An Overview of International Experiences and Best Practices

in 5 Countries
(Austria, Ukraine, UK, Israel, Kazakhstan)

on Selected Aspects of Addressing Domestic Violence

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Executive Summary

The following study focuses on five countries namely: Austria, Israel, Kazakhstan, Ukraine and the United Kingdom. These five countries were chosen because of internationally recognized DV practises and due to their relevance for Belarus. These five countries are studied with regard to the following aspects, for which best practice examples are defined and explained:

- Comprehensive response to domestic violence including the provision of psychological, social, medical, legal support to survivors and establishment of a referral system within the context of intersectoral collaboration and existing legislative environment. The UK have the best established referral system using an advanced multi-agency approach called MARAC. Precondition for a well-working referral system is efficient multi-agency cooperation between all involved actors which work according to the same understanding of DV. Also, sufficient services are crucial for safe referral and recovery. A national helpline is necessary to distribute information about existing services for DV survivors, and the health sector often is a good entry point to referral pathways.

- Development and operation of clients registration databases on domestic violence. Kazakhstan was found to have progressive intentions concerning gendered metadata analysis in their action plan and the UK have developed an advanced violence against women indicator. Precondition for strong criminal and crime statistics is a gender-disaggregated and coherent data collection done by the national justice system. For reasons of awareness raising and monitoring, these statistics should be communicated via various media channels.

- Development and application of the assistance provision standards to domestic violence survivors. Austria has developed high standards for service provision through a shelter network and the UK have elaborated standards for information exchange through the MARAC system. In order to achieve national standards for services, equal understanding of the dynamics of DV is necessary. In a joint dialogue, state and non-state actors should agree on important standards and provide sufficient staff-training and monitoring in order to maintain these standards.

- Domestic violence shelter management experience in EU and CIS with special attention to existing shelter regulations, models and standards of operation, funding mechanisms. In Israel, Austria and the UK numerous shelters are well-running and well-managed. The core aspects of successful shelter management turn out to be: sufficient funding for services, 24/7 access to services — even for migrant and minority women, special child support, experienced NGO management of shelters, high security standards and well trained female staff.

- Models of working with male domestic violence perpetrators. Ukraine has set up corrective programmes for perpetrators with great success, and Israel has developed a unique concept for perpetrators spending four months at a special centre. Preconditions for efficient perpetrator work is good cooperation between the justice system and DV experts in order to oblige perpetrators to participate in special programmes. Successful programmes offer individual and group sessions, therapeutic as well as psychological and social treatment. Male and female trainers should work together, and survivors should be consulted as well to monitor the progress.

For these aspects, all five national responses are drafted and the preconditions for the implementation of the best practice model explained in detail.

1. Comprehensive response to domestic violence including the provision of psychological, social, medical, legal support to survivors and establishment of a referral system within the context of intersectoral collaboration and existing legislative environment

Around the world, six out of every ten women will be subjected to physical and/or sexual violence in their lifetime. Most of the perpetrators are partners or ex-partners of these women. Violence can manifest itself as economic or psychological dependency as well as physical and sexual coercion. For this reason, measures tackling gender-based violence have to be equally diverse and wide-ranging and cooperation between all concerned agencies is crucial.

International legal environment

Measures in accordance with international and European legal instruments and recommendations provide an important framework to uphold minimum standards of legal protection for victims of violence. One of the most significant conventions are the international level is the “United Nations Convention on the Elimination of All Forms of Discrimination against Women” which — including its so-called optional protocol — has been signed and ratified by Austria, Israel, the UK,
Kazakhstan and Ukraine. At European level, the “Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence”9, that is currently open for signature and ratification will be of outmost importance8. So far, only Turkey has ratified it.

Lastly, the recommendations outlined in the Beijing Platform for Action 1995 provide for the most comprehensive approach to upholding women’s rights and tackling gender-based violence7.

National legal environment

As a 2010 survey from Ukraine shows, women and children are disproportionally affected by violence. 30% of adult Ukrainians report to have suffered violence in their childhood. 13% of the female population report having experienced acts of violence by their current or former partner (see UCSR Study 2010).

As NGO experience shows, the majority of Ukrainian women is unaware of protective laws and hence rendered unable to fully execute their rights (CEDAW Shadow Report 2008, p. 43). Accordingly, a national survey highlighted that a mere 1 to 2% of affected women seek support of services (UNDP/EU Report 2010).

In Ukraine, a federal law on the prevention of domestic violence came into force in 2002. It covers aspects of law enforcement, social assistance and health. An extensive assessment of the implementation of this law in the context of domestic violence including case studies and a description of procedures is already available8. A different section of the Criminal Code of Ukraine, implemented in 2001, contains articles concerning the crimes of rape and sexual coercion, including minors. Barring orders (explanation see below) allow the police to evict the perpetrator from the household and bar him from returning home for a certain time. These orders are issued in cases of domestic violence and can be extended to both married and unmarried couples as well as all family members. According to police statistics, “3,304 barring orders were issued in 2009 and 2,461 in the first eight months of 2010” (see WAVE Country Report 2011, p. 208)9. This implicates that the referral to the police seems secure since the police effectively evict perpetrators. A number of additional regulations have been adopted in order to ensure the equal rights of men and women, among them the “Domestic Violence Prevention Act” of 2001 and the “Equal Opportunities Act” of 200610. These additional regulations complement and further extend the Ukrainian federal law on the prevention of domestic violence.

The United Kingdom has several laws in force to ensure gender-based violence is effectively tackled, foremost the Family Law Act of 199611, the Protection from Harassment Act of 1997 and the Crime and Disorder Act of 1998. An injunction under the mentioned Family Law Act serves as a type of barring order to prevent the perpetrator from entering the formerly shared home and approaching the woman or their children. A law for the prohibition of stalking is in place and Injunctions and civil protection orders are available to same-sex couples, unmarried partners as well as migrant and undocumented women falling victim of domestic violence12.

A National Action Plan is in place and aims at combating all forms of violence against women including domestic violence, forced marriage and crimes of honour. The Home Office allocated 28 Million British Pound over a span of four years to implement planned actions13.

One of the most recent law initiatives in the UK is a pilot for the Domestic Violence Disclosure Scheme — also known as Clare’s Law14. It enables women to enquire upon a male partner’s possible violent past with the police, which might in return disclose information if former incidents call for it. The Multi-Agency Risk Assessment Conferences MARACs will be involved in deciding upon this. The MARACs are part of a coordinated community response to domestic abuse and consist of voluntary meetings where local authorities dealing with domestic violence cases are present. These meetings provide a forum for sharing information on the highest risk cases and taking actions that will reduce harm to the most endangered victims and their children15. It will be explained in greater detail further below in this section.

The Kazakhstan government passed a comprehensive law on tackling violence against women in 200916, which criminalises spousal rape. Yet, rape is not a public offence and hence a prosecutor cannot initiate a case unless the victim herself decides to file a complaint. The law furthermore, for the first time, clearly defines “domestic violence” and “victim” using a gender-conscious approach and outlines various forms of violence such as economic, sexual and psychological types. The law includes detention and barring orders for perpetrators17.

As figures collected by the police show, an average of around 10,000 cases a year are registered in Kazakhstan. The police are taking enforced measures in approximately 10% of these cases. The Union of Crisis Centres in Kazakhstan claims that around 500 women and children die each year at the hands of male perpetrators.

An important aspect that has to be taken into account when discussing Kazakhstan’s efforts to tackle gender-based violence is its conservative stake on women and their role in society. The perception that a woman’s duties lie in doing the household chores and bearing children still prevails. This is confirmed by a 2006 national survey, which states that 10.4% of women in Kazakhstan are convinced that a man is allowed to beat his partner if he has “sufficient” reason18. A 2005 report of the Ministry of the Interior suggests that around half of the female population experienced gender-based violence at least once in their lifetime19.
NGOs claim that in many cases women withdraw their complaints against the perpetrator because of coercion. The law implemented in 2009 sets that such complaints, although not being public offences, can no longer be withdrawn once they have been filed. Hereby, the women should be relieved of the threat of coercion to withdraw complaints. Since 2004, UNIFEM has been helping the government in Kazakhstan to implement projects and laws to enforce gender equality.

Furthermore, police departments involved in combating domestic violence should be reinforced in compliance with the new Law “On Prevention and Suppression of Domestic Violence” in Kazakhstan. A National Action Plan is being drafted and also includes efforts to install an Ombudsman’s office to address questions of violence and gender equality. It is furthermore reported by the government that a study on the phenomenon of gender-based violence has been undertaken.

In Israel, the following laws are relevant for violence against women:

- The Equality of Women Law, which “provides equal rights for women and protection from violence, harassment, exploitation and trafficking”
- the Prevention of Stalking Law
- the Prevention of Family Violence Law

Furthermore, the Rights of Victims of Crimes Law addresses the rights of victims through the various stages of a criminal case.

Interesting and effective parts of the legal system are specific DV courts: There are specialised “Family Courts” dealing with the issue of domestic violence in Israel. The family courts are state-funded and also provide social services such as divorce mediation and are referred to by all service providers for survivors of domestic violence. The family courts are civil courts; they are concerned with the current situation of the survivor, regarding the risk level and the possible protection, enabling them to decide on protection orders. The advantage of such specialised courts is, that the judges are specially trained on family and violence issues, and special court procedures are applied in cases of DV. Such specialised “Family Courts” are also available e.g. in the UK, but not in Austria, Ukraine or Kazakhstan.

In Austria, police barring orders (please see more detailed description below) were introduced in the Protection Order Law in 1997 and this law was improved three times, last in June 2009. The current orders provide protection for 14 days following physical, psychological or threats of violence and stalking. These protective measures can cover a wide area including the victim’s home and surrounding area, workplace and children’s schools and prohibit general contact. In 2009 6,731 police barring orders were issued and in 2010 6,759 were issued.

Civil law protection orders (please see more detailed description below) can be used for four to six months or until the end of the marriage in Austria. Civil law protection orders against stalking can last for a year. Civil law protection orders provide protection for the same crimes as police barring orders and can cover the same areas. In 2009 the intervention centres reported that 2,439 civil law protection orders were applied and 2010 2,706 were applied.

### Barring and Protection Orders

Barring orders (also called Evictions) are instruments for the executive to act immediately upon being called to an emergency setting. Barring orders or evictions exist in all studied countries. Police staff needs to receive specialized trainings on domestic violence before carrying out evictions. Typically, the police academy or the Ministry of Interior organizes these trainings.

Protection Orders (also called interim injunction, temporary injunction, barring or restraining orders) have to be issued by court. Protection orders ensure long-term protection, this means that the perpetrator is not only momentarily evicted from the home but that the shared flat or house becomes a safe space for the victim/s to calm down and assess their situation. As in every case of breach of law, the perpetrators will be arrested by the police if they do not adhere to the orders. Laws for protection orders and their implementation exist in Austria, the UK, Ukraine and Israel.

In Austria the so-called “Wegweisung” is part of the “Gewaltschutzgesetz” which was first adopted in 1997. Eviction and barring orders are directly stipulated in the Security Police Act (SPG, § 38a). The police are obliged to intervene promptly in cases of violence. It is the duty of officers to evict the endangering person from the dwelling immediately, so that the victim can stay there safely. In case of failure to ensure safety, the police will be held responsible. The perpetrator must hand over the keys for the apartment and is only allowed to enter the dwelling if the police are informed. The eviction or inhospitalisation of the perpetrator is an instrument to ensure the safety of the victim who does not want to stay with the perpetrator.

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is obliged to accept the application even outside regular office hours. A temporary injunction can be applied for if physical abuse or threats make life with a violent person intolerable. A temporary injunction can also be applied for in the event of psychological violence that seriously impairs the victims’ psychological health. A temporary injunction protects all persons who, in their sphere of living and/or their personal surroundings, are affected by violence, e.g., by their husbands, partners, ex-partners, companions or ex-companions, fathers or other persons. A family relationship with the perpetrator is not a prerequisite. Children and young people are also protected by the laws, whether they experience abuse directly or indirectly, for example if they witness violence against their mothers (this qualifies as psychological violence). In such cases the mother, as a legal representative, can apply for a temporary injunction. The Youth Office is also entitled to apply for a temporary injunction for the protection of the children so that their right to stay in the home is guaranteed. The temporary injunction in Austria can be issued for the place of residence for up to six months and for specified places (workplace, kindergarten etc.) for up to one year.

In the UK, the barring order is part of the Children’s Act of 1989. They are outlined in Section 91 (14) of the Act. A court then decides about the length of a barring order (called occupation order in the UK) on a case to case basis. The occupation order itself is not designed to only protect victims of domestic violence but also to bar for example the media from entering premises or to appease neighbourhood rows. Where the court makes an occupation order and it appears to the court that the respondent has used or threatened violence against the applicant or their child, the court must attach a power of arrest unless it is satisfied that the applicant or child will be adequately protected without such a power. These powers allow the police to immediately arrest the respondent if the provisions of the order have been breached, and bring them before the court.

In Ukraine, barring orders (up to 90 days) do not allow perpetrators to see survivors outside their house, but perpetrators cannot be evicted. The law is in place since 2001. Barring orders are issued in cases of domestic violence and can extend to both married and unmarried couples as well as all family members. Article 13 of the 2001 Law on Prevention of Domestic Violence allows for state authorities to issue a protective order to abusers who commit domestic violence after receiving an official warning. The order forbids the abuser to commit acts of domestic violence, to search for or visit the victim if the victim is temporarily residing outside the family home, or to contact the victim by telephone. According to police statistics, “3,304 barring orders were issued in 2009 and 2,461 in the first eight months of 2010” (see WAVE Country Report 2011, p. 208). This implicates that the referral to the police is secure the police are well trained on domestic violence and actually evict perpetrators.

In Israel the Protection Order is stipulated within the framework of the Prevention of Family Violence Law 5751–1991. A protection order may be issued direct in the Family Court or in the Magistrates’ Court nearest to the residence. The issuance of a protection order does not entail payment of a court fee. If the judge considers that there is cause to issue a protection order, an initial protection order will be granted for several days only. The judge will state in his decision the date of a further hearing in the presence of both parties in order to afford the other party an opportunity of defending himself. The court may remove the violent party from the home by means of a protection order for a period of up to three months and it has the power to extend the period from time to time, provided that the total period shall not exceed six months. In special cases, the judge has power to extend the order for a period of not exceeding one year from the date of removal.

The EU has drafted a European Protection Order, allowing victims of violence to travel across European borders without being endangered by their perpetrators. The final decision on the European protection order is expected soon. However, in Ukraine and Kazakhstan, there are no barring orders in force yet.

**Multi-agency cooperation and referral systems**

Cooperation between agencies working towards ending domestic violence is crucial for effectively ending family violence.

Generally, referring survivors of gender-based violence to a supportive and competent service or agency is a way to increase women’s safety. For effective and safe referral, it is important for all involved parties to follow core principles and standards. However, a wrong referral can put a survivor in danger. Referring her to an unreliable agency or service might actually worsen her situation, since the victims trusts the institutions to take care of her situation when in reality a case is referred to the wrong organization or not referred to cooperating organizations at all. Even referring her to the police might be dangerous in case the perpetrator is not evicted, she may be turned away, when there is no sufficient legislation in place or the implementation of the law is weak. Moreover, law should stipulate referral of survivors to reliable agencies.

There are many possible entry points for survivors to receive help. Where data on referral system is available it becomes evident that most women are referred by health care providers. As a prevalence study on health care services and domestic violence cases in Germany shows (Schrötlle, 2008), either doctors can tell by the injuries that domestic violence has occurred, or patients trust health workers and tell their stories. Therefore, the Ministry of Health can and should play an important role in sensitizing health care professionals. A joint project website of UNFPA and Women Against Violence Europe
offers manuals and training instructions for health experts available in both English and Russian. Women who are referred to support services by health care staff often did not intend to inform authorities about their experiences of domestic violence in the beginning. Sensitized practitioners can help these women to open up about their experiences. Thus, for those women who do not intend to inform authorities about incidents of domestic violence, health care institutions will most likely be the main entry point for referrals. Women who proactively seek support will most likely contact a helpline or women’s support service or will be told to do so by persons in their surroundings. This calls for public campaigns in order to ensure that people are aware of the existence of such services.

Ultimately, a necessary prerequisite for a well-functioning referral system are sufficient services to refer to. It is, for example, a very discouraging experience if a midwife suspects a case of domestic violence and does not know about any services to refer the woman to because none exist or the midwife has not been made aware of them. Since health care is a common entry point into the referral system for survivors of DV, all of the studied countries mention awareness raising campaigns. In the UK and Austria, special information brochures tailored to survivors of violence are provided in emergency medical units, surgeries and many other places frequented primarily by women (women’s centers, kindergartens, churches’ women units etc.). Brochures are available in several languages.

Both in Ukraine and Kazakhstan, there is a significant lack of reliable services for survivors of domestic violence, so incomprehensive and only regional referral systems exist. In Ukraine, referral to the police is safe due to effective implementation of domestic violence legislation and existing police training. This means that usually, in cases of emergency, the perpetrator should be evicted from the house, hence ensuring the victim’s safety. However, as UNHCR reports relying on several sources, the police in Ukraine are ineffective in aiding victims of domestic violence, generally treat them unsympathetically and that roughly half of the calls to the Children’s Protection hotline do not result in referrals or measures.

In Austria and UK, the Ministry of Health started specialized trainings for health care workers in order to prevent, diagnose and document domestic violence as well as to assist and refer survivors of DV. Awareness-raising is an important part of such trainings: to sensitize all staff and train them on the causes and dynamics of DV. Moreover, clinical protocols are available in some hospitals in Austria and UK in order to ensure standardized procedures for cases of domestic violence.

Between 2000 and 2003, the Ministry of Health in Israel funded programmes to train approximately 7,000 health workers, including doctors and nurses, to recognize indicators of domestic violence. Other Israeli initiatives to address DV in the health system are:

a) Through its Social Work Division, the Ministry of Health implemented programmes for identifying and treating domestic violence victims in hospitals and community clinics.

b) In November 2003 the Director General of the Ministry of Health issued a directive expanding the previous 1991 directive on DV committees. This directive requires that committees will be established in all hospitals and community care settings (MOH district health bureaus and sick fund districts) as well as in mental health care and geriatric facilities. The directive specifies the composition and role of the committee. Each committee must include at least one doctor, one nurse and one social worker.

c) The Council for Women’s Health initiated and facilitated a Ministry of Health directive (issued in November 2003) instructing all health staff in hospitals and community settings to inquire directly with their patients whether they have experienced domestic violence. This directive includes training requirements for all health professionals (e.g. doctors, nurses) to enable them to routinely inquire about DV as part of the medical history taking, discuss the problem with patients and refer them to the appropriate agencies. This directive requests the DV committees to take on an additional role of training health care professionals in their respective institutions. However, many of the DV committee members did not have the qualifications to carry out this task.

A crucial link in a referral system is a national helpline, which can provide updated information on the legal situation, available services and possible next steps for the survivor. An anonymous phone helpline is often easiest for survivors to overcome their inhibitions and start their way to end violence. Ideally, this helpline runs 24 hours a day, seven days a week in order to provide emergency information whenever needed. Not only survivors are the target group of helplines, but also family members and friends who worry about a violent situation, teachers, colleagues etc. who can inquire about possibilities to help.

The women’s helpline in Ukraine was set up in 1997 and is operated by the NGO La Strada, which specializes in supporting female victims of trafficking. While there are two more helplines targeting victims of trafficking, La Strada’s service is the only non-governmental institution, which applies a distinct gender-specific approach to its counseling services. It is free of charge and does not operate at all hours due to a lack of funding. It currently offers its service in six different languages. According to WAVE’s Country Report, the helpline received close to 4,000 calls in 2009 and more than 6,000 calls in 2010.
while half of the callers were children. Financial support is provided through inter-governmental organizations like the United Nations and European programs (60%) as well as foreign and private fundings and in-kind donations by volunteers. There is no specific helpline for children in the situation of domestic violence, yet questions concerning children are answered at the existing helpline.

In Austria a national helpline exists which is fully paid for by the government and operates 24/7\(^\text{32}\). The helpline also offers the possibility to send questions via mail and a "helpchat". Services are also offered in Arabic, Bosnian-Croatian-Serbian, Slovak, Slovenian and Turkish. The helpline is supervised by the main donor, which is the Ministry for Women's Affairs in Austria. The helpline sporadically receives funding by international grant makers and private sponsors as well. In Kazakhstan, the UK and Israel\(^\text{33}\) multilingual day and night helplines for victims of violence exist as well.

The best practice example on multi agency cooperation and referral systems is provided by the United Kingdom. A detailed description of their system of MARACs as well as their broader network of referrals and agency network will be presented below.

The Multi Agency Risk Assessment Conference (MARAC)\(^\text{34}\) is a UK-specific form of multi-agency cooperation, which includes an elaborate referral system between agencies to tackle domestic violence\(^\text{35}\). MARACs were installed in the UK to address the fact that many women and children are being killed by husbands, partners and fathers. This is partly due to prolonged referrals and case handling and partly due to services not being able to identify cases of domestic violence. It was determined that cases of domestic violence have to be risk assessed in order to prioritize urgent cases.

Any agency which becomes aware of a case of domestic violence (drug addict support services, health care institutions, educational facilities, police staff, etc\(^\text{36}\)) can involve itself in the MARAC conference. Services who frequently identify cases (such as police, helplines, women’s services, health practitioners) hence become regular members of MARACs. Other services might involve themselves on a case to case basis (for example black ethnic minority services, gay and lesbian support services, sports clubs, fire and emergency staff). Each MARAC has its own list of members and individually decides on a case to case basis which services are involved.

It is important to note that MARACs only process cases of victims of high risk. The “threshold” and what exactly constitutes a high risk will be decided by each MARAC group itself. The coordinating organization CAADA provides a checklist to assess the risk for each victim\(^\text{37}\). These high risk cases will have been identified by a practitioner from any agency using an evidence based risk assessment tool\(^\text{38}\). If they risk assessment shows a high risk, a MARAC conference will be held. If it does not show a high risk, the case will be handled following a “normal” procedure. This means that the Crown Prosecution Service will be responsible for the case and take steps they deem appropriate after they evaluated the case.

MARACs facilitate, monitor and evaluate effective information sharing to enable appropriate actions to be taken. Over the past years MARACs have been widely established across England and Wales, with over 200 operating as of early 2009\(^\text{39}\). MARACs aim at implementing an effectively coordinated community response model to protect potential victims and to identify perpetrators as well as the potential harm in each case. They develop safety plans, which will include actions as well as sanctions and remedies available through the criminal and civil courts, housing options and services available through other involved organisations.

The conferences are held each month throughout the country and are attended by Police, probation and social Services as well as various voluntary and community organisations\(^\text{40}\). MARACs are community-based services, and therefore are decentralised organs that report to central executive and judicial authorities. These authorities are monitoring each case in such a way that MARAC organisations at some point always will involve the police and courts to handle a case. The Detective Inspector at the Police CSU will chair meetings\(^\text{41}\). The role of the Chair is to structure the meetings and prioritize cases to ensure the best use of the time of attending agencies.

Upon attendance, each partner has to sign the MARAC Protocol, which ensures the confidential exchange of information relevant to the case discussed\(^\text{42}\). A copy of this protocol is signed for each meeting and by each partner\(^\text{43}\). Cases are being referred to MARACs by each of the mentioned services or upon registration of a case of domestic violence by executive authorities. Experts are in charge of identifying agency gaps within the MARAC and continue to establish links with and within these agencies to enable full participation at the MARAC. MARACs are governmental institutions and hence fully funded by the state. Several NGOs and individual experts have expressed their concern over a lack of confidentiality concerning the dealing with sensitive information about the victims and their cases\(^\text{44}\). Key experts involved in MARAC systems are so called Independent Domestic Violence Advisors (IDVAs)\(^\text{45}\) who individually consult with victims to assess the level of risk, consider the range of support options and develop safety plans which in return are discussed and possibly implemented through MARACs.

A simplified, fictional case scenario can look like this: During a stay at the hospital a woman confides in a doctor and talks about incidents of domestic violence she experienced in her marriage. The doctor is aware
of the topic and staff of his hospital is member of MA-
RACs\(^4\). He considers the woman to be at a high risk of falling victim to further incidents of violence upon return to her home and decides to refer her case to a MARAC. To this end, he fills out a form and sends it to the MARAC in his area\(^7\). The MARAC will gather at the soonest date to discuss the case. In preparation of this, practitioners from other institutions were informed and filled out risk assessment sheets to evaluate her case\(^8\). They could be staff from educational institutions, workplaces, social support facilities, police staff and doctors. An IDVA will have been in touch with the victim and will represent her during the MARAC. According to the risk assessed a security plan will be drafted. This plan will be implemented through the executive and judiciary branches with which MARACs are in frequent contact. Barring orders could be implemented or the man could be arrested. The woman will be referred to support facilities or might want to temporarily move to a shelter. The MARAC participants will have a final evaluation of her case before closing it.

Below, steps taken to run a case of domestic violence through MARAC are further specified. They can be viewed in annotated detail in the MARAC Representative’s Toolkit\(^9\).

1 Identifying a case
2 Assessing the risk for victims involved via a prepared checklist
3 Referral of identifying agency to a MARAC
4 Research of case through an Independent Domestic Violence Advisor (IDVA)
5 Meeting and information sharing at the MARAC
6 Action planning and implementing strategies
7 Follow up

MARACs are part of a larger system of multi agency co-operation which will be presented in the following list of selected UK government departments and independent bodies concerned with tackling domestic violence and their involvement in a multi-agency approach\(^10\). They all are always or often involved in cases of domestic violence. The home office for example always is, as it employs IDVA who are part of every evaluation of domestic violence cases. They also manage the Executive who will most likely intervene at some point in cases of violence. MARACs and Probation Services will not always but often be involved. Thus, this list will give an overview of UK bodies frequently concerned with cases of domestic violence.

### The Home Office

The Home Office is the lead government agency for publishing and coordinating policy and legislative developments on domestic violence and violence against women. Within the home office, the following departments are coordinated:

#### The Executive

The police service is the primary agency to protect the public and prevent crime. Police Domestic Violence Units were introduced in the early 1990s and were consolidated at a national level with staff specially trained to help people suffering from domestic violence (“Domestic Violence Liaison Officers”). These Units are now renamed to “Community Safety Units”. Police officers are obliged to closely cooperate with other statutory and non-governmental organisations to prevent domestic violence.

#### Independent Domestic Violence Advisers (IDVAs)

The positions of Independent Domestic Violence Advisors (IDVA) are funded by the Home Office, as well as by the non-governmental sector in order to provide specialist support to victims. They serve as a victim’s primary point of contact and usually work with their clients to assess the level of risk, discuss the range of suitable options and develop safety plans. They are pro-active in implementing strategies, which address safety, including practical steps to protect themselves and their children, as well as long-term solutions.

#### Independent Sexual Violence Advisers (ISVAs)

Independent Sexual Violence Advisors (ISVA) provides support to victims of sexual abuse through the criminal justice process and is also funded by the Home Office. This relatively new service (set up in 2006) works with victims of sexual violence to provide practical, non-therapeutic support to those victims who access the criminal justice service as well as those who do not pursue their case further.

#### Sexual Assault Referral Centres (SARC)

Sexual Assault Referral Centres (SARC)s are safe spaces where victims of sexual assault receive an integrated service of medical help, legal advice and counselling from professionally trained staff. Their multi-agency approach brings together various legal and medical agencies. This is of help to both the victims and those investigating the crimes. At present, there are 29 sexual assault referral centres across England and Wales, with a further nine under development. Many referral centres are located in hospitals.

#### The Ministry of Justice

The Ministry of Justice is the government department responsible for criminal and civil matters and family justice, among others. Domestic violence policy and strategy cuts across each element of the justice system and the Ministry of Justice aims at increasing the rate at which domestic violence is reported and brought to jus-
tie and to ensure that victims of domestic violence are adequately protected and supported. Included within the governance of the Ministry of Justice are the following institutions, namely the Crown Prosecution Service, HM Courts and the Tribunals Service. Within the Ministry of Justice, the following bodies are concerned with DV:

The Crown Prosecution Service

The Crown Prosecution Service (CPS) prosecutes offences investigated by the police. More information on this particular service can be found under item 3 on client registration databases and statistics.

HM Courts and Tribunals Service

The Courts and Tribunals Service administers courts in England and Wales and provides administrative support for the Magistrate’s courts, County Courts, the Crown Court, the High Court, and the Court of Appeal. Victims of domestic violence can apply for civil or criminal remedies.

Specialist Domestic Violence Courts

The aim of Specialist Domestic Violence Courts (SDVCs) is to combine criminal and civil settings in order to deal with domestic abuse more effectively. SDVCs take a multi-agency approach to domestic violence, cooperating with criminal justice agencies, magistrates and specialist support services. Experts involved have received special training regarding domestic violence cases and take into account the protection of victims and witnesses as well as of children involved during the court procedure.

The Family Justice Review and the Child and Family Court Advisory Service (CAFCASS)

As for 2011, the Family Justice System is under review by the Ministry of Justice and the Department of Education. The review and evaluation aims to produce a system which allows for families to find effective solutions to harmful situations which are in the best interests of children (Ministry of Justice, 2011). One of the agencies under review is CAFCASS, an independent agency of the Department of Education, which was established under the provision of the Criminal Justice and Court Services Act (2000) to safeguard and promote the welfare of children involved in court proceedings. These proceedings are related to children who experienced or witnessed domestic violence, as well as custody matters and other issues involving children and the law.

National Offender Management Service, Probation and Prison Service

The National Offender Management Service (NOMS) carries responsibility for the development of accredited and effective domestic violence programmes for offenders subject to community sentences as defined by the Criminal Justice Act 2003 and prison sentences. From 2004, two accredited group work programmes (the Integrated Domestic Abuse Programme (IDAP) and the Community Domestic Violence Programme (CVDP) have been offered in all 42 probation trusts in England and Wales. Failure to complete the programme will result in the offender being returned to court.

The Department of Health

The Department of Health is involved in the domestic violence policy drafting process concerning both public health and health service delivery such as:

The National Health Service

Domestic violence has long been recognised as an important public health issue with significant implications for health service delivery in accident and emergency units, primary care, maternity services and mental health services. The British Medical Association (BMA), the Royal College of Obstetricians and Gynaecologists (RCOG) and the Royal College of General Practitioners (RCGP) have all issued guidelines with tools to identify and manage domestic violence cases.

Inter-ministerial Groups

Since 1997, three groups on VaW were active before they were replaced by a Violence Against Women and Girls (VAWG) Inter-ministerial Group chaired by the Home Secretary in 2010. The group meets and monitors the successful implementation of the Ending Violence Against Women and Girls Action Plan of 2011. A cross-departmental VAWG Delivery Board, also managed by the Home Office, oversees tasks to which specific departments have committed themselves and reports to the Inter-Ministerial Group. They also meet with representatives of the NGO sector on a regular basis.

Local Partnerships

National policies promoting multi-agency work to combat domestic violence is implemented at ministerial level as well as local community level. Participating agencies include local authorities, housing services, police, the health service, probation, education and the voluntary sector. MARACs are a very successful example of partnerships at local level and will be explained in more detail.

Co-ordinated Action Against Domestic Abuse (CAADA)

In close connection to MARACs, another notable initiative is the Co-ordinated Action Against Domestic Abuse (CAADA) national charity. The network facilitates the work of MARACs by evaluating best practices, influencing national policies and embedding local initiatives to improve the exchange of information between support services involved. The organisation is partly funded by the government and by grant foundations like the Sigrid Rausing Trust.
Internationally developed lists of aspects of successful multi-agency cooperation include:

- Experts from women’s organisations play a central role
- The participating institutions are willing and competent to change their own practices
- Cooperation goes beyond mere talk: Concrete, binding objectives are formulated, and projects are planned, implemented and evaluated
- Each institution contributes the human and financial resources that are necessary to implement plans and achieve the set goals
- The multi-agency forum and the participating institutions also practice gender equality in their own spheres (gender mainstreaming)
- The multi-agency forum addresses the responsible actors at the political level to obtain the means required for the support of victims; if resources are lacking, even close cooperation by all the institutions involved will hardly contribute to the improvement of the victims’ situation

Last but not least, Women victims of violence are important stakeholders and should play a central role in multi-agency initiatives, since they are the ones who will in the end evaluate whether services and interventions have been helpful and effective. Thus, agencies working in the field of violence prevention should strengthen their efforts to reflect the voices of survivors in their policy-making. Furthermore, the experience of participating in the evaluation of services or in multi-agency policy-making initiatives can be greatly empowering for survivors. However, the way survivors are involved has to be carefully planned and considered. Conditions where survivors feel safe, comfortable and respected are prerequisites for any survivor involvement.

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**Non-governmental Organisations**

Non-governmental organisations (NGOs) continue to play a significant role in shaping domestic violence policy in the United Kingdom. Feminist activism was a crucial factor in bringing violence against women on the agenda. Since the 1970s, women’s organisations have called for the criminalisation of domestic violence. This campaign led to heightened public awareness, the breaking of taboos and the problem being recognised by official bodies as well as to the promotion of policy developments.

UK NGOs also hold up a long-standing tradition of effective networking and collaboration. To this end various networks of organisations have come into existence, namely Women’s Aid Federation England, Imkaan, which focuses on black and ethnic minority victims of gender-based violence and the End Violence Against Women Network, to name a few.

**Preconditions for building up a referral system:**

The term “multi-agency work” was developed in the UK, the country with the longest tradition in this field in Europe. Coordinated interventions are needed to achieve the goal of preventing violence — no agency can succeed in isolation. The goal is to address the problem as a whole by improving the response to victims, holding abusers accountable and engaging in awareness-raising activities and prevention campaigns. In order to build up a well-functioning referral system, a needs assessment is necessary as a first step. It will allow to defining the services and agencies that will be included into the referral system. This includes an analysis of institutions or agencies survivors could turn to, which can be either formal (police, health care, church etc.) or informal (extended family, social committees, associations etc.) Assessment forms can be downloaded at the UNFPA funded website “Responding GBV in Eastern Europe and Central Asia”.

Often, a good starting point for improving referral pathways is the health system. By sensitizing and training health workers, survivors can be identified and referred to helpful services. A core element of a referral system is a 24/7 national DV helpline, which provides information on available services and DV legislation.

The next step would be to map and evaluate existing services, followed by the establishment of a coordination mechanism, based on a joint description of the work methods such as a memorandum of understanding (MOU).

Through a joint monitoring mechanism, a database can be established which allows to track the referral pathways of women and hence an impact assessment. Finally, an existing referral system can be maintained through coordinated efforts such as an action plan and continued capacity building.
2. Development and operation of clients registration databases on domestic violence

How is the information collected: Which agencies (government/non-government) participate in this processes, how is it transferred and shared between the agencies, what is the volume of this information and who is responsible for storing and processing it?

Throughout Europe, there are different models and attitudes towards databases on DV. Whereas there is no doubt about the importance of gender-disaggregated data collection for criminal and crime statistics, there still exist many practical problems with information databases.

In Ukraine, according to Olena Suslova, Gender Activity Coordinator of the Parliamentary Development Project, client data is collected by several state agencies. This procedure distorts data since there is no unified collection system at national level. The executive branch responsible for coping with domestic violence at the national level as well as the Internal Affairs Ministry’s bodies collect data on clients and domestic violence. Non-governmental organisations also gather statistics yet their data is not included in the government’s collection. A unified approach does not exist. Therefore, useful data processing and evaluation is not possible and much of the data collection efforts are in fact not very effective.

In Israel, several bodies collect and publish data on domestic violence: In 2003, the Health Minister reported that some 40,000 women suffering from domestic violence were seen in hospital emergency rooms, and of those, 15,000 were hospitalised. The Israeli police, however, registered 18,000 DV reports in 2003. NGOs estimate that every third woman is sexually assaulted in her lifetime. As in Ukraine, there is no standardised data collection on domestic violence or violence against women in Israel so far.

In Austria, data on domestic violence is collected by different independent service providers (NGOs) and state actors (the Police and Ministry of Interior). Due to work principles, helplines always operate anonymously, so even if survivors give their personal data, these are not recorded. Shelters, however, have to report the identity of clients, since they are state-financed and NGO-run. All Austrian shelters have to report the names and social security numbers of the survivors staying in the shelters and the duration of their stay. This information is sent to local community bodies, where it is solely used to justify the financing of the shelters and is treated highly confidential. Local community bodies are instructed by law to keep the data received by the shelters confidential. This means that each province has an overview of the utilization of capacities of shelters in their communities. Hence, shelters which are not operating at full capacity can be shut down. This is dangerous since domestic violence has its “seasons” and peak times. During Christmas holidays more shelter places may be needed than during summer holidays.

The Police record the number of evictions and arrests due to domestic violence by using a national database. Throughout the country, the police feed all reports about specified crimes into an online database defining the gender of the perpetrator and the victim as well as the status of their relationship. This segregation of data applies to all capital crimes including murder and bodily harm as well as other DV related crimes such as stalking, so that statistical evaluations of criminal aspects of domestic violence become possible. This information is further processed by the Ministry of the Interior and also published there. In addition to this, crime statistics on court decisions are entered into separate national databases that are then reported to the Ministry of Justice, which transfers this information to the Ministry of the Interior for further analysis. Every year, the Austrian “Sicherheitsbericht” (security report), written by the Ministry of the Interior, is presented by the Austrian parliament.

Additionally, the national statistics institute processes the criminal statistic and publishes comparisons and outlooks.

In cooperation with the Ministry of Health, a website was developed to publish the disaggregated data. On this website, translated tables of gender disaggregated data and tables showing the relation between the perpetrator and the survivor are accessible.

While the best practice example for data processing is to be found in the United Kingdom, the efforts of Kazakhstan in this area are worth highlighting. Although Kazakhstan’s overall response to tackling domestic violence is still underdeveloped, a recent Action Plan points to an elaborate plan to introduce the collection of data on domestic violence cases. In their National Action Plan...
to combat domestic violence, the intention to create comprehensive data processing and client registration was included. This database would also gender-segregate data\textsuperscript{87}.

In Kazakhstan, until recently, the Police was the sole publisher of statistics on violence against women and other violent crimes. Numbers on rape and domestic violence cases as well as convictions were collected\textsuperscript{88}, albeit not in a gender-sensitive fashion and not brought into accordance with statistics from NGOs or other official bodies. The available data stated 16,197 official domestic violence reports and authorities initiated 1,311 criminal investigations. NGOs, though, remarked that an estimated 40 percent of such crimes went unreported\textsuperscript{89}.

According to the United Nations, improvements will be achieved in the following areas: "Gender metadata processing in accordance with the 2006–2008 action plan to implement the gender equality strategy; and capacity-building workshops to make the statistical system more gender sensitive."\textsuperscript{90} Further information as to which additional data is in fact being processed now as well as an evaluation of these measures still have to follow and show if the measures are effective.

The government of the United Kingdom provides an excellent best practice example of data processing and client registration. The most thorough nation-wide data collection is undertaken by the Crown Prosecution Service (CPS)\textsuperscript{91}. The CPS is responsible for prosecuting criminal cases investigated by the police in England and Wales. The service commits to combating violence against women as one of its key priorities and issued a specific strategic plan to improve their efforts\textsuperscript{92}. There usually are several tens of thousand cases to be processed throughout England and Wales per year\textsuperscript{93}. The information throughout the process of investigation will be kept and updated by the officers dealing with the case. Experts from the health, educational, executive sector and others provide information beforehand as to enable CPS staff to gather evidence and open the case in the first place (see MARACs and multi-agency cooperation at item 1 above). Practitioners for example can bring forward evidence such as protocols of conversations, physical evidence of sexual violence and photographs of injuries or assessments of the mental wellbeing of children involved and thus enable the CPS to open a case against the perpetrator.

Information about domestic violence is monitored by the CPS via a Violence against Women Indicator\textsuperscript{94}. The VAW Indicator measures performance across domestic violence, rape and sexual offences, for example regarding the outcomes of domestic violence cases, the number of cases that are discontinued, and the reasons for unsuccessful results\textsuperscript{95}. The collection of data is very thorough. Information on defendants, victims and witnesses — including gender, age, religion or belief, ethnicity, and disability — is recorded. Enhanced electronic monitoring was introduced in the Crown Prosecution Services in 2007. The supporting technology — the CPS COMPASS case management system\textsuperscript{96} — is highly advanced. The processing of data does not stop with its collection but is used to analyse patterns in domestic violence cases. For example to see what happens after a victim retracted her allegations, which is often the case in files on domestic violence\textsuperscript{97}. The CPS also monitors relationship information (e.g. spouse/civil partner, ex-spouse/ civil partner, partners or ex-partners, family or extended family) to highlight patterns of abuse and to be able to assess risks for victims\textsuperscript{98}. The efficiency of referrals, client satisfaction and successful handling of cases is constantly monitored and evaluated\textsuperscript{99}.

A disadvantage of the CPS system is that it is not currently possible to compare police data with CPS data. Also, data on sentences from courts on convictions is not routinely provided\textsuperscript{100}, thus creating gaps in the tracking of cases.

Tightly connected to client registration and databases is the creation of statistics to share data with other state bodies and, ultimately, among countries. The network Women Against Violence Europe\textsuperscript{101} runs a project to advise on the development of statistics in the context of violence against women. The outcomes of their project “PROTECT” should be given strong consideration in this context\textsuperscript{102}. The recommendations from PROTECT include standards for data collection through different state bodies like the health sector, the Police and criminal justice as well as advise on how to improve the referral system for data transmission\textsuperscript{103}.

Essential for all DV related data analysis is the cooperation with the media. In all observed countries, the collected data is used to raise awareness on the danger and the existence of DV and widely spread through various media channels. “Hard facts” such as criminal and crime statistics as well as femicide numbers are an effective ingredient for awareness raising and sensitization and can be instrumental for justifying new and better DV services. Collecting DV data is also an excellent way of monitoring the national security measures.

**Preconditions for setting up a client registration database:**

For recording the cases of domestic violence, it is essential to develop a national database for cases reported to the police. The police should keep track on the various defined criminal actions and segregate for gender, relationship and age of the perpetrators and the victims. This gathered data should be publicly available and published regularly for reasons of awareness raising and monitoring of national security measures.

In some countries however, if no reliable police data exist, NGOs count the number of femicides (e.g. in Iceland until today and in Spain until 2001) for reasons
of awareness raising. Such information can be used as a starting point for setting up a database since it highlights the numbers of the most severe crimes of violence against women and thus creates strong momentum for the cause. Counting femicides can be done with little resources and does not need to rely on multi-agency cooperation’s with the executive or judicative branches in order to access data. Instead, it can be conducted through close connections to local victims services as well as through monitoring the media. Such initiatives were taken by many NGOs internationally. They can result in a campaign called “Silent Witness”\(^\text{104}\). Stories of women who were murdered by her partners are summarized and pinned to a red silhouette representing the victim. The silhouettes are set up in public places inviting people who pass by to read the stories. Such campaigns can be turned into effective awareness raising actions.

3. Development and application of assistance provision standards for domestic violence survivors

The agreement to common standards is essential for safe and efficient services for survivors of violence. Yet few governments and service providers give high priority to the development of such principles.

There are essential qualitative and quantitative standards that need to be met by all actors in order to provide successful prevention, protection and prosecution. The Council of Europe defines the core standards as:

- Understanding violence against women as cause and consequence of inequalities between women and men
- Confidentiality
- Safety, protection and security
- Working within an empowerment approach
- Creating a culture of belief and respect for victims
- Equitable access across geography and for excluded/disadvantaged women
- Availability of crisis services 24/7
- Recognition of children as service users
- Holistic service provision\(^\text{105}\)

An extensive overview on standards and work principles for service providers especially in the region of Eastern Europe and Central Asia is given at the UNFPA funded website to respond to gender based violence\(^\text{106}\). Several links are provided from the latter website to the UN Women Virtual Knowledge Center To End Violence Against Women And Girls\(^\text{107}\) here further information on standards can be accessed. One of the first and most cited manuals on standards and requirements for quality services is the WAVE manual “More Than a Roof over Your Head”\(^\text{108}\). The publication highlights the necessity of “women’s refuges whose concept and operational approach uniquely suit survivors” and provide “precisely the support which abused women and children need”.

Generally, the planning and goals of women’s services should aim at strengthening and empowering women and children. Thus it is important that all actors understand domestic violence as a social problem caused by unequal gender relations. Following this, an approach based on human rights and feminist principles should be applied in order to provide the most successful service. In all of the countries studied police staff was at least partially trained on the most important standards. An indicator in this context is that barring orders, which provide for an important aspect of safety, were applied.

The EU issued several recommendations on standards of women support services, yet none of these are in fact legally binding. The most distinct guidelines were laid out during the EU conference on violence against women in Cologne, Germany, in 1999\(^\text{109}\). It was stated that “All national governments are to be obliged to establish and to finance a comprehensive and costfree offer of support for abused women and their children, regardless of their legal status, under the management of women’s NGOs.” To this end, such support is to involve women’s shelters, women’s advisory offices, emergency organisations, legal and social help organisations, offers of support for children and intervention projects, for which standards have been developed\(^\text{110}\).

The Council of Europe states that “At the same time, agreeing and implementing standards at national levels must be a process of negotiation between governments, the specialist violence against women sector and other key stakeholders. Within this the continued independence of NGOs, their ability and capacity to innovate is critical\(^\text{111}\).”

In Ukraine, according to the women’s NGO WICC\(^\text{112}\), there are no officially communicated standards applied to existing services. However, the need for such standards has been recognised, and civil society organisations have started a public discourse concerning this topic.

For Israel and Kazakhstan, no information on standards for service provision could be found. This suggests that they have not yet been created. In the case of Kazakhstan it also becomes evident that the fulfillment of standards is crucially linked to support by the government and available funding. It will not be possible to offer a women’s helpline free of charge which is available around the clock if no sufficient funds are provided.

This chapter presents two best practice examples on standards: Austrian services operate according to a comprehensive and successful set of principles and the United Kingdom follows efficient standards with regard to the sharing of information among agencies and has developed national standards for DV and sexual violence.
services. These two sets of terms will be presented in the following.

In Austria, the discussion on quality standards began in the late 1990ies. This establishment of work ethics is crucially linked to the creation of effective standards of assistance provisions. Many feminist principles directly lead to standards such as for example the awareness training of staff, the specialized services for ethnic minority and homosexual clients and the existence of helplines and shelters which are easily accessible to women of all social backgrounds. The organization Women Against Violence Europe (WAVE) states: “One fact emerges clearly from the survey: where shelters are run by feminist NGOs (cf. pp. 14–15), they meet the required standards: women help women, empowerment, maximum safety for threatened women, and no time limit for staying in the shelter.”

Most services for survivors are funded by the government but run by NGOs, and service providers are obliged to foresee the continuous high quality outputs of their programmes. NGO service providers have to meet the agreed standards in order to receive state funding. Shelters, in particular are working according to such standards. This is not only due to their contractual obligations, but to the fact that the first women’s shelters in Austria were founded by women who occupied houses in order to create safe spaces for victims of violence. Thus, work principles and standards came to existence out of daily needs and experiences in the support of victims. The following list highlights the most important standards of operation for NGO-run services for female victims of domestic violence in Austria.

- **Safety:** the shelters’ addresses are kept secret and high safety standards applied to the houses, with emergency plans in place and known to all inhabitants and staff members.

- **Women support women:** no men are employed or allowed as clients in shelters; male children are only allowed accommodation up to a certain age (14 in Austria).

- **Partiality:** shelter personnel gives unconditional credence to the information provided by the survivors and represents and supports their clients’ interests.

- **Anonymity:** women can receive counselling and stay in a shelter without providing personal data. Women without papers and legal documents are supported as well.

- **Services free of charge:** women pay for according to their economic status and financial ability. They are not obliged to pay for their stay in the shelter or use of support services.

- **Self-empowerment:** the shelter staff works towards increasing the autonomy of the survivors and fully accepts every survivor’s decision, for example whether or not a woman terminates the violent relationship or decides to return to her partner.

Additional standards are the easy access to services, support for women regardless of age, sexual orientation, ethnicity, religion, disability or legal status and support for children. Today, most shelters in Austria are grouped under the “Austrian network of women’s shelters” AÖF, which organises regular trainings and discussion on quality standards and quality improvement.

The best practice example coming from the United Kingdom is linked to the operation of the aforementioned MARACS (see item 1 above). Especially in consideration of the importance of successful multi-agency cooperation to combat domestic violence, it is crucial to set standards for the sharing of information.

As explained, the MARAC system of information sharing has been criticized by some experts, yet it proves to be highly efficient with regard to the protection of victims. Since a huge amount of detailed information is gathered and processed for each case, the UK carefully laid out standards for information sharing and intends to prove that sharing personal and sensitive information can be undertaken in a legal and pragmatic way. To this end, the term of “information” has to be clearly defined: so-called “personal data” is data, which relates to an individual who can be identified from that data or any other information held or likely to be held. So called “sensitive personal data” is: personal data, which consist of information concerning the racial or ethnic origin, political opinions, religious or other similar beliefs, physical/mental health or condition, sexual life or any alleged or committed offences. The MARACs point out that despite the criticism, failing to share information can put clients and their children at serious risk.

At the core of the work of MARAC’s and other UK support services are eight data protection principles ensuring responsible and lawful information sharing between agencies.

According to these principles, personal data must be:

- Fairly and lawfully processed.
- Obtained only for one or more specified and lawful purposes, and not further processed in any manner incompatible with those purposes.
- Adequate, relevant and not excessive.
- Accurate and kept up to date where necessary.
- Not kept for longer than is necessary.
- Processed in line with the data subject’s rights.
- Secure.
- Not transferred to countries or territories outside the European Economic Area, unless that country or territory ensures an adequate level of protection for the
rights and freedoms of data subjects in relation to the processing of personal data.

The UK Home Office’s publication “Safety and justice: sharing personal information in the context of domestic violence”\textsuperscript{122} provides further useful advice, especially concerning necessary case to case-decisions, for example in situations of substantial and immediate risk of clients.

Moreover, there have been successful efforts by the Home Office and NGOs to develop national standards. The Sexual Violence Unit in the Home Office (HO) has been merged with the Domestic Violence Unit, under the leadership of the Domestic Violence Unit Lead Officer. The Home Office held a consultation meeting with representatives of domestic and sexual violence agencies in 2009 to address the need for a workforce strategy and to discuss Occupational Standards, National Service Standards for Domestic & Sexual Violence (NSSDSV), and accredited training. Further work is being developed jointly with sexual violence agencies to ensure the NSSDSV reflect the needs of all victims and work of all sexual and domestic violence services\textsuperscript{123}. An extensive documentation results from these discussions, which shows how underpinning principles can be transformed into standards for DV services\textsuperscript{124}. These standards are the basis for the UK government to commission service providers.

**Preconditions for standards of assistance provision:**

In order to reach a common understanding of the dynamics of DV, it is important to bring all actors to the same level of knowledge. Specific training on the issue often does this. It is only when all actors understand the reasons, the dynamics and the danger of DV, that they will understand the necessity of the particular standards when working with survivors of DV. In several countries, experience has shown that without awareness-raising, responsible persons might think that e.g. a regular shelter for homeless persons is also suited for survivors of DV. Once the services are established, regular training and exchange is necessary, ideally through a network, to keep up the standards. Other necessary standards such as safety and availability require the efforts of many stakeholders and need to be gradually developed. All service providers should agree to work according to the standards in order to receive funding.

**Monitoring and Evaluation**

Shelters and support services, like all service providers, should continually monitor their services. Guaranteeing quality services is a management task and cannot be relegated to the sole responsibility of the front-line staff. It requires continuous planning, implementation, evaluation and improvement processes and should be part of the quality-management system of every organisation (European Foundation for Quality Management 1999–2003). Agencies need to have clear guidelines and procedures to respond to the problem and to support survivors. The management must make sure that all staff members are adequately trained and familiar with the guidelines.

Clients should be regarded as stakeholders. Hence, clients’ opinions on the quality of the service should be gathered regularly (i.e., through questionnaires, interviews, survivors’ forums). Agencies should be open to feedback from clients, even if it is critical feedback, and should encourage and facilitate such feedback (i.e., through surveys or questionnaires). Furthermore, clients should be informed to whom they can address complaints in case they are not satisfied with the service\textsuperscript{125}. The continuous collection of data and compilation of statistics is necessary to evaluate, further develop and improve the agencies’ response to victims of domestic violence. With regards to this, internal evaluation should be carried out regularly as well as external evaluations, safety audits and research are important and necessary strategies for developing and improving interventions and services. External evaluation should be carried out by independent organisations such as universities or research institutes\textsuperscript{126}.

**4. Domestic violence shelter management experience in EU and CIS with specific attention to existing shelter regulations, models and standards of operation, funding mechanisms**

Shelters for women and their children who flee from domestic violence are at the core of the service provision for victims. Therefore it is crucial that they assist survivors of domestic violence in the most effective way possible, following common principles and standards as discussed above. Domestic violence can never be examined without taking into account the suffering it causes to children involved. Whenever gender-based violence between domestic partners occurs it will not go unnoticed by the children of the family. They are, as well as their mothers, exposed to direct physical or psychological violence or witness violence against their mothers. Therefore, especially shelters need to provide capacities to cater to the needs of affected children as well (see Country Report “Support for children”). Hence the a guideline by the European Parliament’s Committee on Women’s Rights and Equal Opportunities recommends to provide so called “family” instead of “shelter places” to always be able and accommodate both, the mother and her child/ren\textsuperscript{127}.

Concerning the management of shelters, Women Against Violence Europe recommends: “Running a women’s refuge calls for professional organisation throughout the operation. Refuges have evolved a range of management models to facilitate standards of efficiency and
professionalism in the implementation of their goals. In some refuges the staff as a whole work on a team basis, running the refuge jointly. Other refuges are run by a director. A third model envisions team management combined with individual responsibility for specific areas, whereby the area leaders draw up and implement their planning independently but report to the team. These are not the only models. Each refuge should develop the management structure which is best suited to the prevailing circumstances.\footnote{128}

In Ukraine, three shelters exist which meet the aforementioned feminist work standards (see item 3). All of these are operated by NGOs. There are no state-run shelters, which commit to minimum standards. The existing shelters are funded as follows: 60\% of municipalities and communes, the rest is provided by foreign donors.

The overall number of shelter places available in Ukraine is approximately 20. Yet, according to the recommendations issued by the Council of Europe (see page 1), 4,824 shelter places are needed. The Council of Europe also recommends installing services that focus on tending to the special needs of survivors of sexual violence. None such centre exists in Ukraine. The Council recommends installing one centre per 200,000 inhabitants in every European country (see CoE Report 2008).

Ukraine does provide support to survivors of trafficking in a few centres. The problem of trafficking can be closely connected to domestic violence in cases where partners or former partners push dependant women into forced labour or prostitution. The most influential NGO, which is working primarily on this issue is La Strada. The staff of this NGO also operates the country’s only nation-wide helpline for female survivors of gender-based violence (see above, item 1).

None of these shelters and services get sufficient or permanent funding by the Ukrainian government. Therefore women’s services are under constant threat of being shut down.

The WAVE Country Report 2011 states that “[t] is is widely recognized [...] that women survivors of violence and their children need services specialized on the issue of violence. General services such as social services or general shelters are not adequately provisioned to comprehensively support survivors.”

The situation of female migrants and undocumented women in Ukraine is worrisome, since many doors to services and legal support remain closed to them. According to official Ukrainian statistics reported to the UN, there were about 28,000 illegal migrants, mostly women, estimated in the Ukraine in 2002\footnote{129}. Since they often are the most vulnerable persons among survivors, their access to rights can be seen as a litmus test on the overall state of women and human rights in a country (see for ex. PICUM’S report 2012 and WAVE Country Report 2011).

Austria has 30 shelters for women survivors of violence and their children. The first was established in 1978 in Vienna. All 30 women’s shelters are run by independent women’s NGOs and apply a gender specific approach to their services\footnote{130}. All shelters are accessible around the clock and provide services that are generally free of charge. However, if it is possible for the clients, they are asked to pay a small daily contribution (up to 5 \euro) for staying in the shelter. Women are always able to stay in a shelter for free.

The shelters provide places for 750 women survivors of violence and their children. Four shelters are located in Vienna. Additionally, the city of Vienna offers funds for approximately 41 safe transition apartments for women survivors of violence and their children including special counselling services. These transition apartments provide housing for women following their stay in a shelter until a new home and occupation is found. These transitional apartments are state property and usually located within multiple flat-buildings. In 2013 the city of Vienna will build a new women’s shelter with 9 more places.

The Austrian women’s shelters provide support for women survivors of all forms of violence, including domestic violence, forced marriage and trafficking. Women can stay in the shelters for four up to six months (five shelters) and in seven shelters up to 12 months (25 shelters).

Support is available to all women regardless of age or ethnic origin. The majority of shelters also offer access to asylum seeking women. This is becoming increasingly difficult as new contracts with funding bodies either prohibit or restrict accommodation to two or three weeks only. In Vienna and Lower Austria women seeking asylum are able to stay in the shelter for up to six months. There are no specific shelters for migrant or minority ethnic women.

Just over a half of Austrian shelters offer access to undocumented women, Roma women and women with disabilities. None of the shelters have specific facilities for women with disabilities though the more modern shelters have partial wheelchair access and some of the shelters in Vienna can offer an elevator. Generally, every woman coming to a shelter will be accepted. She will be welcomed at any time of night or day, will be able to stay free of charge, will not have to give her name or other data and will be able to bring her children with her. Restrictions have to be made when not enough shelter places are available or when a woman is in obvious need of medical or psychological support. The women are in almost all cases referred to a shelter through helplines or other support services where they will be informed about the possibility of staying at a shelter. The women will then call the shelter directly (in some cases a helpline will be able to give respective information as well) and learn about the shelter’s address. In most cases a shelter address will not be public due to security concerns. A police referral is never needed and the women
can in fact decide if they wish to receive support by the Executive or not. The Executive will be involved if the women’s partner continues to threaten or stalk her and her children and support by the Police becomes inevitable. In both Austria and the UK these high standards of service provision do apply.

All of the 30 shelters accept children, with the majority having an age limit for boys of up to 14. Around a quarter of the shelters do not have an age limit for boys. When boys are too old to stay in the shelter, the shelter staff tries to arrange for the boys to stay in a nearby children’s shelter. The shelters have an average of four to six staff members who are usually social workers, psychologists, children caretakers or otherwise fit for working with clients breaking free of violent circumstances. A part of the staff will be tasked with managing the everyday life in the shelter and often sleep in the house as well. The other part of staff members will provide specific services like taking care of minors, providing legal advise or psychological care or helping women to find a job and new accommodation.

Funding for Austrian shelters is provided primarily by the regional states (80–90 per cent) with the remainder coming from private national donations (10–20 per cent). The majority of state funding comes from the regional states and as a result the financing of women’s shelters varies between states. According to Maria Rösslhummer, managing director of the Austrian shelter network AÖF, some states are financing the shelters based on the number of survivors and amount of nights spent at the shelters. This way of financing is problematic, since there are usually peak times and less busy times in a shelter, but the same staff needs to be in place. Other states are financing the shelters based on the amount of beds that are provided and the provided services. Every year, the state council and the shelter management discuss the statistics and the capacity of the shelters and reach an agreement on the financing conditions of the following year.

Financing often is not secure. Only in a few regions such as Upper Austria, The Burgenland and Carinthia the state is funding women’s shelters as prescribed by regional law. In Upper Austria for example, financing of the shelters is stipulated in the “Sozialhilfegesetz,” the social welfare law of Upper Austria. In Vienna, the four existing women’s shelters and the affiliated counselling centre have a permanent contract with the City of Vienna, which is the most efficient and favourable way of financing.

According to the Kazakh government, there are 25 crisis centres providing support to survivors. Funding is provided through the government and international grant foundations. Only six of these centres also function as shelters providing accommodation to women fleeing from domestic violence. There is no information available as to which operating standards these shelters and centres apply.

Despite claims by the government, women NGOs do not see any effort towards realising initiatives drafted in the National Plan of Action to establish crisis centres and shelters at least in urban areas throughout Kazakhstan. NGOs furthermore stated the importance of the government providing the majority of grants for such centres.

There are 14 shelters in Israel today. Children make up 60–65% of the shelter’s inhabitants. The shelter population has changed since the first shelter opened in the 1970ies. At first, the majority of the women who arrived were primarily Jewish women of oriental backgrounds from all parts of Israel. In the mid 80’s Arab women began arriving at the shelter (including Bedouin and Druze women). In the 90’s, women from the former USSR began inhabiting the shelters in growing numbers. They were Jewish, Christian and Muslim.

At about that time, the first survivors of trafficking in women sought shelter. Hence, the shelter staff started to cooperate with the police, embassies, Knesset members and the Ministry of Welfare.

Due to its history, Israel is the first country to have established a shelter especially for Arab women and today there are 2 such shelters as well as 2 shelters for ultra-orthodox Jewish women. The 9 remaining shelters are general shelters, that will take in women of all religions, backgrounds, temporary residents as well as tourists. Government budgets did not catch up with the cost of living expenses. In the past, governmental participation made up 90% of the shelter budget. Today it covers 73%.

The UK’s first shelters were opened in 1972. At present, around 920 shelters are run throughout the country by 330 different organisations. Roughly half of them are independent women NGOs while the rest are mainly operated by religious institutions. Some of these shelters cater to specific target groups like trafficked women or black, ethnic, minority or refugee women who experienced gender-based violence. 20% of shelters offer full wheelchair-access and a very small percentage further supports disabled women, for example via information in Braille, places for caretakers or British sign language workers. Usually, women cover expenses for their stay according to their possibility. About a third of these shelters are open all the time and male children are usually allowed to accompany their mothers up to a certain age limit (around 14). The length of stay is usually between three and six months. A woman, however, will usually not be asked to leave if it is apparent that she has no safe place to go to. If available funding allows for it, undocumented women and their children are provided shelter free of charge.

The UK shelter organization Refuge further lists the following activities in order to support clients: assistance applying for grants and loans, safety planning, outreach.
services to meet women at home, help with budgeting and debts and referrals to other relevant services. Such services can include lawyers, psychologists and doctors and child welfare organizations. If needed, social workers will help to build essential resettlement skills such as shopping and budgeting, confidence building and advice on housing rights and finding work.

The shelters provide a total of 4,090 places for women and their children. The shelters are financed through the state and the funding is half permanent, half dependant on temporary public tender contracts and local authority grants.

**Migrant women in shelters**

Across countries, a significant percentage of women seeking shelter have a background of migration. This is due to the fact that migrant women have smaller social and family networks, they are often not allowed to work or have smaller incomes than women with national backgrounds.

Migrant women are especially vulnerable since they often have limited language skills, they might be at danger of losing residence permit when divorcing and often possess little financial means to cover living expenses for themselves and their children. It is important that migrant women are allowed access to shelters and receive appropriate support. Some countries such as Israel and the UK opened special shelters for migrant and minority women, but generally migrant women are accepted in most shelters.

The best practice models of shelter management stems from Israel, the UK and Austria. In all of these countries, a large number of specialised women’s shelters are staffed with well-trained experts, thus providing high service standards for survivors. In the countries mentioned, the state provides most of the funding for shelters and supports their work in different ways. The state also installed national helplines, that refer survivors of DV to shelters.

In the three best practice countries mentioned, initiatives from individual women or by NGOs led to the foundation of the first shelters, that were, in the beginnings, often located in private apartments. At a later stage, the state grew aware of the importance of a systematic protection for survivors of violence and started supporting the shelter initiatives by providing resources like infrastructure and financing, cooperating with relevant social services like social housing, job training etc. In all of the best practice countries, an interministerial or governmental working group was founded in order to coordinate the efforts to open and run safe shelters. In many countries the publication “Away from Violence” by the WAVE Network provided support to start up and organise efficient shelters.

Today, profound training is provided to all shelter staff by the state (social workers, psychologists etc.), and the issue of domestic violence is part of the curriculum for key professions including health care and the police. Academic staff, NGO experts and international specialists are teaching specific modules on domestic violence at universities and schools.

All of the mentioned shelters accommodate women of all age, ethnicity and economic background. Children are welcome at all shelters; however, different age limits are applied for boys accompanying their mothers (all shelters host boys up to fourteen, some up to the age of eighteen). Israel, Austria and the UK report, that children make for 50%-60% of shelter stays. In all countries, migrant women are welcome in shelters, with Israel providing special shelters to Arab as well as Jewish women.

There are national shelter networks in Israel, Austria and UK that provide up to date information on quality standards, cooperation with the government, on legal changes, latest scientific developments concerning domestic violence and international developments. In Austria, this is the Austrian Network of Autonomous Women’s Shelters and in the UK there are several networks of networks combating domestic violence and disseminating information, namely Women’s Aid in the UK, Ireland, Scotland and Wales.

**Preconditions for shelter management**

In order to start specialised shelters, it is important to sensitize to the problem and danger of DV. Once awareness is created, the need for specialised shelters is evident and the responsible ministries feel pressured to act. The next step will be to organise round tables with the responsible actors from the state and NGOs to discuss the needs, options and duties for starting up a woman’s shelter. Throughout the discussions it is important to regularly look at the specific dynamics of DV when planning the shelter. In order to maintain the standards defined in point 3 of the study, it is important to agree on the duties and financing for the first year or any other defined period and to do realistic calculations. The shelter staff needs to be well trained, and the cooperation with other services (police, health care, job training, child welfare etc.) needs to work well. All this can be discussed during regular multi-agency roundtables.

Concerning women’s support services who cater to clients, all staff members who might be confronted with the matter must receive adequate and ongoing training on domestic violence. Training on domestic violence should be an integral part of the basic training for every profession. Core agencies (police, courts, youth welfare offices) should have special units and specialised staff who receive intensive training on domestic violence. Staff which works at women’s shelters themselves will usually have a background in social work or psychological support. Agencies which cooperate to tackle domestic violence will receive special awareness raising training.
A good example is provided by a joined project of the UN and Women Against Violence Europe creating a training programme for health care practitioners\textsuperscript{144}.

5. Models of working with male domestic violence perpetrators, with specific best practices, standards and lessons learned

One component of a comprehensive response to domestic violence is the work with perpetrators. A variety of different models of working with violent (ex) partners and fathers have been developed and evaluated. According to an Australian meta-study\textsuperscript{145} analysing several project evaluations, there are different aspects of successful perpetrator programmes:

- Men who were mandated to attend were more likely to complete the programme and to stop using violence than voluntary participants.

- Men who completed the programme were much more likely to stop using violence than men who had dropped out of the programme at an early stage.

- Couple counselling or anger management is not sufficient to change violent behaviour.

- It has been shown that a team of therapists or trainers, mixed in gender male and female, likely results in a successful outcomes.

- The majority of women said that they felt much safer and attributed this to the man’s participation in the programme.

In Austria, perpetrator programs are conducted by specialized men counselors together with female experts from the intervention center for family violence. The Austrian Ministry for Interior funds this programme, which is called the “Viennese-Anti-Violence-Program\textsuperscript{146}”. Currently, there are two parallel groups consisting of nine participants who meet weekly. The program uses the setting of open, but structured groups using various methods including cognitive behavior therapy and training of social skills\textsuperscript{147}. Often a psychotherapy will accompany the programme along with group discussions identifying common patterns of violent behavior, self assessment and trainings in empathy and changes of perspective for the perpetrator. Perpetrators participate in these programs both voluntary and mandatory following a decision of the court or youth welfare office (fathers are obliged to participate should the wellbeing of their children be in danger).

The training starts with a clearing phase, in order to test if the participants are suitable for participating in the program. The staff conducting perpetrator programmes will assess participants. This can be conducted with support by the Police who will disclose information on former convictions and risk evaluations. The victim itself and experts of the Intervention Center for Family Violence in Austria\textsuperscript{148} will be asked for an assessment as well. When the perpetrator is continuously violent, and does not admit to the existence of a problem with violence or when he is assessed to be too dangerous, he will not be included in the program.

At the same time, the partners of the perpetrators (survivors) are contacted, and the same assessment of violent behaviour is done with her, in order to get a holistic picture of the personality of the perpetrator. The intervention center asks the survivors frequently about the progress of the perpetrators who are undergoing the programme in order to monitor its efficiency.

After 30 single- or group sessions, the perpetrator is diagnosed again and his partner is informed about the result as well as any behavioral changes. Also, the partner’s information on the perpetrator’s behaviour is taken into consideration for the final diagnose. Upon a positive result, the perpetrator will then be released of his obligations to participate in the programme. If he should then continue his violent behavior (including stalking, contacting the victim or threatening her, the police will intervene and he will be convicted. Upon release of the programme a perpetrator should be able to respect a victims wish to proceed with a divorce or break up as well.

In Kazakhstan, efforts on approaching men and perpetrators to tackle violence against women can only be accounted for through indirect measures like public awareness campaigns or punitive measures like prison sentences (see item 1 on legal instruments). For example, in 2001 to 2003, UNIFEM implemented a project called Life Without Violence: It’s Our Right\textsuperscript{149}. In its context seminars, workshops and policy discussions where held to bring the topic up on the national agenda.

Within the United Kingdom a variety of programmes on working with domestic violence perpetrators exist. A good overview was published by the UG NGO Respect\textsuperscript{150}.

The majority of services are based on the willing cooperation of men and their intention to change their abusive behaviour. A good example of this approach is summarised in a statement by “Strength to Change”: “Whatever you have done, you have chosen to do it. This also means that you can choose to stop and choose not to be violent and abusive.”\textsuperscript{151}

Institutions are usually well connected to victim support services. Many also provide specific information for partners of abusive men. Effective referral systems are in place to redirect men from executive authorities to perpetrator programmes. Men seeking to change their behaviour will find various moderated selfhelp groups to
Violence perpetrated by intimate partner violence is strongly opposed by feminist groups and experts on gender-based violence. Like in the case of shelters and helplines, many of these services also cater to homosexual, disabled or migrant men. Most of the programmes are funded by the state while some receive funding by international grants and private donors.

The best practices concerning perpetrator programmes were identified in Ukraine and Israel.

According to official governmental sources in Ukraine, at least two programmes tailored to male perpetrators of domestic violence were conducted in recent years (Sec. Gen. Website): In 2009, 20 men conducted an awareness raising campaign against gender-based violence and in the same year, “intervention programmes” for perpetrators were held. Participation in the latter was based on a voluntary decision of the perpetrator himself. Since 2010 so called “correction programmes” for perpetrators were enforced by order of the Ministry on the Affairs of Family and Youth (since then this responsibility has been transferred to the Ministry of Social Policy). In 2010, 4965 persons participated in these programmes and in the first half of 2011 2492 persons passed through this programme. Usually these programs are conducted by NGOs in cooperation with local government. There are special correction programmes for violent men and violent children. The correction programmes are based on group work and conducted by specially trained social workers, psychologists, therapists or teachers. The OSCE published a book on these correction programmes including detailed descriptions, entitled “Manual for practitioners implementing corrective programmes for domestic violence perpetrators”.

In Ukraine, in addition to these programmes, the perpetrators are usually also fined. This punitive measure is not only largely ineffective with regard to a change of the perpetrator’s behaviour, but also negatively impacts the family as a whole. Ukrainian women NGOs and the CEDAW Committee criticise the common practice of imposing fines (CEDAW Report 2010, item 26).

In Israel, a very intense form of perpetrator work has been developed: Beit Noam broadly resembles a boarding-school for violent men, rather than men receiving treatment in groups or communities, according to the centre’s president, Ahuva Talmon. It can host up to 13 men for at least four months. Founded by social workers, in cooperation with the government and charity funds, Beit Noam came into existence in 1997. Perpetrators stay for initially four months, “some choose to stay even longer, out of their own free will, even paying to do so,” says Talmon. During the first part of the day, the men are tasked with essential chores, such as cooking, cleaning and doing the laundry — chores usually carried out by the men’s abused spouses. Later in the day, the men receive both group and individual therapy, in which they are made to be aware of and confront their violent personalities. “The aim is to cause the men to admit to their violence,” Talmon says “When they first come, they are in total denial about it. After conceding to being violent, they are shown how to take control of violent urges and to calm themselves. After four months, the physical violence ends, and there is a heightened awareness of it.”

Preconditions for perpetrator work

Once domestic violence becomes a public offence and perpetrators are convicted, there is an option to oblige them to go through a perpetrator programme. Cooperation between state agencies and NGOs is necessary to organise for these trainings. Perpetrator programmes should be held by two trainers, male and female, and include several aspects of therapeutic, social and psychological treatment. Group sessions and single sessions have shown to be highly successful when perpetrators visit them regularly, at least 20 units.

6. Glossary

CAFCASS: The Family Justice Review and the Child and Family Court Advisory Service


CPS: The Crown Prosecution Service

Domestic Violence (DV): Violence perpetrated by intimate partners, former partners and other family members, and manifested through: physical abuse (e.g. slapping, beating, arm twisting, stabbing, strangling, burning, choking, kicking, threats with an object or weapon, and murder) and/or sexual abuse (e.g. coerced sex through threats, intimidation or physical force, forcing unwanted sexual acts or forcing sex with others); psychological abuse (e.g. threats of abandonment or abuse, confinement to the home, surveillance, threats to take away custody of the children, destruction of objects, isolation, verbal aggression and constant humiliation); and economic abuse (e.g. denial of funds, refusal to contribute financially, denial of food and basic needs, and controlling access to health care, employment, etc.)

Gender-specific approach: Services — most of all women’s shelters — need to be specialised on violence against women as a gender-specific form of violence and need to tackle the root causes of gender-based violence, that, according to the new Council of Europe Convention, lie in the “historically unequal power relations between women and men, which have led to domination over, and discrimination against, women by men and to the pre-
vention of the full advancement of women” (CoE Convention 2011, Preamble). A “gender-neutral” approach is not able to tackle these root causes of violence and to empower women to live a life without violence. Hence, a gender-specific and feminist approach is to be applied (see WAVE Country Report 2011 glossary).

**IDVA:** Independent Domestic Violence Adviser

**ISVA:** Independent Sexual Violence Adviser

**MARAC:** Multi-Agency Risk Assessment Conference


**NOMS:** National Offender Management System

**SARC:** Sexual Assault Referral Centre

**SDVC:** Specialist Domestic Violence Court

24/7: Services for DV survivors should be open day and night, meaning 24 hours a day. They should also be open every day in the week (7 days, therefore: 24/7), including public holidays, since there are especially many DV incidents around e.g. New Year’s Eve or other important family gatherings.

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**Council of Europe (2008):** Council of Europe Task Force to Combat Violence against Women, including Domestic Violence (EG-TFV) — Final Activity Report, Gender Equality, and Anti-Trafficking Division/Directorate General of Human Rights and Legal Affairs, Strasbourg


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**PICUM:** Strategies to End Double Violence against Undocumented Women Protecting Rights and Ensuring Justice, 2012.


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Internet resources

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http://www.un.org/womenwatch/daw/cedaw/protocol/
http://www.coe.int/t/dghl/standardsetting/convention-violence/default_EN.asp

http://www.conventions.coe.int/Treaty/Commun/ChercheSig.asp?NT=210&CM=1&DF=&CL=ENG
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http://www.caada.org.uk/marac/Information_about_MARACs.html
http://www.crin.org/organisations/viewOrg.asp?ID=5562
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Bundeskriminalamt im Bundesministerium für Inneres 2009
Bundeskriminalamt im Bundesministerium für Inneres 2010

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For the example of UK, see http://www.legislation.gov.uk/ukpga/1989/41/section/91 and for Austria, see http://www.ris.bka.gv.at/Dokument.wxe?Abfrage=BgbblAuth&Dokumentnummer=BGBLA_2009_I_40 (information only available in German).


http://www.gewaltschutzzentrum.at/ and http://www.interventionsstelle-wien.at/
http://www.compactlaw.co.uk/free-legal-information/injunctions/domestic-violence-injunctions.html
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http://www.coe.int/t/dghl/standardsetting/equality/03themes/violence-against-women/EG%282009%29-03_vol2_en.pdf
http://www.familyviolence.gov.cy/upload/20091217/1261040322–03792.pdf and http://www.unhcr.org/refworld/publisher,IRBC,,UKR,4e4a270b2,0.html. Since an amendment to the law in 2009, perpetrators can be evicted for up to 90 days from the family home. It used to be just 30 days before this amendment was decided upon.


There is a full chapter on the creation and evaluation of referral systems in Eastern Europe and Central Asia on the UNFPA-funded website, available in English and Russian: http://www.respondgbveeca.org/

http://www.respondgbveeca.org/training-programme-for-health-care-providers/training-programme-for-
The manual "Bridging Gaps" by the NGO Women Against Violence Europe is available at [Women Against Violence Europe](http://wave-network.org/). This resource offers insights into strategies for integrating violence prevention into healthcare and social services. It is recommended for use by healthcare providers looking to improve their response to domestic violence.

The manual "Bridging Gaps" is also available in a file format. You can download it from [Women Against Violence Europe](http://wave-network.org/images/doku/homepage_bg_manual_fromgoodinterventionstogoodcooperation3.pdf).

For further information, you can visit the website of the Centre for Research on Violence and Abuse ([CAADA](http://www.caada.org.uk/)). They provide resources and guidelines for professionals working with domestic violence.

The Centre for Research on Violence and Abuse offers a toolkit for police ([CAADA](http://www.caada.org.uk/marac/Toolkit-Police-Feb-2012.pdf)) and MARAC ([CAADA](http://www.caada.org.uk/marac/Toolkit-MARAC-Chair-Feb-2012.pdf)) members. These tools include frequently asked questions and best practices for addressing domestic violence.

It is crucial to consult with local authorities and experts when developing policies and procedures for addressing domestic violence. The website of the Centre for Research on Violence and Abuse ([CAADA](http://www.caada.org.uk/)) offers a range of resources and guidelines for professionals working with domestic violence.

For more detailed information, you can visit the website of the Royal College of Nursing ([RCN](http://www.rcn.org.uk/)) or the National Institute for Health and Care Excellence ([NICE](http://www.nice.org.uk/)). These organizations provide guidelines and best practices for healthcare professionals working with patients who have experienced domestic violence.

It is also recommended to consult with the police ([CAADA](http://www.caada.org.uk/marac/Toolkit-Police-Feb-2012.pdf)), the National Crime Agency ([NCA](http://www.nca.gov.uk/)), and the Home Office ([Home Office](http://www.homeoffice.gov.uk/)) for further information.

The website of the Government ([UK Government](http://www.gov.uk/)) provides comprehensive information on domestic violence and offers resources for healthcare professionals. For more information, visit the website of the Government ([UK Government](http://www.gov.uk/)).
http://wave-network.org/
http://wave-network.org/start.asp?ID=23506&b=202 Reports will be available in more than 10 languages.
http://www.womenaid.org.uk/core/core_picker/download.asp?id=2107
http://www.aoef.at/cms/
http://www.eurowrc.org/01.eurowrc/04.eurowrc_en/GB_UNITED%20KINGDOM/Sharing%20personal%20infor
mation%20-%20domestic%20violence.pdf
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http://www.wave-network.org/images/doku/wave
moret.a.roof.pdf
http://www.itoisu.unijl.si/fakulteta/Dejavnosti/IZIF/DAP
http://www.iom.int/jahia/webdav/shared/shared/main
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work_and_30_Years_Womens_Shelter_Move
ment_in_Austria.Au.pdf and http://www.frau
enhauskoordinierungsstelle.de/uploads/media/
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ive-referral-systems/44
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http://www.italia.org/documenti/organization/160465.
pdf
For example http://www.stoponline.org/groups.php

Source: Email from Olena Suslova

http://www.osce.org/uk/ukraine/93318

http://www.jpost.com/LandedPages/PrintArticle.aspx?id=118925


http://www.respondgbveeca.org/training-programme-for-health-care-providers/training-programme-for-health-care-providers


http://www.maennerberatung.at/


http://www.strengthtochange.org/index_flash.html#its-your-choice


Also see item 1.


http://www2.ohchr.org/english/law/crc.htm


Also see item 1.
8. Annexes

Annex 1

The website is based on data from the Ministry of the Interior and the National statistic agency (Statistik Austria). The
website where the information is published is financed by the Ministry of Economy and Family.

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<th>Victims total/female</th>
<th>Convictions</th>
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<td>171/144</td>
<td>167/65</td>
<td>44</td>
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<td>Imprisonment</td>
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<td>2/1</td>
<td>10/8</td>
<td></td>
</tr>
<tr>
<td>Kidnapping of a defenseless person</td>
<td>19</td>
<td>16/11</td>
<td>15/13</td>
<td></td>
</tr>
<tr>
<td>Slavery/Trafficking of persons</td>
<td>2,159</td>
<td>2,191/1,906</td>
<td>2,167/1,069</td>
<td>436</td>
</tr>
<tr>
<td>Coercion</td>
<td>1,569</td>
<td>1,572/1,408</td>
<td>1,567/975</td>
<td>220</td>
</tr>
<tr>
<td>Severe coercion</td>
<td>12,145</td>
<td>11,735/10,204</td>
<td>11,981/6,017</td>
<td>1,202</td>
</tr>
<tr>
<td>Dangerous threats</td>
<td>2,534</td>
<td>2,111/1,629</td>
<td>2,507/1,952</td>
<td>142</td>
</tr>
<tr>
<td>Stalking</td>
<td>307</td>
<td>291/281</td>
<td>307/273</td>
<td>24</td>
</tr>
<tr>
<td>Continuous violent behaviour</td>
<td>875</td>
<td>728/716</td>
<td>858/824</td>
<td>116</td>
</tr>
<tr>
<td>Rape</td>
<td>281</td>
<td>216/210</td>
<td>271/244</td>
<td>30</td>
</tr>
<tr>
<td>Sexual abuse</td>
<td>157</td>
<td>165/157</td>
<td>155/134</td>
<td>24</td>
</tr>
<tr>
<td>Severe sexual abuse</td>
<td>346</td>
<td>357/332</td>
<td>361/277</td>
<td>93</td>
</tr>
<tr>
<td>Severe sexual abuse of minors</td>
<td>312</td>
<td>296/288</td>
<td>302/223</td>
<td>60</td>
</tr>
<tr>
<td>Pornographic display of minors</td>
<td>310</td>
<td>263/240</td>
<td>—</td>
<td>208</td>
</tr>
<tr>
<td>Sexual abuse of adolescents</td>
<td>76</td>
<td>77/72</td>
<td>302/223</td>
<td>7</td>
</tr>
<tr>
<td>Moral endangering of persons younger than 16</td>
<td>199</td>
<td>147/135</td>
<td>13</td>
<td></td>
</tr>
<tr>
<td>Incest</td>
<td>23</td>
<td>25/22</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abuse of authority</td>
<td>120</td>
<td>124/116</td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>Procuration</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paid agency of sexual contacts</td>
<td>10</td>
<td>4/-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Seduction into prostitution</td>
<td>13</td>
<td>12/11</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Procuration of prostitution</td>
<td>47</td>
<td>53/35</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transnational trafficking of prostitutes</td>
<td>47</td>
<td>48/35</td>
<td>48/46</td>
<td></td>
</tr>
</tbody>
</table>

Sexual assault | 1,130 | 690/673 |
Annex 2

an exemplary list of participants of a MARAC, taken from the “Operating Protocol for the Richmond Multi-Agency Risk Assessment Conference for high risk victims of domestic abuse”.

Partners

Metropolitan Police Community Safety Unit (CSU) (Chair and lead agency)

- DAIS (Drugs, Alcohol, Interventions, Support)
- EMAG (Ethnic Minorities Advisory Group)
- LBRuT Adult and Community Services (Adult Social Care, Community Safety and Housing Services)
- LBRuT Children’s Services and Culture (School Standards, Specialist Children’s Services and Young People’s Services including Children’s centres)
- Child Abuse Investigation Team (CAIT)
- National Probation Trust
- Refuge, Specialist Domestic Abuse services (IDVA and Domestic Abuse Outreach worker) also representing Refuge Floating Support and Residential Services
- HRCH (Hounslow and Richmond Community Healthcare NHS trust)
- NHS SW London, Richmond Borough Team
- Richmond Churches Housing Trust (RCHT)
- Richmond Housing Partnership (RHP)
- South West London and St Georges Mental Health Trust (Community Drug and Alcohol Team, Community Mental Health Team and Child and Adolescent Mental Health Services)

Children and Domestic Violence

In the context of domestic violence it has long been recognised that child welfare calls for the same amount of attention as women’s protection. To this end, shelters usually accommodate not only women but their children as well, since women rarely flee violence if they have to leave their children behind. Witnessing violence against their mother is violence against children, and vice versa, as domestic violence manifests itself as physical and/or psychological abuse. Children typically are aware of far more than their parents think. If they do not experience physical violence themselves it might be enough that they pick up the atmosphere the next day. It is estimated that around ten percent of children living in a domestic violence context actually see their mothers being sexually assaulted.

In many women’s shelters in studied countries, mainly Austria and the UK, support and counselling for children have become an integral part of service. Yet many more services do not yet meet this standard. Support for children has to be organised in a family-friendly way, making it possible to accept the help offered. Counselling and support for children should preferably be offered parallel to the help for the mother. This will also strengthen the mother-child relationship and support the introduction of non-violent family system. Mothers should be able to receive support in the same place (e.g. shelter) as their children.

Risk assessment and safety planning with the children as well as the mother should be standard responses of social services, youth welfare offices, child protection services and other services for children. Professionals working with children, including teachers, social workers, psychologists, doctors, etc., play an important role revealing domestic violence and should be very sensitive in doing so.

Concerning the protection of children from domestic violence, the UK provides best practice examples with some important initiatives coming from Austria as well.

The legal protection of children in the UK is laid out in The Children Act of 1989. A comprehensive multi-agency framework allows for children’s risk to be assessed and appropriate measures being planned in consultancy with health practitioners, police officers, social workers and school or day care personnel. Underage victims of violence may develop physical, emotional, learning or behavioural problems. Since these symptoms can easily be misdiagnosed or wrongly addressed it is crucial to involve experts from various fields to ensure the timely identification of a case of domestic violence. Examples of support work include counselling, play therapy, safety planning and are either provided on a one-to-one basis or as part of group work. These interventions are usually connected to a counselling programme for the mother.

Additionally, special independent services, “Children and Family Court Advisory and Support Service (Cafcass)”, provide support to children with regard to court and custody proceedings and their website provides child-oriented information. Cafcass also acts as counsellor to family courts.

The UK set in place a comprehensive strategy to monitor, evaluate and protect children’s safety at all levels. The core of its success, again, is an efficient multi-agency cooperation and strict laws and guidelines on how to proceed if the abuse of a child is assumed in order to ensure the sustainability of measures taken, advisers for urgent action in cases of high risk as well as so-called “Child Protection Conferences” and “Child Protection Review Conferences” are in place. These measures should enable both professionals and families to understand exactly what is expected of them and what they can expect.

Such a strategy can also be drafted if an unborn child is at a high risk of being subjected to violence once delivered. The involvement of midwifery services in such cases is vital. Naturally, the implementation of these comprehensive strategies is not perfected at all levels yet. Detailed evaluations and recommendations are available.
In the context of children and domestic violence it is also crucial to be aware of custody issues. Here, Austria provides best practice examples. The Network of Autonomous Women’s Shelters in Austria (AÖF) supports guidelines to ensure the right of a child to break off contact with a violent father/husband\(^{167}\). Custody laws usually foresee that, following a divorce both parents have the right to stay in contact with the child. However, this might be against the child’s will and welfare\(^{168}\). Additionally, the UN Convention on the Rights of the Child\(^{169}\) clearly states that it is the right of the child to decide whether to maintain contact with a parent after incidents of domestic violence and an ensuing divorce have occurred.

Furthermore, Austria decided to include day-care facilities, schools and other locations frequented by a child at high risk of experiencing domestic violence into barring orders. A barring order bans the perpetrator from entering “safety zones” which usually are drawn around the shared home\(^{170}\). This amendment followed the murder of a child outside its school by its father following several incidents of domestic violence against the mother\(^{171}\). Endnotes

4. From good interventions to good cooperation-3.pdf see chapter 2.4.
25. For the example of UK, see http://www.legislation.gov.uk/ukpga/1997/27/contents
28. The Network of Autonomous Women’s Shelters in Austria (AÖF) supports guidelines to ensure the right of a child to break off contact with a violent father/husband\(^{167}\). Custody laws usually foresee that, following a divorce both parents have the right to stay in contact with the child. However, this might be against the child’s will and welfare\(^{168}\). Additionally, the UN Convention on the Rights of the Child\(^{169}\) clearly states that it is the right of the child to decide whether to maintain contact with a parent after incidents of domestic violence and an ensuing divorce have occurred.

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to Find a MARAC in his area, he could also refer to the information on this website: http://www.caada.org.uk/marac/findmarac.htm

113 http://www.caada.org.uk/marac/MARAC%20Refer%20form.pdf
114 http://www.caada.org.uk/marac/RIC_for_MARAC.html
117 To see if a women’s service operates according to best practice guidelines for service provision, please also refer to this document on the Austrian model of multi agency cooperation http://www.un.org/womenwatch/daw/egm/vaw-gp-2005/docs/experts/logar.dv.pdf
119 The charging guidelines have changed in recent years so that cases can now go to court even if victims retract their statement.
121 http://www.ico.gov.uk/for_organisations/data_protection/the_guide/the_principles.aspx
122 http://www.silentwitness.net/.
125 To see if a women’s service operates according to best practice guidelines for service provision, please also refer to this document on the Austrian model of multi agency cooperation http://www.un.org/womenwatch/daw/egm/vaw-gp-2005/docs/experts/logar.dv.pdf
126 For more information on standards for shelter management, see http://www.refuge.org.uk/about-us/what-we-do/
127 http://www.maennerberatung.at/
128 http://www.aoef.at
129 Further extensive information on the evaluation and monitoring of services can be accessed in this WAVE publication http://www.wave-network.org/images/doku/homepage_bg_manual_fromgodenterventionstogoodcooperation3.pdf
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140 For more information on standards for shelter management, see http://www.refuge.org.uk/about-us/what-we-do/
141 Further extensive information on the evaluation and monitoring of services can be accessed in this WAVE publication http://www.wave-network.org/images/doku/homepage_bg_manual_fromgodenterventionstogoodcooperation3.pdf
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A person below the age of 18 is considered a child.

Edleson 1997

Spilsbury et al 2008

Also see item 1.


Second Edition, corrected