



The Citizens, Equality, Rights and Values programme (CERV) –  
RISKFREE 101049100 Protection of victims of gender-based violence - response to  
pandemic challenges

# **VIOLENCE AGAINST WOMEN DURING THE PANDEMIC**

**Country report on the situation, care  
and risk assessment of victims in Hungary**

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**Co-funded by  
the European Union**

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**December, 2022**

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## INTRODUCTION

This research has been done within the project "Protection of victims of gender-based violence – response to pandemic challenges (RISKFREE)" financed by the Citizens, Equality, Rights and Values programme (CERV) of the European Commission and executed from 15 April 2022 to 14 April 2024. The project is implemented by the Hungarian association NANE - Women for Women Together Against Violence Association, in partnership with women's rights organizations from four other countries: from Croatia, the Autonomous Women's House (AZKZ, Autonomna Zenska Kuca Zagreb - Zene Protiv Nasilja Nad Zenama) and the Centre For Women War Victims Rosa; the Greek Union of Women Associations of Heraklion - UWAH (Syndesmos Melon Gynaikeion Somateion Irakleioy Kai Nomoy Irakleioy - Greece), the Slovenian Association for Nonviolent Communication - DNK (Drustvo Za Nenasilno Komunikacijo), and Fenestra (Slovakia). The purpose of the project is to contribute to the improved protection of women from gender-based violence (GBV) by examining the phenomenon of an increased level of risk for women survivors of violence in the context of the COVID-19 pandemic. Along with research as part of the project, a risk assessment protocol and methodology will be developed to ensure the continuity of service provision to women who survived violence during the pandemic. The capacities of practitioners who provide support to women survivors of violence will be further improved through their participation in trainings on risk assessment methodology, which will be conducted by members of partner organizations in their respective countries. Finally, public awareness campaigns will be conducted in all countries involved in the project with the aim of promoting zero tolerance towards gender-based violence against women and informing women how to seek help.

The goal of this research is to detect international standards and obligations regarding risk assessment in cases of violence against women, and to determine in what way our country is in line with those standards and obligations. The final goal is to formulate recommendations on the most effective ways of applying risk assessment in cases of violence against women.

In the first part of the document, we bring definitions and explanations of important terms used in research, such as risk assessment, risk management, and risk assessment tool.

The second part of the document is focused on the analysis of international standards and obligations that our government have regarding risk assessment in cases of violence against

women. For that purpose, all relevant international documents that highlight risk assessment and risk management as one of the important elements of prevention of violence and protection of women are listed. Relevant documents that we analyzed are: IV. General Recommendations Adopted by The Committee on The Elimination of Discrimination Against Women Eleventh session (1992) - General recommendation No. 19: Violence against women; Council of Europe Recommendation Rec(2002)5 of the Committee of Ministers to member states, CoE Convention on Preventing and Combating Violence Against Women and Domestic Violence (Istanbul Convention) and explanatory report; Declaration of the Committee of the Parties to the CoE Convention on Preventing and Combating Violence against Women and Domestic Violence (Istanbul Convention) on the implementation of the Convention during the COVID-19 pandemic and Directive 2012/29/Eu Of The European Parliament And Of The Council of 25 October 2012 establishing minimum standards on the rights, support and protection of victims of crime, and replacing Council Framework Decision 2001/220/JHA.

The third part of the document is focused on the national legal framework and implementation of existing norms related to risk assessment and risk management done by institutions. In this part, we are analyzing in what way our national legal frame is harmonized with international standards and obligations and how institutions implement risk assessment in their work with women survivors of gender-based violence.

This is followed by a section in which we present the most important research findings on the experiences that women who survived violence had with institutions and non-governmental organizations before and during the pandemic. At the end, we provide conclusions and recommendations that are based on our research.

## **WHAT IS RISK ASSESSMENT?**

In this document we focus on the issue of risk assessment and risk management in cases of violence against women. Terms that we are using are defined in WAVE material Protect II Capacity Building in RISK Assessment and Safety Management to Protect High RISK Victims. A focus on risk in cases of violence against women is very important because it can help identify

the women who are at risk of repeated violence, serious injury or death, and cases when violence is escalating<sup>1</sup>.

Risk assessment is a probability calculation that a harmful behavior or event will occur. It involves an assessment of frequency of a behavior or event, its likely impact, and whom it will affect.

A focus on high-risk means an increased level of co-ordination between services required for victims at high risk of serious harm, and seeks to match services to the individual victim's needs and risks they are exposed to. It also recognizes that risks can fluctuate and change over time. A change in circumstances can result in low-risk cases becoming high risk cases, requiring a different approach.

The benefits of risk assessment:

Common ground for understanding the situation of the victim

Base for more appropriate responses to individual situation of the victim

Better matching of safety plans to the level and nature of risk

Application of co-ordinated responses from a range of agencies to complex cases

May help to increase the victims' awareness of the risks they face

Specific risk assessment tools have been developed, following a general understanding about key risk factors for domestic violence. These materials emphasize that risk assessment does not equal risk prediction, as we cannot predict what an abuser will do. The focus is on risks - cases and situations - assessed together with the victim/survivor, from which safety management plans are developed.

According to the materials developed by WAVE on risk assessment and safety in PROTECT II, there are five risk categories of risk in domestic violence:

1. History of violence
2. Victims' perception of risk
3. Aggravating factors

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<sup>1</sup> [http://files.wave-network.org/trainingmanuals/PROTECTII Risk Assessment and Safety 2012 English.pdf](http://files.wave-network.org/trainingmanuals/PROTECTII_Risk_Assessment_and_Safety_2012_English.pdf) page 65

4. Forms and patterns of violence
5. Risk factors related to the perpetrator's attitudes and behavior

**1. History of violence:**

- 1.1. Previous violence against women and domestic violence
- 1.2. Violence against children and other family members
- 1.3. Generally violent behavior
- 1.4. Violation of protective orders

**2. Victim's perception of risk:**

Fear for herself and others

**3. Aggravating factors:**

3. 1. Separation
3. 2. Child contact and custody
3. 3. Step-child living in family
3. 4. Violence during pregnancy (approx. 30% of violence starts in pregnancy)

**4. Forms and patterns of violence**

- 4.1. Severity and frequency of violent acts
- 4.2. Use of threats or weapons
- 4.3. Controlling behavior and isolation
- 4.4. Stalking
- 4.5. Sexual violence

4.6. Threats to kill, harm, or coercion

4.7. Strangulation and choking

## **5. Risk factors related to the perpetrator's behavior**

5. 1. Issues related to alcohol and drug abuse

5. 2. Possessiveness, extreme jealousy, and other forms of harmful behavior

5. 3. Issues related to poor mental health, including threats and attempts to commit suicide

5. 4. Economic stress (changes in perpetrator's financial status)

RISK ASSESSMENT checklist is a tool for the systematic consideration of possible risk factors in cases of domestic violence. The most effective versions include the survivor's perception of risk and are completed using professional judgment.

Key principles of risk assessment:

Risk assessment should be done together with the victim

Victim's assessment of risk should be taken seriously, noting that women may underestimate the danger in their situation

Risk assessment itself will not improve the situation and safety of women. It must be followed by a safety plan and safety management

Risk assessment should be done systematically on a regular basis

EXEMPLARS OF EXISTING RISK ASSESSMENT TOOLS:

1. Danger assessment (DA)<sup>2</sup> – 20 yes/no questions about risk factors which are weighted. It results in four levels of risk. It is based on a review of the past year with a calendar to document severity and frequency of battering. It is usually conducted in an interview format with the victim. It assesses the risk of extreme dangerousness and lethal violence, and includes awareness raising for the victim, as well as safety planning and service provision.

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<sup>2</sup> <https://www.dangerassessment.org/uploads/pdf/DAEnglish2010.pdf>

2. Brief risk assessment for the Emergency Department – A shortened version of the DA, consisting of 5 questions. A positive answer to any three questions means high risk of severe assault. This interview is conducted with the victim by an Emergency Department health care provider. This is an instrument developed for Emergency Departments to identify victims at highest risk for suffering severe injury or potential lethal assaults.

3. CAADA DASH Checklist<sup>3</sup> (CAADA- Coordinated Actions Against Domestic Violence; DASH – Domestic abuse Stalking and Harassment and Honor Based Violence) – 24 questions about risk factors – 10 ‘yes’ responses are regarded as high risk. Normally, 14 or more ‘yes’ responses would meet the MARAC (Multi Agency Risk Assessment Conference) referral criteria. It is conducted as an interview with the victim by any professional identifying domestic violence. It is used to help front line professionals to identify high risk cases of domestic violence, stalking and harassment and honor-based violence. It helps decide which cases should be referred to MARAC and what other support might be required.

The safety planning highlights the steps the victim can take to enhance her safety.

A checklist is not an assessment. Assessment still relies heavily on the skills and experience of the practitioner in order to make an informed decision.

Professional judgment:

Based on knowledge and research about the most accurate and useful risk factors.

Based on good interviewing and information gathering techniques.

Based on guidance and training.

Judgment is not professional when it relies on:

Prejudices.

Stereotypes.

False beliefs.

Unsound knowledge or unsound information.

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<sup>3</sup> <https://www.safershetland.com/assets/files/RIC%20Without%20Guidance.pdf>



## INTERNATIONAL FRAME

Risk assessment is an important issue in the process of protecting women from violence and it is recognized in international documents. In this part we bring relevant documents that are dealing with the issue of violence against women and proscribe needed actions in the area of safety and protection from secondary victimization of women and their children.

### UNITED NATIONS LEVEL

On level of United Nation, one of te most important document is the Convention on the Elimination of Discrimination of Women (CEDAW) and the documents related to it. General Recommendation No. 19, *Violence against Women* is specifically dealing with the issue of violence against women. The safety and protection of women is mentioned in several instances.

#### IV. GENERAL RECOMMENDATIONS ADOPTED BY THE COMMITTEE ON THE ELIMINATION OF DISCRIMINATION AGAINST WOMEN Eleventh session (1992)

The **General recommendation No. 19: Violence against women** was adopted in 1992.<sup>4</sup> This was one of the first international documents dealing with issue of violence against women. States that ratify it have the obligation to report on its implementation on the national level. This document asks state parties to take special care on the protection of women from violence. It underlines special protective and support services for victims, as well as educated and sensitive professionals who provide support to survivors. Research of extent causes and the effects of violence represents an important element in the chain of solving the problem of violence against women. By studying the problem, we can create quality tools that will lead to the elimination of violence against women. One of these important tools is the risk assessment tool, which the following Specific recommendations refer:

24. In light of these comments, the Committee on the Elimination of Discrimination against Women recommends:

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<sup>4</sup> <https://www.un.org/womenwatch/daw/cedaw/recommendations/recomm.htm>

(a) States parties should take appropriate and effective measures to overcome all forms of gender-based violence, whether by public or private act;

(b) States parties should ensure that laws against family violence and abuse, rape, sexual assault and other gender-based violence give adequate protection to all women, and respect their integrity and dignity. Appropriate protective and support services should be provided for victims. Gender-sensitive training of judicial and law enforcement officers and other public officials is essential for the effective implementation of the Convention;

(c) States parties should encourage the compilation of statistics and research on the extent, causes and effects of violence, and on the effectiveness of measures to prevent and deal with violence;

(...)

(r) Measures that are necessary to overcome family violence should include:

Criminal penalties where necessary and civil remedies in case of domestic violence;  
Legislation to remove the defence of honour in regard to the assault or murder of a female family member;  
Services to ensure the safety and security of victims of family violence, including refuges, counselling and rehabilitation programmes

Updating the general recommendation No. 19, the **General recommendation No. 35 to the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) on gender-based violence against women** was adopted in 2017 by the CEDAW Committee. It „complements and updates the guidance to States parties set out in general recommendation No. 19 and should be read in conjunction with it“<sup>5</sup>. In the recommendation, the term “**gender-based violence against women**” is used as a more precise term, which not only explicitly names the gendered cause and impact of violence against women, but it „further strengthens the understanding of the violence as a social rather than an individual problem, requiring

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<sup>5</sup> General recommendation No. 35 to the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) on gender-based violence against women, Article II. Scope, para. 8, p. 4, United Nations, 2017. [https://tbinternet.ohchr.org/Treaties/CEDAW/Shared%20Documents/1\\_Global/CEDAW\\_C\\_GC\\_35\\_8267\\_E.pdf](https://tbinternet.ohchr.org/Treaties/CEDAW/Shared%20Documents/1_Global/CEDAW_C_GC_35_8267_E.pdf)

comprehensive responses, beyond those to specific events, individual perpetrators and victims/survivors“.<sup>6</sup>

General recommendation No. 35 acknowledges many advances made in many countries in the field of combating gender-based violence against women. At the same time, it concludes that „despite those advances, **gender-based violence against women**, whether committed by States, intergovernmental organizations or non-State actors, including private persons and armed groups, **remains pervasive in all countries, with high levels of impunity**“.<sup>7</sup>

The recommendation also reiterates the need to tackle **gender based violence against women as a violation of human rights** by stating that „women’s right to a life free from gender-based violence is indivisible from and interdependent on other human rights, including the rights to life, health, liberty and security of the person, equality and equal protection within the family, freedom from torture, cruel, inhumane or degrading treatment, and freedom of expression, movement, participation, assembly and association“.<sup>8</sup>

In Article IV. Recommendations, the key areas of combating gender-based violence against women are addressed - general legislative measures, prevention, protection and prosecution and punishment. In the field of general legislative measures, the Committee recommends that State parties „ensure that all legal systems, including plural legal systems, protect victims/survivors of gender-based violence against women and **ensure** that they have **access to justice and to an effective remedy**...“.<sup>9</sup>

In the area of prevention, the State parties are recommended to „**provide mandatory, recurrent and effective capacity-building, education and training** for members of the judiciary, lawyers and law enforcement officers, including forensic medical personnel,

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<sup>6</sup> General recommendation No. 35 to the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) on gender-based violence against women, Article II. Scope, para. 9, p. 4, United Nations, 2017

<sup>7</sup> General recommendation No. 35 to the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) on gender-based violence against women, Introduction, para. 6, p. 3, United Nations, 2017

<sup>8</sup> General recommendation No. 35 to the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) on gender-based violence against women, Article II. Scope, para. 15, p. 6, United Nations, 2017

<sup>9</sup> General recommendation No. 35 to the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) on gender-based violence against women, Article IV. Recommendations, A. General legislative measures, para. 29, p. 11, United Nations, 2017

legislators and health-care professionals (...) to equip them to adequately prevent and address gender-based violence against women“.<sup>10</sup>

Such training is a pre-requisite for effective protection informed by the latest knowledge and best practice on gender based violence against women, including intimate partner violence, and its power and control dynamics.

Finally, the recommendations in the area of protection, explicitly recommends that State parties implement several proactive measures, such as „providing **appropriate and accessible protective mechanisms to prevent further or potential violence**, without the precondition that victims/survivors initiate legal action, including through removal of communication barriers for victims with disabilities.”

**Mechanisms should include immediate risk assessment** and protection comprising a wide range of effective measures and, where appropriate, the issuance and monitoring of eviction, protection, restraining or emergency barring orders against alleged perpetrators, including adequate sanctions for non-compliance. Protective measures should avoid imposing an undue financial, bureaucratic, or personal burden on women who are victims/survivors. The rights or claims of perpetrators or alleged perpetrators during and after judicial proceedings, including with respect to property, privacy, child custody, access, contact and visitation, should be determined in the light of women’s and children’s human rights to life and physical, sexual, and psychological integrity and guided by the principle of the best interests of the child“.<sup>11</sup>

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<sup>10</sup> General recommendation No. 35 to the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) on gender-based violence against women, Article IV. Recommendations, B. Prevention, para. 30 (e), p. 14, United Nations, 2017

<sup>11</sup> General recommendation No. 35 to the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) on gender-based violence against women, Article IV. Recommendations, C. Protection, para. 31 (a), p. 15, United Nations, 2017

## COUNCIL OF EUROPE LEVEL

### Recommendation Rec(2002)5 of the Committee of Ministers

On 30 April 2002, the Committee of Ministers in the Council of Europe adopted the recommendation Rec(2002)5<sup>12</sup> to member states on the protection of women against violence. The recommendation references previous international and EU documents relevant to violence against women. Although the document does not discuss risk assessment *per se*, it includes several points pertaining to risk assessment.

It recommends the elaboration of institutional action plans (IV): Member states shall encourage “all relevant institutions dealing with violence against women (police, medical and social professions) to draw up medium- and long-term co-ordinated action plans, which provide activities for the prevention of violence and the protection of victims.” The Appendix lists a number of recommendations following the principle of victims’ safety and it places special emphasis on the training of professionals.

3. Member states should introduce, develop and/or improve where necessary, national policies against violence based on:
  - a. maximum safety and protection of victims;
  - b. empowerment of victimized women by optimal support and assistance structures which avoid secondary victimization;
  - (...)
  - e. ensuring special training for professionals confronted with violence against women
  - (...)
8. include in the basic training programmes of members of the police force, judicial personnel and the medical and social fields, elements concerning the treatment of domestic violence, as well as all other forms of violence affecting women;

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<sup>12</sup> [https://search.coe.int/cm/Pages/result\\_details.aspx?ObjectID=09000016805e2612](https://search.coe.int/cm/Pages/result_details.aspx?ObjectID=09000016805e2612)

9. include in the vocational training programmes of these personnel, information and training so as to give them the means to detect and manage crisis situations and improve the manner in which victims are received, listened to and counselled;

10. encourage the participation of these personnel in specialised training programmes, by integrating the latter in a merit-awarding scheme;

11. encourage the inclusion of questions concerning violence against women in the training of judges;

12. encourage self-regulating professions, such as therapists, to develop strategies against sexual abuse which could be committed by persons in positions of authority;

Further points of the Appendix discuss specific areas where member states could make improvements against violence against women, containing elements of risk assessment. Among the *Judicial proceedings*, it is recommended that “all stages in the proceedings, the victims’ physical and psychological state is taken into account and that they may receive medical and psychological care”.

In the area of *Assistance for and protection of victims (reception, treatment and counselling)*, the recommendations discuss how law-enforcement bodies should treat victims of violence in order to prevent secondary (re)victimisation. Beyond female victims, children’s needs are also discussed.

Member states should

29. ensure that the police and other law-enforcement bodies receive, treat and counsel victims in an appropriate manner, based on respect for human beings and dignity, and handle complaints confidentially; victims should be heard without delay by specially-trained staff in premises that are designed to establish a relationship of confidence between the victim and the police officer and ensure, as far as possible, that the victims of violence have the possibility to be heard by a female officer should they so wish;

30. to this end, take steps to increase the number of female police officers at all levels of responsibility;

(...)

33. take all necessary measures to ensure that none of the victims suffer secondary (re)victimisation or any gender-insensitive treatment by the police, health and social personnel responsible for assistance, as well as by judiciary personnel.

In sum, the recommendation Rec(2002)5 by the Committee of Ministers encourages member states to prioritise women's safety in prevention and in victims support, mostly through professional trainings and sensitive legal procedures. It does not address risk assessment specifically, but it recommends institutions to draw up co-ordinated action plans.

### **Istanbul Convention**

#### **Council of Europe Convention on preventing and combating violence against women and domestic violence**<sup>13</sup>

The Istanbul Convention was adopted by the Council of Europe Committee of Ministers on 7 April 2011. It was opened for signature on 11 May 2011 at the 121st Session of the Committee of Ministers in Istanbul. Following its 10th ratification by Andorra on 22 April 2014, it entered into force on 1 August 2014.

Hungary signed the Convention in 2014. Since then, women's rights defenders had been demanding ratification. However, in May 2020, the Hungarian Parliament eventually rejected the Convention itself. They withdrew from it arguing that the Hungarian legislation was already sufficient; and that the Convention would allow "gender ideology" and migration sneaking into Hungary.

The Istanbul Convention defines risk assessment and risk management in article 51.

#### Article 51 – Risk assessment and risk management

1 Parties shall take the necessary legislative or other measures to ensure that an assessment of the lethality risk, the seriousness of the situation and the risk of repeated violence is carried out by all relevant authorities in order to manage the risk and if necessary to provide coordinated safety and support.

<sup>13</sup> <https://nokjoga.hu/wp-content/uploads/isztambuli-egyezmény-fordítás-nané-patent-ne-2017-hu.pdf>;  
<https://rm.coe.int/168008482e>

2 Parties shall take the necessary legislative or other measures to ensure that the assessment referred to in paragraph 1 duly takes into account, at all stages of the investigation and application of protective measures, the fact that perpetrators of acts of violence covered by the scope of this Convention possess or have access to firearms.

Article 51 defines that state parties are obliged to take necessary legislative and other measures to ensure that an assessment of the risk of mortality, seriousness of the situation, and the risk of repeated violence are carried out as a precondition for taking measures to protect women from violence. This first paragraph of the article defines elements that need to be taken to protect women from severe violence that can have fatal consequences. These steps are:

Legislative and other measures that will secure implementation of a risk assessment for each individual report of violence, by using a risk assessment tool. The risk assessment tool must be created and implemented as standard procedure in cases of violence against women and domestic violence.

After risk assessment is conducted, risk management should be carried out and provide protection and support to women survivors of violence and end violence by proper treatment and punishment of the perpetrator.

The third element is cooperation among all stakeholders in the process of combating violence against women in each individual case. Exchange of information between all stakeholders involved in each individual case of violence against women should be coordinated and cooperation should be standardized.

In the second paragraph, special emphasis is placed on the possession or access to weapons by perpetrators of violence. Thus, possession or access to a weapon by a perpetrator of violence is especially recognized as an important element of assessment explained in paragraph 1 that must be included in all phases of the investigation and application of protective measures.

Content of Article 51 is additionally explained in the *Explanatory report to the Council of Europe Convention on preventing and combating violence against women and domestic violence* which provides an explanation of the issues related to the safety of victims and obligations and roles of involved stakeholders.



## **Explanatory Report to the Council of Europe Convention on preventing and combating violence against women and domestic violence<sup>14</sup>**

### Article 51 – Risk assessment and risk management

260. Concerns for the victim's safety must lie at the heart of any intervention in cases of all forms of violence covered by the scope of this Convention. This article therefore establishes the obligation to ensure that all relevant authorities, not limited to the police, effectively assess and devise a plan to manage the safety risks a particular victim faces on a case-by-case basis, according to standardized procedure and in co-operation and co-ordination with each other.

Many perpetrators threaten their victims with serious violence, including death, and have subjected their victims to serious violence in the past. It is therefore essential that any risk assessment and risk management consider the probability of repeated violence, notably deadly violence, and adequately assess the seriousness of the situation.

261. The purpose of this provision is to ensure that an effective multi-agency network of professionals is set up to protect high-risk victims. The risk assessment must therefore be carried out with a view to managing the identified risk by devising a safety plan for the victim in question in order to provide coordinated safety and support if necessary.

262. However, it is important to ensure that any measures taken to assess and manage the risk of further violence allow for the rights of the accused to be respected at all times. At the same time, it is of paramount importance that such measures do not aggravate any harm experienced by victims and that investigations and judicial proceedings do not lead to secondary victimization.

263. Paragraph 2 extends the obligation to ensure that the risk assessment referred to in the first paragraph of this article duly takes into account reliable information on the possession of firearms by perpetrators. The possession of firearms by perpetrators not only constitutes

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<sup>14</sup> <https://rm.coe.int/1680a48903>

a powerful means to exert control over victims, but also increases the risk of homicide. This is particularly the case in post-conflict situations or in countries with a tradition of firearms ownership, which can provide perpetrators with greater access to these weapons. However, very serious cases of violence against women and domestic violence are committed with the use of firearms in all other countries as well. For this reason, the drafters felt it essential to place on Parties the obligation to ensure that any assessment of the risks faced by a victim should systematically take into consideration, at all stages of the investigation and application of protective measures, whether the perpetrator legally or illegally possesses or has access to firearms in order to guarantee the safety of victims. For example, in issuing emergency barring orders, restraining or protection orders, and when sentencing following criminal convictions for any of the forms of violence covered by the scope of this Convention, Parties may adopt, within their domestic legal systems, such measures as may be necessary to enable immediate confiscation of firearms and ammunition. Additionally, in order to cover all weapons that could be used in serious cases of violence, notably combat-type knives, Parties are encouraged to take into account, as far as possible, the possession of or access to such weapons.

Article 51 puts safety of the victim on the first place of every intervention. All relevant authorities should effectively evaluate and design a plan to manage safety risks that each victim faces and it should be done on a case-by-case basis. It is important to note that this obligation is not limited to the police. All other relevant stakeholders should be involved in these processes.

Cooperation among all stakeholders is recognized as an important factor of effective dealing with risk and safety of victims. The purpose of this provision is to ensure the establishment of an effective multi-agency network of experts for the protection of high-risk victims. Development and standardized usage of a tool for risk assessment must be a precondition for effective management of the situation. Risk assessment must be carried out with the aim of managing identified risk by developing a safety plan for each victim in order to provide coordinated safety and support as needed. For this purpose, it should be developed and implemented as a standardized procedure in co-operation and co-ordination with all stakeholders involved in this process. Tool for risk assessment in cases of violence against women defined in the Istanbul Convention should be used to efficiently protect women from

further violence, prevent secondary victimization of women survivors, and end violence in the long term. Crucial elements that should be taken into account of every risk assessment are: the likelihood of repeated violence, especially lethal violence, and adequate assessment of seriousness of the situation.

In the process of protecting victims of secondary victimization it is of great importance that undertaken measures do not aggravate any harm experienced by the victim in any phase of the process including investigations and judicial proceedings.

According to the Explanatory report (p. 263), the possession of a firearm by the perpetrator is not only a powerful way to exert control over the victim, but also increases the risk of murder. This is especially the case in post-conflict countries. Therefore, public authorities must ensure immediate confiscation of firearms and ammunition as well as other weapons that can be used in cases of violence, especially fighting knives, when issuing removal or restraining orders in case of other protection measures.

**Declaration of the Committee of the Parties to the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (Istanbul Convention) on the implementation of the Convention during the COVID-19 pandemic<sup>15</sup>**

Additionally, the Council of Europe issued a special document added to the Istanbul Convention as a reaction to the COVID-19 pandemic and its consequences on violence against women. The *Declaration of the Committee of the Parties to the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (Istanbul Convention) on the implementation of the Convention during the COVID-19 pandemic* was issued on 20 April 2020. In the introduction part, the negative impact of the COVID-19 pandemic on the problem of violence against women is highlighted, as well as the increased risk of women's and girl's exposure to violence. The document recalls the importance of an integrative approach to new challenges.

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<sup>15</sup><https://rm.coe.int/declaration-committee-of-the-parties-to-ic-covid-/16809e33c6n-cases-of-violence-against-women>

In the Annex “Possible action and measures to take during the COVID-19 pandemic”, under the selected provisions of the Istanbul Convention, one of the highlighted articles refers to risk assessment and risk management:

- Article 51 (Risk assessment and risk management): Under the pandemic, it remains crucial to continue to assess the seriousness of victims’ situations and the risk of repeated violence. To the extent possible and provided precautionary measures to prevent contagion are in place, pretrial detention should remain the preferred option in high-risk cases. Where alternatives to perpetrator’s deprivation of liberty and pretrial detentions are resorted to as a consequence of the pandemic, they should not be decided without informing the victim and without assessing the consequences thereof for the victim’s safety.

This article highlights the importance of conducting risk assessment in cases of violence against women in circumstances of the COVID-19 pandemic. In high-risk cases of violence against women detention of the perpetrator of violence is emphasized as a measure of protection that should be implemented, respecting all health measures related to COVID-19 restrictions. In cases when this is not possible because of the pandemic, all decisions should be assessed and victims should be informed about them.

### **Victim’s Directive**

DIRECTIVE 2012/29/EU OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL

of 25 October 2012 establishing minimum standards on the rights, support and protection of victims of crime, and replacing Council Framework Decision 2001/220/JHA<sup>16</sup>

Directive 2012/29/EU of the European Parliament and of the Council of 25 October 2012 on the establishment of minimum standards in the field of rights, support and protection of victims of crime and on the replacement of Council Framework Decision 2001/220/JHA (hereinafter referred to as the Victims’ Directive) establishes the rights which victims of criminal offenses should receive in criminal proceedings. Individual assessment, in accordance with the Victims’ Directive, is to identify specific protection needs and to determine whether and to what extent victims would benefit from special measures in the

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<sup>16</sup> <https://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2012:315:0057:0073:EN:PDF>

course of criminal proceedings due to their particular vulnerability and to prevent secondary and repeated victimisation, intimidation, and retaliation.

Article 22 of the Victim Risk Assessment Directive stipulates:

Individual assessment of victims to identify specific protection needs

1. Member States shall ensure that victims receive a timely and individual assessment, in accordance with national procedures, to identify specific protection needs and to determine whether and to what extent they would benefit from special measures in the course of criminal proceedings, as provided for under Articles 23 and 24, due to their particular vulnerability to secondary and repeat victimisation, to intimidation and to retaliation.

2. The individual assessment shall, in particular, take into account:

- (a) the personal characteristics of the victim;
- (b) the type or nature of the crime; and
- (c) the circumstances of the crime.

3. In the context of the individual assessment, particular attention shall be paid to victims who have suffered considerable harm due to the severity of the crime; victims who have suffered a crime committed with a bias or discriminatory motive which could, in particular, be related to their personal characteristics; victims whose relationship to and dependence on the offender make them particularly vulnerable. In this regard, victims of terrorism, organised crime, human trafficking, gender-based violence, violence in a close relationship, sexual violence, exploitation or hate crime, and victims with disabilities shall be duly considered.

4. For the purposes of this Directive, child victims shall be presumed to have specific protection needs due to their vulnerability to secondary and repeat victimisation, to intimidation and to retaliation. To determine whether and to what extent they would

benefit from special measures as provided for under Articles 23 and 24, child victims shall be subject to an individual assessment as provided for in paragraph 1 of this Article.

5. The extent of the individual assessment may be adapted according to the severity of the crime and the degree of apparent harm suffered by the victim.

6. Individual assessments shall be carried out with the close involvement of the victim and shall take into account their wishes including where they do not wish to benefit from special measures as provided for in Articles 23 and 24.

7. If the elements that form the basis of the individual assessment have changed significantly, Member States shall ensure that it is updated throughout the criminal proceedings.

The purpose of carrying out an individual assessment of victims is to determine what kind of help victims need and what their protection needs are (the Victims' Directive uses the term "specific protection needs"). It is an individual assessment, which means that the authority preparing the assessment must proceed from a specific case and must take into account the specific threat to the victim in the assessment. It would be inappropriate to assume that victims of property crimes do not have special needs for protection, while victims of crimes with elements of violence always have such needs. What needs an individual victim has and what are the most suitable measures for their protection and to prevent secondary victimization must be based on all the circumstances of the individual case.

The Victims' Directive stipulates that the personal characteristics of the victim, the type of crime and the circumstances in which the crime was committed should be assessed. The institution that prepares the individual assessment must assess both objective factors that may endanger the victim (e.g., type of crime) as well as subjective factors (Is the victim capable of protecting themselves or does she need the help of governmental and non-governmental organizations?; Do the circumstances allow the perpetrator to continue to threaten the victim?). The Victims' Directive require special attention to victims:

who have suffered a crime committed with a bias or discriminatory motive which could, in particular, be related to their personal characteristics,  
who are particularly vulnerable due to their relationship with the perpetrator or their dependence on him,  
who suffered significant damage due to the seriousness of the crime.

In connection with the circumstances mentioned above, the Victims' Directive specifically highlights victims of terrorism, organized crime, human trafficking, gender-based violence, intimate partner violence, sexual violence, exploitation or hate crimes, and victims with disabilities.

The Victims' Directive intends special attention to the treatment of children. It is considered that a child victim has specific protection needs and that an individual assessment needs to be carried out so that measures can be implemented to protect their interests in criminal proceedings.

The Victims' Directive therefore establishes the obligation for authority, to make an individual assessment, but also provides guidance - to determine which circumstances are important when an individual assessment is being prepared. The Victims' Directive does not prescribe the process of compiling an individual assessment; it does not specify at which stage of the process the individual assessment should be prepared (it only determines that the assessment should be prepared "in time"). Given the purpose of the individual assessment, the assessment shall be prepared as early as possible in the process, preferably at the victim's first contact with governmental or non-governmental authorities. It is not determined which institution is supposed to prepare the assessment or the experts who are supposed to participate in the preparation of the assessment. Since the Victims' Directive defines the rights of victims of criminal acts, it makes sense that an individual assessment must be prepared by an institution that participates in or is connected with criminal proceedings, if it is possible, with the participation of other institutions that provide assistance to the victim. Also, it does not specify how the individual assessment should be done (with the help of a questionnaire, in writing, or only verbally).

The Victims' Directive stipulates that it is necessary to work closely with the victim and consider their needs, abilities and wishes. The individual assessment should not be a

formality, but should be based on a conversation with the victim. Only in this way, the goal of the prevention of secondary and re-victimization can be achieved. The Victims' Directive also stipulates that the individual assessment needs to be updated during the procedure if the elements that form the basis of the assessment change.

On the basis of the individual assessment, the measures in favour of the victims during the criminal proceedings are determined. The measures themselves and restrictions on their enforcement are determined by Article 23 of the Victims Directive:

#### Article 23

Right to protection of victims with specific protection needs during criminal proceedings.

1. Without prejudice to the rights of the defence and in accordance with rules of judicial discretion, Member States shall ensure that victims with specific protection needs who benefit from special measures identified as a result of an individual assessment provided for in Article 22(1), may benefit from the measures provided for in paragraphs 2 and 3 of this Article. A special measure envisaged following the individual assessment shall not be made available if operational or practical constraints make this impossible, or where there is an urgent need to interview the victim and failure to do so could harm the victim or another person or could prejudice the course of the proceedings.

2. The following measures shall be available during criminal investigations to victims with specific protection needs identified in accordance with Article 22(1):

(a) interviews with the victim being carried out in premises designed or adapted for that purpose;

(b) interviews with the victim being carried out by or through professionals trained for that purpose; (14.11.2012 Official Journal of the European Union L 315/71 EN)

(c) all interviews with the victim being conducted by the same persons unless this is contrary to the good administration of justice;

(d) all interviews with victims of sexual violence, gender-based violence or violence in close relationships, unless conducted by a prosecutor or a judge, being conducted by a person of



the same sex as the victim, if the victim so wishes, provided that the course of the criminal proceedings will not be prejudiced.

3. The following measures shall be available for victims with specific protection needs identified in accordance with Article 22(1) during court proceedings:

(a) measures to avoid visual contact between victims and offenders including during the giving of evidence, by appropriate means including the use of communication technology;

(b) measures to ensure that the victim may be heard in the courtroom without being present, in particular through the use of appropriate communication technology;

(c) measures to avoid unnecessary questioning concerning the victim's private life not related to the criminal offence; and

(d) measures allowing a hearing to take place without the presence of the public.

#### Article 24

##### Right to protection of child victims during criminal proceedings

1. In addition to the measures provided for in Article 23, Member States shall ensure that where the victim is a child:

(a) in criminal investigations, all interviews with the child victim may be audio visually recorded and such recorded interviews may be used as evidence in criminal proceedings;

(b) in criminal investigations and proceedings, in accordance with the role of victims in the relevant criminal justice system, competent authorities appoint a special representative for child victims where, according to national law, the holders of parental responsibility are precluded from representing the child victim as a result of a conflict of interest between them and the child victim, or where the child victim is unaccompanied or separated from the family;

(c) where the child victim has the right to a lawyer, he or she has the right to legal advice and representation, in his or her own name, in proceedings where there is, or there could be, a conflict of interest between the child victim and the holders of parental responsibility.

The procedural rules for the audio-visual recordings referred to in point (a) of the first subparagraph and the use thereof shall be determined by national law.

2. Where the age of a victim is uncertain and there are reasons to believe that the victim is a child, the victim shall, for the purposes of this Directive, be presumed to be a child.

European Directives set minimum rules which Member States must transfer into their national legal systems. The Member States have also transferred the Victims' Directive into their national legislation in the way that is most appropriate for their already existing system of protection of victims' rights. However, they can (or should) divert from the purpose of the Directive on Victims when transferring the regulations and specifically: the purpose of the composition of the individual assessment.

Individual assessment should be drawn up immediately, as soon as it is possible within the criminal proceedings (some countries have legislated the obligation that an individual assessment should be prepared at the first contact of the authority with the victim or police officers or services which assist victims of criminal offenses at the start of criminal proceedings). Only in this way can it be ensured that protective measures will be implemented in a timely manner in all further stages of the criminal procedure.

Everyone who works within the penal system and encounters the victim in their work, should be familiar with the individual assessment, therefore the individual assessment should be in writing. Only this way will all the authorities who meet the victim in the later stages of the criminal procedure become familiar with the case and can the authorities plan the implementation of all measures that will prevent secondary victimization. Changes or updates to the individual assessment as well as measures should also be specified in writing, to make it clear to all subsequent experts within the criminal procedure.

It is unacceptable if certain measures are successfully enforced in certain stages of the procedure (e.g., during investigation), but later (e.g., at the main hearing) they are forgotten and not implemented.

The Victims' Directive leaves it up to the Member States to regulate the procedure for preparing an individual assessment. The Directive stipulates that it is necessary to take into account the personal characteristics of the victim, the type and circumstances of crime and the other circumstances. It mentions special attention to the victims of crimes, but it does not

give any further instructions regarding the consideration of other circumstances. Depending on the purpose of preparing an individual assessment, it is necessary to take into account (in addition to the circumstances of the criminal act itself):

the relationship between the victim and the perpetrator and whether the victim lives with the perpetrator (a close or consanguineous relationship of the victim is usually more dangerous),

whether the perpetrator was violent towards the victim and what form of violence the perpetrator used,

whether the criminal act is repeated, or whether the intensity is increasing (e.g. whether the perpetrator is escalating the violence),

has the perpetrator ever threatened the victim; the victim feels that the perpetrator can carry out the threats (because he has already tried to attack her or threatened her with weapons or dangerous objects)

the perpetrator has mental health problems that can make him a danger to himself or others, the perpetrator has addiction problems,

the victim is financially or otherwise dependent on the perpetrator,

the victim is more vulnerable due to her age, disability, mental or physical health problems or some other circumstance and cannot defend herself against violence,

does the victim has a developed social network (private) and is included in any of the programs to help victims of crimes,

the victim is scared, in shock, under stress,

the victim does not have the citizenship of the country in which she resides and does not know the language of this country,

other circumstances regarding the victim, the perpetrator or the criminal act, which in a specific case increase or decrease the danger of the victim and which the authority detects when preparing an individual assessment.

Some countries prepare an individual assessment with the help of a questionnaire in which "points" are collected. Based on the collected points, the level of threat is then determined. This way of preparing an individual assessment is good, because it is standardized and (if the questionnaire is properly drawn up) reduces the possibility that the person who is preparing

the individual assessment together with the victim, would overlook some important circumstances. On the other hand, because of the standardization, a circumstance that puts the victim in great danger may be overlooked, because the questionnaire does not give it enough weight. The correct use of the questionnaire for the preparation of an individual assessment would therefore be aimed at examining whether in a specific case the conditions are given or the victim's expressed wish for measures to protection with special protection needs; even in the case of a "lower" threat, this should not automatically mean that a certain victim is not entitled to any of the measures for protection.

It should be emphasized that individual assessments shall be carried out with the close involvement of the victim and shall take into account their wishes including benefits from special measures as provided. The Member States are directly guided in this by the Victims Directive in the sixth paragraph of Article 22. The individual assessment must therefore not be a formality, but must be prepared comprehensively. It is also necessary to take into account that an individual assessment compiled by, e.g., police officers upon first contact with the victim (maybe at the scene of the incident or when the victim was in shock or under the influence of the incident), is specific and may change over time. It would make sense to review the individual assessment and update it with the victim before each procedural action in which the victim will participate, and take into account the possible views of other organizations and institutions that do not participate in the criminal proceedings, but who know the victim's life situation and offer help (social work center, non-governmental organizations, safe houses, therapists, doctors, etc.). Just like the individual assessment, the determination of protection measures must be based on the actual needs of the victims and not be left to the individual judges.

The Victims' Directive intends special attention to child victims: all child victims are persons with special protection needs. Member States should always adapt the procedures to the needs of the individual child and, in specific cases, implement all measures that can reduce the secondary victimization of children.

## NATIONAL FRAME

### THE HUNGARIAN LEGAL FRAME OF PROTECTION AND PREVALENCE OF VIOLENCE AGAINST WOMEN

Although Hungarian legislation does not specify gender-based violence, there is basis for protecting victims of (sexual) harassment and domestic violence. The Equal Treatment legislation (Act CXXV. of 2003) specifies sex and gender as primary protected characteristics against discrimination. Article 10 on harassment includes sexual harassment, defining harassment as which “regularly assumes a long process, and can be of sexual or other nature”. (Equal Treatment Law (Act CXXV. of 2003)<sup>17</sup>

Since 2012, the reformed Criminal Code of 2012 (Act C of 2012, Section 197)<sup>18</sup> defines and penalises partnership violence (*'kapcsolati erőszak'*). It punishes the perpetration of harm, in the form of physical violence or humiliation against a (former) partner or her exposure to severe deprivation, by a maximum of two years in prison (Article 212). The definition covers cases when someone regularly hurts the human dignity of a partner, humiliates them, is violent with them, or commits economic abuse and thus subjects the victim to severe deprivation. **Partners include present or former spouses, cohabiting partners, or registered partners who lived or had lived together with the perpetrator at the time or before the misdemeanour was committed.** Assault and libel under the same circumstances are crimes that are punished more strictly than assault and libel among strangers. Further legislation penalizes sexual violence (punishable within marriage since 1997), in gender-neutral terms. Sexual coercion and sexual violence (Articles 196 and 197) involve heavier sentences if the perpetrator is the victim's partner, spouse, parent or custodian.

Act LXXII of 2009 regulates the so-called **preventive restraining order between kin** (*'hózzátartozó'*), including partners, childrens and other relatives, without specifying gender. Upon this law, the Police is ordered (2/2018. (I. 25.)) to issue temporary

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<sup>17</sup> <https://net.jogtar.hu/jogszabaly?docid=a0300125.tv>

<sup>18</sup> [https://thb.kormany.hu/download/a/46/11000/Btk\\_EN.pdf](https://thb.kormany.hu/download/a/46/11000/Btk_EN.pdf),  
<https://net.jogtar.hu/jogszabaly?docid=a1200100.tv>

restraining orders if someone is subject to any activity between kin that endangers her or his dignity, life, sexual autonomy, or physical and/or psychological well-being.<sup>19</sup>

In the past couple of years, the governmental approach to violence against women is becoming more and more negligent. In 2015, a Parliament resolution<sup>20</sup> defined the national strategy against 'partnership violence'. The document cited the relevant international treaties and recommendations (CEDAW, the Istanbul Convention) and mentioned all the important aspects of the problem. Since then, Hungary withdrew from the Convention.

The National Strategy for the Promotion of Gender Equality – Guidelines and Objectives 2010-2021 (1004/2010 I.21)<sup>21</sup> discussed violence against women at length, framing it as a structural social problem. However, the current National Gender Equality Action Plan does not mention violence against women among the issues the government aims to tackle. (Government Resolution No. 1685/2020. (22 October 2020) '*A nők szerepének erősítése a családban és a társadalomban*' akcióterv (2021–2030) - '*Strengthening the role of women in family and society*' Action Plan 2021–2030).<sup>22</sup>

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## Prevalence data

Violence against women, and abuse in partnership in particular, are severe issues in Hungary. However, prevalence data are scarce. To this day, the last representative data set on violence against women in Hungary is available from the research by the Fundamental Rights Agency (FRA) in 2012. FRA also asked about violence experienced under the age of 18, and in the last 12 months. NANE members Zsuzsanna Winkler and Judit Wirth compared the prevalence

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<sup>19</sup> Act LXXII of 2009 on restraining order applicable due to violence between relatives. Retrieved from: <https://net.jogtar.hu/jogszabaly?docid=a0900072.tv>

<sup>20</sup> Parliamentary resolution 30/2015 (7 July) on the definition of the goals of national strategy promoting effective fight against partnership violence. <https://mkogy.jogtar.hu/jogszabaly?docid=a15h0030.OGY>

<sup>21</sup> Korm. határozat a Nők és Férfiak Társadalmi Egyenlőségét Elősegítő Nemzeti Stratégia - Irányok és Célok 2010-2021, <https://njt.hu/jogszabaly/2010-1004-30-22>

<sup>22</sup> A Kormány 1516/2022. (X. 28.) Korm. határozata, <https://njt.hu/jogszabaly/2020-1685-30-22>

proportions with Hungarian demographic and criminal statistics.<sup>23</sup> A study by Olga Tóth in 2018<sup>24</sup> gives an overview on Hungarian gender-based violence prevalence data, comparing the 2012 FRA-research with a 1988 Hungarian research done by research institute TÁRKI. Tóth's study also refers to other, non-representative data collections (e.g. a non-representative study which focused on older women, above 60<sup>25</sup>).

Thus the following prevalence data are relevant to Hungary in the sample of women between 18-74 years old, since the age of 15 :

19% (in 1998, 13%) of women have suffered physical violence from a partner. According to the 2011 census, it means 765.000 women in Hungary.

7% have suffered sexual violence from a partner (and 3% have suffered sexual violence from someone who was not a partner).

Breaking the data down per year, among the Hungarian population of 10 million, almost 200.000 women lives in abuse partnerships characterised by physical and/or sexual violence.

49% (in 1998, 22%) suffered verbal-psychological violence, including stalking and coercive control, from a partner. This means almost 2 million women in Hungary.

10% reported blackmailing using children.

Latency is extremely high. Comparing these prevalence data with the Hungarian criminal statistics (Winkler-Wirth 2015), it shows that only 0,005% of physical partnership violence cases become registered by the police. According to criminal statistics in 2011, 2880 women became the victim of partnership violence.<sup>26</sup>

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<sup>23</sup> Wirth Judit – Winkler Zsuzsanna, NANE. 2015. *Nők elleni erőszak az adatok tükrében. FRA-népességbűnügyi statisztikák.* [Violence against women reflected in data. FRA and national criminal statistics] (PPT)

<https://nokjoga.hu/sites/default/files/filefield/nane-fra-nepesseg-enyubs-final-2014-w-w-2015jun19.pdf?fbclid=IwAR0xIjXu2xxkgs7jtM7GYMuJWYbe4NtTIsRjz0u-vOiuMdpMyMZABPmkfQ>

<sup>24</sup> Olga Tóth: "A nők elleni párkapcsolati erőszak Magyarországon. Az elmúlt 20 év kutatási eredményeinek összegzése" [Intimate partner violence against women in Hungary. A summary of research done in the past 20 years]. 2018, *socio.hu Social Scientific Review*. DOI: 10.18030/socio.hu.2018.4.1

<https://socio.hu/index.php/so/article/view/688>

<sup>25</sup> Olga Tóth, Katalin Róbert (2012): Intimate Partner Violence against older Women, National Report Hungary <http://mek.oszk.hu/15800/15885/15885.pdf>

<sup>26</sup> KSH (Central Statistical Office): *Hozzá tartozók sérelmére elkövetett erőszakos cselekmények* [Violent cases against close kin] <https://www.ksh.hu/szamlap/életunk.html>

## EXISTING FRAME AND IMPLEMENTATION OF RISK ASSESSMENT

In the following chapter, we will look at the risk assessment obligations of individual authorities, institutions and organizations in cases of intimate partner violence.

### Police

The scope of police duties related to the handling of violence between relatives is set out in ORFK Instruction 2/2018 (I. 25.)<sup>27</sup>. According to this instruction, in case of any emergency call or report of intimate partner violence, police officers must be dispatched to the scene to investigate the need for a temporary preventive restraining order or the initiation of misdemeanor or criminal proceedings if they detect signs of intimate partner violence. The investigation includes the production and questioning of the abuser, the collection of evidence and the provision of information to the victim about the available support services (maternity homes, shelters, etc.), the legal consequences of reporting the abuse, the temporary preventive restraining order and, if there is a suspicion of a criminal offense punishable on private initiative, the procedure to follow. If the abused person has been confined (for any period), they must inform the abused person in advance of the exact time when the restraint will be lifted, and of the options available to the abused person if the battered woman does not feel safe.

A study by sociologist Gábor Héra on the police handling of cases of intimate partner violence was published in the *Internal Affairs Review 2022/8*<sup>28</sup>. The interviews were carried out between 2018 and 2021 with social care workers and police staff in several municipalities. One of the topics was the protocols and risk analysis processes to be followed by authorities and institutions in cases of intimate partner violence. Most of the social workers were positive about the cooperation with the police and satisfied with the police actions, but five of them

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<sup>27</sup> 2/2018. (I. 25.) ORFK utasítás - a hozzátartozók közötti erőszak kezelésével összefüggő rendőrségi feladatok végrehajtásáról:

[https://net.jogtar.hu/getpdf?docid=A18U0002.ORF&targetdate=ffffff4&printTitle=2/2018.+%28I.+25.%29+ORFK+utas%C3%ADt%C3%A1s&referer=http%3A//net.jogtar.hu/jr/gen/hjegy\\_doc.cgi%3Fdocid%3D00000001.TXT](https://net.jogtar.hu/getpdf?docid=A18U0002.ORF&targetdate=ffffff4&printTitle=2/2018.+%28I.+25.%29+ORFK+utas%C3%ADt%C3%A1s&referer=http%3A//net.jogtar.hu/jr/gen/hjegy_doc.cgi%3Fdocid%3D00000001.TXT)

<sup>28</sup> Héra Gábor (2022): A kapcsolati erőszak eseteinek rendőri kezeléséről; *Belügyi Szemle 2022/8.*, <https://ojs.mtak.hu/index.php/belugyiszemle/article/view/9018/7345>, DOI: 10.38146/BSZ.2022.8.3



had experienced negative, victim-blaming attitudes from their side in several cases when victims had personally reported the case. It happened several times that the police officer had tried to dissuade the victim from reporting the case and it was only due to the social worker's persistence and presence that they could not ignore the issue.

Interestingly, interviewees of the police cite victims as the primary obstacle to initiating proceedings, because they believe that victims often do not make incriminating statements or withdraw them later, or that there is insufficient evidence. However, private evidence cannot be withdrawn (Penal Code. 31 (6)), and victims reported that often indirect or direct evidence is not even examined by the police.

It is also not taken into account that victims (rightly) fear revenge from the abuser and therefore do not dare to take action, or if the abuser is influential and powerful, they do not trust that he will be brought to justice. The study suggests that this is why the police sometimes try to prosecute on other grounds.

Interviewees' reports in the current research, as well as experiences shared by victims on the helpline and in other forums and studies, highlight the practical shortcomings and the fact that in reality the police do not follow the professional and legal procedure in a significant number of cases. Ten of the interviewees had called the police at least once, but almost without exception reported that the police had communicated with them in a derogatory, victim-blaming manner, and had not sufficiently investigated signs of relational violence, even in cases of severe physical abuse.

## **NGOs - NANE**

Risk assessment and safety planning is a mandatory part of all NANE's support activities, carried out together with victims or their supporters, who have approached the organization in various forms.

These activities include helplines and self-help 'Power for Change' support groups, as well as integrated client service. The protocol is for facilitators to use the "Big 26" questionnaire, developed by the Domestic Violence Intervention Program (DAIP) in Duluth, Minnesota, to assess risk of further abuse, prevent femicide. The questionnaire is usually tailored to the caller/affected person's situation and the victim is encouraged to trust their instincts, as they

know the abuser best and what they are capable of. This risk assessment tool is publicly available on the organization's website<sup>29</sup>.

In addition, we provide trainings for social workers and professional helpers of other institutions, where this risk assessment tool along with another example from the UK, the CAADA<sup>30</sup> (Coordinated Action Against Domestic Abuse) recommended risk indicator checklist for IDVAs (Independent Domestic Violence Advisers) and other agencies is introduced as part of the training material and a practical guide they can implement in their daily work.

NANE's support activities, the risk assessment is always followed by safety planning tailored to the level of risk and available resources and her other conditions (e.g. does the victim have somewhere to go; does the victim live with the abuser or has he/she moved out; do they have children, etc.).

### **Institutions, shelters**

The National Crisis Management and Information Helpline<sup>31</sup>, which has a national overview of the available places in family transition homes, clandestine shelters and maternity homes, uses its own questionnaire to assess risk. The list of questions and how the risk is measured is not publicly available.

In Hungary, secret shelters use the "BIG 26" to assess the risk of danger for women who seek shelter at them.

Child welfare centers do not usually carry out risk assessments, although they are part of the signaling system and should be obliged to report if they notice signs of abuse on a child.

There is no legal obligation for these institutions to carry out risk assessments.

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<sup>29</sup> The 'Big 26', (Duluth, Minnesota): <https://nane.hu/wp-content/uploads/kockazatfelmero-kerdoiv-26.pdf>

<sup>30</sup> 'Power to Change' Handbook, Annex 2: Risk Assessment Tools, p. 195: <https://nane.hu/wp-content/uploads/Ero-a-valtozashoz.pdf>

<sup>31</sup> National Crisis Management and Information Helpline: <https://okit.hu/>

The EU Directive also applies to Hungary, but in practice risk assessments, which also define the scope of services to be provided in victim protection, are not carried out in most cases and the failure to apply them does not lead to institutions or authorities being held liable<sup>32</sup>.

## 5. RESULTS OF RESEARCH SURVEY WITH WOMEN SURVIVORS

### CONCLUSIONS OF THE RESEARCH

Between August and October, 2022, NANE carried out research among Hungarian women who were seeking help from abusive relationships in the period after March 2020. Following the general questionnaire, NANE conducted and analysed 26 interviews. Two-thirds of the women belong to the age group 30-50. The youngest interviewee was 21 years old, and the oldest was 52 years old. Half of them live in the capital, Budapest; 4 live in small towns, 7 in bigger towns, 5 temporarily live in women's shelters outside the capital (they are originally from smaller villages), and 1 respondent lives in a neighboring country. Apart from 8 cases, most respondents have children (close to 70%).

Given the recent period of the pandemic, a few women were still in contact with the perpetrator to some extent at the time of the interview. In some cases (3), they even lived together: either in the shared property as the separation trial was still in process, or as a couple as the woman could not find a way out yet. For many, shared custody rights over the children meant regular contact between victim and perpetrator. ***A close relationship with the abuser, especially cohabitation, is a heightened risk factor*** which shall be taken into account in all cases. However, aligned with the international literature, women also experienced higher risk of harassment, more severe abuse when they (tried to) leave the perpetrator.

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<sup>32</sup> EIGE (2019 November) Risk assessment and management of intimate partner violence in the EU, <https://eige.europa.eu/publications/risk-assessment-and-management-intimate-partner-violence-eu?lang=es>

Importantly, the pandemic coincided with the emergence of new types of violence, growing frequency, and/or growing severity of violence in many cases. A part of that was related to the lock downs, the broad introduction of the home office and other consequences of the pandemic measures. The isolation of battered women “encouraged” many perpetrators to use more severe forms of abuse as the signs of abuse could remain hidden, invisible even to the victim’s close environment (colleagues, family members). Consequently, ***the pandemic increased risk for victims from a number of aspects***, which should have been accounted for during the support process. Furthermore, support services were even less accessible than before.

In our research, a total of 9 women ***did not seek help from institutions at all. They named multiple reasons, but fear from the perpetrator stood in the first place***. This fact suggests that police and other legislative institutions fail at providing safety for victims and prevention of re-victimisation. A proper risk assessment system prioritising these would probably result in more women reporting the abuse.

Our questionnaire contains elements which can be the same as risk assessment questions, on the types of abuse, the relationship with the perpetrator and its length, the escalation of the abuse, etc. ***Some of our interviewees have not been asked these questions before, which means that they did not receive adequate risk assessment***. One victim received support from the local Family support social center (*Családsegítő*), who helped her find a place in a women’s shelter. A counseling session with a psychologist upon arrival to the shelter was provided to her, but they only talked about the woman’s children. In none of these situations was a risk assessment (nor proper psychological support) carried out. This case reflects the shortcomings of Hungarian institutional support.

Several women also mentioned that the perpetrator had ***relatives or other acquaintances in the police force*** who took the abuser's side and failed to take action to prevent further abuse. There were also several instances of the ***abuser threatening*** social workers at local family support centres, child welfare caseworkers or teachers of their children, who were then afraid to take action against him, and put the burden exclusively on the women to take action against the abuse, leaving them and their children in danger.

***Incompetent procedures and biased, victim-blaming attitudes*** by the police, health professionals or other authorities, which consistently underestimate the seriousness of the abuse and the risk of further escalation, fail to investigate cases thoroughly or completely ignore key evidence, also significantly increase the risk of abuse. In addition, there have been several cases where the police have only taken into account what happened on the day they were called to the scene, and not the details of systematic, long-term abuse.

Examples of mistreatment of victims by different institutions and authorities: one victim was interrogated at the police station in the presence of the abuser, the perpetrator sat less than 1 meter away from her while she was still in shock from the physical abuse; the police also did not check her medical report. Interviewees mentioned that the police ignored basic evidence such as injuries, threat messages, audio recordings. In several cases, the women were warned that they could be prosecuted for false accusations against the perpetrator. Intimate partner violence is often left without consequences because of this attitude.

These examples highlight the embeddedness of ***institutional betrayal*** in the processes and daily functioning of institutions, and how their approach to this issue is the opposite to their supposed role in providing protection and support to victims. This puts abused women and their children at enormous risk, rendering them helpless and vulnerable to their abusers.

Several women reported that the ***lack of knowledge*** among psychologists and social workers about the nature of abusive relationships and the impact of trauma resulted in victims staying in the abusive relationship longer and internalizing guilt and shame. It was only much later, after they had gained their own knowledge of the issue or found a supportive helper, that they were able to recognise their situation and take further steps to keep themselves (and their children) safe. One of the interviewees was misdiagnosed with PTSD symptoms of bipolar disorder, prescribed medication, which caused her to become depressed and suicidal. Another woman had seen six different psychologists who blamed her for the abuse before she reached her current counselor, who was able to offer appropriate support.

Women also mentioned the ***limited or no access to specific organizations*** with expertise in the field and their services, which made it harder for victims to learn about the potential risks, possibilities, and to make an informed decision about their relationships.

Another aspect related to the serious shortcomings of risk assessment concerns the ***assessment of the safety of children living together with an abusive parent***. Not only did the abused women not get adequate support, institutions tend to overlook children's needs and the negative effects of abuse on them. Three women in our research reported that their children were partially placed under the abusive father's custody. Even the court ruling ignored evidence and failed to do risk assessment.

## **6. FINDINGS, CONCLUSIONS AND RECOMMENDATIONS**

According to the interviewees' reports, the risk of further occurrence and escalation of violence can be significantly increased by the fact that in practice, in a large proportion of cases, neither formal nor informal risk assessment is carried out by the police or social services staff when contacting the victim. The steps for the police handling of cases of intimate partner violence are regulated by ORFK Instruction 2/2018 (25 I), but according to interviewees' reports, they are rarely actually implemented. All of the ten respondents reported victim-blaming attitudes, belittling and questioning the credibility of the victim. In none of the cases did the abuser's actions have any long-term consequences.

The risk assessment used in the social care system (e.g. child welfare services, maternity homes, secret shelters, etc.) is occasional and non-standardised, only secret shelters use the 'Big 26' risk assessment questionnaire specifically measuring the risk of intimate partner violence, the other institutions use mainly informal or no instrument. The relevant EU Directive has not been implemented.

The NANE Association uses the so-called 'Big 26' questionnaire for risk assessment in its support activities (helpline, support group, integrated client service) and promotes the use of this tool in its training courses for social workers and psychologists.

One of the most important steps to protect victims, reduce the risk of escalation of violence, and in the long term to end violence, would be for police, authorities and other institutions to carry out risk assessments in all situations, to act professionally, to recognise the signs of intimate partner violence, to be aware of the dynamics of abusive relationships, to be aware of the symptoms of trauma and to believe the victim.