper implementation of the solution. The fourth step concerns the preservation of changes (evaluation). Each of these steps implies a dialogue between science and practice. Implementation of the model is a pilot activity, therefore the modification of the classic scheme is required by introducing optimization of a solution, as shown in the diagram below:



When implementing new solutions, it is also important to pay attention to:

- adjusting the solution, programme, project to the local context;
- ensuring proper communication and opportunities for academics, practitioners and policy makers to obtain and provide feedback;
- supporting the continuous development of quality based on scientific data,
- developing the organizational quality of the institution;
- precise definition of the role and tasks of individual partners (practice, policy, science) (Supplee & Metz, 2015).

3. Prevention of domestic violence.

Prevention is an activity related to neutralizing the influence of factors causing potential threats, preventing the occurrence of the so-called deviant and pathological social phenomena sometimes called social problems (Lalak et al., 1999, p. 215). Preventive actions can be implemented in two ways: by inhibiting the factors posing a potential threat or by stimulating activity in the desired areas (Wroczyński, 1985). A good family support system should be characterized by the performance of preventive tasks in both areas.

Prevention can be carried out at different levels. Traditionally, primary, secondary and tertiary prevention were distinguished. Recently, a new classification has been introduced that also distinguishes three levels: universal, selective and indicated prevention (Szymańska, 2012).

Universal prevention is directed to the entire population, local community and its subgroups, e.g. children, fathers, couples, or married couples. The goal of universal prevention is to reduce risk factors and, consequently, to limit risky behaviours. At this level, activities will concern the provision of knowledge and teaching the most important psychological and social skills necessary to prevent problems (Ostaszewski, 2005). Universal prevention covers people who have not been diagnosed with problems. It is a pre-emptive action based on the assessment of the potential for risk behaviour in a given community (Reducing Risks for Mental Disorders, 1994).

The second level of prevention - selective prevention - refers to the higher-risk groups. People in these groups are more likely to develop problems and disorders due to the fact that they are affected by numerous risk factors. These factors can be biological as well as psychological and social. Such a group may include: children of alcoholics from dysfunctional environments (districts, neighbourhoods, apartment blocks), parents from dysfunctional families, as well as people at risk of inheriting diseases. The aim of prevention at this level is to limit or at least delay the initiation of risky behaviours. Selective prevention differs from universal prevention since in this case the specific needs and problems of a given subgroup are taken into account (Szymańska, 2012). Institutions operating within the local system, thanks to the diagnosis of the social environment, are able to identify high-risk groups and propose appropriate actions to them. In the proposed pilot model, the identification of risk groups will be carried out by using the Relational Risk Assessment Tool.

The third level of prevention – indicated prevention - is aimed at individuals and groups who are showing signs of dysfunction, e.g. the beginning of the use of violence, addiction to psychoactive substances. Sometimes these are incidental symptoms and do not constitute the basis for a clear identification of continuous occurrence of dysfunctions (Reducing Risks for Mental Disorders, 1994). Therefore, no therapy is undertaken in relation to such people, but only prevention measures. The aim of prevention is to reduce the duration of the dysfunction or to prevent a given behaviour from repeating (Szymańska, 2012).

Target Groups of an integrated model of domestic violence prevention based on good relations.

The model is addressed to various groups of stakeholders:

- people at risk of violence due to poor relationship quality (selective prevention, identification with the use of the Relational Risk Assessment Tool),
- professionals: representatives of social welfare institutions, the judicial system, police, education system, health care, non-governmental organizations,
- decision makers: decision makers at the commune level, responsible for social policies,
- local community as part of universal prevention,
- persons and families with symptoms of dysfunction (indicated prevention) and persons and families experiencing violence - identification and initiation of the “Blue Cards” procedure by representatives of relevant institutions.

It should be emphasized that testing the model will allow to determine the impact on individual groups, but also to identify groups that were not included in the pilot model.

III. Implementation of the pilot version of the model

Stage one - project preparation

Stage two - project implementation – establishing the Family Centre and carrying out activities within the Centre

Stage three - evaluation

Stage 1 - project preparation

Appointment of a project coordinator.

The pilot model foresees that the applicant entity is a commune. It is important at this stage to indicate the project coordinator, both at the institutional level (identification of the commune institution responsible for the project) and personal level (a person who will be responsible for the preparation of the project application and coordination of project implementation).

Identification of partners and establishing cooperation with organizations and institutions from the area of the commune.

The next step is to establish inter-institutional cooperation in order to jointly implement the project. Project partners may be non-governmental organizations and public entities operating in the field of combating domestic violence. It is recommended to establish partnerships between communes, which will contribute to increasing the range of the model's impact .

If the project is implemented in partnership, a letter of intent / letters of intent is required at the application stage. Before signing the project agreement, it is necessary to sign the partnership agreement.

Moreover, as part of the project it is possible to cooperate with various types of entities, both public and non-governmental organizations, without establishing a formal partnership (if the cooperation is not of a financial nature). The minimum requirements for entities involved in the Family Centre are set out below. It should be emphasized that in order to ensure the effective implementation of the model, it is advisable to establish cooperation with representatives of the widest possible group of entities and professionals relevant to the implementation of the project.

An in-depth analysis of the problem of domestic violence and resources available in the commune.

At the stage of preparing the application, an analysis of the problem of domestic violence and resources available at the commune level that can help combat this phenomenon should be presented. The analysis should cover several areas: the characteristics and scale of the phenomenon of domestic violence in the commune, available resources in the area of

combating domestic violence (institutions and entities), activities implemented in the field of domestic violence prevention and relational support (including the current state and development opportunities), also the degree of readiness of the institution and organization to integrate, willingness to change (the process of implementing the solution) both within institutions and among individual employees, the level of motivation to implement the proposed solution among the decision makers at the commune level (mayor, president, councillors, unit directors).

The analysis should take into account relevant strategic documents, in particular the Communal Programme for Counteracting Domestic Violence and Protection of Victims of Domestic Violence. At this stage, the identification of stakeholders should also be carried out, i.e. institutions, organizations, groups and people who may participate or support the implementation of the project.

Choosing the cooperation model of the Family Centre.

At the stage of preparing the application, the selected model for the functioning of a Family Centre, which is the most appropriate for a given commune, should be indicated. When selecting the model, the analysis of resources in the commune (relevant institutions and entities that will be involved in implementing the model) as well as previous experience and forms of cooperation should be taken into account. **All types of Family Centres are described below.**

The Family Centre will be created by at least three institutions and / or organizations that carry out tasks in the field of (at least 1 task):

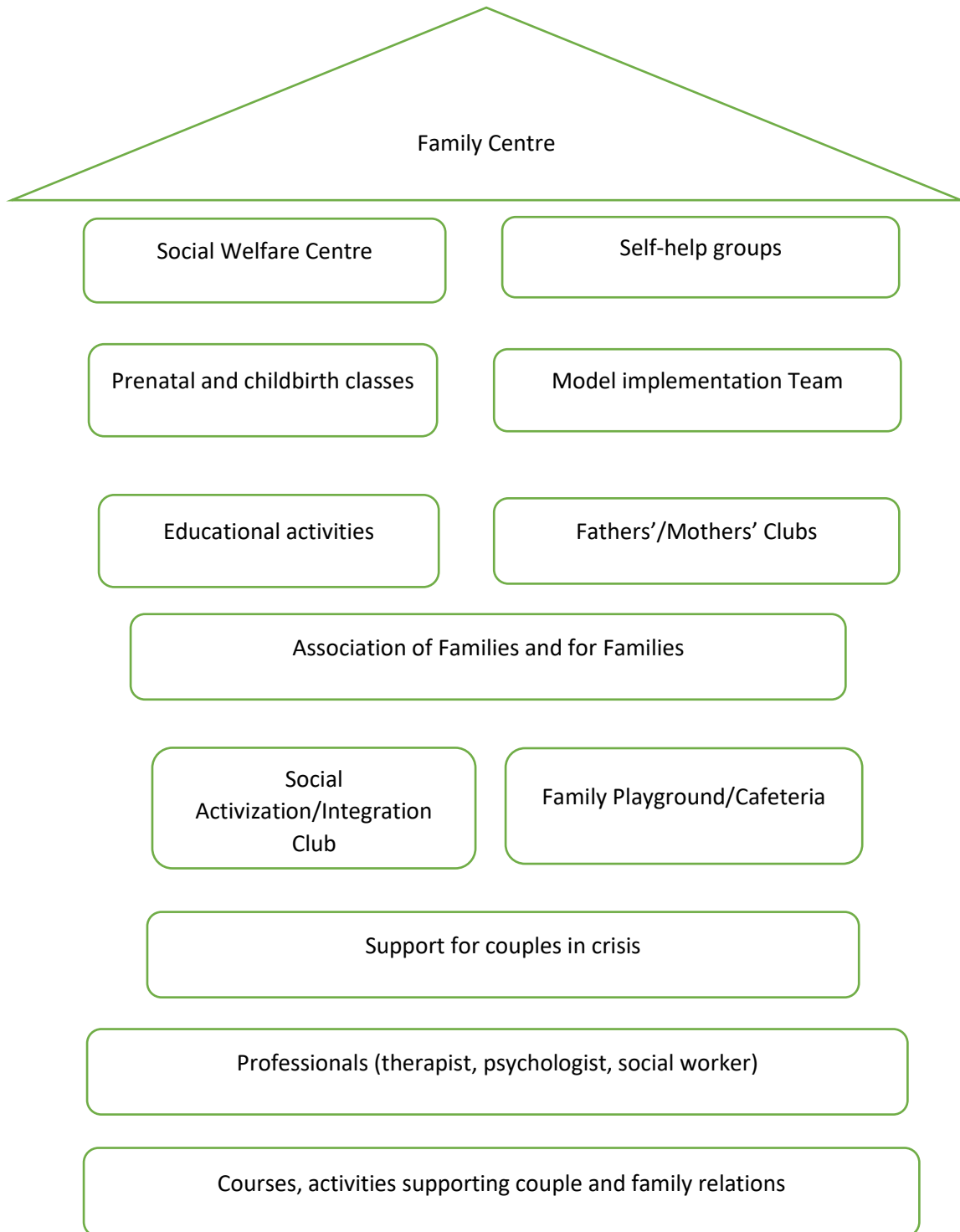
- social assistance,
- prevention and counteracting domestic violence,
- support for families and / or marriages / couples,
- relational support,
- organization of the local community,
- counselling, in particular psychological, legal, social, career counselling and family counselling,
- education (formal and non-formal),
- prevention and treatment of addictions,
- health care system, including mental health.

Note: the structure of the Family Centre should include a social welfare centre or a social services centre.

Models for the functioning of a Family Centre:

A. Integrated model

One of the proposed models is the integrated model, known in the literature as "under one roof" model. In this model, all institutions and services are located in one building or it is a complex of buildings in which not only substantive but also architectural integration takes place. This means free access for clients to many services in one place without having to move to other premises scattered throughout the commune. This model for the functioning of a Family Centre also allows for the actual integration of various activities undertaken at the local community level.

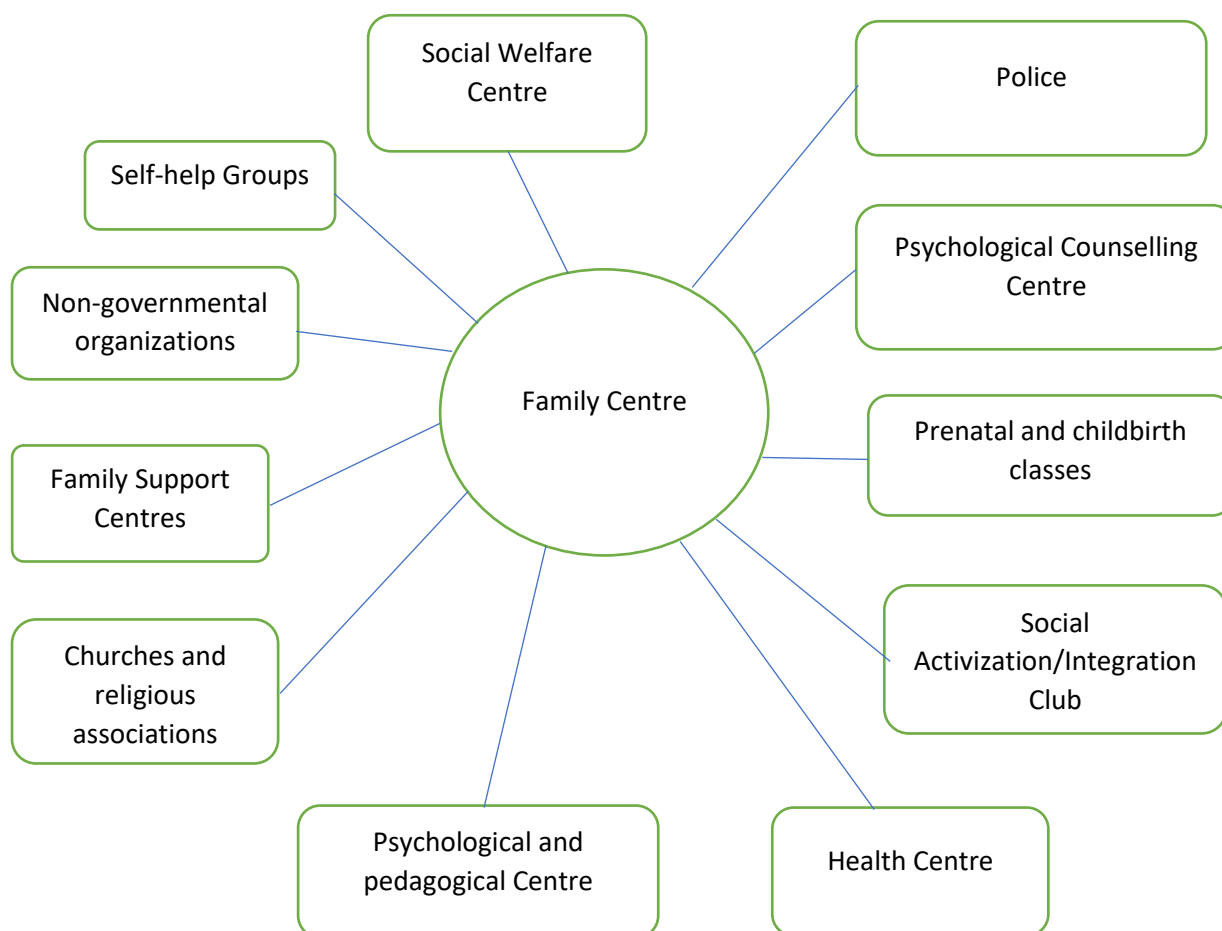


** The types of services presented above are only an example of possible solutions. It is not an exhaustive list nor a mandatory requirement for the implementation of the project.*

B. Coordinated model

In this model, Family Centre becomes the first contact point, being at the same time the focal point for families from a given local community. The Centre offers care services and coordinates preventive and intervention activities (in the event of suspected domestic violence, the “Blue Cards” procedure is initiated by representatives of relevant institutions). Person responsible for the client establishes an individual support plan. Through the assigned case manager and coordination of the Centre, the case is carried out according to the support plan, although many institutions offering a wide range of services are involved in its implementation.

While the integrated model brings together services traditionally offered by various institutions, the coordinated model focuses on cooperation between them. In a coordinated model, an employee of Family Centre engages concrete organizations, which provide help within the services they offer.

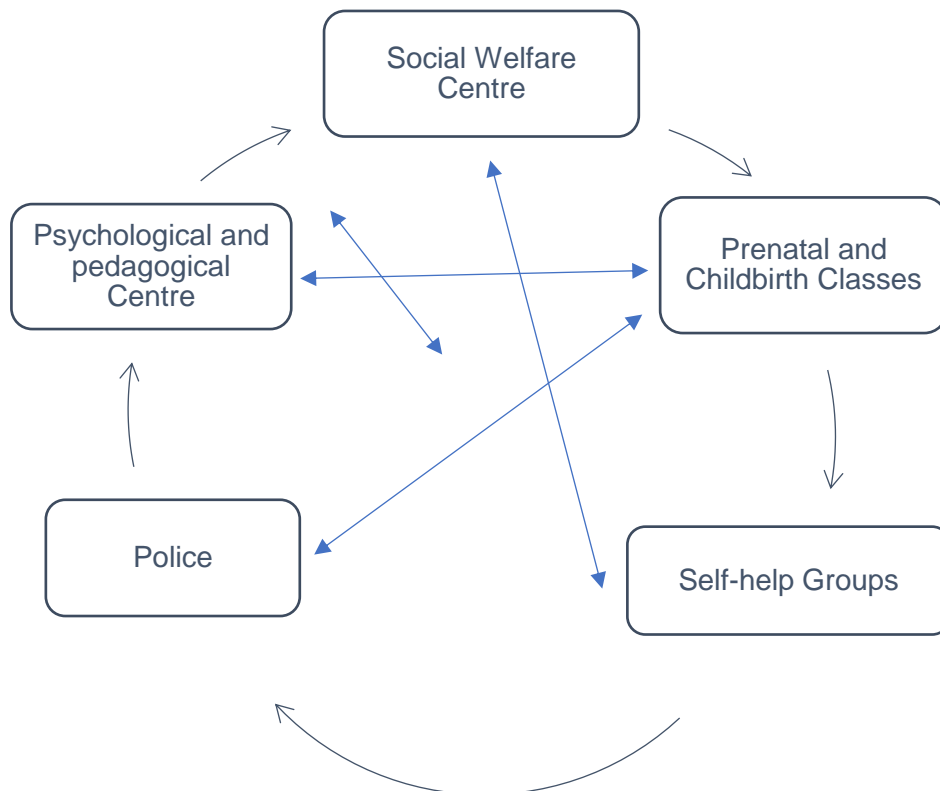


** The types of services presented above are only an example of possible solutions. It is not an exhaustive list nor a mandatory requirement for the implementation of the project.*

C. Network model

This model of the Family Centre is strictly based on the existing system of work, cooperation and operation of support institutions in Poland. The network model assumes the improvement of the existing system in terms of interoperability. Various institutions cooperate with each other depending on the needs and they solve problems with the existing methods.

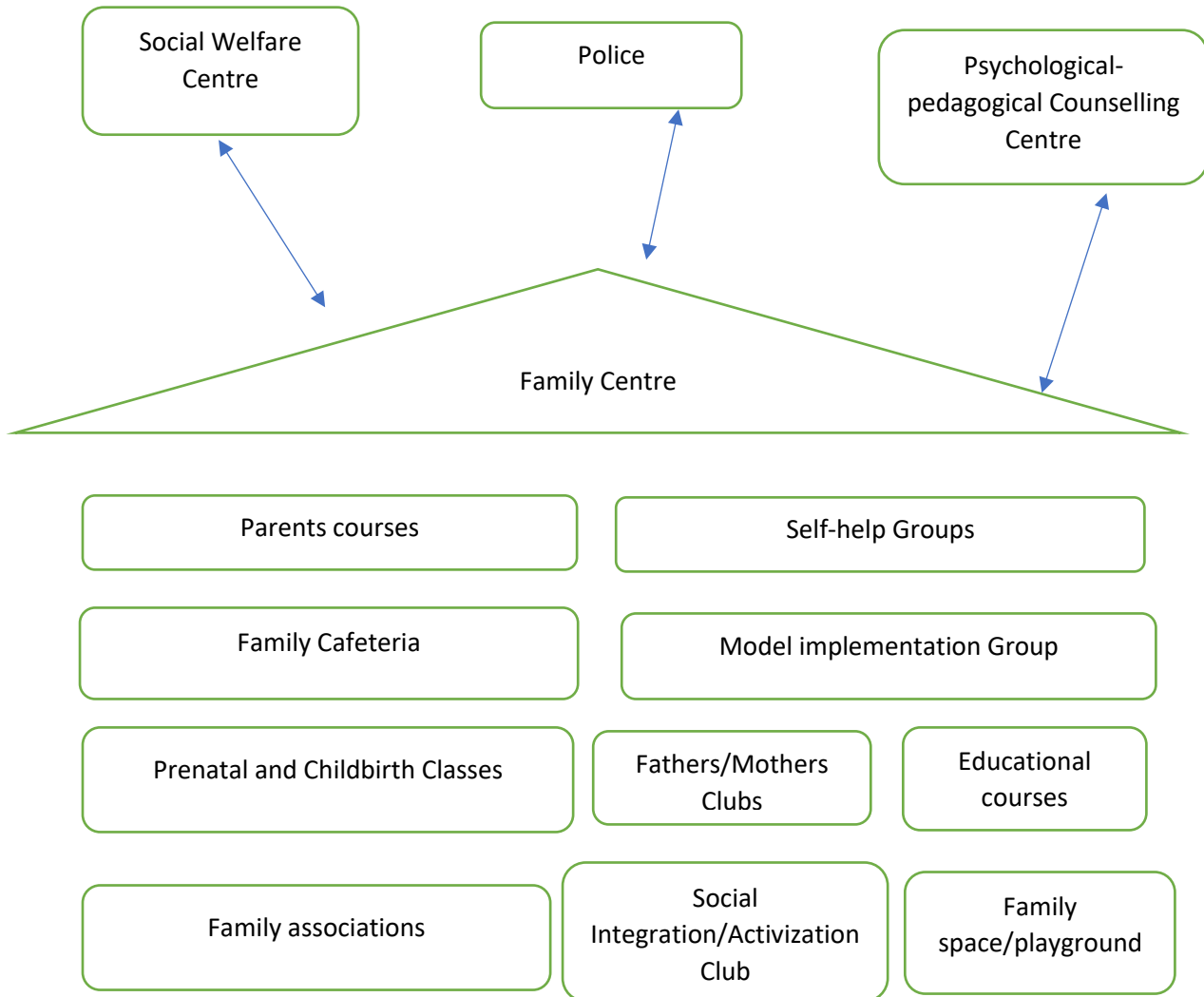
In the network model, unlike the coordinated model, no leading institution is indicated. The role of the Family Centre is limited to expert support for aid institutions in the commune.



** The types of services presented above are only an example of possible solutions. It is not an exhaustive list nor a mandatory requirement for the implementation of the project.*

D. Mixed model - example

It is also possible to mix the above-mentioned models of the Family Centre and apply good practices developed in the commune, taking into account the housing and financial conditions of a given commune. In this model (for example) some services may be integrated "under one roof" and some may be provided in a network system.



** the types of services presented above are only an example of possible solutions and are not an exhaustive catalogue, and also do not constitute a catalogue of services required for the implementation of the project*

Each of the four models presented above can be called a Family Centre.

Stage two - project implementation

Ensuring the coordination of activities.

The project promoter is obliged to ensure the coordination of activities carried out by all involved entities by appointing a coordinating person - **the project coordinator**. The project coordinator should have experience in project management. An additional advantage will be knowledge and experience in the field of counteracting domestic violence, functioning of social assistance system and/or support system for families in Poland. The project coordinator should preferably be a representative of the relevant commune institution involved in the project implementation (e.g. a social welfare centre). The project coordinator is responsible for the technical aspects of project management (reporting, schedule updating, financial settlements etc).

Another position will be a **model implementation coordinator** (or a model implementation team). The role requires that at least one person should be employed full-time within the project budget. The model implementation coordinator should have knowledge and experience in working with the local community, in conducting animation activities. An additional advantage will be knowledge and experience in the field of counteracting domestic violence, functioning the social assistance system and/or support system for families in Poland. Contrary to the project coordinator, the model implementation coordinator will supervise the substantive part of the project and the processes related to the proper implementation of the model at the commune level.

Tasks of the project coordinator:

- coordinating tasks related to project management, i.e. preparing and updating documentation, reporting, cost settlement, etc.,
- coordination of cooperation with institutions and organizations involved in the project implementation,
- cooperation with a person supporting the implementation of the model and the field evaluator as well as the research team working within the project "The Integrated System of Domestic Violence Prevention",
- cooperation with a model implementation coordinator,
- organizing regular (at least once a month) meetings of the model implementation group,
- monitoring the implementation of project activities and supporting evaluation processes.

Tasks of the model implementation coordinator:

- coordinating the implementation of the integrated model of domestic violence prevention at the commune level,
- coordinating the substantive part of the project,
- cooperation with institutions and organizations involved in implementing the model,

- cooperation with the project coordinator,
- participation in the training on model implementation and the use of Relational Risk Assessment Tool (organized by the Institute of Justice - Promoter of the project "The Integrated System of Domestic Violence Prevention),
- organizing initial training including the use of Relational Risk Assessment Tool for the members of model implementation group,
- cooperation with a person supporting the model implementation and the field evaluator as well as with the research team working within the project "The Integrated System of Domestic Violence Prevention",
- cooperation with the project coordinator in terms of monitoring the implementation of project activities and supporting evaluation processes.

In addition, each institution and organization involved in the implementation of the project should appoint a person / persons who will be responsible for the implementation of the model on the part of a given institution / organization and will be cooperating with the project coordinator and with the model implementation coordinator on the ongoing basis. These persons will form the **model implementation group**.

Tasks of the model implementation group.

Members of the model implementation group will be responsible for implementing the model and carrying out the project tasks in their institution or organization. They will be provided with a handbook containing detailed information on each step of the model implementation and an introductory training in the application of the Relational Risk Assessment Tool.

Other tasks of the model implementation group will include, inter alia:

- informing co-workers about the goals of the project,
- supporting co-workers in carrying out project activities,
- introducing changes and new solutions in a given institution,
- cooperation with the project coordinator,
- cooperation with the model implementation coordinator,
- participation in the initial training for representatives of institutions implementing the model, including participation in the training on the use of the Relational Risk Assessment Tool,
- participation in regular meetings of the model implementation group with the model implementation coordinator,
- disseminating information about the Family Centre in the local community,
- providing support for monitoring and evaluation processes.

Representatives of the model implementation group should have a high level of knowledge of the activities conducted in their institution and other organizations in the commune. They should be open to new experiences and have high communication and interaction skills.

IV. Project implementation stages

Note: A gradual perspective was adopted in implementing the model. It should be emphasized that some processes will follow one another and some will be carried out simultaneously.

Step 1 Preparatory Stage

The listed activities are the minimum requirements for the implementation of the model, which can be supplemented and extended:

- participation of the model implementation coordinator (and members of the model implementation group) in the initial training conducted by the Institute of Justice - Promoter of the pre-defined project “The Integrated System of Domestic Violence Prevention”, aimed at preparing communes to implement the model and use of the Relational Risk Assessment Tool,
- organizing the kick-off meeting with representatives of institutions and organizations involved in the project implementation in order to agree on the principles of cooperation and information flow,
- organizing training for representatives of institutions involved in the implementation of the model on the application of the Relational Risk Assessment Tool,
- organizing regular (at least once a month) meetings of the model implementation group with the model implementation coordinator;
- disseminating information on the Family Centre among stakeholders in the commune (e.g. through members of the model implementation groups, representatives of institutions involved in the Family Centre),
- ongoing monitoring of the model implementation, in particular in terms of number of people who took part in interviews with the use of the Relational Risk Assessment Tool, and number of people who benefited from support services provided by the Family Centre, as well as number of Blue Cards - A completed in the commune (at the end of project).

Step 2 Actions to raise awareness and motivation to build a relational support system in the commune.

The task of the model implementation coordinator/team will be to plan activities raising awareness among the local community on the importance of high quality of relationships. These activities are situated at the level of universal prevention. The aim of this step will be to increase the motivation to act, to reduce the barriers to participation in the project, as well as to involve various stakeholders, not only from institutions and organizations that are the project partners.

Implementation of the new solutions is always associated with uncertainty and fear of taking risk. Therefore, at this stage, the project promoters should carry out activities to promote new solutions to be introduced within the project.

Activities related to increasing the level of motivation should be carried out throughout the whole period of project implementation.

Examples of activities:

- social campaign addressed to the entire community or a specific group, for example students, couples / married couples, on the impact of good family relations on counteracting domestic violence,
- social campaign informing about various forms of domestic violence and about early symptoms of domestic violence,
- activities promoting equality between women and men in everyday life (e.g. related to the division of professional and domestic duties);
- involvement of important people, authorities in the local community to promote the model,
- sponsored articles in the local press or Internet,
- workshops and meetings promoting the development and support of good relations in the family and in relationships,
- other bottom-up initiatives of inhabitants and institutions supported by the model implementation group.

Step 3 Implementation of an integrated prevention system based on the idea of Family Centres (or parallel institutions / organizations)

The goal of the Family Centre is to create a place (or platform) for cooperation between institutions and organizations working for the benefit of the inhabitants of the commune. Organizationally, the Centre can be a physical place, but it can also be a cooperation platform, e.g. based on IT systems or regular meetings.

Main assumptions regarding the activities of the Family Centre:

- information on the activities of the Family Centre should be widely disseminated among the inhabitants of the commune,
- the offer of the Family Centre should combine activities open for all, addressed to the entire local community (universal prevention), with activities addressed to people and families from the risk groups (selective prevention) and to those with symptoms of dysfunction (indicated prevention). The combination of an open offer with an offer reserved for people and families experiencing difficulties will avoid stigmatization of people and families using the services of Family Centre,
- in the event of suspected violence, interventions under the "Blue Cards" procedure will be undertaken by representatives of relevant institutions,
- activities carried out as part of the Family Centre should be free-of-charge and voluntary for all interested persons,
- families and couples may contact a Family Centre on their own initiative or may be referred to support services offered by cooperating institutions and organizations,

- support services within the Family Centre should be offered both individually and in groups, and can be provided in various locations as well as remotely,
- it is crucial to ensure accessibility for all people and families in need of support, in particular for people with disabilities as well as for people belonging to minorities.

Defining the specific tasks of the institutions, organizations involved in the project and in the Family Centre.

Implementation of the integrated model of prevention of domestic violence based on good-quality relationships requires new solutions, creating a new type of services that have not been offered at the commune level so far. In some cases, it will be required to "extract" existing resources that functioned in other contexts, in others it will be necessary to create new ones (with reference to the model handbook).

Activities under the Family Centre will be implemented on several levels:

- local community level,
- level of interinstitutional cooperation,
- level of clients (individual, families).

Local community level

The long-term goal of the project is to transform the local community into a place where good family relations are one of the key elements of social culture. Good relations as a protective factor will contribute to reduce the occurrence of domestic violence.

The measures targeting the local community should initiate processes that will trigger thinking and acting for the benefit of good relationships in the activities of various institutions and organisations, as well as the daily work of professionals. The model implementation group will play an important role in the process. It is important that activities carried out by Family Centre will be focused not only on problems but also on strengthening existing resources. The Family Centre can become a place for initiatives and activities for the entire local community, as well as a place for meetings and discussions.

Examples of activities:

- events strengthening parents' relationality, e.g. marriage / partner dates, time bank for parents,
- parenting skills and family relationship programmes,
- organization of meetings for parents (networking),
- healthy relationship programmes for couples;
- family-based programmes: activities for family members to spend time together (events, sports, picnics)

- training for employees of various institutions, i.e. police, social workers, teachers, health workers, representatives of non-governmental organizations on identification of risk factors and early symptoms of domestic violence,
- activities strengthening the relations between parents and children,
- measures addressing couples entering marriage, e.g. as part of pre-marriage courses;
- workshops for expectant parents and / or workshops for mothers / fathers, e.g. within parents courses, taking into account the division of responsibilities related to childcare;
- activities aimed at increasing public awareness, including at the family level, about different forms of violence, preventing discrimination and combating stereotypes, prejudices and harmful practices, promoting of equality between women and men (e.g. development of informational and educational materials, including online materials).

Inter-institutional level

The model assumes the use of the resources of institutions and non-governmental organizations in a coordinated and integrated manner. The scope of activities of the institutions involved should cover two main areas:

- actions supporting relationality (intervention with regard to relationality and prevention of domestic violence),
- interventions in the event of serious problems (domestic violence, poverty, addictions, serious problems with children).

The support system developed at this stage should be integrated, which means that:

- the client can receive complete, comprehensive support,
- the support provided is process-based, not incidental,
- the support process is planned and phased.

For each of the two areas, a basket of services (existing and needed for implementation) is prepared, which can be provided by relevant institutions and organizations.

The first group involves institutions and organizations focusing on improving relationality in the family and in relationships (including between former partners). These can be, for example, institutions that conduct marriage courses, therapy for couples, soft skills training in interpersonal communication and interpersonal relations for adults, or students, helping to organize time together for spouses / couples / families.

The second group will consist of institutions offering assistance and support that will be involved in working with people experiencing serious life problems which, if not resolved, will not allow them to participate in relationship support activities. At the commune level, these will be institutions that provide services in the field of domestic violence, social support, addictions treatment, mental health, and support for people with disabilities.

As part of joint activities of the institutions, the Relational Risk Assessment Tool will be implemented, which will be used by professionals representing various institutions / organizations. The tool will support professionals in the diagnosis and will allow to determine the level of relational problems as well as to identify and name serious life problems.

Examples of activities in the field of strengthening interdisciplinary cooperation:

- strengthening cooperation with public health care institutions in the field of domestic violence prevention, e.g. through the involvement of midwives who visit parents at home, community nurses, doctors (in particular paediatricians, gynaecologists, neonatologists), professionals who organise childbirth classes,
- involving professionals from the educational institutions, in particular psychologists and school counsellors;
- strengthening cooperation with the judiciary, including probation officers, prosecutors, judges,
- integration of representatives of services, institutions and organizations dealing with the domestic violence prevention;
- organization of events: workshops, conferences, meetings integrating professionals working in the same commune.

Individual level

Employees working in social institutions and organizations will use the Relational Risk Assessment Tool. It is a basic screening tool to identify couples, people who need relational support or help with other identified problems. Throughout the assessment an interviewer should identify vulnerabilities in couples' life (e.g., poverty, social or emotional isolation, deteriorating mental health) that rise concern about the risk of domestic violence in the future. As a result, it will be possible to identify what relational support or treatment the couple may need or what further in-depth specialist assessment may be necessary.

This tool consists of two parts:

- assessment of the relational level of clients (relationality part),
- assessment of risk factors for domestic violence (part of the risk factors).

The first part of the tool is compulsory. If the respondents achieve good results and an interviewer has no signals indicating the risk of domestic violence, he or she does not proceed to the second (optional) part assessing more serious risk factors (domestic violence, addictions, child neglect, coercive control, mental disorders and other specified in the Tool).

Depending on the results obtained on the scale, the following intervention will be planned based on the integrated prevention system:

- When the client obtains a medium / high level in the relationality part of the survey and an interviewer has no signals related to the risk of domestic violence, the client does

not require specific actions, an interviewer may offer her or him participation in activities organized at the commune level as part of the Family Centre.

- When the client reaches a low level of relationality and an interviewer has no signals related to the risk of domestic violence, she or he is referred to the appropriate institution offering relationship support.
- When the client achieves a low / medium / high level in part relationality and an interviewer observes the signals indicating the risk of domestic violence, the interviewer proceeds to the second part of the tool. In case of identifying the risks, the interviewer shall act in accordance with the “Blue cards” procedure.

In case where no risks are identified, depending on the result of the assessment in the relationality part, the interviewer may refer the client to institutions offering relational support.

Examples of activities aimed at individual clients:

- activities strengthening the ability to communicate without aggression (anger management, communication and conflict management, emotional regulation skills);
- activities strengthening the ability to resolve conflicts,
- therapy for couples,
- therapy for parents and children,
- individual consultations for parents,
- psychological, psychiatric and legal consultations.

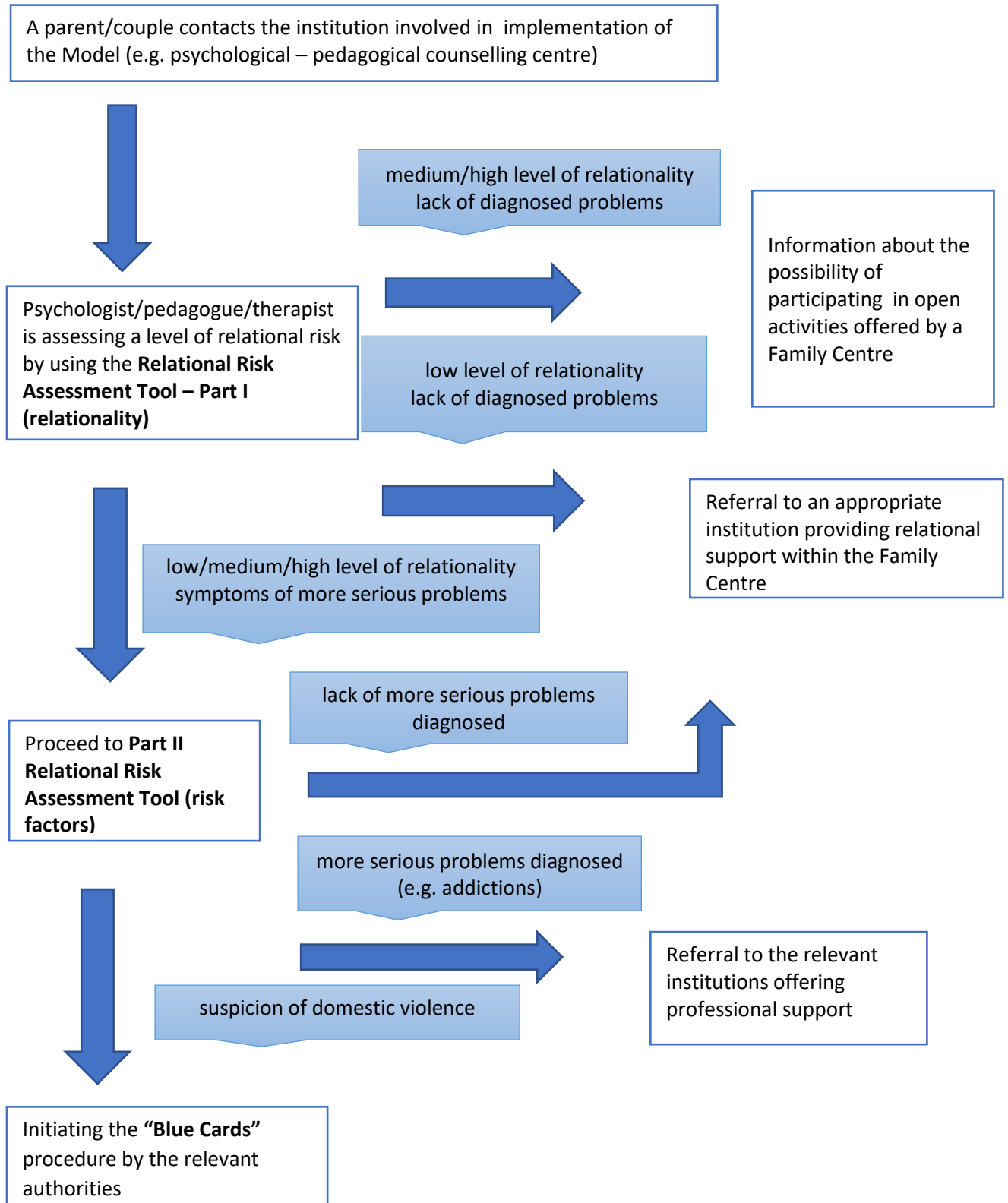
Step 4 Evaluation and consolidation of the functioning of the model

The task of the model implementation coordinator will be to conduct periodic evaluation of the project. It is important in terms of the effectiveness of the conducted activities, as well as maintaining an appropriate level of motivation for the cooperation of institutions. It is also important to communicate the achieved results of the project, which will strengthen commitment in the activities.

The consolidation of the functioning of the model will also result from several elements:

- remaining compliant with the model,
- maintaining the organizational culture oriented towards the implemented solution,
- leadership communicating the importance of the solution,
- the selection of employees that will contribute to maintaining innovation.

Relational Risk Assessment Tool - a workflow



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