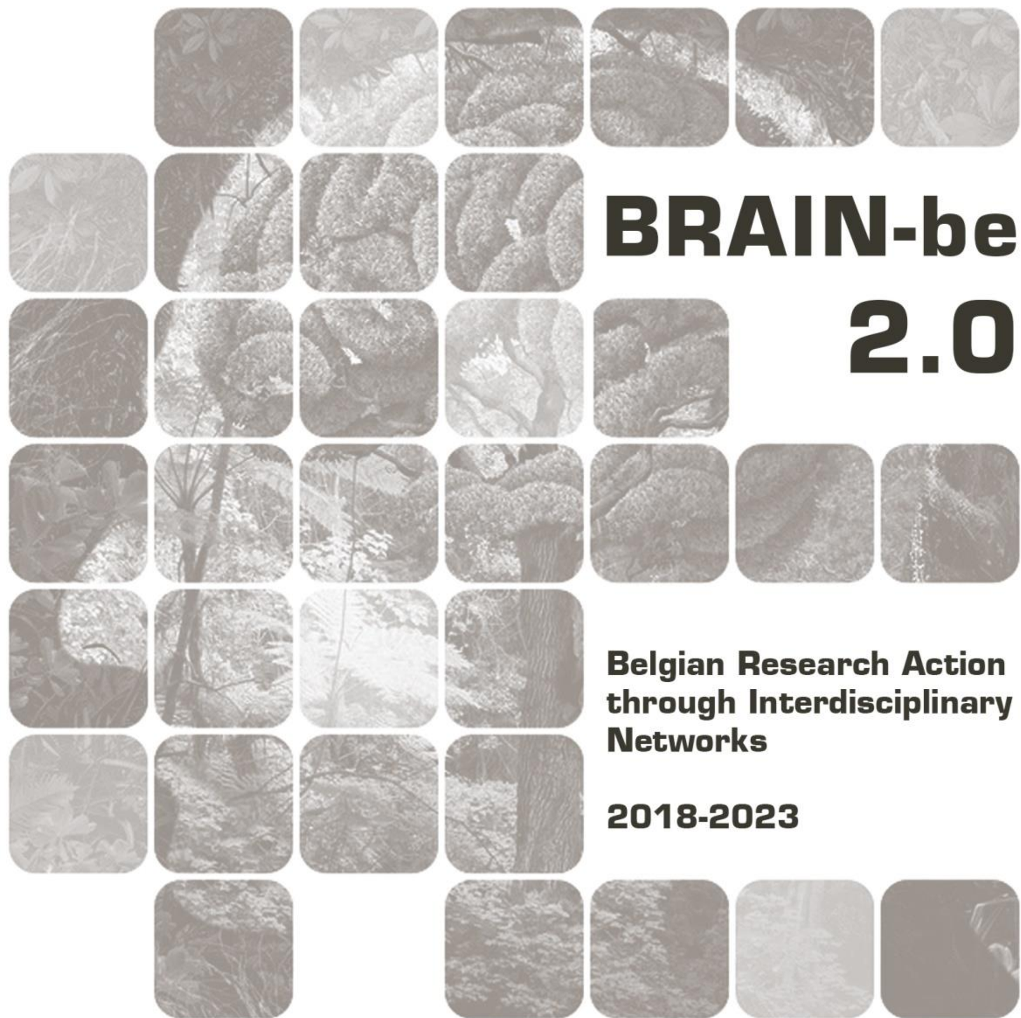


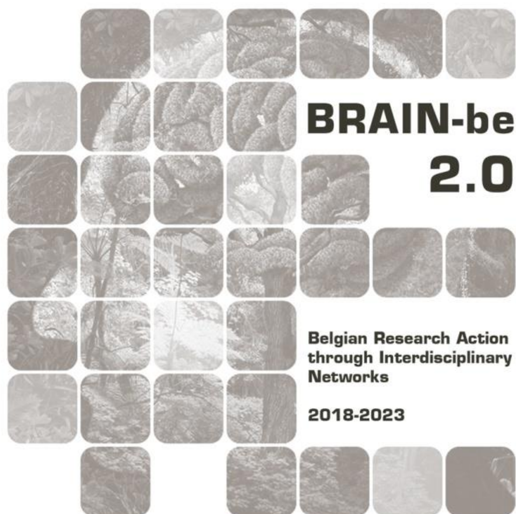
IPV-DACOVID

Intimate Partner Violence During and After Covid

Fabienne Glowacz (ULiège) (Editor), Catherine Fallon (ULiège), Charlotte Vanneste (INCC & ULiège), Gily Coene (VUB), Amandine Dziewa (ULiège), Aline Thiry (ULiège), Luce Lebrun (ULiège), Kaat Poels (VUB)

Pillar 3: Federal societal challenges

belspo .be



NETWORK PROJECT

IPV-DACOVID

Intimate Partner Violence During and After Covid

Contract – B2/202/P3/IPV-DACOVID

FINAL REPORT

PROMOTORS: **Fabienne Glowacz (ULiège, ARCh)**
Catherine Fallon (ULiège, SPIRAL)
Charlotte Vanneste (INCC & ULiège)
Gily Coene (VUB)

AUTHORS : Fabienne Glowacz (ULiège, ARCh), Catherine Fallon (ULiège, SPIRAL), Charlotte Vanneste (INCC & ULiège), Gily Coene (VUB), Amandine Dziewa (ULiège, ARCh), Aline Thiry (ULiège, SPIRAL), Luce Lebrun (ULiège SPIRAL & INCC) Kaat Poels (VUB)

Published in 2023 by the Belgian Science Policy Office
WTCIII
Simon Bolivarlaan 30 Boulevard Simon Bolivar
B-1000 Brussels
Belgium
Tel: +32 (0)2 238 34 11
http://www.belspo.be
http://www.belspo.be/brain-be

Contact person: Emmanuèle Bourgeois
Tel: +32 (0)2 238 34 94

Neither the Belgian Science Policy Office nor any person acting on behalf of the Belgian Science Policy Office is responsible for the use which might be made of the following information. The authors are responsible for the content.

No part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any means, electronic, mechanical, photocopying, recording, or otherwise, without indicating the reference:

Glowacz, F., Fallon, C., Vanneste, C., Coene, G., Dziewa, A., Thiry, A., Lebrun, L., Poels, k. *Intimate Partner Violence During and After Covid*. Final Report. Brussels: Belgian Science Policy Office 2023 – 209 p. (BRAIN-be - (Belgian Research Action through Interdisciplinary Networks))

TABLE OF CONTENTS

ABSTRACT **10**

1. INTRODUCTION **10**

2. STATE OF THE ART AND OBJECTIVES **11**

3. METHODOLOGY **14**

1. CONTEXTUALISATION AND DOCUMENT ANALYSIS 15
   - *1.1. Analysis of political discourse and debate (ULiège Spiral) 15*
   - *1.2. Analysis of Belgian statistical data (INCC) 16*
   - *1.3. Analysis of files from an aid service specialising in dealing with perpetrators of family and domestic violence (PRAXIS) (ULiège ARCh) 17*
2. ANALYSIS OF IMPLEMENTED MEASURES AND ANALYSIS OF PRACTICES DURING A COVID CRISIS (CONTAINMENT AND POST-CONTAINMENT) USING NATIONAL ONLINE SURVEYS (ULIEGE ARCH & INCC) 17
   - *2.1. National survey of the (para)medical and psychosocial sectors (ULiège ARCh) 18*
   - *2.2. National survey of the Belgian judiciary (INCC) 18*
   - *2.3. National survey of Belgian police areas and judicial districts (INCC) 19*
3. CASE STUDY (ULIÈGE SPIRAL & VUB) 19
4. ANALYSIS OF EXPERIENCES OF VIOLENCE IN TIMES OF PANDEMIC CRISIS - FOCUS GROUP/MAG (ULIÈGE ARCH, ULIÈGE SPIRAL & INCC) 20

4. SCIENTIFIC RESULTS AND RECOMMENDATIONS **21**

I. POLITICAL AND ADMINISTRATIVE FRAMEWORK AND DISCOURSE ANALYSIS **21**

1. MATERIALS AND METHODS 21
2. THE CONTEXT OF EMERGENCE OF THE PANDEMIC IN BELGIUM 22
3. THE PANDEMIC PUTS IPV ON THE AGENDA 22
4. A FEMINIST POLITICAL UNIVERSE ON THE FRENCH SPEAKING SIDE/ A FOCUS ON SEXUAL VIOLENCE IN THE DUTCH-SPEAKING SIDE 23
5. TOWARD A COMMON FEMINIST FRAME IN LINE WITH THE ISTANBUL CONVENTION 25
6. MARCH 2020 AS A WINDOW OF OPPORTUNITY 25
7. WOMEN POLICY ENTREPRENEURS AND NGO'S 26

II. MAPPING OF NEW INSTRUMENTS AND ACTIONS **27**

1. ADAPTING WORK IN THE FIELD 28
2. COMMUNICATION/AWARENESS CAMPAIGNS 28
3. 0800 30030 AND 1712 HELPLINES AT THE HEART OF THE PANDEMIC 29
4. CREATION OF CARE PLACES 30
5. THE REVISIT SYSTEM 31
6. « RELAY-PHARMACY » SCHEME 32
7. COOPERATION HAIRDRESSING FEDERATION, CAW AND 1712 (ON THE DUTCH-SPEAKING SIDE) 33
8. MOBILE STALKING ALARM 33
9. LAUNCH OF THE APP-ELLE APPLICATION (ON THE FRENCH-SPEAKING SIDE) 33
10. EVIVICO TOOL (ON THE FRENCH-SPEAKING SIDE) 34
11. CONCLUSIONS 34

III. ANALYSIS OF AVAILABLE STATISTICAL DATA **35**

1. INTRODUCTION 35
2. LESSONS FROM POLICE STATISTICS 37

2.1. Long-term approach: a decline in IPV reports in 2020 .... *38*
2.2. Analysis of monthly data: a significant drop during the first lockdown? *39*
2.3. In summary *48*
3. LESSONS LEARNED FROM CORRECTIONAL PROSECUTION STATISTICS 48
3.1. Putting the total number of IPV reports by the public prosecutor's office and the police into perspective *49*
3.2. Putting reports of physical IPV by public prosecutors and the police into perspective *50*
3.3. Putting reports of psychological violence to the public prosecutor's office and the police into perspective *51*
3.4. Lessons learned about the impact of the COVID-19 crisis *52*
4. LESSONS LEARNED FROM PHONE LINE STATISTICS 53
4.1. Figures for calls to the French-language telephone line *53*
4.2. Figures for calls to the Dutch-language telephone line (1712) *55*
5. ONE INFORMATION ON REPORTS OF CONFLICT AND VIOLENCE BETWEEN PARTNERS 56
5.1. The extent of the problem of violence between partners in reports of child abuse *56*
5.2. The impact of the COVID-19 crisis on child abuse reporting figures due to conflict/violence between partners *57*
6. PARTNER HOMICIDE/FEMINICIDE FIGURES AND COVID-19 CRISIS 59
7. CONCLUSIONS 60

IV. ANALYSIS OF FILES OPENED AT PRAXIS DURING CRISIS COVID-19 .... **61**

1. PRAXIS ASBL 61
2. METHOD ANALYSIS OF PRAXIS FILES 62
3. STUDY OF FILES ENTERED BETWEEN MARCH 15, 2020 AND JANUARY 2023 (N=703) 63
3.1. Origin of the measure *63*
3.2. Profiles of violence *64*
3.3. Presence of toxic substances *67*
3.4. Program progress *67*
3.5. Reasons for interrupting training *68*
4. STUDY OF VOLUNTARY FILES BETWEEN MARCH 15, 2020 AND DECEMBER 2022 68
4.1. Profiles of violence *69*
4.2. Presence of toxic substances *69*
4.3. Training progress *70*
5. REVIEW OF COVID FILES 70
5.1. Profiles of violence *71*
6. CONCLUSIONS 71

V. PROFESSIONAL PRACTICES AND EXPERIENCES OF PSYCHOSOCIAL AND (PARA)MEDICAL PRACTITIONERS IN FRENCH- AND DUTCH-SPEAKING BELGIUM DURING THE COVID PERIOD **72**

1. METHODOLOGY 72
1.1. Sample *72*
1.2. Recruitment *72*
2. METHOD: ONLINE QUESTIONNAIRE WITH CLOSED AND OPEN QUESTIONS 72
2.1. Questionnaire *73*
2.2. Respondents *74*
3. PRACTICES AND EXPERIENCES OF PSYCHOSOCIAL WORKERS IN FWB 74
3.1. Respondent profiles *74*
3.2. Profiles of violent situations *75*
3.3. Intervention in times of crisis *75*

3.4. *Changes in practices* ... *77*
3.5. *Recommendations* ... *84*
4. PRACTICES AND EXPERIENCES OF PSYCHOSOCIAL WORKERS IN FLANDERS ... 85
4.1. *Respondent profiles* ... *85*
4.2. *Profiles of violent situations* ... *86*
4.3. *Intervention during the Covid period* ... *86*
4.4. *Changes in practices* ... *88*
4.5. *Recommendations* ... *92*
5. FRENCH-SPEAKING (PARA)MEDICAL QUESTIONNAIRE RESULTS ... 93
5.1. *Respondent Profiles* ... *93*
5.2. *Profiles of violent situations* ... *94*
5.3. *Intervention during the Covid period* ... *94*
5.4. *Changes in practices* ... *95*
5.5. *Recommendations* ... *97*
6. DUTCH-SPEAKING (PARA)MEDICAL QUESTIONNAIRE RESULTS ... 97
6.1. *Respondent Profiles* ... *97*
6.2. *Profiles of violent situations* ... *97*
6.3. *Intervention during Covid period* ... *98*
6.4. *Changes in practices* ... *98*
6.5. *Recommendations* ... *100*
7. CONCLUSIONS ... 100

VI. ANALYSIS OF THE RESPONSES TO THE QUESTIONNAIRE SENT TO POLICE DISTRICTS AND PUBLIC PROSECUTORS' OFFICES BY THE LIÈGE PUBLIC PROSECUTOR'S OFFICE ... 101

1. DESCRIPTION OF THE SAMPLE ... 102
2. ANALYSIS OF RESPONSES FROM POLICE AREAS ... 102
3. ANALYSIS OF RESPONSES FROM PUBLIC PROSECUTORS' OFFICES ... 104
4. CONCLUSIONS ... 105

VII. ANALYSIS OF RESPONSES TO THE QUESTIONNAIRE SENT TO POLICE DISTRICTS ... 105

1. INTRODUCTION ... 105
1.1. *Representativeness of the sample* ... *105*
1.2. *Descriptive data* ... *106*
2. THE PRACTICE OF REVISITING ... 106
3. PRACTICES TOWARDS VICTIMS ... 107
4. PRACTICES REGARDING PERPETRATORS ... 109
5. HARASSMENT ALARM ... 110
6. TEMPORARY RESIDENCE BAN ... 111
7. NETWORKING ... 111
8. INTERNAL ORGANISATION ... 113
9. PERCEPTION OF PROACTIVE PRACTICES ... 113
10. CONCLUSIONS ... 113

VIII. ANALYSIS OF EVOLUTIONS, CHANGES AND INNOVATIONS IN PRACTICES ... 114

1. MATERIALS AND METHODS ... 115
2. CASE STUDY: CPVCF HOTEL – BRUSSELS ... 116
2.1. *Presentation of the system* ... *116*
2.2. *Analysis of interviews* ... *116*
3. CASE STUDY: THE PRACTICE OF "REVISITING" – BRUSSELS ... 118

3.1. Presentation of the system *118*
3.2. Analysis of interviews *119*
4. CASE STUDY: CPVS – BRUSSELS 120
4.1. Presentation of the system *120*
4.2. Analysis of interviews *121*
5. CASE STUDY: ASBL PRAXIS – WALLONIA AND BRUSSELS 123
5.1. Presentation of the system *123*
5.2. Analysis of interviews *123*
6. CASE STUDY: STOPP VIF PROJECT AT THE SECOVA POLICE ZONE - WALLONIA 125
6.1. Presentation of the system *125*
6.2. Analysis of interviews *125*
7. CASE STUDY: THE FAMILY JUSTICE CENTRE - FLANDERS 127
7.1. What is a Family Justice Center (FJC)? *127*
7.2. Results on the impact on partner violence *127*
7.3. Results on the impact on the functioning of FJCs and their partners *128*
7.4. Challenges *128*
8. CASE STUDY: THE MOBILE STALKING ALARM (PILOT PROJECT GHENT) - FLANDERS 129
8.1. The phenomenon of 'stalking' *129*
8.2. The mobile stalking alarm *130*
8.3. Results on the impact on partner violence/stalking *130*
8.4. Results on the impact on mobile stalking alarm operation *130*
8.5. Conclusions *131*
9. CASE STUDY: THE (PARA)MEDICAL HEALTHCARE IN OSTEND - FLANDERS 131
9.1. The (para)medical healthcare *132*
9.2. Results on the impact on partner violence *132*
9.3. Results on the impact on the functioning of healthcare professionals *132*
10. CONCLUSIONS FROM DE CASE STUDIES 133
10.1. Containment puts pressure on existing networks *134*
10.2. Media coverage is putting the sector under pressure *134*
10.3. But initiatives are developing *135*
10.4. An investment in front-line professionals *136*
10.5. What are the effects of these innovations after the crisis? *136*
10.6. Strengthening the networking of players, including local authorities *136*
10.7. Some projects have to be redefined after the crisis or abandoned: *137*

IX. EXPERIENCES AND PRACTICES OF PSYCHO-SOCIAL AND LEGAL PROFESSIONALS DURING AND AFTER A CRISIS 138

1. GROUP ANALYSIS METHODS: “ANALYSING TOGETHER TO ACT BETTER TOGETHER” 138
2. GROUP COMPOSITION 138
3. ANALYSIS OF MAGS SHORT VERSION PSYCHOSOCIAL SECTOR 139
3.1. MAGs arrondissement of Liège *139*
3.2. MAG arrondissement of Hainaut *142*
3.3. MAG arrondissement du Brabant Wallon *144*
3.4. Conclusions *148*
4. ANALYSIS OF SHORT MAGS FROM PUBLIC PROSECUTORS' OFFICES 149
4.1. MAG PUBLIC prosecutors' offices – FRENCH *149*
4.2. MAG public prosecutor's office - DUTCH-SPEAKING *150*

X. CONCLUSIONS 151

1. IMPACT OF COVID CRISIS ON IPV 153
1.1. Increase of IPV during the lockdowns, an incentiviser but not an indicator 153
1.2. Impact of the Covid crisis on the dynamics of violence. 153
2. THE CONTEXT OF PANDEMIC MANAGEMENT IN BELGIUM 154
2.1. IPV policy during the Covid crisis 154
2.2. The crisis as a catalyst in developing new practices within the professional sectors 157
2.3. Managing the post crisis 158
3. FINALLY, WHAT ABOUT NOW? 160
4. AND FOR THE FUTURE…RECOMMANDATIONS 161
4.1. Supporting professional practitioners in the field 161
4.2. Working with the most vulnerable groups 162
4.3. Analyse the effects of the crisis over the long term, without preconceived ideas 162
4.4. Integrating the specific dimensions of mental health into the management of emergency situations 162

5. DISSEMINATION AND VALORISATION 163

1. CONFERENCES 163
2. ORGANISATION DE CONFÉRENCES ET WORKSHOP 164
3. ORGANISATION DE SYMPOSIUM 164
4. TRAINING AND INTERVENTIONS/DISCUSSION GROUPS WITH PROFESSIONALS 164

6. PUBLICATIONS 165

7. ACKNOWLEDGEMENTS 165

APPENDICES 166

APPENDIX 1. REPRESENTATIVENESS OF THE SAMPLE BY JUDICIAL DISTRICT (AND DIVISION) 166
APPENDIX 2. REPRESENTATIVENESS OF THE SAMPLE ACCORDING TO THE POPULATION COVERED BY THE ZONES AND THE PROPORTION OF IPV REPORTS 166
APPENDIX 3. CLASSIFICATION OF ZONES ACCORDING TO POPULATION COVERED, NUMBER AND RATE OF IPV REPORTS 166
APPENDIX 4. RESPONDENT'S FUNCTION 167
APPENDIX 5. IPVS IN THE ZONAL SECURITY PLAN 167
APPENDIX 6. THE PRACTICE OF REVISITING 168
APPENDIX 7. PRACTICES TOWARDS VICTIMS 169
APPENDIX 8. SETTING UP A SPECIFIC "IPV VICTIMS" UNIT 170
APPENDIX 9. PRACTICES TOWARDS PERPETRATORS OF IPVS 171
APPENDIX 10. MANAGEMENT SUPPORT FOR THESE INITIATIVES FOR PERPETRATORS AND INFORMATION ON SERVICES FOR PERPETRATORS 172
APPENDIX 11. HARASSMENT ALARM 173
APPENDIX 12. TEMPORARY BAN ON RESIDENCE 174
APPENDIX 13. EFFECT OF COVID-19 ON NETWORKING 175
APPENDIX 14. NEW CONSULTATION INITIATIVES 176
APPENDIX 15. EFFECT OF COVID-19 ON THE INTERNAL ORGANISATION OF THE POLICE ZONE 176
APPENDIX 16. TREND TOWARDS MORE PROACTIVE PRACTICES 176
APPENDIX 17. PROFESSIONAL PRACTICES AND EXPERIENCES OF PSYCHOSOCIAL AND (PARA)MEDICAL PRACTITIONERS IN FRENCH- AND DUTCH-SPEAKING BELGIUM DURING THE COVID PERIOD QUESTIONNAIRES 177
APPENDIX 18. SAMPLE FRENCH-SPEAKING PSYCHOSOCIAL SECTOR 187
APPENDIX 19. USE OF SERVICES ACCORDING TO THE THREE PERIODS IN THE FRENCH-SPEAKING PSYCHOSOCIAL SECTOR 188
APPENDIX 20. TABLE OF DEVICES IN THE FRENCH-SPEAKING PSYCHOSOCIAL SECTOR 189
APPENDIX 21. COLLABORATIONS IN THE FRENCH-SPEAKING PSYCHOSOCIAL SECTOR 190

Appendix 22. Quality of contacts in the French-speaking psychosocial sector 191
Appendix 23. Sample Dutch-speaking psychosocial sector 192
Appendix 24. Use of services according to three periods in the Dutch-speaking psychosocial sector 193
Appendix 25. Table of Dutch-speaking psychosocial sector devices 194
Appendix 26. Dutch-speaking psychosocial sector collaborations 195
Appendix 27. Quality of contacts in the psychosocial sector Dutch-speaking 196
Appendix 28. Sample French-speaking (para)medical sector 196
Appendix 29. Use of services according to the three periods French-speaking (para)medical sector 197
Appendix 30. Table of French-speaking (para)medical sector devices 198
Appendix 31. Collaborations in the French-speaking (para)medical sector 199
Appendix 32. Sector sample Dutch-speaking (para)medical 200
Appendix 33. Use of services according to the three periods Dutch-speaking (para)medical sector 201
Appendix 34. Table of Dutch-speaking (para)medical sector devices 202
Appendix 35. Collaborations in the Dutch-speaking (para)medical sector 203

BIBLIOGRAPHY 204

ABSTRACT

On March 11, 2020, WHO declared the COVID-19 outbreak a pandemic and governments across the world tried to clamp down on the spread of the virus by enforcing restrictive measures, such as “strict lockdown” strategies and “self-isolation” behaviors which, as previous crises have taught us, can increased psychosocial stress which is associated with increases in intimate partner violence (IPV). The IPV-DACOVID project analyzed the impact of the Covid-19 health crisis on violence between intimate partners, on the political discourses and initiatives and the measures taken in the psychosocial and (para)medical sectors in response to the crisis in Belgium. To achieve these objectives, the project relied on an interdisciplinary approach and a combination of several methods: analysis of public speeches, analysis of statistical data, file studies, online surveys, case studies, in-depth interviews, case studies, and focus groups which allowed to trace changes and developments in IPV during and “after” the crisis.The temporality of the crisis and its effects emerged in our research as essential to understanding the complexity of the processes, changes and impacts of a crisis. Analysis of the effects of a crisis such as the Covid crisis must integrate a synchronic approach (the effect of the crisis at a given moment in time) and a diachronic approach (the evolution of the crisis over time). Throughout the world, the period during which the Covid crisis was confined (March 2020) focused all the attention of governments and public authorities on the health sector in direct connection with the pandemic, but also on domestic violence and IPV, with a tendency to reduce the crisis to this period. The end of the restrictive measures of confinement and closure of services was implicitly associated with the end of a state of alert in relation to the risk of domestic violence, and left the impression of a return to "equilibrium" or "restored" societal functioning in terms of IPV. The research suggests more structural and integrated policy development and intervention options to prepare us for future crises and help us better meet the needs of IPV victims and society's most vulnerable groups.

Keywords: Covid 19 crisis; Intimate partner violence; Impact of the crisis; Covid post-crisis; Professionals in the psychosocial, legal and paramedical sectors; Public policy

1. INTRODUCTION

The global objective of this project will be twofold. First, it aims to assess changes and development in public policies and actions involving multiple fields and actors: police, justice, health and associations during and after the Covid-19 crisis. Second, the project aims to assess the impact of the Covid-19 crisis on the dynamics of violence (emergence, exacerbation of existing violence, intimate/bidirectional terrorism, exits from violence). It will consider what (new) kinds of violence victims experienced during confinement and de-confinement; how the conditions of confinement and deconfinement affected the perpetrators, the victims, and the children exposed to the violence; how the new conditions may have affected different groups; and to what extend intersectional vulnerabilities have surfaced. This project is a continuation of the IPV-PRO&POL project that collected data and analysed the trajectories and types of intimate partner violence, and public policies and interventions prior to the Covid-19 crisis. This project will specifically identify changes in public and media discourse regarding intimate partner violence, changes in judicial interventions, front-line interventions and associations, as well as innovations and new developments brought about by the awareness of the risk of violence and confinement in the home during and after the crisis. It will assess their relevance in meeting the needs of victims and their continued integration into post-lockdown policies. The global objective of this project is to analyse the impact of the measures taken hic et nunc and to draw lessons for more structural and integrated policies that will prepare us for future crises and help us to respond better to the needs of the most vulnerable groups in society (more globally, for the politic IPV).

2. STATE OF THE ART AND OBJECTIVES

On March 11, 2020, WHO declared the COVID-19 outbreak a pandemic and governments across the world tried to clamp down on the spread of the virus by enforcing restrictive measures that were unprecedented in the history of public health, such as "strict lockdown" strategies, social distancing rules and "self-isolation" behaviors (Sargeant et al., 2023). Previous pandemics, including COVID-19, and situations of social isolation have increased psychosocial stress which is associated with increases in intimate partner violence (IPV) (McNeil et al., 2023). IPV can occur in all intimate relationships, regardless of gender of the perpetrator or victim (Gilchrist et al., 2023): helplessness in the face of chaotic or uncontrollable situations, heightened financial and economic stress, loss of access to typical support systems, and lack of opportunities for law enforcement and justice (Bergant & Forbes, 2023; Campedelli et al., 2020).

The pandemic crisis and health measures enforced in response to it have had a major impact on the mental health, namely depression and general anxiety among young adults (Fisher et al., 2023; Aguiar, Maia, Duarte & Pinto, 2022; Glowacz & Schmits, 2020; Lorant et al., 2021) or on the mental health of children and adolescents (Panchal et al., 2023), and on the health-related quality of life of the population, increasing the risk of domestic and conjugal violence (Kourti and al., 2023; Cunha, Caridade, de Castro Rodrigues, Cruz, & Peixoto, 2023). The overall objective of the IPV-DACOVID research is twofold: (1) to assess the changes and evolution of public policies and actions involving multiple sectors and actors: police, justice, health and NGOs during and after the COVID-19 crisis and (2) to assess the impact of the COVID-19 crisis on the dynamics of violence (emergence; exacerbation of existing violence; intimate/bidirectional violence; intimate terrorism, reporting violence; seeking help; and exit from violence) based on the experience of those directly confronted with it and the experience of professionals from the paramedical, psychosocial, police and judicial sectors. It has examined how the context of the health crisis and the subsequent containment measures has affected perpetrators, victims and children exposed to violence and to what extent intersectional vulnerabilities have surfaced.

Studies conducted since 2020 on the subject demonstrate global trends in intimate partner violence, a phenomenon linked to the Covid-19 epidemic due to policies of confinement of victims with their abusers that have led to both an increase in violence and a decrease in reports (Kourti et al., 2023). Studies on the subject have shown that social distancing, containment and lockdown policies, although essential in limiting the spread of the disease, have all contributed to an increase in intimate violence rates worldwide in violence against partners for men and women (Aydin et al., 2023 ; Gottlieb & Schimtt, 2023). Globally, psychological IPV appears to have been more prevalent than physical IPV (McNeil et al., 2023; Rahman et al., 2022; Glowacz et al., 2022). Physical, psychological, and sexual IPV have increased during the early stages of the pandemic COVID-19, particularly among families with pre-existing vulnerabilities (low socioeconomic status, unemployment, a personal or familial COVID-19 diagnosis, family mental illness or overcrowding) (McNeil et al., 2023). A recent Belgian study (Schokkenbroek et al., 2021) identified and assessed five aspects of respondents' intimate relationships during the pandemic and these were: increased conflict, diverging attitudes regarding the relationship and life, restrictions, diminished feelings of connectedness, and partner neglect. Confinement at home can increase the incidence of violence as well as create a new set of victims who experience violence, and lead to tension and violence in couples where there was no violence previously (Kaukinen, 2020; McNeil et al., 2023). Abusive partners may stoke their partner's fear of the virus, bar them from treatment if their partner experiences symptoms or use restrictive measures to further break down survivor resource access and justify their tactics of isolation (Campbell, 2020; Schrag et al., 2021).

While an increase in domestic violence reports, distressed victim calls, and demand for services has been noted in many countries (Bradbury-Jones & Isham, 2020), other countries have recorded a decrease in calls to IPV hotlines. However, it is crucial to make a distinction between information provided by the police and judicial statistics and information gleaned from population surveys and telephone helplines. The former are based on complaints to the police, which may have been hindered by confinement measures. A meta-analysis carried out by the *Institut National de santé publique du Québec* shows that international studies based on police sources give contradictory results, sometimes noting an increase, sometimes a decrease in the extent of IPV during the pandemic. Nor do those studies based on surveys provide consistent results (Laforest & Poitras, 2021). Furthermore, according to Demir & Park (2021) the significant increase in domestic violence calls did not appear to have any discernible impact on domestic violence arrest figures. This may be partially explained by the fact that calls for assistance included domestic disturbances that did not involve violence. However, the authors of the study concluded that, in order to better understand the effect of COVID-19 on domestic violence arrests, research should examine whether COVID-19 influenced police responses to calls for assistance or police decisions to make arrests. In Belgium, only very partial data analyses (notably concerning the Brussels Region) have been published to date (Distexhe & Leprince, 2021). That the findings of the various studies on IPV during the COVID-19 crisis conflict may be related to difficulties victims encountered when seeking help and to social isolation, which may have amplified individual vulnerabilities and abusive behaviour (Sharma & Borah, 2020; Barbara et al., 2020; Gosangi et al., 2021). At the other end of the spectrum, coping strategies implemented to avoid increasing risk; greater time spent with family and friends, and decreased consumption of alcohol and/or drugs may have acted as crucial protective factors against the perpetration of IPV and may have also served to prevent increased conflict among couples and IPV victimisation (Langhirichsen et al., 2021; Long et al., 2022). Spencer and colleagues' study found that the strongest risk markers for IPV during the COVID-19 pandemic were related to isolation and mental health challenges (loneliness, anxiety, stress, fear, boredom or substance use) and lifestyle changes. It also perceived well-being and feelings of hopefulness as protective markers (Spencer, Gimarc & Durtschi, 2021). It is also important to explore the nature of the increase in calls to hotlines that were, in some cases, the result of a greater frequency of calls generated by the same sample of victims (Lundin et al., 2020).

Support providers described a decrease in contact with help seekers which they attributed to safety concerns, competing survival priorities, and miscommunication about what resources were available. This decrease was often followed by an increase in calls after the lifting of shelter-in-place orders, often surpassing typical contact counts from the pre-pandemic period (Leigh et al., 2022). Indeed, an increase in IPV post-lockdown may have been associated with a significantly stressful environment when life returned to 'normality' (Long et al., 2022). Moreover, although lockdowns and the like are no longer the norm, it is clear that emergency containment measures have drastically modified the practices and cooperation processes between different actors working in the field of IPV. The Belgian government granted additional funding to the national helpline to create an online chat function, to expand its capacity and lengthen its opening hours, as well as to launch a poster campaign. Additional funding was also directed towards education on trauma counselling for psychologists. Social work adjustments principally focused on maintaining contact through the development of new strategies, including the use of digital counseling, in order to reduce risk and prioritise safety, which had both positive and negative consequences for clients and professionals (Petersson & Hansson,2022). Support providers were able to respond more quickly and have more frequent interactions with clients (Schrag et al., 2021), but some reported difficulties in remotely assessing clients' risk and safety in their homes during a time when privacy and confidentiality could not be guaranteed (Pfitzner et al., 2022). These findings highlight the importance of making screening tools and assessments for domestic violence readily available, particularly viatelehealth platforms. Moreover, stakeholders reported an increase in requests for peer support during the

COVID-19 pandemic which is a strong indicator that finding some way to formalise access to community support was critical (Usher et al., 2022; Toccalino et al., 2022). Community-based organisations remain valuable in mitigating the ongoing impacts of COVID-19 and play an important role in developing more nuanced public health efforts for victims while continuing to maintain essential health and safety protocols (Schweinhart et al., 2023). As a consequence, stakeholders came to be associated with other "essential organisations", such as pharmacies (the code word 'Mask-19' was used in Belgian pharmacies) (Brink et al. 2021), grocery stores, and family physicians to safely provide more public information (Leigh et al., 2022; McNeil et al., 2023).

COVID-19 has also been considered a game changer in public governance (Ansell & al, 2020): the pandemic was presented as an unpredictable and uncertain problem for which there was no ready-made solution. In order to respondto the problems and challenges posed by the pandemic, the public sector had to adapt by building networks and partnerships with the private sector and civil society to ensure flexible adaptation, the creation of innovative solutions and the pragmatic redirection of resources. Most analysts emphasised the importance of working more closely with citizens by inviting them to participate in the co-creation of public governance as often as possible so that they could better understand the complex challenges and adapt to new circumstances. Globally, this was quite important during the lockdown periods as many NGO's strategically redeveloped their activities towards supporting local solidarity initiatives and neighbourhoods (Pleyers, 2020).

Taking into account all these observations from Belgium and around the world which point to opportunities to increase awareness, adopt policy changes, and provide great support for interventions. Mintrom and True (2022) have sketched three lessons on "policy windows". First, the pandemic did not provide a shortcut for policy advocacy; UNWomen and others who made the most of COVID-19 as a policy window tended to have been working for years to get governments to address the issue of violence/IPV. Second, it is important to seek major and permanent shifts in order to secure policy change that is trajectory altering. Third, strategic problem framing is vital for changing policy discussions. Agenda-setting efforts can be greatly assisted by attempts to garner a macro understanding of the problem. According to the authors, COVID-19 has opened up some space for new policy discussions and appears to have created conditions favourable to policy changes driving improvements in crisis preparedness, the enhancement of E-Government platforms, and remote access to mental health and crisis counseling services (Mintrom & True, 2022).

There has been a significant increase in IPV episodes since 2019, especially violence against women (Barbara et al., 2020). NGOs, particularly feminist groups, have highlighted the risk of domestic violence and convinced Belgian policymakers to develop a series of new interventions that have been developed rapidly by a taskforce which combined policymakers, members of the administration and NGO's. Facing urgency, activists have focused their activities on concrete actions to meet immediate needs rather than developing political advocacy (Pleyers 2021) while being affected themselves by the pandemic, including in their capacity to provide services to victims of IPV (Schweinhart et al., 2023). When viewed from an intersectional perspective, the risk of IPV is also likely to affect vulnerable populations differently, including minority populations (ethnic minorities, people with disabilities, LGBTQ, etc.), who are disproportionately represented among those facing eviction, job loss, and overall economic hardship amid the COVID-19 pandemic (Rieger et al., 2021; Workman, Kruger & Dune, 2021; Sardinha et al., 2022). Preventing and responding to public health crises should incorporate efforts to mitigate secondary impacts of the crisis. Risser and colleagues' study (2022) and others highlight the need to expand support for marginalised communities and children, who have experienced compounding challenges during the pandemic (Piquero et al., 2021; Risser et al., 2022). Indeed, there is an increase in cases of maltreatment and abuse of children during the Covid-19 period (Kourti et al., 2023), especially in Europe and in the United Kingdom, where there was a significant increase in the number of children diagnosed with abusive head trauma during the lockdown compared to the previous three years (Sidpra et al., 2021). The economic and social

consequences of the lockdowns and other containment policies have had a significant impact on violent living situations, which implies that adequate responses also need to take different difficulties and barriers into account. Consequently, it is important to ask if the safety and specific needs of IPV victims were considered during the Covid-19 pandemic? And how should other difficulties be taken into account to understand and respond to these specific needs? What services and measures for the protectionof victims have been included in their emergency plans? What have government institutions and support organisations set up to encouraged the reporting of violence? These are all questions that this research project aims to answer. In this way, the objective of IPV-DACOVID is to make recommendations in the event of a recurrence of crises similar to that of COVID-19, but also to improve IPV intervention mechanisms more broadly.

This research project aims to fill this gap by carrying out studies that combine different disciplines and methodological approaches to evaluate the impact of the crisis, the evolution of practices and innovations in the judicial, medical and psychosocial sectors, as well as developments in public policy. Thanks to the data acquired from and with the help of various professionals from a range of sectors, as well as those who have been directly affected by IPV, this project will lead to the formulation of recommendations on a range of topics, most notably: health crisis and other forms of crisis management; the dynamics of violence, the struggle to end violence between partners during or outsideof any health crisis and public policymaking in Belgium.

3. METHODOLOGY

The health crisis linked to covid-19 has prompted reflection on how to combat and respond to violence between intimate partners. The aims of our study are threefold: (1) to take stock of situations of intimate partner violence and the way the problem was dealt with during and after the Covid-19 crisis; (2) to examine the impact of the crisis on professionals dealing with situations of intimate partner violence, their practices and their experiences; and (3) to look at the post-crisis period and the future plans for managing and dealing with situations of intimate partner violence during - future - crises. **A mixed and sequential research methodology** consisting of different specific and complementary methods of data collection and analysis was used to understand the processes of cooperation between the players active in the field during the crisis, the adaptations of practices impacted by the health measures taken in the emergency and post-crisis periods, and the experience of the players during these different phases of the crisis. The analysis of possible reconfigurations of the political framework of the problem in this area will be dealt with throughout the project . As can be seen from the diagram

showing the different research methods, these are articulated in a complementary way over the two years of research, guided by a multidisciplinary approach.

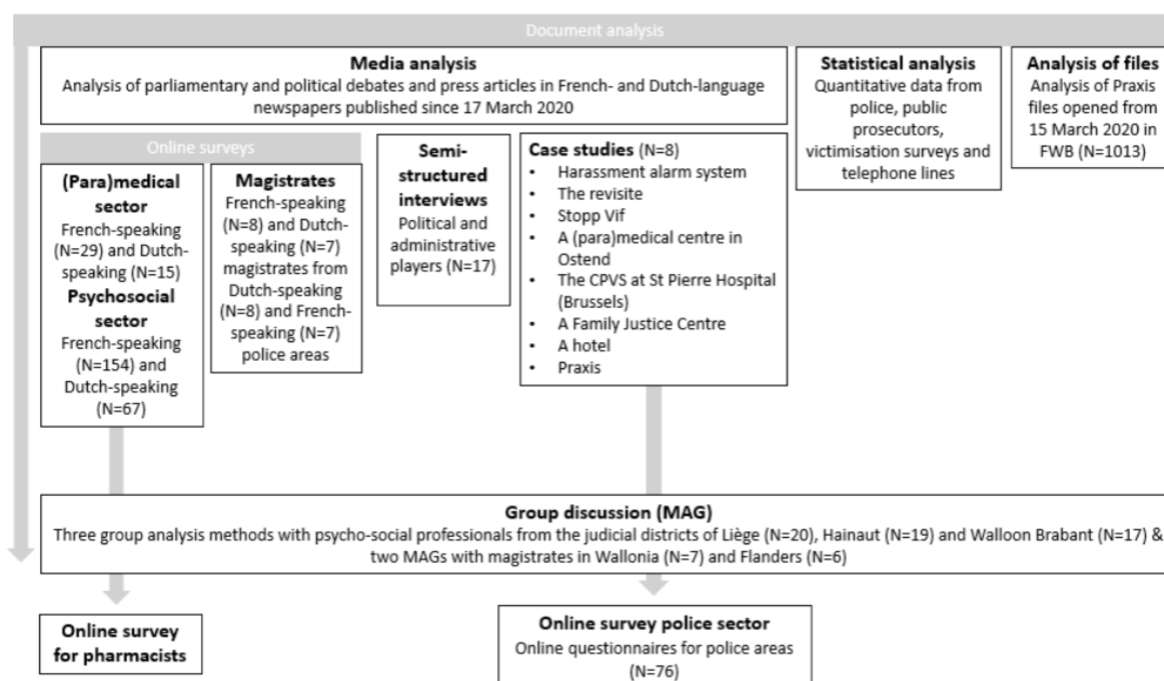


Figure 1. Diagram of the IPV-DACOVID research process and methods

1. Contextualisation and document analysis

The aim of the first stage of the research was to recontextualise the impact of the Covid crisis on violence between partners (IPV) by analysing various documents: (1) political and media productions, speeches and debates, (2) figures available in Belgium to objectively confirm, refute or qualify the impact of the Covid crisis on violence between partners, and (3) the Praxis database.

1.1. Analysis of political discourse and debate (ULiège Spiral)

Analysis of the media, looking at events that are 'reported' and 'commented on', makes it possible to decipher the information reported and contribute to the construction of a 'problematised space' (Chauraudeau, 2011). In order to problematise the processes that have led to increasing political attention being paid to domestic violence, an analysis of the difficulties encountered by political and administrative players and their responses to the various problems in the regions/provinces of Belgium was carried out to determine the extent to which the public health crisis has reconfigured the political framework with regard to violence between partners.

A **detailed analysis of parliamentary and political debates as well as press articles** in newspapers published since 17 March 2020: Le Soir, La Libre, La DH, RTBF for the French-speaking community and De Standaard, De Morgen, Het Belang van Limburg for the Dutch-speaking community. The articles were selected using the following keywords: "conjugal violence", "intra-family violence", "domestic violence", "violence against women", "sexual violence", "gender violence" or "feminicide". Continuous content analysis was used to build a table of articles, opinion pieces, press releases, etc. giving an

overview of the various events that have occurred since the start of the health crisis, their chronology and the discourse on them.

1.1.1. *Semi-structured interviews with political actors (ULiège Spiral & VUB)*

Semi-structured interviews were conducted with politico-administrative officials involved in the political debate, members of civil society, as well as representatives of various ministerial cabinets and members of administrations (N=17) selected during the media analysis and using the "snowball" method to identify the actors needed to cover the debates and cooperation processes. An interview framework that left the actors' discourse largely free made it possible to deepen the data from the document analysis. The questions were asked in a way that was neither systematic nor sequential, allowing for the emergence of themes, some of them essential, that would not have been found in the original interview guide, thus emphasising the need for an inductive approach. The evolving interview guide was enriched, iteration after iteration, with the concepts that had emerged during the previous interviews, the aim being to retrace the history of the issues and debates surrounding the question of violence between partners since the start of the covid-19 crisis.

1.1.2. *Mapping of instruments and actions recommended and developed during and after the crisis (ULiège Spiral & VUB)*

An inventory of the instruments and actions implemented by the various players during the containment and decontainment phases was drawn up using media analysis (see point 1.1.) and supplemented by interviews with the players (see point 1.1.1.). With the containment and management of covid-19**, the processes of cooperation between the players active on the ground** have been modified, and a series of **innovations** have emerged in a short space of time, in particular to improve the systems for providing assistance and detecting violence. New initiatives and new players in the field have emerged, such as pharmacies with the "masque 19" code. A joint project between the Wallonia-Brussels Federation, the Wallonia Region and the Brussels-Capital Region has been set up thanks to a "Domestic violence and confinement" task force. Agreements were signed with hotels and landlords willing to make their accommodation available to women victims of violence, and various subsidies were made available to support associations, in particular the 0800 helpline. This directory was then used to create the online surveys and case studies.

1.2. Analysis of Belgian statistical data (INCC)

The aim of a study of the figures available in Belgium was to objectively confirm, refute or qualify the impact of the Covid crisis on violence between partners. The analysis focused on data from (1) the **police**[1] and (2) the **public prosecutor's office**[2]. Police statistics reflect domestic violence that is brought to the attention of the police either because a person feels that they are a victim and that it is appropriate to initiate proceedings, or because witnesses (family, neighbours, school, etc.) feel that it is appropriate to call the police. The statistics of the public prosecutor's office therefore mainly reflect the flow of cases referred by the police, but they are also influenced by changes in the way incidents are classified, or by the identification of new situations by those involved in the justice system. The (3) **victimisation surveys** (Pieters & al., 2010; Glowacz & al., 2022) have also been useful in gathering the views of victims and comparing them with the data on reports to the police. Another type of data

[1] http://www.stat.policefederale.be/statistiquescriminalite/
[2] http://www.stat.policefederale.be/statistiquescriminalite/

analysed were (4) **telephone lines open to the public**[3] and of course (5) the question of **children** as witnesses and direct victims of violence between partners was taken into account by studying data from the Office de la Naissance et de l'Enfance.

1.3. Analysis of files from an aid service specialising in dealing with perpetrators of family and domestic violence (PRAXIS) (ULiège ARCh)

A file analysis was carried out using the Praxis database. The analyses focused on a sample of cases opened from 15 March 2020, i.e. during the first period of strict confinement due to the Covid-19 epidemic in Belgium, throughout the territory of the Wallonia-Brussels Federation. Between 15 March 2020 and January 2023, **979** perpetrators of violence (93% men and 7% women) presented themselves to Praxis[4]. Some of them had one or more files open in their name (N=1,181), some of which had been opened before the Covid-19 period, and these were removed from the sample. This brings the N of the study to **1013 files**. The examination of the files is divided into three separate studies: (1) **Descriptive and thematic analysis of the files with a referral/adjudication from 15 March 2020 to December 2022** (N=703). (2) **Descriptive and thematic analysis of voluntary cases from 15 March 2020 to December 2022** (N=310). (3) **Descriptive and thematic analysis of cases opened within Praxis from 15 March 2020 to December 2022 and containing the terms "Covid", "pandemic" or "containment" in stakeholders' notes** (N=23).

Descriptive analyses of the files were carried out using Excel software. The Excel file contained anonymous coded data such as: file number, type of file (judicial or voluntary), number of files per user, user's sex, age and language, year the file was opened and closed, judicial district and origin of the measure, progress of the training (unfinished, completed, progressing) and substance use at the time the act was committed. Other data was presented in the form of notes transcribed by the youth worker, and coded for the purposes of the research: the nature of the violence committed, the reasons for interrupting the training and the nature of the drugs consumed. Lastly, a thematic qualitative analysis was made of the counsellors' notes on the context of the events, and the obstacles and motivations to joining the Praxis programme. More specifically, the answers to four of the six questions proposed at the start of the Praxis programme, "6 questions to start my work at Praxis", were analysed: (1) What are the different **forms of violence** (verbal, physical, psychological, economic, sexual, etc.) that I have experienced in my relationship or in my family? (2) What difficulties (doubts, fears) might I encounter in the Praxis group work? (3) What points of the commitment might I not respect and which could jeopardise my participation in the group? (4) What resources do I have to help me overcome these difficulties and join and stay in the group?

2. Analysis of implemented measures and analysis of practices during a COVID crisis (containment and post-containment) using national online surveys (ULiege ARCh & INCC)

The aim of three large-scale online surveys was to analyse the development of measures, changes in practices, monitoring of reports of violence, and profiles of IPV situations during the pandemic crisis period (containment and post-containment) within three sectors: judicial (police/magistrates), (para)medical and psychosocial.

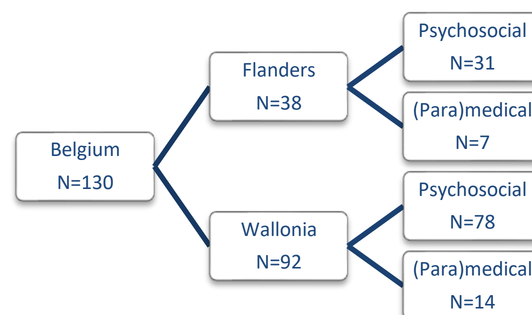
[3] https://www.ecouteviolencesconjugales.be

[4] Records of users who have given their consent for their data to be shared (RGPD agreement).

The objectives of this part of the project were to assess changes in public policies and actions, during and after the Covid 19 crisis, on the basis of questions raised by analyses of documents concerning : the rates of calls and reports to the police and the justice system during the period of confinement and decontainment; changes in the practices of professionals in the light of the directives imposed by the Government (cessation of certain activities, teleworking, social distancing, reduced opportunities for mobility, barrier gestures and other protective measures); changes in the processes of cooperation between the various sectors; changes in the practices of referring victims or witnesses, and whether or not these practices continue. The experience of professionals following these profound changes in their activities (potential exhaustion of workers but also positive effects) and their impact on the management of violence between partners was also studied.

2.1. National survey of the (para)medical and psychosocial sectors (ULiège ARCh)

An anonymous online questionnaire in French and Dutch, consisting of open and closed questions, was aimed at **professionals in the psychosocial, medical and paramedical (pharmacists) sectors practising in Belgium**. The questionnaire was distributed online from June 2022 to December 2022, with a total of 1,652 clicks, 266 respondents and 130 completed questionnaires. One hundred and fifty-four French psychosocial professionals (N=154) (86% women): courts, shelters, services for victims or perpetrators of partner violence, SAJs, shelters, helplines and others. Sixty-eight Dutch-speaking psychosocial professionals (N=67) (82% women): CAW workers, CJF or Justice Houses workers, workers specialised in dealing with domestic violence and justice centre workers. Twenty-nine French-speaking professionals (N=29) (79% women) including pharmacists, nurses and general practitioners working in multidisciplinary structures and in hospitals. Fifteen Dutch-speaking professionals (N=15) (87% women) were pharmacists, a forensic nurse, general practitioners or general medical assistants, TCA workers and legal assistants.



This study assessed the changes in practices, innovations and new measures developed in response to the covid-19 crisis, as well as their maintenance or abandonment in the post-pandemic period in the psychosocial and (para)medical fields. It (1) completed the inventory of measures officially recommended for the pandemic crisis period (containment and post-containment) by listing the actions known and actually implemented, (2) helped to objectify as far as possible the profiles of IPV situations managed within the various institutions, (3) provided an initial indication of how stakeholders perceive the effectiveness, efficiency and relevance of the measures taken in relation to situations of violence.

2.2. National survey of the Belgian judiciary (INCC)

At first, we had the opportunity to introduce questions specific to our research as part of a more general questionnaire sent by the College of Public Prosecutors to all public prosecutors' offices and

to certain police areas[5]. The aim of this general questionnaire conducted from May to July 2022 was to evaluate the various circulars relating to the handling of intimate partner violence (COL 4/2006 circulars (COL 15/2020, COL 20/2020 and COL 18/2012). We added questions specific to the pandemic period, aimed at assessing the impact of the health crisis on the practices of professionals dealing with IPV in public prosecutor's offices and police districts. All public prosecutors' offices (8 French-speaking and 7 Dutch-speaking magistrates) responded to the questionnaire. At police zone level, however, the sample was much smaller: 8 Dutch-speaking and 7 French-speaking police zones took part in the survey, out of a total of 184 police zones. This questionnaire provided exclusively qualitative data.

2.3. National survey of Belgian police areas and judicial districts (INCC)

A survey was carried out, on the initiative of our partnership, in the final phase of the research. The questionnaire was drawn up on the basis of the results of the qualitative approach. The aim was to be able to assess the extent - the degree of generalisation - of the findings made in specific areas and thus to be able to objectively assess the impact of the COVID-19 crisis on police practices regarding violence between partners in the widest possible sample of police areas. The survey was intended to **identify the instruments and actions implemented during the containment and decontainment period in the country's various police zones and judicial districts.** The questionnaire consists mainly of closed questions aimed at quantification[6].

A national online survey (distributed from July 5, 2023 to August 24, 2023) was sent to the authorities of all Belgian police zones (heads of corps N= 184)[7]. Seventy-six police divisions responded to the questionnaire (41.3% of all divisions). The four judicial districts with the highest proportion of responses were Limbourg (61.5%), Walloon Brabant (60%), Hainaut-Charleroi (55.6%) and Louvain (54.5%). The sample of responding areas covers 41.7% of the Belgian population and 42.1% of IPV reports (calculated on the basis of the annual average of reports from 2018 to June 2022). The survey data were cross-referenced with three variables reflecting, by police area, 1) the size of the population, 2) the average annual number of reports, calculated over the period January 2018-June 2022, and 3) the annual number of IPV reports per 10,000 inhabitants (a variable combining the two previous ones).

3. Case study (ULiège Spiral & VUB)

Following on from and in parallel with the document analyses and online surveys, case studies provided a detailed analysis of the changes in domestic violence practices both during and after the pandemic in terms of, on the one hand, **the impact of pandemic-related policies on the dynamics of domestic violence** and, on the other, **the impact on the functioning of professionals in the field**. These studies consisted of an in-depth analysis of several cases (i.e. "*a set of interrelations between actors, situated in space and time*" (Albarello, 2011)) in their respective contexts (Yin et al, 2012). Case studies are particularly appropriate when the boundaries between phenomenon and context are unclear or when the two cannot be dissociated. It allows us to examine the relationships between the case and certain contextual elements, or to reveal the complexity of certain situations.

[5] We would like to thank Ms Nadia LAOUAR, Coordinator of the network of expertise in crimes against persons, for making this collaboration possible. The survey was conducted from May to July 2022.
[6] The design and statistical processing of the questionnaire was carried out by Philippe Huynen (NICC/ULiège)
[7] The questionnaire was produced using the EUSurvey online survey-management system.

Eight case studies were carried out in the three sectors: justice/police, health and the associative sector. They were spread across the country's 3 regions (3 case studies in Flanders, 2 case studies in Wallonia and 3 case studies in Brussels): the harassment alarm, revisite, Stopp Vif, a (para)medical centre in Ostend, the CPVS at St Pierre hospital in Brussels, a Family Justice Centre, a hotel and Praxis.

Sector	***Flanders***	***Brussels***	***Wallonia***
Police/justice	Harassment alarm	The revisit	Stopp Vif (Secova)
Medical	(Para)medical centre in Ostend	CPVS (St Pierre hospital)	/
Association	Family justice center	Hotel	Praxis

Each case study was the subject of several semi-structured interviews with front-line professionals, which were analysed thematically using an abductive approach. In some cases, on-site observations were possible and all available documents were included in the analyses. Lessons can be drawn for a more structural and integrated policy to prepare for future crises.

4. Analysis of experiences of violence in times of pandemic crisis - Focus Group/MAG (ULiège ARCh, ULiège Spiral & INCC)

The final phase of the research aimed to integrate the various results of the studies on the impact on the dynamics of violence, measures and instruments developed during the crisis in order to discuss them with key players. The focus group methodology, made up of professionals from the sectors involved in this research (judicial and psychosocial), appeared to be the most appropriate for drawing out the lessons learned and any recommendations for measures to be deployed in a pandemic crisis situation, and more generally for innovative measures (Romain-Glassey, De Puy, Abt, Morin, 2017). Focus groups make it possible to include stakeholders in the public and political reflection process (Murray et al., 2015), while taking into account the complexity of situations (individual or institutional) (Kahan, 2001). The method used for the analysis is the group analysis method (MAG) (Campenhoudt, Chaumont & Franssen, 2005), which is a participative method of group elaboration around different axes of analysis. Stories are proposed and then told before being analysed, with each participant playing the role of informant. The participants play a central role and are encouraged to develop reflexivity on the practices at stake in the discussion. Originally, the method involved a two-day group analysis procedure. For the purposes of the research, a shorter version of the method was developed, allowing half-day GAMs. The research work was built around three main questions: (1) **The impact of the Covid crisis on professional practices and professionals in the field of IPV.** (2) **The impact of the Covid crisis on the dynamics of violence through their practices.** (3) **Post-crisis reconstruction.**

Three focus groups of around twenty psychosocial and legal professionals (psychologists, social workers, criminologists, legal assistants, etc.) from various structures (shelters, public social welfare centres (CPAS), courthouses, specialist associations, etc.) were invited to a face-to-face meeting in 3 judicial districts in Wallonia (Liège (N=20), Hainaut (N=19) and Walloon Brabant (N=17) between November 2022 and April 2023. Two additional MAGs were conducted by videoconference with magistrates, one in Wallonia (N=7) and the other in Flanders (N=6) in June 2023. In each judicial district, 'sub-groups' brought together professionals from the judicial, political, health and psychosocial sectors. The results of these MAGs were then analysed thematically to identify units of meaning that responded to our research questions (Paillé & Mucchiellli, 2021). This multi-disciplinary and multi-sectoral approach made it possible to cross-reference the narrative and reflexive productions of the various medico-psycho-judicial actors in the field of intimate partner violence using different methods,

and to develop co-constructed knowledge on the multiple impacts of the crisis and the prospects for the future.

4. SCIENTIFIC RESULTS AND RECOMMENDATIONS

I. POLITICAL AND ADMINISTRATIVE FRAMEWORK AND DISCOURSE ANALYSIS [8]

On 11 March 2020, the World Health Organisation recognised the Covid-19 epidemic as a pandemic and governments were called upon to take the necessary health measures.[9] The particular situation of intimate partner violence under imposed lockdowns received international attention: on April 5, 2020, the UN Secretary-General António Guterres called for a 'ceasefire' in homes as violence against women and girls surges (The Independent). The exceptional context of the pandemic highlighted the issue of intimate partner violence in an unprecedented way and made its way onto the political and media agenda, as was also the case in Belgium. Throughout the first section of this chapter, we look at the processes that led to this increasing political attention for domestic violence and at the different venues through which this has occurred. We identify the difficulties political-administrative actors faced and their responses to the various problems in the regions/provinces of Belgium and seek to determine the extent to which the public health crisis has reconfigured policies on IPV. The second section presents a series of initiatives that were developed to address IPV during the pandemics.

1. Materials and methods

Our approach is based on an analysis of parliamentary and political debates as well as an analysis of press reports in the newspapers. Media analysis considers, on the one hand, the 'reported' events, and on the other hand the 'commented' events that decipher reported information and thus contribute fully to the construction of a 'problematised space' (Charaudeau, 2011). Far from being mere transmission belts, the media also participate in framing the problem and problematising the issues at stake. This explains the interest in following the media's development. Semi-structured interviews with political-administrative officials who were involved in the policy debate have been used to deepen the data analysis. We looked into several media to cover the French-speaking press: Le Soir, La Libre, RTBF. On the Flemish side, 117 articles were analysed, based on research in the databank *Gopress Academic* in three different newspapers: De Standaard, De Morgen, Het Belang van Limburg. In order to gather as many publications as possible on the subject of intimate partner violence, the following keywords were used on newspaper search engines: intimate partner violence, intrafamily violence, domestic violence, violence against women, sexual violence, gender violence, feminicide. In concrete terms, this data collection allowed the construction of a continuously updated table containing articles, opinion pieces, press releases, etc. published since 17 March 2020 on the issue. Through this collection, an initial overview of the different events that have occurred since the beginning of the health crisis, their chronology, and the discourses on them has gradually emerged. The media analysis put at the fore a series of initiatives developed through the country to address the issue of increase in IPV's records.

We also conducted 17 exploratory interviews (n= 17) with members of the civil society as well as with representatives of different ministerial cabinets and members of the administrations. Due to sanitary conditions, these interviews were all carried out remotely. Potential respondents were first selected in the course of the media analysis. The 'snowball' method was then used to identify the actors needed

[8] This chapter was the subject of a publication: Lebrun, L., Thiry, A., & Fallon, C. (02 March 2023). How Did the COVID-19 Pandemic Increase Salience of Intimate Partner Violence on the Policy Agenda? *International Journal of Environmental Research and Public Health, 20*. doi:10.3390/ijerph20054461

[9] Read more about the WHO chronology of actions: https://www.who.int/fr/news/item/29-06-2020-covidtimeline

to cover the debates and cooperation processes. The semi-structured interviews were based on an interview grid, all the interviews were recorded before analysis. Taking an interpretive analysis approach (Hajer et al., 2003), we posit that beliefs and practices are constitutive of each other. During the interviews, the actors were encouraged to present their own experiences and develop arguments based on their own activities. A reflexive thematic analysis of each interview was performed: the coding list comprised themes and subthemes pertaining to the framing of IPV as a policy issue and the mobilisation of possible instruments to address the problem during the pandemic.

2. The context of emergence of the pandemic in Belgium

From 18 March 2020 to May 2022, the Belgian authorities, as many neighboring countries, resorted to unprecedented measures in response to the spread of the Covid-19 pandemic. More or less strict confinements of the population lockdowns were imposed to deal with the different waves of contamination of the virus. On 18 March 2020, the Belgian population entered a strict lockdown; only pharmacies, food stores and bookshops remained open. It was followed by a deconfinement plan between May 2020 and September 2020, with a view to return to normality. But in October 2020, new measures were adopted to deal with the resurgence of the pandemic. As the pandemic evolved, periods of lock-down and opening alternated. In March 2022, most of the sanitary measures were finally lifted. May 2022 marks the end of all of them.

The political context was post electoral. After the elections in June 2019, the federal government was not designed before October 1, 2020. In the subnational entities, the governments were installed earlier in September 2019. On the French speaking side, three female ministers (Bénédicte Linard (Fédération Wallonie-Bruxelles), Nawal Ben Hamou (Brussels region) et Christie Morreale (Waloon Region) received responsibility for gender equality in the newly elected French speaking governments. As feminists, they share a political will but also the desire to work together so that "women's rights do not suffer much longer from this scattering of competences" (Blogie, 2019). They choose to develop as much as possible interministerial cooperation on gender related issues. The development of the pandemics and the lockdown in March 2020 urged an increase in cooperation: they installed a specific Task-Force in charge of family violence, associating ministerial cabinets with public servants and NGOs.

3. The pandemic puts IPV on the agenda

"*We were confined. No more going in, no more going out, no more weekends, no more leaving, no more arriving. It was brutal and immediate*" (interview). A lockdown imposed on March 18, 2020 puts the issue of IPV at the heart of the concerns. It gave a real boost to the problem on the political agenda. A potential increase in domestic violence was causing concern at an international level. Calls for vigilance regarding these situations and more generally regarding violence against women were made by supranational bodies.[10] The latter directed the attention of national media and policy makers towards domestic violence and legitimised the concerns of the NGOs, now being able to rely on these statements: "*International institutions have reacted strongly to this situation, whether at the level of the United Nations, the European Parliament or the WHO. There have been institutions that have sounded the alarm, saying: "women, women, women." And that has been very supportive for feminist discourse*" (interview). If there was so much concern and consensus, it was also because of what was actually happening in the countries first affected by the pandemic: a "shadow pandemic"(UN Women, 2020) concurrent with the Covid-19 pandemic. In March 2020, when the lockdown was introduced in Belgium, the authorities were worried that the same situation would develop: "*The public authorities turned to us. They turned to us and said: In Spain, in Italy, this is a phenomenon that is being confirmed and so we are going to face a surge in situations of domestic violence and we are going to announce*

[10] April 2020, Guterres to urge member states to take action to combat violence against women in times of pandemic: https://unric.org/fr/covid-19-prevenir- la-violence-domestique-message-dantonio-guterres/

that the helpline is a service." (interview) The warnings and the effective increase in calls for help, in countries that had already introduced lockdown were helping to put the issue in the media and on the political agenda in Belgium.

Indeed, the number of calls received by the helplines in Belgium increased. During the very first weeks of the lockdown, the "Écoute Violence Conjugale" listeners (IPV dedicated call line) were faced with a considerable increase in calls. They even tripled (Bruxelles Prévention et sécurité, 2020). The setting up of a third line quickly proved necessary: "*We created a 3rd listening line in a few days. We also created a chat to welcome requests via keyboards*"(interview). The increase in calls represents a tangible element that confirms the apprehensions. The facts are widely reported in the media. However, the increase of calls should not be interpreted too quickly as an increase in cases of violence. Indeed, respondents testify to the wide variety of calls received at the time: "*There was indeed an explosion of calls during the lockdown, but the calls that were on the increase were mainly from relatives of family situations, perpetrators or victims who were worried*. [...] *The line was really the receptacle of social and real anguish concerning all these women who were confined with their aggressors or their companions*" (interview). They estimate that "*almost a third of the calls were from relatives of victims, who were concerned about the lockdown. It was quite new that the line was used by this public, composed of relatives, friends, colleagues*..." (La Libre, 2021).The link between number of calls and number of IPV cases is still under investigation. Nevertheless, the indicator of number of total calls was largely mediatized. The change in "an indicator recognised as reliable" (Kingdon, 1995) also contributed to the awareness of the problems and thus reinforced the rise of the issue on the agenda, particularly when the sharp increase of "call numbers" was picked up by the media.

Lockdowns and their consequences, potential or real, on IPV thus directed the attention of the public and decision-makers to this issue: "*It has made domestic violence much more tangible in people's consciousness than before. It used to be an intellectual level and then it moved to an emotional level. It went from the head to the heart*" (interview). This focusing event, coupled with the evaluation of public policies carried out in recent years, has put the issue on the political agenda. This violence was already well present and regularly denounced by NGO's before the Covid-19 pandemic: now it could no longer be ignored as it developed as another pandemic. Once the phenomenon came to prominence, there was no longer any question of putting off the necessary responses: "*It also reveals a social problem that was necessarily present, but perhaps less visible. It is its intensification that was revealed at the time of the health crisis. And finally, we did everything we could to provide the necessary resources at that time. It's difficult to say... Perhaps they would have been there anyway, but with more difficulty? But it was undoubtedly easier to get people to accept it in that context and therefore to maintain it*" (interview).

Another element that put IPV back on the agenda was the tragic murder of Ilse Uyttersprot in the beginning of August 2020. She was a Flemish politician, mayor of the city of Aalst, who was murdered by her partner. This shocked the nation and caused a lot of outrage across the country, putting IPV on the political agenda. The subsequent trial, which was concluded in the summer of 2023, resulted in the murderer receiving a 30-year prison sentence. Feminicide was also the subject of new legislation, the #Stopfeminicide Act, introduced by Minister Sarah Schlitz (Secretary of State for Gender Equality) in July 2023.

4. A feminist political universe on the French speaking side/ A focus on sexual violence in the Dutch-speaking side

While the pandemic can be seen as an accelerating factor in bringing the issue of IPV to the forefront, the political context in which it occurs also has a role to play. The new regional governments in 2019 had given the responsibilities of cabinets for equality to feminist female ministers. All French speaking

governments were convinced to develop common actions to fight actively the violence against women with a gender-based frame.

The NGO sector is aware of this particular legislature. They themselves recognise its influence on the rise of the issue of violence against women, and more particularly IPV, on the political agenda. When asked about the management of the issue at the beginning of the pandemic, they chose to dwell on the context: *'Firstly, we were lucky to have only women in the ministries concerned. This is also a conjunction of the stars that has never existed before. This is one of the first chances. And these women have decided to work together*" (interview). If the commitment of these female politicians to the fight against violence against women is essential, its translation into teamwork is also important for the sector. It shows the importance of this gathering behind shared objectives with common frames at a time when the Covid-19 pandemic is being faced: "*We must recognise that this legislature corresponds to an ideal. We have political and public leaders, regardless of which party is in power, who are all women involved in inequality issues, really involved*. [...] *They have clearly decided to put the general interest of the issue above values or party quarrels, and this is reflected in a real political will. This is unique outside the health crisis. We felt it and we feel it very strongly. This positioning has probably made it possible to manage the crisis*" (interview). At the level of the French-speaking federated entities, this management was organised within a "Task Force on Domestic Violence". This task force, which was set up in March 2020, also embodies the desire of the French-speaking ministers to work together effectively on issues of violence against women. It brings together the different levels of French-speaking authorities of the relevant cabinets, and their administration, but also invites representatives of civil society to the table.[11] We will come back to this organisation at various points later in this article.

Next, the special character of this legislature does not stop at the French-speaking federated entities. Indeed, whether it is the government that took office in October 2020 or the one that preceded it, the presence of women in federal governing bodies also influences the political agenda: "*There was a new federal government with a cabinet at federal level in equalitý chance that was obviously more proactive than the previous one, but a Prime Minister who was less favorable than the previous one. That's it, that's for the temporalitý at the inter-federal level*" (interview). The imposition of the issue of IPV initiated by French-speaking politicians is indeed supported and confirmed when the federal Secretary of State for Gender Equality, Equal Opportunities and Diversity, Sarah Schlitz, takes office. In November 2020, at the beginning of her term of office, she soon adopted the 'Federal Action Plan to Combat Gender and Domestic Violence following the 2nd wave of COVID-19'. This "emergency plan" (interview) stresses the Secretary of State's commitment to combating violence against women in the context of the pandemic. More broadly, this mandate represents a new element confirming the evolution of the political stream initiated by the French-speaking female politicians. This was a choice of the presidents of the political parties who are in charge of choosing their ministers and specifying their lines of actions. Only the government in Flanders, the largest Dutch speaking region in the country, did not have a Minister in charge of gender issues or of women's' rights. On the Dutch-speaking side, the focus of the responsible Minister was on sexual violence: in 2020, Flemish Minister of Justice and Law Enforcement, Zuhal Demir, introduced a Flemish Action Plan against sexual violence. This plan cuts across different sectors, such as welfare, education and culture. (Het Belang van Limburg, 24 October 2020). The core of the Flemish action plan focuses on prevention by installing better information points and ensuring better coordination of these channels. There is also an effort to provide better guidance for victims and perpetrators of violence by bringing in additional workers to help them (De Morgen, 24 October 2020).

[11] Members of the French-speaking Task Force: Representatives of Linard, Glatiny, Trachte Maron, Morreale, Ben Hamou. Representatives of the Equal and Equal Opportunities administrations. Representatives of associations: Action sociale, CPVCF, Solidarité Femmes, ONE, AMA, ARCA, CVFE, Pôles de ressources.

5. Toward a common feminist frame in line with the Istanbul Convention

When the political agenda develops, it takes up a gender-based approach in line with the recommendations of the Istanbul Convention (which Belgian ratified in 2016). The 'National Action Plan (NAP) to combat gender-based violence 2021-2025' is a good sign of the strong commitment of the federal secretary of state Sarah Schlitz: she presents this as a more ambitious plan than her predecessors', thought out and negotiated with all governments: "*This had never happened before*. [...] *The federal government is finally taking on its coordinating role, and this was necessary. The associations on the ground have been asking for this for years. Moreover, in our country, with this decentralised dynamic, sitting around the table and adopting an interfederal plan is very strong. It shows that there is a feminist momentum on the issue of violence, which has become a real subject for politicians, thanks to the work of feminist associations*" (Axelle Magazine, 2020). The publication of such a NAP can thus be seen as a confirmation of the rise of the issue of violence against women on the political agenda thanks to the construction on a common action plan to address the problem. At the same time, it imposed a coordination between the actions of all involved authorities, e.g. between the justice and police federal departments, as well as the health sector and together with regional actors. Indeed, "*at the moment, the issue of violence is a bit of a hot topic because all these plans that have been published over the last few years did not exist or existed very little in the past. It's a fairly recent thing. Governments are finally taking the measure of the problem and with the health crisis, there are colossal means that did not exist either*" (interview).

The NAP 2021- 2025 is indeed more ambitious than its predecessors, mobilising more projects for action, more coordination, and more resources. It certainly reflects the Secretary of State's commitment to violence against women, but also recent developments and the challenge of adopting a common frame of reference: *'The previous NAP dated from 2015, before the signing of the Istanbul Convention: it was purely administrative and did not include measurable objectives... We had the advantage of the ratification of the Convention. But not all parties had the same level of understanding, so we had to make them aware of our international obligations*."(Axelle Magazine, 2020)

6. March 2020 as a window of opportunity

March 2020 opened a political window, with the presence of feminist ministers in the French-speaking federated entities: this was "a conjunction of the stars that has never existed before" (interview). In terms of political support, the «*special legislature »* (interview) coming into place in 2019 really embodies this phenomenon and developed a common frame with the UN denouncing the risk of a coming second pandemic in IPV. These women politicians united around "*very clear convergences* [...] *in the field of women's rights and the fight against violence against women*" (interview) embody a window of opportunity to address these issues throughout their mandate. They were reinforced in October 2020 by Sarah Schlitz as Federal Secretary of State for Gender Equality, Equal Opportunities and Diversity, which confirmed this "*feminist Momentum on the issue of violence*» (Axelle Magazine, 2020).

If the issues of violence start to rise up the political agenda in this way, things will be accelerated: "What has happened has been a kind of accelerator and an upheaval in relation to public policies that were already being built, not only by us, to be honest" (interview). The pandemic and the sanitary measures applied to deal with it opened a second window of opportunity, a window of problems. On an international scale, the lockdown highlighted the problem of the surge of violence against women, particularly domestic violence. Thus, concerns and demands made over the past few years come to the fore: "*The context was such that no one could ignore the fact that it was necessary to have adequate staff to receive these women in an emergency, to welcome them and react correctly, to make the statement, to find a room, to alert the magistrate, etc. It was obvious to address the issue of the*

lack of adequate staff and the lack of adequate resources. It was a no-brainer to have these discussions. This would have been more difficult three years before" (interview). In order to develop new actions, policy entrepreneurs try to use the opportunity to rapidly propose policy actions as solutions to the problems that are in the spotlight. The major issue is to rapidly design solutions that are consistent with the emerging public vision of the problem. They also have to fit with the main political discourses of the policymakers in charge of the issue. NGO's and policy makers worked closely together to design a common line of policy actions.

7. Women policy entrepreneurs and NGO's

Windows of opportunity can open when a solution is attached to what policy actors perceive as a public problem. Kingdon (1995) says "*policy entrepreneurs*" must seize the opportunity and push for government action. The first political entrepreneurs are the female politicians mentioned above: Benedicte Linard[12], Christie Morreale[13], Nawal Ben Hamou[14] and Sarah Schlitz[15]. This was a series of politicians who developed a common strategy. These women chose "*to put the general interest of the issue above values or party quarrels*"(interview). This is a notable element that must be considered "*unique* [...] *outside of the health crisis*"(interview). As soon as they took office, these female politicians announced that they wanted to make the issue of violence against women a priority in their mandate. Their common goal materialised at the end of 2019 through the Interministerial Conference on Women's Rights which was developed within a gender perspective. Their initiative beared witness to their influence on the political agenda and the way in which they helped to push the issue of violence against women up the federal agenda. In March 2020, when the problem was aligned with the politics that was already underway, the issue of IPV took hold.

As the issue of domestic violence was increasingly being highlighted internationally, their right to speak out was strengthened. It was no longer a question of putting forward measures specific to a political programme, but of dealing with a situation whose urgency is recognised beyond the national. At the heart of the pandemic, their right to speak became a necessity for action. The political and social connections inherent in the figure of the political entrepreneur also benefit from the exceptional nature of the pandemic. Indeed, if it can be assumed that these female politicians already had a well-developed network before March 2020, then this network only became stronger. The task force played an important role here. The mechanism stands out because it enabled the creation and strengthening of links and exchanges between the actors and the NGO's in particular: "*Now we know almost all the staff in the offices of the five French-speaking ministers. It's true that it made the task easier. We are recognisable. They recognise us. They know who we are, who we represent. It's true that it made access and contacts easier*" (interview). Their network was growing considerably at this time. This is an element that stands out and which is even more valuable when discussing the relationships between the actors from the sector. Indeed, the creation and maintenance of these relationships during each legislature can sometimes be frustrating: *'Each time, we have to start again. Sometimes they don't even know who we are. We, the specialised services, have been here for 35 years. And we have to present ourselves just like young people who are just starting out*. [...] *We had to start all over again, even though we had built things with each other. We had a partnership, an exchange and everything was throwń on the floor and we had to start again from scratch*" (interview).

[12] Vice-présidente et Ministre de l'enfance, de la Santé, de la Culture, des médias et des droits des femmes à la Fédération Wallonie Bruxelles.
[13] Vice-présidente du gouvernement Wallon, Ministre de l'emploi, de la formation, de la santé, de l'action sociale, de l'économie sociale, de l'égalité des chances et des droits des femmes.
[14] Secrétaire d'Etat à la région Bruxelles-Capitale.
[15] Secrétaire d'Etat à l'égalité des genres, des chances et de la diversité.

The task force created at the very beginning of the pandemic had to "monitor the situation, the reception and support infrastructures, [...] in order to identify the needs and emergencies encountered and to provide a rapid and effective response" (interview). The NGO sector is at the heart of the mechanism, and they present themselves as spokespersons of the field. In concrete terms, the task force is organised around them: "*The agenda has not changed since the first day, it is the same. In the same order. We always start by giving the floor to the "Domestic Violence Hotline" to see if there is an increase in calls and how they see things on the ground. And then, afterwards, we give the floor to the shelters*" (interview). As the issue rises on the political agenda, representatives of the NGO sector become indispensable.

First of all, the pandemic and the task force mechanism have had an impact on the voice of the representatives from the NGO sector whose expertise is recognised. Indeed, "*when you work in an administration or in a cabinet, you are not in the field. The barometer is the associative sector, it's the shelters, it's the domestic violence hotline*" (interview). However, it is used in a different way within the framework of this system. The exceptional and urgent nature of the context at the time of establishing the first lockdown required the continuous collection of data from the field and a strengthening of the collaboration within the task forces: from a relationship based on consultation, a real partnership was established between members of the cabinets, administrations, and representatives of the NGO sector.

Secondly, the political and social connections of these political entrepreneurs have been transformed during COVID and the networks developed further. The mechanism set up to deal with a potential increase in violence in the pandemic context allowed very concrete contacts: "*The aim of the Task Force was also to get to know each other better and to know, for example, which actor to call upon when faced with a problem. As we got to know each other, I also got to know the field [...] of violence*" (interview). Beyond basic creation of a link, the nature of the relationship is also influenced and loses its formality: "*We start to get to know each other, and we go into it without ambiguity and with questions. It's not very formal in the sense that there are no ministers* [...] *So there's this very informal side, based on trust, which allows us to speak freely*" (interview). But the members of the NGO sector not represented in the task force could not benefit from their network: *"I was lucky enough to be part of the Task Force, but I wondered: when you were together for months and years now, you know each other so well and you have a little communitý, an entre-soi and not everyone is there.* [...] *I measure the luck I have to have been chosen and finally, it was us who were doing the feedback from the field based on our own realities but was it the realitý of all and did our needs correspond to the needs of all?*" (interview) This experience offers them unprecedented "*direct access to the cabinets*" and contributes to make them political entrepreneurs.

Finally, and this is reflected in the preceding paragraphs, the representatives of the NGO sector have an additional resource to influence the political agenda with : their years of experience. Indeed, they have been around for a long time and have become key structures in the domestic violence sector. As said, they are "*the specialised services that have been here for 35 years*" (interview). The frustration expressed earlier illustrates the different time frames in which the practices and associations in the field operate. Within the task force, time was also a resource that could be mobilised by representatives of the NGO sector in addition to the right to speak and the connections they lack. Enjoying political recognition enables them to become political entrepreneurs and thus influence the political agenda: "*The fact that we are heard that our opinion is taken into account. Our opinion changes things. That's new.* [...] *It's not just about hearing. I think it goes even further: it's co-construction*" (interview).

II. MAPPING OF NEW INSTRUMENTS AND ACTIONS

1. Adapting work in the field

When the population was strictly confined (on 17 March 2020), the workers were faced with the need to adapt their professional practices to the health measures. At the same time, they had to maintain, as far as possible, continuity in their work and their care for victims and perpetrators of intimate partner violence. This is an opportunity to go back to March 2020 and take stock of the complex and difficult realities on the ground, which are contributing to the emergence of new methods of action and systems that we will detail next. «*The first impact was to review the way we work»* (interview). When it came to sharing their experiences, the various field workers we met as part of this initial data collection all agreed on this essential fact: the pandemic had forced them to adapt and propose new ways of caring for victims and perpetrators of intimate partner violence. They tell us: *« What was very complicated was continuing to have access to families. At the beginning, we said that everyone should work from home. We very quickly realised that this was an untenable position to take, because you can't assess domestic violence from a distance. It's impossible* » (interview). The health measures imposed are making it very difficult for the sector to function. This access to families and the link between professionals and victims/actors is deteriorating rapidly and is becoming the main concern of those working in the field:*" It's a big tension overall, knowing how to manage this epidemiological risk and at the same time the fact that we were losing contact with families or that we had families who were completely on the outside"*(interview). This forced them to adapt their practices, sometimes to the detriment of some of these measures: *« At the first containment, we were instructed not to go into people's homes. After that, we lost quality, and some teams thought: never mind, we'll just sit on the rules, take our chair and go and have a chat on the pavement*" (interview). For some, telephone contact will also be a solution chosen to try to preserve this link: *"We immediately took the initiative of creating telephone lines with call diversions to our mobile phones and someone would regularly come to Praxis to check the answering machine to see if users, instead of calling 0800, were calling us because they were in difficulty or distress*" (interview). Whether it's through long-distance meetings at home, telephone contact or videoconferencing, maintaining the link, in the eyes of those working in the field, *« was the challenge of the first containment"* (interview). As health measures evolve, so do the practices of those working in the sector.

2. Communication/awareness campaigns

An awareness-raising campaign entitled "Nothing justifies domestic violence"[16] was quickly set up by the French-speaking federated bodies that make up the Domestic and Intra-family Violence Task Force. The aim is to reach out to the general public: "As a first step, and as a matter of urgency, the Task Force would like to remind people of the emergency, helpline and support numbers available to victims of domestic and family violence. There are also helplines to assist perpetrators and prevent them from committing acts of violence. It is important that these numbers are publicised as widely as possible" (Linard, 2020). This campaign, designed at the heart of the pandemic, draws particular attention to the services available remotely, namely the "Écoute Violence Conjugale" helpline and the online chat linked to it. Although the helpline is aimed at both victims and perpetrators of violence, some respondents described the exceptional visibility of the helpline as a missed opportunity for perpetrators. As mentioned earlier, telephone contact was a means used to maintain the link between perpetrators and workers in the early days of the pandemic. On the strength of this experience, one contributor describes the potential of this service in terms of dealing with perpetrators: *"From my point of view, we could have made it an opportunity for perpetrators to identify more with the line. We*

[16]The campaign runs from 13/04/2020 to 31/05/2020 and includes a leaflet (http://actionsociale.wallonie.be/sites/default/files/depliant_luttecontreviolence.pdf), a poster (http://actionsociale.wallonie.be/sites/default/files/affiche_luttecontreviolence.pdf) and a video advert (https://www.youtube.com/watch?v=NJdZsgRknWw).

realised that telephone contact with the perpetrators was a preventive measure before they acted" (interview). Relatives and professionals are also targeted by the awareness campaign under the slogan "I'm worried about a victim of violence"[17], which is reflected in the diversity of callers. Finally, in the context of the pandemic, "we need to diversify the means of communication" (interview).

As soon as she takes office (October 2020), the Federal Minister will launch another communication campaign to remind people to call the French (0800 30030) and Dutch (1712) helplines. The exceptional nature of this initiative should be emphasised, as these numbers are not usually distributed by the federal authorities. One participant commented on the campaign: "*Here we have another bit of the magic of the health crisis: the federal government has ended up funding a campaign to promote telephone lines that are subsidised by the Regions. Yes, it's a bit unusual, but...*" (interview) The actions taken as part of this "emergency plan" reflect a form of decompartmentalisation.

This is in addition to the actions carried out as part of the Women's Rights IMC. When public transport posters were used again, *"we were able to get the transport operators (STIB, SNCB and TEC) to promote the helplines free of charge... We tried to negotiate so that they would contribute to the effort, because it's a social and public health issue*» (interview).

The documentary *"Als je eens wist"* by Hilde Van Mieghem is also important to mention, because it had a profound impact in Flanders. The second season was released in March 2021 and focused on IPV. It aimed to reveal the blind spots of this problem and raise awareness. The growing success of the series also led to a campaign in collaboration with helpline 1712: *"This is why 1712 is launching a new campaign today following the new documentary series [...]. A spot showing a couple arguing in front of children aims to denounce the negative effects of fighting divorce and partner violence on children."* (De Morgen, 9 march 2022).

3. 0800 30030 and 1712 helplines at the heart of the pandemic

From the start of the pandemic and the introduction of health measures, the "Écoute Violences Conjugales" helpline and the "*professional helpline for questions about violence, abuse and child maltreatment*" became *"a reference service for victims, for those close to them and for the sector as a whole*" (interview). In fact, the number of calls handled increased considerably during the first few weeks of the pandemic, sometimes tripling (Bruxelles Prévention et Sécurité, 2020), as the media were quick to report. While the people we met recall the explosion in calls, they are cautious about the shortcut that might be drawn between *"an increase in calls"* and *"an increase in violence",* emphasising the wide variety of calls received at the time*: "We did see an explosion in calls during the containment period, but the calls that were increasing came mainly from people close to family situations, perpetrators or victims who were worried[…] The line was really the receptacle of social and real anxieties about all these women who were confined with their aggressors or their companions»* (interview).

The helplines became one of the last means of contact available not only to victims and perpetrators, but also to those close to them and to workers deprived of their access to the field: *« And it's true that as all local and direct services were closed, the helpline became a reference service for victims, for those close to them and also for the whole sector"* (interview). Indeed, those working in the field report that they were aware of the under-utilised potential of the helplines: *" ... of the under-utilisation of this number by a whole range of people, both the victims themselves and the more general front-line*

[17] This phrase appears on the campaign posters and leaflets, alongside "I'm afraid of my (ex-)partner" and "I behave violently".

services who are faced with situations like these and don't always know how to deal with them" (interview).

On the French-speaking side, in response to these observations, the authorities subsidising the helpline, grouped together in the "Task Force on Domestic Violence", agreed to grant a subsidy to enable a third helpline counsellor to be hired (interview). When the number of calls returned to "normal", the helpline budget remained available: the associations concerned and the subsidising authorities took the opportunity to reflect on the future of this helpline and its professionalisation, which the sector had long been calling for: "*The idea is that by the end of the legislature, the helpline should be fully managed by professionals*" (interview). The helpline, which once again operates with two professional listeners at the same time, has extended its opening hours. It is now accessible from 8am to 8pm on weekdays, as well as at weekends and on public holidays, and is only redirected to the volunteer helpline operators during night-time hours. On the Flemish side, the helpline has been adapted in the same way: *“At 1712, we will deploy additional people and the 'opening hours' of our chat box will more than triple. It is now open between 5pm and 7pm in the evening, from Wednesday it will be from 1pm to 8pm*» (De Morgen, 7 April 2020).The increase in calls and the increased attention paid to the helpline as a result are contributing to the structural professionalisation of the helplines: *"Confinement has helped us to understand and identify the role that the helpline can play. It's a first port of call, a listening service, but also a dispatching service for the entire network. It's a central service. I'd say that this confinement has enabled us to appreciate the importance of having a solid hotline for these issues »* (interview)... as recommended by the Istanbul Convention.

After years of lobbying by the associative sector, Belgium's commitment under the Istanbul Convention and the exceptional visibility of the service during the pandemic, the professionalisation of the "Écoute Violences Conjugales" helpline is finally taking concrete shape. This process is confirmed in the "Intra-French plan to combat violence against women 2020-2024", which provides for "continuing to optimise cooperation between the helpline and 107, stepping up training for helpline staff, making the subsidies allocated permanent and gradually increasing, with the agreement of the managers, the proportion of helplines staffed by professionals, so as to eventually provide specialised helpline services 24 hours a day, 7 days a week” (Intra-French plan, 2020-2024). While the idea has matured over the last few years, the pandemic has made it a necessity for all the players we met: *"We asked for things we've been asking for for 10 years, and during the lockdown we got them in a matter of hours. That's really what happened during the lockdown*” (interview). And it helps to institutionalise this service, which until then had been run by the associative sector: *"The fact that we work with 1712, with the Secretary of State and with the federal government, makes it the official Belgian helpline*” (interview).

4. Creation of care places[18]

With the introduction of population confinement, the issue of accommodation became central. Indeed, *"the particularity of all accommodation communities - this was the case in nursing homes, in the disability sector, in the youth care sector, in the mental health sector and [the homeless sector] - is that we were all subject to rules. We've had to freeze accommodation places. That's why we quickly found ways to open new accommodation places*” (interview). Accommodation services working in the intimate partner violence sector have not escaped these difficulties. They recall: ***«*** *We had to completely close this house and lock the women in. We were confined. No more going in, no more going out, no more weekends, no more leaving, no more arriving. It was brutal and immediate*”(interview). But the pandemic didn't create the problem. It exacerbated a crisis situation that already existed: *"you also have to bear in mind that the current reception facilities are already almost all saturated. So we*

[18] This system will be examined in more detail in WP3 of this report: a case study of the CPVCF hotel system.

could no longer put [the female victims of IPV] them on the waiting list. That was the idea: the situations are too much in crisis to say they'll be back in 3 months. They had to be removed from their living environment immediately because of this forced isolation and confinement" (interview). So, while this particular context is not the cause of the lack of space, it does mean that we have to respond to it. Through the Task Force and other mobilisation channels, politicians will provide a "rapid, comprehensive and coordinated response by substantially increasing the budgets earmarked for the reception of victims of violence and by opening temporary places in hotels and other alternative venues" (AMA, 2022). From April 2020, hotels in Brussels will be requisitioned to accommodate homeless people. An initial count was made in June 2020: 840 people were accommodated in 5 hotels and a former nursing home.

In addition to the accommodation, the associative sector is quick to point out the difficulties of the care itself: *"We saw things I hadn't seen for a long time. And we asked ourselves a lot of questions about the quality of the welcome we provide. [...] We saw women coming and going, women in crisis who came and then left. We hadn't seen that for a long time in the home. [...] Yes, it's probably partly due to the crisis and the fear of tomorrow. But there was also the fact that we were unable to reassure these women, to make them feel safe and to provide them with the kind of overall support that we do here at all levels, psycho-social, legal, etc."* (interview).

These "crisis centres" (Bruss'help, 2021) are initially planned to last 5 months, and are designed for short-term emergency situations. "Despite the end of the crisis and the deconfinement, the demand for accommodation for female victims of domestic violence remains higher than usual: the waiting lists for shelters and structural housing are not decreasing. And the outlook for the coming months does not augur well for an improvement in the situation" (Maron & Trachte, 6 april 2020). The system is therefore evolving on the basis of appropriate objectives, designed for the medium to long term: "social integration and access to housing have begun to take on a predominant role in the hotel system, sometimes more important than the emergency as such". The end of this scheme will be organised from March 2021. Meanwhile on the Dutch-speaking side, in April 2020, Flemish current justice minister Zuhal Demir came up with a cooperation agreement to temporarily set up rooms of a hotel chain as refuge hotels. Affected families could temporarily escape from the perpetrator of violence in rooms. However, this was only the case in Limburg. In other provinces, there were local initiatives (e.g. a training centre in Malle that was turned into a refuge centre with support from the province of Antwerp, or a hotel in Ostend where the owner offered rooms herself).

The quality of the follow-up provided in this type of facility will remain an issue until the end of the scheme*: "We did what we could, we were there as much as we could, but it's not the same qualitý of accommodation. There's nothing we can do. [...] These were emergency solutions that had to be found"* (interview). When the hotel scheme was evaluated, this follow-up would in fact be described as a shortcoming that had to be made up for: "The unconditional reception, and therefore the fact of being accepted without judgement, had a very positive impact on the women's self-esteem and their feeling of securitý, and partly compensated for the lack of resources for psychological support work" (Bruss'help, 2021).

5. The revisit system [19]

From March 2020 onwards, the media reported the development of a practice in various police areas, known as revisiting. Police officers and SAPVs organised themselves to get back in touch with victims of domestic violence who had been in contact with them before the confinement. Although the practice predates the pandemic, it is becoming more widespread in view of "*the greater difficulty for*

[19] This system will be explored in more detail in WP3 of this report: a case study is devoted to revisits in the Brussels region.

the people concerned in finding useful contacts in the aid sector or simply a little respite outside the family unit" (COL 20/2020). In November 2020, as part of the "Federal action plan to combat gender and domestic violence following the 2nd wave of COVID-19", Minister Schlitz highlighted the phenomenon and insisted on the need to systematically resume contact with victims who had lodged a complaint in the previous 6 months (Schiltz, 9 sept.2021). In December 2020, a new circular ratified and disseminated the practice throughout the country: COL20/2020. So it is not the victim recall initiative itself that is innovative, but the fact that it is framed in a circular. The players involved say: *"It's really an initiative that was taken at local level by the police. We've had a lot of feedback that it's already being done in certain police areas. It's the Collège des Procureurs Généraux that decides to issue circulars that apply to the whole country. [...] That [La COL20/2020] is clearly a circular that was issued in the context of the Covid-19 crisis. Now it's intended to last beyond the crisis, because it's really good practice"* (interview). In this way, highlighting violence between intimate partners and local initiatives by professionals will have given rise to the formation of a pre-existing practice and enabled it to be disseminated throughout Belgium.

6. « Relay-pharmacy » scheme

Right from the start of the pandemic in Belgium, pharmacists were identified as new players to be included in the domestic violence care chain. As one of the few services that remained open during the confinement period, pharmacies were seen as a way of getting in touch with victims and offering them help. When we talked about this period in our interviews, our respondents highlighted the practical reasons why this new player had become involved: *"At that time, pharmacists were still the only care providers available. That was one reason. The 2nd reason was the pharmacy network, which extended across the whole of Wallonia. The 3rd reason was the availability of the pharmacist, through his opening hours, which meant that you could come into the pharmacy at any time and report a problem"* (interview). However, the practical aspects alone do not justify the development of the "pharmacy relay" scheme. It is also a place that, by its very nature, facilitates more personal and confidential conversations for victims: *"The idea is that, in any case, the majority of patients who come to pharmacies are often women. So they always have the opportunity to talk confidentially with the pharmacist about matters concerning their health... So the pharmacist would take the person aside to talk to her. As if he was going to talk to her about some medication or something*" (interview).

Although the scheme was widely reported in the press during the first few months of the pandemic, it was still little more than loosely organised local initiatives. These local initiatives gave rise to discussions within the Women's Rights IMC, which then began its first working groups. On the French-speaking side, in November 2020, the Association des Unions de Pharmaciens (AUP), with the support of the AVIQ, announced the official launch of the scheme in Wallonia.[20] The Walloon Region also announced this in a press release: "from 25 November [2020], the 1,800 pharmacies in Wallonia will become 'relays' for referring victims of domestic violence who contact them" (Morreale, 2020). The formula finally chosen by the Walloon Region, in partnership with the AVIQ and the AUP, involves online training for pharmacists, the distribution of a vade-mecum and posters for pharmacies. *"The role of the pharmacist was not to take charge of the problem. The pharmacist's role was really to identify the problem and then refer it to the appropriate people"* (interview). For these various players, it is a question of coordinating their efforts and sending a clear message about what is expected of pharmacists and the victims who could potentially use the system. This coordination provides a response to the criticisms and needs expressed by the asociation sector regarding the choice of system. In the other two regions, similar schemes will be set up with pharmacists' associations. The Flemish Pharmacists Network (VAN) helped detect domestic violence during the corona crisis. Using the code

[20] Announcement on the AUP website: https://aup-net.be/2020/11/23/victime-de-violence-conjugale-votre-pharmacien-peut-vous-aider/

word 'mask 19', victims of intrafamily violence could let their pharmacist know they needed help. The pharmacists reported that they needed to order the mask and then wrote down the victim's name and address. Afterwards, the pharmacist contacted the Centre for General Welfare Work (CAW) through helpline 1712, who in turn contacted the victim. The chairperson of the Women's Council welcomed this initiative: "*This way, in addition to the 1712 helpline, there will be a new means to communicate that there is a problem*" (Het Belang van Limburg, 14 April 2020). It is difficult to assess what happens to these devices post-pandemic, and the interviews also remind us of the reality of pharmacists, who were overwhelmed at the time. For example, the pharmacist said: *"...I'm saying that if you go and ask your pharmacist, he might not remember this because we were asked to do a lot of things at the time"* (interview). Documents relating to the scheme are still available in pharmacies.

7. Cooperation hairdressing federation, CAW and 1712 (on the Dutch-speaking side)

On the Dutch-speaking side the sector organisation for Belgian hairdressers, Febelhair, encouraged 20 000 hairdressers to train in detecting partner violence. Using an instructional video, the hairdressers were given tips on how to recognise signs of partner violence and, if necessary, how to intervene in referring them to professional help. The coordinator of 1712, Wim Van de Voorde clarified the purpose of the initiative*: "Of course, we do not expect hairdressers to turn out to be social workers, but we do expect them to show their concern, listen without judging and encourage professional help,"* underlined Wim Van de Voorde, coordinator of 1712" (De Standaard, 17 December 2021).

8. Mobile stalking alarm21

The mobile stalking alarm was introduced by Justice Minister Vincent Van Quickenborne, Interior Minister Annelies Verlinden and then-Secretary of State for Equal Opportunities, Gender Equality and Diversity Sarah Schlitz. The device is connected via bluetooth to the 112 app on the victim's smartphone. With the push of a button on the device, emergency services are notified immediately. The button is only available to victims of extreme stalking: *"Not everyone gets such a button. For now, we are making 490 buttons available and they will go to victims who are in high-risk situations"* (De Standaart, 15 march 2022). Meanwhile, more buttons are available as the system should be operational throughout Belgium by the end of 2023, but the strict conditions remain.

9. Launch of the App-Elle application (on the French-speaking side)

In November 2021, Minister Linard's office announced the launch of an app in the Wallonia-Brussels Federation. This app "aims to meet the main assistance and support needs of victims and witnesses faced with a situation of present, past or potential violence". The French system is designed as "a tool to complement the emergency services and a single point of access to all existing help and information resources" (Linard, 2021) in a given area. In practical terms, the application has 3 functions: - "Alert": quickly contact the national emergency services and/or pre-registered personalised contacts. - Talk": put you in touch with helplines and chat rooms specialising in help and support. - Take action": gather information and create an interactive map of reception and care centres. The ASBL Écoute Violence Conjugale was asked to help roll out the project in the Wallonia-Brussels Federation. It was tasked with creating and feeding a database tailored to this territory. While the application was not developed exclusively to deal with violence between intimate partners, nor was it conceived in the specific context of the pandemic, the way in which it was developed had a lot to do with it, with the TF network acting as an excellent accelerator: *"It was also because of the good contacts that were created within the Task Force that it was possible to bring this together. The fact that the FWB is funding a structure*

[21] This system will be explored in more detail in WP3 of this report: a case study is devoted to the harassment alarm.

that is mainly financed by the Walloon Region to develop a database and that this database can benefit the whole of the FWB is not a direct consequence, but perhaps it wouldn't have happened if the Task Force hadn't existed. It's hard to say" (interview). The App-Elle application project is also evidence of a decompartmentalisation effect that has already been observed.

10. EVIVICO tool (on the French-speaking side)

The Evivico tool consists of a grid for assessing the dangerousness of situations of domestic violence. It is an adaptation of COL15/2020 for the psycho-medico-social sector. Although the project had been in the minds of professionals for several years, it was not until the Covid-19 pandemic that it received the necessary funding*: "The budget is in the 'Covid budget'. The desire came from the resource centres, i.e. the three associations: Praxis, CVFE and Solidarité Femmes. They have several projects that they would like to put into practice. Here, with the budgets, they focused on several projects, including this one, which was to create a grid for assessing dangerousness"*(interview).

This tool is part of a wider project to develop interdisciplinary Francophone systems. *"It was planned. It was necessary. In fact, it's part of the interdisciplinary initiatives that are going to be launched. It's a Francophone response to the Dutch-speaking FJC. [...] It's part of the modelling of future Walloon schemes"* (interview). This undertaking, which is much broader than the Evivico tool alone, "has nothing to do with containment*"* (interview). However, it was accelerated by the pandemic and the accompanying media coverage of intimate partner violence*: "In any case, the implementation was facilitated by the Covid-19 crisis but I think the idea and the need had already been there for a few years. [...] I just think that what made it easier was that domestic violence got a lot of media coverage and, as a result, it impacted the budgets. As a result, they [membres of ressources] have used them for projects that they have put on hold for a while*" (interview). This new tool, which is currently being finalised, illustrates the way in which the particular period of the pandemic has had an impact on professionals by speeding up projects that had been planned in advance.

11. Conclusions

The various factors discussed above give an idea of the extent to which the issue of violence against women and intimate partner violence is gaining ground in the public arena. When we asked the various people we met about the impact of the pandemic on their practices, they immediately recontextualised: *"It also reveals a societal problem that was inevitably present, but perhaps less visible. It was the intensification of this problem that was revealed at the time of the health crisis. And in the end did we do everything we could to release the necessary resources at that time? It's hard to say. Perhaps they would have released them anyway, but with greater difficulty? But it was undoubtedly easier to get people to accept it in that context, and therefore to keep it going"* (interview). Some people see the pandemic as a lever for action that facilitated the implementation of public policies that had already been thought through beforehand: *"So in fact, what happened was just a kind of accelerator and a jolt to public policies that were already being developed, not just in our own country, to be honest, on this subject"* (interview). The measures put in place since March 2020 are part of a very specific timeframe, combining the developments of recent years with the urgency imposed by the pandemic*: "We're also in line with the Istanbul Convention, we're in line with a lot of things. That's why there were probably things that were inherent before the health crisis that were able to be put in place thanks to the health crisis.[...] That's why I say that there were certainly things in the pipeline that were accelerated thanks to the health crisis*" (interview).

This phenomenon is not confined to Belgium, however, and its international nature is also helping to raise the issue of violence between intimate partners. On the international stage, there is concern about the impact of confinement and other health measures on violence against women, particularly domestic violence (The Independent, Sunday 27 June 2021). Known as the "pandemic of the shadows"

(UN Women, 2020), these international warnings played a role in the development of action at national level. The pandemic was seen as an opportunity: "*That's it. I'd say that some people were able to seize the opportunities*" (interview).

However, attention must be paid to the solutions that have been implemented in this specific context and which receive the Task Force support. As we have seen, some of them had already been thought of before the pandemic. Some others already existed and have been reinforced: for example, new resources were made available for increasing "online support" and this service will be expanded and further professionalised. Some solutions have also been inspired by what is usually done in other sectors. As an example, temporary hotels occupancy, as we have seen opened in Brussel, had already been done before to offer shelter to homeless people. These are solutions used in a world without pandemic or stringent health measures: what about translating them during the health crisis? We can ask ourselves: what needs do these solutions meet? Do they cover the needs of IPV victims? Are they adapted to the capacities of the professionals helping them? This chapter has addressed the exceptional agenda-setting dynamics of domestic violence during the covid-19 pandemic in Belgium and the streams model was relevant for this purpose. But the model does not consider the time horizon. When the focusing event is as sudden, and political support provides immediate unexpected resources, one tends to grab readymade solutions. Future research could further investigate the impact of such actions taken during this period on (and from) the practices of professionals and the capacity of the specialists to maintain a long-term action program.

Finally, what about now? More than two years after the first lockdown? The public can also turn to other problems when other sectors of policy intervention receive more media attention and generate increasing public outcry. Fighting violence requires complex interventions and sustained policy attention, while policy makers (and the media as well) are confronted with a host of legitimate policy problems that are competing for their attention. While the NGO's succeeded in developing active and efficient advocacy work and took advantage of the political opportunities during the pandemics, other issues which are important to the public and the policy makers gained more attention on the governmental agenda: new economic problems due to sluggish recovery; the recent energy crisis due to the war in Ukraine. Feminist actors will have to stabilise the results of the efforts and policy developments which were gained during the pandemic. Through the different plans, written during or after the pandemic, they are already trying to ensure structural changes to make sure that the gains are not lost.

III. ANALYSIS OF AVAILABLE STATISTICAL DATA

1. Introduction

As highlighted in the first chapter of this report, the impact of the Covid-19 crisis, and more specifically of the *lockdown*, in terms of an increase in intimate partner violence (IPV) is a subject that has featured prominently in the media since the beginning of the health crisis. It was therefore logical for our scientific approach, in this second stage, to examine the reality and nature of this alleged increase in IPV.

The first question is: are there any figures available in Belgium that would allow us to objectively confirm, refute or qualify such a statement? What sources are or could be available? The **most important quantitative information** comes from the **police and public prosecutors.** However, it is well known that police and judicial statistics reflect a whole series of factors that influence whether a complaint is filed or a crime is reported to the police, as well as the receptiveness of the police to the complaint. It is therefore necessary to look for other sources of information that can reflect points of view other than those of police and judicial institutions alone. To be relevant, an analysis of statistical

data needs to multiply the sources. As Robert & Zauberman (2011, 159-161) summarise: "We do not have a measure of delinquency per se, but only counts that enumerate, at such and such a point in the process, the designations made by a diversity of actors, professionals or laymen, who have considered certain behaviours to be delinquent. All these counts are partial (...) an isolated measure does not speak, or more exactly, it can be made to speak in all directions. Taking the trouble to compare several of them should be considered a golden rule and even become a reflex for all those who want to measure delinquency" (free translation). Each type of statistic therefore reflects a particular point of view, which is also complex. Police statistics can be used to account for IPV that is brought to the attention of the police either because a person considers him/herself to be a victim of such violence AND at some point feels it is appropriate to lodge a complaint and initiate proceedings, or because witnesses (family, neighbours, school, etc.) perceive a situation to be violent and feel it is appropriate to call the police. For such violence to be recorded as such, the police must also be receptive to it. The responsiveness of the police, and then of the public prosecutor, will have an impact on the way in which incidents are classified. The statistics of the public prosecutor's office therefore mainly reflect the flow of cases referred by the police, but they are also influenced by changes in the way in which incidents are classified, or by the identification of new situations by those involved in the justice system.

Non-police and non-judicial sources are valuable, but unfortunately they are also rarer, more scattered and much less detailed. **Victimisation surveys** are generally the most useful: they make it possible to record the victims' point of view and then compare it with data from reports to the police. The main contribution of this type of survey is to be able to give an idea of the extent of violence that is not reported to the police, knowing that it is only reported to a very limited extent ("the tip of the iceberg"). The survey conducted in 2010 at the request of the Institut pour l'Egalité des Femmes et des Hommes (Pieters & al. 2010) estimated that 12% of IPV victimisations, as self-reported in the survey, were reported to the police by the victim. This proportion differs according to the gender of the victims - 14% in the case of female victims and 10% in the case of male victims - and above all according to the type of incident: the proportion is much lower for psychological violence (5%) than for physical violence or death threats (20 to 35%). The question that concerns us here, the impact of the COVID-19 crisis on changes in IPVs, presupposes that we have surveys of this type, carried out at national level on a sufficiently representative sample, and on a sufficiently regular basis to be able to draw conclusions about the impact of the COVID-19 crisis and in particular of the containment measures. This is far from reality: the last survey of this type currently available in Belgium dates back to 2010 (Pieters & al. 2010). We had hoped to have access to the results of a survey carried out very recently on the initiative of Eurostat, in which Belgium participated, which included questions relating to the impact of the Covid-19 crisis. However, the results of this survey will not be available before the end of 2023. It is therefore impossible to say whether this survey will provide information that can be validly compared with the data from the 2010 survey and then put into perspective with police and judicial data, and even less impossible to carry out this exercise today. A few elements from two online surveys may be mentioned.

The first, which looks more broadly at the effects of COVID-19 on relationships, stress and aggression, provides some indications, based on a sample of 2,583 people (1,920 women and 643 men). The lack of detail rarely makes it possible to distinguish between reported victimisations of violence between partners, and intra-family violence as a whole, and when this is the case the victimisation according to gender is not specified. We can mention one figure with many reservations: the 2021 survey reports 2.1% of respondants (without distinction between women and men) declaring themselves to have been victims of physical violence between partners during the last 12 months encompassing the health crisis (March 2020-February 2021) whereas the 2010 survey reported 1.3% during a similar reference period (of 12 months) but highlighted a higher level of victimisation among women (1.9%) than among men (0.8) (Pieters & al, 77). As the recent survey sample is made up of a higher proportion of women

(75%) than the 2010 sample (47%), the overall percentages cannot be strictly compared. With these important caveats, the figures would appear to show an increase in the level of violence suffered, albeit a moderate one. Given the 10-year time lag between the two surveys, it is also not possible to attribute responsibility for an increase in reported IPV victimisation to the COVID-19 crisis. The second survey by Glowacz & al (2022) is based on an online self-report questionnaire completed during the lockdown (17 April -1 May 2020) by a sample of 1,532 adults, 81% of whom were women. The reference period was not similar to that of the other two surveys mentioned above so the data is not directly comparable. Bearing in mind the respective limitations, the authors of the research emphasise a higher prevalence of violence during confinement (p. 9).We hope that this information can be usefully supplemented by the larger-scale survey initiated by Eurostat. Another type of data which is interesting to examine is that from **telephone lines** open to the public. In recent years, telephone lines have been set up to enable victims, primarily, but also perpetrators, relatives, witnesses and professionals to call for specialist help. Unlike the police and the justice system, which come under federal jurisdiction, telephone helplines come under the jurisdiction of the federated entities and have developed with different structures and objectives in the north and south of the country. These data also have significant limitations. The issue of children as witnesses and, as such, direct victims of violence between partners is also an important one. One source of information could be examined in the south of the country, namely data from the *Office de la Naissance et de l'Enfance.*

Most of the analysis presented in this report focuses on statistics from the police and, in second place, from correctional prosecutors' offices. Since the first Belgian action plan (NAP) on partner violence (2001), and especially since the first criminal policy instructions on partner violence issued by the College of Procurators General in 2006[22] , both the police and the public prosecutor's office have been obliged to record incidents of partner violence that are the subject of a police report (police) or which are referred to them (public prosecutor's office). The statistical recording procedures differ in these two bodies. Police statistics distinguish between four types of incident, which can also be combined in the same situation[23] . Physical violence includes assault and battery and homicide (and attempted homicide). Psychological violence includes harassment, threats and, indiscriminately, refusal of access in cases of alternating parental custody. Economic violence includes non-payment of maintenance, destruction or fraud. Sexual violence refers to any form of sexual abuse within a relationship. These figures appear in the police statistics on "criminal figures". The reference date adopted for publication of the figures is the date on which the offence was committed and not the date of the report[24] . The data is available for every police zone (184 zones in Belgium) and for every judicial district. In the records kept by the criminal prosecution departments, the IPVs are identified by a specific "context" code, which makes it possible to identify the occurrence of an act - the nature of which is always specified by a "prevention" code - in a context of partner violence. The reference date adopted for publication of the figures is the date of entry of the case with the public prosecutor and not the date of the incident. The data is available for every judicial district (14 districts).

2. Lessons from police statistics

The police data, broken down by police area, provide a more solid statistical basis (184 units) for an in-depth study of the impact of the COVID-19 crisis and in particular of the first lockdown. They are also directly available according to the date of the events, which is more appropriate for this analysis in which the temporal dimension is an essential component. For this reason, their analysis will be given priority here. Data from the public prosecutor's office will be considered on a complementary basis.

[22] COL 4/2006, Joint Circular from the Minister for Justice and the College of Procurators General on criminal policy on domestic violence, April 2006.
[23] The figures for each type of violence cannot therefore simply be added together, as this would result in double counting.
[24] In some cases, the time between these two dates can be significant.

2.1. Long-term approach: a decline in IPV reports in 2020

In order to assess the impact of the COVID-19 crisis on the reporting of IPVs to the police and the justice system, we first need to take a long-term perspective and observe to what extent and in what way the year 2020 is characterised on the curve of annual changes in reports over the last fifteen years (Figure 1). Overall, the most frequent reports concern physical violence (average of 20867), followed by reports of psychological violence (average of 18118). Reports of economic violence are much less frequent (annual average of 1,487). As for sexual violence, it is very rarely reported (an annual average of 130 cases calculated over the last fifteen years). However, a closer look at this category shows an upward trend in recent years (Figure 2).

Between 2007 and 2021, the curve for physical IPVs remains relatively stable, fluctuating around an average of almost 21000 incidents reported per year. The psychological IPV curve varies more, decreasing over the long term but remaining relatively stable since 2015. The other two curves are statistically much less significant. In relation to our research question, observation of these long-term trends certainly does not support the hypothesis of an increase in IPV reports in 2020: on the contrary, the point corresponding to 2020 is even slightly lower, on both curves, than the points for the previous year and the following year.

Figure 1: Change in reports of IPV to the police between 2007 and 2021

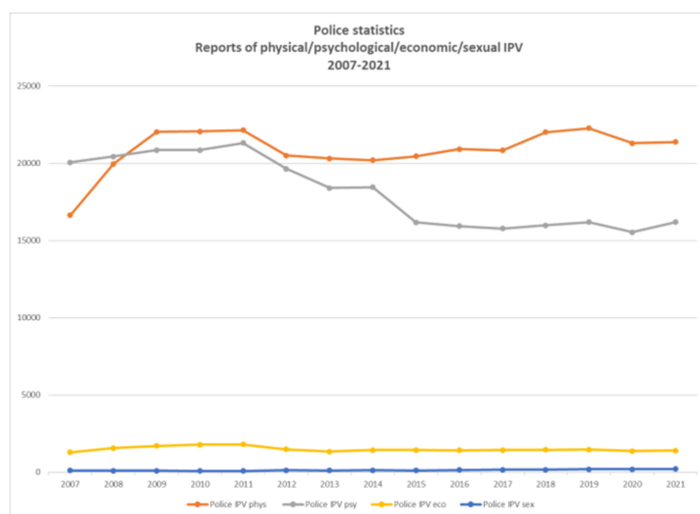
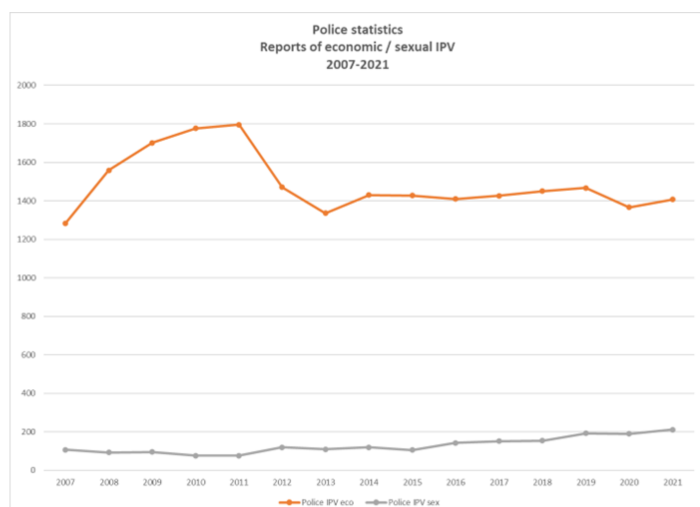


Figure 2: Change in reports of economic and sexual IPV to the police between 2007 and 2021



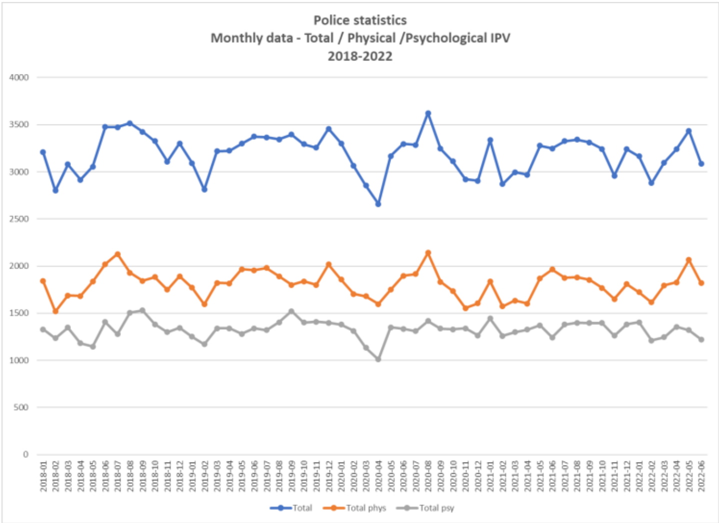
2.2. Analysis of monthly data: a significant drop during the first lockdown?

For a more in-depth analysis, we requested monthly data for each of the 184 police areas, from January 2018 to June 2022. This time, in addition to the counts by type of violence, we were able to obtain from the police the total number of reports of IPVs, all types of violence combined (thus taking into account the combination of types of violence in a single report). As public policies on IPV differ in the French-speaking and Dutch-speaking parts of Belgium, it was interesting to examine developments in each region. Finally, as each judicial district defines its own crime policy, it was also interesting to examine trends by grouping areas by judicial district.

2.2.1. Findings by type of IPV and by region

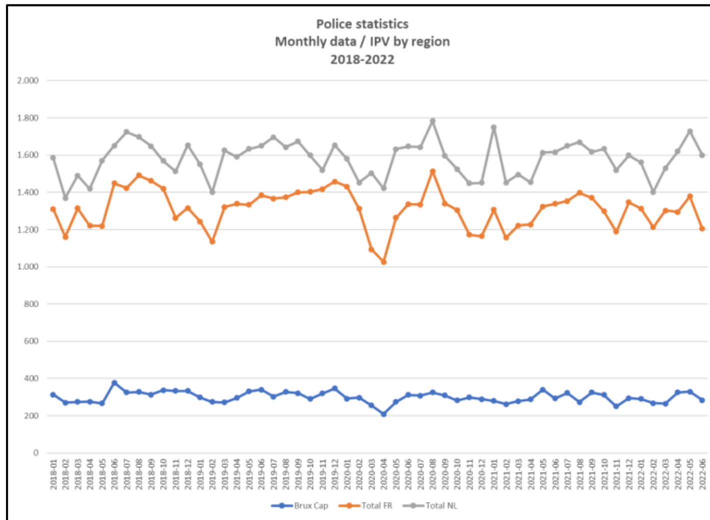
As can be seen from the monthly data curves representing the total number of reports (distinguishing between physical IPV and psychological IPV) (Figure 3), there are many monthly fluctuations, but they are nevertheless moderate in scale. On the basis of visual observation alone, the month of April 2020 (the only full month) during which Belgium suffered the first confinement, is the month in which the number of reports of IPV is lowest if we consider the total number of reports of IPV and the number of reports of psychological violence, and among the lowest if we consider the number of reports of physical violence.

Figure 3: Monthly change from 1er January 2018 to 30 June 2022 in reports of IPV to the police (total/physical/psychological)



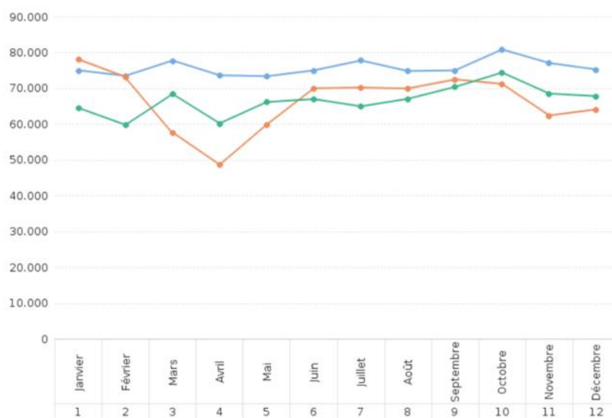
The same analysis by region (Figure 4) suggests a greater decline in French-speaking Belgium than in Flanders.

Figure 4: Monthly change from 1er January 2018 to 30 June 2022 in reports of IPV to the police by region



In reality, the drop in IPV reports in March-April-May 2020 corresponds to the overall drop in crime recorded by the police, all types of offence combined (Figure 5).[25] Figure 5 shows very clearly that, in January 2020, the downward trend of late 2019 continued, but that in March, April and May, the figures collapsed completely with the outbreak of the pandemic and the containment measures. The hypothesis could be formulated that the trend in crime committed inside the home, in the family sphere, was very different from that of crime outside the home, which is logically reduced during periods of confinement. But the data do not tend to confirm this hypothesis.

Figure 5: Total number of crimes recorded by the police (excluding public health), by month (2019-2021)



Source: Federal Police - Trends 2020-2021 - Police crime statistics

2.2.2. Seasonal effect taken into account: significant drop?

Looking at the overall curves alone, we can see that there has been a fall in reports of IPVs, rather than the rise expected given the predominant discourse in the media. However, in order to conclude that

[25] The Federal Police Statistical Report points out that the Ministerial Decree of 18 March 2020 on emergency measures to limit the spread of the COVID-19 coronavirus (M.B. 18 March 2020) had an impact on the work of the police services. They were responsible for enforcing and ensuring compliance with the measures taken in the context of public health. A total of 192,307 breaches of the COVID measures were recorded during the period from 14 March to 31 December 2020.

there is a COVID effect - in this case, a downward effect - a statistically sound analysis based on zones is required[26] . The presence of a large number of monthly variations also means that seasonal phenomena need to be taken into account.

Such an analysis was made possible by using each of the 184 police areas as a statistical unit and by basing the rate of reports on the general population of each area. A comparison of the average rates per 100,000 inhabitants over the years 2018 to 2022 shows a certain seasonal regularity (figure 6)[27] with the summer months (June-July-August) and the end of the year (December) at the peak of the wave and the months of February-March at its trough.

The existence of a seasonal effect has long been studied in criminology, and is one of the themes developed in the routine activities approach (Cohen & Felson 1979). The seasonal effect has been observed in particular in relation to feminicide (outside or within the couple). Referring to several studies conducted in Spanish-speaking countries, Aebi & al (2021) note the peaks generally observed during the summer or at the end of the year, traditionally attributed to the fact that these are periods when families spend more time together.

The question is therefore whether, in the light of seasonal monthly variations, **the lower rate observed** during strict confinement is really exceptional and **significant compared with** what is observed in "ordinary" years taken for comparison. As the data is available in "month" units April 2020 was selected as the only full month of strict confinement in 2020. This month was then compared with those of 2019, 2019, 2021 and 2022[28] , while also including the months of January, February, July, November and December in the model for comparison purposes, for each year. Each year is thus compared with the reference year 2020, the year in which the COVID-19 spread occurred. To answer the research question, we applied a linear mixed model with the year as fixed effect (and the police area, for analyses at the district level, or the judicial district as random effects for analyses at the Belgium level)[29] . These analyses[30] were carried out considering Belgium as a whole, and then distinguishing between regions and judicial districts. As police statistics make it possible to distinguish between physical and psychological violence, the tests were also applied by distinguishing between these two types of incident reported to the police areas.

[26] A decrease in the total number of zones may be the result of very different local trends (increases in a certain number of zones offset by sharp decreases in others, for example). A disaggregated analysis by district and police area is important. Indeed, the observation of a national trend (overall or relating to a specific phenomenon) does not rule out the possibility that, at other geographical levels (e.g. provincial, municipal), an inverse trend may be observed.

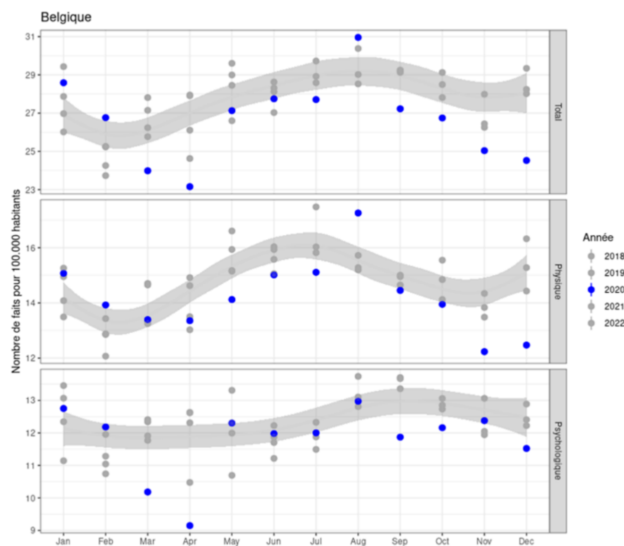
[27] The figure shows the mean and the confidence interval.

[28] The data was provided up to June 2022.

[29] To respect the assumptions of this type of model (normality of residuals), the analysis was carried out on the square root of the number of incidents per 100,000 inhabitants.

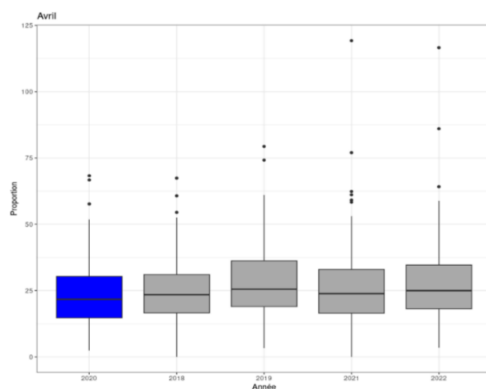
[30] UCL's *Statistical Methodology and Computing Service (SMCS) was* called in to carry out these more complex statistical analyses.

Figure 6. Average monthly IPV rate in 184 police areas. 2020 compared with "ordinary" years



The analysis carried out for Belgium as a whole shows that **April 2020** differs **significantly** from other years in that a **lower proportion of** reports of violence between partners, all forms taken together can be seen. The null hypothesis (that there is no significant difference) can be clearly rejected when the comparison is made with the years 2019 (p= 0, 000), 2021 (p= 0,008) and 2022 (p=0,000)[31] . The comparison with 2018 does not allow such clear conclusions, as the presumption in this case is weak against the null hypothesis. The box plot (Figure 7)[32] shows these differences.

Figure 7. Average IPV reporting rates in the different police zones (Belgium) in April 2020 compared to other years (Box plot)



These results would therefore lead us to conclude that there was a general phenomenon of a significant drop in the rate of reports to the police of violence between partners during April 2020 compared to other years. However, a more detailed analysis highlights **three** major **limitations** to this conclusion.

[31] The P value obtained is used to determine whether the result is statistically significant, i.e. whether the case studied, in this case the COVID containment month (April 2020), differs significantly from the norm (in this case from the seasonal variability of "ordinary" years).

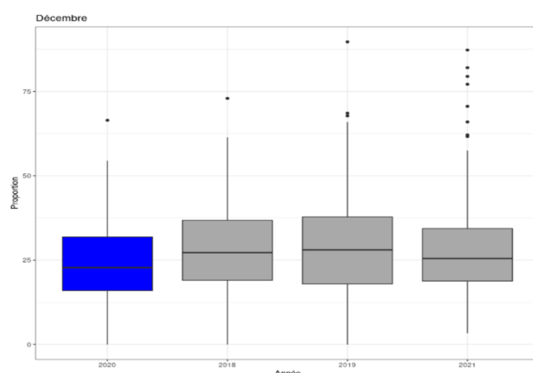
[32] A box-plot is a quick way of showing the essential profile of a quantitative statistical series by means of a rectangle grouping the data from the first quartile to the third quartile and intersected by the median. The central value of the graph is the median.

2.2.3. The limits to a significant decline

2.2.3.1. The observation of other significant variations in "neutral" periods

First of all, we cannot be satisfied with this conclusion without widening the angle of analysis by examining variations relating to months other than April 2020. In doing so, the results must be put into perspective, given the significant differences also observed when months other than April are considered. In fact, (statistically) significant differences are observed compared with one or other of the "ordinary" years for months other than the one concerned by the lockdown at the start of COVID-19. This is the case for January 2020, which is significantly higher than January 2019 (p= 0.021), February 2020, which is significantly higher than February 2018 (p= 0.002) and February 2019 (p=0.010), July 2020, which is significantly lower than July 2018 (p= 0.026), and November 2020, which is significantly lower than November 2019 (p=0=023). But it is above all December 2020 that stands out, with significantly lower values for each of the years 2018, 2018 and 2021[33] , in which case the presumption against the null hypothesis is very strong indeed (p= 0.000 for each of the years). We should point out that December 2020 was characterised by major restrictions on contact during the Christmas and New Year festive periods.

Figure 8. Average IPV reporting rates in the different police zones (Belgium) in December 2020 compared to other years (Box plot)



In conclusion, while it is true that the month of April 2020 was characterised by a significantly lower rate of reports of partner violence, this finding must be put into perspective in view of the significant seasonal variations also observed outside this period of confinement.

2.2.3.2. The results differ according to the type of violence: only reports of psychological violence show a significant drop

The second limitation appears when we distinguish psychological IPVs from physical IPVs in the model: we see that the significantly lower values in April 2020 are due to lower rates of reporting psychological violence, rather than lower rates of reporting physical violence. In other words, it seems that in April 2020, the drop in the propensity to report violence between partners in all police areas is linked to the lower reporting of violence classified as psychological violence rather than to the lower reporting of physical violence, the latter having remained more stable. If only reports of psychological violence are considered, April 2020 differs significantly from April in each of the 'ordinary' years 2018 (p= 0.057), 2019 (p=0.000), 2021 (p=0.000) and 2022 (p=0.000) (Figure 9). On the other hand, the physical IPVs taken in isolation do not show any really significant downward variations (Figure 10). Significantly lower values can only be observed in comparison with 2019 (p=0.027) and more weakly in comparison

[33] As a reminder, in 2022 the data is available for the first six months of the year only. December 2022 can therefore not be taken into account.

with 2022 (p=0.050), but not at all in comparison with 2018 (p=0.650). The values are even higher than those for 2021 (although the difference is not significant).

Figure 9. Average rates of reporting of physical IPVs in the different police zones (Belgium) in April 2020 compared to other years (Box plot)

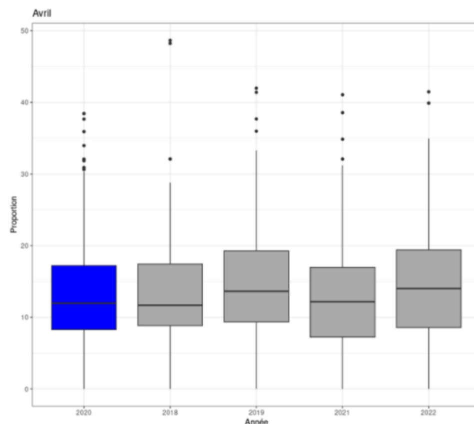
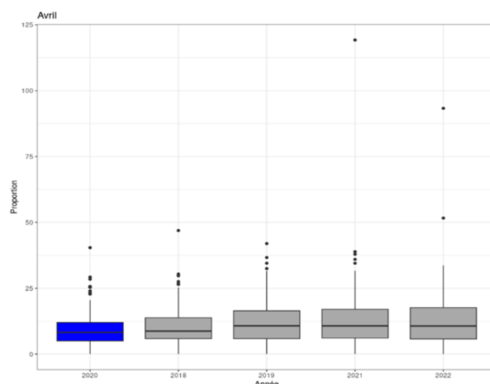


Figure 10. Average rates of reporting of psychological IPV in the different police zones (Belgium) in April 2020 compared to other years (Box plot)



It is therefore with regard to psychological violence alone that interpretations are legitimate. Two types of hypothesis can therefore be envisaged: the drop is based either on a reduction in the phenomenon - which is counter-intuitive - or on a lesser perception of the need to report, or of the urgency of doing so, in a social context where survival priorities are paramount. As for reporting physical violence, there was no change in April 2020 that was sufficiently significant to be considered out of the ordinary (except in the Brussels judicial district, see *below*)[34] .

[34] In comparison, this analysis once again highlights the special position of December 2020. Observable for all types of violence combined, it is also very clear when only physical violence is considered: December 2020 differs from December in each of the years 2018 (p=0.000), 2019 (p=0.000) and 2021 (p=0.005) in having (very) significantly fewer reports than December in the other years. This is not the case, however, for reports of psychological violence, which in December 2020 are not significantly different from other years.

2.2.3.3. Differences between regions and districts: relatively local nature of significant variations

The third reservation concerns the relatively local nature of the significant or very significant variations. The lower rate of IPV reports in April 2020 is in fact really significant in Wallonia and Brussels. If we consider Flanders in isolation, the drop in reports is no longer really statistically significant.

Figure 11. Average IPV reporting rates in the Walloon Region (year 2020 compared to other years)

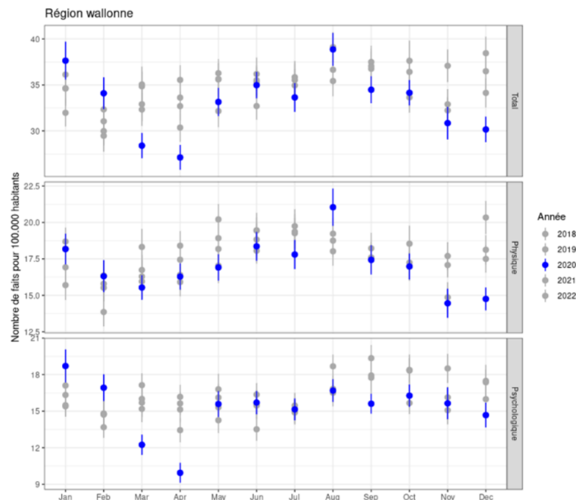
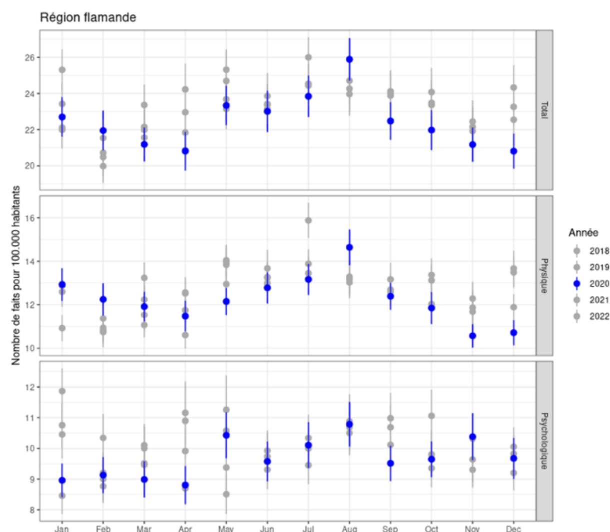


Figure 12. Average IPV reporting rates in Flanders (year 2020 compared to other years)



In Wallonia, there is a significant difference for each of the years considered, except for 2018 (p=0.143): 2019 (p= 0.000), 2021 (p=0.003), 2022 (p=0.001). In the Brussels-Capital Region, April 2020 stands out for each of the years considered: 2018 (p= 0.058), 2019 (p=0.020), 2021 (p=0.052) and 2022 (p= 0.004) (Figure 11). In Flanders, a significant drop in reports of violence between partners - all types of violence combined - is only observed when April 2020 is compared with April 2019 (p= 0.034) and April 2022 (p=0.005), but this is not the case compared with 2018, or 2021 (Figure 12). In conclusion, taking all types of violence together, the significantly lower level of reported partner violence in April 2020 is due much more to the figures recorded in the Wallonia-Brussels Federation than in Flanders.

What happens when we separate the analyses according to the type of violence? Unsurprisingly, in the light of the analysis presented in (2), the reporting of physical violence in April shows no significant difference in Flanders compared with any of the other years (Figure 12). But moreover, reporting of psychological violence in April differs only in relation to the years 2021 (p=0.056) and 2022 (p=0.021). In Wallonia, the same applies to physical violence: there is no significant difference. The relative stability in reporting physical violence between partners to the police during the first confinement period is therefore a reality in both Flanders and Wallonia. The significant downward effect observed is therefore strongly linked to reports of psychological violence in Wallonia: this clearly stands out in April when compared with each of the years. The p-values are then highly significant: 2018 (p= 0.005), 2019 (p=0.000), 2021 (p=0.000) and 2022 (p=0.000) .

The district of Brussels (the only district in the Brussels-Capital Region) stands out in yet another way: it is the only region where the reporting of physical violence is significantly affected downwards in April 2020, compared with each of the years: 2018 (p= 0.034), 2019 (p=0.043), 2021 (p=0.041) and 2022 (p=0.004) while, conversely, reports of psychological violence show only a moderate downward trend (compared only with 2019 (p=0.027) and 2022 (p=0.0032) (Figure 15).

A more detailed analysis by region and by type of violence leads us to conclude that the significant drop in reports of IPV in April 2020 is mainly due to the police zones in Wallonia, where it is mainly the drop in reports of psychological violence that is responsible for the observed phenomenon. Brussels, on the other hand, stands out for a greater drop in reports of physical violence than of psychological violence.

The interpretation of this drop in reports of IPV during the first confinement period therefore also seems to have to be understood in terms of the different public policies implemented in the different regions of the country, which depend on different political authorities in this area. These differences could be explained, for example, by a better knowledge in Flanders of the network for accessing police reports (as shown by the questionnaires sent to the psycho-medico-social sector less than 50% of psychosocial workers were, for example, aware of 15 of the 21 measures presented (see appendix 20 “Table of devices in the French-speaking psychosocial sector”) in French-speaking Belgium. Almost half of the Dutch-speaking respondents were aware of specific practices developed by the psychosocial sector and proposed in the questionnaire (see appendix 25. “Table of Dutch-speaking psychosocial sector devices”)) or a more stable operation in times of crisis. This is still a very open question.

The tests were then repeated by **district,** the aim then being to examine whether the significantly lower rate of IPV reports in April 2020 compared with the other years (2018, 2019, 2021 and 2022) is an observable phenomenon for each district taken in isolation. Breaking down the analysis by district therefore greatly reduces the possibility of obtaining statistically significant scores. In fact, only a few regions show statistically significant (downward) variations compared with the four 'ordinary' reference years. It is *the district of Liège* (Figure 13) that clearly stands out, with highly significant statistical differences from each of the comparison years: 2018 (p= 0.046), 2019 (p=0.002), 2021 (p=0.026) and 2022 (p=0.026). The significant drop in reports of IPV (observed for all types combined) is due to the significant drop in reports of psychological violence, not physical violence: 2018 (p= 0.006), 2019 (p=0.000), 2021 (p=0.000) and 2022 (p=0.002).

The same significant phenomenon can be observed, but to a lesser extent, in the *district of Mons* (Figure 14). The rate of reports of IPV is significantly lower in April 2020, all types combined, than in 2019, 2021 and 2022 (but not really 2018): 2018 (p= 0.122), 2019 (p=0.003), 2021 (p=0.005) and 2022 (p=0.008). Examination by type of violence indicates that it is the drop in reports of psychological violence that explains this significant result: 2018 (p= 0.052), 2019 (p=0.001), 2021 (p=0.001) and 2022 (p=0.001).

Lastly, the Brussels judicial district stands out for its very significant drop in reports of physical violence: 2018 (p= 0.034), 2019 (p=0.043), 2021 (p=0.041) and 2022 (p=0.005), but not psychological violence. The rate of psychological violence is less marked: 2018 (p= 0.521), 2019 (p=0.027), 2021 (p=0.159) and 2022 (p=0.032). This is the only district to show this type of phenomenon (Figure 15).

Figure 13. Average IPV reporting rates in the Liège district (year 2020 / other years)

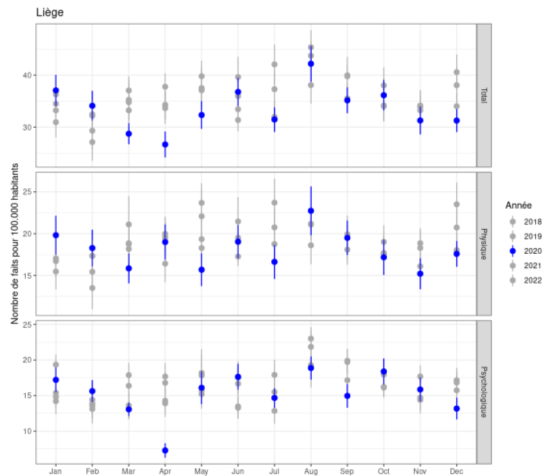


Figure 14. Average IPV reporting rates in the Hainaut-Mons division (year 2020 / other years)

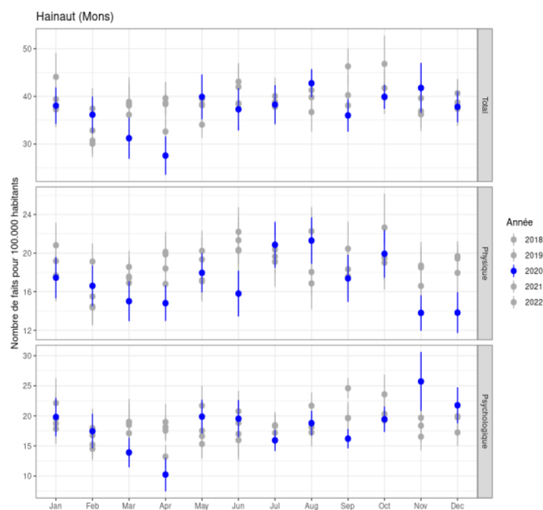
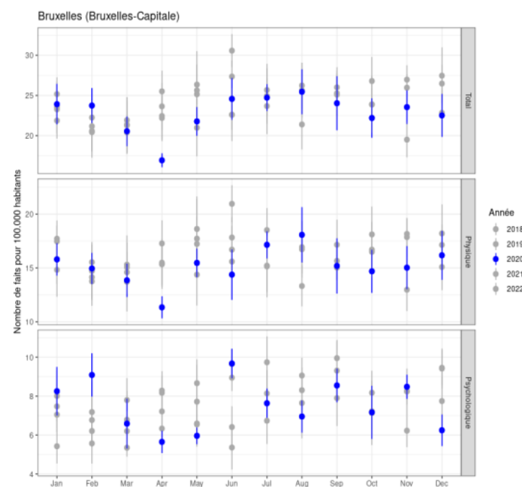


Figure 15. Average rates of reporting of IPVs in the Brussels district (year 2020 / other years)



2.3. In summary

This detailed analysis of police statistics certainly does not support the hypothesis of an increase in reports of IPV during the first lockdown. Instead, the data show a decline that is significant overall, given the seasonal variations observed over a period of four years and six months (January 2018 to June 2022). However, this fall in the number of reports needs to be put into perspective in the light of three considerations: (1) the observation of significant downward variations during months other than April 2020, and in particular in December 2020 , (2) the observation that the significant drop is due to the significant drop in reports of psychological violence, with reports of physical violence not being significantly impacted, except in the arrondissement of Brussels (Brussels-Capital Region) and (3) the finding that the significant drop is due to the observation made in French-speaking Belgium rather than in Flanders, and this in two arrondissements in particular, that of Liège and the division of Hainaut-Mons.

3. Lessons learned from correctional prosecution statistics

The system for recording data at the level of correctional prosecution offices differs from that of police areas both in terms of the nomenclatures used and the reference date taken for the publication of statistics. Whereas police statistics refer exclusively to the date of the incident, correctional prosecution statistics are based on the date of entry of the official report at prosecution level. The figures published on the College of Public Prosecutors' website therefore relate to the year (or month) in which a case entered the flow of cases handled by the public prosecutor's office. However, the date of the facts is recorded in a field of the application. In order to have (more) comparable data, we have also asked for series relating to violence between partners based on the date on which the offence was committed.

The recording system used by public prosecutors does not use the nomenclature of criminal figures used by the police, but produces data based on 'prevention codes'. These make it possible to identify acts of physical violence, and to obtain a category comparable to that defined at police level, by selecting categories relating to 'assault and battery' and 'homicide (and attempted homicide)'. Identifying a series comparable to the police criminal category "psychological violence" is much more difficult - if not impossible - given that at police level the category includes refusal of visiting rights in the context of parental custody, whereas at public prosecutor level this type of incident is included indistinctly in the same code (code 42), which covers couple disputes that do not constitute an offence, abandonment of the family (non-payment of maintenance) or refusal of visiting rights.

It is also important to note that the period under review (2018-2022) was a period of deployment of a new IT system (MaCH) within the public prosecution services. As pointed out by the statistical analyses of the College of Public Prosecutors, this change was accompanied - during the implementation and learning period - by shortcomings in the encoding in some public prosecutors' offices (particularly until 2019).

Bearing these major limitations in mind, it is nevertheless an interesting exercise to compare the police and judicial series. The graph below (figure 16) compares the two monthly police and judicial series (January 2018 to June 2022) for all reported IPVs (and both refer to the date on which the offence was committed).

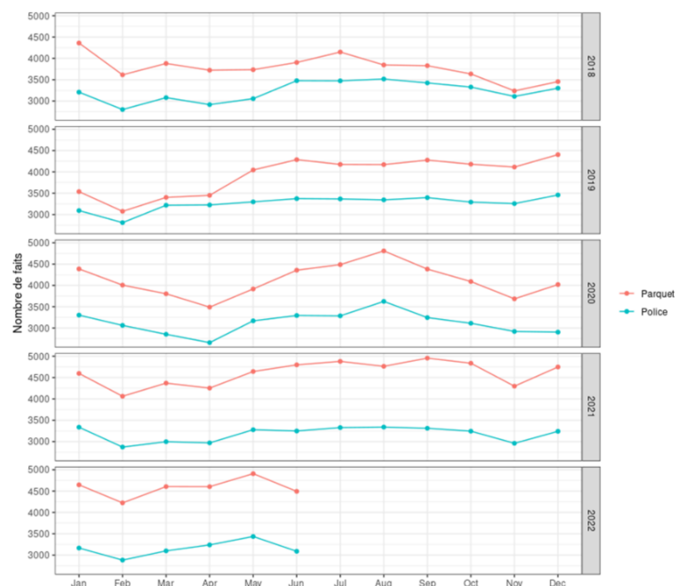
3.1. Putting the total number of IPV reports by the public prosecutor's office and the police into perspective

Putting this into perspective alone shows that the total number of cases, all types of violence taken together, is significantly higher at public prosecutor level than at police level, with significant differences depending on the period (on average 30% higher over the whole period at public prosecutor level than at police level, but depending on the month a minimum of 17% and a maximum of 49% higher). It is difficult to fully explain this difference[35] . The counting methods or the double counting at the level of the public prosecutor's office of the minutes transferred to another public prosecutor's office for reasons of territorial jurisdiction (identified by a heading "for disposal" which represents 4.93% of the "progress reports" for 2018 to 2022) are not enough to explain this discrepancy. It can be seen that this gap, for all types of violence combined, increases over the years: an average of 17.6% in 2018, 20% in 2019, 31.9% in 2020, 44.4% in 2021 and 45.1 in 2022. This finding might suggest that more work is being done over time by the public prosecutor's office to identify violence between partners (that has not previously been identified by the police).

Although the levels of reporting are different, the trends nevertheless appear to be relatively similar, although to varying degrees depending on the year. Spearman's correlation coefficient indicates a very strong correlation between trends in 2019 (R = 0.916) and 2020 (R=0.0881), and a weaker correlation in 2018 (0.434) and 2021 (0.678).

[35] This is all the more true because, as the analysts from the criminal prosecution departments point out, the migration from the REA/TPI computer system to the MaCH system took place mainly in 2017 and 2018, which required administrative staff to familiarise themselves with how the new system worked. "It is therefore possible that the decrease in input observed in 2017 and 2018 is the result of a lack of awareness of the possibility of recording a context field in the MaCH IT system".

Figure 16. Reports of partner violence (all types) to the police and public prosecutors (2018-2022)



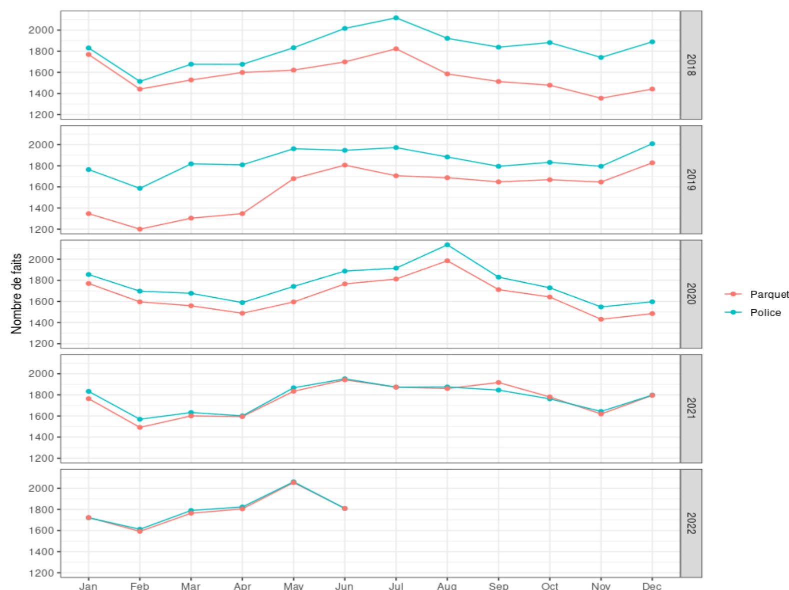
3.2. Putting reports of physical IPV by public prosecutors and the police into perspective

Let's look at the situation if we isolate reports of physical violence alone (criminal figure "physical violence" at police level, prevention codes "assault and battery" and "homicide" at judicial level): the trend curves then show much smaller differences, but indicate that there are more records at police level than at prosecution level (8% over the whole period). These differences gradually diminish over the years (14% in 2018, 15.4% in 2019, 6.8% in 2020, 1.2% in 2021, 0.9% in 2022) and almost merge from 2021 onwards (Figure 17). The existence of these discrepancies undoubtedly reflects the varying gaps in recording on both sides, but also highlights the importance of the margin of appreciation that exists in classifying an incident as physical violence between partners[36] .

Even when the differences in levels are the greatest, the trends between the two types of police and judicial recording are strongly correlated from 2019 onwards. The Spearman correlation coefficient calculated between the two series shows a significant change from 2018 (R=0.420) to 2019 (R=0863). In 2020 (R=0.965) and 2021 (R=0.930), the correlation is very high.

[36] The reduction in the gap in 2021-2022 may be linked to improvements in the flow of information between the police and prosecution IT systems).

Figure 17. Reports of physical violence between partners at police and public prosecutor level (2018-2022)



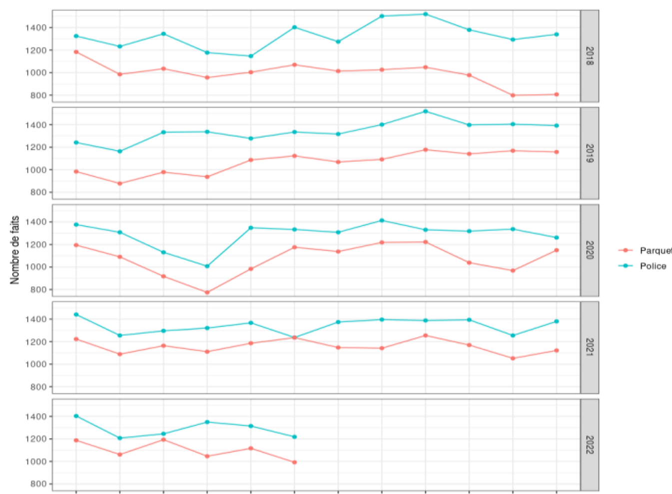
3.3. Putting reports of psychological violence to the public prosecutor's office and the police into perspective

It is much more risky to put the data relating to psychological violence into perspective given the different definitions used for statistical recording at police level and at the level of correctional prosecutors[37] . Bearing this considerable limitation in mind, it is interesting to put the trends on both sides into perspective by considering different scenarios.

The first (figure 18) compares the police curve for the "psychological violence" category with the judicial curve, which adopts a restrictive definition, including only reports of threats and harassment (in which case the denial of access included in the police definition is missing). While the differences are of course obvious, since the police definition includes more incidents than the judicial definition (which does not include access refusals), the trends show significant similarities, which vary from year to year, as confirmed by the correlation coefficients, which are respectively 0.455 in 2018, 0.790 in 2019, 0.529 in 2020 and only 0.319 in 2021.

[37] It should be noted that these general observations underline both the difficulties of definition and the margin of appreciation of what constitutes "psychological violence", the definition of physical violence being more widely accepted.

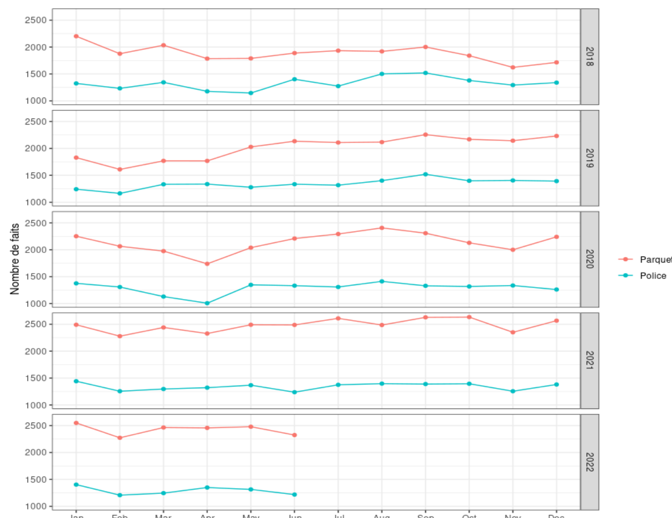
Figure 18. Reports of psychological violence between partners to the police and of threats and harassment to public prosecutors' offices (2018-2022)



The second scenario adopts a broader - too broad - definition at the level of the public prosecutor's office, grouping together reports of threats and harassment, but also all reports under code 42 (confusing family disputes, refusal of visiting rights and abandonment of the family).

The levels are logically very different between the two curves, but there are significant similarities between the trends, as shown by the correlation coefficients (2018= 0.413; 2019 =0.762; 2020 = 0.480; 2021=0.604).

Figure 19. Reports of psychological violence between partners to the police and of threats and harassment + code 42 to public prosecutors (2018-2022)



3.4. Lessons learned about the impact of the COVID-19 crisis

A comparison with data from the public prosecutor's office confirms the results of the analysis based on police data, in that the drop in the curve for reports of all types of IPV (figure 16) can also be seen in the series of court records for the month of April 2020. It is smaller when only physical violence is considered (figure 17). It seems higher when psychological violence is taken into account, particularly when only harassment or threats are involved (figure 18). Given the number of observations (14

districts), the data do not allow for a statistical analysis similar to that carried out on the basis of data from police areas. However, it can be seen that the descriptive analysis shown in the graphs does not contradict the conclusions of the statistical analysis (of impact) carried out on data from police areas.

4. Lessons learned from phone line statistics

Over the past few years, telephone helplines have been set up in Belgium, mainly to enable victims, but also perpetrators, relatives, witnesses and professionals to call for specialist help. Unlike the police and the justice system, which come under federal jurisdiction, telephone helplines have developed differently in the different language communities and come under the jurisdiction of the federated entities.

4.1. Figures for calls to the French-language telephone line

In the Wallonia-Brussels Federation (FWB), the "Ecoute violences conjugales 0800 300 30" helpline has been developed on the basis of an agreement with the "*Pôles de ressources spécialisés en violences conjugales et intrafamiliales*", a resource centre specialising in domestic and family violence, which is part of the associative sector and was born out of the exchange of knowledge resulting from support practices for victims on the one hand and perpetrators on the other. A team of counsellors[38] has been in place since 2014, and the hours of operation of the helpline were extended in 2017 (8 March) from 9am to 7pm to 24 hours a day (with referrals on weekends and evenings to the 107 helpline).

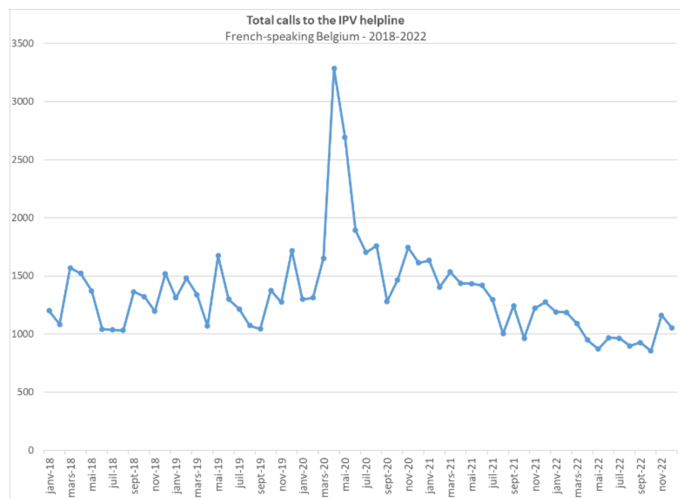
As indicated in the activity reports, the calls received come from

- anyone directly affected by violence: victims, perpetrators and their families children and their families;
- all victims, whether they are minors or adults, married, in a couple, in a relationship, in a relationship with a friend, cohabiting, separated... ;
- loved ones of anyone affected by violence who are wondering how to react to the situation they are aware of: relatives, friends, colleagues, neighbours, etc.
- professionals who wish to benefit from the expertise of a specialised team in order to better understand the situations of violence between partners in which they are involved are involved.

Figure 20 shows the monthly change in total calls (days, evenings and weekends) from January 2018 to December 2022[39] .

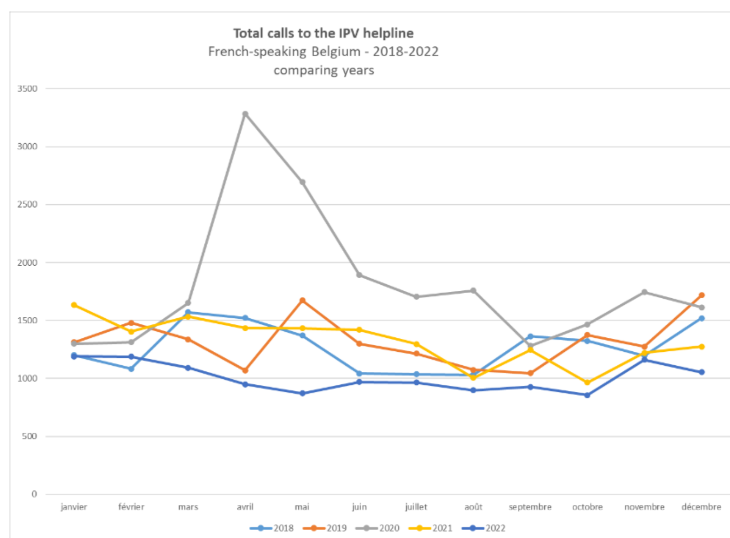
[38] Made up of people who also work in the field of domestic violence. They include experienced psychologists, social workers, educators and criminologists employed by the three specialist associations that make up the Resource Centres (Asbl Solidarité Femmes, Asbl Collectif Contre les Violences Familiales et l'Exclusion and Asbl Praxis).
[39] Figures provided in the activity reports.

Figure 20: Total monthly calls to the French-language telephone line (IPV) (2018-2020)



Just looking at the curve clearly shows a massive increase in calls at the time of the first confinement, with a peak in April 2020. April 2020 saw 3,284 calls, i.e. 2.5 times more calls than the average monthly number (1,297) from 2018 to February 2020 (or an increase of 150%), or 2.4 times more calls than the average monthly number over the entire series from 2018 to December 2022 (1,347)[40] . The shape of the curve confirms that this was indeed a temporary peak linked to this specific period. Overall, this peak gradually subsided at the end of the confinement period. Superimposing the annual curves (Figure 21) highlights even more the very particular phenomenon of March-April-May 2020 compared with the monthly curves of other years.

Figure 21. Total monthly calls to the French-language telephone line (IPV). Overlay of years (2018-2020)



Unfortunately we do not have disaggregated data for 2020, so we can only rely on the comments made in the activity report to find out more about the nature of this temporary increase. The report mentions

[40] Over the entire period 2018-2022, the active line in FWB received an average of 1,347 calls per month. In comparison, police areas in the Walloon Region recorded an average of 1310 reports of partner violence from 2018 to June 2022. These dropped to 1027 in April 2020. The Brussels-Capital Region recorded an average of 300 (down to 209 in April 2020). And the Flemish Region an average of 1,580 (down to 1,422 in April 2020).

that the health crisis, and more specifically the confinements, significantly changed the nature of calls from victims of domestic violence: "These became more numerous and shorter, victims contacted us in a state of crisis (panic, despair, suicide, loneliness), we were more in a crisis management position than in the usual listening role". (Year 2020 Report, p. 4). The nature of the help has also changed. The impossibility of being able to call on the network in the context of confinement also led the team to develop a different practice: “we had to rethink our practice and direct it towards support centred on strengthening victims' resources. The aim was to identify their skills and abilities in coping with the violence so that they could cope. Together with the victims, we thought about the protective strategies that could be implemented in a context of isolation and confinement. This practice makes us feel powerless, which ends up having an impact on the counsellors”.

From a statistical point of view, the most noteworthy aspect of these observations is the very significant increase in calls during this period from victims' relatives, family members, colleagues or friends who called the helpline to ask how to help a victim in a situation of domestic violence (Activity Report 2020, p. 5). The report states that these calls from friends and family alone accounted for a third of the calls received during the lockdown. In comparison, the 2021 activity report shows that almost 20% of calls came from the network of friends and family (55% of calls came from victims, 2.45% from perpetrators, 5.74% from services, 4.28% from conflicts between couples and 12.43% from mistakes or jokes). [41]

The report also explains that many of the calls were generated by media coverage of the fact that victims of domestic violence were becoming more vulnerable. The helpline received many calls from services that had been closed down and from members of the public offering help and support.

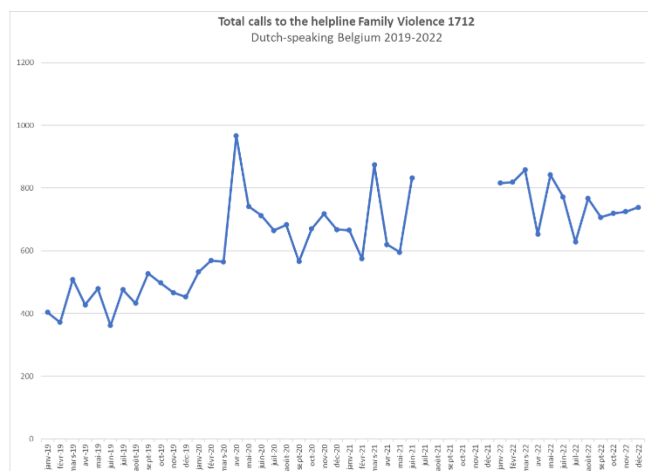
These findings put the increase into perspective. Without being able to put an exact figure on it due to a lack of precise information, the increase in the number of calls should be put into perspective: it only reflects an increase in calls coming directly from victims of domestic violence to a certain extent.

4.2. Figures for calls to the Dutch-language telephone line (1712)

Analysis of comparable data in the Flemish Region comes up against a major limitation: the telephone hotline set up by the Flemish government in 2011 is dedicated to domestic violence, and therefore covers child abuse, elder abuse and violence between partners. The definition of the problem targeted is therefore much broader than for the 0800 300030 line and the figures provided in aggregate form do not allow the series to be compared. The 2017 activity report tells us that, in terms of call volume, violence between partners is the second most important issue after child abuse. In 2017, child abuse was the main problem for 4,251 callers, while partner violence was the main problem for 946 callers.

[41] The 2021 report is the only one to provide this distribution.

Figure 22. Total monthly calls to the Flemish Family Violence hotline (2019-2022)



The figures provided at[42] show the monthly trend for all types of calls, including all types of domestic violence (bearing in mind that child abuse is by far the most common reason for these calls). The sharp rise in telephone calls during the first period of confinement is visible, as is the pattern of calls in FWB. These figures would suggest that there was an increase in calls relating to violence between partners in the Flemish Region during the first lockdown, but this cannot be verified as it is impossible to distinguish between calls relating specifically to violence between partners and those relating to other domestic violence[43] .

5. ONE information on reports of conflict and violence between partners

5.1. The extent of the problem of violence between partners in reports of child abuse

The Office de la Naissance et de l'Enfance (ONE), which is responsible for the Walloon Region and the Brussels-Capital Region, includes statistics on reports made to the Equipes SOS Enfants in its activity reports. Reporting is understood to mean the act of communication whereby "a person makes a request, reports a concern, an act or a suspicion of abuse". These statistics are of interest in the context of our research insofar as they show the reasons for reporting or types of abuse, and among these reasons, those relating to the conflictual climate between the adults in the family and more specifically to intimate partner violence. This category is, in the words of the report (ONE report 2017, p. 131), considered to be a category of abuse "when the conflict is deemed by professionals to be exacerbated (i.e. when it escalates into aggression on the part of one or other, or even both partners) or when there is partner violence".

Figure 23. Conflict or domestic violence as a reason for reporting to ONE

	Reported cases of abuse	Reasons for reporting	Reason Category Conflict/Partner violence	% compared to the number of reasons	% compared to the number of situations
2018	4129	6306	833	13%	20%
2019	4265	6439	1139	18%	27%

[42] Data for the second half of 2021 have not been released.

[43] It should also be noted that the figures for 2022 include 'chat' figures (which was probably not the case before).

2020	4242	6179	1099	18%	26%
2021	4648	6606	1138	17%	24%
Avg	4321	6382	1052	16%	24%

Source: ONE reports from 2018 to 2021

The first observation relates to the proportion that these **reasons for reporting** represent among all the situations or types of abuse reported to the SOS Enfants teams: partner conflict or violence represents, on average from 2018 to 2021, 16% of all types of abuse, and is actually present in 24% of the abuse situations reported (a single situation may involve several types of abuse).

These proportions change when we consider the figures resulting from the multidisciplinary assessment (diagnosis) carried out by the SOS-Enfants teams when analysing the request and the care provided. The category highlights the predominance of the "exacerbated partner conflict/partner violence" category, affecting 53% of the cases taken into care. This type of abuse is often combined with physical abuse (44% of cases of conflict/violence), psychological abuse (49%), sexual abuse (24%) and serious neglect (52%) (ONE Report 2020)[44]. The proportion of children exposed to partner violence or exacerbated partner conflict is much higher at the time of diagnosis by the SOS Enfants teams than at the time of reporting. The proportion in relation to the total number of cases of diagnosed abuse is therefore 30% on average (calculated over the years 2018 to 2021). To explain this discrepancy, the report (2017) puts forward the hypothesis that reporters are less aware of this issue than the professionals in the SOS Children's teams. Exposure to conflict between adults is the most frequent type of abuse diagnosed, and this predominance increases between 2017 and 2021. The 2021 report notes that this type of abuse is the diagnosis that has seen the greatest increase since 2017. In any case, these figures show that this is an important issue in the work of the SOS Children's teams.

Figure 24. Conflict or partner violence in the diagnosis of SOS Children's teams

	N abuse	Diagnosis of partner conflict/violence	% / N abuse
2017	2876	627	22%
2018	2185	599	27%
2019	2237	660	30%
2020	2042	635	31%
2021	2531	759	30%
Average 2018-2021	2249	663	30%

5.2. The impact of the COVID-19 crisis on child abuse reporting figures due to conflict/violence between partners

So what do the figures tell us about the impact of the health crisis? The report covering the year 2020 notes a **reduction in the number of reports** during the period of **confinement**. According to the report, this reduction is more marked when the reports come from professionals (-48%) than when they come from private individuals (-30%). During the containment period (mid-March to May 2020), the number of reports fell in all sectors, with the steepest decline in the school sector.

[44] ONE (Office National de l'Enfance), Rapports d'activités. https://www.one.be/public/cest-quoi-lone/rapports-one/rapports-dactivite/

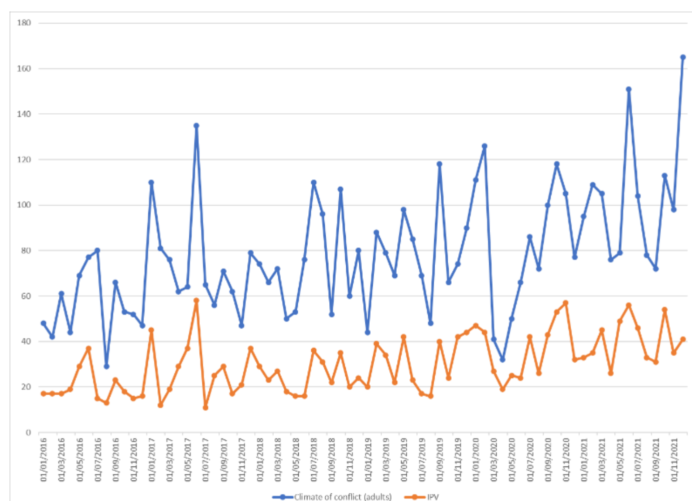
In order of importance, the professional reporters are the Youth Assistance Service (Service d'aide à la jeunesse - SAJ), the medical-psycho-social assistance sector, the Youth Protection Service (Service de protection de la jeunesse - SPJ) and the Youth Court, the school sector (PMS) and the health sector. A minority of reports come from the police and public prosecutors (or from the early childhood sector). Non-professional reporters are, in order of importance, mothers, fathers, other family members and neighbours (7%). In the case of reports of conflict between adults, the proportion of professional reporters is higher (almost 70% in 2020). The monthly data provided to us by the ONE show a fall in reports of exposure to a conflictual climate: from 67% between February and March 2020, increased by 22% in April, and a fall of 39% in reports of exposure to domestic violence in March 2020, further accentuated by 30% in April 2020. Reports then picked up again from May 2020. They fell again, but more slowly, at the time of the second confinement.

Figure 25. Monthly change in reports of conflict and/or domestic violence in 2020

2020	Climate of conflict exhibition		Domestic violence exhibition	
	N reports	**Monthly variation**	**N reports**	**Monthly variation**
January	111	23%	47	7%
February	126	14%	44	-6%
March	41	-67%	27	-39%
April	32	-22%	19	-30%
May	50	56%	25	32%
June	66	32%	24	-4%
July	86	30%	42	75%
August	72	-16%	26	-38%
September	100	39%	43	65%
October	118	18%	53	23%
November	105	-11%	57	8%
December	77	-27%	32	-44%

To assess these falls more accurately at the time of confinement, it is necessary to take the monthly variability observed outside these periods of confinement into account. The graph below shows the monthly series of reports of these two categories of abuse from January 2018 to December 2021.

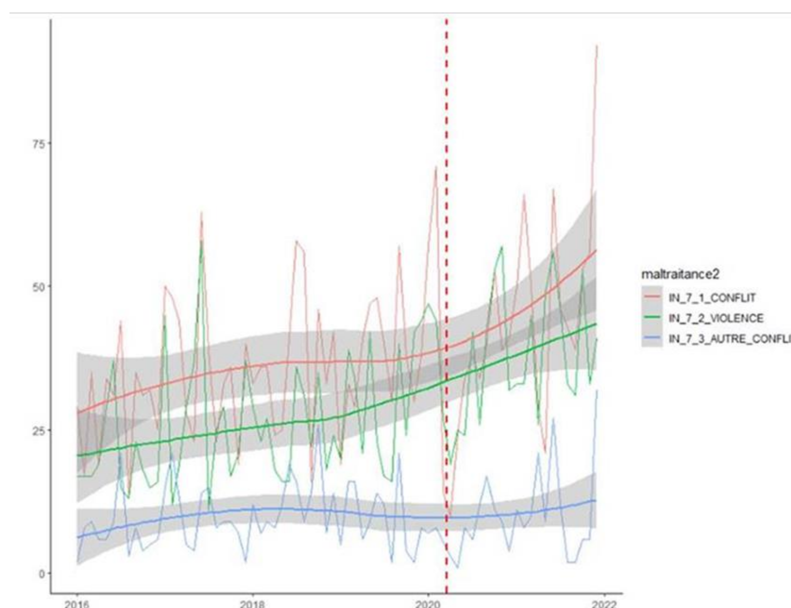
Figure 26. Monthly variation in reports of conflict and/or domestic violence from 2018 to 2021



Looking at the monthly variations over the long term, we can see that there was a particular drop in the number of reports during the first period of confinement. This drop is then quickly absorbed. This longer-term approach also puts the drop observed during the first containment period into perspective, since there are many monthly variations and other comparable variations have been observed during other periods.

In conclusion, the ONE statistics certainly do not support the idea of an increase in situations of abuse due to conflict or violence between partners. On the contrary, the months concerned by the first confinement show a temporary fall. However, this drop must be put into perspective in view of the monthly variations usually observed. As these are statistics on *reports* to SOS Children's teams, this drop cannot be interpreted in terms of a drop in abuse. Rather, it may reflect a decline in the number of people able to access the relevant services to report abuse.

Figure 27. Trends since 2016 in reports of conflict, domestic violence and other reasons (moving averages)



Source : ONE

In the long term, however, this temporary drop does not seem to have affected the upward trend observed by ONE in reports of both conflict and domestic violence to which the child is exposed. Figure 27, produced by ONE (trend curves based on moving averages) shows that this upward trend has been underway since the beginning of the recordings made, and that it had already become more pronounced before the COVID-19 crisis. The COVID-19 crisis has not really interrupted this increase and may even have reinforced it.

6. Partner homicide/feminicide figures and COVID-19 crisis

Although they constitute a subject in their own right, the figures relating to homicides are nonetheless worth mentioning insofar as the institutional data available on the subject are considered to be those which, of all the types of incident, best approximate the reality of this famous 'black figure'. The previous IPV-PRO&POL study took a specific approach to this issue. After pointing out the many gaps that still existed in terms of producing a count of homicides and feminicides between partners, an analysis and cross-referencing of the data recorded by public prosecutors' offices and by the associative sector in the *Stop Féminicide Blog* was carried out (Rousseaux & al. 2022). The table below

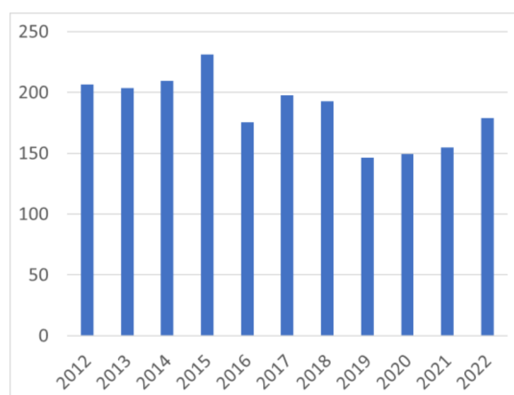
(Figure 28) shows that there was no increase in the number of partner homicides or feminicides in 2020.

Figure 28. Figures of homicides/femicides and intimate partner homicides (IPH)

	Homicides (victims)		
	Blog *Stop Feminicide*	MaCH-Feminicide	MaCH Intimate Partner Homicide
2017	43	39	41
2018	38	36	40
2019	25	27	29
2020	24	28	28
	130	130	138

This stability is also seen in the figures showing all homicides committed in Belgium (whatever the context (graph based on federal police data).

Figure 29. Total number of homicides in Belgium (police statistics)



Source : Federal police statistics

This result is consistent with what was observed in the large-scale research conducted by Aebi & al (2021). As the authors concluded : contrary to all expectations, feminicides did not increase during the first year of COVID-19, even though confinement is traditionally considered a high-risk situation. This therefore did not confirm the hypothesis based on the routine activities approach. The seasonal monthly distribution did not differ from that observed in other years. One proposed explanation refers to research that has insisted that intimate partners' murders are often triggered by the victim's decision to end the relationship: "That would explain why a substantial number of the femicides are committed by previous partners who often have no previous arrest record. In principle, this type of femicide should not increase during a lockdown because former partners' movements are restricted and because the lockdown reduces the chance to end the relationship with a current partner and move to another place" (Aebi & al. 2021, 623).

7. Conclusions

The (survey) figures currently available do not allow us to draw any conclusions as to whether or not there was an increase in intimate partner violence during the COVID-19 crisis, and in particular during the periods of confinement considered to be particularly high-risk periods. Some survey data, as well as data from telephone hotlines, may support the hypothesis of an increase, which would then be

moderate, but these elements would have to be put to the test of a larger, more representative survey. The figures do not show any increase in partner homicides during the first year of the crisis (in line with international literature).

On the other hand, analysis of the available figures, mainly from police and judicial sources, shows a decline in reports of partner violence at the time of the first confinement. This moderate decline concerns reports of psychological rather than physical violence (except in Brussels, where it concerns both types of violence), and affects Flanders much less than Brussels and the south of the country. Certain districts in the south of the country are also more affected.

A drop in the number of reports could theoretically be due either to a drop in the phenomenon of partner violence, or to a drop in the propensity to report. There is little evidence to support the first hypothesis, with qualitative data arguing in favor of an increase in violence or a worsening of the situation. However, the figures are not conclusive. There are more arguments in favor of a reduction in the propensity to report violence to the police during the period of confinement. As this is a case of a drop in the reporting of psychological violence (except in Brussels), we can put forward the hypothesis of a lesser perception of the need to report, or the urgency of doing so, in a societal context in which survival priorities predominate.

A second hypothesis stems from the victim's material difficulty in accessing the resources that enable or facilitate reporting to the police, in particular all or a large part of the psycho-medico-social sector, which was then shut down or telecommuting. This difficulty of access would have differed according to the region, and the public policies and systems implemented in each. In view of the figures, these difficulties would appear to be more perceptible in the Fédération Wallonie Bruxelles (and especially in Brussels) than in Flanders. The drop in ONE figures for the Fédération-Wallonie-Bruxelles also seems to reflect the temporary obstruction of informal and institutional reporting channels (closure of schools, services, etc.) of a situation at risk for children of violent partners.

The increase in calls to telephone hotlines probably reflects recourse to an alternative means of calling for help in a situation where access to the usual resources has become impossible or difficult. But it also reflects a form of social solidarity fuelled by the high media profile given to the issue of domestic violence from the outset of the health crisis. Lastly, the availability of the police (and public prosecutors), who were also heavily mobilized during this period to monitor COVID offences, may also have been affected in terms of their response to partner violence.

IV. ANALYSIS OF FILES OPENED AT PRAXIS DURING CRISIS COVID-19

1. Praxis Asbl

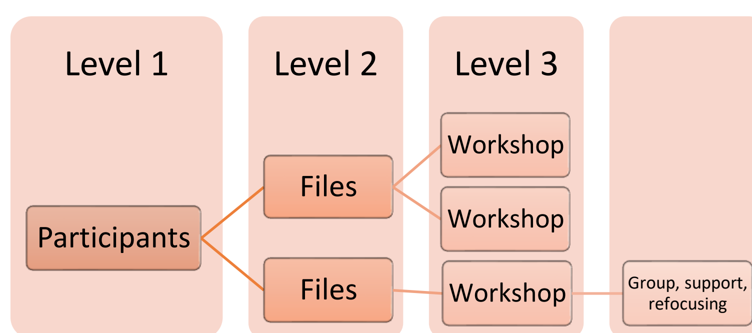
Praxis is a non-profit organisation dedicated to helping perpetrators of domestic and family violence. The association organises accountability groups for perpetrators of violence throughout the French-speaking part of the country, as well as information and training activities for professionals. It also participates in networking with victim support services, police services, judicial services and psycho-medical-social services in general.

Praxis is aimed at adult men and women who are perpetrators of violent behavior within their couple (partner or ex-partner) or their family. The majority of requests are made in the context of a judicial or police constraint (penal mediation, probationary measure, police or public prosecutor's injunction), but it is also possible to attend voluntarily. Before enrolling in a group, all participants (of legal age) must attend at least two prior individual interviews. Various aspects of the participant's situation are assessed, such as the trajectory that led him or her to contact us, the relationship he or she has with

violent behavior, the risk of further acts of violence, and so on. More specifically, the aim of the groups is to empower people: to recognise their attitudes, acts of violence and their consequences; to identify and question ways of justifying the use of violence; to question the use of alcohol, drugs, medication or other addictions; to develop a variety of ways of reacting when under stress; and to learn to identify and express a wide range of emotions.

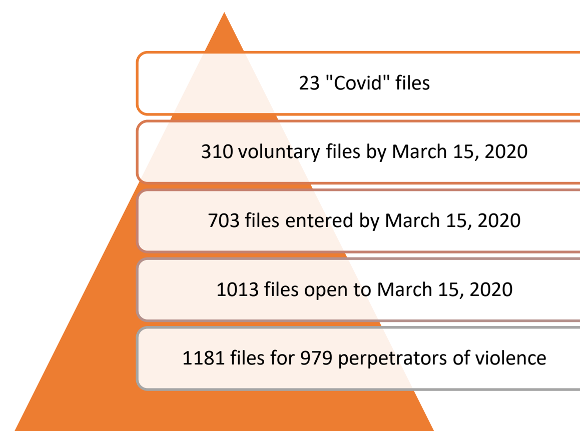
2. Method analysis of Praxis files

Within Praxis, a file is opened for each participant (level 1) for whom an intervention mandate is sent or who volunteers. Several folders (level 2) can be opened for the same participant in the case of different mandates or requests. In each of these files, the "workshops" and tools used to monitor the person are listed (groups, individual interviews, reframing, telephone contacts, etc.).



We worked on a portion of the Praxis database. The files were drawn from the entire territory of the Wallonia-Brussels Federation. Analyses were carried out on a sample of files opened from March 15, 2020, i.e. during the first period of strict confinement due to the Covid-19 epidemic in Belgium.

Over the period from March 15, 2020 to January 2023, the files of 979 perpetrators of violence (93% men and 7% women) were extracted from the database. It should be noted that a person may benefit



from the Praxis measure several times, so the same perpetrator may have several files. The number of files is therefore 1181. Eighty-three percent of participants have only one file open in their name. Twelve percent (12.97%) have two files, three files (2.45%), four files (0.72%) or five files (0.1%) open in Praxis.

Some of these perpetrators had nevertheless undertaken or been subjected to this measure before the Covid-19 period. These were removed from the sample. This brings the N of the study to 1013 files.

The file review is divided into three distinct studies:

1) Descriptive and thematic analysis of referrals from March 15, 2020 to December 2022 (N=703).
2) Descriptive and thematic analysis of voluntary files from March 15, 2020 to December 2022 (N=310).
3) Descriptive and thematic analysis of files opened within Praxis from March 15, 2020 to December 2022 and containing the terms "Covid", "pandemic" or "confinement" in the speakers' notes (N=23).

3. Study of files entered between March 15, 2020 and January 2023 (N = 703)

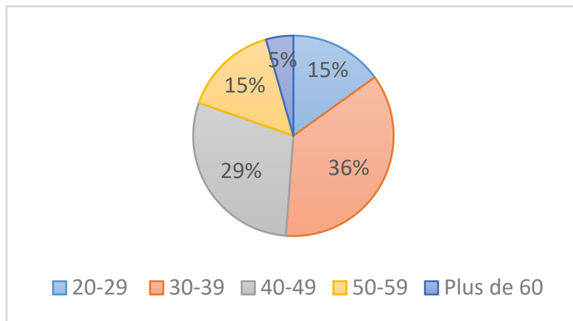


Figure 1. Age group of participants (%)

Of the 703 files entered, less than 6% are women (5.41%) and 95% are men. They range in age from 20 to 75 years (average = 45.26 years)[45] :

- 20-29 years = 15%
- **30-39** years **= 36%**
- 40-49 years = 29%
- 50-59 years = 15%
- Over 60 years = 5%.

In 81.22% of cases, the file is the participant's only one, but in other cases there are two (14.79%), three (3.27%) or four (0.71%) files open in the participant's name.

Opening of the Praxis file:	Praxis file closure:
2020 (after March 15th) = 16.76%	2020 = 1.71%
2021 = 43.99%	2021 = 26.32%
2022 = 29.59%	2022 = 42.11%
	2023 = 0.57%
	DM[46] = 29.3%

3.1. Origin of the measure

The cases come from the arrondissements of Brussels (28.73%) and Liège (22.76%), Charleroi (11.52%), Namur (5.97%) and Verviers (5.55%).

They are, or have been, subject to a :

- Probation measure (Prob) = 51%
- Penal mediation (MP) = 36%
- Autonomous probation sentence (PPA) = 8%

[45] In the total sample (N=1181), the most common age group is 30-49 (average 40.26).

[46] In the case of the latter, either the information was not provided by the provider (1.95%), or the file has not been closed (98.05%).

- Alternative to preventive detention (ADP) = 6%[47]

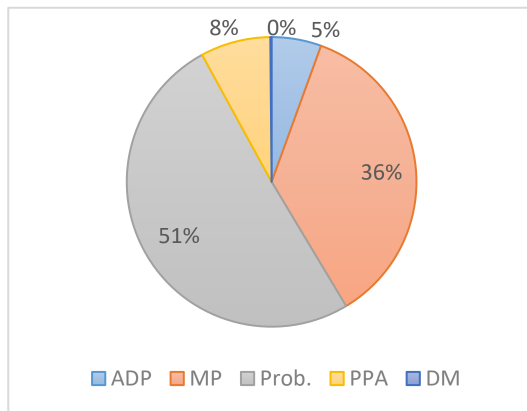


Figure 2. Origin of measure by file (%)

Fifty-one percent of cases involving male perpetrators of violence were opened as part of a probation measure, and 45% of cases involving female perpetrators. Files for female perpetrators were also opened under a penal mediation measure for 45% (35% for files for male perpetrators). None of the women in the sample is at Praxis as an alternative to preventive detention.

3.2. Profiles of violence

During the preliminary interview phase, the facts for which the user is, or has been, presenting himself to Praxis are explored by the practitioner, who then transcribes his notes into the database. These notes reflect the statements made by the participants. They have been analysed and cross-referenced with the information on the mandate form in order to propose a profile of the violence encountered in Praxis files entered on March 15, 2020 for the years 2020 (N=239), 2021 (N=315) and 2022 (N=148).

- Physical violence: In 95% of cases, physical violence was inflicted on a female partner or ex-partner. In 2% of cases, violence was inflicted on a companion. This violence also includes physical violence with weapons (1% of cases), attempted murder (1%) and unlawful confinement (1%).
- Verbal violence: 82% of cases of verbal violence involve a female partner or ex-partner. Violence against a companion was involved in 2% of cases. Threats, death threats (2%) or threats with weapons (1%) were involved in 14% of cases.
- Violence against objects: Violence against objects of a female partner or ex-partner accounts for 97%. Less than 1% of cases involved violence against a companion. In 3% of cases, a home was broken into.
- Psychological violence: 99% of cases of psychological violence involve violence perpetrated against a partner or ex-partner. Almost 1% of the cases involved violence against a companion, and less than 1% involved blackmail.
- Child abuse: Forty-six percent of cases of violence against children involve physical violence perpetrated against a child, i.e. a descendant or a person over or under the age of 18 over whom the perpetrator is or was in a position of authority (parents, step-parents, cohabiting adults). Psychological violence was involved in 1% of cases, and verbal violence in 2%. Abuse corresponds to a combination of different forms of physical, verbal or psychological violence,

[47] In the total sample (N=1181), 39% of cases were opened under a probation measure, 27% under penal mediation, 5% under an autonomous probation sentence and 4% under an alternative to preventive detention. In 2% of cases, this was another unspecified measure, and information was missing in 25% of cases.

appearing in 32% of cases. Threats (2%), neglect (1%) and child abduction (1%) are also present. In 15% of cases, child abuse is not specified.

- Harassment: In 8% of cases, the harassment described is related to cyber-violence (harassment carried out using technology and social networks).
- Sexual violence: 95% of violence is sexual violence committed against a female partner or ex-partner, sexism (3%) and indecent assault (2%).
- Domestic violence: In some cases, unspecified acts of domestic violence are described. This violence was inflicted on a female partner or ex-partner (98%) or on a partner or ex-partner (2%).

Other acts of violence are highlighted in the files: Domestic violence, committed against ascendants (parents, parents-in-law) or siblings at 46%. Violence committed against anyone outside the family circle or marital context (20%). Parental violence, i.e. violence affecting the parenthood of the spouse (3%). Self-inflicted violence (suicide attempts, self-mutilation, etc.) in 15% of cases. Violence against animals (8%), tension-like situations (1%), carrying weapons (5%), theft (1%), armed robbery (1%).

The violence reported in the files differs little between the years 2020 (as of March 15), 2021 and 2022. Two forms of violence in particular seem to be on the increase: violence against objects (+13% in 2022) and violence against children (+6% between 2021 and 2022). This increase may reflect the dynamics of confinement and/or post-confinement violence.

Violence	2020 (%)	2021 (%)	2022 (%)
Physical	73.22	76.19	75.68
Verbal	66.53	66.98	64.86
Psychological	31.8	32.7	33.78
Object	15.06	33.65	38.51
Control	14.64	14.92	14.86
Economic	4.6	3.81	5.41
Conjugal	3.77	2.54	4.05
Child abuse	14.64	12.06	18.24
Harassment	8.79	6.98	8.78
Sexual	4.18	3.81	3.38
No recognition	5.86	2.54	4.05
Bidirectional	1.67	2.22	1.35

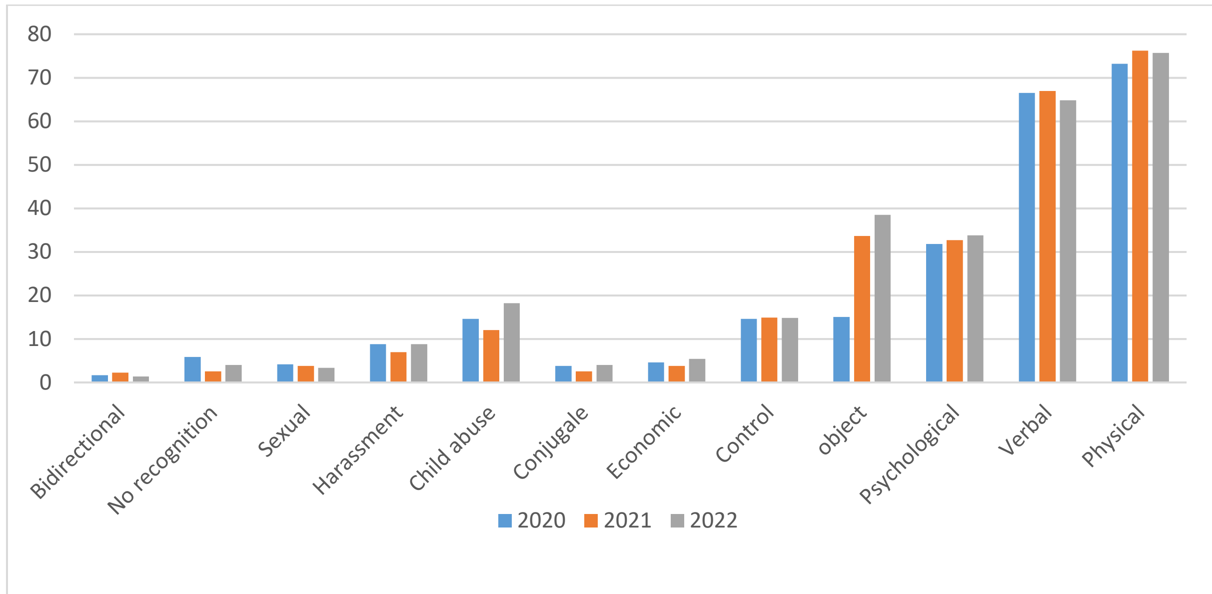


Figure 3. Forms of violence by year (%)

More often than not, it involves a **combination of several forms of violence.**

Polyviolences	2020 (%)	2021 (%)	2022 (%)
One	13.81	19.05	21.62
Two	20.5	22.22	16.22
Tree	23.43	18.78	11.49
Four	16.32	20.32	25
Five	10.04	9.52	10.14
Six	2.51	3.17	4.05
Seven	2.09	0.63	2.07
Eight	0.42	0.32	-
Nine	0.42	-	-

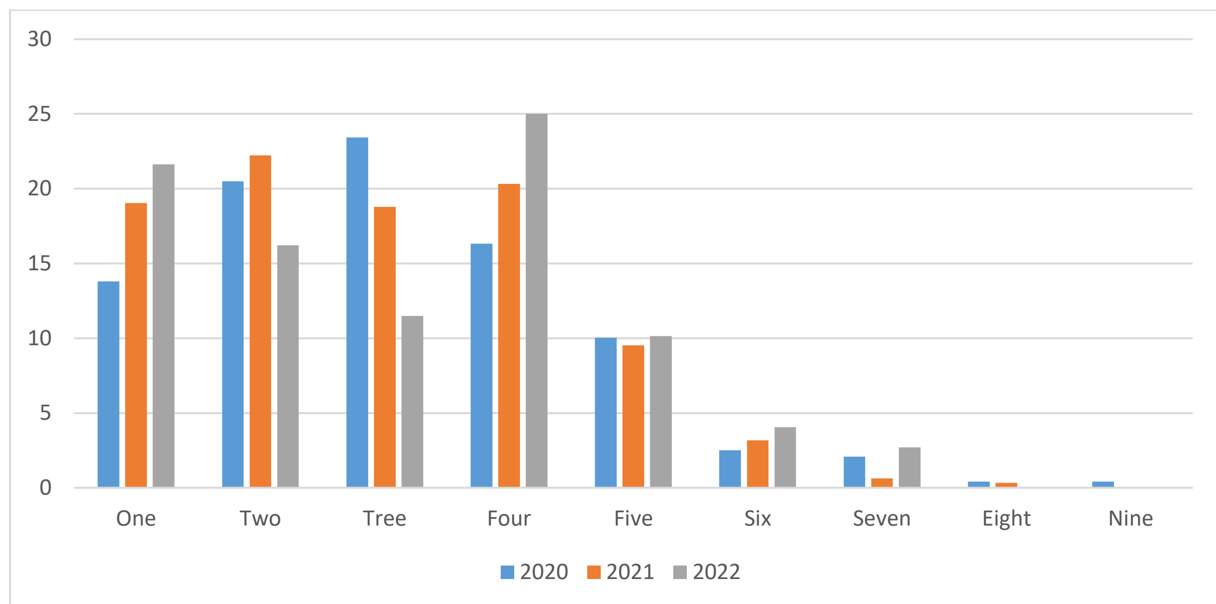


Figure 4. Polyviolences per year (%)

3.3. Presence of toxic substances

A **third of the files mention the presence of toxic substances in the context of the act**. Depending on gender, the figure is 24% in the female sample and 35% in the male sample. The most common toxic substance in the files is **alcohol** (25.34%).

Alcohol is also associated with other substances such as cannabis (1.28%), drugs (1.62%), medication (1.28%), drugs and medication (0.09%) or THC (0.09%). There is also mention of cannabis use (2.3%), hard drugs (heroin, cocaine, amphetamines, etc.) (0.94%), other unspecified drugs (0.09%), medicines (antidepressants) (0.34%), tobacco (0.09%) or chicha (0.09%).

3.4. Program progress

In 31% of cases, the training was incomplete (i.e. participants did not complete the 44 hours of training). In 41% of cases, the training has been completed. Twelve percent of files are in the preparatory phase of training and 16% are progressing[48].

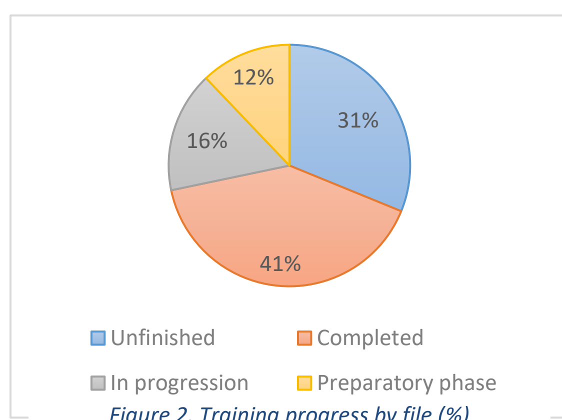


Figure 2. Training progress by file (%)

The files indicate an accumulation of 1h to 9h of training (41%), between 10h and 19h of training (44%), between 20h and 29h (6%), between 30h and 39h (7.4%), between 40h and 49h (1.29%) and more than 50 hours (0.94%).

The "over 60" age group accounts for the highest number of hours worked, for both men and women,

[48] In the total sample (N=1181) 42% of training courses are incomplete; 36% are completed, 9% are in the preparatory phase and 13% are progressing.

with an average of 33 hours. Across all age groups, "female" cases averaged 35 hours, while "male" cases averaged 23 hours.

In the sample,

- Seventy-nine percent of files where the author is a woman mention completed training, 38% when the author is a man.
- Twelve percent of male files are in the preparatory phase, and no female files.
- Five percent of female files are in progress, and 18% of male files.

It should be noted that, within Praxis, the training courses offered to women are exclusively closed groups. The "men's files" sample includes participants from both open and closed groups. The open groups offer 21 group sessions of 2 hours a week, and "extensive" work; while the closed groups correspond to 42 hours of group work spread over six scheduled Saturdays, and "intensive" work. What's more, while men can have access to both closed and open groups, female perpetrators of violence are only offered closed groups[49].

A higher percentage of completed training is found in penal mediation (48%), autonomous probation (47%) and probation (34.55%). In the case of autonomous probation, we also find a low rate of incomplete training (20%). The highest percentage of uncompleted training is in the case of alternatives to preventive detention (69.23%).

3.5. Reasons for interrupting training

In almost a third of the files in the sample, Praxis training was not completed. A content analysis of the speakers' notes in the files revealed various reasons for interruptions. These included :

- **Repeated absences (27.31%)**.
- Reasons for discontinuation of measures (12.96%): alternative to preventive detention not renewed, end of judicial measures, mediation revoked, end of suspended sentence, new criminal convictions, expiry/interruption of Praxis mandate or probation commission.
- Reasons for being unsuited to the group setting (12.06%): incompatibility with the group dynamic or Praxis philosophy, psychological fragility (anguish, anxiety in the group), unsuitable setting (group, lack of understanding of the French language).
- A lack of recognition of the facts (10.19%)
- A lack of availability (9.26%): change of job, change of address, specific family situation, lack of resources in terms of transport or childcare.

4. Study of voluntary files between March 15, 2020 and December 2022

Of the total sample of files (N=1181), 310 are voluntary files (N=186) or files with no judgment/referral date (N=124).

Voluntary files[50] :

Opening the Praxis file:	Praxis file closure:
2020 (after March 15th) : N=38	2020 : N=10
2021 : N=77	2021 : N=58
2022 : N=71	2022 : N=81

[49] http://www.asblpraxis.be/pour-particuliers/groupes-responsabilisation
[50] Only files encoded as "voluntary" were analysed.

	DM[51] : N=37

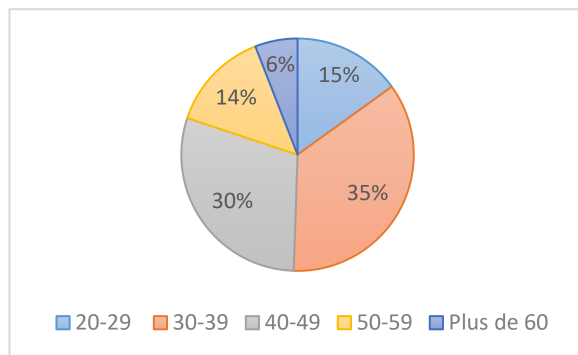


Figure 3. Age range of participants (%) (N=186)

In the sample as a whole, 89.25% were men and 10.75% women. They ranged in age from 23 to 88 years[52] :

- Between 23 and 29 years = 15.05%
- Between **30** and **39** years = 35.48%
- Between 40 and 49 years = 29.57%
- Between 50 and 59 years = 13.98%
- Over 60 years = 5.91%

In 75.81% of cases, the file is the participant's only one, but in other cases there are two (17.74%), three (4.30%), four (1.61%) or five (0.45%) files open in the participant's name. The files mainly come from the districts of Liège (37.63%) and Brussels (34.95%).

4.1. Profiles of violence

In the voluntary sample, physical violence was reported in 62.90% of cases, and verbal violence in 65.05%. Psychological violence was mentioned in 43.55% of cases, and violence against objects in over a third of cases (34.41%). Violence against children (15.05%), control (13.98%) and other violence (10.75%). Finally, there was sexual violence (8.60%), undefined domestic violence (7.53%), cases where violence was not recognised (3.23%), harassment (2.69%), economic violence (2.15%), but no two-way violence[53].

Just under a quarter of these files describe a combination of 4 forms of violence (23.66%), and almost a fifth of the files three (19.89%) or two (16.13%) forms of violence. Others present only one (10.22%), five (6.99%), seven (1.61%) or eight (0.54%) forms of violence. In 17.20% of cases, the data was missing.

4.2. Presence of toxic substances

Nearly a third of the cases reported the **presence of toxic substances in the context of the events (28.49%)**, but slightly more reported the presence of no products (33.33%). The toxic substance most present in the files is **alcohol** (19.89%).

Alcohol is also associated with other toxic substances, such as cannabis (1.61%), drugs (2.15%) and medication (0.54%). Cannabis (1.08%) and hard drugs (heroin, cocaine, amphetamines, etc.) (1.08%) were also mentioned. In 3.23% of cases, the caseworker reports having no information on the nature of the drug used (PI), and in 38.71% of cases the information is missing.

[51] In the case of the latter, either the information was not provided by the operator, or the file has not been closed.
[52] The age distribution is similar to the sample of court cases.
[53] The percentages are similar to those found in the sample of court cases.

4.3. Training progress

In more than half the cases, training is **incomplete (57.53%)**, completed in 22.58%, in progress in almost 10% (9.68%) or in the preparatory phase (10.22%).

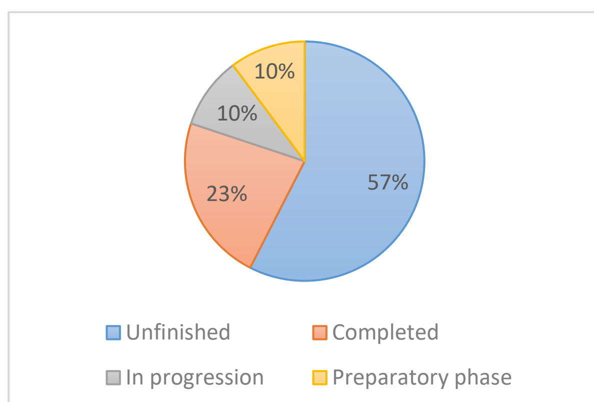


Figure 5. Training progress by file (%) (N =186)

In the case of incomplete courses, the reasons for interruption are varied. Mainly **absences** (51.40%) or at the request of the beneficiary (23.36%). Other reasons were unavailability (7.48%), unsuitability for group dynamics (4.67%), non-compliance with the framework (1.87%), start of individual follow-up (1.87%) or group closure (1.87%).

5. Review of Covid files

In the sample of files opened on or after March 15, 2020, 23 files include the terms "Covid", "Confinement" or "Pandemic" in the stakeholder's notes.

These are court cases involving male perpetrators aged between 33 and 69 :

- Between 33 et 39 years : N=6
- Between 40 et 49 years : N=7
- Between 50 et 59 years : N=6
- Over 60 years : N=4

Cases were opened as part of a probation measure (N=12), penal mediation (N=9), alternative to preventive detention (N=1) or autonomous probation sentence (N=1); in 2020 (N=10), 2021 (N=8) and 2022 (N=5).

Opening the Praxis file:	Praxis file closure:
2020 (after March 15th) : N=4	-
2021 : N=11	2021 : N=10
2022 : N=8	2022 : N=7
	DM[54] : N=6

In 20 cases, the file is the participant's only file, but some have two (N=2) or three (N=1) open files.

Ten courses have been completed, two are in progress and three are in the preparatory phase. Seven courses have not been completed, for a variety of reasons: absence of the participant (N=2),

[54] In the case of the latter, either the information was not provided by the operator, or the file has not been closed.

unsuitability for the group (N=2), interruption of the measure (N=2) or failure to acknowledge the facts (N=1).

5.1. Profiles of violence

These cases involved domestic violence against ascendants or descendants, and marital violence with or without child witnesses. In the sample, 21 out of 23 cases involved physical and verbal violence. There was also psychological violence (N=8), violence against objects (N=7), control violence (N=5), unspecified conjugal violence (N=2), two-way violence (N=2), violence against children (N=1), harassment (N=1), sexual violence (N=1), no violence (N=1) or other forms of violence (N=6).

Thirteen of the 23 files (56%) mention acts committed in a context of consumption, mainly of alcohol or alcohol combined with other substances (medication, anxiolytics). Nearly two-thirds of the sample. The percentages of court-ordered and voluntary cases during the Covid period were close to one-third of the sample. Six of these files show three forms of violence. Others report five forms of violence (N=5), four (N=4), two (N=4), one (N =3) or six forms of violence (n=1).

6. Conclusions

Over the period from March 15 2020 to January 2023, the files of 979 perpetrators of violence were extracted from the database. Few cases are opened for repeat offences since for the majority files it was a single file opened for the users. However, the data on training progress for court-ordered and voluntary cases differ. In the case of the former, one-third of training sessions are incomplete, while in the case of the latter, nearly two-thirds are incomplete. If, the absence of coercion is associated with earlier abandonment of Praxis training, a higher percentage of completed training is found in penal mediation autonomous probation and probation.

With regard to our question and the impact of Covid on the violence trajectories of perpetrators of partner violence, analyses of various judicial and voluntary files show that, of all the files, few highlight the influence of the crisis on the dynamics is not noted by the interveners, the Covid crisis is not identified by the perpetrators and then by the professionals as being determinants of the dynamics and violence experienced during this period. None of the voluntary cases mentioned anything to do with Covid or confinement.

Overall based on COVID files, in terms of violence, the violence and consumption profiles of voluntary cases are also similar to those of court cases. Physical and verbal violence are the most common. These forms of violence appeared in contexts of tension or violence prior to the Covid period. Tensions linked to gambling problems, separation and child custody situations, or tensions linked to money problems. In some cases, a dynamic of violence (bidirectional, control linked to jealousy). The Covid period is associated with other types of tension linked to job loss, the difficulty of going abroad, and a new way of life that involves reducing outdoor activities, adapting to health measures or being confined to one's home. Confinement was a time of changing rhythms and dynamics within couples. Tensions were exacerbated, and the period was "difficult to live with", with unhappiness and depression. Not being able to go out was complicated and felt as a form of "oppression". In this context, violence escalated more quickly. The Covid period and its confinements were, in some cases, an opportunity to reduce party outings and consumption possibilities, while other participants testify to having increased their consumption of alcohol and anxiolytics during this period. Moreover, more than half the files mentioning terms directly associated with Covid mention the presence of toxic substances, including alcohol. In these contexts, confinement was an aggravating factor in consumption. This, combined with new forms of pressure within the couple and new feelings, such as oppression due to confinement, may have been a precipitating factor in the act.

V. PROFESSIONAL PRACTICES AND EXPERIENCES OF PSYCHOSOCIAL AND (PARA)MEDICAL PRACTITIONERS IN FRENCH- AND DUTCH-SPEAKING BELGIUM DURING THE COVID PERIOD

The aim of this study is to assess the changes in practices, innovations and new measures developed in response to the covid-19 crisis, as well as maintaining or abandoning them in the post-pandemic period in the psycho-social and (para)medical sectors. To this end, a survey has been distributed throughout Belgium to professionals in the psycho-social and (para)medical sectors, in order to (1) complete the inventory of measures officially recommended for the pandemic crisis period (confinement and post- confinement), by listing known actions that have actually been implemented. (2) To help objectivise as far as possible the profiles of IPV situations managed within different institutions. (3) To provide an initial indication of how stakeholders perceive the effectiveness, efficiency and relevance of measures taken in relation to situations of violence.

1. Methodology

1.1. Sample

A questionnaire was proposed to a group of professionals in the medical and paramedical (pharmacists) sectors working in Belgium. It was sent to all psychologists and social workers working in the field of partner violence, sexual violence and violence against women, shelters for victims of violence, as well as to other structures likely to have been confronted with situations of partner violence during the COVID period (legal aid services, Center for General Welfare (Centrum Algemeen Welzijnswerk, CAW), Public social action center (CPAS), family planning centers (FJC), etc.).

1.2. Recruitment

Various strategies were used to recruit participants from the targeted groups of professionals. On the basis of the mapping carried out during the IPV-PRO&POL research, which forms part of this project, a database was created containing the contacts of 700 health and psychosocial intervention players throughout Belgium. In addition, various platforms were contacted directly, by email or telephone, such as professional federations (pharmacies, the federation of doctors, family planning, etc.), advertisements on specialised websites or professional interfaces such as LinkedIn and the ULiège interface were shared, resulting in a snowball effect. The eleven provincial gender equality and equal opportunities coordinators were another channel for disseminating information to specialist associations. Finally, telephone contacts and emails were also sent directly to various front-line practitioners and associations chosen at random, using professional information found on the Internet, to present the research and its objectives and to ask for their agreement to participate in and disseminate the survey.

2. Method: online questionnaire with closed and open questions

The research team developed an anonymous online questionnaire in French and Dutch, consisting of open and closed questions and lasting around forty minutes. A paper version of the questionnaire could be sent on request. The questionnaires were systematically accompanied by a written presentation (on paper or by email) of the research. The questionnaires were sent to professionals directly or via the coordinating bodies, their federations or the institution in which they work. These institutions acted as mediators and did not receive any feedback regarding participation in the research. Participants were free to answer the questionnaire or not. In the event of questions from the professional, the researcher's email address and telephone number were given at the beginning and end of the questionnaire. In addition, all participants completed an informed consent form, either on paper or electronically, at the beginning of the questionnaire.

2.1. Questionnaire

The questionnaire was designed to address the context and modalities of interventions over three periods: (1) the period of strict confinement, (2) during the crisis and (3) after the Covid-19 crisis.

(1) The period of strict confinement = March 2020 - May 2020

(2) During the crisis COVID-19 = October 2020 - February 2022

(3) Lifting of measures = March 2022 – December 2022

Divided into four sections of questions, each session addresses these three periods from different angles (see appendix 17, "Professional practices and experiences of psychosocial and (para)medical practitioners in French- and Dutch-speaking Belgium during the Covid period questionnaires").

Section 1: Socio-demographic data

The first part of the questionnaire was designed to gather information on the socio-demographic characteristics of the participants and the public they meet in the course of their work. This section closes with a question introducing the COVID-19 theme and identifying the professional's position on the impact of the crisis on his or her practices in dealing with partner violence.

Section 2: Situations of violence and intervention

The second part of the questionnaire collected data on the situations of partner violence encountered by professionals, and on the interventions developed during the pandemic period, in particular by means of a validated clinical vignette (Hamel, Desmarais & Nicholls, 2007) which questioned intervention procedures during the strict confinement period (March 2020-May 2020) and the post-confinement period (October 2020-February 2022). Other questions addressed difficulties during and after the strict confinement period, as well as the development of new practices.

Section 3: Knowledge, relevance and maintenance of devices developed during the Covid period

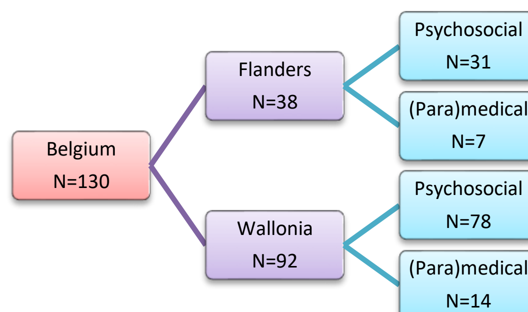
In the third section of the questionnaire, a table proposed a list of 21 schemes developed during the COVID-19 crisis for the management of partner violence, their awareness, usefulness and relevance. Participants were also asked about the referral (increase, decrease, stabilisation) of their patients/beneficiaries to a list of different professionals from the psycho-social, (para)medical and legal sectors (psychologist, doctor, legal workers, public prosecutor, helpline, peer help, etc.) and about the quality of contacts with these different professionals.

Section 4: Practitioners' sense of confidence

A final section assessed practitioners' confidence in their knowledge and resources for dealing with partner violence with the Bandura's Self Efficacy Scale. Finally, respondents were able to share their recommendations and needs for the management of violence between partners, perpetrators and victims. Data collection via the ULiège web interface required consent via the procedure defined by the University of Liège ethics committee at the start of the survey. Descriptive analysis of the survey data was carried out using Excel software.

2.2. Respondents

The questionnaire was distributed online from June 2022 to December 2022, with a total of 1,652 clicks, 266 respondents and 130 completed questionnaires.



Sector	Languages	Number of clicks	Respondents	Questionnaires completed
Psychosocial	FR	530	154	78
	Du	363	68	31
(Para)medical	FR	327	29	14
	Du	405	15	7

3. Practices and experiences of psychosocial workers in FWB

3.1. Respondent profiles

One hundred and fifty-four psychosocial professionals (N=154), women (86%) and men (12%), responded to the online questionnaire. Average age 40. Among them were justice assistants, psychologists, educators, social workers, criminologists, social workers, etc. working in various structures: Justice house (i.e. Maison de Justice[55]) (N=44), shelters (N=20), services for victims or perpetrators of violence between partners (N=9), SAJ (N=9), shelters (N=7), helplines (N=3) and others (full table See appendix 18, "Sample French-speaking psychosocial sector").

A third of respondents have between 1 and 5 years' experience (31.13%) in the structure where they work. Just under another third have been working for more than 20 years (27.15%). Others have been working for 11 to 15 years (13.91%); 6 to 10 years (13.91%); 16 to 20 years (7.28%) or less than a year (6.62%).

They work in the provinces of Liège (37.09%); the city of Brussels (23.18%); the province of Hainaut (16.56%); Brabant Wallon (11.92%), Namur (7.28%) or Luxembourg (3.97%). Just over half the sample work in urban environments (city or suburbs) (54.3%). A further 40.4% work in a semi-urban environment (medium-sized city) and 5.3% in a rural environment (countryside).

[55] “Maisons de justice” are structures designed to provide a local judicial presence and guarantee citizens' access to the law

3.2. Profiles of violent situations

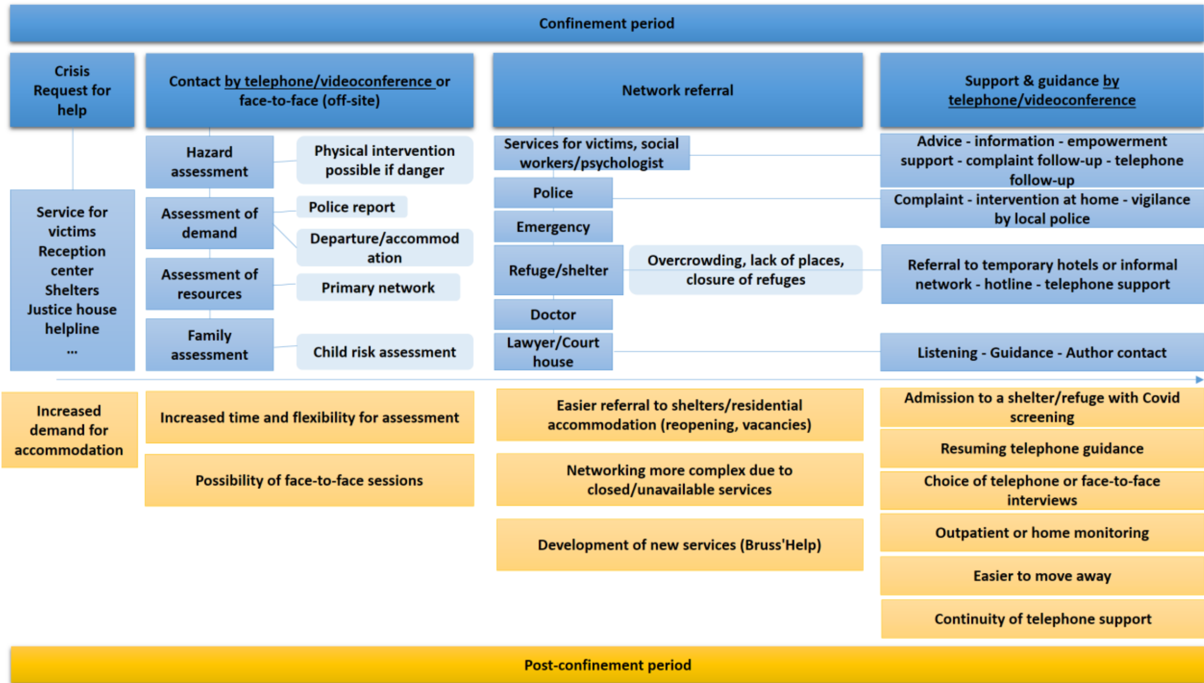
3.2.1. *Beneficiary profiles*

Two-thirds of practitioners consider that they are confronted, in the course of their work, with vulnerable (41%) or very vulnerable (19.87%) profiles. More than a third of respondents say they work with a diversity of social and economic profiles (38.41%), and almost none with relatively well-off profiles (0.66%).

3.2.2. *Attendance at the centre in times of crisis*

During the period of strict confinement, the number of patients/beneficiaries was deemed stable (37%), increasing (23%) or decreasing (17%) by respondents. During the deconfinement and post-Covid periods, more professionals (40% and 35% respectively) perceived an increase in the number of patients/beneficiaries. The number of professionals who perceived a stabilisation in the number of beneficiaries also increased slightly: 41% in the post-confinement period and 45% in the post-Covid period. At the same time, fewer of them perceived a drop in use after the periods of strict confinement (see appendix 19, "Use of services according to the three periods in the French-speaking psychosocial sector").

3.3. Intervention in times of crisis



3.3.1. *Situations of violence encountered in times of crisis*

During the COVID-19 crisis (period of strict confinement and post-confinement (March 2020-February 2022)), 64.1% of the professionals did not perceive any change in terms of the dynamics or form of violence. Conversely, 35.9% of professionals perceived a change. The lack of freedom or activity, the financial difficulties caused by job loss, and the deterioration in mental health as a result of living conditions during the Covid period have had an impact on marital dynamics and violence, with an exacerbation of nervousness, irritability and, as a result, conflicts within the couple. The exacerbation of tensions is associated with a worsening of co-morbidities (mental illness, depression, addiction) and

promiscuity, increasing the risk of violence. Respondents said that they had perceived an increase in acts against women/girls, serious situations, sexual violence and (cyber)harassment due to confinement in restricted spaces. This was also the case for violence in public spaces or against disadvantaged groups. Respondents also pointed to the appearance of lulls, with confinement no longer requiring control of the partner. COVID has opened the door to new forms of violence, such as using outings or the victim's departure for foster care to discredit her in the eyes of the legal authorities, making her look like an irresponsible mother. Home schooling also appears to be a stress factor. Parents have found themselves without support and on their own, faced with an accumulation of frustrations related to their children. Some respondents pointed to an increase in domestic violence, including violence by teenagers against their mothers. Victims were more vulnerable because it was impossible to escape or have moments of respite. For new arrivals, it was impossible to create a network, which exacerbated situations of confinement and domination. For victims, it was all the more difficult to lodge a complaint or contact support services (because of the spouse's constant presence). Situations deteriorate, leading to more severe violence when help is sought. Respondents perceived an increase in urgent requests and post-confinement requests, from volunteers or legal cases. The situations were more serious, more intense and more difficult. Some pointed to an increase in the disclosure of violent situations during strict confinement, potentially linked to the exacerbation of emotions, but also due to former victims speaking out or increased mobilisation.

3.3.2. Partner violence and confinement (strict confinement period, March 2020-May 2020)

1) Support services for victims/perpetrators of partner violence.

The workers highlighted situations where female victims were seeking help, fleeing in search of accommodation or asking to be separated from their partners. Tensions within couples were linked to child-rearing and the lack of "breathing space" within the couple. These services have adapted by setting up telephone helplines or initiating emergency care in shelters. They have noted an increase in the number of decisions to remove people from their homes, the difficulty of finding housing solutions and the lengthening time it takes to process legal cases. Others have not been approached for any situation, and report a lack of reception and appeal.

2) Reception center.

Speakers met women who had been refused help by the police, and homeless people seeking refuge. Victims were confronted with a lack of solutions and places in shelters to ensure their safe departure. As it was impossible to take in new residents, we gave priority to ongoing or post-housing follow-up.

3) Shelters for victims of partner violence.

The workers were called in to take care of women with children in crisis and leaving situations, particularly at night, in search of safety. These interventions were carried out by telephone and involved a request for police intervention.

4) Helpline.

Crisis calls, isolation and despair have increased, and resources have dwindled. Workers have adapted to accommodate the helplessness of beneficiaries, while coping with the helplessness of professionals themselves.

5) Justice House.

The situations are many and varied, involving precarious situations, housing that is too small and the constant presence of children. They have been called upon by female victims in the context of conflicts between couples involving insults and blows, to follow up complaints, probationary measures and divorce proceedings. Some respondents consider that confinement has had an impact on the dynamics of violence (tensions within families, inability to leave the home). They also underlined the fear experienced by victims who, although relieved when their spouse left the home, feared being contaminated by the virus. In spite of this, they continued to intervene, notably by proactively contacting victims by telephone (introducing the service, explaining procedures, sharing information on PR decisions). They proposed zoom interviews, and made regular calls to check on victims. Despite

the prioritization of VC/VIP cases, they noted an increase in procedural delays (during which the parties were sometimes obliged to cohabit). Victims were mainly referred to their entourage.

6) Others.

Other respondents from different departments (« Service d'aide à la jeunesse » (SAJ), « Service de protection de la jeunesse » (SPJ), « Services résidentiels généraux » (SGR), outreach services «(service d'action en milieu ouvert, AMO), psycho-medical social center (PMS), alternative measures supervision, etc.) were confronted with situations involving female victims with children or teenagers in family conflicts. Confinement has had an impact on the dynamics of violence in families, mainly due to financial insecurity (job loss). An increase in the frequency and severity of violence was perceived. Interventions by these services were switched to telephone helplines or vision conferences.

<u>Summary</u>

Situations encountered: Precarious situations (loss of employment, housing too small with children permanently present, lack of "breathing space" within the couple) leading to increased tension and violence within families.

Observation: Increase in crisis calls and decrease in resources (difficulty in finding housing solutions, lack of places in shelters, impossibility of taking in new boarders). Increasing number of decisions to remove people from their homes and longer processing times for legal cases, leading to isolation and a growing sense of despair among victims.

Adaptations: Development of tools and new ways of working (telephone helplines, proactive and regular contacts) and referral to primary resources (entourage) or the police. Particular attention to the helplessness of beneficiaries and professionals.

3.4. Changes in practices

3.4.1. Adapting practices

When it comes to partner violence, just over two-thirds of respondents (N=154) felt that their involvement in the issue had not changed (64%), while a quarter of professionals (25%) felt that they had become more attentive to situations of violence since the crisis, 6% had had less time to devote to the issue because of a work overload, and 3% had gone so far as to reconsider their choice of pursuing a career in the psycho-social sector.

More than half the respondents (56.41%) said that they had adapted the way they carried out their work in relation to violence between partners. Most of them have had to work remotely. Videoconferencing tools were used for interviews and team meetings. Contact with victims could be made via social networks or text messages. Teleworking meant that they had to deal with crises but without access to the field. Many of them have developed a system similar to that of an emergency service (a system that has sometimes been perpetuated within the organisation). An emergency activated by social networks, the media and wider awareness of the problem with the distribution of emergency numbers. Respondents perceived an increase in the number of interventions in the acute crisis phase and in the frequency of requests for help, associated with a certain sense of unease on the part of the people concerned, while the fact that they were dealt with by telephone made it even more difficult to objectify the violence. In addition, the presence of a partner at home and the digital divide had an impact on help-seeking and follow-up. Other services conducted interviews off-site, spaced out meetings or reduced the number of participants in groups/activities in order to respect safety

distances. Some services had to stop running community workshops and groups, and psycho-educational activities were put on the back burner for a while. Work and tools for use in the home were proposed, as well as activities and tools to reduce tension. The support workers had to be on hand at all times, and stepped up their presence with families and their telephone calls. Workers said they paid more attention to families in domestic disputes and to children who had witnessed domestic violence, as well as to how people were coping with the crisis and confinement. In some cases, workers were proactive in phoning the families they were concerned about. In high-risk situations, people were referred to shelters, emergency facilities or temporary hotels. The advantage of these hotels was that they made up for the lack of accommodation, took in undocumented women or women with precarious administrative status, and were free of charge. In the shelters, the health precautions were associated with an increased workload for the staff, who had less time for educational work. Residents' health was the priority. The SENSANO[56] instructions were not adapted to all care homes. Finally, the respondents mentioned the difficulties of making contact with and mobilising certain services in the network, such as hospitals, the police, the CPAS, the SAJ and SPJ, drop-in centres and, more generally, the justice system.

3.4.2. Adapting practices in the psycho-social sector

Two-thirds of respondents (N=73) (60.27%) were aware of specific practices developed more widely by the psychosocial sector for dealing with situations of violence between partners during the COVID crisis (May 2020 - February 2022). They cited: remote interviews, the development of active listening by telephone, more regular requests for contact (lack of air bubbles) and videoconference interviews. Human contact was limited, and some regretted the recurrent use of technology (presence of the spouse at home, invalid solution, professional secrecy not always respected and the obligation to acquire equipment). Others see these measures as solutions to facilitate the steps taken by victims, particularly contact procedures (increase in the listening capacity of the 0800 line, provision of applications, increase in telephone reception and adaptation of their opening hours, mobile helplines and proactive services, dissemination of information). Administrative procedures at certain CPASs have also been facilitated and VIF cases have been prioritised, particularly in the SAJs. To cope with the saturation of the accommodation sector and the increase in demand, new places have been created in collaboration with hotels and local emergency services. Within the network, respondents noted improved collaboration between those working on the ground with victims, as well as awareness-raising and collaboration with intermediaries such as the pharmaceutical sector. They emphasised the mobilisation of provincial platforms to make information more accessible and more readily available.

Despite everything, the local network has proved resilient, and has been strengthened by exchanges between colleagues. The Covid crisis is said to have led to a wave of awareness in Europe, notably through campaigns. This has raised the profile of services and increased vigilance. This political and societal awareness helped to release funds and relaunch projects (risk assessment tools, STOPP VIF[57] platform).

In summary

Practices developed in the psycho-social sector:

- Remote interviews.
- Active and regular listening by telephone/videoconference.

[56] Sciensano is a public institution that focus on the interconnection between human health and their environment (the "One health" concept). https://www.sciensano.be/en

[57]Field services working for the prevention and treatment of domestic violence within the municipalities and CPAS of the Secova police zone (Liège). https://www.chaudfontaine.be/ma-commune/prevention-securite/violences-conjugales-intrafamiliales/

- Increasing the listening capacity of the 0800 line and developing applications.
- Administrative procedures facilitated (CPAS) and VIF files prioritized (SAJ).
- New places created in collaboration with hotels and local services for emergency reception.
- Improved collaboration and strengthening of the local network.
- Awareness-raising (visibility and vigilance), political and societal awareness, enabling funds to be released and projects to be relaunched.

3.4.3. Adapting practices in the (para)medical sector

Nearly two thirds of respondents (N=73) (56.16%) were aware of specific practices developed more widely by the medical and paramedical sector for dealing with situations of partner violence during the COVID crisis period (May 2020 - February 2022). In particular, the mask-19 campaign. With this measure, pharmacists became relay contacts to provide help for victims, information and referral to support services. The password was used to identify oneself as a victim or as a person concerned by domestic violence, to report the need for help or the fact of being in danger. Some respondents said they were aware of awareness-raising campaigns and training courses for pharmacists to enable them to be more involved in dealing with domestic violence. While some thought this was an "excellent idea", others mentioned the lack of feedback on the impact of this measure (figures, feedback from pharmacists). One respondent called it a "decoy", saying that the measure had never been used, if at all. Another spoke of the helplessness of pharmacists when faced with victims. As far as doctors were concerned, the respondents noted an effort to raise awareness of the issue thanks to modules offered by the SSMG. They are also said to have changed their practices to protect their patients, and themselves, by consulting by telephone. Nevertheless, these practices have limited contact between doctors and their patients. Respondents explained that they had little knowledge of the changes made in this sector, and despite the media coverage of certain measures (mask-19), they said that they had not felt the effects.

<u>Summary</u>
Practices developed in the medical and paramedical sector:

- Mask-19 campaign, pharmacists have become relay contacts to provide help for victims, information and referral to support services.
    - Lack of feedback on the impact of these measures.
- Modules proposed by the SSMG.
- Telephone consultation.

3.4.4. Adapting practices in the judicial sector

Almost 40% of respondents (N=73) (39.73%) were aware of specific practices developed more widely by the judicial sector for dealing with situations of violence between partners during the COVID crisis period (May 2020 - February 2022). Sixty per cent said they had not. Respondents mentioned first and foremost the availability of police and police victim support services. There was also the possibility of lodging a complaint online. They were able to take charge of victims of violence in an emergency and contact them more systematically. The revisit was mentioned and questioned (how relevant and effective was it?). The support workers no longer had the opportunity to accompany victims to the police station during this period. The police assistance victims service (SAPV), who were more flexible, present and vigilant, were also mobilised, in particular to maintain contact with the victims. Some of them reportedly developed tools for assessing situations (checklists, colour codes). Other services, such as the SAJs, are reported to be less available, which is "a serious problem" for one respondent.
More generally, they noted an increase in awareness and training in the judicial sector (attention, vigilance, recording all complaints lodged). Greater severity towards the perpetrators of violence is

also described: prioritisation of these offences with a designated magistrate, special attention from investigating judges, more rapid referral to court, use of preventive detention and temporary interruption of residence (ITR). The development of collaboration and the possibility of case consultation between the judicial and social sectors are also mentioned.

Summary
Practices developed in the judicial sector:
- Availability and proactivity of police (revisit) and police victim support services.
- Online filing of complaints.
- Development of situation assessment tools
- Awareness-raising and training for the judicial sector (attention, vigilance, recording all complaints filed).
- Tougher penalties for perpetrators of violence.
- Development of collaboration between the judicial and social sectors.

3.4.5. Systems developed to deal with violence between partners

Stakeholders (N=70) were aware of few schemes developed during the COVID crisis. Less than 50% of respondents were aware of 15 of the 21 schemes presented (see appendix 20, "Table of devices in the French-speaking psychosocial sector"). The schemes that were least well known were those involving Flemish players (cooperation between CAW and Febelhair[58], extension of the Family Justice Ceners (FJCs), but also schemes linked to the paramedical sector, such as the development of a manual for doctors on dealing with IPV, the drawing up of a detailed medical certificate in cases of IPV or training/seminars for pharmacists on dealing with IPV situations. There was also very little awareness of the need for closer collaboration between the children's sector and the IPV sector, or of the development of IPV consultation tables. Measures such as online training/seminars for all professionals on dealing with IPV situations, the development of structures for dealing with sexual violence, the strengthening of the helpline for perpetrators of IPV, the strengthening of the helpline for professionals faced with IPV situations, the systematisation of police visits to the homes of victims/perpetrators of domestic violence, the development of applications/devices to monitor IPV (App Elle, Harassment/stalking Alarm), the development of risk assessment tools and the creation of a Domestic Violence Task Force are also not well known. On the other hand, the development of reception facilities for IPV victims, accommodation (hotels, places in CPASs, etc.), the helpline for IPV victims, hybrid consultations (video, telephone, etc.) and the development of awareness campaigns are known and have been assessed as needing to be maintained. Respondents' views on the masks-19 scheme are more nuanced: it is known, but fewer respondents consider that it should be maintained.

3.4.6. Collaborations

More often than not, workers consider that referrals of beneficiaries to the network decreased during the Covid crisis, regardless of the sector (with the exception of CAWs, FJCs and paire aidance, for which respondents considered that the question was not applicable) (see appendix 21, "Collaborations in the French-speaking psychosocial sector").

Concerning the quality of collaborations (See appendix 22, "Quality of contacts in the French-speaking psychosocial sector"):

[58] Febelhair supports and promotes the creativity, innovation and know-how of hairdressing professionals. The organization helps build a supportive community by offering training to its members. https://www.febelhair.org/fr

- Relations with the psychosocial/associative sector are judged "very good" by 34.29% and "good" by 28.57%.
- Relations with the paramedical sector were rated as good by 24.29%.
- Relations with the police were rated as "very good" by 24.29% of respondents and "good" by 21.43%.
- Relations with the judicial sector were rated as "good" by 21.43% and "acceptable" by 17.14%.
- Relations with the youth welfare sector were rated as "acceptable" by 21.43%.

Difficulties in making contact within the network (particularly with the medical sector), a lack of real meetings and over-systematic use of email or videoconferencing were deplored. The slowness of the judicial and youth welfare sectors was also highlighted, in particular because the risks incurred by children were not yet sufficiently taken into account. On the other hand, close collaboration within the same sector (particularly judicial or psychosocial) was mentioned by some respondents.

3.4.7. Difficulties

3.4.7.1. Difficulties during the strict confinement period (March 2020-May 2020)

1) Services that assist victims/authors of violence during partenaires.

The people involved in the project talked about the difficulty of remote monitoring, particularly due to the constant presence of the spouse and the use of technology. They explained that the work was mainly psychological support. They also talked about the difficulty of finding accommodation in crisis/emergency situations because of the cessation of reception, which could increase victims' anxiety.

Some teams have been cut back, while at the same time being faced with an increase in requests. Networking and collaboration between services was more difficult because of contacts by email, telephone or working hours, but also because of the closure of some front-line services. It was also difficult to understand how the services were organised, and it took them some time to adapt. One of them spoke of complaints that had not been recorded, and another of the distress of professionals faced with the feeling of abandonment of vulnerable families.

2) Reception centres.

Respondents stressed the impact of health measures on their work (compulsory quarantine, compulsory PCR test and distancing). In-house quarantine meant that residents had to be isolated in the nursing home and cut off from the outside world, which could represent an additional difficulty. Wearing a mask and social distancing were relational barriers that made therapeutic physical contact (such as holding hands) with patients impossible.

They noted the lack of availability of front-line services, which lengthened the time taken to process cases. The lack of space in emergency shelters and the consequent lack of rehousing options in crisis situations led to heightened anxiety, which care workers had to adapt to in order to manage the isolation of families. Monitoring was made more complex by the use of distance, technology and teleworking - which nevertheless enabled telephone monitoring to continue. The network had to be updated to provide remote support. Another issue that arose was the management of at-risk contacts between children and their fathers. Finally, the cessation of activities led to feelings of frustration and disappointment.

3) Shelters.

Professionals working in shelters for victims of partner violence spoke of their feelings of powerlessness and exhaustion during this period. They also underlined the difficulty of having to deal with an increase in requests while at the same time limiting the number of places available, all the more so as the media coverage of the IPV issue had, in their view, resulted in an activation of the emergency response.

4) Helpline.

Responders mention the difficulty, during strict confinement, of having to deal with emergencies without being trained to do so (for example, regarding the lifting of anonymity).

5) Justice House.

The legal assistants spoke of interviews that were only conducted by telephone or videoconference. This complicated contacts, risk assessment and victim referrals. Psychological care was also provided remotely, which could isolate victims. They highlight the fears of the victims, who were faced with the impossibility of preventive detention, the risk of reprisals and the limitation of resources, particularly their social network. They also point to little or no acknowledgement of the facts by the perpetrator. The adaptation and reorganisation of services has resulted in a loss of time between the commission of the offence and the handling of the case. It should be noted, however, that some respondents felt that the question did not apply to their situation or that they had not noticed any impact on the way victims were dealt with.

6) Others.

Other respondents from different services (SAJ, SPJ, SGR, AMO, PMS, alternative measures supervision) highlighted difficulties such as remote monitoring, accommodation, the impossibility of accompanying victims when they file a complaint and their experiences. With regard to remote monitoring, they emphasised a digital divide resulting in fewer opportunities for help. This form of follow-up made it more difficult to identify the violence by limiting the freedom of speech for victims, perpetrators and witnesses. It was also impossible to assess the context of the call for help. Accommodation was associated with a lack of perspective. It was also difficult for the workers to be the guarantors of the sanitary framework, to isolate the families, to reduce reception capacity in order to comply with health regulations and not to be able to provide the usual support. They expressed a feeling of loneliness, particularly within front-line services, and a feeling of abandonment, pointing to the closure of many other front-line services and the lack of emergency and informal solutions.

<u>Summary</u>

Victim care:

- Remote monitoring (permanent presence of spouse, digital divide, more difficult to assess danger).
- Wearing a mask and social distancing limit therapeutic contact.
- Finding accommodation in crisis/emergency situations.
- Longer processing times.
- Reduced teams vs. increased demand.
- Mediatisation and activation of the emergency.
- Dealing with emergencies without training.

Collaboration :

- Networking and collaboration between departments more difficult (contacts by e-mail, telephone or schedules, closure of front-line departments).
- Adapting to organisational changes (sanitary measures, mandatory quarantine, PCR testing and distancing).

Experiences :

- Isolation of families/victims in shelters.
- Distress of professionals faced with the feeling of abandonment by families.
- Feeling of powerlessness and exhaustion.
- Fears of victims faced with the impossibility of preventive detention.

3.4.7.2. Difficulties after the strict confinement period (March 2020-May 2020)

1) Support services for victims/perpetrators of partner violence.

Respondents were confronted with the difficulty of managing health measures: wearing a mask during the consultation, which prevented them from seeing the beneficiary, the impossibility of

accompanying victims when filing a complaint or during court proceedings, among other things. Some respondents explained that reception was still not possible in some of the facilities due to low demand, but others reported an increase in demand following decontamination. The latter said that they had not had enough time for individualised care and that the waiting list had grown longer despite the return to a normal working rhythm. The second confinement was considered less difficult: better management of emergency situations, adaptation to the care of perpetrators, particularly at home. Remote monitoring remained difficult to manage anxiety and made it impossible to organise discussion groups. Networking remained difficult because of the reduced accessibility of services (opening hours, restrictions on face-to-face hours).

2) Reception centre.

The impact of health measures (quarantine, PCR tests, distancing), the lack of availability of the network with the restriction of duty hours, teleworking, the impossibility of mobilising community resources and the delays in post-accommodation administrative/judicial procedures are the difficulties brought up by the participants.

They also mentioned the increase in requests in the post-confinement period and the lack of accommodation and reception facilities. Some also stressed that they had perceived an increase in pressure due to confinement, with an intensification of situations of domestic violence and child abuse/neglect.

3) Shelters.

Professionals spoke of the multiplication of health procedures and the management of COVID cases in accommodation.

4) Helpline.

Helpline operators talked about managing stress and fatigue.

5) Justice House.

Legal assistants working in Justice House have been confronted with the same fears of reprisals from victims because of the impossibility of preventive detention, delays in handling cases but also, unlike the period of confinement, the waiting list in the relay services and the work overload. Others said they had nothing to report

6) Others.

Other respondents from different services (SAJ, SPJ, SGR, AMO, PMS, alternative measures supervision) commented on the increase in requests for post-crisis assistance, accommodation (difficulty in redirecting women/children after the closure of free temporary hotels to paying hostels). They also note the slowdown in the provision of care, the long response times, the waiting list for IPV cases and the backlog. Others point to the development of VIF collaboration networks.

Summary

Management:

- Management of sanitary measures (quarantine, PCR testing, distancing).
- Increase in requests following deconfinement and lengthening of waiting lists.
- Remote follow-up to manage anxiety.
- Discussion groups impossible to organise.
- Difficulty in redirecting clients from free temporary hotels to paying hostels.
- Delays in post-accommodation administrative/legal procedures.

Collaboration:

- Networking (reduced accessibility of services).
- Inability to mobilise community resources.

Experience:

- Stress and fatigue management.
- Fears of reprisals from victims due to the impossibility of preventive detention.

3.4.8. Professionals' sense of confidence

When it comes to dealing with violence between partners, psychosocial workers (n=67) report a fairly high level of confidence in their knowledge and skills with regard to IPV (between 7.32 and 7.11 on a scale of 10), as well as in their ability to identify their patients/beneficiaries in a situation of IPV (7.64 on average). Their confidence in their resources to provide care, their resources to refer and their ability to help their patients/beneficiaries in an IPV situation decreased between the period before COVID and during COVID, from moderate (6.54) to average (5.65) for care resources; from rather high (7.32) to average (5.65) for referral, and from rather high (7.62) to moderate (6.32) for their ability to help their patients.

In the IPV field	**Before the crisis (X)**		**During the crisis (X)**
Sufficient knowledge and skills	7.32	=	7.11
Resources needed to provide care	6.54	=	5.65
Resources needed for orientation	7.32	=	5.65
Ability to identify IPV situations	7.94	=	7.34
Ability to help my patients/beneficiaries	7.62	>	6.32

3.5. Recommendations

3.5.1. Recommendations and needs of professionals in the psycho-social sector for dealing with partner violence

- Increased emergency housing and mobile service.
- Supervision and consultation.
- Networking and relays in high-risk situations.
- Financial resources.
- Training and continuing education.
- More training courses and financial support for training.
- Training for the legal sector.
- Childcare professionals.
- Increased work time and resources/tools (assessment of dangerousness, summary sheets outlining the missions of network players).
- Human-centered consideration and practices.
- Prevent compassion fatigue.

3.5.2. Recommendations for treating victims of violence

- Application of zero tolerance towards perpetrators of domestic violence.
- Importance of considering the situation as a whole.
- Recognition of the dangerousness and impact of violence on children.
- Dangerousness assessment.
- Referral to victim support services (care by a specialized professional and psychological follow-up of relational trauma).
- Reduce waiting lists.
- Increase the number of shelters.
- Medical examination.
- Awareness-raising and training on domestic violence for legal professionals.
- Consultation with the judiciary, specialized services and political players.
- Increase the resources of the justice system to promote responsiveness and efficiency.
- Respecting the victim's rhythm.
- Believe and legitimise victims' experiences.

- Facilitate the process of leaving (more direct assistance, foster care, temporary interruption of residence).
- Enable victims to focus on themselves and use their personal resources to counter psychological and emotional dependence.
- Consider the situation as a whole (economic, administrative and cultural dependence).
- Time to build trust and enable victims to confide in us.

3.5.3. Recommendations for the treatment of perpetrators of violence

- Application of zero tolerance
- Sanction and accountability from the very first complaint.
- Addiction treatment and anger management
- Therapeutic approach to relational and systemic trauma
- Support groups for men in separation and parenting situations
- Video-conferencing for rural residents
- Obligatory Praxis therapeutic follow-up
- Crisis accommodation adapted to judicial rhythm
- Raising media awareness
- Diversification of support services
- Systematisation of accountability work and accessibility of support/training services for perpetrators of violence
- Tailor training courses to the needs of the beneficiaries (offer of several languages or levels of French, for example).
- More individual training
- Training for front-line workers
- Importance of prevention campaigns

3.5.4. Comments

The health crisis highlighted the flaws in the healthcare system and also had the effect of an electroshock. They perceived a change in representations and mentalities, and an increase in public awareness, which made their work easier. Legal assistants also pointed out that the dynamics of couples make psycho-social intervention more complex and that domestic violence is a subject that is as complicated as it is important. Lastly, some regretted the lack of follow-up to complaints filed and the lack of information on the judicial procedure after the case has been referred to the maisons de justice. They feel that these services are not sufficiently well known, with the exception of their SAJ and SAPV partners. Lastly, respondents from different services stressed the importance of taking into account other groups, such as the homeless, and the difficulties experienced by front-line workers, particularly in identifying VC perpetrators/victims. One family planning worker pointed out that identifying violence and victimisation remains difficult for victims too.

4. Practices and experiences of psychosocial workers in Flanders

4.1. Respondent profiles

Sixty-eight professionals (N=67), mainly women (82%) but also men (13%) and those who did not specify their gender (5%), from the psychosocial sector responded to the online questionnaire. Average age: 39.5 years. These included CAW workers (N=20), FJC workers (N=7), partner violence workers (N=4) and justice centre workers (N=13) (full table see appendix 23, "Sample Dutch-speaking psychosocial sector").

Just over 40% of respondents (N=64) have between 1 and 5 years' experience (42.19%) in the structure where they work. Others have been working for more than 20 years (23.44%); 6 to 10 years (18.75%); 16 to 20 years (7.81%). Finally, they have been working for 11 to 15% (6.25%) or less than a year (1.56%).

They work in the provinces of Antwerp (37.5%); East Flanders (23.44%) and West Flanders (23.44%); the city of Brussels (12.5%) and Flemish Brabant (3.13%). A majority of the sample work in urban environments (city or suburbs) (53.13%). A further 45.31% work in semi-urban environments (medium-sized towns) and 1.56% in rural environments (countryside).

4.2. Profiles of violent situations

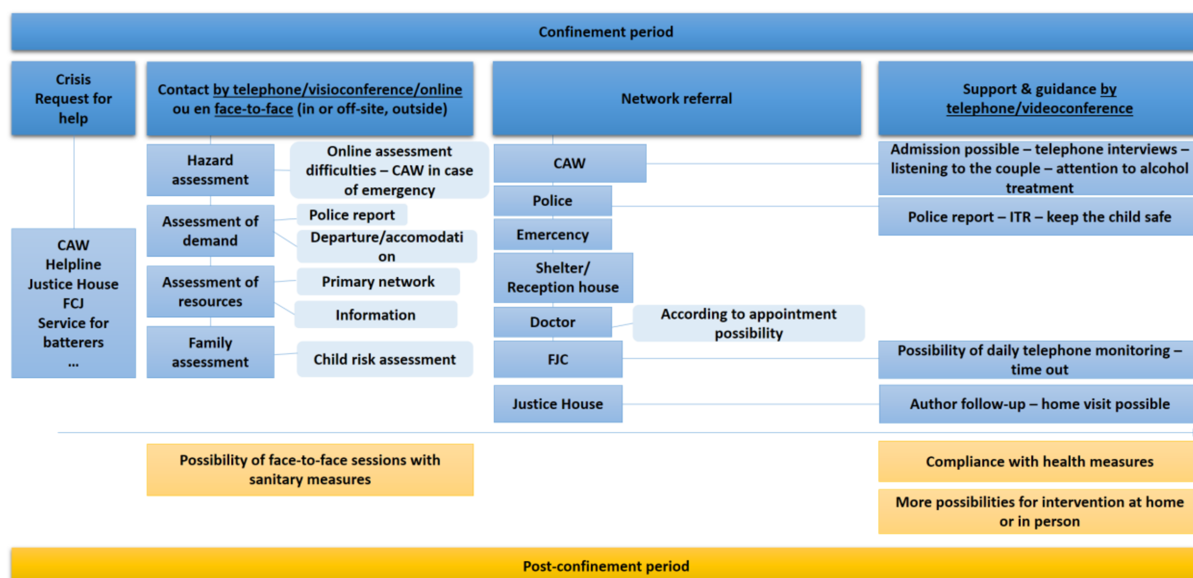
4.2.1. Patient profiles

Two-thirds of practitioners (N=64) feel they are confronted with a diversity of social and economic profiles in the course of their work (62.5%). A fifth of respondents say they work with profiles that are rather precarious (21.88%). Fourteen percent say they work with very precarious profiles and 1.56% with rather comfortable profiles.

4.2.2. Visits to the facility in times of crisis

Respondents from the psychosocial sector felt that the number of patients/beneficiaries of their services had remained stable during the confinement (48%) and post- confinement (57%) periods, as well as after the "COVID-19" crisis period (48%). In the post-crisis period, 42% of participants considered that they had noticed a reduction in visitor numbers, while fewer had noted this change during the confinement (23%) and post-confinement (30%) periods. During the confinement period, the greatest number of participants (one-fifth) perceived an increase in use of services (see appendix 24, "Use of services during the three periods Dutch-speaking psychosocial sector").

4.3. Intervention during the Covid period



4.3.1. Situations of violence encountered in times of crisis

With regard to the situations of violence with which they were confronted during the COVID-19 crisis (period of strict confinement and post-confinement (March 2020-February 2022)), 54.84% of the professionals perceived a change, compared with 45.16% who said they had not perceived any change in terms of the dynamics or form of violence. Respondents who had perceived changes in situations of violence emphasised the increase in tension, pressure, stress and frustration within couples as a result of confinement in restricted spaces and the impossibility of any "fall-back" option. Tension is associated with loss of leisure time, financial problems and increased alcohol consumption. The closure of schools was also seen as a risk factor for children who might be more exposed to violence. Forms of violence were perceived to be more extreme and more frequent - during and after confinement - in families who were considered to be 'on edge' or who were already being monitored. The escalation of violence was described as more rapid, the violence more serious and more often two-way. Respondents also mentioned the reduction in support resources in "ordinary" and outpatient settings. They perceived an increase in the time taken to request help (couples wait longer before asking for help) and an over-use of available aid, particularly emergency accommodation and shelters for women and children, highlighting at the same time the need for rapid crisis intervention. For those seeking help, the situation led to a feeling of despair, and for those providing help to a feeling of powerlessness. Two positive aspects of the confinement were highlighted by the workers: the closure of the cafés and the reduction in violence in couples who were not living together. Some also explained that they had noticed an increase in discussions about the problem of violence between partners, both among professionals and among private individuals, for whom violence was perhaps less of a taboo subject.

4.3.2. Partner violence and confinement (strict confinement period, March 2020-May 2020)

1) CAW.

Workers report an increase in calls to the 1712 call line for partner violence and police notifications after strict confinement. The situations encountered during this period included women victims of multiple violence, women with children confined by their partners, violence within vulnerable couples with children and substance abuse, couples with relationship difficulties (arguments and verbal abuse) due to confinement and mutual violence. The services provided were mainly focused on requests for emergency accommodation, shelter or referral to available shelters.

2) 1712 helpline.

They have had to deal with people who are frightened and worried neighbours. They have noted an increase in frustration, family tensions and, in their practices, in the number of calls in April 2022.

3) FJC.

These organisations have been called in to deal with situations of domestic violence and child abuse, as well as students experiencing difficulties with their parents (arguments, stress, lack of equipment for work). They explain that they have adapted their approach to safety (proactivity, proximity and availability), redefined the range of services available for VIF, and created additional accommodation centres for situations of acute domestic violence, with particular attention paid to children.

4) Justice House.

Legal assistants have been confronted with a wide range of situations, involving break-ups with conflicts over the division of property, couples in conflict, domestic violence, alcohol and prostitution. We also deal with female victims and men under temporary deportation orders (one man in particular is in an irregular situation). The services provided focus on counselling, escape situations, home visits and follow-up for violent partners. One of the respondents noted that, during this period, 90% of the cases involved domestic violence.

Summary

Statement:

- Increase in calls to the 1712 helpline
- Increased police notifications after strict confinement
- Increase in family frustrations and tensions

Situations encountered :

- Vulnerable couples with children and substance abuse problems
- Relationship difficulties due to confinement
- Mutual violence
- Fearful situations and worried neighbors
- Students experiencing difficulties with their parents (arguments, stress, lack of material to work with)
- Men under temporary house arrest

Adaptation:

- Handling requests for emergency accommodation and referral to available shelters
- Approach to safety (proactivity, proximity and availability)
- Redefinition of the offer of care for IPV (creation of additional shelters)
- Special attention to children
- Home visits

4.4. Changes in practices

4.4.1. Adapting practices

More than two thirds of respondents in the Dutch-speaking psychosocial sector felt that their involvement in domestic violence had not changed (67%). A quarter of the professionals considered that they had become more attentive to situations of violence since the crisis (25%), while 2% said that they had had less time to devote to the issue because of an overload of work and 2% went so far as to reconsider their choice of continuing their career in the psychosocial or associative sector. In the sample (N=31), just under half the respondents (41.94%) said that they had adapted the way they carried out their work in relation to violence between partners. In Flanders, the respondents mentioned the extension of crisis accommodation and the mobilisation of emergency aid, particularly from the police. They also highlighted adaptations to COVID measures such as hybrid interviews, the inclusion of additional care in their follow-up, and telephone and online helplines. With fewer home visits and fewer opportunities to seek help, the remote hotlines made it possible to assess risk and increase follow-up. Other strategies were developed, in particular for planning victims' departures and raising professionals' awareness of family-related issues. Group activities have either been adapted or discontinued. For some, collaborative work has intensified, with more frequent consultation tables in the FJCs to spread the number of requests and contact with less-available services, which required greater mobilisation of professionals. Conversely, 58.06% of respondents felt that they had not adapted their practices.

4.4.2. Adapting practices in the psycho-social sector

Almost half of the respondents (N=27) were aware of specific practices developed by the psycho-social sector (51.85%) (see appendix 25, “Table of Dutch-speaking psychosocial sector devices”). They highlighted the development of alternative shelters such as youth hostels, hotels or B&Bs. One of the respondents spoke of an organisational chart of shelters drawn up at the time. The speakers also adapted by offering remote follow-up via online, hybrid or outdoor conversations. Group work was also adapted. Some crisis reception services have been strengthened, particularly in terms of proximity and accessibility for applicants (free help in CAW for the refugee population). The Antwerp FJC has also

become a support centre for handling cases. And while some respondents expressed a feeling of loneliness in the field, others highlighted the new collaboration between the government, the CAWs and the FJCs. Public awareness of the 1712 helpline, the police and pharmacies was highlighted. Some workers have adapted their work to caring for families, for safety planning in cases of violence and abuse, and for providing complementary care. The remainder (48.15%) felt that they were not aware of any specific practices.

<u>Summary</u>
Practices developed in the psycho-social sector:

- Development of alternative shelters (youth hostels, hotels or B&Bs)
- Shelter organisation charts
- Remote follow-up (online, hybrid or outdoor conversations)
- Strengthening crisis reception (proximity and accessibility)
- New collaborations between government, CAWs and FJCs
- Raising public awareness of the 1712 helpline, police and pharmacies

4.4.3. Adapting practices in the (para)medical sector

More than half of the respondents (55.56%) were aware of specific practices developed more widely by the medical and paramedical sector for dealing with situations of violence between partners during the COVID crisis (May 2020 - February 2022). They commented on the possibility of reporting via doctors and pharmacists. The code "mask-19" was used to report a person in danger and in need of help to 1712, an emergency/help service, a CAW or the police. Some respondents said that they had not seen much of an influx of people as a result of this measure. These professions have also been made aware of the issue, in particular through Domus Medica.The remainder (44.44%) said they were not aware of any particular practices.

<u>Summary</u>
Practices developed in the medical and paramedical sector:
- Possibility of reporting via doctors and pharmacist, “mask-19”
- Raising awareness via Domus Medica.

4.4.4. Adaptation of practices in the judicial sector

Less than half of the respondents (44.44%) were aware of specific practices developed more widely by the judicial sector for dealing with situations of violence between partners during the COVID crisis period (May 2020 - February 2022). Respondents mentioned the mobilisation of the police during confinement and their collaboration with services such as the CAW or the FJC. They perceived an increase in the involvement of public prosecutors in the problem of IPV, with the prioritisation of these cases, an increase in alternative measures such as prohibition orders (ITR) and also conditional detentions. They also cited harassment alarms, the increase in the number of centres for victims of sexual violence and awareness-raising about sexual violence. The remainder (55.56%) said they were not aware of any particular practices.

<u>Summary</u>
Practices developed in the judicial sector:
- Mobilisation of the police during confinement.
- Collaboration with services such as CAW or FJC.
- Increase in the involvement of public prosecutors in the issue of IPV with the prioritisation of these files
- Multiplication of alternative measures (ITR)

- Harassment alarms
- Multiplication of care centers for victims of sexual violence
- Raising awareness about IPV

4.4.5. Facilities developed to deal with violence between partners

It can be seen that the responders (N=27) were aware of several schemes developed during the COVID crisis. More than 50% of respondents were aware of 15 of the 21 schemes presented (see appendix 25, "Table of schemes in the Dutch-speaking psychosocial sector"). The development of shelters for victims of domestic violence, facilities for dealing with sexual violence and accommodation for victims of domestic violence (hotels, places in CPAS, etc.) are the best known and are considered to be worth maintaining. This is also the case for hybrid consultations (video, telephone, etc.), awareness-raising campaigns and the extension of Family Justice Centres. However, less than 50% of respondents were aware of 7 of the 21 schemes presented. These include the development of a manual for doctors on dealing with IPV. But also the establishment of a detailed medical certificate in cases of IPV, the strengthening of the helpline for perpetrators, and training/seminars for pharmacists in dealing with IPV situations. The strengthening of cooperation between the children's sector, the development of applications/support systems for dealing with IPV: App Elle, Alarme harcèlement and the creation of a Task Force on Domestic Violence are also not well known.

4.4.6. Collaborations

Referral of beneficiaries/patients to other professionals during the COVID period (N=25) is mainly assessed as having remained stable, with the exception of helplines and shelters, to which more professionals have increased their collaboration (see appendix 26, "Dutch-speaking psychosocial sector collaborations").

Concerning the quality of collaboration (see appendix 27, "Quality of contacts with the Dutch-speaking psychosocial sector") :

- Relations with the psychosocial/associative sector were judged “very good” by 52% and “good” by 32%.
- Contacts with the paramedical sector were rated good by 44%.
- Contacts with the police was rated as “good” by 44% of respondents.
- The quality of contacts with the judicial sector was rated as “good” by 40% of respondents
- Relations with the youth welfare sector were rated as “good” by 40% of respondents.

Some respondents regretted the inaccessibility of many services or the lack of knowledge of the GP in the police/medical sector. Others mentioned the good cooperation between the CYF and other players.

4.4.7. Difficulties

4.4.7.1. Difficulties during the strict confinement period (March 2020-May 2020)

1) CAW.

The difficulties highlighted were isolation and lack of access to other services, and the lack of reception and refuge facilities (lack of places or requirement of a negative test for admission). For couples, confinement has limited free time, "venting" activities and the opportunity to distance themselves. They also mentioned a drop in the number of applications to the institution due to the mobilisation of the police to manage COVID measures and the unavailability of families in difficulty.

2) FCJ.

Teleworking made it difficult to cooperate with other departments. There was less space in shelters and fewer opportunities for couples to "get some fresh air", and therefore fewer opportunities to plan

for personal safety. It was impossible to offer assistance at home, the social network was weaker and families were more dependent on themselves, which could increase their stress.

3) Justice House.

Access to emergency services was difficult; they emphasised the lack of face-to-face contact with the services and the difficulties in finding interpreters (although this was sometimes possible by telephone or video call). This made it difficult to refer people. Some people had no digital access. They explained that they had maintained home visits where possible. They noted a reduction in complaints due to the police working by appointment.

4) Service for perpetrators of violence.

Lack of exchanges between colleagues and the feeling of loneliness that this caused in the face of intensifying situations.

Summary

Lack of resources :

- Isolation and lack of accessibility to other services
- Lack of reception and shelter places (lack of places or obligation to test negative for admission)
- Difficult access to emergency services
- Lack of face-to-face contact
- Difficulties finding interpreters
- Lack of digital access
- Reduction in the number of requests (mobilisation of the police to manage COVID measures and unavailability of families)
- Fewer opportunities to plan for personal safety
- Inability to offer home assistance
- The social network less available

In couples:

- Limited free time
- Lack of “venting” activities

Experiences:

- Increased family stress
- Feeling of loneliness among professionals

4.4.7.2. Difficulties after the strict confinement period (March 2020-May 2020)

1) CAW.

Stress is associated with the return to "normal speed" and pressure from the company, as well as with the increase in the caseload. They noted a high turnover within the teams. Few people were present in the offices, which made it difficult to consult colleagues. Access to some services was still limited, and they could only be reached by telephone or online. The lack of reception places and the need for negative tests made it more difficult to be admitted to a refuge. The slowness of the trade unions/health insurers deprived some people of income and therefore of accommodation in a hostel (for a fee).

2) FJC.

Respondents talked about the pressure of a growing waiting list, feelings of hopelessness, lack of information for users and workers, and also the increased stress that required families to be given "crisis care".

3) Justice House.

There was also a long waiting list, and it was difficult to get in touch with the centres (appointments, limited deadlines). However, it was easier to make home visits and find interpreters.

Summary

Complex care:

- Increase in files
- Significant turnover within teams
- Limited access to certain services
- Lack of reception places
- Difficult admission to a refuge (health measures).Slowness of procedures and waiting list Lack of information for users and stakeholders

Experiences:

- Feeling of hopelessness
- Increased family stress
- Stress associated with returning to “normal speed” and pressure from society

4.4.8. Professionals' sense of confidence

On average, their confidence in their sufficient knowledge and skills in relation to IPV was fairly high before and during the COVID crisis (7.63 and 7.24 respectively on a scale of 10), as was their confidence in their ability to identify their patients/beneficiaries in IPV situations (7.16 and 7.04). Confidence in their resources to provide care and referral, and in their ability to help their IPV patients/beneficiaries decreased between the period before COVID and during COVID. Confidence fell from moderate (6.75) to average (5.96) regarding care resources, from moderate (6.79) to average (5.76) regarding guidance and from fairly high (7.79) to moderate (6.56) regarding their ability to help their patients/beneficiaries.

In the IPV field	Before the crisis (X)		During the crisis (X)
Sufficient knowledge and skills	4.48	=	4.75
Resources needed to provide care	5.54	=	5.18
Resources needed for orientation	5.92	=	5.67
Ability to identify IPV situations	5.83	=	5.83
Ability to help my patients/beneficiaries	6.33	>	5.67

4.5. Recommendations

4.5.1. Recommendations and needs of professionals in the psycho-social sectors for the management of violence between partners

- Support and prevention of secondary trauma.
- Need for supervision (management of serious incidents, feeling of helplessness, supervisor considered as mediator and support for the worker) and intervisions.
- Specialised and continued training on domestic violence.
- Promote cooperation with 1st, 2nd and 3rd line networks, the police, justice.
- Multidisciplinary consultations.
- Importance of resources for crisis help (in shelter or at home).
- Deployments of FJCs in Flanders.

4.5.2. Recommendations for the care of victims of violence

- Assistance to victims without a residence permit (refuge).
- Guarantee the accessibility of the housing market.
- Availability of interpreters.
- Comfort the victim, at their own pace, in their departure procedures.
- Adapt care to the typology of violence (intimate terrorism or situational violence).

- Establish an exit plan.
- Identify the causes of violence (prevention).
- Enhancement and accessibility of existing aid (1217, CAW, Victim Support).
- Child psychologists in FJC.
- Group support (peer group support, twinning).
- Promote ITR, intensive case management and praetorian probation.
- Involve perpetrators and victims in the process.
- Expanding victim support resources.

4.5.3. Recommendations for the treatment of perpetrators of violence

- Encourage collective support offers for perpetrators and couples.
- Increase the workforce.
- Rapid interventions after acts of violence.
- Increase information on resources and places of help.
- Combine temporary removal with ongoing support adapted to the typology of the perpetrator (intimate terrorism or situational violence).
- Particular attention to the causes of violence (stress, capacity, financial problems).
- Accessibility to existing aid.
- Interest in couples therapy for situational violence.
- Promote group work and low-threshold initiatives.
- Promote second-line programs that are more varied according to profiles (disability, foreign language, trauma).
- Integration of offenders into mental health care.
- Multidisciplinary approach in psychiatry promoting the exchange of information.
- Integration of EMDR and ambulatory care for medication control (drug addiction).
- Specific programmes focused on parenting and restoring parent/child relationships.
- Consider couple dynamics.

4.5.4. Comments

A speaker from CAW pointed out that domestic violence is circular and that the use of the terms perpetrator/victim runs the risk of encouraging polarisation, while making only one part of the couple responsible. Two people from FCJ added that there are good models being created for dealing with IPV, that the FJCs are in the process of being extended to Flanders and that it will be necessary to carry out research to evaluate their results. They also reiterated the operating principles of the FJCs: to establish and guarantee lasting safety, to take the victim's history and wishes as a starting point so that the service can be developed accordingly, to give priority to empowering victims and their families, to work on a coordinated contribution from all the organisations/services and professionals involved, to work with the perpetrators on managing their own behaviour, to periodically evaluate the service and adjust it if necessary based on feedback from users.

5. French-speaking (para)medical questionnaire results

5.1. Respondent Profiles

Twenty-nine professionals (N=29), mainly women (79%) but also men (21%), from the medical and paramedical sectors responded to the online questionnaire. Average age: 43 years old. Among them pharmacists (N=15), nurses and general practitioners working in multidisciplinary structures (N=3), in hospitals (N=4) (full table see appendix 28, “Sample French-speaking (para)medical sector").

Slightly less than half (41.38%) had been working in the facility for more than 20 years. Others have been working for 16 to 20 years (17.24%); 6 to 10 years (17.24%); 1 to 5 years (17.24%). Finally, they have been working for 11 to 15% (3.45%) or for less than a year (3.45%).

They work in the provinces of Hainaut (30.03%); in the city of Brussels (27.59%); in the province of Liège (24.14%); Walloon Brabant (10.34%) or Luxembourg (6.9%). A majority of the sample work in urban environments (city or periphery) (65.52%). They are 27.59% in a semi-urban environment (medium-sized city) and 6.9% in a rural environment (countryside).

5.2. Profiles of violent situations

5.2.1. Patient Profiles

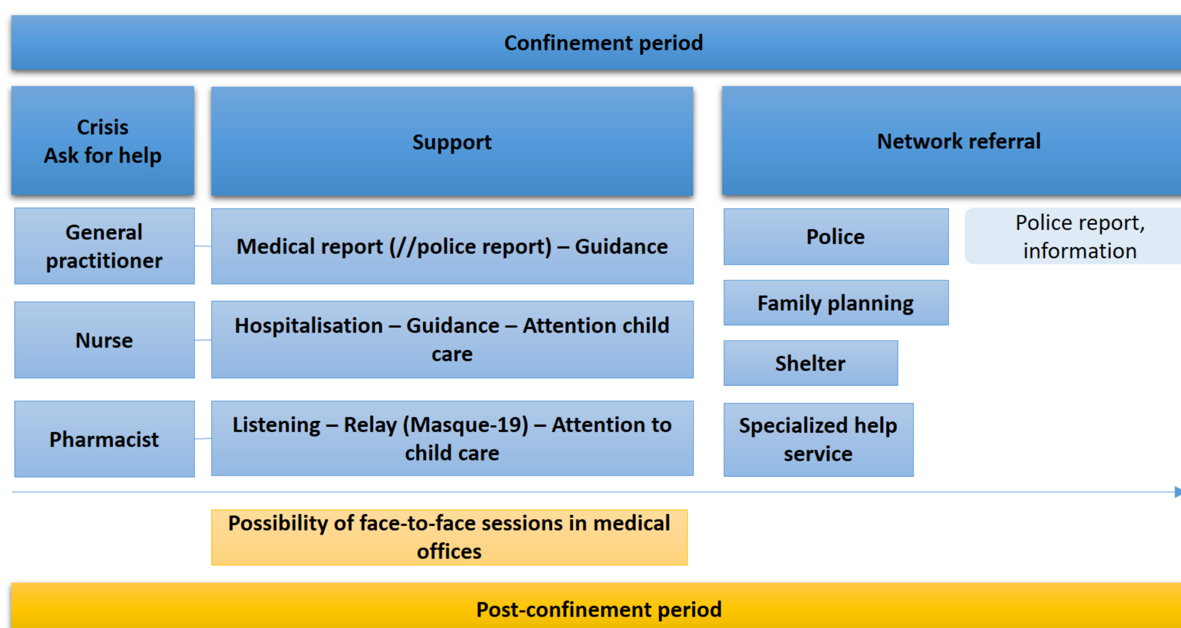
Nearly half of practitioners believe they are confronted, in the exercise of their role, with precarious or very precarious profiles (48%). More than a third of respondents say they work with a diversity of social and economic profiles (37.93%) and 13.79% with rather well-off profiles.

5.2.2. Use of the facility during times of crisis

During the period of strict confinement, the number of patients/beneficiaries was considered by respondents to be increasing (36%), stable (29%) or decreasing (21%). No mention was made of the perceived decrease during the confinement period or the "post-crisis" period. During the deconfinement periods, 42% of professionals perceived a stabilisation in the number of their patients, a trend that was confirmed for the "post-crisis" period, when 50% noted this stabilisation. The increase in the number of patients reported by 36% of professionals during the confinement and deconfinement period was noted by 29% of them for the "post-crisis" period (see appendix 29, "Use of services according to the three periods in the French-speaking (para)medical sector").

3.3 Intervention during the Covid period

5.3. Intervention during the Covid period



5.3.1. Situations of violence encountered during times of crisis
With regard to the situations of violence with which they were confronted during the COVID-19 crisis (period of strict confinement and post-confinement (March 2020-February 2022)), 35.71% of the professionals perceived a change in terms of seeking help: patients sought help more quickly and victims dared to speak out. In terms of the dynamics of violence, they noted an increase in marital conflicts linked to isolation. However, 64.29% of the professionals did not perceive any change in the dynamics or forms of violence.

5.3.2. Violence between partners and confinement (strict confinement period, March 2020-May 2020)
The pharmacists explain that they have come across situations involving isolated couples, where the victim, a woman, has been subjected to violence by her partner and has called on them for information and solutions. They responded by referring her to the domestic violence hotline. Nurses working in hospitals, in particular in a CPVS in Liège, were confronted with situations of sexual and physical violence. However, one of them explained that she had seen less violence during the confinement period, when the victims were locked up with their partners. It was afterwards, post-confinement, that she noticed an increase in violent situations. One GP spoke of the "suffocating" atmosphere in which the families lived. Other respondents had not been confronted with situations of violence between partners as part of their professional practice.

5.4. Changes in practices

5.4.1. Adaptation of practices (N = 29)
When it comes to violence between partners, for just over half of respondents their involvement in this area has not changed (55%). However, almost a third of (para)medical professionals (31%) felt that they had paid more attention to situations of violence since the crisis. Finally, 7% have had less time to devote to the issue because of work overload, and 7% have gone so far as to reconsider their decision to pursue a career in the medical or paramedical sector. Just under a third of respondents (28.57%) said that they had adapted the way they carried out their duties in relation to partner violence. Three pharmacists mentioned the "pharmacy relay" awareness campaign, listening and vigilance. Conversely, 71.43% of respondents felt that they had not adapted their practices.

5.4.2. Adaptation of practices in the (para)medical sector
Nearly two-thirds of respondents (N=13) were aware of practices developed more widely in the medical and paramedical sector for dealing with situations of partner violence during the COVID crisis (May 2020 - February 2022). They mainly highlighted the pharmacy relay system and the mask-19 code, collaboration within the health sector (other health professionals, family planning, shelters) and awareness-raising through "posters". The remainder (38.46%) said they were not aware of any specific practices.

Slightly more than half the respondents were aware of a number of schemes (see appendix 30, "Table of schemes in the French-speaking (para)medical sector"), such as: the Mask-19 code in pharmacies, hybrid consultations (videoconferencing, telephone consultations, etc.), online training/seminars for all professionals on dealing with DV situations, the development of reception facilities for victims of IPV, the development of accommodation for victims of IPV (hotels, places in CPAS, etc.), the strengthening of the helpline for victims of IPV and the development of awareness-raising campaigns. In their view, the main measures to be maintained are the development of accommodation and reception facilities for victims of violence, the strengthening of the helpline for victims and the development of awareness-raising campaigns. The "mask-19 code" systems and online training for professionals were little used by the stakeholders, and fewer of them felt that maintaining such tools would be useful. This is the case, for example, in the (para)medical sector, with training/seminars for

pharmacists on dealing with situations of violence between partners, the drawing up of a detailed medical certificate in cases of violence, and the development of a manual for doctors on dealing with violence. The same applies to the hotlines for perpetrators and professionals, which have been strengthened, the development of App Elle or harassment alarm applications and the development of risk assessment tools. In terms of collaboration, very few (para)medical practitioners were aware of the strengthening of collaboration between the children's sector and the partner violence sector, the extension of the Family Justice Centres (increase in staff, etc.), the development of cooperation between the CAWs and Febelhair or the IPV consultation tables.

5.4.3. Collaborations

More often than not, these professionals consider that either the question is not applicable to their practices, or that their referral practices to the network have not been changed by the Covid crisis. It should be noted that almost a third of respondents said that they referred their patients less often to other doctors or to services specialising in the problem of violence between partners (see appendix 31, "Collaboration with the French-speaking (para)medical sector").

5.4.4. Difficulties

5.4.4.1. Difficulties during the strict confinement period (March 2020-May 2020)

Paramedical and medical professionals experienced difficulties during the period of strict confinement. Collaboration, contacts within the network, and the lack of resources in emergencies - particularly at low times in the evenings or at weekends, or because of teleworking - were the difficulties mainly highlighted. Some pointed to the lack of resources for contacting "the authorities", which hampers the search for rapid solutions for victims. One doctor in a medical centre stressed the positive aspect of working with psycho-social professionals within the same structure to facilitate exchanges. Some pharmacists spoke of the excessive workload and lack of confidentiality in pharmacies.

5.4.4.2. Difficulties after the strict confinement period (March 2020-May 2020)

With regard to the post- confinement period, stakeholders mainly encountered difficulties similar to those of the confinement period or "no" difficulties. However, some added the problem of lack of space in reception centres and waiting lists. Work overload is always one of the difficulties encountered in the (para)medical sector, as is the lack of time and availability for professionals. Some emphasise the multiple crises they have had to deal with, particularly during the floods, which have had an impact on both the workers and their patients. For some pharmacists, a particular difficulty lies in the fact that they are rarely alone with the person seeking help, implying a lack of confidentiality and a complex position for the professional.

5.4.5. Sense of confidence among professionals

When it comes to dealing with violence between partners, paramedical and medical professionals have an average level of confidence (between 5.18 and 5.92 on a scale of 10) regarding the identification of situations of violence and also their resources in terms of care and referral of their patients affected by the problem. This feeling of confidence was evaluated as equivalent between the period before and during the crisis. Confidence in their knowledge and skills in this area was rated rather low (4.6 on average) for both periods. Finally, their feeling of confidence in their ability to help their patients decreased between the pre-crisis and crisis periods, from moderate (6.33) to average (5.67).

In the IPV field	**Before the crisis (X)**		**During the covid (X)**
Sufficient knowledge and skills	4.48	=	4.75
Resources needed to provide care	5.54	=	5.18
Resources needed for orientation	5.92	=	5.67
Ability to identify IPV situations	5.83	=	5.83

Ability to help my patients/beneficiaries	6.33	>	5.67

5.5. Recommendations

5.5.1. Recommendations and needs of professionals in the (para)medical sector for the management of violence between partners

- Training for the detection of violence between partners.
- Support tools (confidentiality room in each pharmacy, references).
- Being able to guide according to priorities - Reception, aid and emergency structures.
- Supervise the new roles of professionals who have adapted their practices during this period.

5.5.2. Recommendations for the care of victims of violence

- Listen.
- Shelter.
- Follow-up for families.
- Development of tools for pharmacists (manual, relay).
- Psychological support for victims and professionals.

5.5.3. Recommendations for the treatment of perpetrators of violence

- Rapid removal of the author from the family environment.
- Rapid orientation to secure locations.
- Greater severity.

6. Dutch-speaking (para)medical questionnaire results

6.1. Respondent Profiles

Fifteen professionals, mainly women (87%) but also men (13%), from the medical and paramedical sectors responded to the online questionnaire. Average age: 34 years old. Among them pharmacists (N=3), a medico-legal nurse, general practitioners or general medicine assistant (N=5), CAW workers (N=2) and legal assistants (N=3) (full table see appendix 32, “Sector sample (Dutch-speaking para)medical”).

Most respondents have 1 to 5 years of experience (40%) in the structure where they work. Others have been practicing for 11 to 15 years (26.67%); 6 to 10 years (13.33%) or more than 20 years (13.33%). Finally, they have been practicing for less than a year for 6.67%.

They work in the provinces of West Flanders (53.33%); Antwerp (46.67%); Limburg (20%) and East Flanders (20%). They work in semi-urban (medium-sized city) (46.67%), urban (city or periphery) (40%) or rural (countryside) (13.33%) environments.

6.2. Profiles of violent situations

6.2.1. Patient Profiles

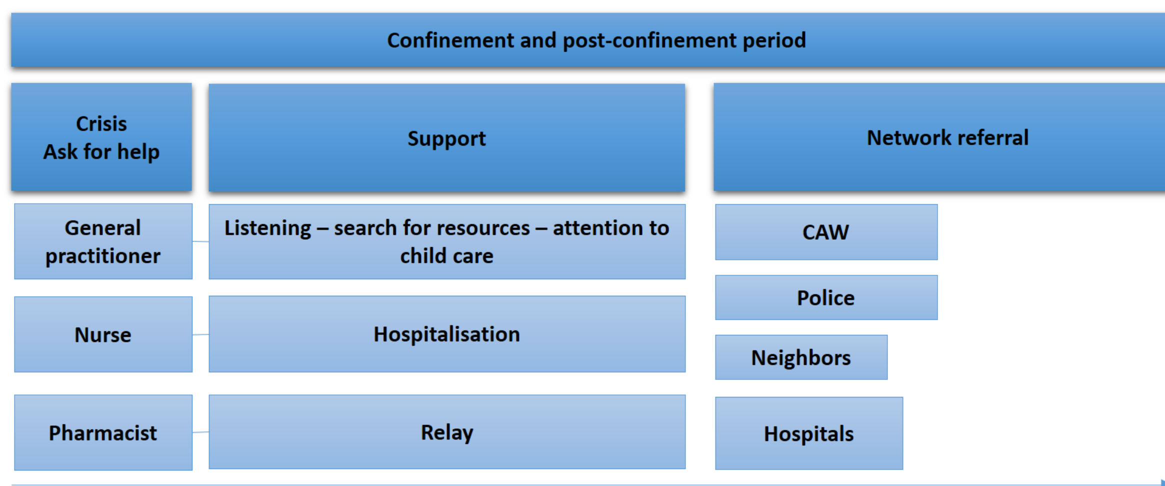
Practitioners are generally faced with a diversity of economic and social profiles (66.67%). Less than a third of the respondents work with profiles that are rather precarious (20%) or precarious (6.67%). Six per cent do not know the profile of the beneficiaries of the organisation where they work.

6.2.2. Use of the facility in times of crisis

A growing number of respondents felt that they had seen a reduction in the number of their users/patients throughout the periods of confinement and afterwards. During the period of strict

confinement, 43% of respondents felt that the number of patients/beneficiaries had decreased, 57% after the period of strict confinement and 72% after the Covid period. Although almost 14% reported an increase in the number of patients during the confinement period, none of the respondents made this observation during the other two periods (after strict confinement and the Covid period). A third of respondents considered that the number of patients/clientele had remained stable during the confinements, and this figure halved (14%) for the 'post-crisis' period (see appendix 33, “Use of services according to the three periods in the Dutch-speaking (para)medical sector”).

6.3. Intervention during Covid period



6.3.1. Situations of violence encountered during times of crisis

With regard to the situations of violence with which they were confronted, during the COVID-19 crisis (period of strict confinement and post-confinement (March 2020-February 2022) 28.57% of the professionals perceived a change. They witnessed an increase in calls for help during strict confinement. A change was also perceived in the dynamics of violence, with violence taking more psychological forms. However, 71.43% of the professionals did not perceive any change in terms of the dynamics or form of violence.

6.3.2. Violence between partners and confinement

During the period of strict confinement (March 2020-May 2020), a forensic nurse explained that she had noticed an increase in violence between partners, particularly sexual violence. A GP experienced domestic violence as a result of working from home. They noticed an increase in calls during the first period of confinement for acts of violence between partners. They received many calls from victims of domestic violence.

6.4. Changes in practices

6.4.1. Adaptation of practices

While just over half the respondents had not changed their involvement in the issue of violence between partners (53%), a third (33%) of Dutch-speaking (para)medical professionals considered that they had become more attentive to situations of violence since the crisis. What's more, 7% felt they had less time to devote to the issue because of work overload, and 7% went so far as to reconsider their choice of pursuing a career in the medical or paramedical sector. These rates are similar to those of the French-speaking (para)medical sector sample. Just under half the respondents (42.86%) said that they had adapted the way they carried out their duties in relation to violence between partners. One pharmacist mentioned the mask-19 system, their new role as intermediaries and the collaboration

between professionals in the sector. In the CAWs, awareness-raising campaigns - including the mask-19 campaign - have disseminated information about the helpline (adapted and extended opening hours). The other half of respondents (57.14%) felt that they had not adapted their practices.

6.4.2. Adapting practices in the (para)medical sector

Less than 20% of respondents were aware of any specific practices developed by the medical and paramedical sector to deal with situations of partner violence during the COVID crisis (May 2020 - February 2022). The only mask system-19 was mentioned by a team coordinator from the CAW victim support service and the 1712 helpline, but according to this person it was "little used in practice". The others (83.33%) felt that they were not aware of any particular practices.

Half or more of our respondents were aware of a number of schemes (see appendix 34, "Table of Dutch-speaking (para)medical sector devices") developed in the (para)medical sector in Belgium, such as online training/seminars for all professionals on dealing with IPV situations, the Mask-19 code in pharmacies, hybrid consultations (video, telephone, etc.) and the drawing up of a detailed medical certificate in cases of violence. In the psychosocial sector, the following are known: the development of reception facilities for victims of domestic violence, including victims of sexual violence, the development of accommodation for victims of domestic violence (hotels, places in CPAS, etc.), the strengthening of the helpline for victims and perpetrators and domestic violence, the development of awareness-raising campaigns and the extension of Family Justice Centres (increase in staff, etc.). In the judicial sector, half or more of the respondents were also aware of the need to systematise police visits to the homes of victims/perpetrators of domestic violence. In their view, the main measures to be maintained are the development of structures for dealing with sexual violence, the strengthening of the helpline for victims and the extension of Family Justice Centres. For doctors more specifically, hybrid consultations (video, telephone, etc.) and the drawing up of a detailed medical certificate in cases of violence are practices that respondents feel should be continued. Other measures are less well known, such as training/seminars for pharmacists on dealing with situations of violence between partners, helplines for professionals, the development of App Elle or harassment alarm applications, or the development of risk assessment tools. In terms of collaboration, as in the case of the French-speaking (para)medical sample, few (para)medical workers were aware of the strengthening of collaboration between the children's sector and the partner violence sector, the development of cooperation between the CAW and Febelhair or the IPV consultation tables.

6.4.3. Collaborations

One or other of the workers felt that they had referred fewer of their patients to shelters or to a specialised or non-specialised assistance service. More often than not, these workers feel that either the question does not apply to their practices, or that their referral practices have not changed as a result of the Covid crisis. It should be noted, however, that half or more of the respondents emphasised that they referred their clients more often to front-line psychologists, psychologists or members of the legal system (see appendix 35, "Collaboration with the Dutch-speaking (para)medical sector").

6.4.4. Difficulties

6.4.4.1. Difficulties during the strict confinement period (March 2020-May 2020)

Professionals in the paramedical and medical sectors experienced difficulties during the period of strict confinement. Some of these difficulties directly concerned their patients, such as the difficulty of finding refuge in and outside the private circle, the lack of social control and the fear of "going out". The doctors' practices were limited to managing emergencies and Covid. Another doctor emphasised the long waiting times for contact with the relevant authorities.

6.4.4.2. Difficulties after the strict confinement period (March 2020-May 2020)

As regards the post-confinement period, responders were mainly faced with difficulties similar to those of the confinement period - waiting times and resources in people's social networks.

6.4.5. Professional confidence

When it comes to dealing with violence between partners, paramedical and medical professionals have moderate confidence (between 6.83 and 6.67 on a scale of 10) in their knowledge and skills and their ability to identify situations of violence. They showed average confidence (5.67) in their ability to help their patients, but low confidence (3.58 on average) in their resources for referring patients affected by the problem. Confidence in these variables was rated as equivalent between the pre-crisis and crisis periods. Confidence in their resources to provide appropriate care was rated as average (5.5) before the crisis period, but fell to rather low (4.83) during the crisis period.

In the IPV field	**Before the crisis (X)**		**During the crisis (X)**
Sufficient knowledge and skills	6.83	=	6.67
Resources needed to provide care	5.5	>	4.83
Resources needed for orientation	3.83	=	3.33
Ability to identify IPV situations	6.83	=	6.67
Ability to help my patients/beneficiaries	5.67	=	5.67

6.5. Recommendations

6.5.1. Recommendation and needs of professionals in the (para)medical sector in dealing with violence between partners

- Centralised care and reporting centers.
- Issues of price and waiting time.

6.5.2. Recommendation for the care of victims of violence

- Financial needs of institutions (CAW, mental health centers).
- Increase the number of accessible and affordable resources
- Collaborations between existing services.
- Support the search for help (useful and legal information).

6.5.3. Recommendation for the treatment of perpetrators of violence

- Investment in already existing services.
- Raising awareness among general practitioners.
- Stricter control.
- Support.

7. Conclusions

The questionnaire was distributed throughout Belgium, via a wide range of media, yet few stakeholders completed the questionnaire in full or in part. While the four forms of questionnaire accounted for 1625 clicks, only 266 responded in part and 130 completed the survey. This raises questions as for the responsiveness and availability of professionals to take part in a survey at this time of crisis. This survey is being carried out in a "post-crisis" period, and workers' fatigue, particularly with regard to the Covid-19 issue, was widely expressed by respondents. This observation suggests a forward movement on the part of workers who wish to put this pandemic period behind them. The

Covid is becoming a subject that people no longer want to talk about, crystallizing feelings of irritation, anger and even real trauma for some.

However, within the psychosocial institutions, several observations were made: the increase in crisis calls associated with a reduction in resources, and the difficulty of finding housing or care solutions. Workers were confronted with precarious situations linked to the loss of a job, housing that was too small and required the permanent presence of children, or the lack of "breathing space" in couples, leading to increased tension and violence within families. They have had to adapt their way of working, through telephone hotlines, proactive and regular contact) and referral to primary resources (family and friends) or the police. Particular attention was paid to addressing the sense of powerlessness felt by beneficiaries and professionals alike. They had to deal with a number of obstacles to the follow-up of victims of violence: the wearing of masks and social distancing, which made it more difficult to maintain links and create a therapeutic bond; longer procedural deadlines for processing files; reduced teams to cope with the increase in requests; urgency and the urgency activated by the media.

Networking has been impacted, both in Wallonia and Flanders. Changes in contacts, schedules and procedures have made the treatment of victims and perpetrators much more complex. Faced with the lack of resources, the police appeared, throughout the territory, as an available and involved relay for handling these situations both during confinement and "post-confinement" periods. However, these unresolved problem situations have led to a feeling of loneliness, distress and powerlessness among those involved. Overall, post-crisis, there is a general exhaustion among workers in the psycho-social sector, resulting from a demand for rapid and sometimes unsupervised adaptation of their interventions, over-investment, and a feeling of loneliness associated with a lack of resources and inter-sector communication.

Those concerned in the (para)medical sector noted little change in the dynamics of violence encountered during the crisis, in both Flanders and Wallonia, with the exception of an increase in consultations for sexual violence. General practitioners, for their part, were confronted with an increase in telephone calls for domestic violence during the initial confinement. They had to adapt their practices, the way they listened and their vigilance in situations of violence, particularly pharmacists who worked with the "masque-19" system. This is a system that is generally well known to those involved (psycho-social and (para)-medical), but its implementation, in a hurry, and relevance are questionable. Although pharmacists are seen as possible relays in the fight against violence between partners, they appear to be poorly trained and ill-equipped (lack of tools for identifying available resources, lack of references, lack of confidentiality in pharmacies) to respond adequately to victims seeking help. Pharmacists and doctors were confronted with the lack of resources in the various psycho-social aid structures, but also, and above all, with the urgency of managing the spread of the virus and caring for priority patients faced with issues of violence.

Finally, it should be noted that some of those involved also emphasized the multiple crises that have compounded the health crisis (flooding in certain provinces, financial crisis, etc.), all of which have contributed to the precarious situation of the populations concerned, and with which we have had to work, and which have also had an impact on both beneficiaries and those involved.

VI. ANALYSIS OF THE RESPONSES TO THE QUESTIONNAIRE SENT TO POLICE DISTRICTS AND PUBLIC PROSECUTORS' OFFICES BY THE LIÈGE PUBLIC PROSECUTOR'S OFFICE

In spring 2022, the *Personal Crime Expertise Network* of the College of Public Prosecutors sent out a questionnaire to the various public prosecutors' offices in the country and to a sample of police areas (ZP) with a view to assessing the various circulars relating to the handling of IPV that had recently been

adopted or amended. This opportunity was used to establish a collaboration as part of our IPV-DACOVID research, and questions specific to the pandemic period were introduced into this questionnaire[59]. The aim of our approach was to obtain information to help assess the impact of the health crisis on the practices of police officers and magistrates in dealing with IPVs. This information was intended to help guide the case studies (see chapter XI) and other qualitative approaches.

1. Description of the sample

The written questionnaire consisted of a list of questions on circulars COL 4/2006, COL 15/2020, COL 20/2020 and COL 18/2012, combining open and closed questions. All public prosecutors' offices (8 French-speaking magistrates and 7 Dutch-speaking magistrates) responded to this questionnaire. However, the sample of police areas (ZP) was much smaller: 8 Dutch-speaking and 7 French-speaking police areas took part in the survey out of a total of 184 police areas[60] . This very low level of representativeness at police zone level means that this approach should be regarded as mainly exploratory. It provides interesting information on the adaptations made within the police and public prosecutors' offices during the health crisis. The analysis is therefore qualitative in nature and focuses specifically on questions relating to the adjustments made by the police and public prosecutors during the health crisis.
At the end of the research, a new quantitative questionnaire was sent to all police areas, with a highly representative response rate (see chapter X).

2. Analysis of responses from police areas

All the ZPs that replied to the questionnaire mentioned the switch to teleworking. However, some of them went further and mentioned the effects of teleworking. For example, they reported that the move to teleworking had had a negative impact on interdisciplinary work, with meetings either being held remotely or simply cancelled. One ZP did, however, report the creation of a new consultation forum on the initiative of the city: "*Yes, the city has set up a platform to deal with domestic violence, bringing together all the social players in the municipality: cpas, one, pms, shelters, sos parents enfants, etc.*" (Extract from a ZP's response). (Extract from a ZP Fr. response).

As a result, there have been fewer home visits, replaced by more teleworking and telephone and online contact with stakeholders. Some described this change in neutral terms. Others reported a negative impact associated with this change. For example, one respondent said: "*Victims were harder to reach because of the presence of the accused. We were really careful with telephone contact. We always asked if the victim was able to speak freely*" (extract ZP N).

Difficulties in getting in touch with second-line services are also an example of the impact of health measures on the network of professionals: "*It was more difficult to get in touch with second-line assistance services during the confinement (due to the introduction of teleworking) and the care of victims by reception centres sometimes proved more difficult (more new admissions, quarantine, etc.)*" (extract from ZP response). In this respect, one respondent mentioned that the impression had been created "*that assistance was largely at a standstill*" (extract from ZP response).

[59] We would like to thank Ms Nadia LAOUAR, Deputy Public Prosecutor at the Liège Public Prosecutor's Office and coordinator of the network of expertise in personal crime for making this collaboration possible. The investigation was conducted between May and July 2022.
[60] Of which 106 in Flanders, 6 in Brussels, 70 in Wallonia and 20 in the German-speaking region.

The ZPs interviewed noted a drop in complaints[61] and interventions during the pandemic. Some put this directly down to the health measures imposed at the time: *"We saw a drop in the number of reports. This is clearly due to the confinement and the impossibility for victims to confide in us. That's why the "mask 19" system was set up with the pharmacist's association*. (Extract from the response from the Fr ZP.) However, several ZPs report that they have increased their vigilance with regard to the problem: *"The health context has strengthened the desire to detect potentially dangerous situations. Police officers in the field have been made aware of the need to pay particular attention in their day-to-day work".* (Extract from the ZP Fr. response) However, this heightened awareness and vigilance is sometimes accompanied by interference in the police response: *"Many players have come to interfere in our work (with or without added value)"* (Extract from the ZP Fr. response).

The fall in the number of interventions is also accompanied by difficulties in caring for victims. The ZPs report the impact of health measures on their work: - *Re-contact with the victim made difficult by the presence of the perpetrator at home, difficulty for victims to contact the help services or the police given the presence of their partner at home, difficulty in re-housing victims"* (Extract from response from ZP Fr.) - *"Many hearings have been cancelled or postponed due to quarantine or other reasons. In addition, we have had to adapt our premises (Plexiglas) to ensure compliance with the health measures in force, making contact with the victim more complicated".* (Extract from ZP Fr.).

The French-speaking ZPs questioned finally expressed their views on the desirability of seeing the COL20/2020 circular, which has enabled the practice of revisiting to be ratified and deployed throughout the country, continue. Only one of them was not in favour, explaining that "*revisits are carried out even if they do not take the form set out in the COL. The objective is therefore achieved even without the forms expected in the COL*" (Extract ZP Fr.)

[61] Statistical analysis confirms this finding (see chapter X).

3. Analysis of responses from public prosecutors' offices

The switch to teleworking was also discussed by all the public prosecutors' offices. While some simply mention it, others report how it has impacted their professional practices. First of all, their ability to carry out their duties has been hampered: "*The health crisis has deprived the police and the judiciary of a series of channels for objective information (other than that provided by the victim or suspect): work colleagues, children's schools, friends, family and acquaintances, etc. in view of the confinement imposed. Investigations were undoubtedly more complicated, and visibility of the phenomenon was reduced*". (Extract from the Public Prosecutor's Office). The digitisation of case processing, which had already begun, gained momentum and meetings or consultations were continued online, with the effect that "*the concrete link with the case has diminished, as dialogue has become more difficult and interpersonal contacts between participants have changed"* (Extract from the Public Prosecutor's Office). On the Flemish side, the chain approach was also organised online. Several public prosecutors' offices report that psychosocial care for perpetrators and/or victims has been "suspended" or "blocked" due to waiting lists and stoppages in processing requests. In addition to the practical changes, one magistrate describes how the move to online working has also led to additional stress for police forces: "*Domestic violence cases affect everyone who works on them, including the administration. If there is no separation between work and private life, it means an extra mental burden*." (Extract from the Public Prosecutor's Office).

Magistrates have pointed out that the measures have disrupted police routines (fewer staff present, delayed investigations, no home visits and/or re-contact, etc.). This has led to delays in the normal flow of penalty notices, and fewer reports from third parties (such as schools, medical institutions, etc.).

The quality of care for victims is also mentioned several times in the responses from public prosecutors' offices. Respondents report the impact of the pandemic and health measures on the reception of victims and the creation of a bond of trust: - "*Remote care was complicated, if not impossible. Many follow-ups were interrupted. Users suffered as a result. Telephone contact was maintained, but without the workers knowing the context in which these telephone conversations were taking place with their users*". (Extract from the Public Prosecutor's Office). - *Interviews with victims by telephone or videoconference, less conducive to creating a bond of trust*". (Extract from a public prosecutor's report). The public prosecutors interviewed report the deleterious effects of health measures on the care of victims: "*We can even talk about regression because the health measures put in place have not contributed to an adequate reception of victims*. (Extract from the Public Prosecutor's Office). While making these observations, one respondent took the opportunity to appreciate the importance of face-to-face exchanges in dealing with violence between partners: "*The return to a normal situation has made it possible to note the extent to which face-to-face exchanges are appreciated in this area, which remains sensitive, in order to allow dynamic discussion and an exchange of information and ideas, which email does not allow in an optimal way*" (Extract from the Public Prosecutor's Office). Remote working has, however, enabled some public prosecutors' offices to make up for an accumulated backlog: "*On the contrary, forced teleworking has made it possible to clear the (small) backlog"* (Extract from a public prosecutor's office). On the other hand, one respondent states that interdisciplinary work has become easier thanks to the more frequent use of online consultation platforms.

Half of the Dutch-speaking magistrates interviewed indicated that during the covid-19 measures, new initiatives were taken around the IFG concerning victims. One prosecutor indicated that he had taken the initiative to ensure that "*each police area provided a list of the most vulnerable families in its area, who were closely monitored. These are families with multiple problems where there is always an aspect of IFG. [...] In families where there were concerns in terms of GFI (concerning children or child witnesses), we also asked that the schools be contacted*" (Extract from the Public Prosecutor's Office).

Two other magistrates report that there are plans to increase the number of places in victim accommodation centres. These responses indicate that some of the initiatives described by the police areas have been launched by the public prosecutor's office. At the same time, several respondents noted that setting up these initiatives had been difficult due to the impossibility of meeting with the various departments involved.

All the French-speaking public prosecutors' offices surveyed agree that the revisit circular should continue to be used outside the Covid-19 pandemic. It is useful "*in the event of repeated violent behaviour and sometimes also makes it possible to obtain useful information for the file on a minor in danger*" (extract from a public prosecutor's office). More generally, it provides "*a map of the evolution of the situation in the couple*" (Extract from Parquet Fr.). In the early days of the pandemic and before the publication of the COL, respondents also reported the varying forms that revisits took: "*Some areas entrusted the task of revisiting to members of the SAPV (but they had problems with their professional secrecy and could not draw up reports), others to neighbourhood officers, others to the police officer who drew up the initial report*". (Extract from the Public Prosecutor's Office)

4. Conclusions

The covid-19 pandemic and the measures that accompanied it have had a major impact on the way in which the police and public prosecutors have managed their response to IPV. According to many of the people interviewed, this violence has become less visible and the reception of victims more difficult. This observation has given rise to a number of initiatives within police areas and public prosecutors' offices. According to this initial survey, these initiatives appear to vary from one police area or judicial district to another, and to be partial and temporary. There seems to have been little follow-up after the Covid-19 measures ended.

VII. ANALYSIS OF RESPONSES TO THE QUESTIONNAIRE SENT TO POLICE DISTRICTS

1. Introduction

This section reports on the results of a questionnaire sent to all 184 police areas. The questionnaire was drawn up in the final phase of the research, based on the results of the qualitative approaches. The aim was to be able to assess the extent - the degree of generalisation - of the findings made in specific areas and thus to be able to objectively assess the impact of the COVID-19 crisis on police practices regarding violence between partners in the widest possible sample of police areas. The questionnaire consists mainly of closed questions aimed at quantification. A number of open-ended questions were also included to help clarify the answers. The tables of figures can be found in appendix 1 to 16 of this report.

1.1. Representativeness of the sample

The questionnaire was sent out on 5 July 2023, with a deadline of 24 August 2023. 76 police areas completed the questionnaire, representing 41.3% of all areas. The responses are representative of each judicial district (table 1 in the appendix 1). However, the proportion of areas that responded differs from district to district . The four judicial districts or divisions with the highest proportion of responses are Limburg (61.5%), Walloon Brabant (60%), Hainaut-Charleroi (55.6%) and Leuven (54.5%). The least represented are Brussels-Capital and Luxembourg (16.7% of areas).

Overall, Wallonia (40%) and Flanders (43.4%) are represented in very similar proportions.

The coverage of the sample is relatively similar when we consider the general population of each zone and the proportion of IPV reports in each zone. The sample of areas that responded covers 41.7% of the Belgian population and 42.1% of IPV reports (calculated on the basis of the annual average of

reports from 2018 to June 2022). The survey data have also been cross-referenced with three variables reflecting, by police area, 1) the size of the population, 2) the average annual number of IPV reports, calculated over the period January 2018-June 2022, and 3) the annual rate of IPV reports per 10,000 inhabitants (a variable combining the previous two). Each of these variables results in the classification of police areas into three categories, respectively:

- *Population size* zones: low (4200.25 to 40648.50 inhabitants), medium (42145.5 to 56100.25 inhabitants) and high (57723 to 528807.25 inhabitants).
- Zones with a *number of reports* of *IPV*: low (15.78 to 121.78 reports per year), medium (123.11 to 195.11) and high (195.56 to 2245.33).
- Zones with a *rate of IPV reports*: low (8.05 to 26.58 reports per year per 10,000 inhabitants), medium (26.95 to 37.32 reports per year per 10,000 inhabitants) and high (37.50 to 62.98 reports per year per 10,000 inhabitants).

1.2. Descriptive data

The **respondent** (table 4) to the questionnaire was most often the IPV reference police officer (59.2%). This was more often the case for Dutch-speaking respondents (68.9%) than for French-speaking respondents (45.2%). The head of corps responded in 17.1% of cases, and this was much more often the case for French-speaking respondents (29%) than for Dutch-speaking respondents (8.9%). In 23.7% of cases, it was a person occupying another function (23.7%) within the zone, in management (operations, intervention, etc.), in the police assistance service for victims[62] (SAPV/DS), a social worker or a strategic analyst. Neither the size of the zone nor the number or rate of IPV reports in the zone seems to have an impact on whether the corps commander responds or delegates to another person.

Of the 76 areas that responded, 59 (77.6%) addressed partner violence in their **zonal safety plan (ZSP)** (table 5). Partner violence was identified as a priority in 49 areas (64.5%). Although this was slightly more often the case among Dutch-speaking respondents (82.2% of the ZSPs addressed IPV and 68.9% defined it as a priority) than among French-speaking respondents (71% addressed it and 58.1% defined it as a priority), the difference cannot be considered significant. Neither the size of the zone, nor the number or rate of reports of IPV in the zone seems to have an impact on whether violence between partners is addressed or defined as a priority in the police zones. The **SAPV/DSs** are made up of 0 to 23 people or 15.8 FTEs. 32.9% of areas have 1 FTE and 27.6% have more than 1 to 3 FTE. Police zones with more than 5 FTEs are mostly (but not exclusively) in areas covering a large population size (no significant correlation).

2. The practice of revisiting[63]

Almost 45% of zones (44.7%) (table 6) stated that the practice of revisiting was already in use in one form or another before the start of the health crisis (before March 2020). This proportion is significantly higher (76.9%) when the respondent is the head of the corps. It is also higher when IPVs are listed as a priority in the ZSP, but the differences cannot be considered statistically significant. No significant differences were observed between French-speaking and Dutch-speaking areas. Similarly, neither the size of the zone nor the number or rate of reports had any impact on the existence of revisiting practices prior to COL 20/2020. Nearly 45% of the zones (which are only partially the same as those mentioned above) state that the practice of revisiting has been generalised in accordance with the instructions in the circular that came into force in December 2020. The fact that the practice has only been partially rolled out is attributed firstly to limited resources (35.5%) and secondly to

[62] Service d'assistance policière aux victimes (SAPV)/ Dienst Slachtofferbejeneging (DS)

[63] Police officers and SAPVs organised to get back in touch with victims of domestic violence who had been in contact with them before the confinement.

reasons of relevance (15.8%). The response to this question reveals significant differences between the country's regions. Only 7.9% of areas replied that they had not been able to generalise the practice of revisiting, but these areas are all in Flanders. French-speaking areas (67.7%) were much more likely than Dutch-speaking areas (28.9%) to report that revisiting had been fully implemented. It is also slightly more common in small and medium-sized areas, but the differences are not statistically significant. Neither the number nor the rate of IPV reports has any impact on whether the practice of revisiting in accordance with COL 20/2020 is widespread.

When limited resources (25.5%) are cited as the reason for partial generalisation, the cause is attributed firstly to the workload of the staff concerned (26.3%) and secondly to a lack of staff (19.7%). These two reasons are cited proportionally more often in medium-sized (48%) and large (40.7%) areas than in areas with a small population (16.7%). Moreover, it is far more often the Dutch-speaking areas (46.7%) than the French-speaking areas (19.4%) that cite limited resources as the reason for partial roll-out. The reasons of relevance (15.8%) given were more often cited when the response came from the head of the corps (23.1%) and slightly more often by French-speaking areas (19.4%) than Dutch-speaking areas (13.3%). The main reasons given were the possibility of negative effects on the victim's safety (9.2%), followed by "because it is not considered necessary" (5.3%) and, more rarely, because the timeframe prescribed by the circular was inconvenient (2.6%). In principle, circular COL 20/2020 prescribes that a revisit should take the form of an additional interview with the victim. When asked what form a revisit might take in practice in their area, 84.2% of police areas stated that it took place by telephone with the victim, 35.5% by visiting the victim's home and 22.4% by some other means, although these three possibilities may be combined. French-speaking areas (54.8%) are far more likely than Dutch-speaking areas (22.2%) to report a revisit to the victim's home. Surprisingly, a high rate of reports in a zone is more often accompanied by revisits at home (53.8%) (but the figures are still too low for the test to be significant). The 'other' methods mentioned include summonses to the police station, referrals to social workers or neighbourhood officers, contact by the FJC, letters, etc.

In practice, various people can carry out the revisit. Of these, the neighbourhood officer is the most frequently cited (46.1%), almost equally with the SAPV/DS (43.4%). Next come the intervention police officer (25%) and the IPV reference police officer (23.7%). A specific unit is mobilised in 17.1% of areas, but this is far more often the case on the Dutch-speaking side (26.7%) than on the French-speaking side (3.2%). French-speaking areas were more likely to use the neighbourhood agent (67.7%) and the SAPV/DS (54.8%). There were significant differences between regions. Other people were also mentioned: reception inspectors, the person who drew up the initial report, the person in charge of the initial file and the FJC. Although the values are too low to observe a significant impact, we can see that the neighbourhood agent is more often mobilised when the number (65.4%) and/or the rate of reports from the area (65.4%) is high, while the IPV reference police officer is mobilised less often (15.4% and 11.5%).

Overall, neighbourhood agents are involved in preparing or organising revisits in 51.3% of areas. This is more often the case on the French-speaking side (67.7%) than on the Dutch-speaking side (40%) (Chi^2 sig = 0.051).

3. Practices towards victims

Overall, 46.1% of police areas stated that new practices for filing a complaint, contacting the victim or receiving the victim to facilitate the complaint had been introduced as a result of the health crisis (table 7). This was significantly more often the case in French-speaking areas (64.5%) than in Dutch-speaking areas (33.3%) (Chi^2 sig = 0.007). On a different note, this is more often the case when the response comes from the head of the corps (76.9%) (Chi^2 sig = 0.049)[64]. Surprisingly, none of these

[64] And this is slightly more often the case in areas where the number (57.7%) and/or rate of IPV reports (61.5%) is high (although this is not statistically significant.

new practices mentioned setting up a chat line. Telephone contact with the victim was mentioned by 31.6% of zones (41.9% of French-speakers and 24.4% of Dutch-speakers). In 13.2% of areas this practice had begun before the health crisis, but the crisis triggered or intensified this new practice in 26.3% of areas. The crisis acted as a catalyst, especially in French-speaking areas (38.7% versus 17.8% in Dutch-speaking areas). The practice continued after the crisis in 19.7% of areas, more so in French-speaking areas (32.5%) than in Dutch-speaking areas (11.1%). The difference between regions seems significant on this point (Chi² sig =0.002). The possibility of lodging a complaint online was mentioned by 26.3% of areas (35.4% French-speaking and 20% Dutch-speaking). In 7.9% of areas, this practice existed prior to the crisis, but was initiated or intensified in 18.4% of areas. It continued after 1er confinement in 17.1% of areas. The organisation of reception by appointment only was cited in 35.5% of areas (48.4% of French-speakers and 26.7% of Dutch-speakers). This practice rarely existed prior to the health crisis (3.9% of areas). It was therefore initiated or intensified mainly during the confinement (28.9%) or afterwards (19.7%). The organisation of reception by appointment is mentioned by 36.8% of areas (61.2% French-speaking and 22.2% Dutch-speaking). This practice existed prior to the crisis in 10.5% of areas, but much more in the French-speaking region (22.6%) than in Flanders (2.2%). Its use then increased overall (30.3% during the confinement and 32.9% afterwards). On the French-speaking side, the practice was most often initiated or intensified after the first confinement (45.2% during confinement and 58.1% afterwards). On the Dutch side, this practice, which is less frequent, is more typical of the confinement period (20%) than post-confinement (15.6%)[65].

Reception in adapted premises was mentioned by 28.9% of respondents, 45.1% of French speakers and 17.7% of Dutch speakers. The practice existed prior to the crisis in 17.1% of areas (but 35.5% of French speakers and only 4.4% of Dutch speakers) and intensified after the confinement. On the French-speaking side, it was even more intense after confinement (41.9%) than during (35.5%). On the Dutch side, where it is less frequently mentioned, it is more a result of the confinement (13.3%) than the post-confinement period (11.1%). Other' practices were also mentioned in 7.9% of areas (9.7% of French speakers and 6.7% of Dutch speakers)[66].

In terms of time, the pre-existing practice most often mentioned was reception in a suitable room (17.1%). During confinement, it was the possibility of organising a reception by appointment (30.3%) or exclusively by appointment (28.9%) that was most often mentioned, followed by making telephone contact with the victim (26.3%). Only 18.4% of areas were able to file a complaint online during this period. In the post-confinement period, these practices continue with varying degrees of intensity. The most intensive was the organisation of a reception by appointment (32.9%). 15.8% of areas, 19.4% of French-speaking areas and 13.3% of Dutch-speaking areas, say they have set up an informal internal unit or network (table 8) to ensure that complaints are received and/or filed in a more appropriate manner by staff who have been made aware of the issue. In addition, in 3.9% of areas, such an initiative is being considered. These are all French-speaking areas (9.7% of French-speaking areas). Neither the size of the zone, nor the number or rate of reports has a significant influence on the implementation of this initiative. If it was introduced, it was done after the containment period (10.5%) or before (5.3%), but never during the containment period.

A smaller proportion, 11.8% of the zones, have set up an official, structured unit[67] . This is more often the case on the Dutch-speaking side (15.6%) and much less so on the French-speaking side (6.5%). These units are almost always (with the exception of one) described as "EVA-type". In 7.9% of areas (11.1% on the Dutch-speaking side), this cell was set up before the crisis and the proportion increased after the confinement (10.5%, 15.6% on the Dutch-speaking side). When it comes to services other

[65] This practice is more often observed in areas where the number and/or rate of reports is highest (although there is no significant correlation

[66] When detailed, the mention of other practices refers to the organisation of revisits via whatsapp, the use of the SAPV/DS or the emergency call, the hiring of a social worker in the Kind & Gezin section

[67] Four areas (5.2%) reported the existence of both a formal network or cell and an official cell.

than filing a complaint, the following are mentioned: working groups (team, werkgroep) of social services (de sociale dienst, maatschappelijke or sociale recherche), the youth-family service, SAPV referents and VIF steering, participation in the FJC (Limburg), or the setting up of a specific Jeugd en Gezin/ Slachtofferbejegening service. In organisational terms, these units are most often part of the police without being integrated into the SAPV (9.2%). The others are integrated into the SAPV/DS (2.6%). Only 4 units (5.3%) stated that they had specific staff resources for this purpose (one of which was directly linked to the FJC. Another four (two of whom said they had specific staff resources) said they had specific infrastructure resources[68]. Respondents were also asked about the support that would be provided by their corps leader or that they would provide as a corps leader for the setting up of a specific unit. When corps commanders responded (13), the number of those who would not support an initiative to set up a specific formal or informal cell (7) was the highest. Of those who would support an initiative, it would more often be an official unit[69] (5) than an informal one[70] (1). One corps leader said he was considering this possibility. When the questionnaire was completed by other respondents (63), the negative responses were also the most numerous (35.5%). Many said that the matter was under consideration (26.3%). When support is supposed to be provided by the commanding officer, it is more likely to be for an informal unit (11.8%) than a formal one (9.2%). Whether it was the commanding officer or other respondents, the reason for a negative response was never stated (free open question). The reasons given (3 responses) for supporting a unit that remains informal refer either to the lack of capacity devolved to a specialised function, or to the existence of an official function within an existing centre (IFG-Centre) with which collaboration is established. The reasons given for supporting a specific, structured unit (4 responses) refer either to a concern for quality, a concern for clarity, the importance of the subject or the fact that it is an initiative launched by the justice system, the police and the province.

4. Practices regarding perpetrators

When asked whether informal practices had been put in place to organise services for perpetrators of violence between partners, very few areas responded positively (4=5.3%) (table 9). When this was the case, it was slightly more often on the French-speaking side (3=9.7%) than on the Dutch-speaking side (1=2.2%). In this case, the referral was either to a service outside the police force or initial support within the police force. One zone reports psycho-social support and two another type of service, one of which refers to the consultation of cases within the framework of a FJC. This small number of areas is divided into different categories according to population size and the number and rate of referrals. Most of these practices already existed prior to the health crisis, although they seem to have intensified somewhat after the crisis. Only one out of two of the areas concerned (4) felt that the crisis had prompted them to introduce these practices.

A slightly higher number of areas (7=9.2%) reported that an official unit or service had been set up to organise services for perpetrators of partner violence, although this was still a large minority. This is slightly more often the case on the Dutch-speaking side (5=11.1%) than on the French-speaking side (2=6.5%). The trend in the figures does not indicate a particular role for the crisis in this respect. This is confirmed by the statements of the respondents concerned, who do not attribute any catalytic role to the COVID-19 crisis. It should be noted that 2 of the 7 zones concerned, located in Flanders, say they have received specific staff resources[71]. The commanding officers responding (13) (table 10) are divided on the support to be given to the establishment of practices or services for perpetrators: 4 are opposed (one of whom explains that the approach via the JFC is the most appropriate), 3 support the

---

[68] They mentioned for example : a dedicated facility for victims (shared with other teams), a duty service , premises for the FJC located in the provincial buildings, or the installation of an audiovisual room for hearings.
[69] As one head of corps explains, this is one of the police's core tasks.
[70] He believes it is preferable to move forward "step by step".
[71] These two areas have already mentioned these resources in relation to victims, one referring to the FJC.

principle but feel that this role is not for the police, 3 support or would support the establishment of an official unit, and the question is under discussion in 3 areas (the available police capacity being a factor in the discussion). None would support informal practices.

More of the other respondents, reference police officers or others (63), thought that this type of initiative would not have the support of their commanding officer (47.4%) than vice versa (35.5%). Among those who think that the initiative would be supported by the hierarchy, some mention an informal network already developed for this purpose or an IFG project in progress, while others mention capacity problems. Among those who thought that the initiative would not be supported, some mentioned a lack of thought on the subject, others the fact that this type of initiative is developed outside the police zone within the framework of the FJC, or a capacity problem or the fact that it could perhaps be envisaged provided that the resources of the zones were merged.

Finally, to the question of whether perpetrators of IPVs (table 10) are informed by agents of the possibility of voluntarily turning to accountability training services for perpetrators (such as PRAXIS on the French-speaking side), the majority of responses were positive, 81.5%, including 27.6% who said "always" and 53.9% who said "sometimes". Only 6.6% said they never gave out information. A further 10.5% were unable to answer this question. There were also differences in responses between the two regions, but these were not statistically significant.

5. Harassment alarm

A sizeable proportion (35.5%) of responding zones said they had already used the harassment alarm, which is scheduled to be rolled out more widely under COL 3/2023 (table 11). However, its use is much greater in the Dutch-speaking (57.8%) than in the French-speaking areas, where it is still only rarely used (3.2%) (Chi² sig =0.000). Its use is still largely in preparation (48.5%), more so on the French-speaking side (64.5%) than on the Dutch-speaking side (37.8%). No project is yet envisaged (in July 2023) in 15.8% of zones, but only in 4.4% in Flanders and 32.3% in Wallonia and Brussels. The figures therefore highlight above all the imbalance in the process of introducing this new tool, the history of which varies from region to region. Between January 2022 and June 2022, 10% of areas had already used the tool, but these were all in Flanders (17.8% in Flanders). From July 2022 to December 2022, 9.2% of areas had already used the tool, but only 3.2% of French-speaking areas and 13.3% of Dutch-speaking areas. The most recent period, from January to June 2023, saw no devices introduced in French-speaking areas, while 26.5% of areas in Flanders (i.e. 15.8% of all areas) began using the harassment alarm during this period.

When asked about the frequency of use, the predominant response from the zones was that it was infrequent (31.6% of all zones) or just over one in two Dutch-speaking zones (51.1%). However, regular use was reported by 6.7% of Dutch-speaking areas (or 3.9% of the total). Finally, no zone reported using it often. A minority of zones (6.7% of the total and 11.1% of zones in Flanders) consider that the COVID-19 crisis was an incentive for the development of harassment alarms. The departments responsible for its application are most often a specific unit (15.8%), followed by the SAPV/DS (13.2%) or another department (19.7%).

All the areas where the harassment alarm is used (24) state that they offer psychosocial support to the victim, provided by an internal police service. Almost all of them (23) also report offering psychosocial support from a service outside the police. The offer of psychosocial support to the perpetrator from within the police force is rather rare, affecting only 2 of the 24 zones that use the harassment alarm (i.e. 2.6% of the zones, or 4.4% of the zones in Flanders). The offer of support by a service outside the police is more frequent, but remains a minority: it concerns 7 of the 24 areas that use it (i.e. 9.2% of all areas and 13.3% of areas in Flanders). When asked whether they thought that psychosocial support for the victim from both the harassment alarm and an internal police service was desirable, 67.1% of the areas responded positively (77.8% of Dutch-speaking areas and 51.6% of

French-speaking areas). Many more (93.4% - 95.6% of Dutch-speaking and 83.9% of French-speaking areas) consider that support from a service outside the police is desirable.

The figures differ when it comes to psychosocial support for the perpetrator: only 28.9% of the areas consider it desirable for this to be provided by an internal police service, whereas 90.8% of the areas consider it desirable for it to be provided by an external service. In principle, therefore, there seems to be a very broad consensus on the fact that psychosocial support for the perpetrator, in conjunction with the harassment alarm, is desirable, but that it falls outside the role of the police and should instead be provided by an external service.

6. Temporary residence ban

Temporary residence bans (TRB) had already been used in 81.6% of the areas that responded, but much more often on the Dutch-speaking side (95.6%) than on the French-speaking side (61.3%) (table 12). The difference between regions is significant (Chi² sig =0.000)[72]. Overall, 36.8% of zones say they use it regularly, but there are regional differences: French-speakers, who use it less, also use it less often (16.1%) than Dutch-speakers (51.1%). Nevertheless, use considered to be 'rare' appears most frequently in the responses (38.2%, 41.9% of French speakers and 35.6% of Dutch speakers). The crisis does not seem to have had a major impact according to respondents' perceptions. Only 10.5% said they had used it more often during the first lockdown, and 11.8% less often, while 80.3% said there had been no change. However, the post-containment period appears to be marked by more frequent use of TRB (31.6% felt that it was used more often than before), and very few respondents felt that it was used less often (3.9%). The reasons given (which may be combined) to explain the infrequent use are firstly the cumbersome nature of the procedure. This difficulty seems to diminish over time (46.1% before confinement, 36.8% during and 30.3% after). It was cited much more often by the French-speaking side (from 41.9% to 48.4%) than by the Dutch-speaking side (from 22.2% to 44.4%). Lack of knowledge of the procedure remains an important reason, but also decreases over time (28.9% before confinement, 21.1% during and 15.8% after). It was also more marked on the French-speaking side than on the Dutch-speaking side. The difficulty for the perpetrator to find accommodation and the lack of reception facilities for the perpetrator is a reason often cited, and this is slightly more often during confinement (25%) than before (22.4%) or after (18.4%). Differences between regions are less significant in this respect. Lack of availability of support services for victims and perpetrators was also mentioned as a possible reason, with no significant difference before (22.4%), during (19.7%) and after (17.1%) confinement. Between 13 and 16 zones also mentioned an "other" reason.

7. Networking

The responses to the questionnaire give a rather mixed picture of how the crisis affects networking. While perceptions are far from clear-cut, certain trends can nevertheless be identified (table 13).

Overall, it can be seen that about half the respondents (between 42.1% and 51.3%) do not perceive any effect of the COVID-19 crisis on the intensity of networking, whatever the partners. This proportion drops to 34.2% when it comes to the concertation platforms (but perceptions are then equally divided between those who feel that the crisis has intensified networking and those who feel that it has had a diminishing effect). A significant proportion of respondents also said they did not know how to answer this question (from 13.2% to 39.5% depending on the partners mentioned). There are major differences between the perceptions of French-speaking and Dutch-speaking areas. Intensification of networking is proportionally more often perceived on the French-speaking side (maximum of 54.8% for all networks combined) than on the Dutch-speaking side (maximum of 17.8%).

[72] No significant difference is observed according to the size of the zone's population, the number or rate of reports of IPVs, or whether IPVs are included or defined as a priority in the ZSP.

Whatever the partners mentioned, with the exception of accommodation services and child and youth services, more French-speaking respondents perceive an increase in collaboration than a decrease. At the same time, Dutch-speaking respondents said that they perceived a decrease in networking more often than an increase for ten of the twelve players mentioned.

Among the respondents who perceive an intensification of networking, it is in relation to internal networking (between members of the police) that this perception is most frequent: 30.3% of respondents mention this, but this is much more often the case on the French-speaking side (54.8%) than on the Dutch-speaking side (13.3%). This difference is statistically significant (Chi^2 sig = 0.001).

Overall, the most frequent observation is that networking with the judicial authorities has intensified. The perception of a decrease in collaboration is less frequent overall. With magistrates from the youth prosecutor's office, collaboration seems to have intensified for 21.1% of respondents (compared with 10.5% who perceive a decrease), with significant differences between regions: 25.8% of French-speakers perceive an intensification (compared with 3.2% a decrease), while almost as many Dutch-speakers perceive a decrease (15.6%) as an increase (17.8%). Among Dutch speakers, however, it is with these partners that a perception of an intensification of collaboration is most often perceived (in equal measure with the PCSWs). Increased collaboration with magistrates from the criminal prosecution service is perceived by 18.4% of respondents, while a decrease is felt by 7.9%. Once again, however, it was far more French-speakers who felt that collaboration had intensified (29%, and none felt that it had decreased) than Dutch-speakers, who were even more likely to feel that collaboration had decreased (13.3%) than increased (11.1%). 25.8% of French speakers also perceive an increase in networking with family prosecutors (compared with a decrease of 3.2%), compared with only 8.9% of Dutch speakers, who are much more likely to experience a decrease (17.8%). This gives a total of 15.8% of the whole sample perceiving an increase and 11.8% a decrease for the family prosecutors' partners.

Among actors outside the police and the justice system, respondents most often felt that cooperation had intensified with the PCSWs (18.4%) and assocation (18.4%). Once again, however, the responses differ widely from region to region. On the French-speaking side, 32.3% of respondents felt that collaboration with organisations had intensified, compared with only 8.9% on the Dutch-speaking side. This discrepancy seems logical in view of the different organisation of IPV services in the two federated entities (associations being in the minority in Flanders). A similar proportion of people in the north (17.8%) and south of the country (19.4%) felt that collaboration with the PCSWs had intensified, and when this was perceived as having an effect on collaboration (49.7%), it was more often in the sense of intensification (18.4%) than reduction (11.8%).

In the case of the law courts, when the crisis is perceived to have had an effect (50%), it is in a similar proportion to the decrease and increase in collaboration, but these proportions differ according to the region: in the north of the country, networking has tended to decrease (11.1% decrease for 6.7% increase and 55.6% no effect) whereas in the south, it has tended to increase (22.6% increase for 16.1% decrease and 41.9% no effect). Surprisingly, on both the Dutch-speaking and French-speaking sides, networking with accommodation services is seen as having decreased (11.8%) rather than increased (6.6%). With child and youth services, the perception of a decrease in networking (15.8%) outweighs the perception of an intensification (11.8%). This is particularly the case in Flanders (17.8% decrease versus 11.1% increase). The same number of French-speaking respondents felt that there had been an increase or decrease (12.9%). Overall, the effect of COVID-19 on networking with concertation platforms was the least neutral (34.2% "no effect"), with an equal proportion of increases (22.4%) and decreases (21.1%). Once again, there were regional differences: on the French-speaking side, the effect of an increase (35.5%) outweighed the effect of a decrease (19.4%), while on the Dutch-speaking side, the effect of a decrease (22.2%) outweighed the effect of an increase (13.3%).

On the French-speaking side, cooperation with the *Services d'aide aux justiciables* is perceived to have increased slightly more (16.1%) than decreased (12.9%), but the proportion of respondents who said

they did not know is significant (29%). In the case of the Dutch-speaking CAWs, the perception of an intensification of collaboration (15.6%) is slightly more frequent than that of a decrease (11.1%).

Half of the zones, on both the Dutch-speaking and French-speaking sides, report no new concertation initiatives in recent years (Table 14). Of those that did report new initiatives, these appeared more often after the crisis (25%, 29% on the French-speaking side and 22% on the Dutch-speaking side) than before the crisis (11.8%, 9.7% on the French-speaking side and 13.3% on the Dutch-speaking side) or during the crisis (10.5%, 9.7% on the French-speaking side and 11.1% on the Dutch-speaking side). However, as the period of the first confinement was relatively short compared to the period before and after, the proportion of 10.5% is not insignificant at all.

8. Internal organisation

The crisis also seems to have been accompanied by changes in the internal organisation of police areas, but to a lesser extent, and more often on the French-speaking side than on the Dutch-speaking side (table 15). During the lockdown, it was mainly changes to provide specialised training in IPV that were reported, much more so on the French-speaking side than on the Dutch-speaking side (15.8%, 29% on the French-speaking side, 6.7% on the Dutch-speaking side). This type of initiative is even more frequently mentioned after the crisis (31.6%, 51.6% French-speaking and 17.8% Dutch-speaking).

Secondly, initiatives to enable supervision of workers faced with IPVs within the zone were mentioned. 13.5% mentioned them during containment (16.1% on the French-speaking side and 11.1% on the Dutch-speaking side) and 25% after containment (29% on the French-speaking side and 22.2% on the Dutch-speaking side). Initiatives to improve the well-being of workers were very rarely associated with the confinement period (5.3%, 6.5% on the French side and 4.4% on the Dutch side) but were more often developed after confinement (17.1%, 16.1% on the French side and 17.8% on the Dutch side).

9. Perception of proactive practices

As a conclusion to the questionnaire, respondents were asked whether they thought that "the conditions of the COVID-19 crisis had or had not encouraged a shift towards more proactive practices within the police with regard to violence between partners". Overall, the responses to this question (table 16) were more often negative (48.7%) than positive (35.5%), but the ratios were reversed according to region (although the difference was not statistically significant). French-speaking respondents felt that there was a tendency towards greater proactivity (45.2%) rather than the status quo (38.5%), while more Dutch-speaking respondents saw no change (55.6%) than more proactive practices (28.9%). The proportion of respondents with no opinion on the matter (15.8%) is virtually the same across the regions.

10. Conclusions

The responses to the questionnaire show that the health crisis was a period during which new policing practices were introduced or developed in the area of IPV. Although we cannot determine to what extent the specific crisis situation was or was not the cause, it is clear that the period was rather favourable to the development of new practices. The first of these is the **practice of revisiting**. The questionnaire confirms that this practice was already largely in place prior to the crisis, as it was already being applied in 45% of police areas. The circular COL 20/2020 therefore prescribed that the practice should be generalised in a favorable context. The circular was accompanied by a major leap forward, with only 8% of areas declaring that they were not applying it at all at the time of the questionnaire (July 2023). However, this finding needs to be qualified, since almost half of the areas (47%) consider that they are applying it only partially, due to (too) limited resources or, less often, for reasons of relevance. Furthermore, the format adopted for this revisit is most often telephone contact (84% of areas). Visits to the victim's home take place in only 35% of areas.

Nearly half of the zones (46%) also say that they have developed **new practices for dealing with victims in the** context of the crisis. This is significantly more often the case in French-speaking areas than in Dutch-speaking areas. The main changes cited were the development of telephone contacts, the possibility of lodging a complaint online, the reception of appointments and the provision of suitable premises. Some of these practices already existed, but the crisis seems to have acted as a catalyst. They developed mainly during the first lockdown and continued afterwards on a more limited scale. The most innovative initiatives, although still in the minority, consist of setting up specific units for victims, either in the form of an informal network (16% of areas) or in the form of an official unit (12%). Some of these cells existed before containment, but they were extended during the post-containment period. In just over a quarter of areas (26%), this type of initiative is being considered, while in over a third of areas (35%), this type of initiative does not seem to need the support of the corps commander. Arguments were put forward in support of this type of initiative. **New practices with regard to perpetrators** have also emerged, but they remain rarer. 9% of the zones nevertheless state that they have set up a unit specifically to deal with perpetrators (more often informally on the French-speaking side, and officially on the Dutch-speaking side), the main aim of which is to refer the perpetrator to a service outside the police. The support given, or supposed to be given, by the head of corps is shared and also modulated according to the existence of a FJC perceived as fulfilling this role (as far as Flanders is concerned).

Few areas, however, feel that the crisis has been an incentive to implement these initiatives for both perpetrators and victims. These initiatives would therefore be part of a process that had already begun and would be rolled out over the longer term. The period after COVID-19 corresponded to the period when a new tool, the **harassment alarm**, was introduced into practices. It should be noted that a minority of zones consider that the crisis was an incentive to introduce this tool. The survey provides information on the state of implementation of the tool, which is much more advanced in the north than in the south of the country. While psychosocial support for the victim is generally desired and planned, it is considered desirable in principle for the perpetrator, but rather by a service external to the police. The survey also provides a picture of the **use of temporary residence ban,** which is still rarely used in 38% of zones. The lockdown period seems to have had little impact on its use, but it does seem to be more frequent in the period following the lockdown (especially in Flanders). The difficulties most often cited are the cumbersome nature of the procedure, as well as housing difficulties and the lack of accommodation infrastructure for perpetrators. When asked about the effect of the crisis on **networking**, either internally or with external services, the police areas gave a wide variety of answers. As a result, there is no discernible overall trend. Overall, the perception that there is no effect on networking almost always prevails. When this is not the case, the perception of an intensification is slightly more frequent than that of a decrease in collaboration, and this is more the case on the French-speaking side. This is especially the case for internal networking between members of the police (30% of the zones perceive an intensification), then with other judicial actors (magistrates). Apart from the judicial actors, collaboration with the PCSWs seems to have intensified in both regions. Overall, around 47% of the zones also report new consultation initiatives.

The crisis also seems to have been accompanied by changes in **internal organisation,** but in a very moderate way. These include the intensification of specialised IPV training, the supervision of workers faced with IPV, and initiatives to improve workers' wellbeing following containment. The **perception of more proactive IPV practices** within the police following the COVID-19 crisis is far from unanimous, but nevertheless concerns a significant proportion (35%) of respondents, more so in the south of the country than in the north.

VIII. ANALYSIS OF EVOLUTIONS, CHANGES AND INNOVATIONS IN PRACTICES

This part of the study aims to assess changes and development in public policies and actions involving multiple fields and actors: police, justice, health and associations during and after the Covid-19 crisis. It will specifically identify changes in public and media discourse regarding intimate partner violence, as well as changes in judicial interventions, front-line interventions and associations, and innovations and new developments brought about by the awareness of the risk of violence and confinement in the home during and after the crisis. It will assess their relevance in meeting the needs of victims and their continued integration into post-lockdown policies, drawing lessons for more structural and integrated policies that prepare us for future crises and help respond better to the needs of the most vulnerable groups in society. Targeted case studies were conducted in the three sectors (police/justice, medical and associations) and in the three Belgian regions.

1. Materials and methods

The aim of these case studies is to obtain a detailed analysis of changes in the practice of intimate partner violence (both during and after the pandemic). The focus is twofold. On the one hand, it examines the impact of pandemic-related policies on the dynamics of intimate partner violence. On the other hand, it looks at the impact on the operation of professionals in the field. From this analysis, lessons can be drawn for a more structural and integrated policy in preparation for future crises. The case study consists of an in-depth analysis of one or more cases in their respective contexts (Yin et al, 2012). The case is a "set of interrelations between actors, situated in space and time" (Albarello, 2011). "*The study of several cases, rather than a single case, is justified by the advantages it provides: on the one hand, it avoids focusing on a single case which would, by necessity, become too specific and too personalised; on the other hand, multisite analyses are more substantial and lead to more powerful and more generalisable conclusions than a single case study*" (Cipriano et al., 2015). Case studies are particularly appropriate when the boundaries between the phenomenon and the context are unclear or when the two cannot be dissociated. It allows us to examine the relationships between the case and certain contextual elements, or to reveal the complexity of certain situations. "The case study is therefore the only method that can provide a detailed description of the actual process, identify in concrete detail its mechanisms of action and the conditions for its success, and highlight the different types of effects produced". Each case study was the subject of several semi-structured interviews with front-line professionals, which were analysed thematically using an abductive approach. In some cases, on-site observations were possible. In addition, available documents were included in the data.

Table showing the selection of IPV- Dacovid case studies			
Sectors :	**Flanders**	**Brussels**	**Wallonia**
Police/justice	Stalking alarm (Gent)	Revisit	Stopp Vif (Secova)
Medical	(Para)medical healthcare in Ostend	St Pierre Hospital/CPVS	/
Associations	Family justice center Antwerp and Mechelen	Hotel	Praxis

Eight case studies were carried out in the three sectors: justice/police, health and assocation sector. They were spread across the country's 3 regions (3 case studies in Flanders, 2 case studies in Wallonia and 3 case studies in Brussels). The studies were selected on the basis of systems identified by the researchers in Workpackages 1 and 2 as areas for innovation during the covid pandemic period (March 2020- March 2022). The central questions asked, were: how did professionals organise/ cancel/reorganise their work in the field during the crisis? Did the crisis period lead to changes in cooperation between professionals from different organisations or disciplines?

Some of the schemes analysed were developed in response to the crisis situation on the ground, in a sense as "new schemes". The hotel in Brussels was opened during the covid crisis in response to housing difficulties. Other schemes existed before the crisis and were extended, such as the practice

of revisits by the police, which became compulsory during the covid period. This is also the case for the harassment alarm, which was developed as a pilot project by the Ghent police zone. During the covid period, the decision was taken to extend this system to the whole of Belgium. In addition, some of the case studies selected focus on facilities that already existed before the covid pandemic and which had to adapt their practices to survive the pandemic period: FJC, Praxis, Hôpital St Pierre, CPVS ("Centre de Prise en Charge des Violences Sexuelles"). These case studies shed light on certain aspects of the way in which IPV are cared for during the covid pandemic, at a time when the intervention systems are under pressure: housing (Brussels hotel and FJC), the issue of violence against children (Hôpital St Pierre), care for victims (CPVS and FJC), perpetrators and their care during the covid period (Praxis, the practice of revisiting). Each case study is a 'gateway' that has enabled researchers to analyse a broader issue related to IPV and the pandemic period.

2. Case study: CPVCF hotel – Brussels

2.1. Presentation of the system

On 6 April 2020, two weeks after the start of the first confinement of the population, a press release from the Marron-Trachte Cabinet (in charge of Health and Social Action within the COCOF[73]) announced the opening of a hotel in Brussels to accommodate women and children who are victims of domestic violence. This initiative was being launched a few weeks after the implementation of measures to confine the population, but it came against a backdrop of saturation of reception facilities prior to the pandemic, with the lack of available places being an endemic problem regularly denounced by the sector. The Cabinet called on the services of the Centre de Prévention des Violences Conjugales et Intrafamiliales (CPVCF), a non-profit organisation offering - among other things - specialised support to all victims of domestic and/or intra-family violence. The hotel, whose address was kept secret at the time, was originally located in the town of Forest. Initially scheduled to run for three months, the initiative was extended several times, until 31 March 2021. The scheme was then moved to an establishment in Molenbeek. The reception at the Forest hotel was designed to be short term and urgent: "to shelter people, offer them respite and, if necessary, support them in administrative procedures and the search for lasting solutions". (interview) At a second stage, once the extension and move had been agreed, the scheme was rethought in terms of the medium term: "*social integration and access to housing begań to take on a predominant role in the hotel scheme, and sometimes more important than the emergency as such*." (interview) Additional staff were then hired specifically for this hotel project. When the hotel closed for good, the women residents were redirected to other reception facilities.

This particular scheme is part of a set of initiatives of the same type deployed in April 2020, to offset the reduction in capacity of existing services to house and/or confine homeless people. In fact: "what we call a "hotel scheme" is in realitý made up of a multitude of different projects in the Brussels region, with distinct operations and objectives (not necessarily defined in advance), coordinated by a variety of players, such as associations providing assistance to homeless people, municipalities or CPASs, and which rely on unique partnerships.

2.2. Analysis of interviews

"Low-threshold" reception and IPV expertise: The CPVCF contributed its expertise from the outset of the project by making concrete recommendations about the conditions under which these women would be received: hiring a psychosocial team, secret address, etc. The CPVCF was then responsible for referring women and selecting those to be taken into care in the hotel. It is then responsible for referring women and selecting those to be taken into care in the hotel. The facilities of this type set up in April 2020 have in common that they are "low threshold" facilities: *"the absence of conditions*

[73] The "commission communautaire française"

relating to the presence of an established income or administrative status has enabled people who are excluded from most existing reception services, such as illegal residents, to have access to these facilities". (interview). This is one of the positive points raised in the interviews when assessing these initiatives. Indeed, reception places in CPVCF accommodation are usually conditional on income as well as regularitý of residence. Exceptionally and in this particular context, these conditions are lifted. However, the Forest hotel has the particularity of offering specialised IPV care. However, the reception conditions also have an impact on the work carried out by the CPVCF. In fact, a low-threshold reception is usually thought out for a homeless public, but here it has the support of specialist expertise, usually conditioned, is a central element of this scheme thought out in covid time.

A network of contacts around the hotel: Initially, workers from the various CPVCF hostels are mobilised. Some of them rotate between their own hostel and the hotel, while others spend full-time at the hotel. The Maison des Parents Solo (MPS), an organisation offering psycho-social and legal support to parents based in Forest, also joins the project. These various people take care of the women in the hostel, forming the core of the scheme. In addition, a network of contacts was quickly established. Contacts were established with the local CPAS. A doctor from a nearby medical centre also became involved in the project.

Empowerment of field workers: In the early days, no additional staff were hired to run the hotel. The workers are overseen by a CPVCF co-director who then dedicates herself entirely to the hotel. Reflecting on their involvement in the hotel, all of the workers we met reported a sense of *empowerment* felt during this particular period. Indeed, in a confined world where the majoritý of services are at a standstill, going to work at the hotel *"had this very useful side. The world doesn't stop. There's a world that's collapsing. And then there's this taking action that's completely out of step with the rest of the world." (interview) For the workers, it's ultimately about "regaining control somewhere over fear [...] in something that was a bit unreal.*" (interview) However, for some professionals, this feeling of control may have been accompanied by a feeling of loneliness. Although they were allowed to return to the field, they reported a feeling of abandonment as regards the resumption of their activities*: "You are in the health sector, you are essential, but there are no budgets released. Make do. You can get back on your feet, but you have to make do with what you have. [...] Yes. Make do. »* (interview)

A highly mediatised system: The relevance and necessity of the hotel are recognised by those involved. However, the media coverage given to the hotel sometimes conflicts with their experiences in the field. The communications surrounding such initiatives have been described as *"publicity stunts"* (interview). (interview) They also see it as inadequate: *"The way it was communicated was: these good women are going to be able to breathe at the Marriott hotel, but no, in fact. But no, in fact"*. (interview) The contributors also report many initiatives taken by field workers alone, which receive little or no coverage in the media: *"We get media coverage but... Because we did it for free. That makes me a bit bitter. I have no problem doing the job. I can see the point. But I don't like people saying: "The minister has opened a hotel for...". That doesn't reflect reality."* (interview) Behind the confrontation between the scheme as it is mediatised and as it is experienced by the workers, another issue then insinuates itself: the mobilisation of professionals in the field.

Working in an emergency for a particular public: The work carried out within the hotel and the handling of violence as such were discussed by all the workers we met. For all of them, their work was mainly marked by emergencies. On the one hand, it was the urgency and speed with which the system was set up and, on the other, the urgency that characterised the situations of violence suffered by the women in their care. This situation led the workers to refer to their work at the hotel as humanitarian work: *"We were no longer doing social work, we were doing humanitarian work. Humanitarian work means working in an emergency. Social work is a process".* (interview) The particular group of undocumented women staying at the hotel also contributes to this. Dealing with these precarious situations adds to the sense of urgency: *"We said to ourselves: what are we going to do with our undocumented ladies when the hotel closes?*" (interview). Some professionals also report having to

deal with situations of violence that are even more extreme than in their normal practice. Leaving the home and arriving in a hotel are also characterised as emergency situations by the professionals. All of these conditions and the different aspects of the system mean that work on violence as such is limited: *"Now, it's a first-line reception. Of course, work can be done on the emotional impact, on the violence, on what they've been through, but we're so much about the emergency, trying to find a solution to the day-to-day problems and managing the anxiety that comes with being there for such a short time. I don't think this allows us to do the in-depth work we need to do to deal with the violence*." (interview) In the end, it was a matter of giving priority̆ to *"primary needs, whereas at the refuge [the workers] are not content with that"* (interview).

The aftermath: The workers first acknowledge the learning that resulted*: "I also think that it gave mé tools, an expertise that I didn't especially have."* (interview) Beyond the learning inherent in this experience, the bonds between workers were also strengthened at the hotel. The professionals remember: *"It was enriching. At that point̀, I find that the word solidarity̆, it still made sense."* (interview) However, the learning and bonds forged through this experience are not without a certain amount of fatigue within the psychosocial sector. The "post-disability", the "post-Covid" period is still being played out today: "*In our team, we're just getting our bearings back. And I think it's very tiring to have to reinvent ourselves all the time.*" (interview) Some respondents also mentioned a feeling of frustration with the application of covid rules. These rules, applied in a top-down manner and without consultation with the workers in the field, were sometimes resented by the workers themselves: *"One thing I resented was having to enforce rules I didn't necessarily agree with. I didn't think it was necessarily very humane."* (interview) The workers illustrate the lack of adaptation of rules depending on the sector of activity: *"the mask in the house, I also sometimes had trouble with that. I'd say to myself, 'But it's actually their house. I'd put myself in their shoes for two seconds... They'd ask me to wear the mask in my house...".* (interview) The management of the pandemic and the health measures also contributed to the fatigue inherent in the psychosocial sector, which was heavily mobilised during this period: *"And I think we were all a bit alone with these difficulties. When you read the government measures, they're not particularly applicable to what was happening to us. And it's tiring having to adapt all the time. Adapting is tiring in the long term."* (interview)

3. Case study: The practice of "revisiting" – Brussels

3.1. Presentation of the system

As early as March 2020, the media reported on the practice of revisiting. Various police areas organised themselves to get back in touch with victims of domestic violence with whom they had had contact before the confinement. Although the practice of "revisiting" predates the pandemic, it was becoming more common and widespread in view of *"the greater difficulty for the people concerned to find useful contacts in the aid sector or simply a little respite outside the family unit".* (In December 2020, a circular from the Collège des Procureurs Généraux (COL20/2020) endorsed and disseminated the practice throughout the country, specifying the obligations and procedures. So it was not the initiative to call back victims that was innovative in itself, but the fact that it was being formalised and framed in a circular. The players involved say: *"It's really an initiative that was taken at local level by the police. We've had a lot of feedback to the effect that it was already being done in certain ZPs. [...] That [The COL20/2020] is clearly a circular that was taken in the context of the Covid-19 crisis."* (interview) During the first few months of the pandemic and during the initial containment, revisit took many forms depending on the police zone and the agents responsible for implementing it. Highlighting IPVs and local initiatives by professionals led to the formalisation of a pre-existing practice in certain zones, spreading it throughout Belgium.

3.2. Analysis of interviews

The police/justice sector in times of covid: In 2020, the police and justice sectors faced an unprecedented context. When discussing this particular period with the stakeholders, they highlighted the lack of a framework and the absence of case law in which they were operating at the time: *"For me, that was the problem of that period: there was no case law. We were in a new legal situation, while a large part of our legal framework relied on case law to give meaning to terms.[...] There were things to build on, but there was no time to build them. We couldn't rely on an existing framework"* (interview). Sometimes this created an uncomfortable situation for professionals in the field, who sometimes played "*the wrong role*" (interview). They had to enforce rules that they are sometimes critical of: *"Especially as not everyone was in the same position to deal with the pandemic. [...] This impact has been very asymmetrical and has also had an asymmetrical impact on our relationship with the public".* (interview) The reception at police stations was also a point that responders regularly raise: *"It's already not easy to come to us, but with my health measures, it was even more difficult to come to us. [...] And so, in my opinion, that had an impact on the black figure" (*interview). The workers we spoke to discussed concerns they had felt from the very beginning of the confinement: *"We had these concerns because we said to ourselves: if the schools are closed and there's a ban on going out, that poses a very big problem for these women to go and lodge a complaint".* (interview). While they were concerned about the impact of containment measures, they were also aware of the way in which these measures could be used as part of a dynamic of violence: *"In addition, there may be mechanisms that reinforce each other. For example: pandemic, police approach, domestic violence. It's something that is used to reinforce internal domination".* (interview). This unprecedented context and this shared feeling helped to spread the practice of revisiting: *"We were worried about the cases we already had. That's how the idea of revisits came about".* (interview). This good practice then spread rapidly throughout the Brussels region thanks to meetings organised remotely between its different ZPs: *"In fact, they [the ZP commanders] communicated a lot with each other. We have 6 police zones in Brussels and the 6 zones agreed that this was the way to go. This was also done in other police zones in the country. And that led to the COL20/2020, the revisit, which remains. This is really a remnant of the covid. »* (interview)

Revisiting in different forms: The impact of the pandemic in the police and judicial sectors was also characterised by a real investment in the fight against violence between partners: if the concerns were shared, so was the will to act: *"There was a lot of energy in that area. There was a lot of energy in that area, specifically because we were directly concerned".* (interview) In fact, there were many initiatives: online chats, the possibility of filing a complaint online, etc. Revisiting, as practised in the early days of the pandemic, was part of this particular period and took a variety of forms: emails, visits to homes, telephone calls, etc. In some areas, the reminder was based on a survey of the population. In some areas, the recall was based on the judgement of the police officer in charge of the case, while in others it was carried out via a list of names given to an agent. However, some of the officers who were confronted with this practice say that they are not comfortable with it: *"Is it really appropriate? It's a considerable waste of time that does nothing at all for the problem of domestic violence"* (SPAV interview). Others say that they sometimes had the impression of "*adding fuel to the fire*" (SPAV interview). In both cases, the professionals report a practice that seems to them to be little in line with their reality and needs on the ground, dictated by political decisions: *"Once the politicians say it, the commanders apply it"* (SPAV interview). In the end, the practice takes such diverse forms depending on the ZP, the cases and the professionals in the field involved that it is difficult to measure its extent.

Dealing with perpetrators: While some professionals were uncomfortable with being given a list of names to contact again, others saw it as an opportunity to develop a form of dealing with perpetrators that was unprecedented in the police sector. At the start of the pandemic, the SAPV in the Brussels Central ZP were tasked with recalling a list of victims from the information sheets of recent months. A member of the SAPV recounts: *"On several occasions, I came across the perpetrator, or at least the person I was calling against. I was used to hearing victims' stories. But what was I going to say to the*

perpetrator?" (interview). That was when the DOM project was born, a psycho-social care service for perpetrators of violence aimed at taking action upstream to reduce the risks. Taking as its starting point the recall of victims organised at the start of the pandemic, a new form of care was being developed: *"The seed was planted during the Covid period"* (interview). Through this service, professionals are seeking to offer *a "more integrated, more holistic" approach to policing, a much more global vision of the dynamics and history of the couple."* (interview) However, the desire to develop such an approach predates this particular project and has been nurtured for a long time by some professionals. Through a system such as the DOM project, professionals aspire not only to offer a new form of care to perpetrators, but also to create links between the different stages of police care: "*There is no cross-disciplinary view of a case. There are several departments involved and each has a fragmented view of the couple's dynamics"* (interview). However, some of those involved have mixed feelings about the project, raising the question of the need to develop support for perpetrators: the details (who, where and how) of such a service are not unanimously agreed. Even within the SAPV, where the scheme was set up, opinions diverge: *"There is a lot of discussion about whether the police are there to help the perpetrators or the suspects. I don't think so*." (interview) Others, although convinced of the need for such an initiative, add that it would be better placed "*in the social world. I'm not convinced that the police should be doing this. Is it still up to us? Whether in terms of identity - "We're very firm on that point: we're victim assistance"* (interview) - or for more practical reasons such as the time and resources needed to develop such a service, caring for perpetrators is not taken for granted within the police: *"And psycho-social care for perpetrators was seen as a bit new and at odds with what generally happens in the police, since the perpetrator is the man to be shot".* (interview) Lastly, the discussions sparked by this scheme also relate to the missions of the police/justice system and its role in prevention. Through this project, the professionals are seeking to *"get closer to the black number in fact. It's the prevention that we can do with the police".* (interview) This initiative is part of a wider desire to see the police/justice system take on more responsibility for prevention: "*Unfortunately, it [the role of the police/justice system] is essentially reactive. But more and more, we have this mentality that we can also play a preventive role"* (interview). While some players are enthusiastic, others are more reticent and recall the missions of the police/justice: *"Basically, we're not supposed to go looking for VIF. Don't you see? It's the VIF that comes to us. The complaint is lodged and then we intervene. I think we sometimes want to be preventive, but with the right services."* (interview).

Partner violence on the police and judicial agenda: In recent years, the treatment of IPV has undergone a number of changes, with the publication of an ever-increasing number of tools. The pandemic has contributed to this phenomenon, and the COL 20/2020 "revisit" is an illustration of this. While most of those involved are delighted with this development, they also emphasise the considerable workload it represents. Many schemes have developed rapidly, but the professionals point to a wider context, that of a sector operating with too few staff: *"What's surprising is that there are a lot of initiatives, a lot of projects, but at the same time, the Brussels Public Prosecutor's Office is understaffed. There are all these projects and it's creating a bottleneck. And it's not just about VIF*". (interview) This agenda-setting is also sometimes perceived negatively by some professionals, who feel that these initiatives are thought out of the field and imposed top-down: "*It's thought out by politicians who aren't confronted with our reality. They want to do the right thing because they have to react when public opinion is shocked".* (interview)

4. Case study: CPVS – Brussels

4.1. Presentation of the system

In October 2017, three "Centre de Prise en Charge des Violences Sexuelles" (CPVS) opened their doors in Belgium. CHU Saint-Pierre hosted one of them. The central aim of the CPVS is to offer a victim-centred approach to sexual violence, providing holistic care from trained professionals in a single location: victims have access to medical and psychological care, a forensic examination, the possibility

of lodging a complaint as well as follow-up and/or referral to appropriate psychosocial and legal services. In 2020, the PolBru ZP set up the Emergency Victim Assistance (EVA) unit. The EVA unit was set up before the pandemic in order to *"anchor the police zone's contribution to the Centre de Prises en Charge des Violences Sexuelles (CPVS) within the organisation and to develop a service offering for victims likely to suffer double victimisation, including mainly victims of domestic violence". (*interview). The unit therefore performs police functions within the CPVS of the CHU Saint-Pierre, but also goes further. The CPVS can only deal with the police within 7 days of the incident. Victims who wished to file a complaint at a later date were redirected to the reception desk of a police station. Since its creation, they have been redirected to the inspectors of the EVA unit, where they can receive *"care similar to that at the centre".* The CPVS was developed in the specific context of the CHU Saint-Pierre, which is considered to be a hospital that is particularly aware of the issue of violence against women: *"It's part of our DNA to be a pioneer in this field, and we continue to be."* (interview) The hospital has also recently been awarded the "Partner Hospital" label by the Domestic Violence helpline. In addition, there is a project to create a pool of "referents for intra-family and domestic violence", supported in particular by the mother and child unit, which also includes the CPVS.

4.2. Analysis of interviews

CPVS during the covid period: Since it opened, admissions to the CPVS have steadily increased, but 2020 was an exception. Throughout the periods of confinement, the CPVS remained open and continued to offer face-to-face care, but during the first period of confinement, between March and May 2020, the number of admissions almost halved. This figure returned to the level of previous years as soon as the measures were lifted, only to fall again at the time of the second lockdown. This drop in admissions had prompted the Institute, alerted by professionals in the field, to set up a campaign to communicate the fact that the CPVS remained open despite the confinement. Between the two confinements, the figures show an increase in admissions made between 1 week and 1 month after the events: these are undoubtedly victims who "*could not or did not dare to go to the CPVS*". The workers also report that "*victims who indicated that the perpetrator was their partner or a family member were more numerous during the first and second confinements*". Victims returned home more often during the first confinement. Finally, there were "*proportionately many more minors during the period of confinement*". These figures had indeed been of concern to those involved. However, the figures for 2022 call for a rethink of the assumptions made regarding the link with health measures: "*We can see that in 2022, there was also an increase if there was no covid confinement. So for me, the question is: didn't we look too hard in 2021 at the possible effect of covid? And is it perhaps not related to covid at all? That's a question that will come up again in the report we're finalising for 2022.*"(interview) CPVS professionals also observe an impact on the type of situation that comes to them: *"Proportionally, these were situations involving very, very serious violence, cases of torture, etc. Much more concentrated during that period than during the previous one. I think that if it wasn't that bad, people wouldn't come."* (interview) A number of participants reported a certain apprehension about hospitals, particularly the CHU Saint-Pierre, Belgium's leading infectious diseases centre. Added to this is the sometimes illegal context in which the attack takes place, because it runs counter to health measures, and which, according to some of those involved, had dissuaded victims from going to the centre.

While the CPVS saw a drop in admissions at the time of the confinements, its activities were also impacted by the crisis through the centre's location within the CHU Saint-Pierre: in March 2020, the day-to-day running of the hospital and the work of the nursing staff came under pressure: "[After the first wave,] *a lot of my colleagues were very euphoric about what had just happened, but I also had a lot of colleagues who had burnt all their batteries, a lot. In that first wave, some pretty crazy things were done. I mean, things that are humanly and physically impossible."* (interview) As a member of the hospital, the CPVS workers were called upon to keep the covid services open*: "During covid, it was a case of: we have a workforce and we have to distribute it as efficiently as possible to care for people".* (interview) *"The first big impact was that several members of the team were seconded from the CPVS*

to work in the covid departments. Finally, we all went to emergency during the more relaxed times. That was less official." (interview) Like the rest of the hospital staff, the CPVS workers were also greatly affected by this period: *"There are some people, moreover, who got their wings burnt a bit in there, for whom it was very difficult."* (interview) Finally, the impact of the covid period on CPVS workers is part of a wider experience, that of the hospital: *"It was the cause above all, you go there and then you shut up and that's it."* (interview).

The SOS Enfant team at CHU Saint-Pierre, which works with the CPVS, gave a similar account of this period. Their reports diminished after the first confinement, but the workers who remained in the field helped out in various hospital departments. Some of them have positive memories of this special period*: "There are a lot of people in the team who say that, in the end, it was a great time. We all wore white coats."* (interview) However, when recalling this period, the aftermath and the impact on the teams in the longer term are quickly brought up: *"Some had been much more mobilised than others"* (interview). In contrast, the team at the Vertrouwenscentrum Kindermishandeling/ Child abuse confidence centre (VK) in Brussels, which is also linked to the CPVS, tells a different story: as it was not based in the hospital, the team was able to adapt its operations internally. During this period, they did not observe any major change in the number of admissions, but, like the CPVS workers, in the type of admissions: *"But it wasn't the same order in the content of admissions, it was more severe and through other channels than usual".* (interview) Also, despite having had to adapt to teleworking and health measures, the workers report a well-managed period: "*Our organisation invests a lot in the team."* (interview)

The CPVS, a hybrid service: Over and above the impact on workers, the pandemic was also an opportunity for the CPVS to revisit questions that had already been raised beforehand about the very identity of the centre: "*Generally speaking, in hospital services, it's been difficult for people. But at the CPVS, what was difficult was in terms of identity*". (interview) The coordinator describes the centre and the way it operates as a non-profit organization within a hospital. The very role of coordinator, with a hierarchical relationship to different disciplines, is a first example of the service's particularity. This coordinating role, unlike that of a 'traditional' head of department, also involves working with partners such as the police, the Institute for Gender Equality and other specialist external services. In this way, the centre operates across the board, unlike hospital departments, which are organised in silos. Identity issues are nothing new. They have animated CPVS workers since the very beginnings of the CPVS: *"We really operate differently and it's sometimes difficult for the hospital to understand and for us to understand the hospital dynamic"* (interview). This goes beyond the centre's organisational framework: patient care is not conceived in the same way and operates according to a different timeframe. This is well known within the hospital: "*The image of the CPVS in the hospital is that it's a department... It's a bit of a drag. ...And in fact, it's a completely different rhythm. I've never messed around at the CPVS, but I've never had whole nights where I can't even put my feet down to take a piss either. [...] And that's something you don't experience at the CPVS. You can take your time with your victim. And that's not why you're having a hard time, but the perception... And I think it's a point of suffering for the carers [at the hospital] to always be in this rush."* (interview) Since it was set up, the CPVS has developed a care approach that takes time with the victim. While this aspect was an issue for the first recruitments and has contributed to a high turnover in recent years, it is now an integral part of the CPVS's identity: "*It's really the sense of the project, it's why the CPVS came into being. In the other departments where we received these victims, it was impossible. It wasn't because we didn't want to. They arrived with a situation that was - in inverted commas - non-urgent among many other situations. There was no reason to give them priority, there wasn't the time or the infrastructure".* In the end, the pandemic highlighted the identity issues that have driven the CPVS since its inception. As part of the hospital's decision-making process, the workers describe how isolated they were from the psychosocial sector during this period: "*We were pretty isolated, I think.... In our practice, we saw ourselves more as part of a whole range of other practices that functioned quite differently during the covid, which came together. We felt that we were in a different sector."* (interview) So, by the time the hospital called on all its staff for back-up, it was clear to the centre's workers that "*it was no longer*

their identity as carers at the CPVS". In the end, *"it's a reality that became apparent during the covid period: we don't belong to either world".* (interview)

5. Case study: asbl PRAXIS – Wallonia and Brussels

5.1. Presentation of the system

Praxis is a non-profit organisation set up in 1992 to develop addiction prevention programmes in prisons. In 2000, the first accountability group was organised, made up exclusively of perpetrators of domestic violence. Today, Praxis focuses on a number of areas: (A) running accountability groups for perpetrators of violence: these are open (or closed) groups with a minimum of 9 participants for a total of 42 hours, run by a mixed team of facilitators. The association has three branches in Liège, La Louvière and Brussels, which organise empowerment groups in 12 towns in Wallonia and Brussels. Offices are also set up once a month in the province of Luxembourg. The association thus covers the whole of French-speaking Belgium; (B) Praxis also organises information and training sessions for professionals as part of the Walloon region's resource centre; (C) Praxis is also involved in the domestic violence helpline (0800/30 030) in conjunction with the shelters; (D) Finally, Praxis is active in the network of players working on the issue of domestic violence in Wallonia: the association participates in the various provincial platforms, contributes to several publications on the subject and is involved in numerous collaborative projects.

5.2. Analysis of interviews

The impact of covid on working methods: the people we met agreed that they were relatively "protected" at Praxis during the first lockdown (from March to mid-May 2020), despite the general context of insecurity and unknown factors linked to the covid crisis. They did not find themselves on the front line like other emergency service workers. Initially, in March 2020, activities were suspended, then there was a **reorientation of activities towards telephone missions**: beneficiaries were recontacted, an online chat was initiated and then a hotline was set up. Some people describe the first moments of confinement as **a time of dispossession and powerlessness**. They felt powerless to maintain contact with users. Several workers felt powerless, especially on the telephone line. *"**I have a vivid memory of the first lockdown: we didn't have any equipment**. Just posting a video made us feel helpless (...) Colleagues brainstormed and that's when we decided to contact all the users we'd met at least once, those who were being monitored"* (interview). During the first period of confinement, calls to users generally went well, but the Praxis workers who manned the helpline were marked by calls from professionals in the sector who were looking for help and who called Praxis. These include psychologists working in private practice, midwives, ONE social workers, AMO educators, etc.: *"And so, and this wasn't the helpline, eh, it wasn't 0800, it was really the Praxis number that was used. **That's what really struck me, the distress of the professionals who found themselves in this injunction not to be in contact with their public**, with their patients, and who were in an ethical conflict but who were also **being dispossessed of their know-how**"* (interview) From mid-May 2020, activities resumed in person. "*Management very quickly expressed its desire to defend our status as **an essential service** to the government"* (interview).

With regard to the impact on the association's main tasks: The accountability groups were organised again from mid-May 2020, but with the introduction of various devices: Plexiglas, spacious premises to respect safety distances, masks, hydro-alcoholic gel, etc. The people we met mentioned a number of difficulties in terms of organisation, as there were absentees within the team. The people we met mentioned a number of organisational difficulties, as some of the team members were absent. It was also difficult to find available premises when everything was closed. "*We carried boxes of cleaning and disinfecting equipment with us. That's it, we went through it all, it was, **it was becoming leaders of all-terrain groups**, really*"(interview). A number of them also mentioned the many tensions between health, family and work, and a feeling of guilt in relation to the participants in the accountability

groups, particularly with regard to the risks of contamination. Lastly, the waiting list to take part in the accountability groups has grown considerably, reaching 8 months at the beginning of 2021 (Praxis, 2021).

With regard to **the training courses for professionals**, which are organised in conjunction with the Walloon region's resources centre, after an initial period of reflection, the teams finally decided to adapt the initial training module for **distance learning**. **The experience was mixed and was not continued in the long term.** "*I think it's the contact with the trainers and the way we talk about our job. So that was a really one-off change*" (interview). Online training has not been continued outside the covid crisis, with the exception of training modules for magistrates organised by the Judicial Training Institute, which continues to offer online training.

At the **helpline** (0800) in collaboration with the CVFE and Solidarité femme, the covid crisis has led to **changes in the way the helpline operates in the long term**: the helpline now operates **remotely**. During the covid crisis, there were 3 listeners because **the number of calls had risen sharply**. *"Very busy, lots of long calls with complicated situations, no access to the usual solutions. Not everyone was working. The police were busy with other things. A lot of listening, calming down, etc."* (interview). Now they work in pairs again, but **the time slots have increased**. **As regards the long-term consequences on working practices**: Several changes in working practices have been identified by Praxis workers. These changes have lasted over time and some of them have been positive. They include (1) the systematic **organisation of a weekly team meeting**. This meeting was first organised during the first line confinement. It then continued face-to-face. (2) Since the covid crisis, Praxis **workers have been able to telework for a day**. Most consider this to be an improvement in their working conditions. It's a positive change that's here to stay. Another change is perceived more negatively, and that is a certain distancing from colleagues/users, particularly with the disappearance of certain little rituals of daily life such as shaking hands, kissing, etc. In addition, a number of respondents point to a loss of confidence in the teleworking environment. In addition, a number of people highlighted the high turnover within the Praxis team since the covid crisis: turnover has been very high indeed, as highlighted in the association's activity report for 2021 (two long-term absences and 6 workers leaving).

The impact of the crisis on cooperation with partners: cooperation with the **law courts** was put to the test during the Covid crisis. *"**The law courts closed their doors to us because the doors were closed to all the staff**"* (interview). In mid-May 2020, when Praxis resumed face-to-face work, this was not the case for the houses of justice, which were working remotely. The workers then observed that the litigants were less well prepared, insofar as they only had telephone contact with the court assistant. Contacts between Praxis and the maisons de justice are complicated, particularly at a technical level: "*communications and contact were really very difficult, sometimes requiring several attempts. We realised **how important a link it was for us, an important partner for us who prepared the work before the litigant arrived, who supported us at times of difficulty, by giving us information, clarification**, etc."* (interview). In terms of cooperation between Praxis and the SAJ, in the arrondissement of Liège, a cooperation protocol between Praxis and the SAJ has just been signed, allowing the SAJ to send people to Praxis for follow-up.

The impact of covid on the violence encountered: Today, the perpetrators of violence do not mention the covid crisis as an element that triggered or marked the violence, either during the preliminary interviews or during the accountability group sessions. On the question of the impact of covid on the violence encountered, we observe a **diversity of perspectives**: some of the workers we met mentioned the fact that the risk factors were multiplied during the crisis and that the protective factors were not available. In terms of the violence encountered, the covid crisis was experienced in some cases as **amplifying tensions at all levels** (tensions/violence with children, with intimate partners, etc.). In some cases, the situation of confinement was a calming influence for the

perpetrators, who had the situation "under control" with their partner present in the home. Since the crisis (but without any proven link to it) two types of group participants have increased (2022 report): the population of voluntary participants and women.

What about tomorrow? At the end of the semi-structured interviews, the following question was asked: *"And if you were faced with a confinement situation again tomorrow, what measures would you have to put in place? What **recommendations** would you have to give priority to? "*. For some workers, a crisis situation, which is unpredictable by nature, would once again be experienced as a moment of disarray: *"I tell myself that if we were to go through an equivalent situation again, i.e. an unforeseen and unpredictable survival situation, I think we'd be in the same disarray. We wouldn't be any better prepared"* (interview). The importance of having computerised files and technical resources (chat, website, social networks, etc.) to avoid losing contact with users is central to most of the people we met.

6. Case study: Stopp VIF project at the SECOVA Police Zone - Wallonia

6.1. Presentation of the system

The Stopp Vif project – "Services de Terrain Œuvrant pour la Prévention et la Prise en Charge des Violences IntraFamiliales" - is a project financed as part of the call for projects "Impulsion contre les violences intrafamiliales" (Impetus against domestic violence) issued by the Federal Public Service Home Affairs (IBZ). This call for projects aims to support local authorities in their initiatives to combat domestic violence. Launched at the end of 2021, this call for projects is part of a **post-crisis approach**. The Stopp Vif project is funded from October 2022 to June 2024. The participating municipalities are the **5 municipalities belonging to the Secova police area**: Chaudfontaine (the project coordinating municipality), Aywaille, Esneux, Sprimont and Trooz. The project coordinator is the head of municipal social services and the CPAS of Chaudfontaine. Operational co-ordination of the project (centralising information and communicating it to all those involved) is the responsibility of **the Secova police zone,** which covers the territory of the five municipalities - i.e. the zone manager, the VIF referral officer and the members of the SAPV. The aim of the project is to develop **a network of partners and an integrated response plan** mobilising all local resources. The project focuses on the following areas: - training professionals, - pooling resources for supervised emergency accommodation for victims, - developing a strategy for supervised accommodation for perpetrators, - support groups for child and adolescent victims or witnesses, - creating joint intervention protocols for victims and perpetrators, both minors and adults, and, - raising awareness among the general public.

The project represents **an innovative approach** in several respects. The project's cross-disciplinary approach*, "which aims to **reach out to children** through support groups, peer support and other tools (encouraging artistic and physical expression, etc.), to children's emotions and also to parents, through parenting support groups, as part of a systemic approach"*(interview). Other highlights include the development of **local accommodation, the training of additional intermediaries** in the public administrations, the focus on perpetrators and the multidisciplinary and inter-communal nature of the project, including collaboration between the police zone and the five communes.

6.2. Analysis of interviews

The construction of the Stopp Vif project: the 2020-2025 Action Plan for the police zone **focuses on physical violence, and more specifically violence within the family**, against women, children or the elderly, and sexual violence. "***Half of the SAPV's interventions are related to domestic violence"*** (interview). An "**IPV line of force**" working group was set up **in 2020** within the zone with: the chief of police, the IPV reference officer (contact with the public prosecutor and the relay within the zone), the SAPV head of department as well as the SAPV social workers and the investigators from the TAM team (technique for interviewing minors). The police zone has decided to take part in the provincial

platform for local consultation on the fight against conjugal and intra-family violence and is involved in the project to develop the Centre for the management of sexual violence (CPVS at the CHU) in the Province of Liège (Local safety analysis, 2022). The "VIF line of force" working group within the police zone stresses the importance of stepping up networking, beyond the zone itself; the **latest developments in the Covid crisis**, which have led in particular to changes in the way situations of domestic violence are dealt with, reinforce this need for networking: "*At the time of the Covid crisis: the dangerousness checklist (COL 15/2020), the revisit (COL 20/2020), the ITR (updated in 2020) came out at that time. Information sessions were scheduled to discuss them with colleagues. That's when the idea came up: we're networking with the Liège platform, and* ***it would be good to have the same kind of networking across the zone. We could create a platform like the one in the province, but within the zone***"(interview). The creation of a zonal platform was therefore proposed, and it met for the first time in September 2021. It was attended by municipal staff and/or CPAS staff from the five municipalities. A second meeting was held **in December 2021, during which the five municipalities and the police zone decided to respond jointly to the** Federal Public Service Home Affairs (IBZ) **call for projects.**

The start of the project: The Stopp Vif project officially began on 25 October 2022 with the first meeting of the project steering committee (made up of the VIF referents, mandated by their authorities and also permanent members of the VIF platform). The project also benefits from external methodological and scientific support via an advisory committee. The dynamics of the zonal platform are proving highly successful: "*The network has been strengthened thanks to the stopp vif project. For all the services, even at municipal level, we know all the people who are in contact with victims of intimate partner violence",* interview extract. **4 working groups have been set up**: a «child» working group, a "training" working group, a "housing" working group and a "communication" working group. The working groups meet whenever they wish.

The impact of covid on working methods: The people we met mentioned **the difficulty of reconciling family life and work during the initial confinement.** The SAPV social workers worked from home, with access to the police system and landlines diverted to their mobile phones. They were instructed to make contact with victims of recent or previous violence, a task they found tricky. They are confronted with a number of situations of domestic violence that are tense and "flare up" during the covid period. They remember these situations well. These are situations they remember 3 years later. Some of these situations require the police to intervene directly on the spot, while others require direct contact with the magistrate in charge, which is very rare in normal circumstances. On the other hand, the SAPV is directly involved in the practice of revisits, and a notification is systematically sent to the SAPV during revisits. As in many cases, during the covid crisis, **technological resources** are mobilised, which makes it possible to progress in the use of these technologies in order to maintain contact with users and colleagues. Nevertheless, **communication is complicated** because contact with colleagues is much more spaced out and does not allow for debriefing of the complicated situations encountered. In terms of lasting changes to working methods, since Covid, SAPV workers have been able to telework one day a week.

The impact of covid on the violence encountered: In response to the call from the FPS Interior, a project steering committee was set up with officials from each municipality to draw up **a security diagnostic:** based on federal police figures, the latter shows an increase in 2020 in cases of VIF handled by the Secova police zone. *"We have seen the peak in 2020: offences against physical integrity ("assault and battery" accounts for a large proportion). In each case, the location of the incident is also taken into account: the home is the main location, with a peak in 2020 of 225 incidents.* ***We recorded everything, and here, despite the confinement, the figures are increasing****"*. (interview).

In July 2021, flooding in the Vesdre valley had a major impact on the 5 municipalities in the police zone: some infrastructures were completely destroyed. "*It was a major crisis for covid as well. In Trooz, the social centre has been moved, devastated; it's a blow."* (interview). The SAPV workers highlight the fact that the floods, more than Covid, **have created tensions within families, but have also put the**

workers under pressure: ***"Since the floods, the balance has been upset****. People come to us with problems of living and talk about flooding, which has accentuated the violence very strongly*" (SAPV interview). "*The confinement and the floods:* ***two events followed over time, there is an accumulation of periods of stress****. We can't take it any more..."* (interview).

7. Case study: The Family Justice Centre - Flanders

This case study in Flanders concerned Family Justice Centres (hereafter FJC) in Antwerp and Mechelen.

7.1. What is a Family Justice Center (FJC)? [74]

The idea of an FJC originated in the United States and was introduced to Europe through pilot projects. These **multidisciplinary centres of expertise** aim to offer families, where there is violence, help and services in **one location.** This ensures that victims do not have to tell their stories over and over again and have to go to different places for help. The aim of an FJC is to stop violence, restore safety and strengthen the capacity of families to cope. The approach targets both victims and perpetrators, considering the whole family dynamic (Franck & Simons, 2017; Hellman et al., 2017). An FJC is not directly accessible and thus works with referrals through local partners such as police, prosecutors, help and services and local authorities.

The Mechelen and Antwerp FJCs have **three core tasks,** which are to provide advice and consultation for professionals, provide assistance to clients and cooperate with other regional services for the most serious and difficult cases. The specific elaboration of these core tasks differs slightly between centres because of regional differences (FJC Antwerpen, 2021 and 2022; FJC Mechelen, 2021 and 2022; Veilig Thuis in het "Family Justice Center", z.d.). In Flanders, there are currently four FJCs, with plans to open five more by the end of 2023.

7.2. Results on the impact on partner violence

This section provides insight into the impact of the corona pandemic on partner violence dynamics, based on the interviews with 11 actors involved and supported by figures from annual reports and media. This analysis shows that the impact of the pandemic is not uniform and varies depending on the organisation and context.

The media reported extensively on the increase in partner violence during the pandemic. The 1712 helpline received 50% more calls about possible violence and abuse in 2020. This increase does not necessarily reflect an increase in violence. Other factors such as extended opening hours and increased public awareness also caused the helpline to receive more calls (1712, 2020). The FJC in Mechelen also saw a significant increase in applications: "*We were getting one to two applications a day. So that was a tsunami of applications. Also from families we didn't know yet"* (interview), resulting in a doubling of the number of cases in 2020 compared to 2021. In Antwerp, there was also an increase in applications since the start of the pandemic, but the capacity to receive them was limited. The OCMW and the refuge noticed an increase in the demand for help, but there were also new shelter initiatives, so it is unclear whether the shelters were full. The Child Abuse Trust Centre saw an increase in the number of unique reports between 2020 and 2021, *"... and then our backlog came. Because we could not always start up, because we were not there together... Everything was delayed"* (interview). The outpatient operation of the CAW almost fell silent, but a new project was launched to restart outreach**. Overall, there was an increase in the number of reports, albeit with variations between organisations.**

[74] For this case study, the FJCs of **Mechelen and Antwerp** were involved as well as **some of their partners** (namely: Confidential Centre for Child Abuse, Child and Family, Centre for Pupil Guidance, Centre for General Welfare Work and Public Centre for Social Welfare).

All respondents acknowledged that the pandemic had an impact on intimate partner violence, with an increase in violence frequency and severity. Some respondents feared that much violence remained under the radar: *"I think a lot of situations, but really a lot, situations of violence but equally abuse, did not come out. In which I also do ask myself the question, how long did that last?"* (interview). There were also shifts in the population groups affected by violence. *"Those middle-class people where there was already a lot of stress to make ends meet have taken a number of hits one after the other and all of a sudden that bottom partly falls out"*(interview). With this, the professional also refers to the current energy crisis. Some felt that partner violence had become more serious, while others saw no clear difference from five to 10 years ago. It was also noted that there was more focus on specific forms of partner violence, such as intimate terrorism (a form of violence characterised by control and coercion).

"*I think people [clients] were also more reluctant throughout that period*"(interview). People were less likely to seek help, so the pandemic was seen as a tipping point in many situations of partner violence. In short, according to actors, the pandemic certainly had an impact on partner violence. That impact was not equally felt or equally pronounced in every organisation, but overall we can say that changes were observed in terms of severity, frequency, dynamics of and number of reports on partner violence.

7.3. Results on the impact on the functioning of FJCs and their partners

The sudden rise of the pandemic posed a number of challenges for relief and services. To continue offering support, it was necessary to find new ways of working within the measures in place. Organisations adapted their ways of working, notably by switching to telephone and video calls. Care services slowed down or partially stopped, but residential workings remained active. Creative solutions were devised, such as conversations in gardens or parks. This was not obvious for everyone because some conversations required more privacy or because the content of the conversations was difficult to discuss while walking. *"Walking is very good for therapeutic conversations, but not so good for addressing people"*(interview).

New initiatives were also launched, including crisis shelters and collaborations with other organisations to support victims. Collaboration with different partners varied. Some organisations saw an improvement in cooperation, while others experienced challenges. Actors indicated that it was unclear which aid agencies were and were no longer working. There was a need for more open communication and a lack of central coordination between organisations.

7.4. Challenges

The pandemic posed many challenges to the relief effort. These are divided into seven themes. (1) The **reorganisation** of the emergency response required a lot of flexibility. "*What I found very stressful in the beginning is that the measures changed every so often"*(interview) . This sometimes led to loss of quality in counselling. Online meetings also hampered cooperation, although it saved time. (2) A second major challenge was the **capacity problem**, both in terms of staff and places. The social sector groans: *"What really strikes me is that in every department in the social sector I will say, you hear nothing but: it's busy, it's heavy, it's a lot"*(interview). Everywhere there are waiting lists, full agendas and too little time. This resulted in "moral trauma" for some care workers, who felt they could not provide good care. (3) **Inaccessible aid provision** was another problem respondents encountered, both during and after the pandemic. Application criteria were seen as too high, resulting in some clients not fitting within the existing offer. Aid providers acknowledged that there were shortcomings: aid workers indicated that they felt they were making errors: "*I think we have such bad answers, I'm there too. I don't have a better answer either, but is this all we have to offer*?"(interview). 4) **Work ethic** changed during the pandemic, with people beginning to feel more bounded, both socially and at work. Digitalisation also affected counselling, with some experiencing stress due to the sudden proliferation of online tools. Feelings of being abandoned also recurred several times. (5) There were

additional financial resources for some organisations during the pandemic, but these often proved insufficient due to the additional tasks that were added and inflation. (6) Many children and young people were left out in the cold. They witnessed domestic violence during the pandemic and their safe havens, such as school and hobbies, were lost. This had a significant impact on their development. Concerns had been raised about the long-term impact. **More attention should be paid to the well-being of children and young people** in future crises. (7) Finally, the pandemic had put significant **pressure on work-life balance**. *"You take those problems you encounter home with you*"(interview). The combination with children running around at home and the heavy topics of conversation also added to the difficulty. Although professionals say they are grateful for the home office option, meeting at the office is preferred.

The pandemic has led to **important lessons and challenges in counselling**. Greater emphasis needs to be placed on the needs of children and adolescents and the importance of personal contact with clients. Finally, it highlights the need for additional capacity in the social sector and the need to rethink policy choices, with a focus on collaboration and open communication between social workers.

8. Case study: The mobile stalking alarm (pilot project Ghent) - Flanders

This case study provides insights into the mobile stalking alarm (hereafter MSA), which started as a pilot project in the city of Ghent in 2019. Interviews were conducted with interested actors from various organisations and services to gain insights into possible changes, problems and good practices of the MSA. The impact of the pandemic on the dynamics of partner violence and stalking itself was also questioned. From the results, we can draw lessons for a more structural and integrated policy, taking into account future crises. A limitation in this case study was that the impact of the pandemic policy emerged less prominently, as the MSA was only initiated during the pandemic, so no comparison can be made between the situation before and after the pandemic. Respondents did note that the pandemic contributed to some policy accelerations.

8.1. The phenomenon of 'stalking'

Stalking is described in Article 442bis of the Penal Code as "the serious disturbance of the peace of a person, when one knew or should have known that his behaviour could have caused this effect” (Act 30 October 1998 inserting Article 442a into the Criminal Code criminalising stalking, BS. 17 December 1998). Stalking includes various behaviours, which at first sight may seem harmless, for example waiting for someone at work. However, when these acts are unwanted, to the extent that they cause anxiety, then stalking has occurred. It is the unwantedness, the persistent duration and the intention behind it that can make the acts punishable (Logan & Walker, 2017; Pathe & Mullen, 1997).

Research shows that stalking is inextricably linked to intrafamily violence, with (former) partners often being targeted. Harassment can also extend to the victim's children, family and friends. (McFarlane et al., 1999; Pathe & Mullen, 1997). Possible drivers of stalking appear to be the exercise of control, the desire to continue the relationship or causing fear (Groenen, 2006). According to Federal Police statistics, more than 20,000 reports of stalking are made in Belgium every year. The majority of cases involve stalking by the ex-partner (Federal Police, 2022). Stalking is also considered a risk factor for (ex-)partner homicide, especially among victims of previous partner violence.

Despite the freedom-restricting measures imposed by governments during the pandemic, stalkers still found ways to continue harassing their victims. Stalking has a major impact on victims' daily lives. They often live in fear, feel restricted in their movements and are constantly on their guard (Pathe & Mullen, 1997). To address this and protect them, a mobile stalking alarm (hereafter MSA) was developed for victims of life-threatening stalking by their (ex-)partner. This alarm can save lives and also increases victims' subjective sense of safety. The MSA was tested as a pilot project in Ghent. After a positive evaluation, the national roll-out is currently underway.

8.2. The mobile stalking alarm

The MSA has evolved from fixed alarm systems, linked to a landline telephone, to a mobile system, which was launched as a pilot project in 2019 in Ghent to address the issue of stalking and partner violence. This initiative followed a tragic murder of a stalking victim in 2016. The success of the pilot project led to a national roll-out of the MSA in Belgium, launched in 2021, and currently active in several regions. The project is integrated into the National Action Plan to Combat Gender-based Violence and the National Security Plan 2022-2025, and is supported by several ministries with a focus on future technological improvements.

The MSA is a small, discreet alarm button that can be attached to clothing, a necklace or in a handbag. It is connected via Bluetooth to the 112 app on a smartphone and has a GPS tracker to determine the location of the victim. When the victim presses the button, the police receive a notification. This enables the police to respond quickly and use relevant information from the file for efficient response. Victims subjectively feel safer because they can reach the emergency services at the touch of a button.

The decision to grant an MSA is made by the police and the prosecutor's office based on a risk analysis. Criteria and guidelines have been established to determine which victims qualify for an MSA. The speed with which this decision is made is of great importance due to the acute nature of these types of incidents. The MSA is mainly imposed in cases of partner violence. Good cooperation between different services is crucial for an efficient allocation of the MSA. The system has several advantages, including a greater sense of security, but also some disadvantages. Technical issues hamper the alarm.

8.3. Results on the impact on partner violence/stalking

The corona pandemic has had a significant impact on relationships and therefore on partner violence and stalking. However, the findings show not only negative effects, but also positive ones. For instance, there has been a remarkable shift in which partner violence and stalking have become more discussable and are gradually being taken out of the taboo. "*I feel that it is becoming more discussable, that it is more accepted for other people to bring out their stories*" (interview), which in turn contributes to increased awareness and prevention. Despite increasing attention to the phenomenon, many cases still remain under the radar.

With lockdowns and other stringent measures, respondents saw a shift towards cybercrime. This is also the case with stalking. For instance, stalkers resorted to apps like Stalkerware, which allow to monitor another person's smartphone. Respondents note that the pandemic provided greater digital ingenuity, as physical stalking was limited. This digital component adds to the complexity of the problem.

Moreover, there is debate as to whether partner violence and stalking actually increased during the pandemic. Some respondents claim that there was an increase, while others are less certain about this. What was notable, however, is that violence became more visible in the middle class. The same discussion applies to the severity of violence. Some respondents argue that violence and stalking became more severe during the pandemic, although there was no clear increase in the number of deaths from (ex-)partner violence.

8.4. Results on the impact on mobile stalking alarm operation

The first pairings of the MSA took place in May 2020, in the middle of the first corona wave. As a result, little impact of the pandemic policy was felt, according to the respondents. No difference could be identified between the situation before and after the pandemic. However, Covid did have an impact on policy choices, for example. Respondents mentioned that a guideline had never been written so quickly and that covid contributed to this. "*After covid, there was a need to take action against IPV*"(interview), but it was not just covid alone. The policy choices made under IFG were also ongoing and conscious choices.

The pandemic also brought difficulties with regard to inter-service cooperation. Limited online and telephone contact hampered spontaneous exchange of information and coordination. Other challenges emerged, such as the overwhelming demand for assistance and the lack of available resources. In addition, fragmentation of authority and a lack of central coordination were cited as problematic factors that affected the effectiveness of relief and service delivery in the context of the pandemic.

In addition, the pandemic triggered some new mandates, of which 'revisit' is a keeper. This involves the police department that drew up an official report contacting the victim again. Another positive change was the acceleration in policy decisions regarding partner violence and stalking as a result of the pandemic. Legislative measures were implemented faster than before the pandemic. Moreover, there was an increased emphasis on prevention, sensitisation and training, both within the police and from the government. This reflects a shift towards proactive approaches to prevent stalking and partner violence.

Consequently, the experience during the corona pandemic provides both challenges and opportunities for improvement in the operation and handling of stalking and partner violence by the stalking alert. It emphasises the importance of flexibility and adaptability in crisis situations and highlights the crucial role of preventive measures in this context.

8.5. Conclusions

This study investigated the impact of the pandemic on the mobile stalking alarm, as a pilot project in Ghent. The MSA grew from a local pilot project to a permanent national value. The system will normally be operational by the end of 2023.

The pandemic had little impact on the MSA itself, but accelerated legislation and policy decisions. The crisis also led to changes in practices and promoted openness to talk about violence. The MSA remains a valuable protection measure. The rapid response of emergency services, among other things, significantly increases their subjective sense of security. There are challenges to be addressed in light of the ongoing evolution of this problem and the rapidly changing digital world.

Respondents draw some lessons from the covid crisis. Namely, they point to the importance of paying sufficient attention to physical contact, to centralised and coherent policies, and to the rapidly changing digital world (which brings both positive and negative aspects). In addition, the importance of the preventive component should not be overlooked.

The pandemic has once again highlighted partner violence as a complex and not to be underestimated problem in society. While there have been positive developments, such as increased openness and awareness, there are also several barriers and challenges that still need to be overcome and addressed. It is pertinent to draw lessons from this case study and take them into further research and policy developments.

9. Case study: The (para)medical healthcare in Ostend - Flanders

This section offers an analysis of the impact of the corona pandemic on partner violence within the (para)medical health care in the city of Ostend. It studied how the functioning of different (para)medics changed during the pandemic, what initiatives they took and in what ways they were confronted with intimate partner violence. The challenges different healthcare providers faced during the covid crisis were also discussed. Based on that analysis, we can formulate recommendations for dealing with intimate partner violence in view of future crises. This case study focuses on (para)medical healthcare in Ostend. The city of Ostend was chosen because Ostend is a smaller city than Ghent and Antwerp (previous case studies in Flanders) and because Ostend is in a different province.

9.1. The (para)medical healthcare

The (para)medical healthcare in a city includes a broad group of healthcare providers; ranging from general practitioners and physiotherapists to pharmacists, psychologists and policymakers. All can contribute in their own way to the well-being and overall health of residents.

Worldwide, the pandemic highlighted the crucial role of (para)medical healthcare, as healthcare systems faced enormous pressure to control the spread of the virus and treat patients effectively. At the same time, the pandemic led to changes in the dynamics of partner violence, as lockdowns, social isolation and financial insecurity contributed to increasing tensions within families.

An important aspect that emerged is the role of healthcare providers in identifying and managing partner violence. GPs are often the first healthcare providers with whom victims of violence come into contact and they can play a key role in recognising signs of violence and offering support. Moreover, they have the benefit of professional confidentiality, which allows patients to speak to them confidentially (Vergaert et al., 2021).

9.2. Results on the impact on partner violence

During the pandemic, several patterns were observed regarding partner violence. There were increasing tensions within families due to lockdowns and constant closeness of family members. Some respondents reported an increase in violence, while others were less clear. However, victims became even more isolated and often did not dare to seek help because of mobility restrictions. According to one alderman, this made partner violence even harder to notice: "*because it already doesn't happen visibly, but in a world where everyone has to lock themselves away, it can be even more invisible*" (interview).

A striking observation was that the GP and physiotherapist interviewed initially associated partner violence mainly with physical violence, although later in the interview they acknowledged that partner violence can take many forms. This highlighted the need for further sensitisation around the various manifestations of partner violence, such as psychological or economic violence.

Furthermore, some respondents reported more serious reports of violence and abuse, both within relationships and in youth care and among the elderly. For instance, one respondent mentioned that financial abuse among lonely elderly people increased during the pandemic.

Medical professionals, such as general practitioners and physiotherapists, reported that they sometimes had to probe based on physical symptoms or other signs to detect violence. The temporary suspension of home visits may have meant that many cases of violence remained under the radar.

In short, the impact of the pandemic on partner violence was complex, with increasing tensions, isolation of victims and a diversity of forms of violence and abuse that came to light but remained equally invisible.

9.3. Results on the impact on the functioning of healthcare professionals

The impact of the pandemic on the functioning of professionals in the field brought several changes and challenges. To continue providing care to patients, healthcare providers had to adapt their working methods. The restrictions on physical contact led to working from home, telephone consultations and online communication, which required a flexible approach. "*What was also a bit annoying was the communication from higher up to us: that it did often come late*"(interview) which meant that patients were often aware of the new rules earlier, causing difficulties.

The city of Ostend also took a proactive approach. Through home visits and bridge figures, vulnerable families were approached. However, **positive initiatives** were developed in response to the crisis, including the O-Point. This is a hotline set up in Ostend to address a variety of needs and issues, ranging from concerns about violence and abuse to general support. In addition, walking and pavement talks

were introduced, as well as food distribution at home with cargo bikes, which gave caregivers the opportunity to stay in direct contact with the population. New partnerships emerged to exchange information and develop a coordinated approach.

However, the pandemic also brought problems. Physical contact was limited, making communication with some clients difficult, especially with homeless people, refugees and people with limited language skills. In addition, the presence of partners or family members during confidential discussions created privacy and security concerns.

Referral to other help and services proved another challenge, as some services were harder to reach during the pandemic.

The findings highlight the importance of **focusing on the human aspect** in healthcare, with empathy and connection with patients as crucial elements. "*Recognising that people are not robots. That human contact and that mental health, those are important factors*" (interview). In addition, more attention should be paid to the young, elderly and vulnerable groups, including their mental wellbeing and need for support. The pandemic also highlights the importance of **effective communication and picking up signals** from the community. Channelling these signals to the right places to take appropriate actions is essential for responsive healthcare. A final key lesson is that there needs to be more focus from the government on the carrying capacity of healthcare providers and institutions. *"The pressure on healthcare providers has also been very high and if that happens again, more people are going to suffer"* (interview). The focus should be on additional support to ensure effective functioning of the health sector, both during emergencies and in the long term.

This case study offers insights into the impact of the pandemic on partner violence and on (para)medical healthcare in Ostend. The findings indicate increasing tensions within families due to lockdowns and financial insecurity, although not all respondents observed a marked increase in physical violence. Healthcare providers adapted through telephone and online consultations, which brought challenges with confidentiality.

New initiatives were developed and new collaborations emerged, or existing ones were strengthened. In addition, the results highlight the importance of empathy and connection in healthcare, with special attention from the government for young people, the elderly and vulnerable groups. It calls for recognition of the carrying capacity of healthcare providers and institutions, given the high pressure during the pandemic. Consequently, this report highlights the need for a holistic approach to partner violence and the integration of lessons learned during the pandemic into healthcare practices and policies, in preparation for future crises.

10. Conclusions from de case studies

As far as violence between intimate partners during the Covid period is concerned, there is no consensus as to a real increase in the number of cases. Several front-line workers mentioned the fact that risk factors were multiplied during the Covid crisis, which was experienced in some cases as amplifying tensions at all levels (tensions/violence with children, with the intimate partner, etc.). One striking feature was the increase in the proportion of complaints of sexual violence against minors during the period of confinement - an increase that continued after the pandemic.

The difficulties, or even impossibility, of accessing other front-line services, especially at the time of the first confinement (March-April 2020), is a striking feature: on the one hand, we can speak of greater risk factors, and on the other, of a more rapid escalation of violence, especially in the absence of external support. As a result, certain services find themselves on the front line, whereas this is not the case in "normal/non-crisis" times. The increase in telephone calls to helplines is significant: it is also the result of an increase in third parties who are worried and those who are looking for support. In the helplines, many professionals spoke of suffering in their work (psychologists, nurses, etc.), particularly in the face of containment measures.

Finally, while the professionals agreed that the pandemic and the containment measures were potential aggravating factors, it is difficult to formulate a clear and unequivocal response to the impact of the covid crisis on the dynamics of intimate partner violence based on these case studies. The professionals report having encountered more situations of serious violence, requiring rapid treatment. However, they put this in the specific context of the pandemic, during which victims did not always dare leave their homes and break the confinement to seek help. It was therefore situations of great violence requiring immediate care that reached them. The increase in calls for help was also widely reported. However, the operators we met explained and qualified these figures. They explain that many of these calls are also made by professionals who are themselves in need and looking for help. By seeking to assess the impact of the pandemic on the dynamics of violence in the context of these case studies, we are ultimately gathering data on the aid network itself. These data reflect a professional sector in crisis, in demand and in great demand during the covid crisis.

10.1. Containment puts pressure on existing networks

During the initial lockdown, many 1st line services were no longer accessible, many are partially or entirely teleworking, and law courts are closed. Police areas and hospital services remained open as essential services. On the other hand, for the following confinements, several services obtained this "essential service" status, as was the case for the FJCs and services for perpetrators (Praxis).

Still open, the police and the CPVS were not seeing more cases: few calls to the police zone and fewer cases to the CPVS. The latter are less accessible to the population concerned: hospitals and police areas are undergoing a reorientation of their missions towards pandemic management. Less attention is paid to intimate partner/sexual violence. Furthermore, it is not always possible for victims to leave their homes in the middle of a lockdown to go to a CPVS or a police zone. Movement during the first lockdown was severely restricted and controlled.

During the 2nd lockdown, response services (such as FJC, Praxis) were recognised as essential services and working conditions were less difficult to coordinate. Nevertheless, the work remained complicated because the intervention network was unclear: it was difficult to know which services were open and available and how victims could access them. Working with offenders was more difficult to organise, partly because the intervention chain was broken: with the law courts closed, offenders were less well prepared.

During the Covid period, the CPVS within the hospital had less work and the workers present supported other services, in the form of official or unofficial requisitions. The CPVS was de facto identified as a priority hospital service. This led to frustration within the CPVS, which saw its specific position within the hospital and thus its identity undermined: it saw itself as a hybrid service (doctor, psychologist, nurse), a non-profit organization within the hospital itself, whose mode of operation was closer to the model of an NGO than to that of a specialised hospital service.

10.2. Media coverage is putting the sector under pressure

Some initiatives in the sector receive wide media coverage: these include measures developed with pharmacists/hairdressers, the opening of new hotels, and so on. Yet workers can feel under pressure, because the media develop 'stories' that are not in line with the experience of professionals. They do feel under pressure, but for sometimes contradictory reasons. On the one hand, there is a lot of media coverage of schemes, as if everything had been done, while professionals feel profoundly helpless and alone in their care; on the other hand, the media do not recognise the central role of professionals who are struggling to make these schemes work, sometimes on their own initiative: opening of a hotel in Ostend; transformation of the Malle training centre into emergency accommodation on the initiative of an FJC. In so doing, the media put professionals under pressure, while at the same time deploying a media discourse that contradicts the reality on the ground. This "rhetoric" often imposes new workloads on professionals, as a matter of urgency.

For their part, professionals, at various levels, report both an increase in work pressure and the intrusion of work into the family (teleworking). The sudden development of "TEAMS" online working does not replace exchanges between colleagues, and prevents moments of sharing with colleagues and intervision, which are essential in some professions.

The situation in collective accommodation is particularly tense. As a result of the rules governing reception and discharge from accommodation, the shelters/accommodation centres were full, while the heavy media coverage of a (possible) increase in the number of VIFs is reinforcing a sense of urgency and putting pressure on the shelters/accommodation centres (which have no more places) and on the workers to work in emergency situations. Professionals suffer from these conditions on two levels. Firstly, working conditions during confinement are very difficult and restrictive, and are not adapted to collective housing. Secondly, reception professionals are forced to change their working conditions and work in a hurry, which they try to avoid under normal conditions in order to prepare people as well as possible for their change in living conditions. Professionals are put under pressure for a year, mobilised by a sense of urgency that seems contrary to their professional ethic of support.

10.3. But initiatives are developing

Police officers are reminded to respect the COL: in the study of "revisiting" by a police zone, professionals are concerned about the lack of calls and follow-up to known cases: they take the initiative to contact known perpetrators or victims in other ways. One police zone is developing a specific framework, the DOM project, for dealing with perpetrators, which encourages revisiting, given the lack of follow-up for perpetrators. Is this support for "perpetrators" part of the "prevention" approach? As the weeks went by, the media coverage put the pressure on and some bureaus set up reminder lists and shared "victim reminder" practices, even in police zones that had not done so before (if the principle of "revisiting" existed, this reaction is proactive and will be standardised in the new version of the COL). Some police zones support this proactive development (revisit, EVA, etc.) but smaller police zones do not have the resources to do so and criticise this proactivity, which they cannot commit to for lack of means.

The Covid episode will speed up the nationwide roll-out of a pilot experiment that had already started in 2019 in Ghent ('harassment alarm'). This acceleration is the result of several factors linked to the crisis: the media coverage denouncing harassment and domestic violence is a driving force, because it legitimises faster implementation of the pilot, even if it means "tinkering with solutions". On the one hand, the aim is to find solutions quickly to technical problems that have yet to be resolved; on the other, to respond more quickly to needs, the activation process needs to be simplified by eliminating CAW, law courts and CGG.

In terms of emergency accommodation, many initiatives have been taken by volunteers to open emergency shelters during confinements (especially for the homeless). The case we analysed welcomes all women, without any requirements (even if they are undocumented, penniless or homeless): This is a VERY precarious group: this group is not catered for by the specialised IPV accommodation centres that are under contract. The hotel therefore brings together a new VIF target group, with the support of the CPVCF. To deal with the emergency, politicians supported this "low threshold" accommodation project by rapidly mobilising funding. This strong political support was highlighted as a positive factor, while the huge commitment of volunteers that made it possible to run this hotel was rarely highlighted in the media or acknowledged in the discourse. What's more, this unprecedented experiment in care, specialising in IPV with no conditions of access, was not taken as an opportunity to rethink the aid system as a whole. The end of the scheme remains a source of frustration and regret for professionals.

As long as the social services were not recognised as essential, support for workers was organised on an individual basis, mainly through telephone contacts. Subsequently, group activities were able to

resume, but the working conditions had to be adapted to the requirements of the confinement rules: the workers had to manage to redefine the working conditions; places that had to be paid for and for which everything had to be done: 'all-terrain workers'. Groups had to be smaller, so the waiting list grew.

10.4. An investment in front-line professionals

Some groups of professionals were under a great deal of pressure during the crisis: some said they were doing "humanitarian work rather than social work", an experience that was a learning experience for individuals and a source of pride (commitment to the project) but also a source of exhaustion. Telework was imposed during the 1st confinement, which increased the pressure on professionals, especially with the intrusion of work into the family environment. The sudden development of "TEAMS" online working does not replace exchanges between colleagues. This exhaustion has rarely been recognised and dealt with: it has led to many defections after the crisis, destructuring the intervention teams.

On the other hand, in the north of the country, new resources were made available to the FJCs, via the police zones, CAW and the regional authorities.

10.5. What are the effects of these innovations after the crisis?

The Covid crisis (and its periods of confinement) encouraged this type of violence to be put on the agenda at police zone level too. This is illustrated by the fact that the harassment alarm was extended to all areas (circular of March 2023): this innovation received a great deal of media coverage, although in practice it was rarely used because the conditions remained very strict; it was little known by PS-MED workers. In July 2023, 98% of policie zones-NL and 10% of police zones-FR were equipped.

Some technical initiatives (alarm, EVA cell, CPVS) are seeking to be extended, or even generalised to all police areas, which is not without its problems for small police zones that do not have sufficient resources to implement them and whose work habits are being disrupted.

The issue of support for perpetrators has been the subject of specific investment, such as the DOM project for the management of perpetrators from the police zone services to compensate for the lack of follow-up of perpetrators and to offer management as far upstream as possible in a situation of violence. Is this support for "perpetrators" part of the "prevention" approach?

10.6. Strengthening the networking of players, including local authorities

Several studies have highlighted a call for, or a commitment to, better networking on the part of VIF workers: the crisis seems to encourage networking between police zones (CPVS, SECOVA); the survey confirms an increase (*2) in networking between police zones. The need for network development was also recognised in the study by the FJC and the city of Ostend.

In terms of network innovation, the case of the Stopp Vif project in the SECOVA area should be highlighted: this area is suffering from a severe polycrisis following the 2021 floods, which is increasing stress in families and making the post-covid situation more difficult. Local professionals were already sensitive to VIF issues and used to working together on these issues. The crises were a catalyst for networking between municipalities, CPAS, SAV and SAJ, a catalyst for practical and concrete collaboration on a specific case: we need to talk to each other more and work at the level of the police zones itself, with a view to opening up across sectors (between intervention sectors) and between municipalities (between local authorities and between CPAS).

The question of extending such networks to smaller police zones cannot be ignored: these areas often lack the resources to take on new projects.

10.7. Some projects have to be redefined after the crisis or abandoned:

The period of confinement was also a period of intense investment in remote intervention. Some of the projects initiated during periods of intense media coverage, such as the low-threshold accommodation project for all victims of violence, with no conditions attached, seem to have had no future: the question of how to care for these very vulnerable groups did not receive any more attention from the political and administrative authorities after the crisis. And yet, this type of accommodation was a necessity of the first order: it was so before covid and it will be so again afterwards. In the end, this experience was not an opportunity to rethink in depth the support services for IPV victims, in particular victims of domestic violence. If it would be too simplistic to speak of a simple 'publicity stunt' on the part of politicians (in the sense that yes, the hotel did exist for 1 year), much rested on the shoulders of the psychosocial sector (a sector that was already exhausted) and our leaders did not grasp the problem in its entiretý, apart from covid

Like the rest of the hospital sector, the CPVS had to review its organisation during the peak periods of the covid crisis. Assimilated to hospital operations, CPVS workers felt isolated from other field workers and the psychosocial sector. Their missions were in fact redirected towards covid missions. This case study highlights the difficulty, at the time of the covid crisis - and more particularly during the confinements - for victims of sexual violence not only to lodge a complaint, but also to come to the hospital for treatment.

The CPVS is a special case. In the wake of the Covid crisis, its hybrid identity raises the question of its position in the hospital environment. The model of hospital work suffered greatly from the Covid episode, because of these forms of internal "requisitioning", and a loss of contact with the NPO sector, which generated frustration within the CPVS. The effect can be summed up as follows: the CPVS has seen its 'identity' sucked away by the health hospital sector and its identity should be redefined in relation to its networks: not-for-profit organisations, ESA service, SAJ, and police areas. The question can be asked by highlighting the multi-sectoral approach proposed in a single place in the CPVS, which does not necessarily correspond to the organisation of the hospital: should such an approach not be generated within the hospital itself, by considering the CPVS as a precursor for a new form of coordination more oriented towards the overall care of the patient?

The evolution of the **revisit** practice, from its dissemination in March-April 2020 to the publication of the circular, seems to illustrate the impetus that the covid period may have had on certain measures and the traces it leaves behind. The different forms, reactions and follow-up to this practice also illustrate the different views on the role of the police/justice system that can coexist in the same area. They represent a major challenge when it comes to developing inter-zonal police tools, designed to break down barriers and promote communication between the various services.

It was the convergence of several factors that led to the development of the Stopp Vif project. Firstly, the Secova police zone, by prioritising the issue of domestic violence as part of its zonal security plan, put this issue on the agenda. Secondly, the Covid crisis in 2020 raised the political and media profile of the issue of domestic violence in the police area, following the publication/update of various circulars. Lastly, the provision of post-crisis covid funding by the Federal Public Service Home Affairs helped to set up this innovative project, which was built on a network approach. The 5 municipalities concerned were not only affected by covid but also severely impacted by the floods of July 2021. The population had to cope with an accumulation of stressful situations. Social workers have been affected by these two crises. The Stopp vif project is an opportunity to move forward in a new dynamic of partnership working.

IX. EXPERIENCES AND PRACTICES OF PSYCHO-SOCIAL AND LEGAL PROFESSIONALS DURING AND AFTER A CRISIS

The aim of this part of the research was to gather and cross-reference the experiences of professionals from the psychosocial and legal sectors during and after the crisis, based on three main questions (1) The impact of the Covid crisis on professional practices and professionals in terms of IPV. (2) The impact of the Covid crisis on the dynamics of violence through their practices. (3) Post-crisis reconstruction. Focus groups offer a respectful and safe framework for the narration of personal experiences, while integrating stakeholders into the process of public and political reflection, taking into account the realities (individual or institutional), interests and values of the various players (Kahan, 2001). For our research, the aim will also be to draw lessons and recommendations on measures to be deployed in pandemic crisis situations, and more generally on innovative measures (De Puy et al., 2017).

1. Group Analysis Methods: “Analysing together to act better together”

The method chosen for these discussions is the group analysis method (MAG), which was mainly developed as a research and intervention method and systematised by Luc Van Campenhoudt, Jean-Michel Chaumont and Abraham Franssen, in their book "*La méthode d'analyse en groupe. Applications aux phénomènes sociaux* (2005, Dunod). Group analysis is a participatory method which encourages "thinking out of the box" to draw up lines of analysis/teaching on the issue of violence between partners during and after Covid. It represents added value for data collection, enabling us to go beyond the discourse, pointing out the effect of discourse while actively involving participants in the process of analysing a situation. Stories are proposed and then told before being analysed, with each participant playing the role of informant and analyst. The active inclusion of participants in the analysis brings unexpected insights from their own backgrounds and positions, which are sometimes heterogeneous and different from those of the researchers. Participants play a central role, and are encouraged to develop reflexivity about the practices at issue in the discussion, to modify their environment, and to reinforce a positive feeling about participating in research and having their testimonies taken into account. Originally, the method involved a 2-day procedure for group analysis. For the needs of the research, a shorter version of the method was introduced, allowing for ½-day MAGs.

2. Group composition

Three groups of around twenty psychosocial and legal professionals (psychologists, social assistants, criminologists, legal assistants, etc.) from various structures (shelters, public social action center (CPAS), Justice House, specialised associations, etc.) were invited to a face-to-face meeting in **3 judicial districts in Wallonia** (Liège, Hainaut and Brabant Wallon).

Group 1: Arrondissement of Liège (N=20) - November 2022

- **Twenty participants divided into three sub-groups**: sub-group 1 (N=7), sub-group 2 (N=7), sub-group 3 (N=6)
- **Origin of participants**: reception centre, victim/justiciables support service, City of Liège prevention service, family planning, police assistance service for victims, reception of migrant women

Group 2: Arrondissement of Hainaut (N=19) - June 2023

- **Nineteen participants divided into two sub-groups**: sub-group 1 (N=9), sub-group 2 (N=10)

- **Origin of participants**: reception centre, victim/justiciables support service, family planning, police assistance service for victims, « Résilience » service, « VIF Borain », prevention service, open support service, « Vie Féminine »

Group 3 : Arrondissement of Brabant Wallon (N=17) - April 2023

- **Seventeen participants divided into three sub-groups** : sub-group 1 (N=6), sub-group 2 (N=5), sub-group 3 (N=6)
- **Origin of participants**: justiciables support service, police assistance service for victims, public prosecutor's office/youth public prosecutor's office, « SOS enfant », home for mother, police, « Respect sénior », public social action center (CPAS), reception centre

Two additional MAGs were conducted by videoconference with public prosecutors, one in Wallonia and the other in Flanders.

Group 4 : Wallonia-Brussels Federation Public prosecutor's (N=7) - June 2023

- **Seven participants**
- **Origin of participants**: Charleroi Public Prosecutor's Office, Luxembourg Public Prosecutor's Office, Eupen Public Prosecutor's Office, Brussels Public Prosecutor's Office

Group 5 : *Flanders Public prosecutor's (N=6) - June 2023*

- **Six articipants**
- **Origin of participants:** Ghent, Oudenaarde and Brussels (Dutch-speaking) public prosecutor's offices

3. Analysis of MAGs short version psychosocial sector

3.1. MAGs arrondissement of Liège

Three MAGs were carried out by the researchers in parallel, at the same place and on the same date, in Liège, engaging discussion around themes relating to the question of the impact of the Covid crisis on professional practices in IPV problematics.

3.1.1. MAG LIEGE 1

Group composed of seven people (N=7) from four sectors: reception centre, victims support service, City of Liège prevention service, family planning.

Story title: **“Changing practices in the emergency sector"** (Shelter, CVFE)

3.1.1.1. Summary: "Designing new frameworks and rebuilding networks »

A. Increasing vulnerability and diminishing resources for victims

Those involved noted an increase in violence during the COVID period, particularly among specific populations: young people who had dropped out of school due to school closures, or pensioners living under the same roof. Secondly, the moment of deconfinement, when contacts were reinstated, this created new tensions and represented a high-risk moment. Requests for help concerned "heavier, more serious" situations and psychological demands, linked to isolation and the multiplication of vulnerabilities. These requests multiplied, so that victims faced an overwhelmed network, administrative procedures made more complex by the distance, and a significant digital divide limiting their possibilities to access help.

B. *Managing the virus before dealing with violence*

In both professional and private life, the fear of Covid and the epidemic itself had to be managed by the workers. Countering the spread of the virus was a priority over the fight against domestic violence. Due to the confinement measures put in place in the shelters, and also in society as a whole, workers were confronted with situations of violence within their practices. The participants speak of a mirror effect: they were confronted with the same experience of isolation as the victims.

C. *Acting urgently*

The COVID crisis led to an increase in the number of calls, longer stays and an explosion in requests for accommodation, coupled with a lack of space. The number of requests had stabilised (no increase, no decrease) at the time of the focus group discussion. This multiplication of needs/requests from families and the importance of responding to them rapidly led to a non-negligible additional workload for those involved, who had to set up new systems in a hurry. However, in opposition to the values of those involved, "urgency" became a permanent situation, particularly in victim support and accommodation services. Nevertheless, it was clear to the participants that the management of emergencies in part fell within the framework set by the hierarchy.

In some cases, this emergency situation highlighted the responsiveness and mobilisation of staff, but also called into question "pre-COVID" practices, such as investing in the relationship with users (for staff who found themselves confined to residents) or taking care of children.

D. *"Over-solicitation" of psychosocial practitioners*

The pandemic period is described as a parenthesis in the professional lives, a moment practitioners don't want to remember. In accommodation, staff had to be available 24 hours a day. When telecommuting, it was impossible to distinguish between private and professional life. All expressed a sense of necessity and urgency in responding to requests. These changes in practices are associated with a high level of turnover, always present at the time of the group discussion. The passion and the need to be present kept them going in the psychosocial sector, in this context of crisis, trauma and overload.

E. *The loneliness of psychosocial workers*

While colleagues in these sectors are considered to be an important source of support, it is clear from the speakers' comments that they had the impression of a "sphere" in which they found themselves alone, with no opportunity to exchange ideas and think together about how to care for victims. For example, this lack of exchange limited the preparation of a possible departure for the victims, and could represent a risk for them. Loneliness is also associated with the feeling of having been forgotten by the authorities.

F. *An unavailable network*

Two situations emerged whether we take as reference the dynamics within an institution or the dynamics between institutions. Within the teams/institutions, links were multiplied (increased number of meetings, use of videoconferencing, etc.) during the periods of confinement. Beyond that, between institutions, the lack of contacts is at the heart of the discourse. Lack of access to the field has made it more difficult to implement certain measures. This is particularly true of the “masque-19” measure, the usefulness of which is questioned by some stakeholders. For the future, it will be essential to create new frameworks, move beyond emergency situations and rebuild networks. Thinking about the network in concertation, exchanging ideas, re-meeting intermediaries to maintain links.

3.1.2. MAG LIEGE 2

Group composed of seven (N=7) people from four sectors : Praxis, CVFE, Infor’famille, “Carrefour Santé Social”

Story title: "**Crossing the Dead City**" (CVFE).

3.1.2.1. Summary: "Taking care of the worker

A. Societal unrest, the enemy of psychosocial work

During the COVID period, workers were faced with an increase in the number of calls, which they dealt with urgently while prioritising the protection of all. The resulting societal unrest is seen as an enemy for and by domestic violence workers.

B. Endangerment of psychosocial workers

Psychosocial work is essential, the workers were not only exposed to the outside world and to Covid, but also indirectly to those around them. Some feel they have been endangered, sacrificed or "handed over", seeing themselves as collateral victims. They have had to adapt, and are wondering about the cost of this adaptability. Recommendations emerge from the discourse on the well-being of social workers: take into account the human needs of workers (need for recognition, flexibility, to be heard, time and recognition of vicarious trauma), in particular through spaces for sharing, intervisions and supervisions. They look forward to ongoing reflection and action. More broadly, some of them propose to think about a new society and develop a critical view of a system which, in their view, has not respected their fundamental rights during the crisis period.

C. Vulnerability of those involved: the mirror effect of violence

Vulnerability, insecurity, powerlessness, loneliness and fear (associated with uncertainty, but also with going to work) are all vulnerabilities with which the workers were confronted. These situations reminded them of those of the victims they work with.

3.1.3. MAG LIEGE 3

Group of six people (N=6) from four sectors: reception centre, victim/justiciables support service, Walloon administration specialized in the reception of migrant women, police assistance service for victims.

Story title: "**The impossible help**" (Reception centre).

3.1.3.1. Summary: "Need for recognition and tools"

A. The crisis reveals a system which is unable to combat violence between partners

The COVID-19 crisis is described as revealing the powerlessness of those involved in the fight against partner violence. These issues are well known, and predate the COVID-19 period. Stakeholders lament the lack of substantive measures to meet the needs of beneficiaries and follow-up. The Task Force is seen as a fad and a form of "window dressing".

B. Managing emergencies remotely

The crisis is associated with constant change and divergence in the measures imposed. While some shelters were closed, others were emptied as much as possible.

Some workers moved in and lived with the residents, while others took turns to avoid going back and forth between inside and outside. The break in the link generated anxiety among the caregivers who stayed at home. The remote system limited the work of the staff and cut the link with the beneficiaries. This left the latter with a feeling of unprofessionalism and guilt. Hotlines have been set up in a hurry, run by unprepared operators. The lack of training was all the more problematic during the COVID period, since these same workers were confronted with a wider range of distress than violence alone.

C. Overstretching and endangering psychosocial workers

The discussions underline the way in which the empathic capacities of the responders have been overstretched. Constantly answering calls, the fear of having to respond so urgently, the impossibility of distinguishing between private and professional life, and the feeling of having to bring the violence home, generated states of anxiety, helplessness, guilt, distress and abandonment. Field work is associated with danger, risk-taking and fear of others, of work and of the virus. This fear was exacerbated by the lack of protective measures. On the front line, workers had to support without being supported, with no space to unburden themselves and no answers to their questions. The discussions also highlighted the discrepancy between the urgent information disseminated by the media, and the actual resources available to those involved to deal with the victims. Policies are perceived as, and equated with, broken promises, fickleness and abandonment. Solutions had to be developed, created and devised within the teams, an internal "bricolage", without help, generating a feeling of anger among these workers.

D. Powerlessness of stakeholders

The notion of powerlessness is directly evoked, associated with the lack of tools and perspectives for caregivers and beneficiaries alike, the lack of guidelines and measures imposed in infrastructures without the structural means to respond. The rules imposed on families in foster homes are compared to inhuman living conditions or violence. They express a feeling of guilt or betrayal in the face of the desperation of victims waiting for a solution.

3.2. MAG arrondissement of Hainaut

The discussions at this MAG in Hainaut were based on a set of instructions designed to bring out themes relating to the post-Covid era.

3.2.1. MAG HAINAUT 1

Group made up of nine (N=9) people working at: reception centre, police victim assistance service, “Résilience”, justiciables support service, family planning.

Story title: "**The gates of hell. From one confinement to another**" (ASBL Résilience).

3.2.1.1. Summary: Adapting practices

A. Meeting and reaching out to beneficiaries and stakeholders

a. Breaking free from hierarchy to reach out to those in need

Social work takes place in the field. Social workers do intervene sometimes, beyond the rules and their hierarchy, beyond the framework and health measures, to be able to "do their job" while taking certain risks. Discussions stress the importance of reaching out to victims, holding awareness-raising days, going out into the field and taking preventive action. For example, handing out goodies helped to establish contact, as did the campaigns to convince people to speak out. However, there are still some areas of concern: the "after-care", guidance and follow-up for victims. Workers still need resources to take care of victims.

b. Fatality and worker burnout

Feelings of anger, powerlessness and exhaustion, combined with a sense of not being heard, emerge from the discussions. Lack of supervision prevents emotional release. Workers lament the fact that mental health and burnout rates in these sectors do not alert the authorities, and some speak of hypocrisy. They feel that politicians are unaware of the reality of their work and their lack of resources. They have redoubled their efforts, their investment, and now find themselves in difficulty. The same is true of the lack of resources in the justice system (most complaints are dismissed). They express a kind of fatalism in the face of a lack of prospects and solutions. The post-Covid period is associated

with the observation that "things were bad before and they're still bad today". Resources were and still are lacking, especially for victim referral. However, the participants noted that, despite all these adversities, Covid had enabled people to rally around a common cause, which was the fight against the virus, and this seemed to be a sign of renewed confidence for the future.

B. Interdisciplinary reflection

a. Loneliness of social workers and beneficiaries in the face of a network on the verge of collapse

Beneficial effects are attributed to confinement and telecommuting: peace of mind at work, better e-mail management, for example. Nevertheless, it was noted that telecommuting has had an impact on the availability of services and staff. A lack of availability that has been felt by the population: people come less, they wait for situations to "rot" and then they turn to the police. And if people stop coming, we have to adapt. Some departments have changed their practices and introduced appointment booking to allow for the necessary time to listen, while at the same time freeing up their schedules. These practices, however, do not allow for urgent action, sometimes imposing long response times and increasing the risk of acting out. Differences in working hours have further unbalanced relations between employees. While telecommuting has enabled people to work outside office hours, it has also meant that the services that have kept to these hours have sometimes been unable to cope. The police became the only institution available to receive these requests. Waiting lists are getting longer, and clearing them requires a major investment that has been described as "inhuman". To benefit from the "Covid" resources released by politicians, project applications require just as much investment in time and expertise. Not all stakeholders have the resources to do this. One participant summed up the situation by saying: "To access more resources, you already need resources". This is all the more true given that these subsidies only give access to limited resources, and encourage the creation of new structures to the detriment of the expertise of structures that are already active and developed. Lack of human resources also leads to the "resignation" of professionals who lose interest in caring for victims. As a result, there is a lack of links and communication, which is nevertheless important for developing joint thinking between the judiciary, public prosecutors, police, lawyers, SAJ and the field. This raises the question of professional confidentiality between the different sectors.

b. Victims abandoned by the justice system

Work in women's prisons has revealed an increase in situations directly linked to domestic violence. These female perpetrators are presented as the result of the system's failings: "I'm killing my partner because I'm not being heard". Despite numerous signals, sometimes a long institutional career and the filing of several complaints, the lack of legal resources limits the investigation of cases and encourages victims to become perpetrators. The justice system is described as overburdened; it lacks resources and workers trained in the dynamics of violence. Requests for help go unanswered, leaving victims on their own. At the same time, drug use becomes an escape route from these violent situations. The precariousness of these populations as a result of the financial crisis adds to this context and is a factor in aggravating the violence. Children are at the heart of these violent dynamics. These women become suspects, or even perpetrators of neglect. Victims for the social sector, perpetrators of negligence for the legal sector, this difference in training in domestic violence and language is significant.

3.2.2. MAG HAINAUT 2

This group is made up of 10 professionals (N=10) from different structures : police victim assistance service, « VIF Borain », prevention service, open support service, reception centre, « Vie Féminine »

Story title: "**Zombie alone against an army of the undead**" (Reception centre).

3.2.2.1. Summary: "Strengthening the field

A. Preparing for crises by reinforcing the field

a. Social workers short of resources and forced to reinvent themselves

There seems to be an incompatibility between political injunctions and the resources available on the ground. This applies in particular to housing and shelters for victims, care for children affected by domestic violence, and the lack of long-term funding. Services such as Vie Féminine, associated with the cause of women, have had to cope with an increase in calls for help from victims of domestic violence, without this being part of their function or training. Others became couriers. Their work has changed, but not their income. The loss of dialogue, the impossibility of seeing faces and therefore of understanding people's speech correctly, and the digital bill have all had an impact on their work. The meaning of confinement and teleworking was thus called into question, given the importance of contact with people, and some workers intervened outside the framework and sanitary rules, despite the risks. For others, telecommuting increases efficiency in specific tasks and provides a sense of well-being. Telecommuting has increased the time available for creating new projects. Stakeholders report renewed energy and commitment to new projects post-Covid (e.g. “Chrysalide project”) on their part, but also on the part of women who, once out of the crisis, have been able to take a step back.

b. Two-speed teams

Two realities coexisted: while some departments were faced with a wave of absenteeism, others invested even more time, and sometimes money to buy equipment in a hurry and get around public procurement deadlines. Between absent managers and staff who had never worked so hard, teams were operating at two speeds. Tensions arose between telecommuting workers and others, who were exhausted and expressed a sense of injustice about the situation.

c. Loneliness of social workers in a disconnected network

Workers are expressing their incomprehension about changes in the status of certain institutions. This is the case, for example, for prevention services classified as essential after having been closed for a month, with no means of adapting adequately. Telecommuting has confronted professionals with solitude, limiting or preventing dialogue between services (notably unavailable justice services or CPAS). They, like the general public, have had to cope with the closure of many services, particularly administrative ones. These closures have left their mark. Not least among the population, who have lost their bearings, no longer know where to turn and are increasingly reluctant to visit professional offices.

3.3. MAG arrondissement du Brabant Wallon

The discussions at this MAG in Walloon Brabant were designed to bring out the following **post-Covid themes**.

3.3.1. MAG Brabant Wallon 1

Group made up of six people (N=6), working in: police victim assistance service, public prosecutor's office, police

Story title: "**Me Rodriguez on the departure again**" (police victim assistance service).

3.3.1.1. Summary : "Taking the time"

A. Keeping rhythm with victims

a. Complexity of aid trajectories and the need to coordinate care for victims and children

The back-and-forth phenomenon that characterises the process of leaving violence between partners is associated with worker exhaustion. Despite training and information, dealing with this phenomenon is a source of fatigue and even defeatism. What's more, encouraging the victim to leave raises the

question of respecting the person's rhythm and psychological time. Imposing an intervention "too soon" can undermine follow-up and prevent the co-construction of care. During the Covid period, some of the measures imposed, such as the need to make an appointment, limited crisis management. These additional steps may have prevented or caused a breakdown in follow-up. In response, some police stations have set up an "emergency space" or "mini-cell" where victims in crisis situations can take a break and receive support in finding a solution. And what about childcare? The lack of resources for childcare is associated with a feeling of powerlessness and revolt. Professionals report that the crisis has had an impact on violence against children. With parents in a hurry because of the crisis, the risk was higher. They likened this to one-off violence generated by the crisis.

b. Faced with the impossibility of action

To intervene, proof is required. Otherwise, they often find themselves unable to act. However, the initiative taken by some public prosecutors to encourage complaints of psychological violence is underlined. In the long term, this would enable action to be taken without physical evidence of violence. Lack of means and resources is another obstacle to care, including lack of space, available professionals (psychiatrists or child psychiatrists) and long waiting lists.

B. Giving professionals time

a. Unification before desertion

During the Covid crisis, all professionals were "in the same boat", and local networks joined forces to tackle the same problems. It was only later that the impact of Covid was noted, with the explosion of certain teams, a deteriorating atmosphere, an increase in dependency problems and a widespread abandonment of jobs and training. Regardless of age, these teams were confronted with problems of commitment and prolonged sick leave.

b. Overloaded and exhausted network

The increase in mental health issues in the care sector is considered taboo. The Belgian justice sector lacks resources to support professionals: there are few or no supervisions or intervisions for magistrates, lawyers or police officers. Supervisors, themselves overworked and in difficulty, are less available.

3.3.2. MAG Brabant Wallon 2

MAG composed of five professionals (N=5) from: justiciable support services, youth public prosecutor's office, provincial coordination, « SOS enfant », home for Mother

Story title: "**Construction amoureuse et explosion**" (Youth public prosecutor's office).

3.3.2.1. Summary: "Enhancing offers"

A. New frameworks

a. Managing the anxieties and pressures experienced by professionals to avoid collapse

During the crisis, professionals were confronted with pressures and anxieties, both their own and those of the population they worked with. It was necessary to work with their personal anxieties while at the same time guaranteeing the health frameworks, an incoherence according to some professionals. The climate of surveillance, control and mistrust added to the pressure on professionals. Those who were able to hold out during Covid then collapsed when the pressure eased, leading to a high turnover, an increase in long-term absences, but also an irritation with the Covid crisis theme, and a desire to move on and get on with things.

b. Rethinking work and ways of working

Workers were able to learn a number of lessons from the Covid period, including the importance of taking their time. Covid, during the period of confinement, enabled a calmer pace of work, a pace that accelerated exponentially after the crisis. While it did allow for a degree of flexibility, the disorganized

implementation of telecommuting had an impact on teamwork: management was less present for teams in the field, team meetings were more difficult to organize, inequalities within teams arose, and the network was less accessible, all of which were felt to be disruptions of the institutional system.

B. Emotional and relational education

a. Young people's numbness to relationships and over-investment in virtual contacts

The COVID crisis, and more specifically the various confinements, have had an impact on young people and the way they relate to others. There was a change in interaction patterns, and even a total loss of reference points. Isolation diminished the opportunities for learning about relationships and feelings, particularly the codes of seduction, as well as the expectations and needs of others, and thus the notion of consent. The ideal couple has been built differently, with fewer opportunities for "in real life" encounters and an over-investment in screens. With the wearing of masks, social codes have also changed, and a lack of information about non-verbal language has largely interfered with relationships. The periods of deconfinement were "explosive" in terms of sexual aggression. Once out of confinement, young people's desire to "eat life up", make up for lost time and think about themselves is exacerbated. Having been on a break for 2 years (Covid period), the young people have few, if any, peers or professionals by their side. Basic reference points (consent) are blurred and non-verbal signs are no longer decoded. Investing in the prevention of teenage abuse, in particular to avoid trivialising behaviours that lead to violence, is therefore an important issue. Sex and emotional life education to decode young people's emotional feelings, real-life expression and screen/social network management are some of the avenues taken up by practitioners.

C. Increasing the range of existing services

a. Increase in complaints and requests for assistance in an already clogged network

The population, and young people in particular, were locked up, and their freedoms were restricted. Covid is seen as the cause of an affective and emotional counter-reaction towards what used to be self-management. An exacerbation of emotions and values is said to have led to a wave of complaints. Covid and the succession of different crises have highlighted mental health issues in the general population. The population is running out of steam, and requests for help, reports to the public prosecutor's office, observation, suicide attempts and psychiatric treatment are on the increase. There is a deep sense of unwellness, while the aid sector is overloaded and waiting lists are getting longer. And despite the needs, hiring workers has become more difficult, with new workers looking for a different quality of working life. The Covid crisis has led to an impoverishment of services and interactions within the network. Revitalizing and expanding existing services in the personal assistance sector, and increasing the number of places and crisis beds are key challenges. Faced with a lack of resources, professionals find themselves unable to help people in distress, a burden for workers who feel alone and responsible.

b. Lack of harmony between legal time and field time

There seems to be a discrepancy between the time taken to intervene in the field and that taken by the justice system, particularly in terms of longer decision-making times, which interfere with support for victims of violence. Another example is the fact that "emergency provisional measures", including those concerning children, are being prescribed less and less, in favor of amicable resolutions that are not adapted to situations of violence between partners. These difficulties are experienced by those working in the field, but are little known to judges. The lack of resources in the justice system was also highlighted. However, the forthcoming digitization of the justice system could benefit already complex cases of domestic violence involving different institutions (protection, civil, etc.), each working in parallel. Digitization will make it possible to consult case files, access police reports and, ultimately, take more rapid action.

3.3.3. MAG BW 3

Group composed of six professionals (N=6) from: « Respect séniors », CPAS, police victim assistance service, a reference police officer, reception centre « l'Eglantier »

Story title 1: "**From awareness to proactivity**" (Police victim assistance service).

Title of story 2: "**Emergency accommodation for women and children victims of violence**" (Police victim assistance service).

3.3.3.1. Summary: "Reinventing ourselves to reach out to the outside world"

A. Working outdoors

a. Highlighting the situation of the elderly

In some rest house, confinement was effective for up to a year. With the emphasis on protection, "life at all costs", and health measures the fundamental freedoms of residents were neglected, resulting in extreme isolation with no consideration for ethical issues.

At the same time, the shortage of caregivers meant that residents could no longer be adequately cared for. This is a double penalty for residents for whom caregivers still feel responsible. To this day, it remains difficult for caregivers to function properly, as workers have been so affected by what they have experienced. During the Covid crisis and the periods of confinement, the elderly represented an unseen population, escaping care. According to these stakeholders, this reflects the fact that nursing homes are not sufficiently conceived as places to live: there is less and less psychological follow-up or social support, and this trend was exacerbated by Covid. Following deconfinement, there was an explosion in requests for help from the elderly, particularly from women wishing to leave their partners. Following the crisis, discussion groups for residents and carers were set up in some nursing homes.

b. Legitimising field teams

Containment reminded us of the importance of taking action in people's homes, at the first line, and quickly. This awareness had begun before the crisis. In the absence of directives, field teams were given legitimacy. Telecommuting and changes in practices have helped to make our teams more proactive, as has the simplification of intervention procedures, limiting the number of steps and permissions required.

B. Prioritise psychological care

a. Consider the well-being and safety of workers

The whole point of the Covid period was to distinguish between, on the one hand, the physical dangers that allowed health measures to be circumvented and, on the other, the psychological dangers that did not. In this sense, the Task Force would have been a resource in material terms, but contributed nothing in terms of psychological care. In some institutions, visiting regulations were adapted for reluctant workers. Everyone was able to take the risks they were willing to take. This had an impact on work teams involving professionals who had made different choices. However, these teams found it difficult to rebuild afterwards.

C. Promoting proactivity

a. Raising awareness and encouraging proactivity

Raising awareness in the legal sector, and particularly the police, which is still seen as a man's world, is always important. Violence between partners and the back-and-forth behaviour of victims are recurrent problems that are perceived as unsolvable and associated with a feeling of powerlessness. Increasingly, the police are called upon to work proactively. For every intervention, a visit from the neighborhood officer is required. A reminder of the law, which has undergone a major evolution since

2020 and was imposed with the Col2020. Although this measure had been developed before the crisis, Covid encouraged its strict application, while focusing on the importance of proactivity. There are, for example, training courses, information sheets and referents in police stations who also work proactively to support officers in dealing with violence between partners.

3.4. Conclusions

Participants have highlighted the urgency they had to face and work with. The urgency was associated with the increase in calls from victims or worried witnesses but also with an explosion of requests to integrate a shelter. This influx of demands was all the more difficult to manage as many shelters had to close their doors to comply with health measures. The emergency is also associated with the multiplication of vulnerabilities and needs of families, that is to say the fear of the virus, perhaps the loss of income because it was impossible to go to work, the fact that schools were closed, etc. A way of working which was in opposition to the values of psychosocial work. On the front line, the responders were widely mobilised for the care of the victims. They had to show a great investment to respond to people in need. They have been widely exposed to the crisis, to the risk of contamination by the virus, but also to violence. Moreover, containment has slowed down dialogue between institutions and professionals. The workers have adapted their practices to maintain the link with the users. Adaptations that they sometimes had to make without financial assistance, which induced in some a feeling of abandonment on the part of political authorities.

However, the crisis may also have had positive effects. Working from home and locked down have allowed some to take the time to reflect. A time to reflect on their practices or to develop new projects. The crisis has highlighted the problem of violence between partners. Social work has been recognized as essential and workers explain having felt the importance and the meaning of their work. They felt all the more involved and motivated to intervene during the crisis period. In conclusion, despite the crisis, it is necessary to think of a framework to avoid worker burnout and to ensure humane, appropriate care of victims and of the worker. It is important to (re)build the network. Indeed, social workers, police and doctors are all part of the same system for dealing with violence between partners. They work in a complementary way and it is therefore important, even in times of crisis, to maintain communications between these different sectors. Finally, it is important to keep in mind the first line work, in contact with users, which is essential. For this, as we have seen, new mechanisms have been created but it will be necessary to consolidate their implementation for the future.

4. Analysis of short MAGs from public prosecutors' offices

4.1. MAG PUBLIC prosecutors' offices – FRENCH

The discussions at this MAG were designed to focus on issues relating to potential adaptations and reframings within the Public Prosecutor's Office, whether abandoned or not.

4.1.1. Group composition

The Group comprises seven people (N=7) working in the Charleroi, Luxembourg, Eupen and Brussels public prosecutor's offices.

Title of story: "**Towards a Family Justice Center and a collaborative practice with the House of Justice**" (Eupen Public Prosecutor's Office).

4.1.1.1. Summary: "Decompartmentalizing and optimizing communication"

A. Rethinking practices

a. Covid has been a catalyst for the development of new practices

The Eupen public prosecutor's office experienced the Covid crisis as a catalyst. There were fewer interventions, fewer cases and therefore more time for reflection. This time has accelerated the development of action and collaboration plans. A collaboration plan between Justice house (i.e. maison de justice[75]) and court house (i.e. Palais de justice[76]) for victim follow-up was emerging before the crisis, but the reduction in interventions and work at home left more room for reflection, enabling this project to be put in place more quickly.

b. Optimize response times from the moment the police are called

According to the Eupen public prosecutor's office, police intervention is a key moment for victim follow-up. It's a time when the victim is more open to being looked after. The risk of excessive delay is that the complaint may be withdrawn. If the social worker takes charge of the victim directly and quickly, this is the first contact made, and it's an initial relationship that guarantees ongoing follow-up. The police victim assistance service first intervenes and accompanies the victim to the palace to initiate contact with a social worker. This is not systematic, however, and the aim is to increase the use of this service. At the Charleroi public prosecutor's office, there is no link between the police victim support service and the courthouse victim support service. At present, only a letter is sent to the victim, who is then responsible for taking further action. The aim of the Eupen public prosecutor's office is to set up the shortest possible routes for people and to find them the most appropriate help in dealing with the problem. If there is "reconciliation", people are referred to mediation; if not, quoting as quickly as possible is essential. There are also special VIF hearings where cases are grouped together so that both perpetrators and victims can attend. If children are involved, they can be referred directly to the youth assistance service. In the Charleroi division, as in Eupen, a global approach to VIF cases, with specialized VIF hearings, has been devised. However, the number of cases - 5,400 per year - limits the investment of the staff involved. The Eupen public prosecutor's office notes that access to Praxis training is very limited. The course is not accessible to German speakers. A similar project is under consideration within the German-speaking community, but due to a lack of resources and personnel, it has not yet been implemented.

[75] "Maisons de justice" are structures designed to provide a local judicial presence and guarantee citizens' access to the law

[76] Where the courts and tribunals sit.

B. Thinking about collaboration

a. Collaboration between the victim support services of the between Justice house and court house

The Justice house is present at the court house in Eupen. The fact that the two institutions are linked by the German-speaking community facilitates collaboration. They are able to exchange information on specific cases, in accordance with article 458bis of the penal code. These exchanges help to avoid the multiplication of social workers for the same family. What's more, each situation is assessed with the social workers, and the case is then referred to them. In terms of collaboration, the Charleroi public prosecutor's office wanted to draw inspiration from the Family Justice Centers, but according to the feedback received, the network of associations in Wallonia is too disparate to set up concertation tables. However, the public prosecutor's offices are interested in such a systemic approach.

b. Questioning the compartmentalization of courts

There's a lack of connection, particularly in the Brussels district, which uses the existing family-youth courts as an example. Despite being in the same building, communication is difficult. This compartmentalization leads to a loss of information and makes it more difficult to work together. The multiplication of partners makes communication between all those managing the same file difficult. In the case of VIF files, this compartmentalization appears all the more dysfunctional because many of these files involve minors in danger. The Charleroi public prosecutor's office confirms that compartmentalization limits intervention. A co-management project previously developed within this public prosecutor's office aimed to optimize the management of individual and youth crime cases. The magistrates in charge of these "co-managed" cases soon found themselves overwhelmed and exhausted. A step backwards (compartmentalization of these matters) was taken. Charleroi's VIF criminologists, a function set up in the wake of COVID, are trying to make up for this lack of information exchange between the two sections. Charleroi refers to the overall operation of the Liège public prosecutor's office, where magistrates work by specificity and not by police zone: "One family equals one file". Information flows more quickly for parents and children alike. Finally, clarifying the missions of each service for the general public should be a key factor in avoiding amalgams and confusion between professional practices. It is important to make the judicial system more accessible to the general public, so that users can find their way around. Defined, comprehensible and accessible missions will provide added value for collaboration between professionals too.

4.2. MAG public prosecutor's office - DUTCH-SPEAKING

The discussions at this MAG in the Dutch speaking part of Belgium were designed to focus on issues relating to potential adaptations and reframing within the Public Prosecutor's Office, whether they had been abandoned or not. The discussions generated very few interesting elements. Respondents had little motivation, showed barely an interest and it was difficult to get the conversation going. There was little response to the questions and much was written off to the fact that covid was a long time ago.

4.2.1. Group composition

The group consisted of six people (N=6) working in the Ghent, Oudenaarde and Brussels (Dutch-speaking) public prosecutor's offices.

Title of story: "**Het herbezoek/The revisit**" (Ghent Public Prosecutor's Office).

4.2.1.1. Summary: a new measure

The chosen narrative revolves around the practice of revisiting or conducting home visits. This was included in the new Circular 20/2020. The Circular presupposes that in cases of domestic violence, a

physical visit to the victim's residence is necessary to facilitate further follow up by the police. It is a cooperation between the police and the legal authorities. During crisis situations, such as the initial stages of the COVID-19 pandemic, the implementation of the Circular faced considerable challenges due to the limited availability of personnel from the prosecutor's office for sustained engagement. Moreover, this approach places a substantial burden on police resources. Therefore, it was previously often conducted via telephone communication. However, the practice continued post-pandemic because it was deemed valuable. Presently, the police frequently seek guidance from the prosecutor's office on whether in-person visits are mandatory or if telephone communication suffices. Law enforcement emphasizes that in-person visits demand significant manpower but yield more comprehensive information. Therefore, prioritization of cases becomes desirable. Amid the COVID-19 pandemic, logistical constraints sometimes made it impossible to conduct home visits in all instances, leading to a potential loss of critical information. It is acknowledged that certain nuances, such as tensions or relational stressors, may not be discernible without the context provided by a home visit. Despite the challenges, there is a sense of relief that the practice has returned to normalcy.

4.2.1.2. Interpretations

Notably, rumours circulated during the pandemic suggesting an increase in violence, though these claims did not align with official justice system statistics. However, there was a prevailing perception of a resurgence in violence post-pandemic, which has brought the statistics back in line with pre-pandemic levels. During the pandemic, fear of going outside deterred individuals from reporting incidents to the authorities. This phenomenon was not unique to the Ghent’s Prosecutor’s office, but was also experienced by the Brussels prosecutor's office, further highlighting the pre-existing hurdle of reporting crimes. The reduction in social control, particularly due to school closures during the pandemic, exacerbated concerns that incidents were not being reported promptly, contributing to a larger "dark number" of unreported cases during the crisis. Interpretations and questions arise concerning the practical challenges in organizing home visits and their overall utility. Physical revisits are not always feasible and respondent prefer "hercontactname" (re-contacting) instead of "herbezoek" (revisit). Capacity constraints are identified as a central issue, with social service units facing overwhelming demands while operating with limited resources. Resistance from the police force has been observed from the outset of implementing COL, but it is underscored that this practice is indeed valuable. In some cases, telephone contact may lead to a superficial "everything is fine" response, and establishing personal face-to-face contact can prove challenging for law enforcement officers. Additionally, some individuals involved may not be receptive to the idea of a revisitation, all of which are factors that influence decision-making in this regard.

X. CONCLUSIONS

The IPV DACOVID research project was drawn up even though the future of the crisis was not yet known, and the research began in October 2021, i.e. a year and a half after the announcement of the COVID pandemic, and ended in October 2023, i.e. three and a half years after the first containment measures were taken. At the end of this research, can we speak of the "end of the Covid crisis" or the "post-Covid crisis" as the title of the research envisaged? Are the effects of the crisis on intimate partner violence synchronised with the different waves of the pandemic?

The temporality of the crisis and its effects emerged in our research as essential to understanding the complexity of the processes, changes and impacts of a crisis. Analysis of the effects of a crisis such as the Covid crisis must integrate **a synchronic approach** (the effect of the crisis at a given moment in time) and **a diachronic approach** (the evolution of the crisis over time). Throughout the world, the period during which the Covid crisis was confined (March 2020) focused all the attention of governments and public authorities on the health sector in direct connection with the pandemic, but also on domestic violence and IPV, with a tendency to reduce the crisis to this period. The end of the

restrictive measures of confinement and closure of services was implicitly associated with the end of a state of alert in relation to the risk of domestic violence, and left the impression of a return to "equilibrium" or "restored" societal functioning in terms of IPV. The need to turn the page and forget was sometimes stronger for professionals, families and politicians than the desire to carry out a retrospective and prospective analysis of this crisis, all the more so as the crises followed one another. As a result, the diachronic approach to intimate partner violence has been neglected. Identifying the dynamics and effects of the crisis, and keeping track of them in order to profile future crises is the major objective of this research, which serves as a memoir.
Violence between intimate partners during the Covid pandemic is part of a history that began long before the crisis, continuing at different times during the Covid crisis and other concomitant and successive crises (economic, social, climatic, etc.). Since the 1970s, advances in the field of IPVs have been made in a wide range of societal contexts, and the Covid crisis is a particular context in which the aim is to highlight the contributions, lessons and recommendations for the continued deployment of public policies in the field of IPVs.

Through the analysis carried out in this research project (presented in the various chapters), the different phases of the Covid crisis were studied in order to highlight the impact of the crisis, in terms of the dynamics of violence between intimate partners, the possibilities for intervention by front-line players and intervention policies, while considering the windows of opportunity that emerged.
More specifically, the aims of our study were first to document the impact of the early stages of the COVID-19 crisis (lockdown) and in particular the potential increase in intimate partner violence (IPV), as well as the impact on the dynamics of violence of containment measures, the practices and processes of cooperation between actors working in the field of IPV, in judicial interventions, front-line interventions and associations, as well as innovations and new developments, and its delayed and medium-term effects through the successive periods of the crisis.

Second, to identify the instruments and actions implemented in the field of intimate partner violence treatment during the Covid-19 crisis periods, i.e. confinement, post-confinement and post-crisis (or recovery). What has changed in practice, what innovations and new systems have been developed in response to the Covid-19 crisis, and whether they have been maintained in the post-pandemic period? How have the political agendas and the practices and representations of professionals changed in the field of treating violence between partners in Belgium?

To find out, we contacted various professionals working in the field of partner violence, sexual violence and violence against women, and in shelters for victims of violence. And more generally, social workers who may have been confronted with situations of partner violence during the COVID period (police victim support service, social services, etc.). We also observed changes and development in media discourses, public policies and actions involving multiple fields and actors: police, justice, health and associations during and after the Covid-19 crisis. The results aimed at improving our knowledge related to the initiatives taken in the different policy fields (taking into account the institutional complexity specific to Belgium) and changes in professional practices in the main sectors concerned (health, police and justice, welfare and the NGO sectors) in the particular context of a major crisis.
The crisis may have also triggered and revealed certain deficiencies in public policies and professional practices as for matter of coordination between different sectors. We also put at the fore inadequacies in resource allocation and the existence of perverse or unexpected effects of sanitary interventions.

1. Impact of Covid Crisis on IPV

1.1. Increase of IPV during the lockdowns, an incentiviser but not an indicator

As highlighted in the first chapter of this report, the impact of the Covid-19 crisis, and more specifically of the lockdowns, in terms of an increase in intimate partner violence (IPV) is a subject that has featured prominently in the media since the beginning of the health crisis. It was therefore important to examine the reality and nature of this alleged increase in IPV.

The figures currently available for Belgium do not allow us to draw any strong conclusions as to whether or not there was an increase in intimate partner violence during the Covid-19 crisis, in particular during the lockdown periods considered to be particularly high-risk periods. On one side, telephone helplines were confronted with a massive increase in calls at the time of the first confinement, with the strongest peak in April 2020, i.e. 2.5 times more calls than the average monthly number. A significant increase came from calls from victims' relatives, family members, colleagues or friends. An increase in the number of calls, felt more widely by stakeholders in the psycho-social and medical sectors. The increase in calls to telephone hotlines and the variety of callers probably reflect recourse to an alternative means of calling for help in a situation where access to the usual resources has become impossible or difficult. But it also reflects a form of social solidarity fueled by the high media profile given to the issue of domestic violence from the outset of the health crisis. Supporting the hypothesis of IPV increase on the hotline data is not strong enough and should be put to the test by other sources. According to the figures relating to homicides, there was no increase in the number of partner homicides or feminicides in 2020, even though confinement is traditionally considered a high-risk situation. This result is consistent with what was observed in the large-scale research conducted by Aebi & al (2021), who underline as possible clue that the lockdown reduces the chance to end the relationship with a current partner and move to another place. The analysis of the large series of official statistical figures from police and judicial sources, shows a decline in reports of partner violence at the time of the first confinement (particularly psychological violence), in both cases. Is this decrease due to a decrease in the phenomenon or of its reporting ? There are more arguments for the second hypothesis: the reduction in the propensity to report violence to the police might come either from a lower perception of the need to report, or the urgency of doing so, in a societal context in which pandemic related survival priorities predominate. Access to psycho-medico-social support was also difficult as the sector was then shut down or teleworking. Going to the police was difficult because of movement limitation and fear for contamination.

1.2. Impact of the Covid crisis on the dynamics of violence.

There is no consensus between the professionals as to a real increase in the number of cases. **Nevertheless the professionals agreed that the pandemic and the containment measures were potential aggravating factors, and they report having encountered more situations of serious violence, requiring rapid treatment**. **Victims were more vulnerable because of the confinement, the constant presence of the violent partner and the difficulties in managing tensions within the couple. At the same time, children were also confronted more with the violence, without the opportunity to take distance when the schools were closed.**

As for the dynamics of violence, the pandemic crisis has weakened the mental health of the entire population, and generated tensions that have, among other things, affected the interpersonal dynamics of couples. The crisis context and the associated increase in tension and stress have led to **an acceleration in the processes of violence and the escalation of violence between partners within couples and families.** They have also increased the vulnerability of people who are already more vulnerable and maintained and/or reinforced existing patterns of violence. **The crisis was a moment that accentuated the 'inequalities' already present** before the crisis: not everyone was in a

comparable situation to cope with the pandemic as well with the impact of the pandemics and the impact of the different measures imposed to control it: these measures have been very asymmetrical in their effects. Workers saw the crisis as increasing the vulnerability of vulnerable populations (undocumented women, children, young people, the elderly, etc.), which supports the hypothesis that the pandemic reinforced existing problems.

Analysis of the effects of the IPV crisis in terms of the occurrence, types and increase in violence must be carried out by **putting into perspective the data from several places and areas of observation, with a quantitative approach and a qualitative approach**, in order to be able to take account of the diversity of dynamics and realities according to police statistics and services, the experience of specialised professionals (shelters, hospitals, etc.) and front-line professionals (from the (para)-medical and psychosocial sectors) as well as victims and perpetrators (analysis of perpetrator and victim files).) and front-line professionals (from the (para)-medical and psychosocial sectors), as well as victims and perpetrators (analysis of perpetrator and victim files). The impact of the crisis should not be seen solely in terms of the figures recorded during the period of confinement (official statistics), which was identified as the period most at risk of violence, as it was certainly the period of the crisis when the violence was most invisible. Help-seeking and reporting were hampered for the entire population and postponed (delayed) particularly for the most vulnerable groups. A synchronous and diachronic approach to the effects of the crisis must therefore be put in place to monitor changes in the crisis at different times over a sufficiently long period. In the context of a crisis such as the Covid 19 pandemic, statistical data will need to be examined over periods longer than two years post-crisis, in order to measure the impact.

2. The context of Pandemic management in Belgium

2.1. IPV policy during the Covid crisis

2.1.1. The fight against IPV before Covid

In "normal times", actions to combat IPV are *de facto* distributed according to a variety of rationales (under the umbrellas of police, justice and psychosocial and medical first line support networks) , and according to different authorities (federal, regional/community, local) and different frames of reference in the country's two communities (Vanneste, 2020). Can we talk about a policy? In Flanders, a subregional networking place dedicated to this issue is becoming more widespread (the FJCs). On the French-speaking side, the transformation is slower, most psycho-social support being provided by a variety of diverse NGO's, with few institutionalized links to the other sectors (police, justice). Can we present IPV as a social issue being taken on by the public authorities? Are the resources sufficient and are they being mobilised effectively towards specific beneficiaries? There are long waiting lists throughout the country. The response time of the justice system does not meet the demands of litigants.

In 2019, The GREVIO report (2020) noted the problem of governance, and particularly the lack of administrative and political coordination, the issue of cooperation within civil society and with the federal coordination units, IEFH and the Council of Prosecutors. It underlined among the priority issues: to *"take appropriate steps to encourage further multi-agency co-operation and to ensure that the different forms of co-operation are firmly based on a gendered understanding of violence against women and domestic violence and focus on the human rights, safety and respect for the wishes of victims and take measures to tackle the shortage of places in reception centres*". There is no easy gain for designing policies on such complex issues with a large variety of sectors involved and deep differences of issue framing in the two large communities. Nevertheless the crisis and the conditions

of care in a frame of pandemic and crisis management certainly brought opportunities (support, networks and psychosocial resources) to organise moves or changes in the field.

2.2.2. Coordination between the political partners during the pandemic

At the first lockdown, in the north and south, existing networks (which are already unable to cope with demand in normal times) were put under pressure or closed (because they were not yet categorised as “essential”). Police and hospitals were the most available points of contact remaining open and active to address acts of violence. A political taskforce between French-speaking leaders (policy makers and administrations) emerged, which devoted its political attention to the IPV issue, which was at that time largely put on the media agenda thanks to WHO warnings. NGO’s aware of this initiative took advantage of this opening to ask for extra resources for overloaded projects (eg. call lines) and propose new projects for extra fundings (eg. emergency accommodation). These actions were designed in a hurry, without giving much attention to the practicalities of these projects during a pandemic.
Targeted refinancing has succeeded in keeping some areas of support "above water level" (e.g. call lines); police areas have developed new approaches to protection (revisiting, calls to victims/perpetrators): with these initiatives, the TF tried to neutralise some of the effect of the increase in risk factors (alcohol consumption; reduction in the protective effects of informal networks) denouncing the fact that linear lockdown conditions had a major impact on the most vulnerable groups. Once the new federal government was in place (October 2020), more initiatives could be supported at the federal level. The CPVS and the "Harassment Alarm" pilot have been properly evaluated and have obtained political support and funding that should enable them to be rolled out across the country. Flanders is reinforcing its structural funding for the FJCs, which are investing more in local networks (e.g. with OCMW). In a series of large police zones, some initiatives emerged through a diversity of inter-sectorial networks (see the call of projects organised by the Minister of Interior in 2022, DOMS, networking with CPVS).

With the Covid crisis, the issue of violence against women and intimate partner violence certainly gained ground in the public arena, revealing a preexisting societal problem. The pandemic is considered by many as a lever for action that facilitated the implementation of new and targeted public interventions that had already been thought through beforehand. The associated NGO’s played a central role to present and explain the main issues to be addressed urgently. It combined the developments of recent years of reflexion from the field with the urgency imposed by the pandemic. For many working in this field of IPV, the pandemic was seen as an opportunity. Resources were easily available for preexisting solutions, coming from the IPV related NGO. Some solutions have also been inspired by what is usually done in other sectors. As an example, temporary hotels occupancy, as we have seen opened in Brussel, had already been done before to offer shelter to homeless people. These are solutions used in a world without pandemic or stringent health measures: what about translating them during the health crisis?

2.2.3. Pandemic management in Belgium

To frame the issue of adaptation of IPV related professionals to the context of a pandemic, it is important to first recall the main changes imposed to all sectors by the situation of emergency (AR 2016) declared in March 2020. To deal with a pandemic, the public authorities mobilise two potentially contradictory reference frameworks: on the one hand, the public health management policy, and on the other, the policy for managing emergency situations, whatever they may be, under the control of the Minister of the Interior. Good practice in public health policy recommends mobilising the players involved, in a multi-level approach aligned with the division of powers between the federal, regional and Community levels, right down to the local level: sanitary decisions are then translated into the

day-to-day practices of intermediary players (such as hygiene inspectors) and, as close to the field as possible, into the day-to-day practices of players in contact with patients and citizens (doctors and pharmacists). On the other hand, the legal framework for crisis management, including health crisis management, is organised at federal level in Belgium (Faniel, J., & Sägesser, 2020) and applies to all sub-national entities, in a top-down approach, mobilising the resources needed to impose decisions taken in the interests of public order, under the responsibility of the Minister of the Interior (Fallon et al., 2020).

The risk of a pandemic had already been anticipated, as part of the International Health Regulations (IHR) coordinated by the WHO. Each signatory state had to prepare for a scenario such as the SARS epidemic (which occurred in 2003) and develop the capacity to ensure adequate emergency measures for maximum protection. In 2018, the WHO evaluation reports highlighted Belgium's under-investment in response capacity. Other analysis on crisis management reported a general lack of political interest in maintaining the resources and infrastructure that are essential for ensuring the safety of society but which, until an event occurs, seem politically unprofitable and too costly in budgetary terms (Brunet et al., 2000).

In early 2020, the Belgian federal authority, like many heads of government in Europe, declared that the virus was under control in the country. Once the pandemic situation had been declared, the country was unable to cope with the explosion of the epidemic - in the sense of the circulation of the virus. This can be described as a "failure of imagination" on the part of the health authorities involved in managing the crisis, who were hoping to remain an unspoiled island. This failure of imagination is also reflected in low uptake with the local complexity of public health issues and the variety of contexts. Sanitary policies have been characterised by a succession of measures promulgated at different levels of power, with great variability in terms of their coherence and binding force: postponement of non-urgent care, testing and tracing, quarantine, compulsory wearing of masks, closure of schools and so-called non-essential activities, mass vaccination, etc. The decision-making process should in principle be as inclusive as possible: on the one hand, by allowing the "weakest" players in terms of negotiating power to be heard; on the other, by integrating the necessary disciplines into the dialogue. For example, a virologist knows a lot about viruses, but has probably never heard of the social determinants of health, which have a greater influence on public health outcomes than medical care. Taking a public health means taking a community approach with due attention to the complexity of the issues and the specific contexts of the interventions. Contrary to WHO recommendations, those working in the field (general practitioners and psycho-social workers) were not involved in the decision-making process and remained distant from their patients. The sanitary instructions did not take into account the actual living conditions of the homeless, the reception centres and collective shelters, or the living conditions of the most precarious families. Without consulting the sectors or those working on the ground, particularly with the most vulnerable groups, the authorities also decreed which non-essential sectors were to be kept at a distance. This failure to take into account the practical conditions of public health measures and their effects on the most vulnerable groups, had a dramatic effect on nursing home residents, as Amnesty will be denouncing (2021), and serious consequences for those working in the field, who were kept at a distance from the people they care for and support on a daily basis.

It was during the second wave that criticisms of the way the health crisis was managed became more audible (Boin et al., 2021). On the one hand, human rights activists put a wedge in the system by asking a fundamental question: were these so-called "liberticidal" measures "appropriate, effective and proportional"? (Bouhon et al., 2022) On the other hand, the criticisms of the dark spots in the first wave could not be ignored: public health experts denounced the stranglehold of statisticians and the sidelining of front-line managers (general practitioners, labor inspectors, school heads, mayors, social

workers, etc.) who were directly confronted with the concrete local effects of measures whose social dimensions were rarely taken into account.

2.2. The crisis as a catalyst in developing new practices within the professional sectors

2.2.1. The crisis as a catalyst in developing new practices within the police sector

The health crisis was a period during which **new policing practices** were introduced or developed in the area of IPV. **The practice of revisiting** was already largely in place prior to the crisis, but the circular COL 20/2020 prescribed that the practice should be generalised in a favourable context. Different practices were developed : phone, online interview. There was a major leap forward, with most areas declaring it, if only partially. New practices for dealing with victims were under development and confirmed during the crisis: telephone contacts, online lodging of a complaint, etc. **The "stalking alarm"** was another development that started as a pilot in the city of Gent and was rapidly evaluated and extended to the whole territory after the pandemic. **New practices with regard to perpetrators** have also emerged, but they remain rarer. **Only few areas, however, feel that the crisis has been an incentive to implement these initiatives for both perpetrators and victims. These initiatives should rather be considered as part of a process that had already begun and would be rolled out over the longer term, in most areas except for the small police zones with less human resources to develop such variety of expertise**. Other respondents insisted on the importance of the crisis as a moment of rising awareness not only of the IPV phenomenon but also of the importance of face to face contact and interactions in order to examine each case in its complexity, giving due attention to the request of the person and performing "risk analysis". In the coming year, this might lead to more attention to SAPV support and IPV related training for the police professionals.

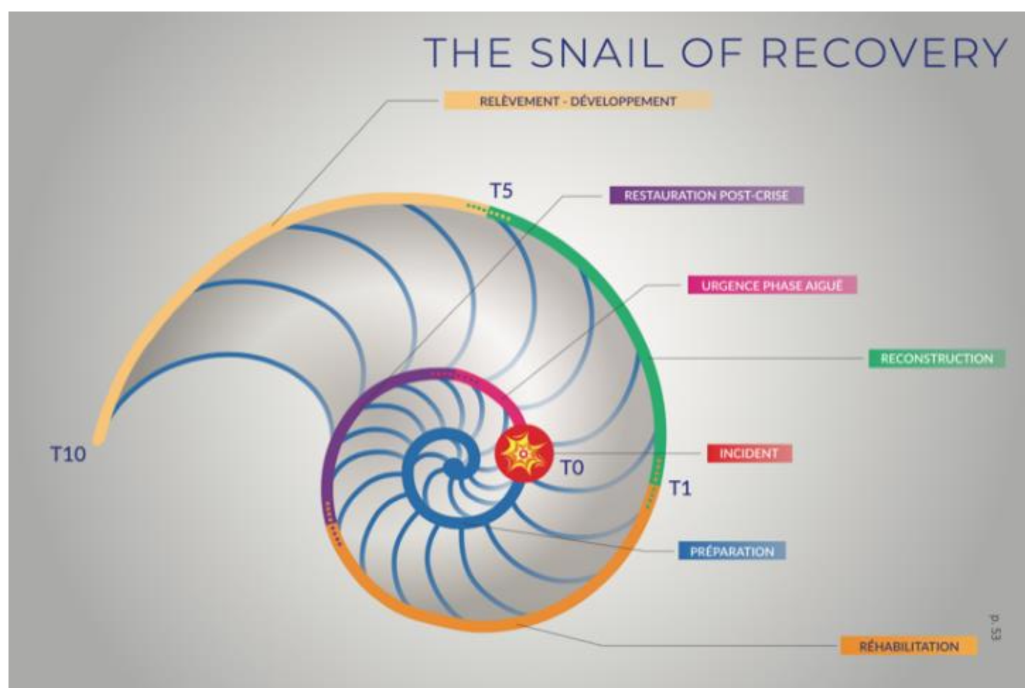
2.2.2. The crisis as a catalyst in developing new practices within the psychosocial sector

Has the COVID-19 crisis influenced professionals' practices in managing violence between partners? Among the respondents of the online enquiry, nearly half in the psycho-social sector and a third in the (para)medical sector said they had adapted their practices. They emphasised the urgency they had to face and work with. An urgency linked to the increase in calls and the growing vulnerability and needs of families. At the same time, they had to adapt the way they operated, through telephone helplines, proactive and regular distance contacts because telework was imposed during the 1st confinement. Uncertainty about the availability of the networks was quite high, because it was difficult to gather up to date information about the services which were open, on line or unavailable: in Flanders, the FJC had to face more 1st line missions because of the closing of CAW centres. We could resume by saying that networks were blurred, making life still more difficult for the professionals. They also suffered the pressure of the media coverage, which did not recognise the central role of professionals who were struggling to make these schemes work, sometimes on their own initiative: opening of a hotel in Ostend, transformation of the Malle training centre into emergency accommodation on the initiative of an FJC.

The situation in collective accommodation was particularly tense. As a result of the rules governing reception and discharge from accommodation, the shelters/accommodation centres were full, while the heavy media coverage of a (possible) increase in the number of IPVs was reinforcing a sense of urgency and putting pressure on the shelters/accommodation centres (which had no more places) and on the workers to work in emergency situations and support more victims. Professionals suffered from these conditions on two levels. Firstly, working conditions during confinement were very difficult and restrictive, and not adapted to collective housing. Secondly, reception professionals were forced to change their working conditions and work in a hurry. Professionals felt very exposed to the crisis, to the risk of contamination by the virus, and also to the violence. They had to invest a great deal of effort in responding to people in need, particularly in providing access to services that were often

closed. In practice, they point to a twofold dehumanisation of relationships. On the one hand, because the measures imposed in certain living environments, such as shelters or rest homes, were not adapted to community life and dangerously isolated residents. At the same time, the increased length of waiting lists and the distance from care affected therapeutic links and therefore the support provided to victims. Secondly, because front-line workers were largely mobilised in a hurry, without taking into account their personal well-being or the psychological impact of the crisis on them. Most of them had no support from their organisation to help take care of their emotional stress.

The increase in the number of crisis calls, combined with a reduction in resources and the difficulty of finding housing or care solutions, has led to a feeling of powerlessness, amplified by the discrepancy between the media/political discourse during the crisis and the real capacity for action of workers on the ground. Faced with a lack of resources, the police throughout the country appeared to be available and involved in dealing with these situations, both during confinement and afterwards. There were many obstacles: wearing masks and social distancing; longer procedural timescales for processing cases; smaller teams; more complex work under strain. Groups of professionals were under a great deal of pressure during the crisis: some said they were doing "**humanitarian work rather than social work**", an experience that could be considered as a learning experience for individuals and a source of pride (commitment to the project) but also a source of exhaustion. However, the crisis also had positive effects. It has highlighted the problem of violence between partners as a societal issue. The psychosocial sector was recognised as an "essential sector" after some months of lockdown: such a recognition is important because it gives more room to organise interventions while coping with the sanitary and distancing measures. It also give a signal of social recognition of the importance of their work.



2.3. Managing the post crisis

Overall, at the end of the crisis, online survey and group discussions with professionals who had been involved with IPV during the pandemic revealed the expression of a general **exhaustion among psycho-social workers,** resulting from a demand for rapid and sometimes unsupervised adaptation of their work, over-investment, and a feeling of loneliness linked to a lack of resources and cross-sector communication.

Three years after the start of the pandemic, the front-line workers described themselves as exhausted. The psychosocial and (para)medical practitioners we met in this "post-crisis" period were above all weary: workers wanted to turn the page on this pandemic period. Covid is becoming a subject they don't want to talk about any more, crystallising feelings of irritation, anger and even real trauma for some. The post-crisis/recovery period has not been sufficiently taken into account: *"Coming out of a crisis is a crisis for workers."* There is no return to the former state, but to suffering. Frontline workers need to be "looked after". Debriefings need to be organised, and ways of improving the situation need to be developed : how do you rebuild after the crisis?

In Belgium, recovery is currently a nebulous stage in the monitoring of collective emergency situations. Little attention is devoted to this period in Belgian legislation apart from article 40 of the Royal Decree of 22 May 2019, even though the public's expectations in this respect are immense. Recovery should not be seen as a "return to normal", but more ambitiously as a window of opportunity to "build back better" (Sendai framework, 2015). National and international recommendations are unanimous on the need for meticulous *ex ante* preparation for recovery (identification of stakeholders, conclusion of protocols and framework agreements, support tools) (White Paper on Crisis Management - Report to the Ministry of the Interior, 2023 – see the figure attached).

2.3.1. From reactivity to urgency to proactivity, a structure for quality support in times of crisis

The meetings and discussions with field workers highlighted the widespread failure, in all segments of the networks, to take account of the recovery process: Covid's emergence from crisis has resulted in a crisis for the workers, so there can be no talk of a "return to normal". There is a need to move away from management based **on reacting to emergencies to proactive, anticipated** and pre-organised management, so as to provide psychosocial support in the event of a crisis that meets the needs of the people affected by IPVs, **perpetrators, victims and children**, as well as professionals in the various sectors. In particular, by raising awareness and promoting proactivity in times of crisis in all police, psychosocial, (para)medical and judicial sectors, by means of training to raise awareness and equip professionals with this management method during the various crisis periods and proactive intervention methods in the IPV sector. In fact, the development and/or implementation of systems to encourage reporting, help-seeking or follow-up interventions in both the police and psychosocial sectors (ITER, revisit, pharmacists acting as intermediaries, etc.) can only be effective if those involved have been trained.

The crisis has highlighted the needs and obstacles faced by specialised and frontline professionals in the psychosocial sector in providing **quality support**, particularly in terms of the timeframe and the need for follow-up, as opposed to the urgency imposed by the crisis itself. Taking into account the safety, protection and follow-up of victims, perpetrators and children exposed to situations requires a framework and places of intervention (including resources, safe spaces, etc.) that respect the needs of both beneficiaries and professionals, so as to protect them from the risk of **victim/secondary trauma** such as that identified during the course of the research. The same applies to outreaching practices, interventions in the living environment and within the community that mobilise specialist and front-line services (such as contracted front-line psychologists), which must be maintained in times of crisis.

2.3.2. Strengthening the network and guaranteeing its efficiency

At different times of crisis, the network and the practices of the professionals within it were weakened and functioned discontinuously according to the availability of each other. During lockdowns, the closure of services led to disruptions and gaps in the network due to the unavailability and inaccessibility of services. What's more, in the post-acute crisis periods (year 2 and year 3, 2021-2023, the period covered by the research), network practices were weakened, in particular by the

exhaustion of professionals. At the same time, the crisis has shown that third parties and witnesses are becoming more involved in reporting situations of violence: on this basis, might it not be possible to develop a collaborative approach within communities, strengthening coordination and collaboration between sectors and the interprofessional and community network to provide short- and medium-term crisis support?

3. Finally, what about now?

More than two years after the first lockdown, the public can also turn to other problems when other sectors of policy intervention receive more media attention and generate increasing public outcry. Fighting violence requires complex interventions and sustained policy attention, while policy makers (and the media as well) are confronted with a host of legitimate policy problems that are competing for their attention. While the NGO's succeeded in developing active and efficient advocacy work and took advantage of the political opportunities during the pandemics, other issues which are important to the public and the policy makers gained more attention on the governmental agenda: new economic problems due to sluggish recovery; the recent energy crisis due to the war in Ukraine. Feminist actors will have to stabilise the results of the efforts and policy developments which were gained during the pandemic. Through the different plans, written during or after the pandemic, they are already trying to ensure structural changes to make sure that the gains are not lost.

Can we say that Belgium is developing a more coordinated policy for addressing violence against women with a gender based approach on the whole territory? The crisis and the conditions of care in a frame of pandemic and crisis management certainly brought opportunities (support, networks and psychosocial resources) to organise moves/changes in the field. The French speaking task force became somehow a transient but real coordination platform: ensuring co-operation and feedback between policy makers, administration and NGO's providing field expertise. It was a moment of increased recognition and support for the specialised expertise of specialist women's associations and services: they were invited to point out the priorities for intervention when facing this uncommon situation and they received some extra resources for implementing the most important points. Under these conditions, drafting the new NAP (2021-2025[77]) was an easier task (except for the limited involvement of the Flemish regional partners): the NAP was designed under a shared conceptual reference framework, and addressed issues such as legal developments, data construction, training etc. The taskforce did not survive the end of the pandemic, but its effects will last through the engagement (specifying lines of actions as well as resources) of all partners in the NAP whose coordination is supported by the IEHF.

This crisis did not reduce the gap and disparities in the co-ordination of policies at regional level, the French-speaking Governments (Walloon Region, French Community and COCOF) on one side and Flanders on the other side. On the contrary, as the Flemish Community increased the resources to the FJC (its Houses of justice): the autonomy of the regional bodies on this issue has been revealed during the covid crisis. Nevertheless, several innovations developed in the police and justice sectors (follow up visits, harassment alarms) and the decision of creating CPVS in the three regions (to take in charge sexual violence with an integrated approach in one place) were supported by the federal authorities and implemented in the whole country. These common developments, although being developed within specific regional frameworks, tend to increase consistency in the policies and measures at the various levels of authority. Cooperation increases through these pragmatic developments rather than through open fora which do not fit the specificity of the federal structure of the country.

[77] National Action Plan to combat gender-based violence (2021-2025).

4. And for the future…recommandations

The analyses carried out in the course of this project, using a variety of approaches but always coordinated between the teams, by researchers specialising in both violence between partners and the (federal) sector of emergency management, enable us to draw some targeted lessons that shed light on certain blind spots in these two sectors of public action. We summarise them as follows:

1) Support the commitment of professional players, and particularly that of associative sector organisations whose flexible structures enable them to intervene as close as possible to the field and to beneficiaries, but which do not have sufficient resources to coordinate effectively (every crisis is first and foremost a communication crisis) or to protect their players from the medium- and long-term effects of their involvement in a health emergency.
2) Ensure that the most vulnerable groups in society are taken into account, as they are the most exposed to emergency situations and are given too little consideration by the linear approaches used by crisis management authorities to draw up intervention protocols.
3) Analysing the long-term effects of the crisis and its management on the beneficiaries and responders, without preconceived ideas, because any crisis is always a surprise and has unforeseen knock-on effects;
4) Supporting the development of appropriate emergency management approaches to ensure adequate support for victims and professionals during the reconstruction period

4.1. Supporting professional practitioners in the field

- **Recommendation 1:** Recognise stakeholders as **essential services**. Planning also involves recognising and registering psychosocial, medical and paramedical workers as essential services, i.e. services that are vital for providing support to the population in times of crisis, without neglecting the psychosocial risks to workers when defining "essential" sectors.
    - What procedures need to be mobilised to obtain this kind of recognition? Several questions need to be addressed: How are essential services defined (procedures, experts, etc.)?
    - Are the players on the ground involved in these recognition processes?
    - How can this network be adapted to ensure that the health authorities pay greater attention to mental health problems and their management?

- **Recommendation 2:** Rebuild and/or **consolidate the network** of front-line workers so that they have a framework within which to work and be cared for, in order to avoid worker burnout; organise debriefings within organisations and share “lessons learned” with other organisations; organise communication within the network, tailored to the specific needs of emergency workers.

- **Recommendation 3**: Examine the possibility of **providing structural funding for associations** and groups of associations whose corporate purpose includes the fight against gender-based violence. Funding mechanisms based on calls for projects mean that these organisations (which are nonetheless "essential") are subject to chronic instability and pose specific problems during or after a crisis: they are asked to develop such projects at a time when those involved are engaged in a phase of reconstruction and rehabilitation following their involvement in the crisis. The pace of the call for projects must take into account the dynamics of the crisis, including the so-called reconstruction phases.

- **Recommendation 4:** The issue of **structural reinforcement** for associations (and groups of associations) involved in the fight against gender-based violence is addressed in the new NAP, without any mention of the pandemic. To deal with similar crises, the network must nevertheless be strengthened to enable it to provide the conditions for managing critical, severe and other GPI

situations, as well as follow-up with the most vulnerable populations, based on a non-emergency timeframe.

4.2. Working with the most vulnerable groups

- **Recommendation 5:** Ensure adequate and appropriate care for the most vulnerable groups (homeless people, victims of violence, etc.), including the specific situations of collective accommodation (night or day shelters; MRS; accommodation for victims and their children) during the various phases of crisis management, including during reconstruction. Ensure not only sufficient accommodation, but also flexible access conditions for accommodation adapted to the needs of families with children (play areas, activities, etc.) and design the necessary adaptations in the event of a health emergency.

- **Recommendation 6**: Include the **issue of IPVs**, and also **children at risk**, as part of the management of the health emergency plan, at the level of risk identification and integration into intervention scenarios in different contexts, without neglecting the impact of crises and health measures on the mental health of the population (anxiety, depression, substance abuse). A "child reflex" must be organised in the event of confinement and school closures, to prevent the crisis having an even greater impact on exposed children.

4.3. Analyse the effects of the crisis over the long term, without preconceived ideas

- **Recommendation 7:** An analysis of the effects of the crisis over a longer period than that of the lockdowns will be necessary to assess the impact of the pandemic period both on beneficiaries and on the psychosocial sector's ability to intervene, and also to plan and provide support at multiple levels to "absorb" the delayed effects of the crisis for both beneficiaries and professionals.

- **Recommendation 8:** Undertake an analysis of the management of the health crisis using a public health approach, taking into account the most vulnerable groups and the diversity of local contexts. This type of analysis should also be carried out at the level of the various intervention systems, to improve their resilience in the face of crises: for example, developing safety procedures specific to collective accommodation; analysing the relationship between hospitals and CPVS during a health crisis, which absorbs all hospital attention; organising the sharing of information on available and accessible resources, throughout the crisis, etc.

4.4. Integrating the specific dimensions of mental health into the management of emergency situations

- **Recommendation 9**: The epidemiological approaches specific to health crisis management cannot erase the need to take account of the social and community dimensions specific to mental health (at the level of those involved as well as the beneficiaries) within a public health rationale: it is a question of developing approaches to intervention which are sensitive to the risks of "dehumanisation" specific to emergency situations.

- **Recommendation 10:** Develop an integrated approach between the authorities and resources available at federal, regional and community level: on the French-speaking side, this involves overcoming the overly strict separation between regional and community responsibilities, especially in the area of child and youth protection.

- **Recommendation 11**: Provide post-crisis management debriefing activities for professionals, with the support of existing networks, and at the same time organise a perspective on the problems encountered during the crisis (access to services; appropriate health protection methods, circulation of information) and on the serious failings identified during the crisis to ensure that decision-makers are made aware and that information is shared within the stakeholder networks.

5. DISSEMINATION AND VALORISATION

1. Conferences

- Fallon, C., & Thiry, A. (08 September 2021). *Analysing IPV policies through their instrumentation*. Paper presented at 21st Annual Conference of the European Society of Criminology.
- Vanneste C. (28 April 2022) Récidives et violences conjugales. De quelques résultats de recherche à propos du programme PRAXIS. Colloque PRAXIS 1992-2022. À la rencontre des auteurs de violences conjugales. Réfléchir à un positionnement clinique comme point de départ de la responsabilisation Liège University.
- Glowacz, F. (28 April 2022) Désistance en violences conjugales : paradigme à développer pour l'intervention auprès des auteurs. Paper presented at colloque Praxis : à la rencontre des auteurs de violences conjugales : réfléchir à un positionnement clinique comme point de départ de la responsabilisation. Liège University.
- Glowacz, F. (September 2022) : La crise pandémique COVID-19 : révélatrice des besoins et des défis des pratiques des intervenants psycho-sociaux, Liège, AIGS.
- Vanneste C. (23 September 2022) Intimate partner violence (IPV). Cross-referenced lessons in terms of public policy based on interviews with key actors and a socio-demographic analysis of the profile of suspected perpetrators. Conference of the European Society of Criminology, Malaga.
- Glowacz F., Fallon, C., Thiry, A., Lebun, L., Dziewa A., Vanneste C. (7 September 2022) « Les violences entre partenaires intimes avant et pendant la crise Covid de la recherche aux pratiques psycho-sociales et judiciaires » Plateformes de concertation locale de lutte contre les violences conjugales et intrafamiliales
- Lebrun, L., Thiry, A., & Fallon, C. (14 October 2022). *Trajectoires des violences entre partenaires intimes et des politiques: au croisement des discours médiatiques, politiques et du récit de victimes et d'auteurs. Méthodes d'analyse des médias et des discours pour alimenter la contextualisation politique et la mise à l'agenda de la problématique des violences entre partenaires intimes*. Congrès "Comprendre les processus de changement. Apports des méthodes qualitatives et mixtes, Liège, Belgium.
- Dziewa, A., & Glowacz, F. (14 Octobre 2022). Violences entre partenaires. Etude des processus de sortie de victimes et d'auteurs et crise COVID. Congrès International de l'ARCh, "Comprendre les processus de changement. Apports des méthodes qualitatives et mixtes, Liège, Belgium.
- Glowacz, F. (05 December 2022). *Crise COVID dévastatrice - révélatrice - mobilisatrice ?* Paper presented at La covid 19 au prisme des SHS : regards croisés et mises en perspective, Lille, France.
- Glowacz, F. (16 May 2023). *Comprendre les violences au sein des relations amoureuses chez les adolescents et jeunes adultes : enjeux pour la recherche et pour les jeunes*. Paper presented at Les violences dans les relations amoureuses des jeunes, Tours, France.
- Glowacz, F. (02 june 2023). *Crise Covid et violences entre partenaires intimes : Impacts au niveau des pratiques des professionnel.le.s du secteur psychosocial et judicaire*. Seminaire Réseau Intersection, Liège, Belgique
- Glowacz, F. (02 june 2023). *Protéger les plus vulnérables : le rôle crucial de la police de proximité dans la lutte contre les violences intrafamiliales*. Seminaire Réseau Intersection, Liège, Belgique
- Dziewa, A., & Glowacz, F. *(07 september, 2023) Intimate partner violence and COVID-19: first-line*

health care responses and difficulties during the COVID-19 crisis. Conference presented at the European Society of Criminology Eurocrim2023, Florence, Italy.

- Lebrun, L., Thiry, A., & Fallon, C. *Intimate Partner Violence (IPV) during the COVID crisis: policy analysis and case studies in French-speaking Belgium,* Conference presented at the European Society of Criminology Eurocrim2023, Florence, Italy
- *Poels ,K. (07 september, 2023). Intimate Partner Violence during COVID: a case-study from Flanders. Conference presented at the European Society of Criminology Eurocrim2023*, Florence, Italy.
- Depireux, A., & Glowacz, F. (26 May 2023). *Sexual Coercion and Sexual Consent in Emerging Adulthood Intimate Relationships*. Poster session presented at BAPS annual meeting, Mons, Belgium.
- Vanneste, C. (07 september 2023) *Figures on intimate partner violence (IPV) during and after the COVID crisis in Belgium: lessons from a comparative approach of several data sources*. Conference presented at the European Society of Criminology Eurocrim2023, Florence, Italy

2. Organisation de conférences et workshop

- Tenir compte du genre dans la formation à l'intervention psychosociale. Conférencier : J.M Deslauriers (UOttawa), 25 avril2022, Liège, Belgium
- Intervenir dans les contextes de risque d'homicides intrafamiliaux. Conférencier : J.M Deslauriers (UOttawa), 2-6 avril 2022, Liège, Belgium
- Évolution de la violence conjugale en contexte de pandémie de COVID-19 : l'expérience québécoise du personnel intervenant auprès des conjoints ayant des comportements violents. Valérie Roy et Normand Brodeur, École de travail social et de criminologie. Journée d'étude IPV-DACOVID. Violences entre partenaires intimes pendant et après la crise Covid. Impacts sur les pratiques des professionnel.les et les politiques publiques, 13 october 2023, Liège, Belgium.

3. Organisation de symposium

- "Violences entre partenaires intimes (IPV) pendant et après la Crise Covid 19 ", International Congress of ARCh, Comprendre les processus de changement. Apports des méthodes qualitatives et mixtes, Octobre 2023, Liège, Belgium.
- "*Intimate Partner Violence: during and after Covid in Belgium",* 23rd Annual Conference of the European Society of Criminology Eurocrim2023, Florence, 6-9 September 2023.
- "Genre, masculinités et violences faites aux femmes*",* XVIIIe confress of Association internationale des criminologues de langue française, Belgique, Liège, may 2024

4. Training and interventions/discussion groups with professionals

- Discussion groups with psychosocial and legal professionals (psychologists, social assistants, criminologists, legal assistants, etc.) from various structures (shelters, public social action center (CPAS), Jusitce House, specialised associations, etc.) in three judicial districts in Wallonia (Liège, Hainaut and Brabant Wallon).

Several publications in international journals are currently being written and published.

In addition to the final IPV-DACOVID report (for BELSPO), several more detailed reports, in French and Dutch, will be published.

Communications to the media have also contributed to the dissemination of this research.

6. PUBLICATIONS

- Thiry, A. & Fallon, C. & Lebrun, L. Publication du rapport de recherche WP1. (Octobre 2022, disponible sur Orbi)
- Glowacz, F., Dziewa, A., & Schmits, E. (2022). Intimate partner violence and mental health during lockdown of the COVID-19 pandemic. *International journal of environmental research and public health*, *19*(5), 2535.
- Lebrun, L., Thiry, A., & Fallon, C. (2023). How did the COVID-19 pandemic increase salience of intimate partner violence on the policy agenda? *International journal of environmental research and public health, 20*(5), 4461.
- Glowacz, F., & Goblet, M. (2023). Intimité et relations amoureuses en période de transition adulte: mise à l'épreuve durant la crise pandémique. In J. Marcotte & M. C. Richard, *Construction de soi et appartenance dans la transition à la vie adulte* (pp. 33-53). Canada: Presses universitaires du Québec.
- Dziewa, A., & Glowacz, F. (2023). From violence to desistance: A qualitative analysis of intimate partner violence perpetrators' narratives. *Current Psychology*, 1-14

7. ACKNOWLEDGEMENTS

The IPV-DACOVID partnership wishes first of all to thank the many field workers, the persons who agreed to share their experiences and the (professional) actors from different sectors who place their competence at the service of the combat against IPV and who have actively contributed to the realisation of this research.

We also thank the members of the follow-up committee for their active participation: l'Institut pour l'égalité des femmes et des hommes (IEFH), le Parquet général de Liège, le SPF Santé Publique - Sécurité de la Chaîne Alimentaire et Environnement, le Collectif contre les Violences Familiales et l'Exclusion, les Maisons de justice de la Fédération Wallonie-Bruxelles, l'Association Régionale des Centres d'Accueil, le Departement welzijn volksgezondheid en gezin - Afdeling Justitiehuizen, FOD Justitie - Directoraat-Generaal Wetgeving, Fundamentele Rechten en Vrijheden Dienst voor het Strafrechtelijk beleid, l'ASBL Praxis – Organisation de formations à l'attention des auteurs de violences conjugale, le GAMS België - Permanentie Antwerpen, l'Institut wallon de l'évaluation, de la prospective et de la statistique (IWEPS), DRH Adjointe - Zone police Secova, l'Office de la Naissance et de L'enfance, ULiège.

Finally, we would like to thank BELSPO for its careful management of this research programme in the difficult circumstances of the coronavirus crisis which required several adaptations.

APPENDICES

Appendix 1. Representativeness of the sample by judicial district (and division)

Judicial district	Response	% response	No answer	% no answer	Total zones
Antwerpen	7	30,4%	16	69,6%	23
Limburg	8	61,5%	5	38,5%	13
Oost-Vlaanderen	13	48,1%	14	51,9%	27
West-Vlaanderen	8	42,1%	11	57,9%	19
Hal-Vilvoorde	4	30,8%	9	69,2%	13
Leuven	6	54,5%	5	45,5%	11
Brussels-Capital	1	16,7%	5	83,3%	6
Walloon Brabant	6	60,0%	4	40,0%	10
Hainaut Charleroi	5	55,6%	4	44,4%	9
Hainaut Mons	4	28,6%	10	71,4%	14
Liège	6	33,3%	12	66,7%	18
Eupen	1	50,0%	1	50,0%	2
Luxembourg	1	16,7%	5	83,3%	6
Namur	6	46,2%	7	53,8%	13
Total	76	41,3%	108	58,7%	184
Region					
Flanders	46	43,4%	60	56,6%	106
Wallonia	28	40,0%	42	60,0%	70
Brussels	1	16,7%	5	83,3%	6
Eupen	1	50,0%	1	50,0%	2

Table 1. Representativeness of the sample by judicial district (and division)

Appendix 2. Representativeness of the sample according to the population covered by the zones and the proportion of IPV reports

	General population average 2019-2022	%	Annual average IPV reports 2018-2022	%
Total Belgium	11507323	100%	38407	100
PZ with response	4798596	41,7%	16472	42,1
PZ no answer	6708728	58,3%	21935	57,9

Table 2. Representativeness of the sample according to the population covered by the zones and the proportion of IPV reports

Appendix 3. Classification of zones according to population covered, number and rate of IPV reports

Criteria	low	medium	high	Total
Size Population	24	25	27	76
Average IPV	25	25	26	76
IPV rate	25	25	26	76

Table 3. Classification of zones according to population covered, number and rate of IPV reports

Appendix 4. Respondent's function

Respondent's function	**Total**		French-speaking		Dutch-speaking	
Head of the corps	13	*17,1%*	9	*29,0%*	4	*8,9%*
IPV reference police officer	45	*59,2%*	14	*45,2%*	31	*68,9%*
Other	18	*23,7%*	8	*25,8%*	10	*22,2%*
N zones	76	*100%*	31	*100%*	45	*100%*

Table 4. Respondent's function

Appendix 5. IPVs in the Zonal Security Plan

	Total		French-speaking		Dutch-speaking	
Zonal security plan						
IPV addressed	59	*77,6%*	22	*71,0%*	37	*82,2%*
IPV priority	49	*64,5%*	18	*58,1%*	31	*68,9%*
N zones	76	*100,0%*	31	*100,0%*	45	*100,0%*

Table 5. IPVs in the Zonal Security Plan

Appendix 6. The practice of revisiting

	Total		French-speaking		Dutch-speaking	
Application of the revisit						
Applied before COL	34	*44,7%*	14	*45,2%*	20	*44,4%*
Totally generalized	34	*44,7%*	21	*67,7%*	13	*28,9%*
Partially generalized	36	*47,4%*	10	*32,3%*	26	*57,8%*
due to limited resources	27	*35,5%*	6	*19,4%*	21	*46,7%*
for relevance reasons	12	*15,8%*	6	*19,4%*	6	*13,3%*
Not applied	6	*7,9%*	0	*0,0%*	6	*13,3%*
Causes of partial application						
Limited resources						
lack of personnel	15	*19,7%*	4	*12,9%*	11	*24,4%*
staff workload	20	*26,3%*	4	*12,9%*	16	*35,6%*
other	2	*2,6%*	1	*3,2%*	1	*2,2%*
not concerned	49	*64,5%*	25	*80,6%*	24	*53,3%*
Reasons for relevance						
potential negative effects/victim safety	7	*9,2%*	5	*16,1%*	2	*4,4%*
temporal irrelevance	2	*2,6%*	1	*3,2%*	1	*2,2%*
not considered necessary	4	*5,3%*	3	*9,7%*	1	*2,2%*
other	2	*2,6%*	0	*0,0%*	2	*4,4%*
Format of the revisit						
Victim telephone contact	64	*84,2%*	27	*87,1%*	37	*82,2%*
At the victim's home	27	*35,5%*	17	*54,8%*	10	*22,2%*
Other modality	17	*22,4%*	9	*29,0%*	8	*17,8%*
No answer	1	*1,3%*	0	*0,0%*	1	*2,2%*
Person in charge of the revisit						
Neighbourhood agent	35	*46,1%*	21	*67,7%*	14	*31,1%*
SAPV/DS	33	*43,4%*	17	*54,8%*	16	*35,6%*
Intervention police officer	19	*25,0%*	8	*25,8%*	11	*24,4%*
IPV Reference police officer	18	*23,7%*	6	*19,4%*	12	*26,7%*
Specific cell	13	*17,1%*	1	*3,2%*	12	*26,7%*
Other	12	*15,8%*	6	*19,4%*	6	*13,3%*
No answer	1	*1,3%*	0	*0,0%*	1	*2,2%*
Neighbourhood agent involved						
yes	39	*51,3%*	21	*67,7%*	18	*40,0%*
no	36	*47,4%*	10	*32,3%*	26	*57,8%*
No answer	1	*1,3%*	0	*0,0%*	1	*2,2%*
N zones	76	*100,0%*	31	*100,0%*	45	*100,0%*

Table 6. The practice of revisiting

Appendix 7. Practices towards victims

	Total		French-speaking		Dutch-speaking	
New practices	35	*46,1%*	20	*64,5%*	15	*33,3%*
No new practices	41	*53,9%*	11	*35,5%*	30	*66,7%*
Practices mentioned						
Victim telephone contact	24	*31,6%*	13	*41,9%*	11	*24,4%*
Online complaints facility	20	*26,3%*	11	*35,5%*	9	*20,0%*
Welcome by appointment only	27	*35,5%*	15	*48,4%*	12	*26,7%*
Reception by appointment possible	28	*36,8%*	19	*61,3%*	10	*22,2%*
Reception in adapted premises	22	*28,9%*	14	*45,2%*	8	*17,8%*
Other	6	*7,9%*	3	*9,7%*	3	*6,7%*
Period 1 - Pre-crisis	**Total**		FR		NL	
Victim telephone contact	10	*13,2%*	4	*12,9%*	6	*13,3%*
Online complaints facility	6	*7,9%*	4	*12,9%*	2	*4,4%*
Welcome by appointment only	3	*3,9%*	1	*3,2%*	2	*4,4%*
Reception by appointment possible	8	*10,5%*	7	*22,6%*	1	*2,2%*
Reception in adapted premises	13	*17,1%*	11	*35,5%*	2	*4,4%*
Other	4	*5,3%*	3	*9,7%*	1	*2,2%*
Period 2 - Confinement	**Total**		FR		NL	
Victim telephone contact	20	*26,3%*	12	*38,7%*	8	*17,8%*
Online complaints facility	14	*18,4%*	6	*19,4%*	8	*17,8%*
Welcome by appointment only	22	*28,9%*	12	*38,7%*	10	*22,2%*
Reception by appointment possible	23	*30,3%*	14	*45,2%*	9	*20,0%*
Reception in adapted premises	17	*22,4%*	11	*35,5%*	6	*13,3%*
Other	4	*5,3%*	2	*6,5%*	2	*4,4%*
Period 3 - Post-confinement	**Total**		FR		NL	
Victim telephone contact	15	*19,7%*	10	*32,3%*	5	*11,1%*
Online complaints facility	13	*17,1%*	8	*25,8%*	5	*11,1%*
Welcome by appointment only	15	*19,7%*	8	*25,8%*	7	*15,6%*
Reception by appointment possible	25	*32,9%*	18	*58,1%*	7	*15,6%*
Reception in adapted premises	18	*23,7%*	13	*41,9%*	5	*11,1%*
Other	5	*6,6%*	2	*6,5%*	3	*6,7%*
N zones	76	*100,0%*	31	*100,0%*	45	*100,0%*

Table 7. Practices towards victims

Appendix 8. Setting up a specific "IPV victims" unit

	Total		French-speaking		Dutch-speaking	
Cell or informal network in place	12	*15,8%*	6	*19,4%*	6	*13,3%*
no but thinking about it	3	*3,9%*	3	*9,7%*	0	*0,0%*
Before confinement	4	*5,3%*	2	*6,5%*	2	*4,4%*
confinement	0	*0,0%*	0	*0,0%*	0	*0,0%*
After confinement	8	*10,5%*	4	*12,9%*	4	*8,9%*
Crisis not seen as an incentive	9	*11,8%*	5	*16,1%*	4	*8,9%*
Crisis seen as an incentive	3	*3,9%*	1	*3,2%*	2	*4,4%*
Official unit in place	9	*11,8%*	2	*6,5%*	7	*15,6%*
no but thinking about it	8	*10,5%*	4	*12,9%*	4	*8,9%*
EVA type cell						
Before confinement	6	*7,9%*	1	*3,2%*	5	*11,1%*
confinement	5	*6,6%*	0	*0,0%*	5	*11,1%*
After confinement	8	*10,5%*	1	*3,2%*	7	*15,6%*
Special unit for filing complaints						
Before confinement	6	*7,9%*	1	*3,2%*	5	*11,1%*
confinement	4	*5,3%*	0	*0,0%*	4	*8,9%*
After confinement	8	*10,5%*	1	*3,2%*	7	*15,6%*
Cell with offer other than filing a complaint						
Before confinement	6	*7,9%*	1	*3,2%*	5	*11,1%*
confinement	6	*7,9%*	1	*3,2%*	5	*11,1%*
After confinement	9	*11,8%*	2	*6,5%*	7	*15,6%*
Crisis not seen as an incentive	8	*10,5%*	2	*6,5%*	6	13,3%
Crisis seen as an incentive	1	*1,3%*	0	*0,0%*	1	2,2%
Official cell organisation						
part of the police but not of the SAPV/DS	7	9,2%	2	6,5%	5	11,1%
part of the SAPV/DS	2	*2,6%*	0	*0,0%*	2	4,4%
Specific staff resources	4	*5,3%*	1	*3,2%*	3	6,7%
Specific infrastructure resources	4	*5,3%*	1	*3,2%*	3	*6,7%*
Corps leader support (13)						
for official unit	5	*6,6%*	3	*9,7%*	2	*4,4%*
for informal unit	1	*1,3%*	1	*3,2%*	0	*0,0%*
under consideration	1	*1,3%*	1	*3,2%*	0	*0,0%*
no	6	*7,9%*	4	*12,9%*	2	*4,4%*
Potential support from corps leader (63)						
for official unit	7	*9,2%*	2	*6,5%*	5	*11,1%*
for informal unit	9	*11,8%*	4	*12,9%*	5	*11,1%*
under consideration	20	*26,3%*	6	*19,4%*	14	*31,1%*
no	27	*35,5%*	10	*32,3%*	17	*37,8%*
N zones	76	*100,0 %*	31	*100,0 %*	45	*100,0%*

Table 8. Setting up a specific "IPV victims" unit

Appendix 9. Practices towards perpetrators of IPVs

	Total		French-speaking		Dutch-speaking	
Informal practices/authors: yes	4	*5,3%*	3	*9,7%*	1	*2,2%*
Before confinement						
orientation outside the police force	2	*2,6%*	2	*6,5%*	0	*0,0%*
first accompaniment within the police force	2	*2,6%*	2	*6,5%*	0	*0,0%*
psychosocial support within the police force	1	*1,3%*	1	*3,2%*	0	*0,0%*
other	1	*1,3%*	1	*3,2%*	0	*0,0%*
confinement						
orientation outside the police force	1	*1,3%*	1	*3,2%*	0	*0,0%*
first accompaniment within the police force	2	*2,6%*	2	*6,5%*	0	*0,0%*
psychosocial support within the police force	1	*1,3%*	1	*3,2%*	0	*0,0%*
other	1	*1,3%*	1	*3,2%*	0	*0,0%*
After confinement						
orientation outside the police force	2	*2,6%*	1	*3,2%*	1	*2,2%*
first accompaniment within the police force	3	*3,9%*	2	*6,5%*	1	*2,2%*
psychosocial support within the police force	2	*2,6%*	1	*3,2%*	1	*2,2%*
other	1	*1,3%*	0	*0,0%*	1	*2,2%*
Crisis not seen as an incentive	2	*2,6%*	1	*3,2%*	1	*2,2%*
Crisis seen as an incentive	2	*2,6%*	2	*6,5%*	0	*0,0%*
Official unit/authors: yes	7	*9,2%*	2	*6,5%*	5	*11,1%*
Before confinement						
orientation outside the police force	7	*9,2%*	2	*6,5%*	5	*11,1%*
first accompaniment within the police force	5	*6,6%*	2	*6,5%*	3	*6,7%*
psychosocial support within the police force	0	*0,0%*	0	*0,0%*	0	*0,0%*
other	0	*0,0%*	0	*0,0%*	0	*0,0%*
confinement						
orientation outside the police force	5	*6,6%*	1	*3,2%*	4	*8,9%*
first accompaniment within the police force	3	*3,9%*	1	*3,2%*	2	*4,4%*
psychosocial support within the police force	0	*0,0%*	0	*0,0%*	0	*0,0%*
other	2	*2,6%*	0	*0,0%*	2	*4,4%*
After confinement						
orientation outside the police force	5	*6,6%*	1	*3,2%*	4	*8,9%*
first accompaniment within the police force	3	*3,9%*	1	*3,2%*	2	*4,4%*
psychosocial support within the police force	0	*0,0%*	0	*0,0%*	0	*0,0%*
other	3	*3,9%*	0	*0,0%*	3	*6,7%*
Crisis not seen as an incentive	7	*9,2%*	2	*6,5%*	5	*11,1%*
Crisis seen as an incentive	0	*0,0%*	0	*0,0%*	0	*0,0%*
Specific staff resources	2	*2,6%*	0	*0,0%*	2	*4,4%*
Specific infrastructure resources	2	*2,6%*	0	*0,0%*	2	*4,4%*
N zones	76	*100%*	31	*100%*	45	*100%*

Table 9. Practices towards perpetrators of IPVs

Appendix 10. Management support for these initiatives for perpetrators and information on services for perpetrators

Potential support for the corps leader / corps leader (13)	**Total**		French-speaking		Dutch-speaking	
yes for official cell	3	*3,9%*	2	*6,5%*	1	*2,2%*
yes for informal cell or practices	0	*0,0%*	0	*0,0%*	0	*0,0%*
yes in principle but not the role of the police	3	*3,9%*	3	*9,7%*	0	*0,0%*
under consideration	3	*3,9%*	2	*6,5%*	1	*2,2%*
no	4	*5,3%*	2	*6,5%*	2	*4,4%*
Potential support from corps leader/other (63)						
yes	27	*35,5%*	7	*22,6 %*	20	*44,4%*
no	36	*47,4%*	15	*48,4 %*	21	*46,7%*
Information given on services for perpetrators						
never	5	*6,6%*	1	*3,2%*	4	*8,9%*
sometimes	41	*53,9%*	19	*61,3 %*	2	*4,4%*
always	21	*27,6%*	7	*22,6 %*	14	*31,1%*
I don't know	8	*10,5%*	4	*12,9 %*	4	*8,9%*
other	1	*1,3%*	0	*0,0%*	1	*2,2%*
N zones	76	*100%*	31	*100%*	45	*100%*

Table 10. Management support for these initiatives for perpetrators and information on services for perpetrators

Appendix 11. Harassment alarm

	Total		French-speaking		Dutch-speaking	
Use of harassment alarm						
Already in use	27	*35,5%*	1	*3,2%*	26	*57,8%*
In preparation	37	*48,7%*	20	*64,5%*	17	*37,8%*
No projects planned	12	*15,8%*	10	*32,3%*	2	*4,4%*
Since when						
Jan 2022-June 2022	8	*10,5%*	0	*0,0%*	8	*17,8%*
July 2022-December 2022	7	*9,2%*	1	*3,2%*	6	*13,3%*
January 2023-June 2023	12	*15,8%*	0	*0,0%*	12	*26,7%*
Frequency of use						
Rarely	24	*31,6%*	1	*3,2%*	23	*51,1%*
Regularly	3	*3,9%*	0	*0,0%*	3	*6,7%*
Often	0	*0,0%*	0	*0,0%*	0	*0,0%*
Crisis no incentive	22	*28,9%*	1	*3,2%*	21	*46,7%*
Crisis=incentive	5	*6,6%*	0	*0,0%*	5	*11,1%*
Service in charge of harassment alarm						
SAPV/DS	10	*13,2%*	5	*16,1%*	5	*11,1%*
Specific cell	12	*15,8%*	3	*9,7%*	9	*20,0%*
Other	15	*19,7%*	12	*38,7%*	3	*6,7%*
Joint psychosocial support						
To the victim by an internal police department	24	*31,6%*	1	*3,2%*	23	*51,1%*
To the victim by a non-police service	23	*30,3%*	1	*3,2%*	22	*48,9%*
To the perpetrator by an internal police department	2	*2,6%*	0	*0,0%*	2	*4,4%*
To the perpetrator by a non-police service	7	*9,2%*	1	*3,2%*	6	*13,3%*
Joint PS support is desirable						
To the victim by an internal police department	51	*67,1%*	16	*51,6%*	35	*77,8%*
To the victim by a non-police service	71	*93,4%*	26	*83,9%*	43	*95,6%*
To the perpetrator by an internal police department	22	*28,9%*	5	*16,1%*	17	*37,8%*
To the perpetrator by a non-police service	69	*90,8%*	27	*87,1%*	42	*93,3%*
N zones	76	*100%*	31	*100%*	45	*100%*

Table 11. Harassment alarm

Appendix 12. Temporary ban on residence

TBR	**Total**		French-speaking		Dutch-speaking	
Already in use	62	*81,6%*	19	*61,3%*	43	*95,6%*
Frequency of use						
Rarely	29	*38,2%*	13	*41,9%*	16	*35,6%*
Regularly	28	*36,8%*	5	*16,1%*	23	*51,1%*
Often	5	*6,6%*	1	*3,2%*	4	*8,9%*
First confinement						
More often	8	*10,5%*	2	*6,5%*	4	*8,9%*
As before	61	*80,3%*	28	*90,3%*	33	*73,3%*
Less often	9	*11,8%*	1	*3,2%*	8	*17,8%*
After confinement						
More often	24	*31,6%*	5	*16,1%*	19	*42,2%*
As before	49	*64,5%*	24	*77,4%*	25	*55,6%*
Less often	3	*3,9%*	2	*6,5%*	1	*2,2%*
Not used or rarely used: reasons						
Before confinement						
no answer	21	*27,6%*	4	*12,9%*	17	*37,8%*
cumbersome procedure	35	*46,1%*	15	*48,4%*	20	*44,4%*
housing difficulties for the perpetrator / lack of accomodation facilities	17	*22,4%*	6	*19,4%*	11	*24,4%*
lack of availability of support services for perpetrators and victims	17	*22,4%*	6	*19,4%*	11	*24,4%*
ignorance of the procedure	22	*28,9%*	7	*22,6%*	15	*33,3%*
other reason	16	*21,1%*	9	*29,0%*	7	*15,6%*
During confinement						
no answer	27	*35,5%*	5	*16,1%*	22	*48,9%*
cumbersome procedure	28	*36,8%*	14	*45,2%*	14	*31,1%*
housing difficulties for the perpetrator / lack of accomodation facilities	19	*25,0%*	8	*25,8%*	11	*24,4%*
lack of availability of support services for perpetrators and victims	15	*19,7%*	8	*25,8%*	7	*15,6%*
ignorance of the procedure	16	*21,1%*	8	*25,8%*	8	*17,8%*
other reason	14	*18,4%*	9	*29,0%*	5	*11,1%*
After confinement						
no answer	32	*42,1%*	6	*19,4%*	26	*57,8%*
cumbersome procedure	23	*30,3%*	13	*41,9%*	10	*22,2%*
housing difficulties for the perpetrator / lack of accomodation facilities	14	*18,4%*	7	*22,6%*	7	*15,6%*
lack of availability of support services for perpetrators and victims	13	*17,1%*	7	*22,6%*	6	*13,3%*
ignorance of the procedure	12	*15,8%*	5	*16,1%*	7	*15,6%*
other reason	13	*17,1%*	9	*29,0%*	4	*8,9%*
N zones	76	*100%*	31	*100%*	45	*100%*

Table 12. Temporary ban on residence

Appendix 13. Effect of COVID-19 on networking

COVID-19 effect on networking								
Total zones (76=100%)	Intensification		Decrease		No effect		Don't know	
Between members of the police	23	*30,3%*	7	*9,2%*	36	*47,4%*	10	*13,2%*
With public prosecutors	14	*18,4%*	6	*7,9%*	39	*51,3%*	17	*22,4%*
With youth court prosecutors	16	*21,1%*	8	*10,5%*	36	*47,4%*	16	*21,1%*
With family court prosecutors	12	*15,8%*	9	*11,8%*	35	*46,1%*	20	*26,3%*
With accommodation services	5	*6,6%*	9	*11,8%*	32	*42,1%*	30	*39,5%*
With the CPAS	14	*18,4%*	9	*11,8%*	39	*51,3%*	14	*18,4%*
With associations	14	*18,4%*	11	*14,5%*	32	*42,1%*	19	*25,0%*
With the Justice houses	10	*13,2%*	10	*13,2%*	38	*50,0%*	18	*23,7%*
With the children and youth services	9	*11,8%*	12	*15,8%*	34	*44,7%*	21	*27,6%*
With the concertation platforms	17	*22,4%*	16	*21,1%*	26	*34,2%*	17	*22,4%*
With other services	7	*9,2%*	9	*11,8%*	60	*78,9%*	0	*0,0%*
French-speaking areas (31=100%)								
Between members of the police	17	*54,8%*	1	*3,2%*	12	*38,7%*	1	*3,2%*
With public prosecutors	9	*29,0%*	0	*0,0%*	17	*54,8%*	5	*16,1%*
With youth court prosecutors	8	*25,8%*	1	*3,2%*	15	*48,4%*	7	*22,6%*
With family court prosecutors	8	*25,8%*	1	*3,2%*	13	*41,9%*	9	*29,0%*
With accommodation services	3	*9,7%*	4	*12,9%*	13	*41,9%*	11	*35,5%*
With the CPAS	6	*19,4%*	3	*9,7%*	17	*54,8%*	5	*16,1%*
With associations	10	*32,3%*	4	*12,9%*	12	*38,7%*	5	*16,1%*
With the Justice houses	7	*22,6%*	5	*16,1%*	13	*41,9%*	6	*19,4%*
With the *Service d'aide aux justiciables*	5	*16,1%*	4	*12,9%*	13	*41,9%*	9	*29,0%*
With the children and youth services	4	*12,9%*	4	*12,9%*	13	*41,9%*	10	*32,3%*
With the concertation platforms	11	*35,5%*	6	*19,4%*	8	*25,8%*	6	*19,4%*
With other services	4	*12,9%*	4	*12,9%*	23	*74,2%*	0	*0,0%*
Dutch-speaking areas (45=100%)								
Between members of the police	6	*13,3%*	6	*13,3%*	24	*53,3%*	9	*20,0%*
With public prosecutors	5	*11,1%*	6	*13,3%*	22	*48,9%*	12	*26,7%*
With youth prosecutors	8	*17,8%*	7	*15,6%*	21	*46,7%*	9	*20,0%*
With family prosecutors	4	*8,9%*	8	*17,8%*	22	*48,9%*	11	*24,4%*
With accommodation services	2	*4,4%*	5	*11,1%*	19	*42,2%*	19	*42,2%*
With the CPAS	8	*17,8%*	6	*13,3%*	22	*48,9%*	9	*20,0%*
With associations	4	*8,9%*	7	*15,6%*	20	*44,4%*	14	*31,1%*
With the Justice houses	3	*6,7%*	5	*11,1%*	25	*55,6%*	12	*26,7%*
With the CAWs	7	*15,6%*	5	*11,1%*	25	*55,6%*	8	*17,8%*
With the children's and youth services	5	*11,1%*	8	*17,8%*	21	*46,7%*	11	*24,4%*
With the concertation platforms	6	*13,3%*	10	*22,2%*	18	*40,0%*	11	*24,4%*
With other services	3	*6,7%*	5	*11,1%*	37	*82,2%*	0	*0,0%*

Table 13. Effect of COVID-19 on networking

Appendix 14. New consultation initiatives

New consultation initiatives	**Total**		French-speaking		Dutch-speaking	
Before the crisis	9	*11,8%*	3	*9,7%*	6	*13,3%*
During confinement	8	*10,5%*	3	*9,7%*	5	*11,1%*
After confinement	19	*25,0%*	9	*29,0%*	10	*22,2%*
No	40	*52,6%*	16	*51,6%*	24	*53,3%*
N zones	76	*100,0%*	31	*100,0%*	45	*100,0%*

Table 14. New consultation initiatives

Appendix 15. Effect of COVID-19 on the internal organisation of the police zone

Changes to the internal organisation with a view to	**Total**		French-speaking		Dutch-speaking	
During confinement						
specialised training in IPV	12	*15,8%*	9	*29,0%*	3	*6,7%*
supervision of IPV workers in the zone	10	*13,2%*	5	*16,1%*	5	*11,1%*
improving the well-being of workers faced with IPV	4	*5,3%*	2	*6,5%*	2	*4,4%*
other	6	*7,9%*	3	*9,7%*	3	*6,7%*
After confinement						
specialised training in IPV	24	*31,6%*	16	*51,6%*	8	*17,8%*
supervision of IPV workers in the zone	19	*25,0%*	9	*29,0%*	10	*22,2%*
improving the well-being of workers faced with IPV	13	*17,1%*	5	*16,1%*	8	*17,8%*
other	7	*9,2%*	4	*12,9%*	3	*6,7%*
	76	*100%*	31	*100%*	45	*100%*

Table 15. Effect of COVID-19 on the internal organisation of the police zone

Appendix 16. Trend towards more proactive practices

Move towards more proactive IPV practices						
	Total		French-speaking		Dutch-speaking	
yes	27	*35,5%*	14	*45,2%*	13	*28,9%*
no	37	*48,7%*	12	*38,7%*	25	*55,6%*
no opinion	12	*15,8%*	5	*16,1%*	7	*15,6%*
	76	*100%*	31	*100%*	45	*100%*

Table 16. Trend towards more proactive practices

Appendix 17. Professional practices and experiences of psychosocial and (para)medical practitioners in French- and Dutch-speaking Belgium during the Covid period questionnaires

A. Socio-professional information

1. What is your gender ?
   - Man
   - Woman
   - Other
2. How old are you ? ……………. years
3. Are you ?
   - Psychologist
   - Psychological assistant
   - Legal assistant
   - Social worker
   - Educator
   - Other: ……………………………..
4. In which structure do you mainly work ?
   - A private practice
   - A support service for victims of partner violence
   - A support service for perpetrators of partner violence
   - Sexual violence management service (CPVS)
   - Police victim support service
   - A shelter for victims of partner violence
   - A shelter for anyone seeking refuge
   - A public social welfare center (CPAS)
   - A mental health center
   - A legal aid service
   - House of justice
   - Family planning center
   - Family Justice Center (FJC)
   - CAW
   - Hospital
   - Shelter
   - Crisis line
   - Other: ……………………………………
5. How many years have you worked at this facility ?
   - Less than one year
   - Between 1 and 5 years
   - 6 to 10 years
   - 11 to 15 years
   - 16 to 20 years
   - Over 20 years

5. Please indicate the province in which you mainly practice.

…….	Luxembourg Province
…….	Liège Province
…….	Namur Province
…….	Hainaut Province
…….	Brabant Wallon Province
…….	City of Brussels
…….	Brabant Flamand Province
…….	Limburg Province
…….	Anvers Province
…….	Flandres Orientale Province
…….	Flandres Occidentale Province

7. How would you describe the environment in which your facility is located?

- Urban (in town or on the outskirts)
- Rural (countryside)

8. Which audiences/beneficiaries do you work with most of the time? (Multiple choices possible)

- Early childhood
- Children
- Teens
- Adults
- Seniors
- Professionals
- LGBTQIA+
- Homeless
- Migrants
- All audiences

9. How would you describe the socio-economic level of your beneficiaries?

- Diverse social and economic profiles
- Rather well-off in socio-economic terms
- Somewhat socially and economically disadvantaged
- Very socially and economically disadvantaged
- I don't know

10. How do you see the influence of the COVID-19 crisis, in the context of your practices, on the management of domestic violence (DV) (**Domestic violence** i.e. any behavior within an intimate relationship that causes physical, psychological or sexual harm or suffering to the people involved)?

- As an intervener, I am more attentive situations of domestic violence
- My involvement in DV has not changed
- Because of my work overload, I've had less time to devote to the issue
- I'm reconsidering my decision to continue in the voluntary/psychosocial sector.

B. Managing domestic violence (DV) and crisis

B.1. In a few words, please describe one DV situation for which you were called upon, as a professional, during the period of strict confinement (March 2020-May 2020).

B.2. Here is a clinical vignette on which we are going to ask your opinion as a professional. Please read it and answer the following questions:

Marie and Michel have been a couple for 7 years and have one child (aged 4). Since they've been together, they've often argued, particularly about Michel's drinking. During confinement one evening, Marie and Michel started arguing about their relationship, and the situation escalated. Despite their small flat, Marie first tried to move to another room, then Michel grabbed her and hit her repeatedly in front of their son.

B.2.1. Marie is looking for help and turns to you, how would you have intervened during the period of strict confinement (March 2020-May 2020)?

B.2.2. Marie is looking for help and turns to you during the COVID-19 crisis after strict confinement (October 2020-February 2022). How would you have intervened ?

B.3. With regard to your experience and compared with the pre-COVID-19 period (before May 2020), the number of your beneficiaries/patients in DV situations has:

	Increased	**Decreased**	**Remained stable**	**Not applicable**
Strict confinement period (March 2020-May 2020)	○	○	○	○
In the COVID-19 post-confinement crisis period (October 2020-February 2022)	○	○	○	○
Post-confinement COVID-19 (since March 2022)	○	○	○	○

B.4. During the COVID-19 crisis (strict confinement and post-confinement period (March 2020-February 2022)) did you observe any changes in situations/forms of domestic violence? Yes/No.

- If so, which ones and when?

B.5. During the health crisis, did you adapt the way you carried out your DV missions? Yes/No

- If yes, please specify.

B.6. List 1 or 2 difficulties encountered in managing DVs during the period of strict confinement (March 2020-May 2020).

Difficulty 1 :

....
....
....

Difficulty 2 :
....
....
....

B.7. Name 1 or 2 difficulties encountered in managing DVs <u>after</u> the period of strict confinement (October 2020-February 2022).

Difficulty 1 :
………
………
....

Difficulty 2 :
………
………
....

B.8. In your opinion, have any specific practices been developed by the <u>psycho-social sector</u> for dealing with DV situations <u>during the COVID crisis period</u> (May 2020 - February 2022)? Yes/No

- Specify.

B.9. In your opinion, have specific practices been developed by <u>physicians/pharmacists</u> to manage DV situations <u>during the COVID crisis period</u> (May 2020 - February 2022)? Yes/No

- Specify

B.10. In your opinion, have any specific practices been developed by the <u>judicial sector</u> (police, justice) to deal with DV situations <u>during the COVID crisis period</u> (May 2020 - February 2022)? Yes/No

- Specify

C. IPV systems and inter-professional collaboration during the Covid period

C.1. Concerning these systems developed to deal with domestic violence in times of crisis COVID-19 in the province where you practice:

Systems	I was aware of this device	I have used this device in my professional practice	This device has been useful for the management of IPVs	This system must be maintained for the management of IPVs
Training/seminars for pharmacists to manage IPV situations	Yes-No	Yes-No	Yes-No-No opinion	Yes-No-No opinion
Online training/seminars for all professionals on managing IPV situations	Yes-No	Yes-No	Yes-No-No opinion	Yes-No-No opinion
Code Mask-19 in pharmacies for IPV victims	Yes-No	Yes-No	Yes-No-No opinion	Yes-No-No opinion
Development of shelters for victims of IPV	Yes-No	Yes-No	Yes-No-No opinion	Yes-No-No opinion
Development of structures to deal with sexual violence	Yes-No	Yes-No	Yes-No-No opinion	Yes-No-No opinion
Development of housing for victims of IPV (hotels, places in CPAS, etc.)	Yes-No	Yes-No	Yes-No-No opinion	Yes-No-No opinion
Strengthening the helpline for victims of IPV	Yes-No	Yes-No	Yes-No-No opinion	Yes-No-No opinion
Drawing up a detailed medical certificate in the case of IPV	Yes-No	Yes-No	Yes-No-No opinion	Yes-No-No opinion
Strengthening the helpline for IPV authors	Yes-No	Yes-No	Yes-No-No opinion	Yes-No-No opinion
Strengthening the helpline for professionals faced with IPV situations	Yes-No	Yes-No	Yes-No-No opinion	Yes-No-No opinion
Development of IPV roundtables	Yes-No	Yes-No	Yes-No-No opinion	Yes-No-No opinion
Development of a IPV management manual for physicians	Yes-No	Yes-No	Yes-No-No opinion	Yes-No-No opinion
Systematisation of police visits to the homes of IPV victims/perpetrators	Yes-No	Yes-No	Yes-No-No opinion	Yes-No-No opinion
Hybrid consultations (video, telephone, etc.)	Yes-No	Yes-No	Yes-No-No opinion	Yes-No-No opinion

Closer collaboration between the children's sector and the IPV sector	Yes-No	Yes-No	Yes-No-No opinion	Yes-No-No opinion
Development of awareness campaigns	Yes-No	Yes-No	Yes-No-No opinion	Yes-No-No opinion
Development of applications/support systems for VCs: App Elle, Harassment alarm	Yes-No	Yes-No	Yes-No-No opinion	Yes-No-No opinion
Development of risk assessment tools	Yes-No	Yes-No	Yes-No-No opinion	Yes-No-No opinion
Creation of a Domestic Violence Task Force	Yes-No	Yes-No	Yes-No-No opinion	Yes-No-No opinion
Expansion of Family Justice Centers (increase in staff, etc.)	Yes-No	Yes-No	Yes-No-No opinion	Yes-No-No opinion
Development of cooperation between CAW and Febelhair to train hairdressers to detect and refer IPV situations.	Yes-No	Yes-No	Yes-No-No opinion	Yes-No-No opinion

C.1.1. Are you aware of any other schemes/initiatives for victims of DV during the COVID-19 period: YES/NO

- If yes, which ones?

Initiative 1 :
....
....
....

Initiative 2 :
....
....
....

C.1.1. Are you aware of any other schemes/initiatives during the COVID-19 period for IPV perpetrators: YES/NO

- If yes, which ones?

Initiative 1 :
....
....
....

Initiative 2 :
....

....
....

C.2. Compared with before COVID (before May 2020), your patients'/beneficiaries' referrals to these professionals/structures during the COVID period (May 2020-February 2022) are as follows:

	Increased	**Decreased**	**Remained stable**	**Not applicable**
A psychologist				
A doctor				
A mental health service				
A specialised DV support service (drop-in centre, etc.)				
Judicial authorities (police)				
Public prosecutor's office				
A social assistance service (CPAS...)				
Front-line psychologist				
Police victim support service				
A youth worker at an FJC				
A counsellor at a CAW				
Help line				
A family planning center				
A shelter				
Peer help				

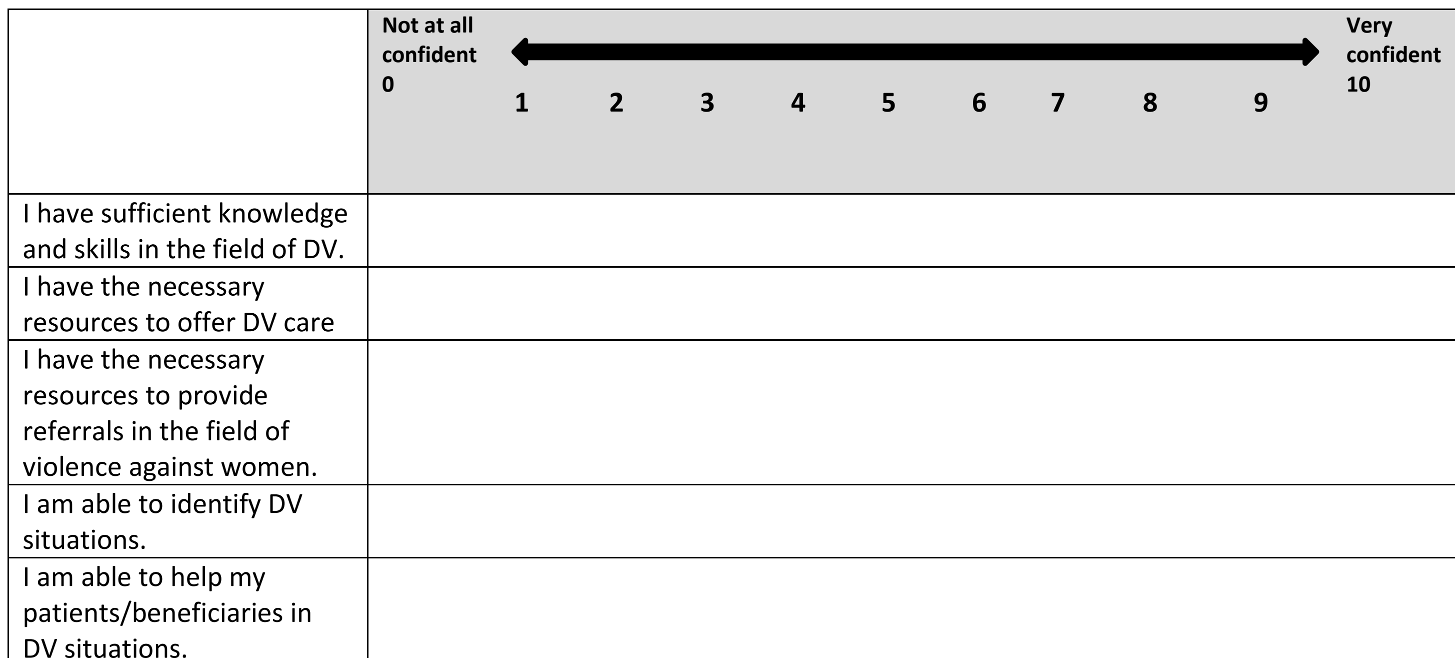
C.3. How would you rate the quality of your contacts with professionals? If you have had no contact with these professionals, please tick "Not applicable".

	Very poor	Poor	Acceptable	Good	Very good	Not applicable
The medical and paramedical sector (doctors, pharmacists)						
The psychosocial and associative sector (front-line psychologists, victim/perpetrator support associations, CAW, FJC, etc.)						
Police (police, police victim support services)						
The youth welfare sector						
Judicial sector (magistrate, Family Justice Center, etc.)						

C.3.1. You can add a comment about the quality of your contacts with the above-mentioned professionals.

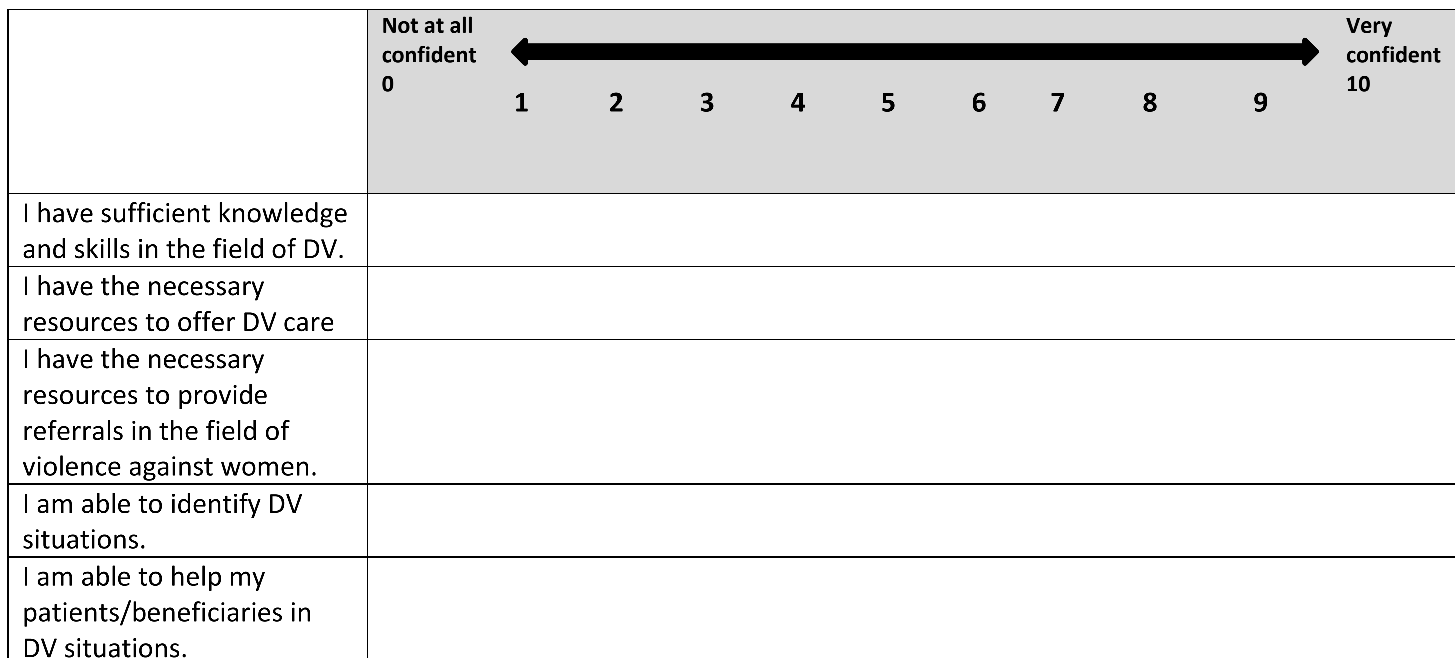
D. Domestic violence and practices during the COVID-19 period

D.1. Finally, for each of the sentences below, please indicate your level of confidence in general:



	Not at all confident 0 ⟷ **1 2 3 4 5 6 7 8 9** ⟷ **Very confident 10**
I have sufficient knowledge and skills in the field of DV.	
I have the necessary resources to offer DV care	
I have the necessary resources to provide referrals in the field of violence against women.	
I am able to identify DV situations.	
I am able to help my patients/beneficiaries in DV situations.	

D.1.1. For each of the sentences below, please indicate your level of confidence during the COVID period (May 2020-February 2022):



	Not at all confident 0 ⟷ **1 2 3 4 5 6 7 8 9** ⟷ **Very confident 10**
I have sufficient knowledge and skills in the field of DV.	
I have the necessary resources to offer DV care	
I have the necessary resources to provide referrals in the field of violence against women.	
I am able to identify DV situations.	
I am able to help my patients/beneficiaries in DV situations.	

D.2. What are your recommendations for the care of IPV victims?

D.3. What are your recommendations for the management of IPV perpetrators?

D.4. What are the needs of professionals in the psychosocial sector in dealing with IPV?

D.5. Open comments

Appendix 18. Sample French-speaking psychosocial sector

Structure	N	Professions
Justice House	44	Legal assistant
Shelter	20	Manager/Coordinator Psychologist Éducator Social worker
Support service for victims of partner violence	14	Psychologist Social worker Educator Manager Criminologist
Support service for perpetrators of partner violence	9	Psychologist Social worker Criminologist
SAJ	8	Assistant Psychologist Social worker Psychologist
Shelter for victims of partner violence	7	Social worker Assistant Psychologist Educator Psychologist Manager
CPAS	7	Educator Social worker Sociologue
Family Planning Center	6	Psychologist Social worker
SAPV	4	Police officer Social worker
Helpline	3	Educator Psychologist Social worker
Legal aid service	3	Psychologist Social worker
PMS	3	Psychologist
Missing data	3	/
Private practice	2	Psychologist
Mental health centre	2	Psychologist
Shelter for anyone seeking refuge	2	Social worker Psychologist
Supervision of alternative judicial measures	2	Trainer
CPVS	1	Peer carer
SPJ	1	Assistant Psychologist
SAPSE	1	Social worker
AMO	1	Social worker
General Social Services	1	Social worker
Day care service for the homeless	1	Educator
Child abuse support service	1	Social worker
Socio-professional integration center	1	Integration agent

Communication between litigants	1	Mediator
Childcare service	1	Social worker
Medical center	1	Psychologist
Social cohesion plan	1	Social worker
Prisoner support service	1	Social worker
CRF	1	Social worker
SRG	1	Educator

Appendix 19. Use of services according to the three periods in the French-speaking psychosocial sector

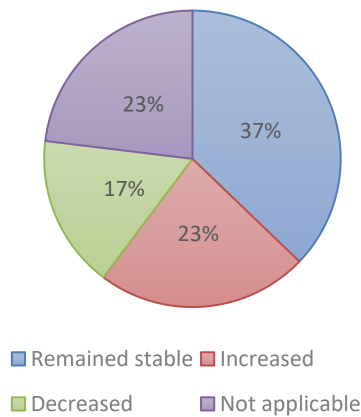


Figure 7. Number of beneficiaries during strict confinement French-speaking psychosocial sector (N=78)

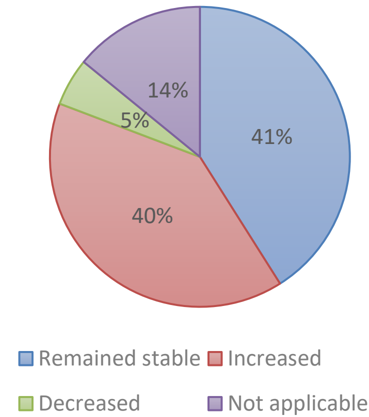


Figure 6. Number of beneficiaries after strict confinement French-speaking psychosocial sector (N=78)

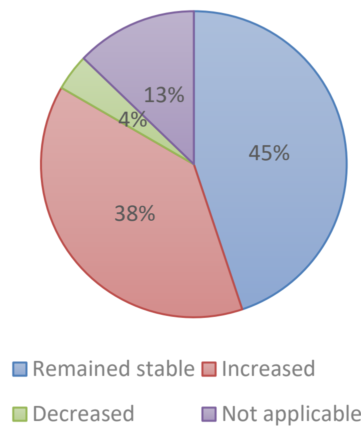


Figure 8. Number of beneficiaries after Covid period French-speaking psychosocial sector (N=78)

Appendix 20. Table of devices in the French-speaking psychosocial sector

Tableau 1. Knowledge of systems - French-speaking psycho-social sector (N=70)

Systems	I was aware of this device	I have used this device in my professional practice	This device has been useful for the management of IPVs	This system must be maintained for the management of IPVs
Training/seminars for pharmacists to manage IPV situations	Yes (N=30) No (N=40)	Yes (N=16) No (N=14) No opinion (N=0)	Yes (N=20) No (N=3) No opinion (N=7)	Yes (N=27) No (N=1) No opinion (N=2)
Code Maske-19 in pharmacies for IPV victims	Yes (N= 37) No (N=33)	Yes (N=7) No (N=29) No opinion (N=1)	Yes (N=12) No (N=9) No opinion (N=19)	Yes (N=21) No (N=6) No opinion (N=10)
Development of shelters for victims of IPV	Yes (N=39) No (N=31)	Yes (N=25) No (N=12) No opinion (N=2)	Yes (N=31) No (N=2) No opinion (N=6)	Yes (N=35) No (N=1) No opinion (N=3)
Development of structures to deal with sexual violence	Yes (N=31) No (N=39)	Yes (N=16) No (N=15) No opinion (N=1)	Yes (N=22) No (N=2) No opinion (N=9)	Yes (N=26) No (N=1) No opinion (N=4)
Development of housing for victims of IPV (hotels, places in CPAS, etc.)	Yes (N=39) No (N=31)	Yes (N=21) No (N=17) No opinion (N=0)	Yes (N=24) No (N=6) No opinion (N=6)	Yes (N=31) No (N=3) No opinion (N=5)
Strengthening the helpline for victims of IPV	Yes (N=54) No (N=16)	Yes (N=31) No (N=21) No opinion (N=2)	Yes (N=40) No (N=5) No opinion (N=9)	Yes (N=47) No (N=2) No opinion (N=5)
Drawing up a detailed medical certificate in the case of IPV	Yes (N=23) No (N=47)	Yes (N=17) No (N=5) No opinion (N=1)	Yes (N=18) No (N=1) No opinion (N=4)	Yes (N=21) No (N=0) No opinion (N=2)
Strengthening the helpline for IPV authors	Yes (N=29) No (N=41)	Yes (N=15) No (N=14) No opinion (N=0)	Yes (N=21) No (N=0) No opinion (N=8)	Yes (N=26) No (N=0) No opinion (N=3)
Strengthening the helpline for professionals faced with IPV situations	Yes (N=28) No (N=42)	Yes (N=11) No (N=16) No opinion (N=1)	Yes (N=20) No (N=2) No opinion (N=6)	Yes (N=25) No (N=0) No opinion (N=3)
Development of IPV roundtables	Yes (N=24) No (N=46)	Yes (N=11) No (N=13) No opinion (N=0)	Yes (N=17) No (N=2) No opinion (N=5)	Yes (N=21) No (N=1) No opinion (N=2)
Development of a IPV management manual for physicians	Yes (N=10) No (N=60)	Yes (N=4) No (N=5) No opinion (N=1)	Yes (N=8) No (N=1) No opinion (N=1)	Yes (N=9) No (N=0) No opinion (N=1)
Systematisation of police visits to the homes of IPV victims/perpetrators	Yes (N=32) No (N=38)	Yes (N=14) No (N=13) No opinion (N=5)	Yes (N=27) No (N=0) No opinion (N=5)	Yes (N=29) No (N=1) No opinion (N=2)
Hybrid consultations (video, telephone, etc.)	Yes (N=46) No (N=24)	Yes (N=36) No (N=10) No opinion (N=0)	Yes (N=37) No (N=4) No opinion (N=5)	Yes (N=32) No (N=7) No opinion (N=7)
Closer collaboration between the children's sector and the IPV sector	Yes (N=12) No (N=58)	Yes (N=10) No (N=1) No opinion (N=0)	Yes (N=9) No (N=1) No opinion (N=2)	Yes (N=11) No (N=0) No opinion (N=1)
Development of awareness campaigns	Yes (N=53) No (N=17)	Yes (N=25) No (N=20) No opinion (N=8)	Yes (N=35) No (N=6) No opinion (N=12)	Yes (N=45) No (N=3) No opinion (N=5)
Development of applications/support systems for DVs: App Elle, Harassment alarm	Yes (N=33) No (N=37)	Yes (N=10) No (N=22) No opinion (N=1)	Yes (N=16) No (N=6) No opinion (N=11)	Yes (N=26) No (N=1) No opinion (N=6)

Development of risk assessment tools	Yes (N=31) No (N=39)	Yes (N=23) No (N=7) No opinion (N=1)	Yes (N=24) No (N=3) No opinion (N=4)	Yes (N=28) No (N=1) No opinion (N=2)
Creation of a Domestic Violence Task Force	Yes (N=22) No (N=48)	Yes (N=8) No (N=13) No opinion (N=1)	Yes (N=11) No (N=2) No opinion (N=9)	Yes (N=14) No (N=0) No opinion (N=8)
Expansion of Family Justice Centres (increase in staff, etc.)	Yes (N=11) No (N=59)	Yes (N=1) No (N=9) No opinion (N=1)	Yes (N=5) No (N=2) No opinion (N=4)	Yes (N=7) No (N=0) No opinion (N=4)
Development of cooperation between CAW and Febelhair to train hairdressers to detect and refer IPV situations.	Yes (N=2) No (N=68)	Yes (N=0) No (N=2) No opinion (N=0)	Yes (N=0) No (N=1) No opinion (N=1)	Yes (N=0) No (N=2) No opinion (N=0)

Appendix 21. Collaborations in the French-speaking psychosocial sector

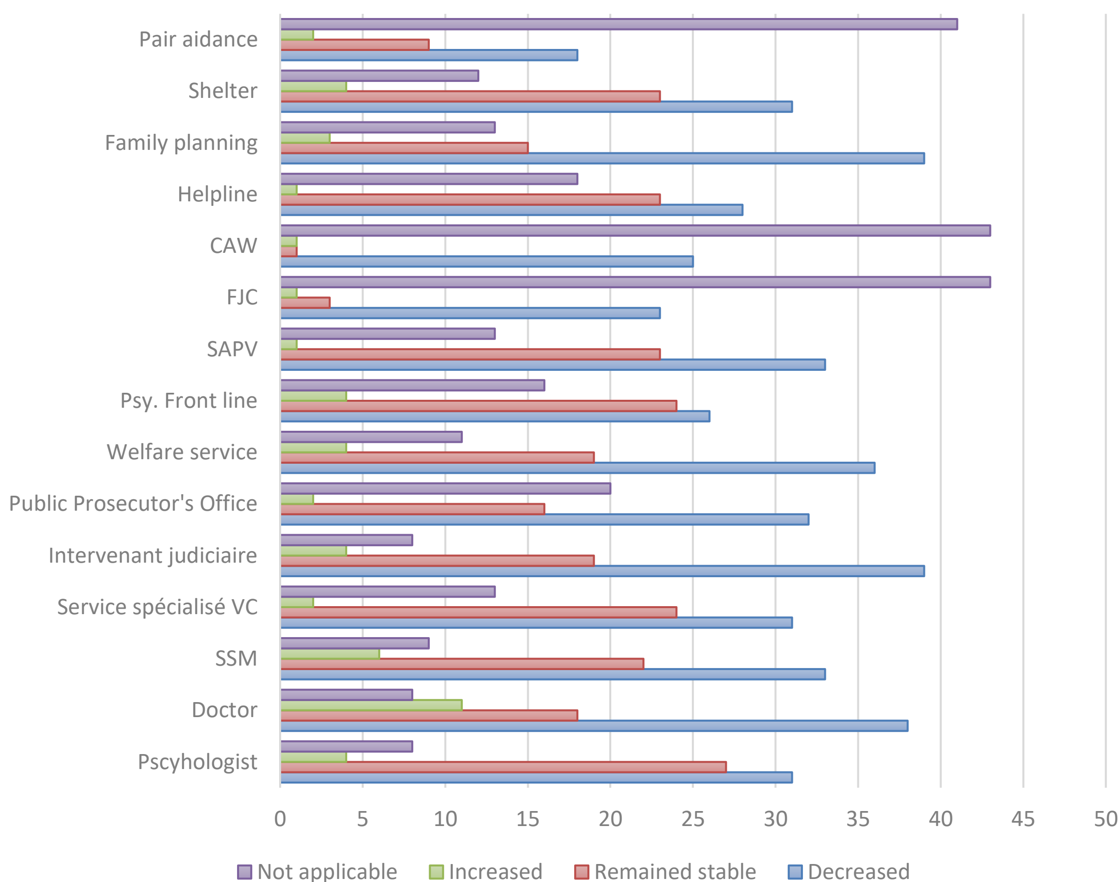


Figure 9. Orientation of beneficiaries towards different professionals during the Covid period (N=70) (%)

Appendix 22. Quality of contacts in the French-speaking psychosocial sector

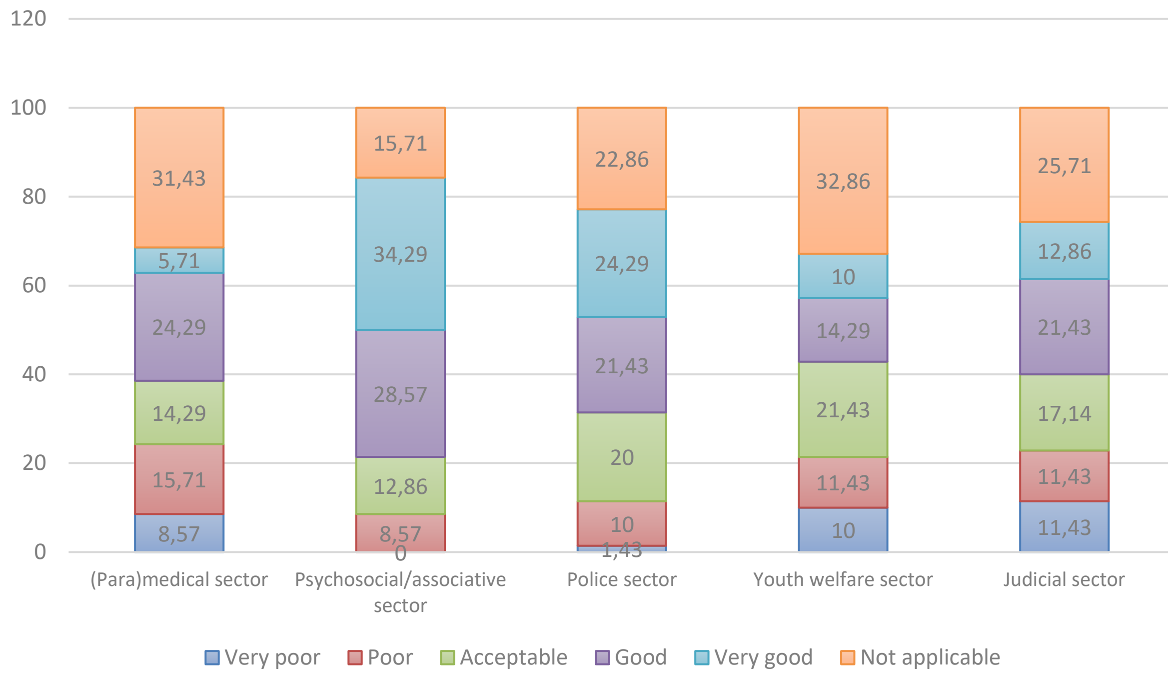


Figure 10. Quality of contacts with different sectors of the network (N=70) (%)

Appendix 23. Sample Dutch-speaking psychosocial sector

Structure	N	Professions
Centre for General Welfare Work (CAW).	20	Social worker Psychologist Psychological assistant Welfare worker with therapeutic training SH and IFG cluster manager Psychosocial worker Psychotherapist in Interaction (basic training in social work) Social worker
Justice House	13	Justice Assistant Team leader in a courthouse Psychological assistant
A Family Justice Center (FJC).	7	Social worker Criminologist CO3 case director FJC officer Network coordinator FJC Kempen
A service for perpetrators of partner violence	4	Social worker Justice Assistant Local Police - Superintendent of Local Investigations
Missing Data	4	/
A sexual violence service	3	Psychologist
A courthouse	2	Justice Assistant
A mental health center	2	Social worker Master of social work/ behavioral counselor
Public social welfare centre (CPAS)	2	Social worker
A legal aid service	1	Justice Assistant
Social worker	1	Social worker
Shelter	1	Direction
A knowledge center	1	NPO coordinator
Youth Care	1	Psychologist
Local Criminal Investigation Department - Intrafamily Violence Service	1	Police officer - chief inspector service IFG
LGBTI+ non profit organisation	1	Policy officer
Victim Support 1712	1	Justice assistant
VK (mandated facility)		Criminologist
Helpline	1	Coordinator
A hospital facility	1	Psychologist

Appendix 24. Use of services according to three periods in the Dutch-speaking psychosocial sector

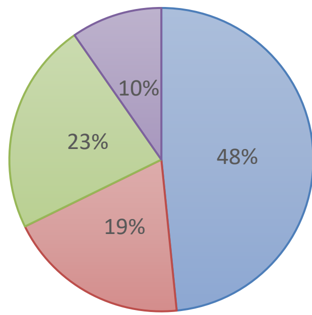


Figure 12. Number of beneficiaries/patients during strict confinement Dutch-speaking psycho-social sector (N=31)

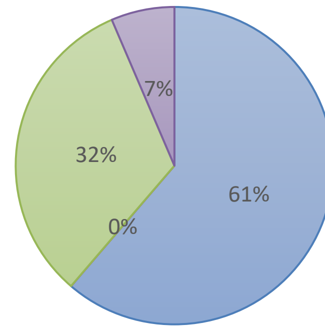


Figure 11. Number of beneficiaries/patients after strict confinement Dutch-speaking psycho-social sector (N=31)

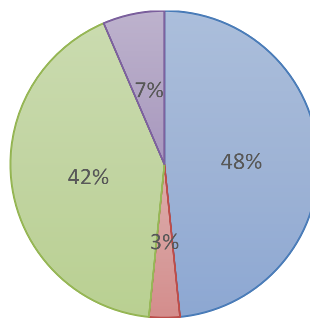


Figure 13. Number of beneficiaries/patients after the COVID period Dutch-speaking psycho-social sector (N=31)

Appendix 25. Table of Dutch-speaking psychosocial sector devices

Tableau 2. Knowledge of systems - Dutch-speaking psycho-social sector (N=27)

Systems	I was aware of this device	I have used this device in my professional practice	This device has been useful for the management of IPVs	This system must be maintained for the management of IPVs
Training/seminars for pharmacists to manage IPV situations	Yes (N=9) No (N=18)	Yes (N=2) No (N=5) No opinion (N=2)	Yes (N=3) No (N=1) No opinion (N=5)	Yes (N=4) No (N=0) No opinion (N=5)
Online training/seminars for all professionals on managing IPV situations	Yes (N=13) No (N=14)	Yes (N=9) No (N=4) No opinion (N=0)	Yes (N=6) No (N=1) No opinion (N=5)	Yes (N=8) No (N=1) No opinion (N=3)
Code Mask-19 in pharmacies for IPV victims	Yes (N= 17) No (N=10)	Yes (N=8) No (N=8) No opinion (N=1)	Yes (N=8) No (N=4) No opinion (N=5)	Yes (N=10) No (N=3) No opinion (N=4)
Development of shelters for victims of IPV	Yes (N=20) No (N=7)	Yes (N=13) No (N=7) No opinion (N=0)	Yes (N=12) No (N=2) No opinion (N=5)	Yes (N=12) No (N=2) No opinion (N=5)
Development of structures to deal with sexual violence	Yes (N=21) No (N=6)	Yes (N=14) No (N=7) No opinion (N=0)	Yes (N=15) No (N=0) No opinion (N=5)	Yes (N=15) No (N=0) No opinion (N=5)
Development of housing for victims of IPV (hotels, places in CPAS, etc.)	Yes (N=21) No (N=5)	Yes (N=13) No (N=8) No opinion (N=0)	Yes (N=12) No (N=3) No opinion (N=5)	Yes (N=11) No (N=5) No opinion (N=4)
Strengthening the helpline for victims of IPV	Yes (N=21) No (N=5)	Yes (N=13) No (N=7) No opinion (N=0)	Yes (N=15) No (N=0) No opinion (N=6)	Yes (N=15) No (N=1) No opinion (N=4)
Drawing up a detailed medical certificate in the case of IPV	Yes (N=9) No (N=17)	Yes (N=7) No (N=1) No opinion (N=1)	Yes (N=9) No (N=0) No opinion (N=0)	Yes (N=9) No (N=0) No opinion (N=0)
Strengthening the helpline for IPV authors	Yes (N=11) No (N=15)	Yes (N=5) No (N=5) No opinion (N=0)	Yes (N=7) No (N=0) No opinion (N=3)	Yes (N=8) No (N=1) No opinion (N=1)
Strengthening the helpline for professionals faced with IPV situations	Yes (N=14) No (N=12)	Yes (N=10) No (N=4) No opinion (N=0)	Yes (N=11) No (N=0) No opinion (N=2)	Yes (N=9) No (N=1) No opinion (N=3)
Development of IPV roundtables	Yes (N=14) No (N=12)	Yes (N=10) No (N=4) No opinion (N=0)	Yes (N=11) No (N=0) No opinion (N=2)	Yes (N=10) No (N=1) No opinion (N=2)
Development of a IPV management manual for physicians	Yes (N=2) No (N=24)	Yes (N=1) No (N=1) No opinion (N=0)	Yes (N=2) No (N=0) No opinion (N=0)	Yes (N=2) No (N=0) No opinion (N=0)
Systematisation of police visits to the homes of IPV victims/perpetrators	Yes (N=12) No (N=14)	Yes (N=7) No (N=5) No opinion (N=0)	Yes (N=10) No (N=0) No opinion (N=2)	Yes (N=10) No (N=0) No opinion (N=2)
Hybrid consultations (video, telephone, etc.)	Yes (N=21) No (N=5)	Yes (N=16) No (N=4) No opinion (N=1)	Yes (N=15) No (N=3) No opinion (N=3)	Yes (N=14) No (N=2) No opinion (N=5)
Closer collaboration between the children's sector and the IPV sector	Yes (N=11) No (N=15)	Yes (N=9) No (N=2) No opinion (N=0)	Yes (N=9) No (N=0) No opinion (N=1)	Yes (N=9) No (N=0) No opinion (N=1)
Development of awareness campaigns	Yes (N=22) No (N=4)	Yes (N=16) No (N=4) No opinion (N=1)	Yes (N=16) No (N=1) No opinion (N=4)	Yes (N=19) No (N=0) No opinion (N=3)

Development of applications/support systems for DVs: App Elle, Harassment alarm	Yes (N=10) No (N=16)	Yes (N=3) No (N=7) No opinion (N=0)	Yes (N=6) No (N=1) No opinion (N=3)	Yes (N=7) No (N=0) No opinion (N=3)
Development of risk assessment tools	Yes (N=16) No (N=10)	Yes (N=12) No (N=4) No opinion (N=0)	Yes (N=13) No (N=1) No opinion (N=2)	Yes (N=14) No (N=0) No opinion (N=2)
Creation of a Domestic Violence Task Force	Yes (N=6) No (N=20)	Yes (N=1) No (N=4) No opinion (N=0)	Yes (N=3) No (N=0) No opinion (N=2)	Yes (N=4) No (N=0) No opinion (N=2)
Expansion of Family Justice Centers (increase in staff, etc.)	Yes (N=21) No (N=5)	Yes (N=13) No (N=8) No opinion (N=0)	Yes (N=12) No (N=3) No opinion (N=5)	Yes (N=14) No (N=0) No opinion (N=6)
Development of cooperation between CAW and Febelhair to train hairdressers to detect and refer IPV situations.	Yes (N=15) No (N=11)	Yes (N=3) No (N=12) No opinion (N=0)	Yes (N=9) No (N=3) No opinion (N=3)	Yes (N=9) No (N=3) No opinion (N=3)

Appendix 26. Dutch-speaking psychosocial sector collaborations

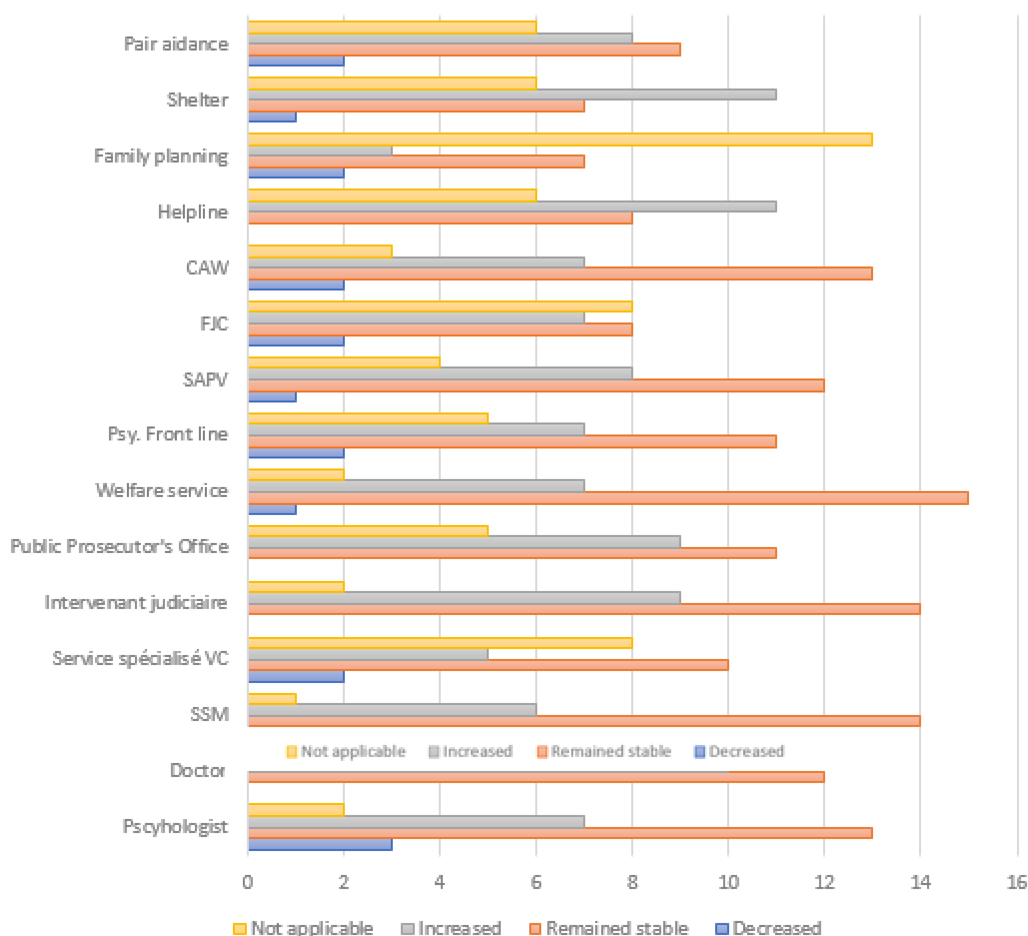


Figure 14. Orientation of beneficiaries towards different professionals during the Covid period (N=25) (%)

Appendix 27. Quality of contacts in the psychosocial sector Dutch-speaking

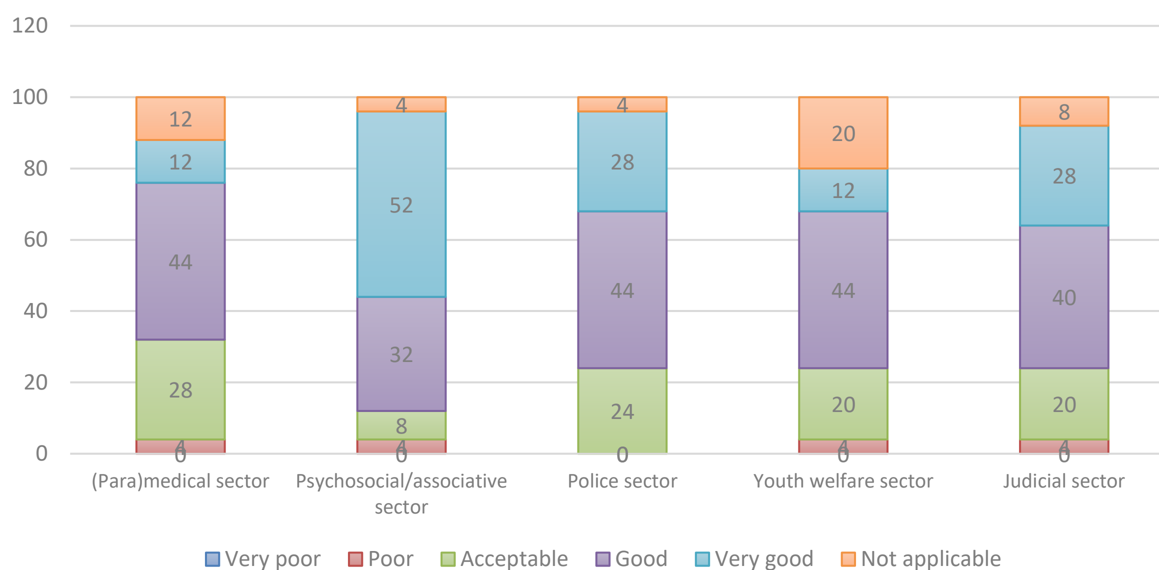


Figure 15. Quality of contacts with different sectors of the network (N=25) (%)

Appendix 28. Sample French-speaking (para)medical sector

Structure	N	Professions
Pharmacist	15	Pharmacist Assistant Pharmacist
A hospital facility	4	Nurse
Shelter	2	Nurse
A multidisciplinary practice/structure with at least one psychosocial practitioner	3	Nurse Psychologist Clinical Psychologist
Medical center	3	General practitioner
Family planning	1	Medical reception
Psycho-medico-social center	1	Nurse

Appendix 29. Use of services according to the three periods French-speaking (para)medical sector

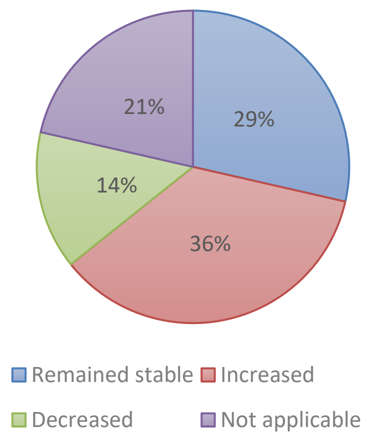


Figure 16. Number of beneficiaries/patients during strict confinement French-speaking (para)medical sector (N=14)

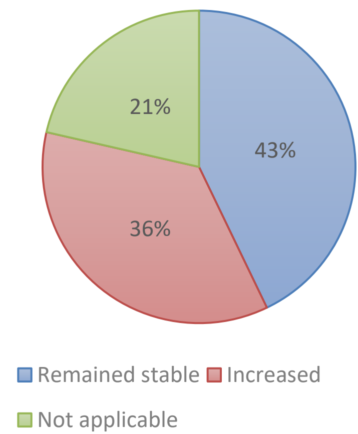


Figure 17. Number of beneficiaries/patients after strict confinement French-speaking (para)medical sector (N=14)

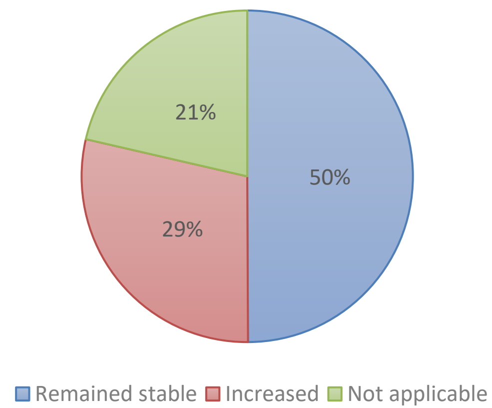


Figure 18. Number of beneficiaries/patients after the COVID period French-speaking (para)medical sector (N=14)

Appendix 30. Table of French-speaking (para)medical sector devices

Tableau 3. Knowledge of devices - French-speaking paramedical sector (N=13)

Devices	**I was aware of this device**	**I have used this device in my professional practice**	**This device has been useful for the management of IPVs**	**This system must be maintained for the management of IPVs**
Training/seminars for pharmacists to manage IPV situations	Yes (N=4) No (N=9)	Yes (N=2) No (N=0) No opinion (N=2)	Yes (N=1) No (N=0) No opinion (N=3)	Yes (N=2) No (N=0) No opinion (N=2)
Online training/seminars for all professionals on managing IPV situations	Yes (N=7) No (N=6)	Yes (N=2) No (N=3) No opinion (N=2)	Yes (N=2) No (N=2) No opinion (N=3)	Yes (N=3) No (N=2) No opinion (N=2)
Code Mask-19 in pharmacies for IPV victims	Yes (N= 7) No (N=6)	Yes (N=2) No (N=3) No opinion (N=2)	Yes (N=2) No (N=2) No opinion (N=3)	Yes (N=3) No (N=2) No opinion (N=2)
Development of shelters for victims of IPV	Yes (N=7) No (N=6)	Yes (N=3) No (N=2) No opinion (N=2)	Yes (N=3) No (N=0) No opinion (N=4)	Yes (N=6) No (N=0) No opinion (N=1)
Development of structures to deal with sexual violence	Yes (N=5) No (N=8)	Yes (N=3) No (N=1) No opinion (N=1)	Yes (N=3) No (N=0) No opinion (N=2)	Yes (N=4) No (N=0) No opinion (N=1)
Development of housing for victims of IPV (hotels, places in CPAS, etc.)	Yes (N=7) No (N=6)	Yes (N=4) No (N=1) No opinion (N=2)	Yes (N=2) No (N=1) No opinion (N=4)	Yes (N=6) No (N=0) No opinion (N=1)
Strengthening the helpline for victims of IPV	Yes (N=8) No (N=5)	Yes (N=5) No (N=2) No opinion (N=1)	Yes (N=5) No (N=0) No opinion (N=3)	Yes (N=7) No (N=0) No opinion (N=1)
Drawing up a detailed medical certificate in the case of IPV	Yes (N=5) No (N=8)	Yes (N=3) No (N=1) No opinion (N=1)	Yes (N=3) No (N=1) No opinion (N=1)	Yes (N=3) No (N=0) No opinion (N=2)
Strengthening the helpline for IPV authors	Yes (N=2) No (N=11)	Yes (N=0) No (N=0) No opinion (N=2)	Yes (N=0) No (N=0) No opinion (N=2)	Yes (N=0) No (N=0) No opinion (N=2)
Strengthening the helpline for professionals faced with IPV situations	Yes (N=2) No (N=11)	Yes (N=0) No (N=1) No opinion (N=1)	Yes (N=0) No (N=0) No opinion (N=2)	Yes (N=1) No (N=0) No opinion (N=1)
Development of IPV roundtables	Yes (N=2) No (N=11)	Yes (N=1) No (N=0) No opinion (N=1)	Yes (N=0) No (N=0) No opinion (N=2)	Yes (N=1) No (N=0) No opinion (N=1)
Development of a IPV management manual for physicians	Yes (N=2) No (N=11)	Yes (N=1) No (N=0) No opinion (N=1)	Yes (N=0) No (N=0) No opinion (N=2)	Yes (N=1) No (N=0) No opinion (N=1)
Systematisation of police visits to the homes of IPV victims/perpetrators	Yes (N=3) No (N=10)	Yes (N=1) No (N=0) No opinion (N=2)	Yes (N=1) No (N=0) No opinion (N=2)	Yes (N=1) No (N=0) No opinion (N=2)
Hybrid consultations (video, telephone, etc.)	Yes (N=7) No (N=6)	Yes (N=4) No (N=2) No opinion (N=1)	Yes (N=5) No (N=1) No opinion (N=1)	Yes (N=5) No (N=0) No opinion (N=2)
Closer collaboration between the children's sector and the IPV sector	Yes (N=4) No (N=9)	Yes (N=3) No (N=0) No opinion (N=1)	Yes (N=3) No (N=0) No opinion (N=1)	Yes (N=2) No (N=0) No opinion (N=2)
Development of awareness campaigns	Yes (N=9) No (N=4)	Yes (N=2) No (N=2) No opinion (N=5)	Yes (N=3) No (N=0) No opinion (N=6)	Yes (N=7) No (N=0) No opinion (N=2)

Development of applications/support systems for DVs: App Elle, Harassment alarm	Yes (N=2) No (N=11)	Yes (N=0) No (N=0) No opinion (N=2)	Yes (N=0) No (N=1) No opinion (N=1)	Yes (N=1) No (N=0) No opinion (N=1)
Development of risk assessment tools	Yes (N=2) No (N=11)	Yes (N=0) No (N=0) No opinion (N=2)	Yes (N=0) No (N=0) No opinion (N=2)	Yes (N=0) No (N=0) No opinion (N=2)
Creation of a Domestic Violence Task Force	Yes (N=3) No (N=10)	Yes (N=1) No (N=1) No opinion (N=1)	Yes (N=1) No (N=0) No opinion (N=2)	Yes (N=1) No (N=0) No opinion (N=2)
Expansion of Family Justice Centres (increase in staff, etc.)	Yes (N=1) No (N=12)	Yes (N=0) No (N=0) No opinion (N=1)	Yes (N=0) No (N=0) No opinion (N=1)	Yes (N=0) No (N=0) No opinion (N=1)
Development of cooperation between CAW and Febelhair to train hairdressers to detect and refer IPV situations.	Yes (N=1) No (N=12)	Yes (N=0) No (N=0) No opinion (N=1)	Yes (N=0) No (N=0) No opinion (N=1)	Yes (N=0) No (N=0) No opinion (N=1)

Appendix 31. Collaborations in the French-speaking (para)medical sector

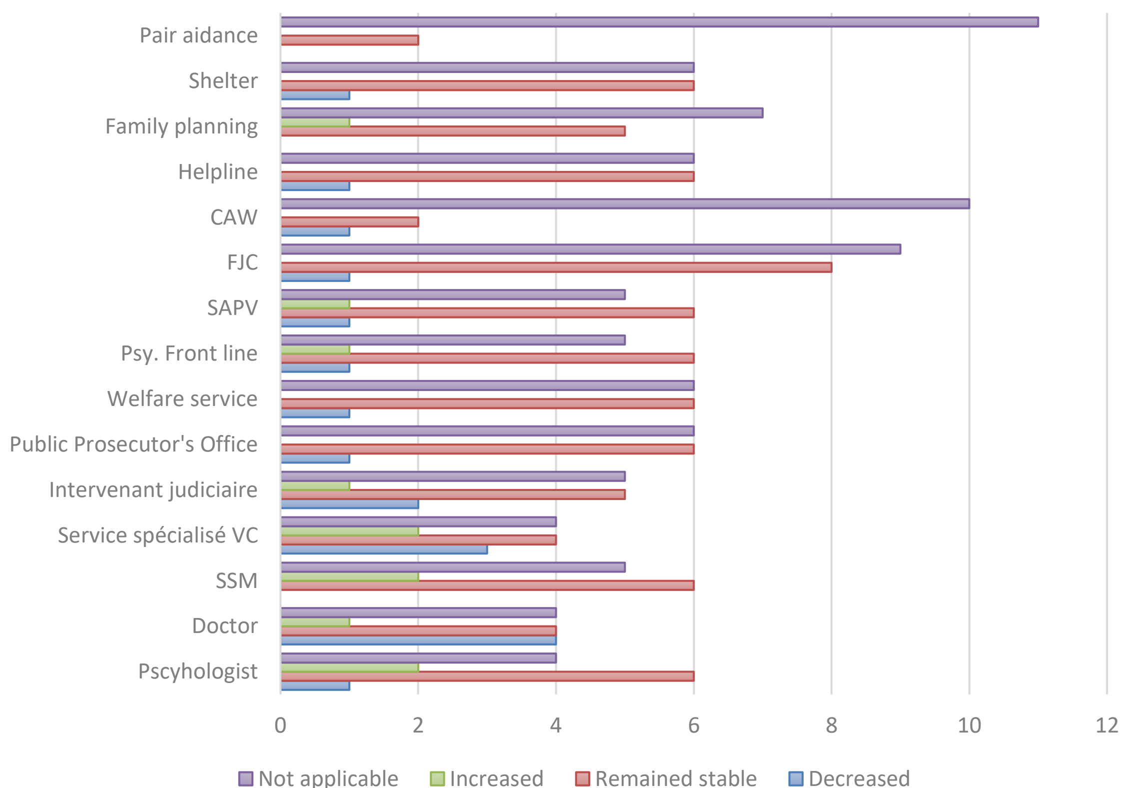


Figure 19. Orientation of patients in French-speaking (para)medical sectors (N=13)

Appendix 32. Sector sample Dutch-speaking (para)medical

Structure	N	Professions
A practice/structure shared with other GPs	5	Generalist HAIO
Pharmacy	3	Pharmacist Assistant in general medicine
A multidisciplinary practice/structure without psychosocial care providers	1	General practitioner
A hospital facility	1	Forensic nurse
Justice House	3	Legal Assistant
CAW	2	Coordinator of the CAW Victim Support team at helpline 1712 CAW psychosocial counselor - domestic violence team

Appendix 33. Use of services according to the three periods Dutch-speaking (para)medical sector

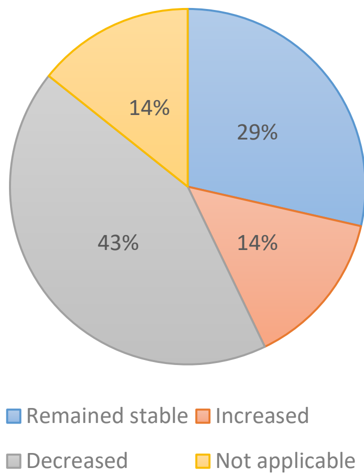


Figure 22. Number of beneficiaries/patients during strict confinement Dutch-speaking (para)medical sector (N=7)

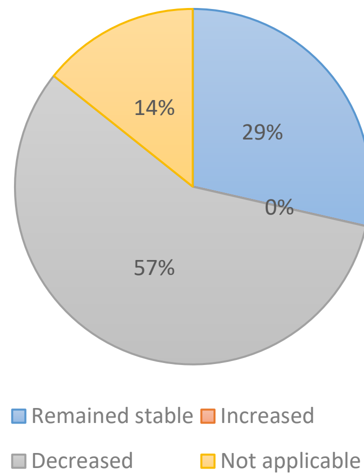


Figure 21. Number of beneficiaries/patients after strict confinement Dutch-speaking (para)medical sector (N=7)

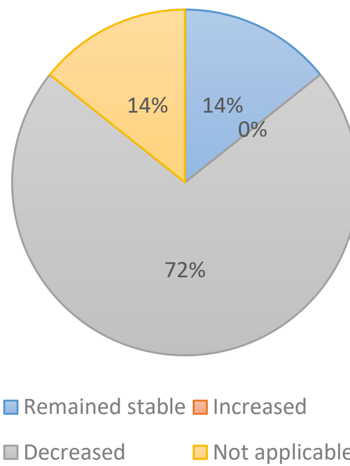


Figure 20. Number of beneficiaries/patients after the COVID period French-speaking (para)medical sector (N=7)

Appendix 34. Table of Dutch-speaking (para)medical sector devices

Tableau 4. Knowledge of devices - Dutch-speaking paramedical sector (N=6)

Devices	I was aware of this device	I have used this device in my professional practice	This device has been useful for the management of IPVs	This system must be maintained for the management of IPVs
Training/seminars for pharmacists to manage IPV situations	Yes (N=0) No (N=6)	Yes (N=0) No (N=0) No opinion (N=0)	Yes (N=0) No (N=0) No opinion (N=0)	Yes (N=0) No (N=0) No opinion (N=0)
Online training/seminars for all professionals on managing IPV situations	Yes (N=4) No (N=2)	Yes (N=1) No (N=1) No opinion (N=2)	Yes (N=2) No (N=0) No opinion (N=2)	Yes (N=2) No (N=0) No opinion (N=2)
Code Mask-19 in pharmacies for IPV victims	Yes (N= 3) No (N=3)	Yes (N=1) No (N=0) No opinion (N=2)	Yes (N=1) No (N=1) No opinion (N=1)	Yes (N=1) No (N=0) No opinion (N=2)
Development of shelters for victims of IPV	Yes (N=4) No (N=2)	Yes (N=3) No (N=1) No opinion (N=0)	Yes (N=2) No (N=0) No opinion (N=2)	Yes (N=2) No (N=0) No opinion (N=2)
Development of structures to deal with sexual violence	Yes (N=5) No (N=1)	Yes (N=4) No (N=1) No opinion (N=0)	Yes (N=4) No (N=0) No opinion (N=1)	Yes (N=5) No (N=0) No opinion (N=0)
Development of housing for victims of IPV (hotels, places in CPAS, etc.)	Yes (N=4) No (N=2)	Yes (N=3) No (N=1) No opinion (N=0)	Yes (N=1) No (N=0) No opinion (N=3)	Yes (N=2) No (N=0) No opinion (N=2)
Strengthening the helpline for victims of IPV	Yes (N=5) No (N=1)	Yes (N=3) No (N=1) No opinion (N=1)	Yes (N=2) No (N=1) No opinion (N=2)	Yes (N=3) No (N=1) No opinion (N=1)
Drawing up a detailed medical certificate in the case of IPV	Yes (N=5) No (N=1)	Yes (N=3) No (N=0) No opinion (N=2)	Yes (N=3) No (N=1) No opinion (N=1)	Yes (N=3) No (N=0) No opinion (N=2)
Strengthening the helpline for IPV authors	Yes (N=3) No (N=3)	Yes (N=0) No (N=1) No opinion (N=2)	Yes (N=1) No (N=0) No opinion (N=2)	Yes (N=1) No (N=0) No opinion (N=2)
Strengthening the helpline for professionals faced with IPV situations	Yes (N=2) No (N=4)	Yes (N=1) No (N=0) No opinion (N=1)	Yes (N=1) No (N=0) No opinion (N=1)	Yes (N=1) No (N=0) No opinion (N=1)
Development of IPV roundtables	Yes (N=0) No (N=6)	Yes (N=0) No (N=0) No opinion (N=0)	Yes (N=0) No (N=0) No opinion (N=0)	Yes (N=0) No (N=0) No opinion (N=0)
Development of a IPV management manual for physicians	Yes (N=2) No (N=4)	Yes (N=1) No (N=0) No opinion (N=1)	Yes (N=2) No (N=0) No opinion (N=0)	Yes (N=2) No (N=0) No opinion (N=0)
Systematisation of police visits to the homes of IPV victims/perpetrators	Yes (N=3) No (N=3)	Yes (N=0) No (N=1) No opinion (N=2)	Yes (N=1) No (N=0) No opinion (N=2)	Yes (N=1) No (N=0) No opinion (N=2)
Hybrid consultations (video, telephone, etc.)	Yes (N=5) No (N=1)	Yes (N=5) No (N=0) No opinion (N=0)	Yes (N=3) No (N=1) No opinion (N=1)	Yes (N=3) No (N=1) No opinion (N=1)
Closer collaboration between the children's sector and the IPV sector	Yes (N=1) No (N=5)	Yes (N=0) No (N=0) No opinion (N=1)	Yes (N=0) No (N=0) No opinion (N=1)	Yes (N=0) No (N=0) No opinion (N=1)
Development of awareness campaigns	Yes (N=5) No (N=1)	Yes (N=2) No (N=1) No opinion (N=2)	Yes (N=2) No (N=1) No opinion (N=2)	Yes (N=2) No (N=1) No opinion (N=2)

Development of applications/support systems for DVs: App Elle, Harassment alarm	Yes (N=1) No (N=5)	Yes (N=1) No (N=0) No opinion (N=0)	Yes (N=1) No (N=0) No opinion (N=0)	Yes (N=1) No (N=0) No opinion (N=0)
Development of risk assessment tools	Yes (N=0) No (N=6)	Yes (N=0) No (N=0) No opinion (N=0)	Yes (N=0) No (N=0) No opinion (N=0)	Yes (N=0) No (N=0) No opinion (N=0)
Creation of a Domestic Violence Task Force	Yes (N=2) No (N=4)	Yes (N=0) No (N=1) No opinion (N=1)	Yes (N=0) No (N=1) No opinion (N=1)	Yes (N=0) No (N=0) No opinion (N=2)
Expansion of Family Justice Centers (increase in staff, etc.)	Yes (N=3) No (N=3)	Yes (N=2) No (N=0) No opinion (N=1)	Yes (N=3) No (N=0) No opinion (N=0)	Yes (N=3) No (N=0) No opinion (N=0)
Development of cooperation between CAW and Febelhair to train hairdressers to detect and refer IPV situations.	Yes (N=1) No (N=5)	Yes (N=1) No (N=0) No opinion (N=0)	Yes (N=1) No (N=0) No opinion (N=0)	Yes (N=1) No (N=0) No opinion (N=0)

Appendix 35. Collaborations in the Dutch-speaking (para)medical sector

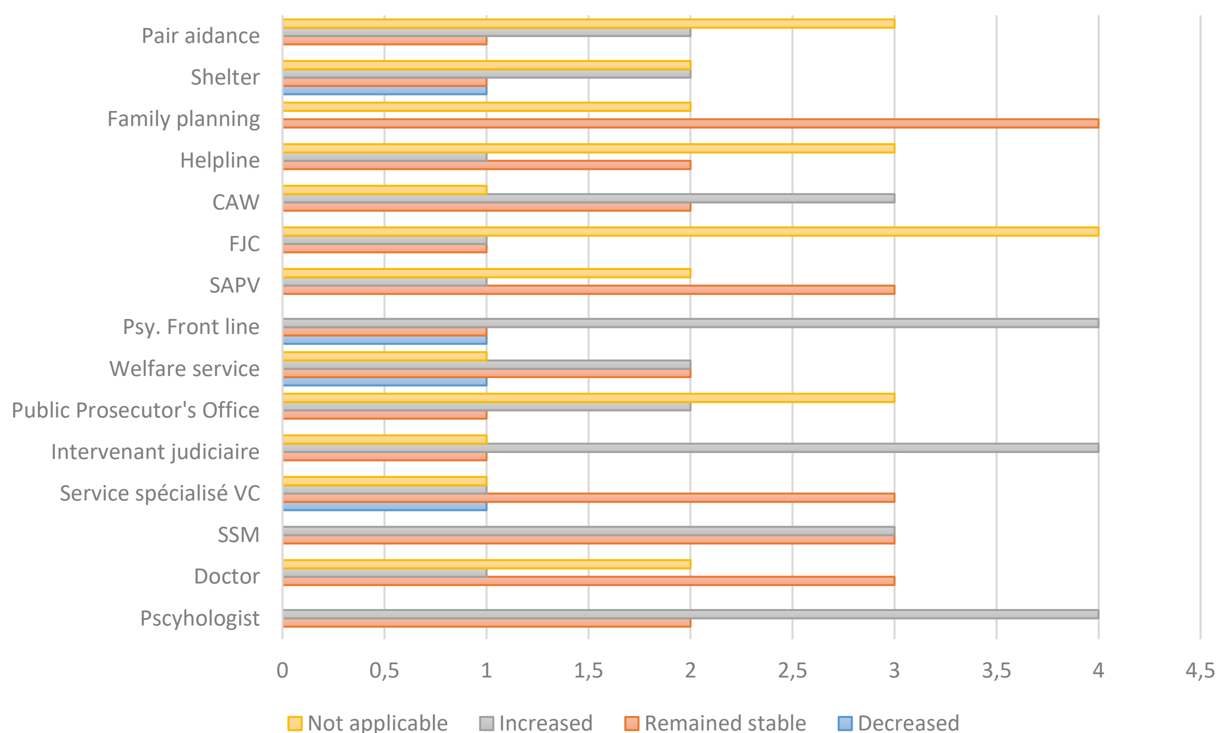


Figure 23. Orientation of patients in French-speaking (para)medical sectors (N=6)

BIBLIOGRAPHY

Aebi M., Molnar L. & Baquerizas F. (2021) Against All Odds, Femicide Did Not Increase During the First Year of the COVID-19 Pandemic: Evidence From Six Spanish-Speaking Countries. *Journal of Contemporary Criminal Justice*, *37*(4), 615-644.

Albarello, L. (2011). *Choisir l'étude de cas comme méthode de recherche*. Méthodes en sciences humaines. De Boeck, Bruxelles.

AMA, (2022) *Rapport de l'étude : L'accueil, l'hébergement et l'accompagnement des victimes de violences conjugales et intrafamiliales. Les enseignements de la crise sanitaire*. Available Online : https://www.ama.be/download/etude_vcif_2022/

Aydin, R., Aktaş, S., & Kaloğlu Binici, D. (2023). Examination of the effect of the perceived stress in the Coronavirus-19 pandemic on marital adjustment, sexual life and intimate partner violence. *Journal of advanced nursing*, *79*(4), 1513-1524.

Aguiar, A., Maia, I., Duarte, R., & Pinto, M. (2022). The other side of COVID-19: Preliminary results of a descriptive study on the COVID-19-related psychological impact and social determinants in Portugal residents. *Journal of Affective Disorders Reports*, *7*, 100294.

Ansell, C., Sørensen, E., Torfing, J. (2020). The COVID-19 pandemic as a game changer for public administration and leadership? The need for robust governance responses to turbulent problems. *Public Management Review*. https://doi.org/10.1080/14719037.2020.1820272

Axelle Magazine (2020) "*Avançons, nous avons tellement attendu*": rencontre avec Sarah Schlitz, secrétaire d'État à l'Égalité des genres », n°233, november 2020.

Barbara, G., Facchin, F., Micci, L., Rendiniello, M., Giulini, P., Cattaneo, C., Giulini, P., & Kustermann, A. (2020). COVID-19, lockdown, and intimate partner violence: Some data from an Italian service and suggestions for future approaches. *Journal of women's health*, *29*(10), 1239-1242.

Bergant, K., & Forbes, K. (2023). Policy Packages and Policy Space: Lessons from COVID-19. *European Economic Review*, 104499.

Blogie, E., (2019) *La Conférence Interministérielle «Droits des Femmes» est Créée*. 2019. [(accessed on 15 August 2022)]. Available online: https://www.lesoir.be/267674/article/2019-12-18/la-conference-interministerielle-droits-des-femmes-est-creee

Boin, A., McConnell, A., & t Hart, P. (2021). *Governing the pandemic: The politics of navigating a mega-crisis* (p. 130). Springer Nature.

Bouhon F., Slautsky E., Wattier S. (2022). *Le droit public belge face à la crise du COVID-19 : quelles leçons pour l'avenir ?* Larcier, 1084 p.

Bradbury-Jones, C., & Isham, L. (2020). The pandemic paradox: The consequences of COVID-19 on domestic violence. *Journal of clinical nursing*, *29*(13-14), 2047.

Brink, J., Cullen, P., Beek, K., & Peters, S. A. (2021). Intimate partner violence during the COVID-19 pandemic in Western and Southern European countries. *European journal of public health*, *31*(5), 1058-1063

Brunet, R. (2000). Des modèles en géographie? Sens d'une recherche. *Bulletin de la Société de Géographie de Liège*, *2*, 21-30.

Bruss'help, (2021) Rapport d'activités, 2021. Available online: https://brusshelp.org/images/RapportActivite2021_FR.pdf

Bruxelles Prévention et Sécurité (2021) *Focus. État des Lieux des Violences Intrafamiliales en Région Bruxelloise durant la Pandémie de COVID-19.* [(accessed on 16 August 2022)]. Available online: https://safe.brussels/sites/default/files/2021-03/Focus%202%20VIF%20Final.pdf

Campbell, A. M. (2020). An increasing risk of family violence during the Covid-19 pandemic: Strengthening community collaborations to save lives. *Forensic science international: reports*, *2*, 100089

Campedelli, G. M., Aziani, A., & Favarin, S. (2021). Exploring the immediate effects of COVID-19 containment policies on crime: an empirical analysis of the short-term aftermath in Los Angeles. *American Journal of Criminal Justice*, *46*(5), 704-727.

Van Campenhoudt, L., Chaumont, J. M., & Franssen, A. (2005). *La méthode d'analyse en groupe. Applications aux phénomènes sociaux.* Dunod, Paris.

Charaudeau P. (2011). *Les Médias et l'information: L'impossible transparence du Discours*. De Boeck Supérieur; Louvain-la-Neuve, Belgium.

Cipriano, S.; Fallon, C.; Fastré, P. and Halin, J. (2015). Evaluation des actions transversales du New Deal bruxellois. *Les Cahiers de l'IBSA* 4 : 60.

Cohen, L. E., & Felson, M. (1979). Social change and crime rate trends: A routine activity approach. *American Sociological Review*, *44*, 588–608

Collège des Procureurs généraux (2020) *N°COL 20/2020 «* Généraliser la pratique de la « revisite » par le service de police en matière de violences entre partenaires pendant la période de crise sanitaire liée au coronavirus ». *[(accessed on 15 August 2022)].* Available online: https://www.om-mp.be/sites/default/files/u147/col20_2020_revisite_fr-nl.pdf

Collège des Procureurs généraux (2020) N°COL 15/2020 « Outil d'évaluation du risque - Directives du Collège des procureurs généraux visant à généraliser l'utilisation d'un outil d'évaluation du risque de première ligne en matière de violence dans le couple par les services de police et les parquets ». *[(accessed on 15 August 2022)]. Available online :* https://www.om-mp.be/fr/savoir-plus/circulaires

Cunha, O., Caridade, S., de Castro Rodrigues, A., Cruz, A. R., & Peixoto, M. M. (2023). Perpetration of intimate partner violence and COVID-19-related anxiety during the second lockdown in Portugal: the mediating role of anxiety, depression, and stress. *Journal of Family Violence*, 1-12

Demir, M., & Park, S. (2021) The Effect of COVID-19 on Domestic Violence and Assaults. *Criminal Justice Review*, 1-19

De Morgen. (2020). *Nieuw Vlaams actieplan tegen seksueel geweld,* 24 october 2020

De Morgen. (2022). *Hulplijn voor huiselijk geweld kreeg nooit zoveel oproepen - Recordaantal meldingen partnergeweld en kindermishandeling in 2020*, 9 maart 2022.

De Standaard. (2021). *Kappersfederatie wil 20 000 kappers opleiden over partnergeweld* , 17 December 2021.

De Standaard. (2022). *De Politie meteen ter plaatse bij één druk op mobiele stalkingknop* , 15 March 2022

Distexhe, A., & Leprince, L. (2021). Etat des lieux des violences intrafamiliales en Région bruxelloise durant la pandémie de Covid-19. Mars-novembre 2020. Focus de l'Observatoire, 2. Observatoire bruxellois pour la Prévention et la Sécurité.

Fallon, C., Thiry, A. & Brunet, S. (2020). Planification d'urgence et gestion de crise sanitaire. La Belgique face à la pandémie de Covid-19. *Courrier hebdomadaire du CRISP*, 2453-2454, 5-68. https://doi.org/10.3917/cris.2453.0005

Faniel, J., & Sägesser, C. (2020). La Belgique entre crise politique et crise sanitaire (mars-mai 2020). *Courrier hebdomadaire du CRISP*, (2), 5-46.

Federale Politie. (2022). *Stalkingalarm: politie ter plaatse bij één druk op de knop.* Geraadpleegd op https://www.politie.be/5998/nl/nieuws/stalkingalarm-politie-ter-plaatse-bij-een-druk-op-de-knop

Fédération Wallonie-Bruxelles (2020) Plan intra-francophone de lutte contre les violences faites aux femmes 2020-2024 Available online: http://www.egalite.cfwb.be/index.php?id=21146

Franck, P., & Simons, D. (2017). *Dromen, denken, doen: een praktijkhandboek over ketenaanpak interfamiliaal geweld en het Family Justice Center*. Politeia.

Fischer, K., Tieskens, J. M., Luijten, M. A., Zijlmans, J., Van Oers, H. A., De Groot, R., van der Doelen, D., van Ewijk, H., Klip, H., van der Lans, R. M., De Meyer, R., van der Mheen, M., van Muilekom M. M., Ruisch, I. H., Teela, L., van den Berg, G., Bruining, H., van der Rijken, R., Buitelaar, J., Hoekstra, P. J., Lindauer, R., Oostrom, K. J., Staal, W., Vermeiren, R., Cornet, R., Haverman, L., Bartels, M. & Popma, A. (2023). Internalizing problems before and during the COVID-19 pandemic in independent samples of Dutch children and adolescents with and without pre-existing mental health problems. *European child & adolescent psychiatry*, *32*(10), 1873-1883.

Gilchrist, G., Potts, L. C., Connolly, D. J., Winstock, A., Barratt, M. J., Ferris, J., Gilchrist, E. & Davies, E. (2023). Experience and perpetration of intimate partner violence and abuse by gender of respondent and their current partner before and during COVID-19 restrictions in 2020: a cross-sectional study in 13 countries. *BMC public health*, *23*(1), 316.

Glowacz, F., & Schmits, E. (2020). Psychological distress during the COVID-19 lockdown: The young adults most at risk. *Psychiatry research*, *293*, 113486

Glowacz, F., Dziewa, A., & Schmits, E. (2022). Intimate partner violence and mental health during lockdown of the COVID-19 pandemic. *International journal of environmental research and public health*, *19*(5),2535

Gosangi, B., Park, H., Thomas, R., Gujrathi, R., Bay, C. P., Raja, A. S., Seltzer, E. E., Chadwick Balcom, M., Mc Donald, M. L., Orgil, D. P., Harris, M. B., Boland, G. W, Rexrode, K., & Khurana, B. (2021). Exacerbation of physical intimate partner violence during COVID-19 pandemic. *Radiology*, *298*(1), E38-E45

Gottlieb, L., & Schmitt, D. P. (2023). When staying home is not safe: an investigation of the role of attachment style on stress and intimate partner violence in the time of COVID-19. *Archives of sexual behavior*, *52*(2), 639-654.

Groenen, A. (2006). *Stalking. Risk factors of physical violence [Risicofactoren van fysiek geweld]*. Antwerpen: Maklu.

Hajer, M. & Wagenaar**,** H. (2003) *Deliberate Policy Analysis.* Cambridge University Press: Cambridge, UK.

Hamel, J., Desmarais, S. L., & Nicholls, T. L. (2007). Perceptions of motives in intimate partner violence: Expressive versus coercive violence. *Violence and Victims*, *22*(5), 563-576.

Het Beland van Limburg (2020) *Slachtoffer van huiselijk geweld? Noem codewoord 'masker 19' in de apotheek*, 14 April 2020.

Hellman, C. M., Gwinn, C., Strack, G., Burke, M., Featherngill, J., Aguirre, N., & Aceves, Y. (2017). Survivor Defined Success Hope and Well-Being: An Assessment of the Impact of Family Justice Centers. *Tulsa: Alliance for HOPE International*.

Kahan, J. P. (2001). Focus groups as a tool for policy analysis. *Analyses of Social Issues and Public Policy*, *1*(1), 129-146.

Kaukinen, C. (2020). When stay-at-home orders leave victims unsafe at home: Exploring the risk and consequences of intimate partner violence during the COVID-19 pandemic. *American Journal of Criminal Justice*, 45(4), 668-679.

Kingdon J.W. (1995) *Agendas, Alternatives and Public Policy.* 2nd ed. Pearson; New York, NY, USA.

Kourti, A., Stavridou, A., Panagouli, E., Psaltopoulou, T., Spiliopoulou, C., Tsolia, M., Sergentanis, T. N., & Tsitsika, A. (2023). Domestic violence during the COVID-19 pandemic: a systematic review. *Trauma, violence, & abuse*, *24*(2), 719-745.

Laforest, J., & Poitras, D. (2021). Violence conjugale en contexte de pandémie de COVID-19. Synthèse rapide des connaissances. Institut National de Santé Publique du Québec.

La Libre. (2021). *Après un an de confinement les victimes de violences conjugales ne voient plus du tout d'issue »*, 24 februari 2021. Available online : https://www.lalibre.be/belgique/societe/2021/02/24/apres-un-an-de-confinement-les-victimes-de-violences- conjugales-ne-voient-plus-du- tout-dissue-UYZEHLHI6FEOBA VYW4UB6MDAMM/

Langhinrichsen-Rohling, J., Schroeder, G. E., Langhinrichsen-Rohling, R. A., Mennicke, A., Harris, Y. J., Sullivan, S., Gray, G., & Cramer, R. J. (2022). Couple conflict and intimate partner violence during the early lockdown of the pandemic: the good, the bad, or is it just the same in a North Carolina, low-resource population? *International journal of environmental research and public health*, *19*(5), 2608

Lebrun, L., Thiry, A., & Fallon, C. (2023). How Did the COVID-19 Pandemic Increase Salience of Intimate Partner Violence on the Policy Agenda? *International Journal of Environmental Research and Public Health, 20*. doi:10.3390/ijerph20054461

Leigh, J. K., Peña, L. D., Anurudran, A., & Pai, A. (2022). “Are you safe to talk?”: Perspectives of Service Providers on Experiences of Domestic Violence During the COVID-19 Pandemic. *Journal of Family Violence*, 1-11.

Linard, B. (2021) *Situations de danger pour les femmes : L’application « App-Elles » se déploie en FWB*, Press release 24 novembre 2021. Available online: https://linard.cfwb.be/home/presse--actualites/publications/publication-presse--actualites-122.html

Long, M., Huang, J., Peng, Y., Mai, Y., Yuan, X., & Yang, X. (2022). The short-and long-term impact of CoViD-19 lockdown on child maltreatment. *International journal of environmental research and public health*, *19*(6), 3350

Logan, T. K., & Walker, R. (2017). Stalking: A multidimensional framework for assessment and safety planning. *Trauma, Violence, & Abuse*, *18*(2), 200-222.

Lorant, V., Smith, P., Van den Broeck, K., & Nicaise, P. (2021). Psychological distress associated with the COVID-19 pandemic and suppression measures during the first wave in Belgium. *BMC psychiatry*, *21*(1), 1-10

Lundin, R., Armocida, B., Sdao, P., Pisanu, S., Mariani, I., Veltri, A., & Lazzerini, M. (2020). Gender-based violence during the COVID-19 pandemic response in Italy. *Journal of global health*, *10*(2).

Maron, A. and Trachte, B. (2020), *Ouverture à Bruxelles d’un hôtel pour les femmes victimes de violences familiales ou conjugales, p*ress release 6 april 2020. Available online: https://maron-trachte.brussels/2020/04/06/ouverture-a-bruxelles-dun-hotel-pour-les-femmes-victimes-de-violences-familiales-ou-conjugales/

McFarlane, J. M., Campbell, J. C., Wilt, S., Sachs, C. J., Ulrich, Y., & Xu, X. (1999). Stalking and intimate partner femicide. *Homicide studies*, *3*(4), 300-316.

McNeil, A., Hicks, L., Yalcinoz-Ucan, B., & Browne, D. T. (2023). Prevalence & correlates of intimate partner violence during COVID-19: A rapid review. *Journal of Family Violence*, *38*(2), 241-261.

Mintrom, M., & True, J. (2022). COVID-19 as a policy window: policy entrepreneurs responding to violence against women. *Policy and Society, 41*(1), 143-154

Morreale, C. (2020) *The 1,800 pharmacies in Wallonia will become 'relays' for referring victims of domestic violence who contact them*, press release 25 november 2020.

Murray, C. E., Horton, G. E., Johnson, C. H., Notestine, L., Garr, B., Pow, A. M., Flasch, P., & Doom, E. (2015). Domestic violence service providers’ perceptions of safety planning: A focus group study. *Journal of Family Violence*, *30*, 381-392.

Panchal, U., Salazar de Pablo, G., Franco, M., Moreno, C., Parellada, M., Arango, C., & Fusar-Poli, P. (2023). The impact of COVID-19 lockdown on child and adolescent mental health: systematic review. *European child & adolescent psychiatry*, *32*(7), 1151-1177.

Paillé, P., & Mucchielli, A. *L'analyse qualitative en sciences humaines et sociales-5e éd*. Armand Colin, 2021.

Pathe, M. & Mullen, P. E. (1997). The impact of stalkers on their victims. *British Journal of Psychiatry*, 170, 12–17.

Petersson, C. C., & Hansson, K. (2022). Social Work Responses to Domestic Violence During the COVID-19 Pandemic: Experiences and Perspectives of Professionals at Women’s Shelters in Sweden. *Clinical Social Work Journal*, 1-12

Pfitzner, N., Fitz-Gibbon, K., & Meyer, S. (2022). Responding to women experiencing domestic and family violence during the COVID-19 pandemic: Exploring experiences and impacts of remote service delivery in Australia. *Child & Family Social Work*, *27*(1), 30-40

Pieters, J., Italiano, P., Offermans, A. M., & Hellemans, S. (2010). *Les expériences des femmes et des hommes en matière de violence psychologique, physique et sexuelle*.

Piquero, A. R., Jennings, W. G., Jemison, E., Kaukinen, C., & Knaul, F. M. (2021). Domestic violence during the COVID-19 pandemic-Evidence from a systematic review and meta-analysis. *Journal of Criminal Justice*, *74*, 101806

Pleyers, G. (2020). L'entraide et la solidarité comme réponses des mouvements sociaux à la pandémie. *Revue du MAUSS*, *2*(56), 409-421

Pleyers, G. (2021). Pandémie et changement social : Interpréter la crise pour en sortir. *Futuribles*, *1*(440), 35-50.

Rahman, R., Huysman, C., Ross, A. M., & Boskey, E. R. (2022). Intimate partner violence and the CoViD-19 pandemic. *Pediatric, 149*(6), e2021055792.

Rieger, A., Blackburn, A. M., Bystrynski, J. B., Garthe, R. C., & Allen, N. E. (2022). The impact of the COVID- 19 pandemic on gender-based violence in the United States: Framework and policy recommendations. *Psychological trauma: theory, research, practice, and policy*, *14*(3), 471

Risser, L., Berger, R. P., Renov, V., Aboiye, F., Duplessis, V., Henderson, C., Randell, K. A., Miller, A., & Ragavan, M. (2022). Supporting children experiencing family violence during the COVID-19 pandemic: IPV and CPS provider perspectives. *Academic pediatrics*, *22*(5), 842-849.

Robert, P., & Zauberman, R. (2011). *Mesurer la délinquance*. Presses de Sciences Po.

Romain-Glassey, N., De Puy, J., Abt, M., & Morin, D. (2017). Étude qualitative phénoménologique: face aux hommes victimes, regards inquiets et bienveillants de professionnels d'un réseau de lutte contre la violence domestique. *Revue Francophone Internationale de Recherche Infirmière*, *3*(2), 107-119.

Rousseaux, X., Sanderson, J. P., Plavsic, A., Eggerickx, T. Du drame conjugal au féminicide. Comment construite une approche fiable de l'homicide entre partenaires intimes ? in Vanneste C., Fallon C., Glowacz F., Lemonne A., Ravier I., *Regards croisés sur la violence entre partenaires intimes. A propos des résultats de la recherche « Violences entre partenaires : impact, processus, évolution et politiques publiques » (IPV-PRO&POL) (2022)*. Les cahiers du GEPS, Bruxelles.

Sardinha, L., Maheu-Giroux, M., Stöckl, H., Meyer, S. R., & García-Moreno, C. (2022). Global, regional, and national prevalence estimates of physical or sexual, or both, intimate partner violence against women in 2018. *The Lancet*, *399*(10327), 803-813

Sargeant, E., Murphy, K., McCarthy, M., & Williamson, H. (2023). The formal-informal control nexus during COVID-19: what drives informal social control of social distancing restrictions during lockdown? *Crime & Delinquency*, *69*(4), 707-726.

Schiltz, S. (2021) *Un outil pour lutter contre les violences faites aux femmes: la « revisite »***.** Press release. Available online: https://sarahschlitz.be/un-outil-pour-lutter-contre-les-violences-faites-aux-femmes-la-revisite/

Schokkenbroek, J. M., Anrijs, S., Ponnet, K., & Hardyns, W. (2021). Locked down together: determinants of verbal partner violence during the COVID-19 pandemic. *Violence and gender*, 8(3), 148-153

Schweinhart, A., Aramburú, C., Bauer, R., Simons-Rudolph, A., Atwood, K., & Luseno, W. K. (2023). Changes in mental health, emotional distress, and substance use affecting women experiencing violence and their service providers during COVID-19 in a US southern state. *International journal of environmental research and public health*, *20*(4), 2896.

Schrag, R. V., Leat, S., & Wood, L. (2021). "Everyone is Living in the Same Storm, but our Boats are all Different": Safety and Safety Planning for Survivors of Intimate Partner and Sexual Violence During the COVID-19 Pandemic. *Journal of interpersonal violence*, 08862605211062998

Sharma, A., & Borah, S. B. (2020). Covid-19 and domestic violence: an indirect path to social and economic crisis. *Journal of family violence*, 1-7

Sidpra, J., Abomeli, D., Hameed, B., Baker, J., & Mankad, K. (2021). Rise in the incidence of abusive head trauma during the COVID-19 pandemic. *Archives of disease in childhood*, *106*(3), e14-e14.

Spencer, C. M., Gimarc, C., & Durtschi, J. (2021). COVID-19 specific risk markers for intimate partner violence perpetration. *Journal of family violence*, 1-11.

The Independent. (2021). *There is an epidemic of violence against women and girls still hiding in the shadow of Covid – we have to act.* UN Secretary-General António Guterres, Sunday 27 June 2021.

Toccalino, D., Haag, H. L., Estrella, M. J., Cowle, S., Fuselli, P., Ellis, M. J., Gargaro, J. & Colantonio, A. (2022). Addressing the shadow pandemic: COVID-19 related impacts, barriers, needs, and priorities to healthcare andsupport for women survivors of intimate partner violence and brain injury. *Archives of physical medicine and rehabilitation, 103*(7), 1466-1476.

UN Women (2020) *The Shadow Pandemic: Domestic Violence after COVID-19*. [(accessed on 16 August 2022)]. Available online: https://www.unwomen.org/fr/news/in-focus/in-focus-gender-equality-in-covid-19-%20response/violence-against-women-during-covid-19

Usher, K., Bhullar, N., Durkin, J., Gyamfi, N., & Jackson, D. (2020). Family violence and COVID-19: Increased vulnerability and reduced options for support. *International journal of mental health nursing*, *29*(4), 549

Vergaert, E., Withaeckx, S., & Coene, G. (2021). Betrokken vertwijfeling: een intersectionele analyse van partnergeweld in de huisartsenpraktijk. *Tijdschrift voor Genderstudies*, *24*(2), 197-212.

Workman, A., Kruger, E., & Dune, T. (2021). Policing victims of partner violence during COVID-19: a qualitative content study on Australian grey literature. *Policing and society, 31*(5), 544-564.

Yin, R., Xu, P., & Shen, P. (2012). Case study: Energy savings from solar window film in two commercial buildings in Shanghai. *Energy and Buildings*, *45*, 132-140.