

# Council of Europe Campaign to Combat Violence against Women, including Domestic Violence

## Protection and specialised Support by the Police, Health Care Professionals and Social Workers for Victims of Domestic Violence

Skopje, 11-12 September 2007

### Proceedings of the Regional Seminar

organised by the Gender Equality and Anti-Trafficking Division  
of the Directorate General of Human Rights and Legal Affairs  
in co-operation with the Ministry of Labour and Social Policy



**МТСП**  
МИНИСТЕРСТВО ЗА ТРУД  
И СОЦИЈАЛНА ПОЛИТИКА

**Stop domestic  
violence  
against women**



COUNCIL OF EUROPE  
CONSEIL DE L'EUROPE

**Stop à la violence  
domestique  
faite aux femmes**



**Council of Europe Campaign to Combat Violence  
against Women, including Domestic Violence**

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PROCEEDINGS OF THE SEMINAR

Organised by the Gender Equality and Anti-Trafficking Division,  
Directorate General of Human Rights and Legal Affairs of the Council of Europe,  
in co-operation with the Ministry of Labour and Social Policy,  
“the former Yugoslav Republic of Macedonia”

DIRECTORATE GENERAL OF HUMAN RIGHTS AND LEGAL AFFAIRS  
COUNCIL OF EUROPE  
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Gender Equality and Anti-Trafficking Division  
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# INTRODUCTION



## Summary

### Seminar proceedings

#### Background to the seminar

During the Third Summit of the Council of Europe in May 2005, the Heads of State and Government of the Council of Europe member states reaffirmed their commitment to eradicating violence against women, including domestic violence. In adopting an Action Plan envisaging the launch of a Campaign to Combat Violence against Women, including Domestic Violence, and the institution of a Task Force on the same topic, they defined future activities by the Council of Europe in this field.

The Task Force, consisting of a group of eight international experts in the field of preventing and combating violence against women, developed the Blueprint for the Campaign. This document serves as a roadmap for the implementation of the Campaign and was approved by the Committee of Ministers of the Council of Europe. It contains a definition of violence against women, as well as aims, objectives, messages and activities to implement the Campaign.

Following the approval of the Campaign Blueprint by the Committee of Ministers, the Campaign was launched at a high-level conference on 27 November 2006 in Madrid. The Campaign incorporates three closely linked dimensions: governmental, parliamentary and local/regional. It is carried out by the Council of Europe as well as its member states, in partnership with international intergovernmental organisations and NGOs involved in the protection of women against violence.

The Campaign will end with a closing conference to be held in June 2008. On this occasion, the Council of Europe Task Force to Combat Violence

against Women, including Domestic Violence, will present its conclusions and assessment of measures and actions taken at national level to combat violence against women, including domestic violence, as well as its recommendations to the Council of Europe for future action in this field.

The intergovernmental Campaign activities carried out by the Council of Europe include five regional seminars – in co-operation with the requesting member state – devoted to one of the Campaign objectives as laid out in the Campaign Blueprint.

The *Seminar on Protection and specialised support by the police, health care professionals and social workers for victims of domestic violence* was the fourth such seminar. It was held on 11-12 September 2007 in Skopje, “the former Yugoslav Republic of Macedonia”.

Around 90 government and NGO representatives from Albania, Bulgaria, Croatia, Serbia, Slovenia, “the former Yugoslav Republic of Macedonia” and Turkey gathered in Skopje to share information on and discuss the responses of the police, health care professionals and social workers to combating domestic violence

Keynote speeches and presentations on national experiences identified the roles that these professions play in preventing domestic violence and protecting and supporting its victims. In addition, a large part of the seminar was devoted to ways and means by which to increase not only co-operation among these professional groups but also with other service providers, public authorities and non-governmental organisations.

## **Introduction: Approaches to effective intervention by the specialised service sector**

Domestic violence is a multifaceted phenomenon which requires attention by various service providers, professional groups and public authorities. The key to effectively combat violence against women and to ensure the safety of women victims is close co-operation between different professionals and public authorities.

Various state agencies and service providers approach domestic violence from different perspectives. For example, the police response to domestic violence focuses largely on investigating a crime which can be brought to court and will lead to a conviction, whereas the support services such as shelters for victims of domestic violence primarily aim to ensure the protection of the victim. When children are involved, the social services are alerted to ensure the child's welfare and right to remain in contact with both parents.

The different approaches of service providers, which focus on either the victim, perpetrator or the child, often collide in the implementation of joint custody when the right of the child to a father jeopardises the mother's right to protection and safety.

To guarantee the victim's safety and empowerment it is of the utmost importance that the different service providers share a common understanding of domestic violence and that they adopt co-ordinated approaches to deal with the victims, children and perpetrators.

### **Police responses to combatting domestic violence: towards effective intervention through proactive action and specialised training**

During recent years, increased attention has been given to combating domestic violence within the police. The police has an important role in providing front-line services to victims and preventing further violence as they come in contact with do-

mestic violence in carrying out their duties. In many member states of the Council of Europe, police officers receive special training on domestic violence and they have adopted protocols for co-operation with other public authorities and service providers.

Some countries such as Sweden have set up special units within the police structure to investigate cases which involve battered and raped women. The police officers working in these units are specifically trained for this purpose and they co-operate closely with other public authorities and service providers such as crisis centres for victims, medical forensic examiners and social services. Practices to collect evidence such as taking photographs and video recording the injuries of the victim and the premises of the incident have proved to be important for introducing *ex officio* criminal proceedings as the victim is often reluctant to press charges against the perpetrator.

Depending on the legal system, the police also has an important role in issuing restraining orders and implementing them. The aim of restraining orders is usually to protect victims and children from further violence. The police can also be obliged to offer help and assistance to the victim as well as direct the perpetrator to an intervention programme for perpetrators of domestic violence.

Even though in many countries the police are trained to identify domestic violence at an early stage and are obliged by law to take a proactive role, assuming this preventive role in situations which do not yet qualify as a misdemeanour or a crime can be difficult for police officers, as the results from the pilot project carried out in the Netherlands demonstrate.

### **Health care professionals: identifying and responding to domestic violence**

As the victims turn to medical professionals for their physical injuries or on any other health-related matter, health professionals are usually among the first service providers who

come into contact with the victims of domestic violence. For this reason, health professionals such as nurses and medical doctors are well situated to identify high-risk profiles for domestic violence and prevent violence at an early stage.

At international level, the World Health Organisation (WHO) has issued guidelines for medical staff in order to identify and prevent sexual assault and domestic violence and to raise awareness of health care professionals on violence against women. Within the Council of Europe member states, there are no examples of nationally adopted comprehensive approaches to preventing and identifying domestic violence within the health sector. However, some successful initiatives have taken place in some of the member states. Finland has carried out a successful project on screening domestic violence within the maternity and child healthcare clinics where pregnant women and women with small children were asked routine questions with regard to intimate partner violence. In Slovenia, guidelines for treating domestic violence within the health sector have been issued and nurses and midwives receive regular training on family violence.

During the discussions, the participants stressed the importance of close co-operation between health professionals and the police in setting up systems for recording the injuries of the victim. As victims might be reluctant to report to the police immediately after the incidents, it is important that the medical records can be used as evidence in court when legal protection is sought later on.

The traditional approach in health care to treat injuries but not their causes and insufficient legal authorisation to intervene in the patient's situation remains the major obstacle to more effective measures to prevent domestic violence. Furthermore, securing confidentiality and the protection of patient data present additional challenges in finding the appropriate means to prevent and combat domestic violence.

### **Linking professional groups, state agencies and non-governmental organisations: examples of multi-sectoral approaches**

Co-operation among different state agencies, professional groups and service providers is considered a key element to effectively prevent and combat domestic violence and protect the victims. Even though many Council of Europe member states report having adopted co-operation models at regional and municipal levels, the efficient implementation as well as the comprehensive evaluation of such models are still missing to a large extent. Urban areas remain better equipped with co-ordinated support for victims, whereas rural areas are lacking basic support services.

Among the remaining obstacles, the participants identified the lack of clear policies and protocols for action

for service providers, authorities and NGOs to act and co-operate, lack of systematic data collection and lack of continuity in training public officials and service providers.

Systematically setting up effective systems of multi-sectoral responses to domestic violence remains to be tackled in most Council of Europe member states. Evidence shows that most successful examples of co-operation rely heavily on good personal relations between different public authorities, service providers and NGOs.

### **The social services' response to domestic violence: gender-specific training & assistance to victims**

The traditional approach of social services focuses on the family as a unit and stresses the responsibility of both parents for the upbringing of their children. From the point of view of

family policy and law, mothers and fathers are expected to share the custody of their children even after a break-up. Against this view, violence within the family poses a challenge to the family-orientated approach of the social services as the mother (and sometimes the children) need protection from the father.

Increased gender sensitivity of social workers and close co-operation between social services and support services for victims in order to better respond to the needs of victims of domestic violence are among future challenges within this field. Emotional support and comprehensive assistance to victims when contacting public authorities and institutions and providing information on the social rights of the victims as well as assisting her to realise her rights should also receive more attention within the social services. ★



# PROGRAMME



Tuesday 11 September 2007

9.00 Registration of participants

9.30 Opening of the seminar

### **Opening addresses**

Mr Ljupco MESHKOV, Minister of Labour and Social Policy

Mr Jan KLEIJSSSEN, Director of Standard-Setting,  
Directorate General of Human Rights and Legal Affairs, Council of Europe

Ms Helena EWALDS, member of the Council of Europe Task Force to Combat  
Violence against Women, including Domestic Violence

*Chair: Mr Jan KLEIJSSSEN, Director of Standard-Setting, Directorate  
General of Human Rights and Legal Affairs, Council of Europe*

### **I. Introduction: Approaches to effective intervention by the specialised service sector**

10.00 Keynote speaker: Ms Marianne HESTER, Professor of Gender, Violence and  
International Policy, University of Bristol, United Kingdom

*Questions and discussion*

### **II. Police responses to combating domestic violence: towards effective intervention through proactive action and specialised training**

*1. Police intervention in breaking the cycle of domestic violence:  
protective measures and means*

10.30 Keynote speaker: Ms Liz BERGLUND, Co-ordinator, Domestic Violence Unit,  
Uppsala Police, Sweden

*Questions and discussion*

11.00 National experiences

Mr Ilir ZHURKA, Police Department of the District of Tirana, Albania

Ms Sanija BURAGEVA, Chief Inspector in the Unit for Fight against Human  
Trafficking, Ministry of the Interior

*Questions and discussion*

12.00 Lunch hosted by the Ministry of Labour and Social Policy

*2. The proactive role of the police in preventing domestic violence  
and assisting the victims*

13.30 Keynote speaker: Ms Renée RÖMKENS, Associate Professor, the International  
Victimology Institute (INTERVICT), Tilburg University, the Netherlands

*Questions and discussion*

14.00 National experiences

Ms Blagorodna MAKEVA, Senior Legal Adviser, Legal Service and International  
Relationship Department, General Police Directorate, Bulgaria

Ms Renata ODELJAN, General Police Directorate,  
Ministry of the Interior, Croatia

Ms Sengül Altan ARSLAN, Head of Department of Foreign Relations,  
Prime Ministry Directorate General on the Status of Women, Turkey

*Questions and discussion*

15.15 Coffee

### **III. Health care professionals: identifying and responding to domestic violence**

#### *1. Health services response*

15.45 Keynote speaker: Ms Sirkka PERTTU, Project Manager,  
Palmenia Centre for Continuing Education, University of Helsinki, Finland

*Questions and discussion*

16.15 National experiences

Ms Dragana PETROVIĆ, Advisor from the Sector for Gender Equality,  
Ministry of Labour and Social Policy, Serbia

*Questions and discussion*

#### *2. Guidelines for health care professionals*

16.45 Keynote speaker: Ms Freja ULVESTAD KÄRKI, Technical Officer,  
Violence Prevention, WHO Regional Office for Europe

17.15 National experiences

Ms Monika AŽMAN, Nurses and Midwives Association of Slovenia,  
Working Group for Non-violence in Health Care, Slovenia

*Questions and discussion*

18.15 End of the first day

19.00 Buffet hosted by the Ministry of Labour and Social Policy

**Wednesday 12 September 2007**

*Chair: Mr Dushko MINOVSKI, State Secretary, Ministry of Labour  
and Social Policy*

### **IV. Linking professional groups, state agencies and non-governmental organisations: examples of multi-sectoral approaches**

9.30 Keynote speakers: Ms Elena CALCESKA, Psychologist,  
Union of Women's Organisations of Macedonia (UWOM) and  
Ms Jasminka FRISCIK, Executive Director, Association for Emancipation,  
Solidarity and Equality of Women of the Republic of Macedonia (ESE)

*Questions and discussion*

10.00 National experiences

Ms Vanja MACANOVIĆ, Autonomous Women's Center, Good Practice  
Development Programme in the Field of Domestic Violence, Serbia

Ms Ayça KURTOĞLU, Women's Solidarity Association, Turkey

*Questions and discussion*

11.00 Coffee

11.30 National experiences

Ms Sanja SARNAVKA, Women Human Rights Group (B.A.B.E), Croatia

Ms Špela VESELIC, The Association SOS Help-Line for Women and Children – Victims of Violence, Slovenia

*Questions and discussion*

12.15 Lunch hosted by the Ministry of Labour and Social Policy

**V. The social services' response to domestic violence:  
gender-specific training and assistance to victims**

14.00 Keynote speaker: Ms Maria ERIKSSON, Researcher, Department of Sociology, Uppsala University, Sweden

*Questions and discussion*

14.30 National experiences

Ms Tonislava SOTIROVA, Chief Expert, Social Protection and Social Inclusion Directorate, Ministry of Labor and Social Policy, Bulgaria

Ms Suzana VELKOVSKA, Head of the Unit For Social Inclusion, Ministry of Labour and Social Policy

*Questions and discussion*

15.45 Closing addresses

Ms Gülsün BILGEHAN, Chairperson of the Committee on Equal Opportunities for Women and Men of the Parliamentary Assembly of the Council of Europe

Ms Gordana JANKULOVSKA, Minister of Interior

16.00 End of seminar



# OPENING ADDRESSES



## Mr Ljupco Meshkov

### Minister of Labour and Social Policy

Ladies and Gentlemen,

It is a great honour for me to be able to welcome you, both personally and as Minister of Labour and Social Policy on behalf of the Government of the Republic of Macedonia.

Let me take this opportunity to express how delighted I am that the Republic of Macedonia is hosting this very important seminar. I am convinced that this seminar, in addition to a large number of debates and exchange of experiences, will also define further joint activities and measures that will constitute a step forward in ensuring better prevention of violence and better protection for its victims.

For that reason, esteemed:

- ▶ Mr Kleijssen, Director at the Directorate General of Human Rights and Legal Affairs, Council of Europe,
- ▶ Ms Hilary Fisher, Chair of the Council of Europe Task Force to Combat Violence Against Women, including Domestic Violence,
- ▶ and all other participants, especially representatives of non-governmental organisations and all other esteemed experts, representatives of international organisations and the media, please allow me to open officially the seminar entitled Protection and Specialised Support by the Police, Health Care Professionals and Social Workers for Victims of Domestic Violence and to thank the Council of Europe, which has organised this seminar in co-operation with the Ministry of Labour and Social Policy.

This is the fourth of the five regional seminars that place emphasis on different thematic areas, organised as part of the Council of Europe Campaign to Combat Violence Against

Women, including Domestic Violence.

For the Republic of Macedonia the organisation of a seminar such as this one represents an opportunity to confirm its commitment to and support for the efforts of the Council of Europe to combat violence against women, including domestic violence.

Violence against women, including domestic violence, constitutes an infringement of the human rights of the victims and an obstacle to the exercise of their fundamental rights and freedoms. Thousands of women throughout Europe do not exercise their rights. They are victims of domestic violence and increasingly suffer from emotional and sexual abuse by their partners.

Bearing in mind that there are still gaps at national and European level both in terms of an absence of legal regulations and the implementation of existing ones, the member states of the Council of Europe, including the Republic of Macedonia, reached an agreement and assumed responsibility for preventing violence against women, including domestic violence, at the Third Summit of the Council of Europe in 2005. As a result, our country has lent its support to the setting up of the Task Force to Combat Violence Against Women, including Domestic Violence, and the Council of Europe Campaign to Combat Violence against Women, including Domestic Violence through its active participation in the conference in Madrid last year.

In this context, I would like to inform you that the Assembly of the Republic of Macedonia issued a Declaration on Combating Violence Against Women, including Domestic Violence, on 24 November 2006, con-

demning all forms of violence and pledging to make the prevention of all forms of violence a priority of the political agenda with the goal of building an equal and balanced society. Also, on 8 March 2007 the non-governmental sector, in co-operation with the Ministry of Labour and Social Policy, the Ministry of Health and the National Commission for Combating Trafficking in Human Beings and Illegal Migration, began a campaign entitled Zero Tolerance for Violence Against Women, including Domestic Violence, which was an excellent opportunity to mark 8 March and the Council of Europe Campaign with a debate and condemnation of a deviant phenomenon that results in permanent consequences for the health of victims of violence.

You will certainly agree with me that this sensitive process calls for the involvement of all relevant players at all levels. It is for that very reason that this particular topic has been selected for this seminar, whose participants will include social workers, representatives of the police and health care institutions.

The Republic of Macedonia has a clear national strategy for the primary and secondary prevention of violence against women, including domestic violence, and for therapeutic work with those who have experienced or perpetrated domestic violence.

The Ministry of Labour and Social Policy, in accordance with the amend-

ments to the Law on the Family, which is in compliance with the Council of Europe Recommendation Rec (2002) 5 on the protection of women against violence, has specified that the state should secure the protection of marriage and the family from disrupted relationships and violence and has prohibited any form of violence in marriage and the family and defined measures to ensure protection from domestic violence.

To help the implementation of the Law on the Family, the Ministry of Labour and Social Policy has opened seven day centres for victims of domestic violence as special organisational units in the relevant social work centres and a national SOS hotline. Under the programme of development of this form of protection, the network is to be expanded and the system of protection of victims of violence is to be upgraded. There has also been continued improvement in co-operation and mutual complementarity between state services and NGOs acting in the interests of the family at all levels, from the relevant ministries to services in the local community.

One of the strategic commitments and priorities of the Ministry of Labour and Social Policy is the continued provision of information and skills necessary for recognising violence through training and seminars for professionals held by competent institutions and the organisation of campaigns for the general public. To

that end, I would like to inform you that in June 2007 the Government of the Republic of Macedonia adopted a National Plan of Action for Gender Equality, which is the second national document of this type, whose main goal is to improve the status of women and ensure continued development towards achieving gender equality. A special section refers to violence against women, defining the strategic goals and the activities required for their achievement. In the interests of transparency, the Plan of Action has been presented to a large number of representatives of local institutions and NGOs. A national domestic violence programme will also have been drawn up by the second half of 2007 in co-operation with the non-governmental sector.

In conclusion, I would like to emphasise that this sensitive process calls for the involvement of all relevant players at all levels. Consequently, all institutions in the state and NGOs should become more involved in this plan, especially in the structured and systemic development of co-operation between experts from different areas and the development of various alternative programmes for dealing with violence against women, including domestic violence.

I wish all the participants in the seminar successful and constructive work and a pleasant stay in Skopje.

Thank you. ★

## Mr Jan Kleijssen

**Director of Standard-Setting, Directorate General of Human Rights and Legal Affairs, Council of Europe**

**M**r Chairman, ladies and gentlemen, Today is the 11 of September, or 9/11 as it has become known since the terrible events six years ago. Many of us will think back to those moments today – and so will the media. The fight against terror has rightly become a top priority for governments – and for the Council of Europe as our key aim is to protect human rights. However, another form of terror is still not receiving enough attention. It is the terror felt by countless women who become victims of domestic violence every day.

Ladies and gentlemen:

Violence against women, including domestic violence is one of the most serious forms of gender-based violations of human rights. It deprives women of their ability to enjoy fundamental rights and freedoms and often leaves women vulnerable to further abuse.

We cannot speak about true equality between women and men for as long as we turn a blind eye to gender-based violence in our societies.

Let me give you some figures on the prevalence of violence: A study published by the Council of Europe suggests that across member states, one-fifth to one-quarter of all women have experienced physical violence at least once during their adult lives, and more than one-tenth have suffered sexual violence involving the use of force. Figures for all forms of violence, including stalking, are as high as 45%. More significantly, for women – unlike men, who also encounter a great deal of physical violence – the majority of such violent acts are carried out by men in their immediate social environment, most often by partners and ex-partners. 12% to 15% of all women have been in a relation-

ship of domestic abuse after the age of 16.<sup>1</sup> Many more continue to suffer physical and sexual violence from former partners even after the break-up.

This study also gives the estimated annual costs relative to the population which clarifies just how much each taxpayer contributes. The results of this study indicate that the total national cost of violence against women in Council of Europe member states in relation to the total population ranges from €9.2 to €555 per capita every year.

However, the lower figure is not entirely representative as it concerns only women who sought victim support services. The higher figure includes – with a view to long-term effects of violence – health costs, social services (including help and assistance to children), civil legal costs, criminal justice sector, employment, housing, human and emotional costs.

According to these studies, the estimated total annual costs of violence amount to €34 billion for Council of Europe member states. With 800 million Europeans living in this area, a quick calculation shows that violence costs around €40 to each European and in a country with a population of two million – such as our host country – the annual cost of violence would amount to €85 million annually.

As these figures suggest, it is obvious that this violence takes place all around us: among our colleagues, friends and family members in all our countries.

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1. Figures taken from Stocktaking study on the measures and actions taken in Council of Europe member states to combat violence against women, 2006

Over the last decades, the Council of Europe has undertaken a series of initiatives to promote the protection of women against violence. One of the most important initiatives is the Council of Europe Recommendation Rec (2002) 5 on the protection of women against violence. This legal instrument was the first international instrument to propose a holistic strategy to prevent violence and to protect victims, covering all forms of gender-based violence, including domestic violence.

The Recommendation spells out clearly that states have an obligation to exercise due diligence to prevent, investigate and punish acts of violence, whether those acts are perpetrated by the state or private persons, and provide protection for victims. Invoking custom, religion or tradition are no excuses to evading this obligation.

As regards the measures the recommendation puts forward, it does not only list legal measures to criminalise all forms of violence against women – such as sexual violence and rape within marriage – but it also covers protective and preventive measures leading to concrete action in the service sector, education, training and media.

I warmly invite you read through the recommendation – which you have in your seminar folders – in order to find out what it is that you, as responsible service providers or as policemen, health care and social service professionals, can and should do in order to ensure the protection, recovery and empowerment of victims.

As you know, despite many positive developments in policies and practices, violence against women remains widespread in Europe. It is still too often approached as an issue belonging to the private sphere and explained away as a family matter beyond legitimate reach of public intervention.

This is why the Heads of State and Government of the Council of Europe decided on further action to eradicate violence against women during the Third Summit of the Council of Europe.

They decided to set up a Task Force to Combat Violence against Women, including Domestic Violence and also to conduct a pan-European Campaign on this topic in close co-operation with other European and national actors, including NGOs.

Ms Helena Ewalds who represents the Task Force will tell you shortly more about their ongoing work and their role in supporting the Campaign.

Ladies and gentleman,

We have gathered here today to participate in the fourth of five regional seminars to be organised this year within the framework of this Campaign. At this point I would like to thank the host authorities for the excellent organisation of this seminar and the wonderful co-operation with the Council of Europe.

Each seminar organised within the Council of Europe Campaign focuses on different thematic areas laid out in the objectives of the Campaign Blueprint. The previous three seminars have dealt with legal measures, men's roles in combating domestic violence and data collection. You can find the summaries of the main discussions of these seminars on the table outside this room and more information is also available on the Campaign website.

This seminar is devoted to support and protection measures provided by three professional groups. The police, health care professionals and social workers are key actors in the prevention of violence and they play a critical role in supporting and assisting the victims of violence and their families.

Many surveys demonstrate that victims of violence don't usually rely on professional help and protection. Instead, they rely on informal social support – for example, confiding to a close friend.

According to a national survey carried out in Finland, when official help is sought, it is most frequently sought from health service providers and next from the police. A German study demonstrates that abused women seek help first from the health services, followed by social services

and only thirdly do they turn to the police.

It is clear from this that strengthening these strategically important professions and increasing their ability to proactively respond to the first signs of psychological and physical abuse is essential.

Multi-sectoral approaches and the building of coalitions of different governmental institutions and non-governmental organisations is equally important in this context. As soon as the first contact is made with public officials, all other agencies, service providers and NGOs should be alerted and prepared for providing protection and support to the victim.

The Council of Europe Recommendation (2002) 5 clearly states that all victims should receive appropriate and gender-sensitive support and protection by all service providers and to that end, protocols for operation should be adopted so that the police, health services and social services follow the same procedure.

During the next two days you will hear keynote presentations by professionals who work directly within the police, health care and social sector or whose work is directly linked to these sectors. In addition, you will be able to share your national experiences and exchange good practices in these areas.

I would like to stress that it is equally important to share the concerns and remaining obstacles you are faced with as our main aim in this Campaign is to find efficient and long-standing solutions to the ways women can be protected from violence. Therefore, I would invite you to make the most of these two days and I look forward to your contributions.

To conclude, I would like to recall that women suffering from violence are not only victims of abuse, they are also victims of silence, victims of indifference and victims of neglect. You can think where you as professionals could have helped her to escape the cycle of violence.

I would now like to invite Ms Helena Ewalds from the Council of Europe Task Force to Combat Violence against Women, including Domestic Violence to take the floor. ★

## Ms Helena Ewalds

### Member of the Council of Europe Task Force to Combat Violence against Women, including Domestic Violence

Ladies and gentlemen,

We are here today to participate in the fourth regional seminar to be organised within the Council of Europe Campaign to Combat Violence against Women, including Domestic Violence.

As you have just heard from the previous speaker, Mr Jan Kleijssen, the Council of Europe decided to intensify its action with regard to combating violence against women, including domestic violence during the Third Summit of the Council of Europe in 2005. As a result this Campaign was launched and a Task Force to Combat Violence against women, including domestic violence was set up.

The Task Force, which I am representing here, is composed of eight international experts in the field of preventing and combating domestic violence. Once appointed by the Secretary General of the Council of Europe, our first task was to develop the Blueprint for the Council of Europe Campaign, which was launched in a high-level conference in Madrid in November 2006. The Blueprint serves as a roadmap for the implementation of the Campaign. It spells out the aims, objectives and messages of the Campaign and describes the activities member states are urged to carry out.

The Blueprint states clearly that violence against women is a human rights violation. It also calls on member states to demonstrate strong political will and provide adequate resources to make real progress at national level. In addition, it urges member states to implement effective measures for preventing and combating violence against women in accordance with the measures contained in

the Recommendation Rec (2002) 5 on the protection of women against violence.

The objectives of the Blueprint focus on four thematic areas: legal and policy measures; support and protection for victims; data collection and awareness raising. Within each of these areas, we have highlighted the most important measures to effectively protect women from violence.

The Blueprint together with the Council of Europe Recommendation Rec (2002) 5 on the protection of women against violence will provide member states with a solid basis to make real progress and receive tangible results within this Campaign as they will strive to change the lives of women who suffer from domestic violence.

This Council of Europe Campaign can only be successful if it is effectively implemented at national level, through national action and national campaigns.

As you might know, this Campaign has three different dimensions: inter-governmental, parliamentary and local and regional. While this may seem complicated at first, it is important to unite these key actors to achieve real change.

To ensure the Campaign's implementation at national level, 42 focal points and/or high-level officials have been appointed within the governments, as well as 50 contact parliamentarians who have been nominated to initiate such action.

Ladies and gentlemen,

Domestic violence is an underpinning problem which no agency can afford to ignore because of the high cost to front-line services and the far reaching human cost – especially for women and children. From our expe-

rience we know that violence against women cannot be stopped if it is only decision-makers and institutions that are active.

Instead, we need to co-operate closely with all public actors and professionals working in this field as well as NGOs. The work to prevent domestic violence requires more than funding, it demands close co-operation between organisations of all kinds, education, sharing information and understanding the problem, and only this way we can make a change. Therefore, I invite you – as professionals and service providers – to make the most of this gathering and exchange professional information and good practices during these two days.

The mandate of the Task Force extends further than providing the Blueprint for the Campaign. It is also mandated to evaluate progress at national and international level and make recommendations for further measures to be adopted and implemented.

We will base our assessment on several sources of information. One will be reports submitted to us by national focal points on the results of national campaigns. Another very important source will be outcomes of these regional seminars. Three of these seminars have already taken place (the Netherlands: legal measures; Croatia: men's role in combating domestic violence and Portugal: data collection); and the last one will take

place in Finland (services needed for victims of violence) where I come from.

The overall assessment of the Task Force will be contained in the final activity report of the Task Force. This report will provide an overview of the situation in the Council of Europe member states, with regard to legislation, services for victims, collecting administrative data as well as prevailing attitudes towards violence against women in society.

With these words I wish you all the best in your national campaigns and campaigning activities and look forward to lively debates in the next two days. ★

**INTRODUCTION:  
APPROACHES TO EFFECTIVE  
INTERVENTION BY THE  
SPECIALISED SERVICE  
SECTOR**



# INTRODUCTION: APPROACHES TO EFFECTIVE INTERVENTION BY THE SPECIALISED SERVICE SECTOR

**Keynote speaker:**  
**Ms Marianne Hester**

**Professor of Gender, Violence and International Policy, University of Bristol, United Kingdom**

The aim of this presentation is to explore why men should be active supporters of anti-violence initiatives, and how they might get involved in anti-violence activism.

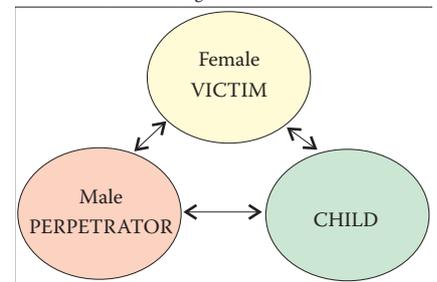
It is now more than 30 years ago that work to combat domestic violence began in the UK, with other countries – especially in northern Europe – following suit from the 1980s. In the past ten years these developments have been particularly rapid. Other speakers at this conference will look at particular services and agencies that work with victims or perpetrators of domestic violence – the police, health care professionals and social services. I want to talk more generally about some of the important principles and approaches that are involved in combating domestic violence, and also to talk about some of the pitfalls or particular difficulties that we need to take into account for interventions to be effective.

Domestic violence is very expensive. It costs lives. It costs days lost in work. It costs the health service. It costs the criminal justice and other services. It is costly both financially and socially to our citizens and societies. In the city of Bristol in the UK, where I live, we estimate that the cost of domestic violence adds up to £26 million per annum (that is €35 million) if just services are taken into

account, rising to just over £1 billion (€1.5 billion) if human and emotional costs are included (Westmarland et al., 2005). Bristol is a city of just 381 000 people.

Domestic violence is a complex problem, which cannot be dealt with by just the victim, or by just one agency. It requires a common understanding, and a co-ordinated response. For interventions to be effective, all those involved need to be taken into account. In a heterosexual context that means taking into account the female victim/survivor, the male perpetrator as well as any children.

Heterosexual DV triangle



## What is domestic violence?

The UK research (as elsewhere) indicates that domestic violence may involve any violent or abusive behaviour, and combination of behaviours (whether physical, sexual, psychologi-

cal, emotional, verbal, financial, etc.), used as an ongoing pattern of control and domination by one person against another with whom they have or have had a relationship. The vast majority of cases, 90-97% in the UK, involve violence from men to women (Hester et al., 2007). Where women are violent to male partners it is often as a means of self-defence and in response to long-term violence and abuse from their partners. Domestic violence reflects and maintains gender inequality

## Developing effective interventions

During the past 30 years women's organisations in Europe, and increasingly other agencies as well, have been developing ways of attempting to combat domestic violence and, in particular, ways to stop or eliminate male partners' violence from women and children's lives. These developments include:

- ▶ Refuges/shelters to enable women and children to escape from violent men, and provide them with safe housing
- ▶ Other support and advocacy services – via social services, children's organisations, housing, etc, again mainly with the aim of enabling women and children to leave violent men
- ▶ Criminalisation of domestic violence – making domestic violence a crime like any other violent crime
- ▶ Perpetrator programmes to challenge and change men's violent behaviour
- ▶ Routine enquiry by the health sector – enabling early intervention

We have increasingly found that the most effective approach to domestic violence is a combination of support and safety mechanisms for women victims/survivors and their children, with criminal justice intervention, and use of perpetrator programmes for domestic violence offenders.

## Services for victims/survivors

Some of the earliest responses in the UK to women experiencing domestic violence developed in the

1970s from the self-organised women's groups and centres within the women's liberation movement. The first refuges were set up to meet the need of women and children for safe accommodation where their violent partners could not reach them. Throughout the UK there is now a network of Women's Aid refuges providing safe accommodation and support for women and children. In recognition of the specific cultural and practical needs of some women, there is some specialist provision for women from minority communities, including a network of Asian refuges. Some of these groups provide the only community-specific refuge in the UK, for instance, that for Jewish women is unique in Europe (Hester et al., 2007).

During the past couple of decades support for women experiencing domestic violence has also developed within specialist advocacy projects or as part of the work of children's and other organisations (Humphreys et al., 2000).

An awareness of the effects of domestic violence is essential in understanding the support needs of women, while they are in a situation involving domestic violence and subsequent to the termination of a relationship. The impact of domestic violence will be different for each woman, necessitating a flexible approach to practical problems. At the same time, there will always be a parallel need for emotional support to be available, even if this may not be apparent from the initial contact:

You look alright, you look like you're alright and you're really a strong person but inside of yourself, you're not. You know?  
(Hayley – in Hester et al., 2007)

The effects of emotional and psychological abuse, while less obvious than the marks of physical violence, can be more difficult to overcome and have a long-lasting impact. The unpredictability of the abusive behaviour, coupled with feelings of isolation and the coercive control exercised by the abuser, result in feelings of fear and worthlessness and loss of self in terms of identity, respect, esteem and confidence. Effective support needs to

take these issues into account. The following factors are generally seen as those that characterise effective support giving and facilitate positive outcomes:

- ▶ Attention to safety and confidentiality
- ▶ Being treated with respect
- ▶ A non-judgemental approach, believing what is said
- ▶ Taking time to listen and understand
- ▶ The availability of mutual support, talking with others who have the same experience  
(Hester et al, 2007: chapter 12)

## Criminalisation

Since the mid 1970s there has been increasing recognition in the UK of domestic violence as a crime, and significant shifts in the approach to domestic violence as a social problem. There has been a trend away from emphasising a woman's own responsibility to solve the problem or protect herself towards a view of domestic violence as an unacceptable crime which all agencies should try to prevent. This criminalisation of domestic violence was by the late 1980s beginning to have an impact, especially on police intervention and practice (Hester and Radford, 1996). Research carried out during the mid-1980s showed that the police were not taking domestic violence seriously and were reluctant to intervene in what they saw as merely private "domestic disputes" (Edwards 1989). Following criticism of police practice, especially from women's groups, there was a re-assessment and change in approach. In the past decade there have been a number of very positive initiatives such as the dedicated domestic violence units in police stations, pro-arrest policies and better recording of domestic violence incidents. The recent English Domestic Violence, Crimes and Victims Act 2004 places further emphasis on criminalising of domestic violence, and increases the possibility of arrest of perpetrators in domestic violence situations.

At the same time, changes in police practice across the UK have not been uniform, and only a small proportion

of cases proceed to prosecution or conviction. Only 12% of incidents are ever reported to the police, and of those incidents reported only about a quarter result in arrest. Consequently, many men do not appear before the courts. Where there is conviction (in about 5% of incidents) the result is likely to be only small fines of perhaps €100-€250. Many abused women are also ambivalent about calling the police, fearing they will not be believed or taken seriously; they may believe that the police can only respond to actual physical assault; they may fear it will provoke further or greater violence by challenging the man; or they may not want their partner/ex-partner to be taken to court (Hester and Westmarland, 2005; Hester 2006a).

In the last few years further efforts have been made to increase the effectiveness of the criminal justice approach to domestic violence. It has been found that dedicated advocacy for victims, where women are provided with an advocate who can provide information and support throughout the criminal justice process, increases reporting to police and also use of protection orders (Hester and Westmarland, 2005). Ensuring close links between the police and domestic violence support services, for instance by having a police officer attached to the support service, also increases reporting to the police and leads to a greater proportion of arrests (Hester and Westmarland, 2005). A further approach has been the setting up of dedicated domestic violence courts, with the judges receiving specialist training in domestic violence issues. Such courts are found to increase conviction rates (Cook et al., 2004)

### Work with violent men

In the UK, the growth of work with men who are violent to their female partners is relatively recent. It began to develop partly as a result of policies aiming to increase the criminalisation of domestic violence, and due to a growing recognition that more interventions need to be aimed at men as the cause of domestic violence. Perpe-

trator programmes have been the main interventions in the UK to challenge and change the behaviour of men who are violent and abusive (Hester et al., 2007). Programmes tend to be run by the statutory sector probation service or by voluntary sector organisations either set up specially or already working with children and families. It is clear from the projects in the UK as well as elsewhere that while there is some success in stopping men's violent behaviour this is relatively limited. Nonetheless, evaluation research indicates that the violent behaviour of some men can be changed through interventions with perpetrators and, in particular, the use of programmes.

On the basis of arrest records and the self-reports of offenders, many researchers and professionals conclude that most men do not use violence while participating on these treatment programmes and 50-80 per cent remain violence free for up to one year or more after programme completion. (Dobash et al. 1999: 109)

Because men's denial and minimisation of violence is so entrenched and widespread and because so many see violence as a legitimate way of dealing with their female partners, it is vital that any interventions aimed at changing their behaviour are challenging and do not allow men to avoid any of the responsibility for their behaviour. In this respect, there are limitations to the use of merely "anger management" techniques when working with violent men. Instead, it has been found that the "Duluth" approach, involving a programme for men combined with support for their partners, is probably more effective. It is especially crucial that the different agencies working with violent men and to support their female partners do so in a co-ordinated way, and with a focus on multi-agency working to stop repeat domestic violence offending. (Gondolf, 2002)

The primary aim in working with perpetrators of domestic violence should be to:

- ▶ increase the safety of women and children.

The secondary aims are to:

- ▶ Hold men accountable for their violence towards women
- ▶ Promote respectful egalitarian relationships
- ▶ Work with others to improve the community's response to domestic violence

Men who are violent and abusive to their partners are also likely to come into contact with health, social care services and other agencies, although they may not be recognised or worked with as "violent men". Research examining domestically violent men's "help-seeking" behaviour has shown that domestic violence perpetrators are most likely to contact family doctors for help. While they may not necessarily say that they are using violent and abusive behaviour, they may present with symptoms of depression or say that they have relationship problems (Hester et al., 2006). Of 45 male perpetrators interviewed in the research, patterns of contacting agencies were as follows:

- ▶ 32 men had been to their family doctor;
- ▶ 26 men had contact with the police;
- ▶ 13 men had contact with marriage guidance service;
- ▶ 11 with social services;
- ▶ 5 with hospitals;
- ▶ 5 with alcohol services;
- ▶ and 4 with drugs services (Hester et al., 2006).

### Children

Much less attention has been given to risk of violence from one parent to another and its impact on a parent's ability to protect and care for children.

Increasingly, the provision of support to mothers (usually as non-abusive carers) is being considered the most effective child protection strategy in circumstances of domestic violence. Recent UK government policy initiatives and practice directives have reflected this. For example a UK Department of Health Circular on domestic violence similarly suggests that "[w]here domestic violence may be an important element in the family, the safety of (usually) the mother is also in the child's welfare" (Department of Health, 1997: 12). Recognition of the

women's needs however, does not imply that these should be conflated with children's needs. They are linked, but separate, and intervention needs to flow accordingly (Radford and Hester, 2006).

The emphasis on work with women as mothers builds on an increasing recognition of the complicated connections in many cases between domestic violence and child abuse. Research from the UK and elsewhere has shown that domestic abuse meted out to mothers can adversely affect children in many ways, including their self-esteem, their relationships and their behaviour. Children are also at risk of physical and sexual abuse from the domestic violence perpetrator. They may be caught up in the violence and be abused in violent incidents against their mothers, or the same abusive pattern which men use towards their partners may also be used towards children (Hester et al., 2007).

In recognition of the evidence linking the existence of domestic violence with various forms of harm to children, countries such as the USA and Canada have developed a variety of co-ordinated services for children to address the needs of children who have experienced domestic violence, and to break the silence surrounding the issue. These have included treatment programmes with individual children, support groups for children and educational group work in schools. The initiatives have been accompanied by the expansion and development of services for children in shelters or refuges, often with financial support from the government (Hester et al., 2007: chapter 9).

By contrast, there have been comparatively few developments in the UK or elsewhere in Europe concerning specific intervention strategies for these children. Over the past 20 years the main providers of services in the UK for children living with domestic violence have been Women's Aid and other refuges. They have managed to provide much innovative work for children and have built up a body of knowledge and expertise without sufficient funding or recognition from

the statutory authorities. In a national survey of support for families experiencing domestic violence, Humphreys et al. (2000) found that 69% of English refuges and 89% in Wales, Scotland and Northern Ireland employed specialist children's workers (mostly part-time). Work with the children included one-to-one, group work, advocacy, after school clubs and holiday activities.

It has been found that the most effective work with children needs to take into account the following factors:

- ▶ elimination of violence – focusing on stopping the perpetrator's violence and abuse or in others ways eliminating violence from the child's life
- ▶ supporting mothers to be safe
- ▶ providing a range of recovery work, treatment or ensuring that children are "talking to someone", and building on children's existing coping and resilience strategies

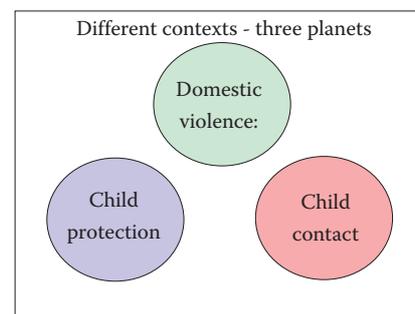
### Health sector

Directly asking women about domestic violence has been found to be positive practice in a number of areas, including health and social care (Hester and Westmarland, 2005; Hester, 2006b). Routinely asking is also known as routine enquiry or screening, and is defined by the Department of Health as "asking about the experience of domestic violence of all people within certain parameters" (Department of Health, 2000: para 3.11). The very fact of asking about behaviours associated with domestic violence conveys an important message to women and children that practitioners are aware of its existence and relevance. This may facilitate disclosure by women trying to seek help. It may also enable women who do not see themselves as being in a domestically abusive relationship, or who are minimising the abuse, to disclose their experiences for the first time, and thus allow intervention or even early intervention.

### Challenges and pitfalls

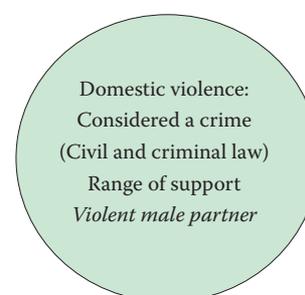
Agencies and services working to ensure the safety of women and chil-

dren face particularly difficult challenges and pitfalls due to the current contradictions that exist within many European countries (let alone elsewhere) between laws and professional practices relating to domestic violence, child protection and visitation / contact. These contradictions will need to be overcome if women's and children's safety is to be ensured. I will attempt to explain this by using the story of "life on three planets" (Hester, 2004; Radford and Hester, 2006).



The three planets each have their own history, culture and laws. On the domestic violence planet the father's behaviour may be recognised by the police and other agencies as abusive in relation to the mother, his behaviour is seen as a crime and he may even be prosecuted for a criminal or public order offence. He might also have a restraining or protective order taken out against him. He is thus perceived as a violent partner and the woman in need of protection.

#### Domestic violence planet



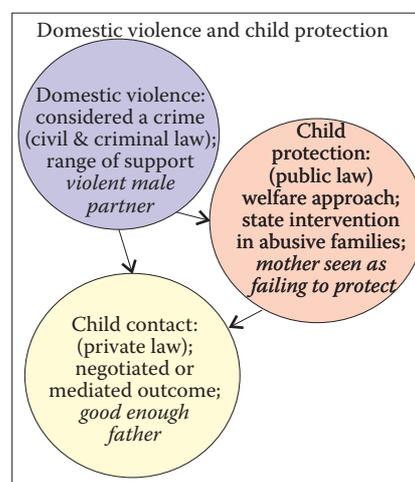
If instead, he arrives on the child protection planet he may also be perceived as abusive to the mother while the parents are still together or during the process of them separating. But the focus of the child protection planet is on protecting children, not

adults. His abuse of the mother may lead to the involvement in the family of social services or other child protection agencies, and result in the children being placed on the child protection register for emotional abuse. It is highly unlikely however that he will be prosecuted on the child protection planet because a predominantly welfare, rather than criminalising, approach prevails. In order to protect the children, social workers are likely to insist instead that the mother removes herself and her children from his presence, and leaves the relationship if she has not already done so. If she does not, then it is she who is seen as “failing to protect”, and the children might be removed into the care of the local authority. On the child protection planet, therefore, despite the violence to the mother being from the male partner, it is the mother who is seen as responsible for dealing with the consequences. In effect the violent man disappears out of the picture.



From the child protection planet or the domestic violence planet the father moves to the custody / contact / access planet in order to apply for contact (or possibly custody or parental responsibility) with his children. As there has been no prosecution of him on the child protection planet in relation to the emotional abuse of the children that resulted from his violence to the mother (despite them being on the child protection register for this) there is no apparent “concrete” evidence in relation to childcare to question his post-separation parenting abilities. Even if he has a criminal conviction or protection order against him from his violence against the mother on the domestic violence planet, this may still be seen as

being “between the adults” and not directly related to the children. On the custody/access planet the emphasis is less on protection than on children having two parents. Within this context an abusive father may still be deemed a “good enough” father, who should have at least contact with his child post-separation if not custody or residence. The mother ends up in a particularly difficult dilemma on custody/access planet. She has attempted to curb his violent behaviour by calling the police and supporting his prosecution on the domestic violence planet. She has left her violent partner following instruction from social services on the child protection planet that she leave in order to protect her children. However the custody / access planet in effect has the opposite approach, that families should continue to be families even if there is divorce and separation. On the custody / access planet she is therefore ordered to allow contact between her violent partner and the children, leaving her not only bewildered and confused but also yet again scared for the safety of her children. Realistic assessment of risk and lethality for children is extremely difficult within such a context. The “three planet model” also shows that there is a conceptual gap between “violent men” on the one hand and “fathers” on the other. There are violent men but good enough fathers, and the two are difficult to merge whether in policy or in practice.



## Conclusion

A key challenge in ensuring effective intervention in relation to domestic violence is to bring the three “planets” into line so that the safety of women and children prevails throughout. This requires a common understanding of the dynamics of domestic violence and also co-ordinated approaches by all the agencies and services involved that deals with all of those involved: the perpetrators, the victims and their children. As part of this, it is vital that the legal and practice implications of the gap between “violent men” and “fathers” is closed so that violent men can be dealt with both as violent fathers and as domestic violence perpetrators.

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**POLICE RESPONSES TO  
COMBATING DOMESTIC  
VIOLENCE: TOWARDS  
EFFECTIVE INTERVENTION  
THROUGH PROACTIVE  
ACTION AND SPECIALISED  
TRAINING**



# POLICE INTERVENTION IN BREAKING THE CYCLE OF DOMESTIC VIOLENCE: PROTECTIVE MEASURES AND MEANS

**Keynote speaker:  
Ms Liz Berglund**

**Co-ordinator,  
Domestic Violence  
Unit, Uppsala Police,  
Sweden**

In 1997 the Swedish Government presented a study concerning domestic violence. One of the conclusions the government made was that domestic violence is major problem in society.

In February 1998 the government presented a bill containing proposals for improving and accentuating the law protecting women from violence, taking preventive measures and providing women with better treatment.

The government gave priority to the police, and other authorities, to work against domestic violence, meaning assault and battery against women.

On 1 July 1998 a new legislation was introduced, titled as Law on gross violation of a woman's integrity. The criminal act consists of several connected criminal acts.

## *FIRST*

There must be a criminal act described in the following chapters of the Swedish Penal Code

- ▶ chapter 3:
  - criminal acts against life and health
- ▶ chapter 4
  - criminal acts against somebody's personal freedom and peace of life
- ▶ chapter 6
  - sexual crimes

## *SECOND*

The criminal act needs to be against the same victim. The victim

must be someone close or someone who used to be close to the perpetrator.

To constitute a gross violation of a woman's integrity it is necessary that the victim and the perpetrator are married, used to be married, live together or are just living together as a married couple.

## *THIRD*

Repeated assaults and all the acts must be punishable each and everyone separately.

According to the Swedish Penal Code, Chapter 4, the acts are looked upon and judged as one crime. The connection linking together all these criminal acts and giving them this one crime consists of the reason, the purpose and why the perpetrator carried out these acts.

The purpose must be a link of repeated violations to the victim's integrity and the acts have been carried out with the purpose of seriously damaging the victim's self-esteem.

## **Some history**

- ▶ Until the 13th century the husband had a right to beat his wife
- ▶ During the 13th century the first legislation concerning women's integrity came about. The purpose was not to protect the woman but the family. The husband wanted to

be sure that the children, born within marriage, were his own.

- ▶ In 1965 it became a criminal act to rape your wife
- ▶ Before 1982 the battered woman had to report the crime for prosecution
- ▶ In 1998 the new law was adopted

Within the Uppsala Police a special unit handling cases of domestic violence has existed since the first quarter of 1996. Today there are 14 police officers or civilians working in the unit, with investigations concerning assaulted, battered and raped women as well as all investigations concerning children and child pornography (mostly on the internet).

All investigations, with known perpetrators, are led by a local prosecutor. There are four local prosecutors with whom we work closely.

At the headquarters there is a Criminal Intelligence Unit that makes an analysis in order to find out what kind of risk and threats the woman is liable to. They can recommend that the woman seek refuge in a shelter or that she is provided with an alarm. They also inform the investigator of their findings.

It is of great importance that the woman co-operates during the investigation. Cases of domestic violence sometimes prove to be difficult. They are word against word and they lack witnesses as the crime is committed within the household. If the woman has injuries she needs to be examined by a medical forensic examiner.

The police patrol arriving at the scene tries to document as much as possible. They ask the woman's permission to video-record her and the apartment/house. The reason is to record the medical data of the victim, both physical and psychological. Sometimes the woman wants to withdraw her report the next day but with the video recording the prosecutor might be able to press charges anyway.

The woman will be asked if she needs an injured party counsel. The law came about in 1988 and gives the woman the benefit of having her own lawyer. She will get help and support during the hearing and help with claims for pain and suffering.

## **Restraining order**

In 1988 the first law on restraining orders was adopted. In 2003 the law was amended.

A restraining order is something the victim is able to apply for. The local prosecutor will enforce a restraining order if it considers that it will protect the victim. The duration of a restraining order varies between three months to one year.

A restraining order means that the perpetrator is forbidden to make any contact whatsoever with the victim. The perpetrator is also not allowed to be in contact with the victim through another person. The same rules apply to the victim as well.

If the perpetrator makes contact with the victim, he/she will be taken to court for the violation of the restraining order.

Since 2003 the perpetrator can be banned from his / her own house for a period of time.

A restraining order can also be extended. That means that the local prosecutor draws a map so that the perpetrator knows which areas are restricted, for example outside the victim's work.

If the victim violates the restraining order the prosecutor will revoke it.

## **Co-partners**

**National Centre for Battered and Raped Women.** The centre was founded in 1994 as an expert unit for battered and sexually abused women. It is a knowledge and research centre that provides support for women who have been subjected to violence. They carry out medical examinations and collect evidence. The examination provides a basis for a legal document that will be given to the police if the woman chooses to make a report to the police. They also offer women psychosocial treatment.

Since 2001 the Uppsala police have been co-operating with a medical forensic examiner. Through an agreement the police have the opportunity to book a time for the battered woman so that she can be thoroughly examined for all her physical injuries. The medical forensic examiner also photographs the woman's injuries. The

police and the local prosecutor can then make use of the legal forensic document that is provided by the forensic medicine institute.

**SKL** (Forensic Science Service) is an authority acting as the forensic laboratory of Sweden. They carry out all examinations that require special competence and/or special equipment and therefore cannot be done at the technical forensic unit at the police. The co-workers at the laboratory have extensive forensic competence. In some areas the laboratory is unique in Sweden.

**The Uppsala community** has opened a shelter for battered and assaulted women and their children. Sometimes a woman can stay there for up to a month.

When we receive a report on a battered woman we check if there are any children in the family. If children are involved, we can make a report to the social welfare. They will then be informed about the battered woman. If there are no children involved we have to ask the woman if she wants help from the social welfare before we can alert them.

### **NGOs**

- ▶ Terra 5 helps women from other countries
- ▶ The Swedish association for victim support (22 languages). They listen, inform, support and help with other contacts.
- ▶ Associations for men using violence against women.
- ▶ Associations for women who need shelter

**BRÅ** (The Swedish National Council for Crime Prevention). They work to reduce crime and improve levels of safety in society by producing data and disseminating knowledge about crime and crime prevention work. The council also produces Sweden's official crime statistics, evaluates reforms and conducts research to develop new knowledge and support for the local crime prevention work.

In total, there are about 320 700 inhabitants in the Uppsala community. In 2006, 461 reports were made on assault/gross assault and 85 reports on gross violation of a woman's integrity. ★

## Ms Sanija Burageva

### Chief Inspector in the Unit for fight against human trafficking, Ministry of Interior

#### Activities of the Ministry of Interior in combating domestic violence

##### *Police pre-trial investigation*

The police force, as a public service, is the most accessible state authority: the police are the first to receive information, they arrive at the scene quickly, provide assistance and protection, inform the victim about his or her rights and about community resources.

In cases of domestic violence they act in accordance with legal regulations and international instruments.

Pursuant to Section 5 of the Police Act the goals of the police are to:

- ▶ Maintain public peace and order;
- ▶ Protect the lives, personal safety and property of citizens;
- ▶ Protect and observe the fundamental rights and freedoms guaranteed by the Constitution of the Republic of Macedonia and ratified international agreements;
- ▶ Prevent the commission of criminal offences and misdemeanours and refer cases to the competent authorities.

##### *Activities of the police*

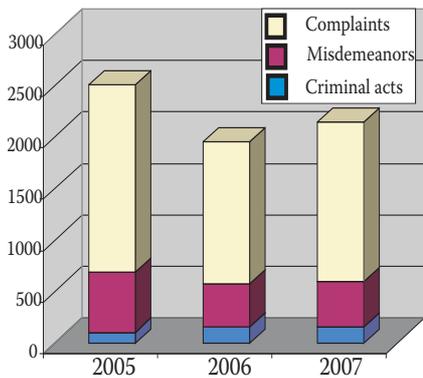
- ▶ Prevention
  - Informing the public about the situation;
  - Presence in and control of the field;
  - Participating in seminars and training.
- ▶ Education
  - Goal of education:
    - Raising police officers' awareness of the problem of domestic violence;
    - Recognising domestic violence;
    - Acknowledging domestic violence as a serious crime;

- Making changes in attitudes and overcoming prejudice;
- Providing victim support and protection;
- Following up on problems;
- A co-ordinated and multi-sectoral approach.
- ▶ Intervention
  - Receiving reports;
  - Arriving at the scene;
  - Direct intervention;
  - Investigative activities;
  - Bringing in the offender;
  - Providing protection and assistance to the victim;
  - Conducting interviews (suspect, victim and witnesses);
  - Gathering of evidence – searches, on-site investigations, expert assessments ;
  - Filing a criminal / misdemeanour report ;
  - Carrying out protection orders after receiving a report from the court;
  - Entering reported cases in the records – maintaining databases.
- ▶ Exercise of other police powers
  - Temporary measures within the purview of the Ministry of Interior ;
  - Prohibit threats to commit domestic violence;
  - Prohibit maltreatment, harassment, contact (telephone) or other ways of communication, directly or indirectly, with the affected family member;
  - Prohibit access to the place of residence, school, workplace or a specific location regularly visited by the other member of the family;
  - Remove the offender from the home irrespective of ownership pending a final decision by the competent court;.
  - Prohibit the possession of firearms or other weapons and seizure of any such weapons.

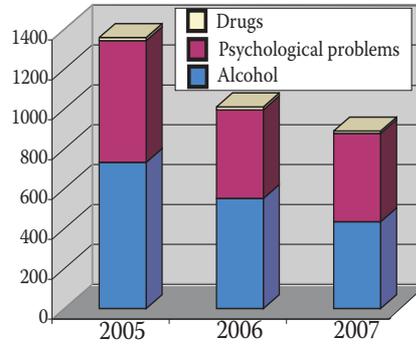
The amendments to the Criminal Code in 2004 criminalised domestic

violence in Article 122, para 19, in which domestic violence is not regarded as an autonomous crime, but as a qualified form of basic crime (harsher sentences are handed down to offenders and the offences are prosecuted *ex officio*, with the exception of bodily injury, where the offence is prosecuted on the basis of an *ex parte* application), which is indicative of the special protection for the family afforded by the state, and highlights the role of the police in enforcing the law and protecting human rights.

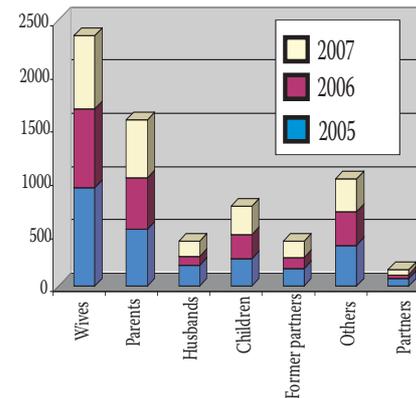
*Types of submissions for the first half of the year in the 2005-2007 period*



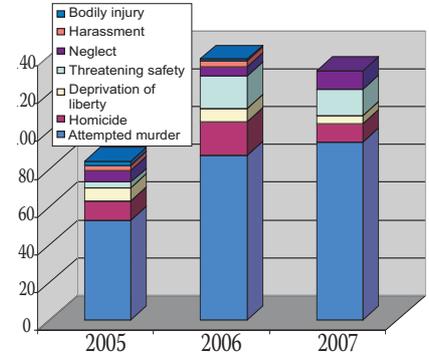
*Causes of domestic violence for the first half of the year in the 2005-2007 period*



*Victims for the first half of the year in the 2005-2007 period*



*Type of criminal acts for the first half of the year in the 2005-2007 period*



Thank you for your attention.  
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# THE PROACTIVE ROLE OF THE POLICE IN PREVENTING DOMESTIC VIOLENCE AND ASSISTING THE VICTIMS

**Keynote speaker:  
Ms Renée  
Römkens**

**Associate Professor,  
The International  
Victimology Institute  
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## **Introduction**

Domestic violence constitutes a grave attack not only on individual victims but also on society as a whole. It violates a central value that is of great concern to the Council of Europe: promoting safety and security in the community at large. Recommendation Rec (2002) 5 on the protection of women of the Council of Europe is a key document that provides a clear position concerning violence against women. It provides guidelines of what measures the member states are expected to take to combat violence against women. Various sections of Recommendation (2002) 5 deal with regulating effective punitive interventions while at the same time improving access to adequate victim support. The member states are called upon to promote cooperation between the police, health and social services and the judiciary system in order to ensure such coordinated actions.<sup>1</sup> Recommendation (2002) 5 fits in wider developments both on national and international levels, geared towards intensified

efforts via increased regulation to effectively combat violence against women. In the context of the United Nations<sup>2</sup> as well as of the Council of Europe, member states are called upon to not only make laws, but to ensure that the conditions are met that allow laws to be effectively implemented in practice. Multidisciplinary intervention strategies directed towards early detection and prevention of repeated victimisation form an important part of the efforts to combat violence against women.

Here I will address three profound questions that arise when making the case for proactive multidisciplinary interventions. First, why the need to be proactive? Secondly, why should the police play a role, and, finally, why is collaboration with other service providers necessary? In the second part of my presentation I will discuss proactive interventions to support victims of domestic violence in the Netherlands. I will focus on the “powers of law” that come into play through foregrounding a legal perspective in a multidisciplinary programme when the police are assigned a core task in prevention programmes.

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1. See Par. 23 and 27 of the Appendix to Recommendation (2002) 5 on the protection of women against violence. Recommendation No. R (2002) 5 of the Committee of Ministers on 30 April 2002 and Explanatory Memorandum. Council of Europe (H/Inf (2004) 9), November 2004.

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2. See the UN Convention to End Discrimination Against Women (CEDAW, 1979).

## Exploring basic issues

### *Why proactive interventions?*

The growing body of research about the prevalence and severity of domestic violence underlines the vital importance of intervening at an earlier stage in order to better protect women and children as the largest group of victims of domestic violence. In Recommendation (2002) 5 the term “proactive” is not used but member states are called upon to “provide activities for the prevention of violence and the protection of victims”. Against that backdrop we can take the concept proactive as referring to an active positioning of the service providers involved in early interventions to prevent further (secondary) victimisation as the primary goal. The price that not only victims but also society has to pay underlines the need to be more effective in preventive proactive efforts. The costs in terms of psychosomatic health problems and the social and economic costs of violence against women are extremely high. Furthermore, the risk of lethal violence is very high for victims of domestic abuse. Precisely when victims do take matters into their own hand in leaving the abusive partner, the risk of prolonged separation abuse and notably of lethal violence increases, both towards women and children. It is at that point that victims need outside support and protection more than ever. The separation period is the most dangerous time, notably for women with a history of intimate partner abuse. In the United States 11.4 % of all homicides are committed by intimates. Women are about eight times as likely as men to be killed by an intimate, usually an ex-partner.<sup>3</sup> The costs of effective early-intervention strategies need to be compared to the toll prolonged victimisation takes on children and adults – mostly women – to live in fear and structural insecurity, physically, economically, socially and morally. Not to mention the toll it

3. See Renée Römkens (2006), “Protecting Prosecution. The powers of criminal law to protect victims of stalking.” *Violence Against Women*. 2, (2006), 160-187.

takes on the perpetrators to live with ongoing anger and pain as well. The impact of domestic violence on the development of future violent and/or profound problematic if not criminal behavior is a costly cycle that needs to be broken.

### *Why the police?*

Following from the preceding part, “why not the police?” seems a more likely question. Obviously domestic violence usually involves a criminal act like any other act of violence that a person is involuntarily subjected to. As a state institution the police has the responsibility to maintain order and protect the security of citizens. The police (and the army) have, as state organisations, the monopoly of using force. Since the use of police force – arresting the perpetrator – is sometimes the only option left to protect the victim, the police have a unique and necessary role to play in protecting victims. The police are the only institution that victims can always turn to, 24 hours a day, when their safety or life is in danger. Even if an arrest is not possible or necessary, the police are inevitably in the front line of service providers that can and should support and protect victims. However, it is precisely at the junction of protecting victims and arresting a perpetrator where the need for multidisciplinary approaches comes into the picture. Not only is this combination of responsibilities challenging, but many victims who turn to the police have complex questions that go beyond the task of the police.

The police identifies itself primarily as a crime-fighting organisation. Therefore, within the police, interventions in domestic violence situations are often met with reluctance, if not minimisation, among police officers. In some member states domestic violence is not even fully penalised. Even in countries where training on domestic violence and development of specific police programmes in the field of domestic violence were set up in the 1980s or 1990s, it takes a long time and repeated efforts to effectively change police attitudes and praxis. Getting the police “on the

alert” in this area is work in progress. It requires ongoing training, education and sustained monitoring to develop the required skills and adequate work ethos that enables the police to provide adequate support and protection to victims of domestic violence.

### *Why multidisciplinary collaboration?*

In the Appendix to Recommendation (2002) 5 the need for multidisciplinary interventions is stipulated in detail. Domestic violence victims often face a myriad of issues, since the violent victimisation has a domino effect. Prolonged and serious domestic violence can lead to a multitude of interrelated problems: somatic health problems, psychological problems, employment instability if not unemployment, housing problems, financial problems, educational problems. Addressing a multi-problem case of domestic violence goes beyond the ability of one professional group, be it the police or other professionals in social work, education, health care, etc. There is ample evidence that the growing criminalisation response to domestic violence, without being embedded in a more encompassing intervention design, has limited effect and causes new problems. From the perspective of the victim, the need for a multidisciplinary approach seems obvious, and any professional category involved will agree. The issue at stake is how to make it happen in a way that is indeed successful in the sense that it will stop revictimisation. Let us turn to practice then and look at some issues that come up when putting theory into practice.

## **Multidisciplinary intervention programmes in the Netherlands: some examples**

I will present some results from two Dutch intervention programmes that have been set up to intervene early and more effectively in order to prevent secondary victimisation of women victimised by their partner or ex-partner. I hope to illuminate some

more structural issues at stake when realising multidisciplinary intervention projects.

## AWARE

AWARE<sup>4</sup> is an intervention programme to improve the protection of victims of domestic violence-related stalking by an ex-partner. It is increasingly applied in the Netherlands since a pilot in Rotterdam in the late 1990s. Police, women's shelters and social work units for abused women collaborate and, depending on the needs of the victim, other professional services can be engaged as well. The victim must meet several criteria to qualify for the programme: most importantly: no further contact with the ex-partner; the existence of police records of earlier severe violent incidents; preferably a protection order against the perpetrator; and willingness in principle to testify in court if the perpetrator is prosecuted. Upon her entrance into the programme the victim receives an alarm system, either a semi-permanent regular alarm system in the house or the more recent version with a mobile global positioning system. The victim can use the alarm when the perpetrator intrudes and / or physically contacts her in any way. The alarm is received at the (private) security company that installed the alarm system and the police are notified immediately. As soon as the police receive the alarm notification, a surveillance car is directed with highest priority to the victim's house or to the location where the harassment is taking place at that point. The time between the victim using the alarm system and the police arriving at the scene of crime may not exceed ten minutes.

The aim of the programme is threefold: providing protection (to the victims, usually the ex-wife and her children), providing support for the victims and, the arrest of the perpetrator (and, if possible, also counselling for the perpetrator). The reason for using technological devices like alarm systems is to speed up the arrival of

the police in order to better protect the victim and enhance the chance of arrest of the perpetrator. In addition to this, providing the technology to victims is also supposed to empower them, by knowing that getting protection takes only one push of a button.

In 1999 an exploratory study was conducted into the system and currently we are engaged in a follow-up study. Some of the most prominent results so far are the following:

- ▶ The legal criteria for entering the programme tend to exclude a substantial group of women who are severely threatened but who have not filed any complaint in the past or whose call for police assistance was not registered as such (or the police's registration minimised the severity of the event). The fact that one needs documentation of prior police interventions implies that if stalking is severe the victim will have called the police before. However, empirical research shows that only a small proportion (10 to 15%) of severe incidents is reported to the police. The process of selecting women into the programme is often dominated by legal or quasi-legal considerations of police representatives on the selection committee. Interestingly, social workers or health professionals often deferred to these arguments, implicitly giving the judicial perspective a superior status.
- ▶ In prioritising the legal entrance criteria, and notably the existence of police records, other information on the severity of the incidents from other professionals (i.e. medical reports on injuries sustained) or information from the victims themselves tends to be considered as less "objective" and therefore less useful in a legal context. Only judicial sources of information were considered sufficiently trustworthy. This implicitly reflects a positioning of police data as superior to other professional data, despite the fact that police registrations of domestic violence are known to be unreliable due to minimisation. It also positions victims' statements as potentially

biased and unreliable. Some even went as far as to suggest that many victims of domestic violence can be vengeful and "just use" the police for their own good. Therefore their statements should as a matter of principle be treated with scepticism.

- ▶ The women who did enter the programme were without exception very positive about the impact it had on their sense of well-being. Most importantly, it made them feel more secure. Interestingly though, they hardly used the alarm. A similar dynamic was observed in Brooklyn, New York where I was able to look into some results of the AWARE programme. Victims clearly seemed to navigate the criminal legal system so it meets their needs. They were often reluctant to become witnesses in a full-blown trial. More importantly, they did not want to bring this upon their ex-partner, fearing that a conviction might bring him even more harm or lead to revenge from him. Some of the women actually admitted that they successfully used the alarm system as a negotiation tool because they threatened their ex-partner to use it if he did not back off. The way victims use the system and why they find it supportive is actually one of the questions we are currently looking into in the follow-up study. The aim of that study is to present the victims' perspective on the success in parallel with the police's perspective, mainly concerned about the increase of arrests, which is not the primary concern of most victims. In order to be more effective in multidisciplinary programmes we do need to understand victim's needs better. They are obviously more difficult to study than simply measuring numbers of arrests or convictions.

## Temporary eviction order

The Netherlands is currently conducting a pilot project as a preparation for a new law that will allow the temporary eviction of a perpetrator of domestic violence for ten days, with a

4. For more elaborate presentation and discussion, see: Renée Römken (2006).

possible extension of up to 30 days. This is not a criminal but an administrative legal measure in which the local mayor formally decides on and is responsible for the eviction. The eviction order is intended for situations where there is an imminent threat of violence and a substantial risk of recurring (threats of) violence, but no criminal offence has yet been committed. Upon eviction, the aggressor has to leave the house and hand in the keys to the police. He is put in immediate contact with a social worker. The implementation of the measure is left to the police, who act in response to calls for help (usually of victims or neighbours). The police act in their capacity as civil servants to the mayor in maintaining public order.

This eviction or barring order explicitly aims to provide an early prevention and intervention tool. The police are assigned a truly proactive role in that they are expected to intervene in domestic violence cases that have not yet escalated to the level of a criminal offence but that do have all the risk factors for an imminent escalation. In the multidisciplinary programme in which the eviction order is embedded, the police enter the scene first. It is the police officer who has to make the first assessment of whether or not there is a substantive level of threat and a risk of recidivism. The police officer is then obliged to call in a senior police officer who then uses a special risk-assessment tool to assess the level of risk of recidivism. If the officer concludes that there are sufficient indicators for a barring order, she or he can evict the perpetrator (with the mayor's formal approval) and a specialised social work agency is immediately called in to provide support for both perpetrator and victim.

The eviction order has two aims: to protect the victim (and the children) by preventing escalation, and to offer help and support to victims and perpetrator. The latter is always offered a treatment programme for batterers. The underlying idea is de-escalation at an early stage through offering treatment and social services in a multidisciplinary programme.

One of the preliminary results that is relevant in this context is that in 80% of the cases which the police officers selected for assessment for an administrative eviction order, the suspect is also arrested for criminal legal charges. In practice this means that most of the cases that enter the programme are serious domestic violence cases where escalation has already taken place. It is hardly used to identify cases where there is a serious risk for violence that has not yet been committed. Instead of using the eviction order as a proactive instrument to prevent primary victimisation, it is used by the police to limit secondary repeated victimisation and as a parallel trajectory to an arrest so the perpetrator has to stay out of the house upon his release. Obviously starting a double trajectory was not the purpose of the multidisciplinary programme of which the eviction as a preventive measure is part. Realising the preventive aim requires the police to judge the scene from a genuine prevention perspective when it comes to making an initial risk assessment, instead of a criminal law perspective.

Since these are data from a pilot project we need to be cautious about conclusions. The data do indicate however that taking on a proactive preventive role is difficult for the police. From their regular criminal law perspective it is hard to take behaviour that does not even qualify as a misdemeanour as a starting point for a police intervention. Some consider that to be primarily the professional responsibility of social workers, not of the police. Others indicate that intervening when no violence has yet been perpetrated is intervening in a private matter. "It could happen to you or me as well that the police is called when you just quarrel!", as one police officer said.

The collaboration with the social work and health care workers is less smooth than anticipated. Of the three cities where this pilot programme is tested, two have succeeded in effectively starting an intensive procedure of co-ordinated support and help within 24 hours. Results so far indicate that collaboration between police

and other protection agencies, and among several support services, is still fragile and dependent on the intensity of the co-ordination. In those cities where someone is specially assigned to co-ordinate the support programme, collaboration is much smoother and successful in having victims and perpetrator enrol in treatment programmes.

## **Concluding remarks**

On the whole, multidisciplinary collaboration in the area of domestic violence is no longer a subject of disagreement. However, it is during implementation that differences in institutional work culture, professional language, institutional interests, etc come into play and often cause disagreement. The synergy that is hoped for when different skills are brought together does not easily materialise. Co-ordination, training and monitoring are essential in order to bring improvement in the long run. From this perspective, the two projects discussed here reveal common problems that occur in any new multidisciplinary project.

Yet, both projects also reveal a more structural problem that is not so easily resolved by training or co-ordination, no matter how well-trained and well-intentioned all participating professionals are: the impact of the powers of law. In the implementation of both multidisciplinary projects we can see how a (criminal) legal perspective is positioned, not only as the primary, but also as the more valid and therefore more decisive perspective. Multidisciplinary intervention programmes often aim to combine purposes of prosecution of the perpetrator (sometimes in combination with treatment) and protection of the victim(s). The unintended effect of having legal professionals like the police be the first to respond to the victims' call for help means that they can also act as gatekeepers because they are accustomed to use criminal law as the defining perspective. Most police officers are more comfortable in welcoming victims into the criminal justice system when they are considered a good case for the police or

for the prosecution, since that is what the police are trained for. From a criminal legal perspective a successful case is still a case that can be brought to court and will lead to a conviction. That is what counts most when evaluating the output of the police and prosecutors nowadays.

There is often a structural conundrum in a multidisciplinary programme because different aims – protection and prosecution – need to be reconciled. Obviously this points to the need for adequate training of

police officers, or maybe even to the need to set up special domestic violence units, as in Sweden or the United Kingdom. Yet, simply from a capacity perspective, regular police forces should be able to deal more effectively with domestic violence. To get beyond this paradox the crucial step in a multidisciplinary intervention programme is to acknowledge from the very start that conflicting interests are also at stake, next to the common goal of all participants and that is usually put in the forefront.

This inevitably raises the questions: who's in charge when conflicting interests arise? Which interests deserve priority? Facing the conundrum of reconciling potentially divergent interests and needs of victims, police, prosecutors and support services could be a first step toward effectively addressing underlying issues that currently hamper the success of multidisciplinary intervention programmes.

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### Legislation

On 16 March 2005 the Bulgarian Parliament adopted the Law on Protection against Domestic Violence.<sup>5</sup> It is indicative that protection against domestic violence has a special place in legislation. With this law the state recognises the importance of the problem of combating domestic violence in Bulgarian society and by that confirms that violence within the family and the partnership is no longer a private but a public concern. This law shall provide rights to persons who have suffered domestic violence, measures for protection and the order for their imposition.

Responsibility under the law shall not exclude the civil and the penal responsibility of the perpetrator.

The fact that a law separate from the family code was adopted means that relations regulated by this law go beyond the family relations.

The law provides for a special urgent civil procedure, such as court administration in cases of domestic violence. It is a *sui generis* procedure although similar to the quick civil procedure. The law also contains elements of criminal procedure but remains within the framework of the civil one, which allows the shift of the burden of proof in favour of the victim of domestic violence.

On 15 March 2007 the Minister of the Interior issued an order for approval of the Methodological guidelines on actions of the police authorities, according to the Law on Protection against Domestic Violence. The following methodological guidelines of actions of the police au-

5. The Law was promulgated in State Gazette No. 27 from 29 March 2005 and entered into force on 1 April 2005.

thorities on the Law on Protection against Domestic Violence contain basic requirements and rules for action in accordance with the Law on Protection against Domestic Violence without excluding all possible situations and variants which could rise as a result of police practice.

On 19 October 2006 the Council of Ministers adopted the Programme for Prevention and Protection from Domestic Violence for the period 2007-2008.

### Definition of domestic violence according the Law on Protection against Domestic Violence

According to the definition of domestic violence, introduced in Art. 2, domestic violence is:

- ▶ any act of physical, psychological or sexual violence;
- ▶ the attempts of such violence;
- ▶ the compulsory restriction of the personal liberty and the personal life;

inflicted to persons who are or have been:

- in family relations,
- in kinship relations,
- in factual marital co-existence,
- or who inhabit one abode.

The Perpetrator could be:

- spouse or former spouse,
- person, who is or has been in factual marital co-existence,
- person who has a common child with the victim,
- ascendant,
- descendent,
- brother or sister,
- affinity by marriage with the victim up to second degree,
- guardian, trustee or foster parent.

## Order for protection

The essence of the law is the issuing by the regional court of special orders for protection of victims of violence, containing restraining measures for the aggressors. The new regulation is a modern law, which is in compliance with Bulgarian legislation, according to the international standards on violence against women.

The orders for protection are vested in the form of a court decision and can contain one or more of the following measures:

- ▶ obliging the perpetrator to restrain from further acts of domestic violence;
- ▶ removing the perpetrator from the jointly inhabited abode for a term defined by the court.
- ▶ prohibition for the perpetrator to approach the abode, the place of work and the places of social contact and recreation of the aggrieved person under terms and conditions defined by the court.
- ▶ temporary determination of the place of abode of the child with the parent who has suffered or with the parent who has not committed the violence, under terms and conditions, defined by the court, if this does not conflict with the interests of the child;
- ▶ obliging the perpetrator of violence to attend specialised programmes.

The validity of the protection order is up to one year, as in all cases of violence the court imposes a fine on the perpetrator – from 200 to 1000 leva (from €100 to €500).

The procedure for protection against domestic violence may be initiated by:

- ▶ application by the aggrieved person;
- ▶ request by the director of directorate “Social assistance”;
- ▶ application by a brother or sister or by a person who is of kinship relationship, of direct line without limitation, with the aggrieved person – in the cases of immediate judicial protection.

A positive element in the new law is the possibility of issuing the order, in some cases, only based on the declara-

tion of the victim in the absence of other evidences.

For the sake of the speed and urgency of the procedure, the applications and requests will be registered immediately and legal guarantees exist that the decision can be issued within one to one and a half months.

In cases of serious threats to the health and the life of the victim, an urgent procedure is applied where the order for protection is issued for 24 hours in an *ex parte* procedure which then follows the normal procedure for issuing protection orders.

## Police role in urgent protection

The police play an important role when they are obliged to react in the procedure for notification of the perpetrator about the court procedure and court order and especially in the implementation of the restraining orders, as part of the court decision, which are:

- ▶ limiting the possibility of the perpetrator to commit further acts of violence;
- ▶ removing the perpetrator from the jointly inhabited abode,
- ▶ and forbidding access to the places of contact with the victim.

Urgent measures are imposed when a written application is filed and when evidence exists of a direct and imminent threat to the life or health of the victim who has filed an application. When a written application for imposing of urgent measures is lodged, the police officer who is working on the case sends the application to the relevant regional court no later than 24 hours after receipt.

*Written application to the police authority according to Art. 4, Para. 2:*

To the application must be attached:

- ▶ a declaration by the applicant concerning the violence pursuant to Art. 9, Para. 3 of the Law on Protection against Domestic Violence, when he/she is the victim;
- ▶ a written explanation of the perpetrator, if such explanation has been provided;
- ▶ a protocol drawn, pursuant to Art. 71, Para. 2 of Ministry of Inte-

rior law for executed inspection of the premises, while describing the circumstances that call for the emergency court protection;

- ▶ a protocol for the police warning, if such written warning has been provided;
- ▶ a protocol for information provided to the victim;
- ▶ a protocol that the victim has been informed of the opportunity to file an application for the imposing of urgent measures, pursuant to Art. 4, Para. 2 of the Law on Protection against Domestic Violence, or application for the issuing of a court protection order;
- ▶ all documents issued by medical personnel for medical aid provided or/and medical examination;
- ▶ a police report.

## *Additional actions towards children, present at the place of incident or who suffer acts of domestic violence:*

The police officer should take necessary measures to secure the safety of the juvenile and / or minor children present at the place of the act of domestic violence. When the victim is a child, the police officer should:

- ▶ ensure the provision of medical aid and demand from the medical worker a document which verifies this circumstance;
- ▶ take immediate actions for child protection according to the Law on Child Protection and Ordinance No. I-51/2001 on conditions and rules for providing police protection for the child;
- ▶ inform the director of the Social Assistance Directorate and Regional Prosecutor Office by written notification;
- ▶ if possible, take a written explanation from a child in the presence of a police inspector from the Child Pedagogic Unit, and if necessary in the presence of a psychologist and / or a pedagogic professional.

## *Actions toward individuals who have suffered domestic violence:*

After establishing the identity of the person, she/he gives a written ex-

planation in order to clarify the objective and true circumstances of the case, the personality of the perpetrator and the conditions that led to the committing of the violence.

When the violence committed is a crime, as determined by the Penal Code, the police officer informs the victim about the legal possibilities. If the crime is committed by an ascendant, a descendant, a sibling or spouse, it is subject to prosecution by a complaint from the injured person (for the penal procedure to start, in the cases provided in the Special Part of the Penal Code, it is necessary for a complaint to be made).

The police officer informs the victim that for a crime pursuant to Art. 133 of the Penal Code, penal prosecution shall be initiated upon complaint to the prosecutor's office by the injured person and will not be terminated when the injured person makes a motion for discontinuation of the penal procedure before the court of first instance.

When the committed crime is a crime of general nature<sup>6</sup> the penal prosecution must be instituted irrespective of the request of the injured person. The conduct of the pre-trial penal procedure is separate and independent from the procedure for imposing of protection measures against domestic violence under the Law on Protection against Domestic Violence.

The police officer informs the victim of the possibility to file:

- ▶ an application to the regional police station for imposing urgent measures under Art. 4, Para. 2 of the Law on Protection against Domestic Violence;
- ▶ an application to the regional court for issuing an emergency protection order filed via the nearest regional police station, on the grounds of Art. 10, Para. 3 of the Law on Protection against Domestic Violence;
- ▶ an application to the regional court for the issuing of a protection

order, on the grounds of Art. 10, Para. 1 of the Law on Protection against Domestic Violence.

The police officer should:

- ▶ assist the victim while considering the opportunities to stay with friends or relatives or to go to a shelter;
- ▶ assist the transportation of the victim to a safe place within the borders of the same city, if the victim doesn't have another opportunity and wishes to do so;
- ▶ give a victim support to take essential commodities in cases where the victim prefers to leave her / his home;
- ▶ make contact with the operative duty centre / detachment to give addresses of the natural and legal persons, registered by virtue of Art. 18, Para. 2 and 3 of the Social Assistance Law, when requested by the victim to assist her / him to go to a specialised institution for the provision of social services;
- ▶ give the victim contact information of the police investigator in charge;
- ▶ issue a protocol for information provided to the person who has suffered from domestic violence

#### *Actions towards the perpetrator of an act of domestic violence:*

The police officer should:

- ▶ take a written explanation from perpetrator;
- ▶ inform the perpetrator that they are breaking the law and that her / his behaviour is illegal;
- ▶ inform the perpetrator of the criminal liability of the committed act;
- ▶ compose a protocol for the police warning in accordance to Art. 56 of the Ministry of Interior Law;

The police officer should arrest the perpetrator and take her / him to the regional police station, as provided in Art. 63 of the Ministry of Interior law. If the police officer finds that the perpetrator is not at the place where the act of domestic violence was committed, he / she must take measures to locate him / her.

#### *Actions toward witnesses:*

The police officer first takes the identity of the witness, and then a

written explanation in order to ascertain the facts perceived by the witness which contribute to the clarification of the circumstances on the case. The relationships between the victim and / or the perpetrator of the domestic violence act and the witness shall be ascertained.

#### **Police role in the execution of a protection order**

The police officers assure the execution of the court protection order or court emergency protection order, issued by the relevant regional court, when the imposed protection measures are among of the following:

- ▶ obliging the perpetrator to restrain from further acts of domestic violence;
- ▶ removing the perpetrator from the jointly inhabited abode for a term defined by the court;
- ▶ prohibition for the perpetrator to approach the abode, the place of work and the places of social contact and recreation of the aggrieved person under conditions and terms defined by the court.

If the police officer who is obliged to assure the execution of the protection order judges it necessary, she / he can talk to the perpetrator of the domestic violence act. During these conversations, the police officer warns the perpetrator that she / he must obey the measures imposed upon her / him by the court and that any breach of them will lead to arrest.

Upon request of the person who has suffered the domestic violence, the police officer who is obliged to assure the execution of the protection order has a conversation with them and:

- ▶ ascertains if the perpetrator attempted to make contact with the victim;
- ▶ ascertains whether the perpetrator has taken any action against the victim which could be defined as breaking of the court order.

#### **Co-ordination and Control**

According to Chapter IV of the Methodological guidelines on actions of the police authorities, according to

6. If the competent state body is obliged, *ex officio*, to institute penal proceedings without complaint from the victim, the crime is a crime of general nature.

the Law on Protection against Domestic Violence:

- ▶ the director of the national police service has assigned a national co-ordinator with issuing an order;
- ▶ the directors of the district police directorates have assigned regional co-ordinators with issuing of an order.

The **national co-ordinator** should:

- ▶ collect, summarise and analyse the information received from regional co-ordinators;
- ▶ demand information for particular cases of domestic violence from regional co-ordinators, when necessary;
- ▶ prepare annual reports for typical and specific acts of domestic violence;

- ▶ keep contact with state bodies, institutions and non-governmental organisations for the realisation of common prevention and protection programmes against domestic violence.

The **regional co-ordinators** should:

- ▶ collect, summarise and analyse the information on cases of domestic violence;
- ▶ send summarised information to the national co-ordinator each trimester;
- ▶ maintain contact with providers of social services;
- ▶ participate in the preparation and realisation of prevention and protection programmes against domestic violence.

The heads of the regional police stations shall issue an order stating that police officers should establish contact with providers of social services. Those police officers shall update the list of providers of social services in the region. After updating the list shall be made available to the operative duty centre / detachment.

The Directors of the National Police Service and the district police directorates should set up an organisation for training of police officers in work on domestic violence cases.

The directors of the national police service and the district police directorates shall control police work on domestic violence cases. ★

## Ms Renata Odeljan

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#### Legislative reforms in the Republic of Croatia

Prior to the adoption and enforcement of the Family Act of 1999, family violence in the Republic of Croatia was not a major subject of social interest. This was the result, *inter alia*, of a long-standing system of values in our country with regard to the family and its internal relationships and the status of and relationship between spouses, between parents and their children, gender relations, etc.

Before 1999 the police action in this was geared solely to containing the direct damage stemming from the act of violence.

Police officers tried to calm the situation, induce the parties to seek a friendly settlement of their disputes, and the endangered woman took refuge with her children in the homes of family or friends, at a women's centre, or wherever else she could.

Police intervention did not concern the family relationships behind the violence.

The police concentrated on assisting the victim of an offence rather than addressing the issue of the prior threats and violence she suffered.

The fact of limiting police action in order to avoid "interfering" with private relationships within the family and influencing family relations, drawing on the assumption that every male adult is responsible for the family situation in which he lives, led to withdrawal on the part of the (usually female) victims or a change in her status.

The provisions of the 1999 Family Act initiated a process of change to the previously sacrosanct internal family structures and relations.

For the first time, the provisions of Article 118 in conjunction with Article 362 of the Family Act prohibiting violent behaviour in the family shifted family violence from the private sphere of the family into the ambit of state intervention.

According to these legal provisions, violent acts committed in the family home or other premises are no longer defined as a private family matter but as a public issue, which is more suited to the needs of preserving law and order.

After the enactment of this legislation a series of further legal or sub-legal acts were adopted.

#### A new *modus operandi* for police action

On 12 November 1999 the Ministry of the Interior adopted the first Instruction on police action to prevent family violence in the Republic of Croatia and sent it to the relevant authorities for implementation / application of the provisions of Article 118 in conjunction with Article 362 of the Family Act.

On 1 January 2001 a series of amendments to the criminal code introduced a new criminal offence of violent behaviour in the family, set out in Article 215a of the code.

On 30 July 2003 a special act on the prevention of family violence came into force.

On 15 September 2005 the Croatian Government adopted the Regulations on procedure in cases of family violence under the National Strategy for Prevention of Family Violence which the government had launched on 09 December 2004 and regulated inter-departmental action

by the police, social care, health, education and justice.

On 07 November 2005 the Directorate General of Police of the Ministry of the Interior of the Republic of Croatia adopted the Instruction on the application of the Regulations on procedure in cases of family violence, sending it to the police districts for implementation.

On 21 June 2006 the campaign to combat violence against women entitled "There is no excuse for violence" 2006-2008 was launched by the Government of the Republic of Croatia.

All these texts changed the objectives, contents and methods of police intervention.

The new state reaction reflects an unreserved condemnation of violence.

The right of a person to state protection depends on whether (s)he is in a public place or a private home, but domestic violence is a public matter and no longer a private one: this is the essence of the legal provisions prohibiting violent family behaviour and providing the legal basis for police action.

The changes to the purposes of police action centre on the violent family relationship between the perpetrator and the victim rather than just dealing with the isolated act of violence in question.

The purpose of the police intervention is no longer just to calm the situation, settle family disputes or solve acute conflicts, but actually to tackle the violent relationship.

The police do not treat family violence as an isolated phenomenon, because the violent act within the family is only a symptom of the violent relationship, drawing on the principle that proper prevention necessitates remedying this violent relationship.

The legal task facing the competent authorities is to provide legal protection to an endangered person where there is a legitimate fear that the perpetrator will continue to commit acts of violence, and such fear invariably exists where it is not a question of an isolated violent act but violence is a continuation of a pre-existing violent

situation, i.e. there is a violent relationship, which points to danger.

In such situations, the police must warn the parties involved that family violence is not a private dispute or a mere family quarrel.

In cases of family violence, "proper order" cannot be re-established just like that – the police intervention is only the first step, after which other authorities and institutions step in, with the participation of the (potential or actual) victim. The approach is the therefore more or less the opposite of that governing everyday police action.

It must be made clear to the violent offender that the state holds her / him responsible for the violence which (s)he has committed.

The violent offender's responsibility must clearly emerge from the reaction of the police and judicial authorities.

The state reaction to family violence must therefore be conceived in such a way as to ensure its efficient and appropriate implementation, in two phases:

- ▶ in the first phase, the police intervention should not depend on the wishes of the (mainly female) victims, and must sometimes proceed against the victim's will; where it has been established that a specific act of violence points to an already established violent relationship in the family, the perpetrator must be immediately removed from the family and brought before the district court, which should order the relevant penal measures and, depending on the circumstances, the appropriate protective measures, remanding the accused in custody until his / her prison sentence is due to commence.
- ▶ in the second phase, the whole procedure concentrates on the (mainly female) victims, on the basis of the principle that, with the assistance and complete co-operation of the competent authorities and institutions, the victim must face up to the reality of her situation and receive advice to the effect that there is an alternative to the violent relationship, thus encouraging her to

believe that her situation can be radically changed.

The aim of the police intervention is to ensure that the (usually female) victim undertakes the following action:

- ▶ to stop the violent behaviour, with the assistance of the authorities, to remove the violent offender from the family, to bring him before the district court with an application for commencement of judicial proceedings and a request for the ordering of appropriate preventive measures and remand in custody until the accused commences his prison sentence;
- ▶ to provide the (female) victim with accommodation within which where she can begin to piece together her situation and prospects and generally recuperate, remaining available to the authorities assisting her and supporting the process of change, which the offender is now unable to prevent, stop or obstruct;
- ▶ to transmit the necessary data, documentation and information to the authorities involved after the police intervention.

Article 3 of the Act on Prevention of Family Violence defines the family (a husband and wife in a marriage or common-law marriage, direct descendants and ascendants (without limitation: they include children and parents, grandchildren, grandfathers and grandmothers, great-grandchildren, great-grandfathers and great-grandmothers, lateral relatives up to and including fourth-order lateral relatives: brothers and sisters, uncles and aunts, great-uncle and great-aunt, male and female cousins, nephews and nieces, spousal relatives up to and including second-order spousal relatives, father-in-law and mother-in-law, spousal brothers and sisters, sisters and brothers-in-law, persons who formerly lived together as a family or under common-law marriage and their children, persons who have common children, adoptive parents and adopted children, and wards.

Under Art. 4, the concept of family violence (of a physical, mental, sexual or economic nature) involves:

- ▶ any use of physical or mental coercion upon the integrity of a person;
- ▶ any other behaviour on the part of a family member liable to cause physical or mental pain;
- ▶ causing the perception of fear, personal jeopardy or violation of dignity;
- ▶ physical assault, whether or not actual bodily harm was caused;
- ▶ verbal assaults, cursing, calling names and other means of:
  - improper disturbance,
  - sexual disturbance,
  - spying and all other ways of disturbance,
  - illegal confinement or limitation of freedom of movement or of communication with third persons,
  - actual or attempted damage or destruction of property.

Art. 5 concerns the responsibilities of certain occupations or professions (health workers, social welfare workers, psychologists, social workers, youth workers and educational institutions) in reporting cases of family violence – failure to comply with these provisions constitutes an offence as laid down in Art. 19, subject to the measures set out in Art. 18 of this act.

Art. 7 describe seven possible preventive measures: compulsory psycho-social treatment (up to six months), prohibition of approaching the victim of the violence (from one month to one year), prohibition of disturbing or spying on a person subject to violence (from one month to one year), removal from the family home (from two to three months), a protection order for the victim of the violence, mandatory detoxification cure (from one month to two years), and seizure of objects actually or prospectively used to commit an offence.

Art. 16 lays down preventive measures of a duration of between one month and two years; these measures can be ordered at the request of the victim, the police or the judicial authorities in cases subject to public prosecution.

Art. 17 provides that the preventive measures set out in Art. 7 b, c, d and g

can be pronounced individually and without punishment, i.e. without penalties imposed for other offences; the court must reach a decision within 48 hours, which becomes an *ex officio* decision if the complainant fails to submit a request to initiate proceedings within three days from the decision.

Art. 18 sets out provisions on the offence of violence: basic and aggravated types of offence – a fine from 1 000 to 10 000 KN or a prison sentence of up to 60 days (types: basic; aggravated; repeat offence; violence in the presence of a minor; repeat offence of violence in the presence of a minor person, violence against a child or a minor).

The Protocol on proceedings in cases of family violence was introduced on 9 December 2004 under the National Strategy of Prevention of Family Violence implemented by the Government of the Republic of Croatia (inter-departmental action by the police system, social welfare, health service, school system and judiciary).

The Protocol on proceedings in cases of family violence requires the police to protect the victim from family violence by working to eliminate violence from the family in order to guarantee the survival and health of family members and prevent inter-generation transmission of such violence, and concurrently to implement a proactive strategy to prevent murder, suicide, the infliction of serious bodily harm, physical and mental abuse, sexual offences, the removal of child and underage victims from the family home, as well as to endeavouring to eliminate minor delinquency, strengthening penal protection for children and minors, suppressing narcotic drug abuse and addiction, all of which help promote non-discrimination on the basis of sex in the Republic of Croatia.

When the authorities receive a report of violence (no matter how or by whom it has been committed) or a request for assistance to a person subjected to any kind of family violence, an official expert must be brought in to take the following action:

- ▶ urgently and immediately sending to the scene of the offence, where possible, at least two police officers (if possible one male and one female) to provide assistance, i.e. to check the report or request (verifications are needed where the apartment or house is locked); and depending on the situation at the scene, undertaking immediate measures and actions to provide direct protection and the necessary medical and/or other assistance to any victim(s) of violence and prevent the offender from perpetrating any further violence;
- ▶ obtaining the requisite data and information to clarify and provide evidence of a criminal offence of family violence or any other violent or other offence;
- ▶ informing the perpetrator of the violence of the measures that will be applied against him in order to immediately stop the violence and help him to alter his behaviour.

If the violent offender possesses a weapon legally, it must be provisionally confiscated in order to prevent possible abuse thereof, with the police applying for the seizure of the weapon and the firearm licence suggested;

In the case of a report on illegal possession of a weapon, the requisite measures must be adopted to locate and confiscate the weapon and prosecute the offender;

The perpetrator of the family violence should be arrested and taken to the police station for detention, submitting an application for prosecution for the offence of family violence, i.e. pressing criminal charges for family violence and bringing the accused before the district court and the examining magistrate, in accordance with current legislation;

The application for prosecution of the offence should be accompanied by a request to remand the accused in custody until the beginning of the prison sentence, depending on the circumstances and conditions of the case.

The police officers escorting the suspect / defendant to the district court and submitting a request for remanding him / her in custody are en-

titled to be kept informed of the district court's / examining magistrate's decision, and where the court has not issued a custody order they are required to inform the victim accordingly.

If a child or a minor has witnessed or suffered injuries from the act of violence (on strong suspicion of the criminal offence of neglect and maltreatment of a child or a juvenile), or where there is reason to believe that the criminal offence of family violence has been committed, police officers specialising in youth cases are brought in to lead and co-ordinate police teamwork geared to preventing family violence.

In conducting this work, the police officers are required to provide the victim of the violence with appropriate and clear information on his / her legal rights, especially on the available protective measures and the conditions for ordering and implementing them, and on any further measures and actions to be taken by the police against the violent offender which are of particular importance for protecting the victim's security such as:

- ▶ arrest and detention of the offender in the police station;
- ▶ remanding the offender in custody and specifying the duration of custody;
- ▶ escorting the offender to the district court and concurrently requesting custody / detention.

On the release of a violent offender information should be provided on:

- ▶ the importance of self-defence mechanisms and co-operation on the part of the victim to promote his / her safety;
- ▶ institutions and organisations providing assistance, support and protection for victims of family violence;
- ▶ the possibility of transferring victims to special shelters for victims of family violence, children's homes or shelters for adult victims of family violence.

If the victim requires accommodation in a shelter, a children's home or a shelter for adult victims of family violence, the relevant social welfare centre is asked to take the necessary

steps to house the victim immediately in appropriate accommodation; where the centre is unable to do so for justified reasons, the police officers must take the victim to an alternative shelter, respecting the secrecy and security of the address in question.

If family violence requires emergency treatment, particularly in the case of children or minors, or if children or minors must be interviewed, a social worker from the social welfare centre must be immediately called in to take care of the child or minor, keeping the latter's stay at the police station to a minimum.

Written information must be sent to the social welfare centre on the facts of the case and the measures taken so that socio-welfare measures to protect the family in legal terms can be initiated.

Data on the offence, the perpetrator, the victims and actual and proposed measures to protect the latter under police responsibility must be entered into the existing police records on violence in the relevant family.

In order to ensure that the legal action is undertaken and completed in a timely manner, that inter-departmental co-operation is conducted during the action, that the pre-conditions for proper upbringing and general development of children and young people are protected and that the principle of non-discrimination on grounds of sex is respected, as well as ensuring timely submission of complaints about district court decision and promoting police efforts to prevent family violence, police officers specialising in youth cases and the legal protection of children and young people are brought in to co-ordinate, direct and monitor the action.

With an eye to implementing police action under this protocol, the operations centre of the relevant police station is required to forward, as quickly as possible, any information it has received about family violence to the competent police officers specialising in youth cases who must monitor and direct the action, ensure efficient measures to solve the case and see that the victim is informed

about their legal rights and the means of securing protection from further violence, the initiation of appropriate procedures to prevent family violence and the involvement and notification of other competent bodies, institutions, services and organisations.

In order to secure the intervention of the police as set out in para. 7 of this protocol, police *modus operandi* and agreement to the action undertaken and the facts as established, as well as applications for appropriate penalties to be imposed on a perpetrator of violence under the criminal proceedings and effective protection to be provided for the victim of family violence (prior to the signing of the material received by the competent head of the PS) police officers specialising in youth cases shall verify the situation and then jointly sign the application for criminal proceedings viz the criminal charges, which shall be submitted in respect of the offence of family violence.

Where the family violence was committed by a person who has undergone treatment for alcoholism or other addictions or by a person with mental disorders, the social welfare centre must be immediately informed so that it can instigate the necessary legal action.

The criminal offence of "Family violence" as laid down in Art. 215 a of the CP has been in force since 1 January 2001 and was amended on 1 October 2006:

"a family member who uses violence, ill-treatment or particularly inappropriate behaviour to place another family member in a humiliating position shall be sentenced to a prison sentence of between 6 months and 5 years".

Preventive measures may also be ordered as set out in Art. 71 of the CP as follows: participation in psycho-social therapy in specialised institution for the purposes of eliminating violent behaviour; possible ordering of the precautionary measures set out in Art. 90 of the Criminal Procedure Act in the presence of the circumstances described in Art. 102 (detention) (e.g. prohibition of approaching specified persons and prohibition of

maintaining relations with specified persons, prohibition of visiting specified places or areas, etc.); precautionary measures may continue until the sentence becomes final.

### Rules on means of implementing the protective measures laid down in Articles 10, 11 and 12 of the Act on prohibition of family violence

Art. 1 prescribes the means of implementing protective measures:

- ▶ prohibition of approaching victims of family violence;
- ▶ prohibition of disturbing or spying on persons exposed to violence;
- ▶ removal from the apartment, house or other residential premises.

*Implementation of measures under police jurisdiction, in accordance with the Police Act and the Criminal Offences Act.*

**Art. 2** assigns jurisdiction for implementing the measures viz the police district where the victim lives.

**Art. 3** stipulates the purpose of the measures implemented viz helping to maintain the existence and health of the family in question, ensuring the safety of its members, fulfilling the conditions for the upbringing and development of children and minors, ensuring general social condemnation of family violence and developing awareness that family violence is a serious punishable crime.

**Arts. 4 - 6:** preparing and planning the implementation of protective measures:

- ▶ Persons responsible for implementing these measures: police officers specialising in youth cases or other police officers;
- ▶ Ensuring the victim's safety, organising co-operation, training the victim in self-defence and protection, guaranteeing communication and exchange of information;
- ▶ Collecting information in order to assess the threat and the perpetrator's behaviour;
- ▶ Drawing up a strategy for implementing the protective measures and providing an "exclusion zone",

and issuing oral warnings for the perpetrator;

- ▶ Informing other police officers and handling emergency cases;
- ▶ The relevant senior officer initiates and controls the implementation strategy.

**Arts. 7 - 12.:** monthly verification, and if necessary modification, of the implementation strategy: all those involved inform in writing the strategy controller. The relevant file is managed by the police station for urgent implementation and the victim is contacted at least once a week to check on her / his safety and the perpetrator's behaviour. If the measure has been violated, the perpetrator is arrested on a warrant from the judge, and the perpetrator is sent to the Centre for Health and Social Welfare and charity associations for medical care and accommodation.

**Art. 13:** implementation of the protective measure of prohibiting the perpetrator from approaching the victim of family violence: warning on the "exclusion zone", accidental encounters, danger of ambush or other measures, obligation to leave the site of the accidental encounter; on non-compliance with the measure, the accused must be arrested on a warrant from the judge.

**Arts. 14 - 16:** implementation of protection measure. Prohibition of disturbing or spying on person(s) threatened with violence: accidental encounters endangering the victim – ambush or other act, victim data on addresses from which contact was made and submission of such data to the strategy controller where there is reason to believe the measure has been violated. This can lead to arrest and, with court permission, confiscation of items linked to the criminal offence. The data is also sent to the judge or public prosecutor.

**Art. 17:** implementation of the preventive measure of removal from apartment, house or other residential premises. The removal procedure consists in a handover of keys, entitlement to personal documents and items for everyday use, a warning about encounters within the "exclu-

sion zone" and arrest further to any attempt to enter or make contact in the home or other prohibited areas on a warrant from the relevant court.

**Art. 18:** the Ministry of the Interior creates databanks on preventive measures, on the offenders on whom preventive measures have been imposed, and on victims protected by the said measures.

**Art. 19:** police stations must keep a special file on the implementation of each measure, inputting all relevant documents on the measure; the data is archived for 10 years after expiry of the measure.

**Art. 20:** assessment and implementation plan during implementation in the OD and file of the area in which the victim lives or resides. The file is kept by the strategy controller, who reports once a month on the implementation of the measure to his / her superior.

**Art. 21:** the rules adopted by the Minister on 24 February 2004, published in Official Gazette No. 27/04 of 03 March 2004. entered into force on 11 March 2004.

### Conclusion

The legal provisions on the prohibition of family violence enhance the right of the state to intervene in the family with a view to preventing violence.

The provisions on the prohibition of family violence establish an effective, far-reaching legal means of creating a situation conducive to eliminating family violence and ensuring the safety of family members, protecting the family's health and continued existence, reinforcing the protection of the health, upbringing and development of children and minors and protecting women and family members with disabilities.

Implementation of the action stipulated in the protocol as a means of handling cases of family violence guarantees a fair, appropriate inter-departmental approach to ensuring the prevention of family violence.

Alongside the effort to eliminate family violence in order to protect the existence and health of the family and prevent inter-generational transmis-

sion of violence in families, and therefore also to implement a proactive strategy to prevent murder, suicide, physical and mental abuse and sexual offences, to suppress juvenile delinquency, to strengthen criminal-law protection for children and minors, to eliminate drug abuse and other addictions and to remove offenders from the family home. The text is also geared to promoting the objective of

gender equality in the Republic of Croatia.

It is especially important to ensure that, in addition to measures specific to their particular fields, the staff of the medical, social welfare, childcare and educational systems also immediately report any cases of family violence to the police or the competent public prosecutor's office.

The media could greatly help the drive to prevent family violence by investigating and publicising action taken by the local community and of local government and autonomous bodies geared to protecting their citizens from family violence and identifying the relevant agencies, departments and associations failing to take timely action to help and protect victims despite having knowledge of the violent situation. ★



**HEALTH CARE  
PROFESSIONALS:  
IDENTIFYING AND  
RESPONDING TO  
DOMESTIC VIOLENCE**



# HEALTH SERVICES' RESPONSE

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## **B**ackground

Prevention of violence against women and domestic violence is seen in Finland strongly as multiprofessional and multi-agency work. In practice this is reflected by multiprofessional teams / working groups at municipal level as well as at regional level. In those teams social welfare and health authorities as well as the police and judicial authorities and NGOs are represented. This special feature is seen also in our training, which is mainly multiprofessional training in this area.

This has not been always the case in our country. If we take a look at the history of the work in this area we can see a certain process and progress through the years.

Domestic violence work in Finland was at first mainly social work, meaning the work was done by social workers in social services, because the problem was understood as a social problem. One of the first milestones was the establishment of the first shelter in 1978.

In the middle of the 1990s awareness of violence against women started to grow in Finland and it became more and more a public issue. A wider number of professionals got interested in the issue and became more active in the field. The issue of violence against women was also

more clearly understood as a crime. In the 1990s some important amendments were made to the criminal law, also some new laws came into force.

The growing interest and awareness has revealed more clearly the health issues surrounding violence against women. It is becoming apparent that violence against women is also a public health problem in Finland. The health care professionals show growing interest in the issue.

According to two national surveys in Finland the victims seek help most often from the health services for physical injuries. Growing knowledge has raised important questions in the health care sector: how can we identify victims more effectively and how to bring up and respond to the issue professionally and safely? Also, is the health care response just medical examination and treatment of physical injuries? What does professionalism mean in violence prevention work? What are the good practices in health care?

The growing need for co-operation with other professionals has also brought up the matter of how to cooperate with other professionals with different practices and rules. Co-operation with other professionals has also revealed gaps and the need for improvement in practices.

## Good practices in the health care services in Finland: two examples

### *1. Improving legal protection for assault victims: good practice developed by a hospital emergency unit and the police*

The Emergency Unit of Malmi Hospital in Helsinki and the local police in Malmi have developed a new practice aimed at improving legal protection for assault victims and closer co-operation between the authorities concerned. The aim was also to improve the quality of medical records and statements for the court.

The new practice involves use of an "assault form" on which detailed information about the patient's injuries and other information are entered. The form was introduced in The Emergency Unit of Malmi Hospital in September 2002.

The assault form (called PAKE) comes in two parts. The first part is for background information and details of the assault. The second part consists of a body map, on which the injuries and their locations are marked (measured with a tape measure). The aim is that an assault form is completed for all patients who are victims of an assault (men and women). Special attention is paid to domestic violence cases. Patients who report that their injuries were the result of an accident are interviewed to ensure that violence can be discounted.

The emergency unit is particularly concerned about careful examination and recording of all the patient's injuries, whether or not they require treatment. The background information and details of the assault are entered by a nurse in consultation with the patient before the patient is seen by a doctor. The doctor adds further information if necessary. The body map details are entered by the doctor or both the doctor and the nurse. Use of a digital camera to photograph the injuries is also part of the practice. The form and photographs are appended to the patient's records. With the patient's written permission the documents can be given to the police.

Often patients do not want to go to the police straight away. From the legal protection viewpoint, however, it is important that the documents are kept for possible use later on.

The form also includes questions about any children present at the assault location because the emergency unit will need to know their condition and whereabouts. This information is important for child protection purposes.

In August 2003 a questionnaire survey was carried out. The authorities involved were asked about their experiences and opinions of the new forms. The survey revealed that the police had found the form extremely useful and necessary in their work, for example in supporting the investigation of assaults.

The public prosecutors found the form to be a good tool in their work, noting that the immediate description of the violence was more useful as evidence than descriptions given months later. Nursing staff and physicians also found the form useful as it supported systematic data collection on assault cases.

In 2004 the Provincial State Office of Southern Finland established a multiprofessional team of regional experts for the development work of the Malmi hospital. The aim of the experts' work is to develop further the working model and to adapt it nationally. The team organises multiprofessional training which includes good practices in medical examination and documentation, in social work, in first aid by ambulance staff, in police work, in the work of public prosecutor and in multi-agency co-operation. The training consists also of issues concerning the safety of the health care workers.

The plastic card on good practices when talking with the victim, interviewing the victim, guidance and information giving and documentation was introduced this year. The plastic card exists also in Swedish and Estonian. Soon there will be a plastic card on good practices on medical statement and case history documentation.

### *2. Intimate partner violence against women and screening for violence at the maternity and child health clinics*

A research project funded by the Ministry of Social Affairs and Health was carried out in Finland 2000-2002. Its aim was to develop a suitable method for identifying, addressing and discussing partner violence experienced by pregnant women and women with small children. Midwives and public health nurses received training and practical guidance in detecting and discussing partner violence. It is intended that the set of screening questions developed in the project will be introduced at maternity and child health clinics throughout the country. The idea for the project was based on the results of a questionnaire survey of a random sample by Statistics Finland (Heiskanen & Piispa 1998). The survey revealed that young women in a relationship and women with children under seven years of age were more often subjected to partner violence than other age groups.

Maternity and child health clinics are appropriate health care services to reach young women and families because almost 100% of pregnant women and mothers with infants / children under school age regularly visit maternity and child health clinics for check-ups. A woman with a normal pregnancy has 11-15 check-ups during pregnancy and child health clinics arrange 16 periodic check-ups until the child starts school at the age of seven. Most of the check-ups are with public health nurses and midwives.

The participants of the project consisted of maternity clinics and child health clinics in six towns in southern and central Finland. In the two surveys of the project, public health nurses and midwives used a structured set of questions to interview pregnant women and women with infants. In both surveys, the youngest child was no more than 1 year old at the time the interview was conducted. The interviewer was always the interviewee's own public

health nurse or midwife whom she had met on at least one previous visit. The interviews were always conducted with no other persons present, in order to ensure the safety of the women and children involved.

In the first survey in 2000, a total of 1 020 women were interviewed at the maternity and child health clinics. Of these women, 18% had at some time experienced physical or sexual violence or threat of violence in their current relationship. The risk groups were women aged 18-24 or women in a common-law relationship who had children under the age of 7. The survey also examined male controlling behaviour, which was defined as behaviour intended to intimidate, subdue or isolate the woman involved. Such behaviour increased the woman's risk of becoming the victim of physical or sexual violence or subject to threat of violence by a factor of 2.6-10.7 compared with women whose partner had not exhibited such behaviour.

In 2001 a survey was carried out on midwives' and public health nurses' experiences on conducting these interviews. The professionals describe that first they were afraid to ask about violence: they didn't know how women would react to questions, how they themselves would feel and react if a woman were to disclose violence, and whether they would have enough knowledge to support the woman and give guidance for further help. They also had mixed feelings because some women denied or underestimated the violence they were experiencing. This process resulted in the judgement: as this is my professional duty to ask, it is justified to ask. They also felt that their professionalism improved. Midwives and public health nurses stated that training, consultation, counselling and support for health care professionals are essential preconditions for conducting these interviews.

In the survey in 2002, the number of women interviewed was 510 and 11% of these women had been victims of physical or sexual violence or subject to threat of violence at some point during their pregnancy, and 11%

at some stage during their infant's first year.

The women interviewed gave feedback and felt that it was important to ask such questions, and their experiences of the discussion were positive. On the basis of the research results and project experience, and with reference to the Abuse Assessment Screen developed in the United States, a partner violence screening questionnaire was drawn up in autumn 2002. Instructions were also drafted for detecting partner violence and discussing the subject, and for contacting the authorities.

A number of conclusions were drawn from the two surveys of the project. Firstly, it is important to identify partner violence risk groups at the maternity and child health clinics and to develop various support measures, especially for young pregnant women and for mothers of infants, and to provide them with information on partner violence and its effects. Secondly, it is essential that the women have the opportunity to discuss their own experiences of the relationship. Discussion of male control-related behaviour allows to detect partner violence and to discuss it at an early stage. Thirdly, asking about partner violence should be made a regular part of the work of maternity and child health clinics and should be included in their monitoring programmes. All women should be asked about partner violence using a standardised questionnaire.

The Ministry of Social Affairs and Health of Finland recommends that maternity clinics ask about partner violence at least once during the first two trimesters of the pregnancy, and child health clinics no later than at the child's 6-month examination and subsequently at the child's annual examination.

*Practical instructions on screening in the Guidebook:*

<http://www.hyvan.helsinki.fi/daphne/>

(In Finnish, English, German, Lithuanian, Estonian, Greek and Romanian.)

## **Intimate partner violence (IPV) against women and its screening at the maternity and child health clinics in Finland**

*Research Project 2000 - 2002 funded by the Ministry of Social Affairs and Health in Finland*

*Research carried out at the maternity and child health clinics in six towns in southern and central Finland*

*Aims of the studies were to:*

- ▶ improve early identification of IPV;
- ▶ determine good practice in how to ask and what to do;
- ▶ develop a tool for routine screening.

*Background:*

- ▶ Finnish national survey published in 1998:
  - IPV in Finland common - 22% of women have been victims of partner violence at some point in their life in the current relationship;
  - risk groups: young women (especially 18-24 years old) and women with children under 7 years old.
- ▶ perception of midwives and public health nurses at the clinics;
- ▶ studies in USA, Canada, Australia, in some European countries;
- ▶ interviews were done by using structured questionnaires;
- ▶ midwives and public health nurses interviewed pregnant women and mothers with infants;
- ▶ study in 2000 – a total of 1020 women were interviewed:
  - prevalence posed at the maternity and child health clinics;
  - forms of IPV;
  - women's experiences about being asked.
- ▶ survey in 2001: midwives' and public health nurses; experiences about asking;
- ▶ study in 2002 – a total of 510 women were interviewed:
  - IPV during pregnancy;
  - IPV after the delivery;
  - consequences of IPV.

*2000 research: prevalence of IPV in current relationship (n=1020)*

Form of violence	%
Prevented from moving or grabbed	11
Pushed, slapped	10
Threatened with violence	8
Sexual violence	3
Beaten black and blue, kicked	3
Strangled or tried to strangle	1
Armed violence	0.4
Other forms of violence	3
At least one form of violence	18

*Prevalence of male controlling behaviour (n=1020)*

Form of control	Sometimes %	Never %
Name-calling in order to humiliate	43	3
Behaviour sometimes frightening	29	1
Jealous, won't allow me to speak to other men	27	4
Approves of violence against women	26	2
Blames me for child care / housework	23	5
Demands to know where I go, with whom, where I am, when I will return	22	6
Consciously destroys our common property	15	1
Tries to restrict me from seeing relatives	13	1
Demands sex after a quarrel to show reconciliation	10	1
Forbids me to make decisions about the family	7	1
Has been violent towards children	6	0
Has threatened to harm the children	3	0
Forbids woman to work outside home	1	0
At least one form of control	75	15.7

*Risk groups for violence*

- ▶ 18 - 24-year-old women; 25% them had been victims of intimate partner violence at some point in their current relationship
- ▶ Women with children under 7 years old (23%)
- ▶ Of the women expecting their first baby (n=270) 15.6% had experienced violence at some point in their current relationship
- ▶ Women gave positive feedback of being asked: they felt the professionals were interested in their well-being and took care of them, felt safe, got information, "this is the right place to ask".

*Male controlling behaviour classified into three categories:*

- ▶ **intimidation** increased the risk over tenfold (risk ratio 10.7; p-value 0.0001)
- ▶ **domineering behaviour** increased the risk sevenfold (risk ratio 7.36; p-value 0.0001)
- ▶ **tendencies to isolate** more than doubled the risk (risk ratio 2.59; p-value 0.0001)

*In 2002: Victims of IPV during pregnancy (% of women, n=510)*

Point of time of IPV	n	%
During previous pregnancy	35	7
During current pregnancy	15	3
During previous and current pregnancy	5	1
At some point during pregnancy	55	11

*Assaulters:*

Current husband or common-law husband	76%
Ex-husband or ex-common-law husband	20%
Current or ex-boyfriend	4%

*Victims of IPV during the infant's first year (% of women who had delivered, n=384)*

Point of time of IPV	n	%
After previous delivery /deliveries	27	7
After most recent delivery	14	4
After previous and most recent delivery	2	1
At some point during infant's first year	43	11

*Physical injuries caused by partner violence in the current relationship (self report) (n=510)*

Form of injury	%
Black marks, bruises	15
Cuts	7
Strain, luxation	4
Bone fracture	2
Comotio cerebri (concussion)	1
Tooth injury	1
Burn injury	0.4
Internal injury	0.2
Some other injury	4
At least one of the injuries mentioned above	18

*Other injuries mentioned:*

- ▶ Sore throat (after strangling)
- ▶ Bite injuries
- ▶ Physical pain
- ▶ Mental pain and suffering

*Other consequences of partner violence in the current relationship (n=510) (self report)*

Form of consequence	%
Started to smoke or smoking increased	4
Miscarriage/threat of imminent miscarriage	2
Started to drink more alcohol	1
Started to use sedatives or sleeping pills	1
Abortion	1
Unwanted pregnancy	1
Preterm delivery or threat of it	0.2
Difficulties in delivery/fear of delivery	0.2
Difficulties in gynaecological examinations	0.2
Started to use drugs	0.2
Some other consequence	6
At least one of the consequences above	10

Other consequences mentioned (6%):

- ▶ fears, feeling of loneliness
- ▶ insomnia
- ▶ decreased self-esteem
- ▶ exhaustion
- ▶ hatred or fear of men
- ▶ panic attacks
- ▶ need for psychiatric care
- ▶ eating disorders ( such as anorexia, bulimia)

*In 2001: Midwives and public health nurses' experiences*

- ▶ first nervous / fears: how women react, how I react / feel, do I have knowledge enough, what to do if a woman discloses IPV, is maternity / child health clinic the right place to ask?
- ▶ mixed feelings: some women denied or underestimated or were dismissive of the IPV they were experiencing;
- ▶ result: this is my professional duty to ask, it is justified to ask, improved professionalism?
- ▶ training, consultation, counselling and support for professionals essential precondition for asking.

*Intimate partner violence screening at maternity and child health clinics*

The following questions are intended for expectant mothers in their first or second trimester and for mothers with an infant no more than six months old and afterwards at the yearly check-ups.

When asking these questions, no persons should be present other than the interviewer and interviewee.

Circle the answers given by the interviewee.

1. Does your partner sometimes behave in a manner that makes you afraid of him?

- ▶ yes
- ▶ no

2. Does your partner behave in a derogatory, humiliating or controlling manner towards you?

- ▶ yes
- ▶ no

3. Has your current partner

Yes	No	Threatened you with violence (incl. threat to use a weapon / object?)
-----	----	---

Yes	No	Grabbed, pulled, pushed, slapped or kicked you?
-----	----	---

Yes	No	Used another form of physical violence against you? If so, what?
-----	----	--

Yes	No	Pressurised, forced or attempted to force you into having sex?
-----	----	--

4. When did your current partner behave violently?

Yes	No	During the past 12 months
-----	----	---------------------------

Yes	No	During pregnancy
-----	----	------------------

Yes	No	After the child was born
-----	----	--------------------------

5. Has your current partner been violent towards your child/children?

- ▶ yes
- ▶ no

6. Have any of your children been watching or listening when your partner has behaved violently?

- ▶ yes
- ▶ no

7. What type of support/help for your situation would you like?

## Conclusions

### *Important to identify risk groups of IPV*

- ▶ Development of different support measures especially for young pregnant women and mothers with infants;
- ▶ provide them with information on intimate partner violence and its effects.

### *Essential that women have the opportunity to discuss their experiences in the intimate relationship*

- ▶ Discussion of partner's controlling behaviour gives an opportunity to identify possible intimate partner violence and discuss it at an early stage;
- ▶ controlling behaviour can be a sign or a prognostication of physical violence.

### *Routine inquiry should be the part of the clinical medical work*

- ▶ It should be included in the monitoring programme of maternity and child health clinic;
- ▶ use of standardised questionnaire;
- ▶ face-to-face interviews;
- ▶ based on the interview by the midwife / public-health nurse who is known to the woman;
- ▶ systematic; every women should be asked;
- ▶ ask about children!

### *The recommendation of the Ministry of Social Affairs and Health in Finland*

- ▶ Maternity clinics ask about IPV at least once during the first two trimesters of the pregnancy
- ▶ child health clinics ask about IPV at the child's half-year-check-up at the latest and after that at the child's yearly check-ups.

### *Other lessons learned*

- ▶ Victimization causes a great impact on physical and mental health, capability in everyday life and parenting;
- ▶ the role of health professionals is crucial in the identification of and assistance to victims of IPV;
- ▶ multiprofessional / multi-agency co-operation is crucial for further support to the whole family.

### *Other achievements of the project*

- ▶ Written guidelines / instructions for the health professionals in maternity and child health care:
  - how to ask;
  - how to talk safely;
  - multi-agency cooperation and networking with other professionals/agencies.
- ▶ Good clinical practices:
  - medical examination using body map and photographing injuries,
  - documentation
- ▶ Individual safety planning instructions;
- ▶ Recommendation for the training of the health professionals: multi-professional training;
- ▶ Routine screening practices in Finnish maternity and child health clinics.

*Guidebook from Daphne project 2005-2006:*

<http://www.hyvan.helsinki.fi/daphne>

#### *More about health consequences of IPV:*

Martinez, M./ Schröttle, M. et al. (2006): State of European research on the prevalence of interpersonal violence and its impact on health and human rights:

<http://www.cahrv.uni-osnabrueck.de/reddot/190.htm>

*Daphne -project ProTrain 2007- 2009:*

Improving Multi-Professional and Health Care Training in Europe - Building on Good Practice in Violence Prevention. Co-ordinated by Osnabrueck University/Germany.

<http://www.pro-train.uni-osnabrueck.de>

*Daphne -project APROPOS 2007-2009:*

Multisectoral and Multidisciplinary Professional Specialization Programme and Network for Violence prevention.

<http://www.wedu.oulu.fi/apropos/>

### **Improving legal protection for assault victims: good practice developed by a hospital emergency unit and the police in Finland**

Clinical medical procedure developed by the emergency medical staff and the local police in a emergency unit of Helsinki city Hospital, since 2002

The aims:

- ▶ to improve legal protection of assault victims;
- ▶ closer co-operation between the health care, social work / child protection, the police and the public prosecutor .

First the Assault Form (PAKE) was developed for local practical work.

It includes:

- ▶ background information on the patient and her/his situation and details of the assault;
- ▶ body map where the injuries and their locations, measured with a tape measure, are marked;

- ▶ instructions for photographing injuries.

Special attention is paid to intimate partner violence (IPV) cases

### *A regional experts' team*

- ▶ Established by Provincial State Office of Southern Finland in 2004;
- ▶ multiprofessional team, members from health care, social work, police, court (public prosecutor), emergency call centre, victim support NGOs;
- ▶ developed further the working model;
- ▶ the aim is to adapt it nationally;
- ▶ developed a training package and organises 1 or 2 days of multiprofessional training;
- ▶ developed and produced a plastic card for medical staff; short instructions for interviewing and giving guidance, documentation;
- ▶ electronic version development of the assault form ongoing.

### *Training package: good practices in assault cases (part of the training package)*

- ▶ Emergency health care; how to interview assault patients (special attention to IPV victims), how to document the assault on medical records, co-operation with other authorities (police, social work / child protection, public prosecutor);
- ▶ social work in hospital; how to advise patients on further help, child protection;
- ▶ first aid staff in ambulance; how to interview and document, children in the family;
- ▶ the police; evidence collecting and investigation. ★

# GUIDELINES FOR HEALTH CARE PROFESSIONALS

**Keynote Speaker:**  
**Ms Freja**  
**Ulvestad Kärki**

**Technical Officer,**  
**Violence and Injury**  
**Prevention**  
**Programme,**  
**WHO Regional Office**  
**for Europe**

## Key facts and figures from the WHO European Region

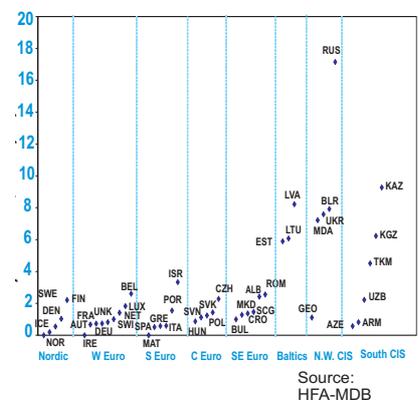
- ▶ Nearly 800 000 deaths in the WHO European Region yearly due to violence and injuries
- ▶ Injuries and violence leading cause of death in the region in people 1-44 years
- ▶ Almost 1 500 children aged 0-14 years died in the WHO European Region in 2002 as a result of homicide
- ▶ Occurrence of sexual abuse in childhood is as high as 20% in women and 5-10% in men
- ▶ About 75 000 children are estimated to be involved in the sex trade in eastern Europe

## Violence against women

- ▶ Violence against women is endemic in the region
- ▶ Surveys from diverse European countries suggest that 5-45% of women in Europe have been assaulted by an intimate partner at some time in their lives
- ▶ Alcohol is a major precipitating factor both in perpetrator and victim

## Femicide in the European Region

*Mortality rates for interpersonal violence in females aged 30-44 by country and sub-region in the WHO European Region, 2002*



## Statistics

- ▶ 20-25% of all women have experienced physical violence at least once during their adult lives
- ▶ 10% have suffered sexual violence involving the use of force
- ▶ Figures for all forms of violence, including stalking, are as high as 45%
- ▶ 12% to 15% of all women have been in a relationship of domestic abuse after the age of 16
- ▶ Rates of physical and sexual violence by former partners after separation are substantially higher

## Consequences for health

- ▶ psychosomatic problems; chronic pain syndromes; eating disorders
- ▶ post-traumatic stress disorder
- ▶ phobias and panic disorders; depression and anxiety
- ▶ significantly higher risk for excessive use of nicotine, alcohol, and psychopharmacological medication
- ▶ attempted suicide five times more frequent than in others
- ▶ need for psychological / psychiatric care four to five times more frequent

## Generational consequences

- ▶ Only lately has there been focus on children witnessing violence
- ▶ Harmful effect on the child's emotional, behavioural and mental health
- ▶ Boys witnessing violence against their mother are more likely to become violent against their partner
- ▶ Girls more than twice as likely as others to be victims of domestic violence – four times as likely to encounter sexual violence in their adult lives

## Improving care for victims of sexual violence

### Service needs:

- ▶ Medical
- ▶ Psychosocial
- ▶ Forensic / legal

## Reality: the gaps

- ▶ Poor access to services
- ▶ Double burden of forensic and medical care
- ▶ Incomplete / inadequate forensic examinations
- ▶ Secondary victimisation
- ▶ Lack of standardised health care

## Barriers for seeking help

- ▶ Dynamics in intimate partner violence

- ▶ Shame
- ▶ Self-blame
- ▶ Stigmatising attitudes on the part of:
  - Service providers
  - Family
  - Community members
- ▶ Lack of knowledge about the services

## WHO global activities

- ▶ **Guidelines** for medico-legal services for sexual violence, and for preventing child maltreatment
- ▶ **Policy guidance** for health sector responses to violence against women and violence against children (focus on models of service delivery)
- ▶ **Research**
  - Multi-country study on women's health & domestic violence
  - Sexual violence research initiative
  - Ethical and safety guidelines
- ▶ **Technical support** to countries

## Guidelines for medico-legal care for victims of sexual violence

- ▶ Sexual violence includes a wide range of sexual behaviours
- ▶ Vast majority of victims are female – with male perpetrators
- ▶ In most cases perpetrator and victim know each other
- ▶ Sexual assault is an aggressive act motivated by power and control

## The tasks for health professionals

- ▶ To identify violence – awareness / knowledge
- ▶ To include the issue in examination
- ▶ To support the victim – and examine eventual needs for specialised services
- ▶ To document the impact of violence
- ▶ To be sensitive to related issues such as children
- ▶ To co-ordinate with other professionals

## Service provision for victims of sexual violence

- ▶ The health and welfare of the patient is the foremost priority
- ▶ Ideally, the health care and legal services should be provided at the same time
- ▶ Networking with other service providers essential
- ▶ Health workers' ethical standards
- ▶ Accessible, secure and private enough services

## Areas for further analysis

- ▶ Risk profiles for partner violence
- ▶ Determinants of prevalence: risk and protective factors
- ▶ Definitions and prevalence of emotional abuse
- ▶ In-depth analysis of relationship between violence and health
- ▶ Patterns of women's responses

## Important focus

- ▶ Prioritise prevention : high-risk individuals and families
- ▶ Strengthen co-ordinated responses (prenatal, postnatal care / culturally appropriate, gender-sensitive parenting programmes / protection of especially vulnerable children)
- ▶ Build capacity (among those working with children and their families)

## Recommendations

- ▶ Strengthening national commitment and action
- ▶ Promoting primary prevention
- ▶ Involving the education sector
- ▶ Strengthening the health sector response
- ▶ Supporting women living with violence
- ▶ Sensitising criminal justice systems
- ▶ Supporting research and collaboration

*Thank you for your attention. ★*

<http://www.euro.who.int/violenceinjury>  
[www.who.int/violence\\_injury\\_prevention/en](http://www.who.int/violence_injury_prevention/en)

## **Ms Monika Ažman**

### **Nurses and Midwives Association of Slovenia, Working Group for Non-violence in Health Care, Slovenia**

#### **The role of medical institutions in providing a holistic approach towards the treatment of victims of family violence**

Violence in the family is a problem causing serious social and medical consequences. In 1997, the adviser of the British minister of health, in his annual report, cautioned (Henwood, 2000:13) that violence in the family has great consequences on public health, especially on the emergency, basic health care and specialist services. The treatment costs are high; the price which an individual has to pay is even higher. It is even worse if it is not acknowledged or stated.

When treating consequences of family violence the responsible medical staff mostly offer treatment for physical injuries caused by the violence, however, they do not offer psycho-social assistance which is vital for the holistic treatment of patients. The Slovenian health care system does not have a holistic systematic approach to treat the victims of family violence, although we are increasingly informed of that by other countries.

In 2002, at the request of the Ministry of Labour, Family and Social Affairs, the Working Group for Non-violence in nursing at the Chamber of nursing and midwifery of Slovenia – Association of nurses, midwives and medical technicians of Slovenia (hereinafter referred to as Chamber-Association) outlined how medical institutions treat violence. The basic conclusion was that none of the 98 medical institutions in Slovenia recorded how individual victims of violence were treated.

The purpose of this contribution is to present the core problems which we face in health care when treating family violence and, at the same time, to present proposals on how to solve them.

#### **Tasks of medical institutions in treating family violence victims**

According to Doroteja Lešnik Mugnaioni it is no coincidence that nurses, due to their central position in health care, were the first people in Slovenia to deal systematically with this issue.

The problem here lies with the current organisation and health care system in which a doctor is the principal actor and the nurse does not act independently. This is also valid for the treatment of family violence where the nurses, from a formal perspective, carry out only counselling, education and training.

In spite of this fact, our Working Group for non-Violence at the Chamber-Association and SOS telephone society started education and awareness activities and professional training for nurses with the chief objective being to make nurses aware of the possibilities and opportunities open to them for helping the victims of family violence. We also continually stress the importance of the inclusion of other medical professions in the treatment of family violence. Due to the nature of physical injuries, as well as the mental consequences of family violence, all members of the health team, in various spheres of health care, come into contact with victims. Most frequently it is the staff working in the emergency units or dental clinics but there are also midwives,

home care nurses and other health care providers, for example, obstetricians, gynaecologists, psychiatrists, psychologists.

In Doroteja Lešnik Mugnaioni's article we can find arguments for the fact that greater involvement of medical institutions is needed in order to detect, treat and prevent family violence. She says that:

- ▶ medical institutions, in comparison with other institutions which offer aid to the victims of violence, are the only public institutions which are not socially stigmatised and at the same time are places where the control of the perpetrator of violence is at its lowest, as it does not extend to the victim of family violence (women, children, elderly people, disabled, users of psychiatry);
- ▶ in medical institutions victims of family violence can most easily come into contact with an expert who can correctly establish their state and undertake appropriate action;
- ▶ staff working in the medical field are also, due to the nature of their work and the principles according to which they act, equipped with a high degree of sensitivity towards patients and victims of violence, as well as being equipped with skills enabling the treatment of violence. They also have more opportunities to help victims of family violence. The victims more often ask for help from medical institutions, therefore this is also a higher cost for health care than for other institutions.

### **Treatment of family violence victims in health care**

The fact that nurses are in contact with patients 24 hours a day, every day of the year means they have numerous opportunities to detect, treat and help solve the issue of violence against women. Nurses are the only professional group which, in carrying out prevention activities, enters the family circle. It is also the only group which, in the process of medical treatment of an individual, penetrates the most intimate areas of her / his life.

The visit of the home nurse presents an opportunity to detect and prevent all forms of violence in all age groups. Detecting family violence where children, women, elderly, disabled and mentally handicapped people and patients with special needs have most often been victims is multilayered. During their visits home nurses can witness various forms of violence in the family, they can also report injuries or other consequences of violent deeds. Sometimes relatives and / or neighbours respond to violence and report family violence. Home nurses are often the only ones who have data about such violence and could help to solve the problem. So far they haven't been included as members of the multidisciplinary teams treating individual cases of family violence.

Generally police, social workers, schools and kindergartens are included in these teams. A big difficulty in the work of multidisciplinary teams is the lack of co-ordination, information flow and non-harmonised activity of individual experts who take care of the same person. For example, bad co-ordination of work between the nursing field and social care which should urgently be legally settled.

In the course of their work nurses often encounter various forms of violence; they can simultaneously find themselves in the role of victim or, on the other hand an expert to which victims of family violence have recourse. Nurses often state that they are not qualified to treat cases of family violence. Usually they treat only the injuries and they do not look into their causes, although they now pay more attention to the holistic treatment of patients which is especially important for victims of violence.

### **Findings and proposals prepared on the basis of training evaluation**

Let us present some findings from the training evaluation performed by the Working Group for Non-violence in Health Care and SOS telephone society for employees in the emergency and gynaecological services of the Clinical Centre in Ljubljana.

One finding was that nurses still view family violence in a stereotypical way; they consider it a problem not to be treated by health care. They think that certain types of women are more inclined to violence. According to their opinion these women are regular users of the health services and often come to the emergency services because of the consequences of violence. Nurses think that these women remain passive with regards to solving their situation. It seems as if such a situation suits them. Such understanding reinforces the importance for training nurses and all medical staff about the unlawfulness and dynamics of violence against women

Launching systematic training would improve the skill levels of the medical staff in recognising victims of family violence, as well as increasing their sensitivity to recognising some external elements which can be indicators of the fact that the patient has suffered violence by her partner (for instance a "caring" partner who wants to be present at the gynaecological examination of his partner but who medical staff don't recognise as the potential initiator of the violence; the same is valid for the over-protective "caring" father who accompanies his daughter to the gynaecologist).

The finding following on from this evaluation was the fact that the elaborated anamnesis for the patient was often inadequate because it didn't include investigation about the family violence. It is also difficult that most patients don't talk about their state as the result of violence; they don't even say when directly asked. Therefore it is also important to launch in the health care system, as part of anamnesis protocols for routine investigations, reporting of any injury even though it is not at first sight evident that it is as a result of the violence caused (for example, repeated broken arms, injured face, stomach, gynaecological troubles of unknown origin, etc.). Medical staff would often need additional advice about how to react in certain cases so as to be better able to assist the victim of violence (for example: a 24-hour telephone counselling line, written materials, instruc-

tions and protocols for treatment of the violence victim).

Difficulties often faced by employees in emergency and gynaecological units of the clinical centre also include the large number of injured persons, the time allocated to the health care treatment – which is limited to a minimum – and inappropriate places to speak confidentially with victims of violence.

To enable quality work, it is vital for the nurses and other medical staff to have enough time for the treatment of victims of violence and to be acquainted with basic rules of confidential talks with victims of family violence. It is also important to pay much attention to assuring privacy, intimacy and data protection. During health treatment a number of medical staff can be present, therefore it is even more important to consider the law on data protection; access to data and information should be limited to a minimum, data on injuries and victims of violence should be archived separately from medical documentation. This is also valid for so-called routine records of the injuries to the police.

Slovenia leaves taking measures for prevention of violence and exit from a violent situation primarily to the person who is the victim of violence or to a person who has detected that a woman has been victim of violence in the family, due to the fact that our health care still hasn't got the appropriate legislation which would enable the procedures of finding the solution. The only institution available is the police. Victims of violence often seek help on Sundays, holidays and in the evenings/night time when appropriate services for assistance to victims of violence are not open. Hence the frequent fear of nurses that they will encounter a problem which they won't be able to solve. There is no 24-hour social services duty or telephone counselling or (if there is) we are not aware of it. Few employees in health care are informed of crisis centres where they could direct the victim of violence. However, the aforementioned organisation of health care also

presents a difficulty since, according to this organisation, formally the competence of a nurse is education, training and counselling but any measure-taking activity can (only) be executed by doctors who, as a rule, don't manage, don't wish or can't cope with the family violence issue.

## Conclusion

Our first finding in the conclusion of this contribution is, that it is urgent to act towards increasing the awareness of all staff in the health care system about violence against women. At the same time we have to be conscious of the fact that recognising and responding correctly to violence in the family is the responsibility of every individual working in health care regardless of their field of work or level of training. All medical staff have the opportunity and responsibility to recognise victims of violence in the family and contribute to assisting them in finding help and support. The health service can literally be a rescue rope for women whose violent partners prohibits their contact with the external world and who, on the other hand, do not wish either to ask the police for help or the penal law system to solve their situation.

Concerning advice to employees in the health care system who witness violence at work and in cases where a patient is the victim of violence in the family or in a partner relationship, some years ago we formulated two protocols entitled "What to do when facing violence at work" and "Psychosocial assistance to a woman who has survived violence". Both protocols are mainly intended to offer primary assistance to those employed in health care until health institutions launch expert treatment of violence victims. The protocols include instructions which might be helpful in the recognition and treatment of violence, and include possible help from other institutions and organisations.

Professional treatment of victims of violence means inclusion of medical diagnosis and health care problems, respectively, into treatment

of family violence consequences. This would be followed in a clinical way, including holistic treatment of the violence victim in all medical institutions in Slovenia, clearly defined instructions and protocols, as well as steps for execution, clearly defined responsibility to carry out investigations, managing statistics, documentation, team treatment within the health care system and co-operation with other organisations and state bodies.

We hope that the negative experience of the interviewees with health institutions will be a warning to all employees in health care. We are convinced that all of us can contribute so that victims of family violence will not be leaving Slovenian hospitals – general, paediatric, psychiatric, gynaecological, dental – and other clinics unnoticed and without appropriate help.

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*Presentation written in conjunction with Irena Špela Cvetežar, RN, KC Ljubljana, a leader of the Working group for Non-violence in Health Care. ★*



**LINKING PROFESSIONAL  
GROUPS, STATE AGENCIES  
AND NON-GOVERNMENTAL  
ORGANISATIONS: EXAMPLES  
OF MULTI-SECTORAL  
APPROACHES**



# LINKING PROFESSIONAL GROUPS, STATE AGENCIES AND NON-GOVERNMENTAL ORGANISATIONS: EXAMPLES OF MULTI-SECTOR APPROACHES

**Keynote speaker:**  
**Ms Elena**  
**Calceska**

**Psychologist, Union of Women's Organisations of Macedonia (UWOM)**

The presence of the patriarchal module of education, stereotypes and prejudices in the Republic of Macedonia additionally exacerbate the inequality among men and women, which is one of the basic reasons for the presence of domestic violence. The current regulation policy that secures equal treatment of men and women in all areas of family and society does not correspond to the reality of the situation.

The problem is shared by all, not only by the authorised institutions in the system, but also by civil society, the victims themselves and their close relatives, and all other relevant persons who have an influence in the prevention of violence, protection of victims and awareness-raising campaigns on the issue of violence.

The initial view of the civil society towards violence is to see it as a serious social problem. Because of the requirement to appropriately address and find adequate solutions for this problem, there is a need for mutual co-operation and a co-ordinated approach between the women's organisations providing assistance and support to women victims of violence and state institutions in the Republic of Macedonia that are authorised to act in this area. This co-operation

between the civil society and the state institutions varies depending on the institutions involved.

The Union of Women's Organisations of the Republic of Macedonia – UWOM, the biggest women's network of 95 independent women's organisations – realises its mission through the creation of particular programmes for the implementation of laws and programmes created for the protection of women's rights, as human rights.

One of the programmes that UWOM is actively working on is the programme against any kind of violence against women, including domestic violence. In this field UWOM is working towards the prevention of violence through addressing the prejudices and stereotypes concerning the position and the role of women, talking openly about the problem – violence, which was seen as a taboo for a long time.

In 1994 the first SOS line for women victims of violence was opened in Skopje. After this, SOS lines were opened in Kumanovo and Ohrid. So today, with co-operation and support from the Ministry of Labour and Social Policy, the National SOS line, and later the National Mobile SOS line (070 / 075 141 700), func-

tions without financial input from the victims.

Through the functioning of the SOS lines and the services that are given, UWOM works towards providing direct services to the victims of any kind of violence. In that respect, UWOM works in the following fields:

- ▶ An open national mobile line for victims of any kind of violence, free of charge and available 24 hours;
- ▶ Work with the victims by providing psycho-social support and strengthening empowerment, and directing them to appropriate institutions and centres (especially the centres for social welfare with whom we have successful co-operation)

This successful co-operation is present also in the functioning of the intervention centre for women and girl victims of any kind of violence that exists within UWOM, where victims can stay for between 24 to 48 hours, after which they are directed to the appropriate centres for social welfare and the centres for legal aid.

Besides these regular programmes, UWOM is participating in other regional and international projects that are addressing the problem of violence. It is particularly important to mention the co-operation with the authorised state institutions in the area of domestic violence, such as the State Statistic Institute, the Ministry of Labour and Social Policy, the Ministry of Interior, the Ministry of Health, centres for social welfare, police and the court institutions in the Republic of Macedonia, through the project "Support of women's human rights in

the western Balkans" where UWOM, as an NGO, was involved in the field research and active implementation of co-operation with the aforementioned institutions. All these activities enabled easy acquisition and assurance of data for the approach of the Government of the Republic of Macedonia in the fight against domestic violence.

The UWOM is also active in the field of education, not only for the victims and the potential victims of violence, but also education for the personnel that are working and dealing with victims, directly or indirectly. In 2005, UWOM held a national seminar with representatives from five centres for social welfare from five cities in the Republic of Macedonia and also with representatives from NGOs.

Co-operation takes place not only with the state institutions, but also with civil society. In December 2004 training organised by UWOM was held with 40 representatives from 20 non-governmental organisations that work in the field. The representatives were trained in issues related to domestic violence.

Of high importance for activities in the field of violence is the co-operation with the Ministry of Labour and Social Policy defined in the Memorandum of Co-operation, signed with UWOM in February 2005. At the same time UWOM was part of the working group that was participating in the preparation of the National Plan for Action for gender equality, responsible for the strategic goal, women and violence, which was prepared by the Sector for promotion of

gender equality in the Ministry of Labour and Social Policy.

Because of the need to adequately address the problem of violence against women and to find proper solutions to confront and overcome it, co-operation and a co-ordinated approach between civil society associations and authorised state institutions is necessary.

The approximation of the civil and governmental sectors during the implementation of the activities related to the prevention and protection of the victims of domestic violence is very visible in the last few years. This arises from the fact that in civil society much experience has been gained through many years of work in the field of prevention and protection and in the state institutions through its pursuit and implementation of prescribed law related to domestic violence.

All the above-mentioned activities are directed towards successful co-operation through implementation of the programmes in the field of violence against women. Despite these efforts and goodwill for co-operation and the possibility for strengthening the co-operation which already exists in specific situations, we can conclude that more support from the government is needed especially within the programmes related to the issues for youth, the SOS line and the functioning of the Intervention Centre. In other words, there is a need for more concrete co-operation among the actors involved in combating violence against women. ★

**Keynote speaker:  
Ms Jasminka  
Friscik**

**Executive director,  
Association for  
Emancipation,  
Solidarity and Equality  
of Women of the  
Republic of Macedonia  
(ESE)**

Dear colleagues,

On behalf of the Association for Emancipation, Solidarity and Equality of Women of the Republic of Macedonia – ESE, I would like to extend my gratitude to the Council of Europe for this opportunity to participate as a keynote speaker at this regional seminar entitled Protection and specialised support by the police, health care professionals and social workers for victims of domestic violence.

Looking at the topics of linking professional groups, state agencies and non-governmental organisations, and examples of multi-sectoral approaches while presenting the current situation in Macedonia, we will focus on the joint efforts of the government and civil society in building more responsive institutional action. Official reactions, efficiency of the institutional response, initiatives for improving the current situation, as well as the achieved results and steps that have to be taken will be elaborated on further.

Before we move on to these issues, let me first present you with the magnitude and types of domestic violence that we are facing, as that will help us in the assessment of the current institutional response.

The historical, legislative, social, political and economic context, as well as the changes that have occurred over the past years, have critically impacted upon the development of the individual and social reaction to domestic violence in our country. Despite the fact that there is legislation on domestic violence in place, the grave economic and social situation of the citizens, the high rate of unemployment, the deeply embedded patriarchal values and the incomplete functional system for protection of domestic violence victims still, to a

great extent, pose an increased risk of its existence

The scope and types of domestic violence on women in our country have been determined through surveys conducted in 2000 and 2006. According to the last survey, the most common types of domestic violence are psychological (56.4%), physical (17.7%) and sexual (10.6%). Unlike the first survey, the second one indicates a decreasing trend in psychological and physical violence and a doubling in reported sexual violence.

The overall data cited in this presentation is part of the latest survey, undertaken in 2006, in the field of violence against women. The survey itself was conducted with a sample of 1432 females of legal age – which is about 0.2% of the overall female population of legal age in the country. The previous survey, conducted in 2000, and the one in 2006 are the only research determining the scope and types of violence, as well as the institutional response toward this phenomenon (2006 survey).

In addition to the commonly accepted patriarchal values, domestic violence is caused by a number of other factors as well. The data from the survey for the scope and types of domestic violence in 2006 indicate that alcoholism (28.9%), jealousy (16.8%), material problems (15.6%) or disputes with the husband's/partner's family (10.1%) have preceded the last reported incident of domestic violence.

Violence against women, unlike violence against parents (elderly family members) and violence against children has the most common rate of incidence in broad terms of occurrence of domestic violence. Husbands / partners, that is, former husbands /

partners of women, are dominant in the category of perpetrators according to the survey for the scope and types of domestic violence conducted in 2006. The other household members more rarely acquire the role of perpetrators.

The impact of violence on women reported after the occurrence of the last incident in the surveys for the scope and types of domestic violence in 2006 indicate serious and far-reaching consequences not only for the victims' health, but also economic consequences due to loss / decrease of their ability to work.

The positive developments in criminal and family legislation correspond with established international standards and recommendations, which require introduction of comprehensive laws, that is, criminalisation of domestic violence and introduction of temporary protection measures. A number of protection measures have been introduced and can be provided to victims of domestic violence if required. The legal amendments envisaged in criminal and family legislation are complementary and are not mutually exempt.

Domestic violence is criminalised within a number of acts in criminal legislation. The definition of domestic violence, the prescription of more severe forms of punishment and official prosecution of the perpetrators establishes domestic violence as a separate criminal act. The criminal acts against life and body sanction the deprivation of life, the harm or impediment of bodily integrity and the cause of physical or mental disease (bodily injury and severe bodily injury), that is, the physical form of violence. The criminal acts of coercion, illegal deprivation of freedom and threatening security sanction forms of psychological violence, while sexual violence is sanctioned through the criminal acts of rape, sexual assault on a weak person, sexual assault on a child and solicitation for prostitution.

### **Reported cases of domestic violence**

The Ministry of Interior registered 215 criminal offences, 1202 misde-

meanours and 3750 complaints of domestic violence in 2005. In the period June 2005-June 2006, social work centres registered 839 cases of domestic violence. Over the period June 2005-June 2006, of the 276 criminal reports of domestic violence received, the public prosecutors' offices submitted 238 prosecution charges to the court. The courts initiated proceedings for 311 prosecution charges.

### **Sought and provided protection**

Protection of victims from future violence and assistance in overcoming the consequences of violence suffered, as well as provision of conditions for reintegration, was provided to women by social work centres in the period June 2005-June 2006. From a broad and comprehensive range of measures, only the appropriate psychosocial intervention was offered in all reported cases, followed by legal aid and representation, appropriate medical protection, assistance in continuing regular education of the child / children of the victim, etc.

The temporary measures, as one of the pillars of the legal protection system (civil legal system) in our country, are primarily preventive by character and diverse in their content. Their diversity allows for the different needs for victim protection, regardless of whether the measures are issued individually or cumulatively. In terms of the degree of usage of this temporary measure, the data collected in the period June 2005-June 2006 indicates that 58 requests (105 measures) were submitted for its issuance and the court issued 80 measures, or 76%.

### **Shortfalls in the official reaction towards domestic violence**

Bearing in mind the complexity of the normative solutions for domestic violence and the mandate that numerous institutions have to cope with this phenomenon, the overall situation concerning the proceedings of the relevant professional structures can be

presented through three major sub-components:

- ▶ system of protection;
- ▶ civil justice system;
- ▶ criminal justice system.

The need for basic and continuous education for all relevant professional structures seems common to all of them.

In securing the necessary protection measures, the need for a more proactive role of the centres for social care is required. Namely, reporting of domestic violence cases is mostly done by the victims and the rest of the relevant institutions, but rarely is it detected by them. The provision of the necessary protection to domestic violence victims has an untimely aspect.

The lack of recognition and, as a consequence, the non-initiation of criminal charges for psychological types of domestic violence, the categorisation of domestic violence acts as complaints and misdemeanours, the requested consent of the victim, even for criminal acts that are subject to prosecution, are current features of the police proceedings regarding domestic violence.

When sanctioning the behaviour of perpetrators of domestic violence, it is often customary to issue mild or alleviated forms of punishment.

The civil justice system and the procedures of the relevant professional actors are characterised by numerous shortfalls. Mostly, they are the result of a lack of clear procedure for proposing, issuing, implementation and monitoring the temporary protection measures. One of the weakest points in this system is the partial and complete non-operation of some of the prescribed temporary protection measures, such as the mandatory attendance by the defendant at counselling sessions and the mandatory medical treatment if the defendant is an alcoholic, a psychotropic substances addict, or has a disease. There is a very low degree of request and issuance of such measures. Moreover, the centres for social care didn't find any grounds for prolonging or modifying the temporary protection measures already issued.

On the other hand, the lower civil courts do not follow the principle of emergency while issuing these protection measures. Namely, some of them are issuing these measures by merely following the legally prescribed term. There is a difference in the procedures applied; that also affects its efficiency.

The proceedings and the inappropriate reporting of the reasons for inflicted injuries in cases of domestic violence prevail in the current institutional response of the health care system.

The description of the inflicted injuries is mandatory and therefore they are a part of common practice. Unfortunately, this is not the case for reporting the reason for the inflicted injuries. This situation prevents any possibility for official reporting of cases of domestic violence and indicates the need for education of health care workers in the primary health care system and the emergency services on both reporting violence and proceedings in cases of domestic violence.

### **Initiatives for improving implementation efficiency**

The NGO Akcija Združenska and the Association for Emancipation, Solidarity and Equality of women – ESE, in partnership with the Ministry of Labour and Social Policy, the Ministry of the Interior and the Ministry of Health and with the involvement of other citizens' organisations have been working continually in the

period 2005-2008 to improve the efficiency of the protection system through projects for the establishment and unification of positive practices related to domestic violence.

As part of these projects, protocols have been developed for the proceedings of the professional structures and the actors of the informal protection system, as well as standards for implementation of the protection measures, procedures for evaluation, development, issuance, enforcement and monitoring of the temporary protection measures. In addition, there is ongoing development of manuals for the procedures to be applied by the actors of the penal system.

As already mentioned, multi-sectoral co-operation was based on the following principles:

- ▶ broad inclusion of the different professional structures in the process of development of the victim-centred system of protection;
- ▶ exchange of positive and negative practices;
- ▶ different points of views with regard to problems that we all face with the current system of protection;
- ▶ analysis of the individual and collective responsibilities aimed at a functional system of protection;
- ▶ active participation of practitioners in formulating procedures for relevant professional groups.

All these benefits from the joint multi-sectoral approach, accompa-

nied by the frequently voiced willingness of the relevant governmental institutions such as Ministry of Labour and Social Affairs and Ministry of the Interior, which is confirmed by their continuous efforts as well as their systematic approach in solving the domestic violence problem, are guarantees for successful linking and functioning of all relevant actors within the system of protection.

One of the most important future steps is the adoption of the National Strategy for fight against domestic violence that will regulate future actions in the fight against domestic violence in a systematic and long-term manner (2008-2011), thus providing progress. This document, the first of its kind, is in the process of being prepared by a multi-sectoral group of experts, governmental officials, academia and representatives of civil society organisations. The national programme will be systematised on key issues such as: legal and sub-legal framework; collecting data and analysis of the situation; research; prevention; proceedings of the professional structures and need for their education; system of protection, etc.

Distinguished colleagues, I would like to thank you and hope that you will take these points into consideration when defining the policies and actions required to combat the domestic violence phenomenon, both at regional and national levels. ★

## Ms Vanja Macanović

### Autonomous Women's Center, Good Practice Development Programme in the Field of Domestic Violence, Serbia

#### Model of co-ordinated action of the local community in prevention and protection from domestic violence

In order to explain how the idea of establishing a model of co-ordinated action by the local community in prevention and protection from domestic violence was born, we have to look at the history of the Autonomous Women's Centre. AWC, a women's NGO from Serbia established in 1993, is specialised in helping women, survivors of domestic violence, firstly by offering direct psychological and legal support, which is provided by today's Consultation for Women Programme. Later, a Women's Health Programme was initiated in order to work with medical professionals and to organise women's self-help groups. The Good Practice Development Programme in the Field of Domestic Violence was created when domestic violence became a criminal act and it was realised that there was a need for the education of professionals from the police and centres for social welfare (starting 2002) since there had not been any official education by the state. In 2005 protection measures came into force with the new family law, also without previous official education, so the focus of the AWC was on professionals from the judiciary and prosecution offices.

Since the state reform processes regarding police, social services and judiciary were too slow and did not include any concrete results such as legally binding documents on co-operation between institutions, the Good Practice Programme decided to invite local governments to take concrete action and improve the situation

regarding domestic violence in their communities.

The aim is to establish a model of integral intervention and protection from domestic violence at local level. In order to take part in the creation of such model, AWC has invited municipalities and centres for social welfare (CSW) to apply. The condition for election of the municipalities where the model will be implemented is that both the municipality and a CSW from that municipality show interest, because in order for the model to work it needs to have two institutions who are "carriers" of the activities:

- ▶ CSW – co-ordinator of all other services in the community (police, health care services, schools, misdemeanour judges, prosecutors, judges)
- ▶ Municipality – initiator of the local policy, promoter of the values (public actions, media), co-financier of the services (24-hour hotline, CSW mobile team)

AWC created a policy and practice concept that all should follow, it educates all relevant services within the municipality and supervises professional and policy activities.

In this manner, long-term agreements between partners in nine municipalities were signed – four city municipalities in Belgrade (Lazarevac, Palilula, Zvezdara and Voždovac) and five in central Serbia – Kragujevac, Loznica, Cuprija, Golubac and Smederevska Palanka.

Although each community creates its own model depending on the population size in the municipality, resources within institutions (professional and personal motivation) and available funds, there are elements that each model should have:

### 1. Mutual framework

All professionals should adopt the same theoretical standpoint, definitions and principles in order to understand the essence / specificity of domestic violence. When they all have the same attitude toward domestic violence it is easier to agree on the actions in complex situations, resolve doubts and unify practice.

### 2. Mutual development of policy and procedures

Mutual planning of victim protection should be holistic, specific and effective and it should take into account needs, estimations and position of victims as well as eliminating biases in treatment of victims regardless of their social, racial, national, religious, gender, sexual, mental and / or physical specificity or other personal attributes, and eliminate personal and professional prejudices that can lead to institutional violence. The attitude of the institution towards domestic violence is the key element (degree of tolerance, reaction towards the victim, towards the perpetrator). The role of each professional has to be perfectly clear regarding their duties and professionals should agree on what are necessary mutual interventions, what the service can do only under specific circumstances or in a specific way, and what can't be done and why. In this way the model is developed and upgraded.

### 3. Co-ordination of prevention and protection measures

Professionals agree on how they will report to each other (orally, in writing, by calling a meeting). They have to estimate the degree of the victims' endangerment by assessing the victim, perpetrator and surroundings, to plan what interventions will be taken and who will take responsibility for what. They have to discuss and report whether the measures are addressed to all family members and whether the measures are specific regarding the position and need of each family member and what measures are missing, if they could be established and who would be in charge.

### 4. Constant organised exchange of information

The case should be followed from the beginning till the end. For that it should be agreed on how the information between the services should be exchanged (who, to whom, in what way, in what time), who and in what way will follow the effects and report. So that indicators can be established, periodical expert meetings should be held in order to exchange information on the benefits and difficulties in co-operation, proposals for changes on how to overcome necessary repetitions, and "cracks in the system" should be addressed to the ones in charge of the organisation.

### 5. Information accessibility within the community

Decisions on which information is given to the victims (each, in every institution, specific for the institution) and which information is directly addressed to the community should be taken. Prevention work needs to be organised – what is considered prevention, who will take action, in what way (research on the causes of domestic violence, gender sensitive statistics, media appearances of public persons to raise awareness in the community, lectures on domestic violence in schools, public debates, etc). For the municipality it is very important to use information from the institutions (for work plan, budget planning and prevention).

### 6. Follow up and estimation of mutual action

This is conducted by regular exchange of information regarding activities that were taken by the plan for protection by organising periodical meetings for estimation of work and revision of measures, by delivering reports from the meetings to all participants, by questioning beneficiaries, professionals and participants in the process. Collection of data on the developed forms of work will determine what is effective and what is not so that changes can be planned or initiated (additional education, specialised education, change of way of work,

establishing new way of work, new services, new activities).

Because of the personal and professional prejudices of the professionals in the institutions, the agreement on mutual principles is very important:

- ▶ security (safety) of the victim is of primary importance;
- ▶ the perpetrator is solely responsible for violent behaviour (there is no contribution by the victim);
- ▶ the focus of the intervention is on stopping the violence (not repairing or breaking up relationship);
- ▶ all measures and interventions should take into account unequal power between victim and perpetrator;
- ▶ institutions are responsible for taking measures against domestic violence.

To demonstrate how this model works, I will present something that is widely known – the so-called case conference. In matters of emergency or in complex cases, the case manager – a professional from the CSW – calls an urgent meeting of all other professionals from other institutions. This meeting can be organised within 24 hours. The victim is invited to give her statement before all these representatives from the institutions which are now in one place, so she doesn't have to go from one institution to another and repeat herself. In this way secondary victimisation of the victim is reduced to a minimum. After her statement, the professionals decide on future urgent actions: the CSW will write a report and send it to the police. The police will file criminal charges in cases where the victim is in great danger or isn't able. The CSW will initiate civil proceeding for issuing protection measures and a misdemeanour judge will take the case in an urgent procedure and, if necessary, issue measures of obligatory treatment for alcohol or drugs. The prosecutor will order police what other evidence to obtain in order to indict and doctors will write medical reports on present and previous medical condition and send it to police, CSW, court, etc. The professionals agree on the second, follow-up meeting, to see

what has been done and if and where there are some loopholes in the system. Then they plan a revised plan of protection.

The other service that this model produces is a mobile team. In Serbia, professionals from the CSW work from 8 a.m. to 4 p.m. Monday to Friday. We know that most cases of domestic violence happen at night or over the weekend. So, in order to assist police during interventions, passive duties are organised in a way that a team of two professionals has one mobile phone for one week which is known to other services, and are available at all times. For that purpose, the municipality provides an official car and pays for the use of gasoline, phone and extra working hours.

In summary, the main characteristics of the model are that it is:

- ▶ **multidisciplinary** (includes different professions);
- ▶ **multisectoral** (includes different services and sectors – the CSW, police, judiciary, prosecution offices, health care, but also governmental, non-governmental and private sector); and that it focuses on:
- ▶ **supporting surroundings** within the community to recover from trauma;
- ▶ **sustaining** the person who survived violence, her non-violent family unit and the community;

- ▶ support based on **strength and resources**.

### **Maximum use of the support of the community to sustain victims of violence**

This principle is connected with the capability to:

- ▶ treat the community as a resource (identify helpers within services that can help and inform victims about these people and services and connect them);
- ▶ modify existing structures and services, or create new structures that fulfil the needs of those who survive violence;
- ▶ create partnerships in the community that encourage the victim to consider herself a member of the community, to integrate and find support within the community.

The main obstacles to this model becoming more effective and being accepted at national level, although there is legal ground for protection from domestic violence, are the lack of:

- ▶ national policy toward domestic violence;
  - national strategy against domestic violence;
  - parliamentary declaration against domestic violence;
- ▶ obligatory protocols for actions in cases of domestic violence (general

protocol on co-ordination of all services and specified protocol for action for each service);

- ▶ permanent education of the professionals (within the formal education and professional training);
- ▶ obligatory collection of evidence and data bases;
- ▶ mechanism for monitoring and evaluation of the protection from domestic violence;
- ▶ defined relationship between public services and NGOs, as well as governmental support to women's NGOs;
- ▶ supporting laws and sub-legal documents (data protection, local governments, standards for social services).

At this moment Serbia needs political will to adopt a clear policy, in accordance with international standards, to define exact and legally binding principles in action. Examples of "good practice" exist. Within the process of creating this model participants agreed on a great number of documents – protocols for action, documents for collecting evidence of violence, instructions for organising community – that showed good results. Now it's up to the state to adopt them. ★

*Prepared by Tanja Ignjatovic and Vanja Macanovic*

# Ms Ayça Kurtoglu

Women's Solidarity Association, Turkey

## Government efforts to combat domestic violence

Government efforts to combat domestic violence have focused mainly on:

- ▶ changing legislation;
- ▶ issuing circulars for combating violence against women and domestic violence;
- ▶ conducting awareness-raising activities through media campaigns;
- ▶ establishing support mechanisms for victims of domestic violence (consultation centres, shelters, etc.);
- ▶ launching new projects;
- ▶ organising training programmes for service providers (police officers, health care providers, social workers, etc).

## Legislation

- ▶ Turkish Constitution
- ▶ Turkish Penal Code
- ▶ Family Protection Law
- ▶ The Municipality Law
- ▶ Law of Social Services

### *Turkish Constitution*

**Art.10 (2):** Men and women have equal rights and the state is responsible for implementing these rights.

**Article 41:** Establishes the principle of equality between spouses as a basis for the family.

**Article 90:** Gives priority to international documents concerning basic rights and freedoms, including CEDAW, over all acts.

### *Turkish Penal Code*

The new Turkish Penal Code entered into force on 1 June 2005. It offers an important legal basis in terms of gender equality and struggle

with violence against women. Major amendments in the Turkish Penal Code introduced on the issue of violence against women / domestic violence are listed below:

- ▶ The definition stated as “woman, girl differentiation” has been excluded from the text of the article.
- ▶ According to Turkish Penal Code:

### *Discrimination*

Article 3, any discrimination of race, religion or sect, language, sect, nationality, colour, gender, political opinion, philosophical belief, social and ethnic roots, pregnancy, economic or other social status is not presented during implementation of the law.

### *Crimes against individuality*

Sexual crimes have been classified as crimes against inviolability of sexual integrity under the heading of crimes against individuals.

### *Complaint mechanism*

In the event that sexual assault is committed against the spouse, filing an investigation or prosecution has been made dependent on the complaint of the victim. With this arrangement, the sanction of crime has been brought for the actions committed against the spouse and presenting the major state of the sexual assault however making an investigation and prosecution under this situation has been linked to the complaint of the victim spouse.

### *Sexual assault*

The definition of sexual assault has been made and basic state of sexual assault crime has been defined. Commitment of sexual assault through the insertion of an organ or other object into the body has been defined as the qualified condition of this crime.

### *Marital status*

The differentiation between “married” or “single” in marital status were excluded.

### *Honour crimes*

Statement of “in the name of honour” has been added to the article in which the major states of deliberate killing requiring the aggravated life-long sentence and it has been recognised that the perpetrators of customary killings shall be given the highest sentences.

### *Unjust provocation*

The article on unjust provocation has been regulated and, in accordance with this article, a new regulation has been made that will allow the practice of unjust provocation only if it has occurred as a result of an unjust act. In the reason of statement of the article it has been explained that family members and relatives who killed a woman exposed to sexual assault in the name of honour and other relatives cannot justify unjust provocation reduction and that each unjust act will not present unjust provocation.

### *Impregnation due to a crime*

The provision of “In the event that the woman is impregnated due to a crime of which she was victim, no sentence is given to the one who ends the pregnancy on condition that pregnancy is less than 20 weeks and the woman’s consent is available. However, under these circumstances, the pregnancy needs to be terminated by the specialist physicians in the hospital”.

### *Crime of deliberate injuring*

This has been regulated and commitment of this crime against someone from parents or children or against the spouse or brother and sister has been recognised as the major state of the crime.

### *Family Protection Law*

According to the Family Protection Law, the judge of the family court may decide on one or more of the precautionary measures or other measures listed below, as appropriate.

The spouse may not:

- ▶ Behave violently or in a frightening manner against the spouse, children or other family members living in the same house.
- ▶ Approach the house or the work place where the spouse and children are staying after being banned from the common house.
- ▶ Damage the belongings of the spouse, children and the other family members living in the same house.
- ▶ Disturb by communicating with the spouse, children or other family members living in the same house.

A preliminary draft law for amending the Law on the Protection of the Family is under discussion.

In addition to these regulations it is envisaged that the judge of the family court may decide that the person who uses violence should apply to any health centre for inspection or treatment.

### *Municipality Law*

In clause (a) of Article 14 of the Municipality Law of 13 July 2005, it is stated that:

Metropolitan municipalities and municipalities that have a population of over 50 000 shall build shelters for women and children.

### **Circulars**

#### *Measures to prevent violent acts against women and children, and crimes in the name of honour and customs*

In May 2005 an investigation commission for determining the causes of violence against women and children / honour crimes was established under the National Assembly. The parliamentary report also led to the Prime Ministry circular on “Measures to prevent violent acts against women and children, and crimes in the name of honour and customs” which was published in the official gazette in July 2006.

### *Implementation of the family protection law*

In 2005 the General Directorate of Security of the Ministry of Interior issued a circular called “Implementation of the family protection law”. It was sent to 81 governorships of Turkey.

### *Co-ordination of the measures taken to prevent custom and honour killings*

Following the Prime Ministry circular “Measures to prevent violent acts against women and children, and crimes in the name of honour and customs”, Ministry of Interior General Directorate of Security issued another circular to 81 governorates, the Ministry of Health, the Ministry of Justice, the Ministry of National Education, the Gendarmerie Headquarters, SHÇEK and KSGM entitled “Co-ordination of the measures taken to prevent custom and honour killings”.

### **Awareness-raising activities through campaigns**

Spot films in which several artists and sports celebrities took part were produced.

The Campaign was supported by the Turkish Football Federation (TFF) as well. The Turkish 1st Super League Teams wore the “Stop Violence against Women” T-shirts and held Campaign banners at the football matches played during the first weekend of December 2004.

Together with the Turkish Journalists Federation, contests for young journalists on “Violence against Women”, “Honour Killings” and “Gender Equality” were carried out and throughout the Campaigns several exhibitions and concerts in Istanbul, Ankara and Amasya (Ministry of Culture and Tourism Polyphonic Chorus) were organised.

As part of the 2006 Campaign an agreement was made with the Turkish Clothing Manufacturers’ Association and several very famous textile brands in Turkey will be using the Campaign slogan and logo on their labels and will display Campaign posters in their windows.

In Ankara and Istanbul Campaign posters will be displayed on billboards with the support of Ankara and Istanbul Municipalities.

A spot film including the Turkish Prime Minister, the Head of Religious Affairs, the Minister of State and Head of General Director of Women's Status was produced.

Collaboration with the Turkish Armed Forces: visual materials on violence against women have been distributed to 600 garrisons in Turkey.

### **Establishing support mechanism to combat domestic violence**

Support services for victims of violence are limited. There are only 20 government-operated shelters with the capacity for 385 women and children which are established by the General Directorate for Social Services and Child Protection Agency for abused women and police station services have yet to be developed. Apart from the shelters established by SHCEK, there are 16 shelters run by NGOs, municipalities and districts. However, due to the lack of networking among SHCEK and NGO / Municipality / District-run shelters, the standards of the shelters are not the same everywhere. Therefore, there is a need for establishing new shelters for women according to internationally accepted standards, preferably by or in partnership with municipalities which can plan for sustainability. The government

strongly showed its will to establish new shelters by implementing new programmes on the issue.

Within the framework of the Prime Ministry circular on prevention of honour killings, a violence monitoring committee was established. This committee was established by the related public agencies and organisations and NGOs and co-ordinated by the Directorate General on the Status of Women.

### **Launching new projects**

#### *Promoting gender equality*

The overall objective is to promote gender equality and protection of women's human rights in Turkey.

The two components of the project are:

- ▶ Building institutional capacity
- ▶ Combating domestic violence against women

#### **Training programmes for service providers (particularly for police officers)**

The awareness Campaign on violence against women led the decision makers to develop wide-ranging mechanisms within the government to combat violence against women in Turkey. At the end of December 2006 a protocol was signed between two ministers; the state minister responsible for family and women and the minister of interior about a training project on the role of police officers

and procedures in the police stations to combat domestic violence.

After establishing a project team consisting of members from the General Directorate of Women's Status, General Directorate of National Police, UNFPA, training materials started to be produced. An interactive CD with a special film describing the procedures in the police stations to combat domestic violence was also prepared.

The trainings will be held on two levels; first of all 270 high-ranking police officers will have training-of-trainers in 12 training regions of Turkey. After the completion of the TOT every trainer will train police officers from five police stations in two years. At the end of two years 40 000 police officers will have been trained.

The training will consist of subjects such as;

- ▶ gender / gender equality
- ▶ violence against women / domestic violence
- ▶ legislation about violence (penal code, family protection law, and criminal procedure code)
- ▶ procedures in the police stations
- ▶ communication and training techniques

Apart from the training, a new registry form and a brochure are also to be developed to be used for every violence victim who comes to a police station. With this registry form a database will be formed to be used in future statistics. ★

## Ms Špela Veselič

### The Association SOS Help-Line for women and children – victims of violence, Slovenia

#### Multi-agency co-operation in Slovenia

*Resolving the problem of domestic violence mainly depends on a single woman.*

*No system of co-operation / support:*

- ▶ for harmonisation of support (time and contents, continuity, etc.);
- ▶ for the exchange of information;
- ▶ for data gathering;
- ▶ for mutual support among agencies;
- ▶ for mutual supervision among agencies.

*On a meeting level (now and then agencies meet):*

- ▶ joint meetings on the local level prepared by regional co-ordinators, single agencies, etc.;
- ▶ joint meetings on the national level prepared by single agencies.

*On a single event level (round table, conference, seminar, consultation):*

- ▶ prepared by NGOs, governmental agencies (office for equal opportunities), by parliamentary commission in 2007, etc.

*On a single project level (awareness-raising Campaign, exhibition, training, workshop):*

- ▶ usually prepared by NGOs.

*On a single case level (different agencies offer support to the same victim of domestic violence):*

- ▶ help line ;
- ▶ safe house;
- ▶ police;
- ▶ centre for social work;
- ▶ regional co-ordinator;
- ▶ health care;
- ▶ housing office ;
- ▶ another NGO, etc.

*On a personal level: calling the police officer, social worker, nurse, NGO that you personally know.*

Horizontal co-operation = strongest:

- ▶ NGOs that work in the field of domestic violence:
- ▶ informal co-operation of four strongest NGOs in Slovenia:
  - sometimes they co-operate on the same case, support the same victim of domestic violence or trafficking (help line, crisis centre, safe house, individual counselling, etc.),
  - work with different publics,
  - influence policy making and policy taking,
  - prepare common campaigns,
  - offer support to each other.

*NGOs' co-operation with different actors*

- ▶ Working group for non-violence in health care;
- ▶ syndicates;
- ▶ schools;
- ▶ governmental offices, institutions.

*Safe houses (11 in Slovenia and 1 crisis centre)*

- ▶ in 2001 the Section for maternal homes, safe houses and related organisations in Slovenia was established by the Social Chamber of Slovenia;
- ▶ it works mainly on professional issues of named organisations in the field of domestic violence and social work;
- ▶ there are 12 regional co-ordinators whose obligations are (among others):
  - to help social workers in establishing and co-ordinating general crisis team at local level,

- to organise and lead a multi-institutional team for the treatment of adult victims of violence,
- in cases of the prohibition to approach a defined place or a person they lead and coordinate the work of the intervention team,
- to help organise and maintain the network of agencies and programmes in the field of social security for the prevention of violence.

### *Expert council for the prevention of domestic violence*

- ▶ Established in 2001 as the Expert council for the problems of violence against women ;
- ▶ advisory body to the Minister of Labour, Family and Social Affairs;
- ▶ members from governmental organisations and NGOs.

### *NGOs in Slovenia*

Good system of co-operation/support established = higher quality of support offered.

### *Good system of co-operation / support*

#### *Law for the prevention of domestic violence*

- ▶ at the moment in the governmental procedure;
- ▶ NGO lobbying;
- ▶ Article 10:
  - agencies are obliged to inform each other,
  - minister of labour defines procedures of informing each other,
  - ministers (police, health care, social care, education) define rules and procedures that will ensure harmonised work of agencies.
- ▶ Article 11:
  - centre for social work establishes multidisciplinary team for the work in the cases of DV.
- ▶ Problems:
  - multidisciplinary teams should be established according to another law – not clear:
    - when these teams will be established,

- whether these teams are permanent teams,
- the constitution of these teams is not clear,
- there is no letter about domestic violence in that law.
- ▶ Harmonised approach
- ▶ Main goals:
  - to protect victims of violence and ensure their safety,
  - fast and effective help and protection for victims of violence,
  - estimation of risk and safety planning,
  - to confront perpetrator with responsibility,
  - the intervention is the responsibility of the society and not of the victim.
- ▶ Clear rules for intervention of agencies, exchange of information and data, for harmonised intervention.
- ▶ Supervision between agencies. ★



**THE SOCIAL SERVICES'  
RESPONSE TO DOMESTIC  
VIOLENCE: GENDER-  
SPECIFIC TRAINING AND  
ASSISTANCE TO VICTIMS**



# THE SOCIAL SERVICES' RESPONSE TO DOMESTIC VIOLENCE: GENDER-SPECIFIC TRAINING AND ASSISTANCE TO VICTIMS

**Keynote speaker:**  
**Ms Maria Eriksson**

**Researcher,  
Department of  
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## **Family policy & law: the rule of optimism**

- ▶ Mothers and fathers are expected to be able to share custody;
  - Joint custody emphasised
- ▶ Face-to-face contact is generally presumed to be “in the best interests of the child”;
- ▶ Lack of attention paid to domestic violence in relation to continued parental co-operation and the well-being of children post-separation or -divorce;
  - Substantial problems in legal practice.

## **New developments**

*Code on Parenthood, Ch 6, 2 a §*

The best interests of the child shall be the basis for all decisions on custody, residence and contact. When deciding what is best for the child, special consideration shall be given to:

- ▶ the risk that the child or someone else in the family is abused or that the child is unlawfully taken away or detained, or at risk in other ways, and
- ▶ the child's need of a close and good contact with both parents.

The child's wish shall be taken into account, with consideration of age and maturity. Law (2006:458)

## **Violence against women**

*Current Swedish legislation (criminal & social law)*

- ▶ explicitly defines violence in heterosexual intimate relations as a gendered phenomenon, as men's violence against women;
- ▶ men's violence against women is presumed to be an extreme expression of a more general inequality between men and women in contemporary Sweden;
- ▶ a new crime with a gender specific name: gross violation of a woman's integrity, unique in Swedish legislation; protection orders, also in the shared home, etc.;
- ▶ the social service agencies shall support abused women who are trying to change their lives.

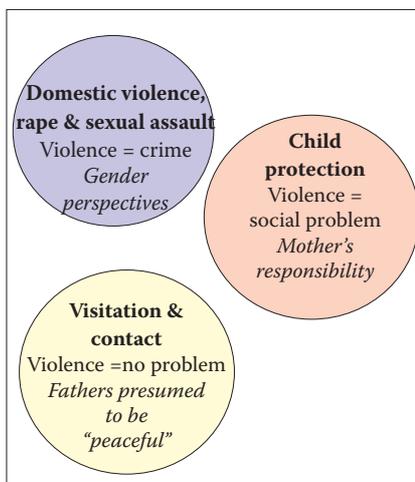
## **Children “witnessing” violence**

- ▶ Children who see, hear or in other ways are exposed to men's violence against known women and its consequences have been redefined as victims of violence and crime victims:
  - An amendment to the Penal Code 1 July 2003; aggravating circumstance,
  - Children who “witness” violence gained rights to crime victim compensation from the state (15th of November 2006),

- Changes to child protection law clarifying that the social services have a special responsibility for children who “witness” violence in their families and that children who witness crimes against a close person are also victims of crime in their own right (15th of November 2006).

## Domains of policy & practice

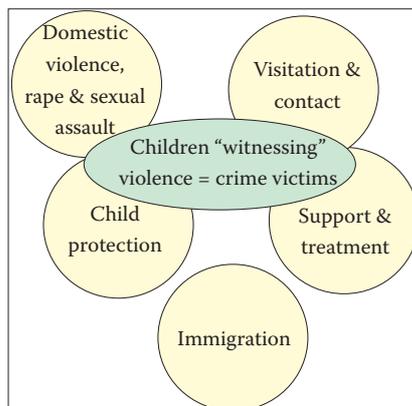
(See Hester 2004, in Humphreys & Carter et al 2006)



## Different perspectives in different domains

- ▶ Domestic Violence, R, SA: violence a “crime”, criminal & civil law, gender perspectives: men’s violence to women;
- ▶ Child Protection: violence a “social problem”, social/public law, “violent families”, mothers’ responsibility and failure to protect in focus;
- ▶ Visitation & Contact: violence a marginal issue, fathers presumed responsible and non-violent, parental co-operation in focus, family law;
- ▶ Immigration: state violence to individuals basis for asylum, migration law, individuals as abusers of the asylum system;
- ▶ Support and treatment: violence a health issue, health and welfare regulations, confidentiality law, “dysfunctional” or “deviant” individuals and families.

## Domains of policy & practice



## Challenges

- ▶ What will increased attention paid to children who experience violence in their families mean in a different context?
  - Does a context without a gender perspective / feminist understanding of violence in heterosexual relationships mean increased pressure on abused mothers?
- ▶ How do we use “good examples” from one context to push change in another, without unexpected and unwanted outcomes?

## Some challenges in different domains

- ▶ DV: Women’s vulnerability as mothers / parents; children visible as crime victims in their own right; violent men accountable as adults and parents / fathers;
- ▶ CP: Gendering violence and risks for children; child-centred risk assessments; expectations on fathers to parent and protect;
- ▶ V&C: Violence on the agenda; gendering violence and risk; risk assessments, participation for victimised children; single custody and no contact as real options;
- ▶ Im: VAW grounds for asylum; children who experience violence rights of their own; tackling forced marriages;
- ▶ S & Tr: Safety of women and children at the core of work with

violent men / fathers; specialised provisions for severely traumatised women and children; support to child-mother relationships in addition to “parenting work” with men / fathers.

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## Ms Tonislava Sotirova

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Violence is a problem of interaction among people. It appears in all cultures and societies. It is an instrument of exerting power and control over the life of those who, for one reason or another, appear to be powerless. Violence is especially prevalent in patriarchal societies, where abuse of power, aimed at gaining control over the weaker person, is typical. It becomes a model for relationships; it enters families and people's attitudes. It remains hidden and misunderstood. This is how violence exists in Bulgaria. Every fourth Bulgarian woman is a victim of domestic violence.

At the beginning of the 21st century we would all agree that practicing violence against women is a gross violation of human rights and our common efforts should be united and directed towards overcoming this extremely negative phenomenon. Domestic violence is a problem for Bulgarian society which is increasing and reproducing inequality in relationships between women and men. We have to admit that today, despite the existence of legal equality and declaration for equal rights between women and men, in fact discrimination of women exists, covering different kinds of violence which are hard to identify and prove. That is why the efforts of the Bulgarian Government and the efforts of society are directed towards implementation of effective measures for preventing violence against women through relevant legislation and national action plans. The Republic of Bulgaria as a member state of the Council of Europe has unreservedly supported and joined the Council of Europe Campaign to Combat Violence against Women, including Domestic Violence because

we are convinced that this can change the life of still large numbers of Bulgarian women who suffer from the risk of domestic violence, humiliation and ill-treatment.

In conjunction with the expressed support of the Council of Europe Campaign to Combat Violence against Women, including Domestic Violence and its planned activities by the Bulgarian Government, in particular the Ministry of Labour and Social Policy, a joint expert working group has been created by order issued by the Minister of Labour and Social Policy. Representatives of different ministries, agencies and NGOs are participating in it, aiming at implementing the Council of Europe Campaign at national level. Concrete measures for implementation of the Campaign goals have been undertaken, as well as for the popularisation of actual programmes for supporting victims of violence and for ensuring help for them. The official opening of the Council of Europe Campaign to Combat Violence against Women, including Domestic Violence at national level was on 8 March 2007 – International Women's Day.

As has been mentioned, domestic violence is one of the most widespread forms of violence against women in line with trafficking of women, sexual harassment at the workplace, etc. In the civil and the penal codes effective mechanisms for protection against them did not exist until 2005. On the 16 March 2005 the Bulgarian Parliament adopted the Law on Protection against Domestic Violence<sup>1</sup> which regulates the rights of persons who

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1. Law on Protection Against Domestic Violence - Promulgated, State Gazette, issue 27 of 29 March 2005

have suffered domestic violence, the measures for protection and the order for their imposition. The responsibility under this law shall not exclude the civil and the penal responsibility of the perpetrator. The law stipulates that the state shall ensure the implementation of programmes aimed at prevention and protection against domestic violence, as well as programmes providing assistance to the victims.

Since 2005 the Republic of Bulgaria has also been implementing a national action plan to encourage equality between men and women, which was passed with the decision of the Council of Ministers. The plan has been worked out in conformity with the Beijing Action Platform, adopted at the Fourth World Conference on Women in Beijing in 1995 and it represents an instrument for execution of the state policy on gender equality in all areas of social, economical and political life. In this first national action plan measures for eliminating domestic violence and the creation of an integrated system of support for the victims of domestic violence have been set. The following national action plan included the implementation of information campaigns against violence in the family, training courses for magistrates (judges, public prosecutors and examining magistrates) in order to increase their knowledge and improve their training with a view to ensuring correct execution of the legislation in the area of domestic violence, reading of the measures for fighting domestic violence and providing protection for the victims, as well as training agency and directorate employees for working with victims of domestic violence. All of this clearly points to the existence of a national policy and the willingness of the government to continue work in this high-responsibility area, and the tendency is towards co-ordination and synchronisation between the legislative initiatives and the practical experience.

As a next step, on 19 October 2006 the government adopted a programme for prevention and protection of the victims of domestic violence. In line with the programme, a

24/7 national help line is going to be opened to provide information to the victims of violence as well as temporary shelters in every district centre for the victims of domestic violence. Training plans are being developed, aiming at particular categories of attendants – employees in specialised institutions, police officers and judicial authorities. The Programme for prevention and protection from domestic violence has been passed in pursuance of paragraph 2 of the concluding provision in correspondence with chapter 6, paragraph 1 of the Law of Protection against Domestic Violence and in accordance with international standards and the commitments of the Republic of Bulgaria in international conventions.

A month later, at the end of November 2006, the Ministry of Labour and Social Policy approved an action plan in addition to the Programme for prevention and protection against domestic violence for the period 2007-2008. The plan was developed by a joint working group and it has taken into consideration recommendations from the non-governmental sector. According to the action plan workshops should be carried out with the participation of state institutions, non-governmental organisations and the media, in order to discuss the opportunities for the development of the information campaigns on the problems of domestic violence. Opportunities for the financing of the information campaigns on the problems of domestic violence are being investigated and discussed by the state representatives, non-governmental organisations and the media. Meetings have been held in connection with the development and financing of a helpline for children who are victims of violence. Programmes have been developed for the rehabilitation of persons who have suffered domestic violence, and for the implementation of legal, psychological and social consultation for children who are victims of domestic violence by the child protection departments in the Social Assistance Directorates and also programmes on the prevention of violence against children. Experts from

the Ministry of Labour and Social Policy, Social Assistance Agency and State Agency for Child Protection participate actively in meetings, organised by leading institutions in the development of programmes for rehabilitation of people, victims of domestic violence. The action plan of the Ministry of Labour and Social Policy also includes education and exchange of good practices. The Ministry of Labour and Social Policy is actively working on and co-ordinating joint actions in order to implement the plan.

An important responsibility of every part of society – governmental and municipal institutions, civil society, media, etc. is to identify the problem of violence and support its victims. Women, adolescents, and children who are victims of violence, very often do not have support and understanding. The practice until the present moment has categorically proved that the effective way for overcoming problems caused by violence is through providing a wide range of social services which are client orientated.

State policy in the domain of social assistance, including social services, is determined by the Council of Ministers. Under the Law on Social Assistance, the state policy in this field is carried out in co-operation with the district administrations, local government authorities, and the non-profit legal entities engaged in the work for the public benefit. To implement the state policy in the domain of social assistance, a Social Assistance Agency (SAA) has been set up within the Ministry of Labour and Social policy. Via the structures of its specialised administration at central, district and municipal levels, the SAA co-ordinates, assists and provides operative and methodological guidance in delivering social assistance. Its fields of work cover several major groups: social assistance benefits, social services and child protection.

The legislative changes in 2003 introduced decentralised management of the social services, thus creating preconditions for the promotion of social entrepreneurship. They opened

up opportunities for physical persons registered under the Commercial law and for the legal entities to provide social services as providers of equal standing. Depending on the source of financing the social services are divided in two big groups: social services – state responsibility (financed by the state budget through the municipal budgets) and social services – municipal responsibility (financed by the municipal budgets). The social services might also be financed by private providers. This clarification is very important because the availability of sufficient financial resources for social service provision for vulnerable groups is one of the preconditions which guarantee both the access to and the quality of services.

The Social Assistance Agency is one of the main participants in the process of reforming the system for social services provision in the community for vulnerable groups – including victims of violence. The main functions of the administration are related to methodological guidance, control, keeping a register of the providers of social services, and training. Placement in specialised institutions and granting access to community-based social services financed by the state budget is done through its territorial structures. At a municipal level local governments have been elaborating long-term municipal strategies for the development of social services for children and adults. These are serving as a basis for the implementation of specific measures, addressing specific target groups and also as a warranty of the sustainability of the achieved results.

In 2007 the budget resources for funding of social services – delegated by the state activities, have increased by 28% compared to 2005. The main enhancement regards the improvement of the services (nutrition, health service, etc.). It is a very positive fact that the number of private providers of social services entered in the Register of the Social Assistance Agency has increased (in 31 December 2006 there were 867 providers). In this way, the measures to encourage the participation of NGOs in providing direct

social services to vulnerable groups, as well as the stimulation of their co-operation with the state and municipalities, have been reinforced.

With regard to the social services aiming to assist the victims of violence, the functions of the Ministry of Labour and Social Policy are connected with the obligations of the Social Assistance Directorates at the Social Assistance Agency – an Executive Agency to the Minister foreseen in the Law of Protection against Domestic Violence as well as in the Law on Child Protection. It is important to underline that the enforcement of the Law of Protection against Domestic Violence does not come under the sole jurisdiction of one or another ministry or institution. It is a result of a complexity of efforts of all stakeholders against domestic violence and its consequences. According to the Law of Protection against Domestic Violence the territorial administrations of the Social Assistance Agency-Social Assistance Directorates have the following functions and responsibilities:

- ▶ According to art. 8, para. 2 of the Law of Protection against Domestic Violence the procedures for issuing the order may be instituted upon request by the director of Social Assistance Directorate, in cases provided in art. 3, para. 8 of this law “person, suffered by domestic violence, perpetrated by a guardian, trustee or foster parent”;
- ▶ According to art. 13, para. 2, p. 1 of Law of Protection against Domestic Violence, the Social Assistance Directorate issues the records, the reports and other acts which shall be admissible as evidence under the Civil Procedure Code for issuing of order for protection;
- ▶ According to art. 18, para. 3, when it is obvious from the data in the case that there are measures necessary to be undertaken under the Law on Child Protection the court shall notify the director of the Social Assistance Directorate;
- ▶ In cases where women have suffered domestic violence, the Social Assistance Directorate-Child Protection Department actively works for the psychological support of the

children and for assistance to the women victims for fulfilment of the parental functions. This is made by the direct interaction with other institutions and NGOs;

- ▶ A special role is attributed to NGOs working in the field of domestic violence. Those registered according to the Law on Social Assistance can issue documents which will be presented in court, their representatives can participate as witnesses of the affect of violence on the victims and they are included in the network of social programmes for rehabilitation of the victims. In addition, co-operation by NGOs with the state institutions is envisioned. This co-operation will be in the field of domestic violence prevention, victim support, selection and education of persons who will deal with the implementation of the law.

#### *The main aims of social work are:*

- ▶ To assist and mediate between the client and institutions – for finding a job, accommodation, for asking for medical services, going into partnership for solving social problems, etc.
- ▶ To inform the client of her rights and support her in their realisation.

#### *The main functions of social work with persons who have suffered domestic violence are:*

- ▶ Determining the client’s immediate social needs;
- ▶ Working out a plan of action together with the client;
- ▶ Emotional support and assistance in contacting institutions;
- ▶ Accompanying the client;
- ▶ Providing information about social rights and assistance in their realisation.

The social workers give consultations and discuss with the clients their needs in relation to the existing social resources and how to use them. They also assist the women, if necessary, in contacting the police and the prosecutor’s office, or in getting legal advice.

The Child Protection Departments at the Social Assistance Directorates work with children, victims of violence, including domestic violence. They carry out an investigation of the situation; provide crisis psychological support to the child or the victimised parent. Consultations are held as per the terms of the Law for Protection against Domestic Violence and support is provided when there is a prosecution against the perpetrator of the violence. All the cases are investigated, even the anonymous ones. There are legal measures set out in the Law on Child Protection, such as legal and psychological consultation for the parents and the child; measures for protection of the family environment; if needed – bringing a suit for police protection and removing the child from the dangerous family environment. They include directing to and accommodation in a crisis centre, provision of long-term therapeutic work for overcoming the trauma from the violence suffered. A network of experts consisting of providers of social services exists in the country, who are specialised in therapy and empowerment of women, children and teenage victims of violence. To support child victims of violence and trafficking, three crisis centres exist in the country. Each crisis centre provides a variety of social services aimed at satisfying everyday needs and preparing for social integration of child victims of violence or trafficking. Since 1 January 2007 the crisis centres have been delegated state activities.

The research and analysis of the State Agency of Child Protection<sup>2</sup> show that violence against children is a topical problem for Bulgaria – 77.4% of the reregistered cases on violence are cases in the family environment. In 2006 there were 2 855 cases for violated children submitted. 1 742 of these cases required undertaking of measures by the Child Protection Departments. Compared to the previous year the cases where child protection measures according to the Law on Child Protection were undertaken have increased by 22%. Breakdown by

age of the children who are victims of violence show that the largest group of child victims of violence are those aged between 8 and 14 years (57% of all child victims of violence); followed by the children aged 15-18 years (17%); children aged 4-7 years (5.8%) and those aged 0-3 years (10.6%).

With the aim of addressing the problems of the children who are victims of violence, trafficking and other forms of exploitation as has been mentioned, crisis centres have been established in several cities in the country. For the period 2005-2007, the newest types of services which have been created and are operative and functioning very well are the Complexes for Social Services. The complexes consist of Centres for Public Support, “Mother and Baby” Units and Centres for Work with Street Children. They were established under a project<sup>3</sup> but later the funding was transferred to the state budget. These new types of social services were defined as types of community-based social services in the legislation. All of this is an example of the recognition by the state for services which are not known but well developed in practice.

The main emphasis is put on prevention when implementing the policy against violence against women and children. The Ministry of Labour and Social Policy has endorsed services provided by NGOs for victims of violence through organising meetings and discussions as well as resources from the Social Assistance Fund under the minister. Its specialised administration at municipal level is working in close co-operation with NGOs in cases of violence. In connection with preventive work against violence the social workers from child protection departments have held meetings and lectures with school students. The themes about the types of violence, the ways of protection and the competence of different institutions which can provide protective measures, have been discussed. The

content of the lectures is adapted according to the children's age and progress. Representatives of the Child Pedagogical Unit of the respective police departments have shared their experience on this issue at some of the meetings. Consultations with parents, teachers, health workers and other specialists who work directly with children have been conducted.

The training programme is one of the priorities of the Social Assistance Agency. The model combines work on concrete cases with interaction on different levels and institution, prevention and training. Each activity is based on an analysis of a specific case. The second direction is related to the practical experience of the professionals in their field of work with women, adolescents and children who have suffered violence. Special attention is paid to three areas – the problems of trauma, work in the community and organisational consulting. The method of training is interactive, as the different forms of training allow participants to incorporate the newly acquired knowledge with their previous experience: lectures, work in a large group, work in a small group, role playing, work on cases, psychodrama, discussions, etc. The trainers are psychologists, psychotherapists, social workers, public relations specialists.

The social workers from the child protection departments in 10 pilot municipalities from the “Child Welfare Reform” project have completed a training module on the subject of domestic violence. The Social Assistance Agency has spread training materials through all the Social Assistance Directorates in order to introduce and inform the social workers. Representatives of Child Protection Departments in the whole country have been involved in training for working with children, victims of violence and trafficking, which has been performed by the Social Assistance Agency during 2006 with the aim to increase the professional abilities in these areas.

The Child Protection Departments are one of the main partners in the realisation of a number of projects of

2. <http://www.sacp.government.bg/>

3. Child Welfare Reform Project - <http://www.mlsp.government.bg/bg/projects/children/index.htm>

non-governmental organisations. We can quote as examples:

- ▶ In 2003 Association Animus Foundation carried out a number of training sessions in connection with empowerment of women victims of domestic violence, which were attended by staff working under the child protection in the Child Protection Department, directors of Social Assistance Directorates and attendants from the central office of the Social Assistance Agency.
- ▶ Under another project of Association Animus Foundation in 2003 a module from the pilot project for education of social workers from the Social Assistance Directorates in Sofia for working with children and teenagers who have suffered violence was carried out. The module was directed in specific ways towards working with children affected by domestic violence. A manual on this issue has been published.

- ▶ In the beginning of 2007 another project of Association Animus Foundation entitled “Together for a better future” started in Sofia. The goal of the project is to develop the capacity for multidisciplinary work in cases of violence against children and activities on prevention.

Some of the future activities are relevant to the willingness of the non-governmental organisations to provide support for victims of domestic violence. This can be accomplished through changes in the legislation, which consist of creating the social service centre for protection against domestic violence, which can be provided within the community. This will provide an opportunity for non-governmental organisations to be added to the list of social service providers, which will allow them to provide social services together with the state and the municipalities on a contract basis; and to apply for resources from the Social Assistance

Fund after successfully proposing a project.

As a conclusion it could be stated that the state policy should guarantee prevention and elimination of gender-based discrimination, equal access to the labour market and economic activities, appropriate measures for reconciliation of work and family life. Combating domestic violence and trafficking of human beings are areas of special concern, as well as education and health care. The implementation of a successful model of assistance and care for victims of violence is related to the active participation of the whole of society, the combination of different types of services, continuous qualification and motivation of the staff engaged in this sphere and creation of a flexible and well-functioning system for monitoring, control and assessment of the provision of services. ★

## Ms Suzana Velkovska

### Head of the Unit for Social Inclusion, Ministry of Labour and Social Policy

## Dealing with domestic violence

### *Structure of the system for framing policies*

#### *Starting point*

Understanding domestic violence as an infringement of fundamental human rights and the appropriate responsibility of the state for safeguarding the rights of the most vulnerable members of the family: women, children, the infirm.

#### *Main components*

- ▶ legislation and policies
- ▶ victim protection and support
- ▶ monitoring and record keeping
- ▶ raising public awareness

#### *Basic principles*

- ▶ multi-sectoral and multidimensional approach
- ▶ systemic and appropriate cooperation with the informal sector
- ▶ systemic and ongoing supplementation and upgrading

#### *Legislation and policies*

- ▶ 2004: amendments to the Law on the Family, the Law on Social Welfare
- ▶ 2005 (April / September), preparation of procedures for an effective and co-ordinated system of protection for the victims of domestic violence by the relevant players from the formal and informal systems of victim protection
- ▶ January 2006-December 2007: establishing harmonised and positive practices in combating domestic violence in Macedonia

Objective: developing and institutionalising procedures to be implemented under the Law on the Family and the Criminal Code and to help

improve the accessibility and effectiveness of the civil-law and criminal-law systems of protection for victims of domestic violence

#### Structure:

- ▶ Improving the civil-law system of protection:
  - Developing internal procedures for proposing, imposing and implementing temporary protection measures,
  - Standardising protection services for victims of domestic violence.
- ▶ Harmonisation of the criminal-law system:
  - 2006 / 2007: drawing up a national programme for combating domestic violence (one of the priorities of the NPAA – National Programme for the Adoption of the Law of the EU)

#### *Contents*

- a comprehensive strategic approach;
- incorporates priority areas with regard to domestic violence;
- activities defined for the relevant players aimed at regulating the same areas;
- the basis of and obligation concerning the preparation of separate periodic programmes / strategies at the level of the relevant ministries involved in the process of dealing with domestic violence;
- the possibility for NGOs to define, plan and implement their activities in accordance with the programme or realistically established needs;
- the basis for preparing operational plans and programmes at local level;
- setting up a co-ordinating body responsible for monitoring and implementing the programme.

#### *Activities*

- 2006: situation analysis – research on the topic of domestic violence;
- focusing on the extent of and the approach to the problem defined by the state institutions responsible in order

to gain a picture of the overall domestic violence situation.

- ▶ **Setting up a working group for preparing the National Programme for Combating Domestic Violence:**
  - Composition of the working group: representatives of different organisations and institutions: Ministry of Labour and Social Policy, Ministry of the Interior, Ministry of Health, Ministry of Justice, Ministry of Defence, women's NGOs, lawyers, mental health specialists, religious communities, services for the protection of the rights of the child and persons involved in programmes for the prevention of alcohol and drug abuse
  - Three working meetings held – the problems were identified in order to set the priorities

#### *Implementation:*

Association for the Emancipation, Solidarity and Equality of Women (ESE) in partnership with the Ministry of Labour and Social Policy

#### *Victim protection and support*

- ▶ 2004: Services in social work centres for working with victims of domestic violence:
  - Primary and secondary prevention of domestic violence;
  - Therapeutic work with those who have experienced violence.
- ▶ 2004/2005: Network of shelters for victims of domestic violence in six cities and towns: Skopje, Bitola, Kocani, Strumica, Ohrid and Kumanovo;
- ▶ 2005: National SOS hot-line for helping victims of domestic violence (trained volunteers from women's organisations):
  - 24/7 information and assistance service for victims of domestic violence;
  - an average of 130 telephone calls a month;
- ▶ Co-operation with the Legal Assistance Centres (NGO - ESE):
  - free legal assistance for victims of domestic violence.

#### *Measures to protect victims of domestic violence*

- ▶ Emergency accommodation in shelters for victims of domestic violence;

- ▶ Appropriate medical care;
- ▶ Appropriate psychosocial intervention and therapy;
- ▶ Referral to an appropriate counselling institution;
- ▶ Assistance in continuing regular education (when there is a child in the family who is receiving regular education);
- ▶ Reporting to the prosecution authorities, in cases where measures need to be taken against the offender;
- ▶ Providing the necessary legal aid and representation;
- ▶ Instituting proceedings before the relevant court;
- ▶ If necessary, filing an application with the court for the imposition of a temporary protection measure;
- ▶ Taking other measures required to solve the problem.

#### *Temporary protection measures*

##### *Legal obligations in the work of social work centres with perpetrators of domestic violence*

- ▶ Filing an application with the relevant court for imposing a measure for protection against domestic violence;
- ▶ Participation in court hearings;
- ▶ Monitoring the implementation of the imposed temporary measure for protection against domestic violence and submitting a report to the court on progress with implementation of the measure.

#### *Standardising protection services for victims of domestic violence*

##### *Task: Mapping existing direct services and arrangements for their provision in the formal and informal sectors*

##### *Activities*

- ▶ preparation of a questionnaire for organisations/institutions providing services to victims of domestic violence (social work centres and NGOs providing services to victims of domestic violence);
- ▶ distribution of the questionnaire to 30 social work centres, end of April 2006;

- ▶ analysis of the replies, May/June 2006.

##### *Goals of the questionnaire*

- ▶ gaining an insight into the situation concerning the plan for the provision of services, both in the state system and institutions and in the informal sector;
- ▶ determining best practices and undertaking activities for overcoming inadequate practices;
- ▶ serving as a basis for determining basic standards in the provision of services to victims of domestic violence;
- ▶ establishing joint resources (from the government and non-government sectors), with a view to improving the situation.

##### *Structure of the questionnaire*

- ▶ a total of 46 questions
- ▶ Seven areas:
  - Field of activity
  - Work methodology
  - Promotion of work
  - Human resources
  - Technical and spatial resources
  - Management and organisational structure
  - Financial resources

##### *Analysis of the replies received from social work centres:*

Out of a total of 30 social work centres sent the questionnaire, replies were received from 27.

##### *Conference for the mapping and assessment of services for victims of domestic violence:*

- ▶ Presentations of case histories of working with victims of domestic violence from social work centres and NGOs;
- ▶ discussion after each block of presentations;
- ▶ Presentation of the results of the questionnaires;
- ▶ Conclusions and an agreement on further work.

##### *Outcomes and conclusions:*

Overall, the case presentations confirmed the impression of deficiencies in the provision of services to victims of domestic violence obtained from the analysis of the questionnaire:
 

- ▶ there is no harmonised, consistent system of service provision, either

between social work centres from different towns or within the same social work centre for different cases of domestic violence;

- ▶ an exaggerated, mistaken, inquisitive approach to the victim, i.e. investigating whether or not one is dealing with a case of domestic violence, contrary to the basic principle of working with victims of domestic violence;
- ▶ confusion about differences between working with victims of domestic violence and resolving marital and family problems;
- ▶ high tolerance towards the abuser, insistence on “working” with the abuser in order to change his behaviour (“re-education”);
- ▶ insufficient theoretical knowledge of the concept of working with victims of domestic violence;
- ▶ lack of knowledge about the mandate with regard to the submission of protection measures;
- ▶ inadequate involvement and interest in following up on the state of the victim after intervention.

Overcoming the problems perceived:

- ▶ Meetings with experts from social work centres – examining the problems they are facing;
- ▶ Amendments to the Law on the Family – presented to Parliament for approval;
- ▶ Reviewing the rules governing the method of implementing and monitoring the imposed measures to protect the family and victims of domestic violence taken by the social work centre and the method of monitoring temporary measures imposed by the court;

- ▶ An increased number of proposed and imposed temporary protection measures in 2006.

### *Monitoring and record keeping*

#### *Interventions carried out*

##### *2006:*

- total: 775 interventions with victims of domestic violence

##### *First half of 2007 (January-June)*

- total: 332 unregistered cases

##### *Placement in shelters in 2006*

- Women 60
- Children 55
- Total: 115

#### *Judicial proceedings*

- 2006: 49 (2005: 21)
- 2007/first half: 55 (2006/first half: 19)

#### *Measures imposed*

- 2006 - 26 (2005: 11)
- 2007/first half: 38 (2006/first half: 17)

- ▶ The absence of a developed methodology for monitoring and record keeping – inability to compare data with the European Union's indicators for monitoring violence against women;
- ▶ Continued provision of the necessary information and basic skills for recognising violence and assisting victims of domestic violence:
  - 2004-2005 (co-operation with UNICEF): two cycles of multi-sectoral training for working with victims of domestic violence – a total of 86 professionals from different areas were trained: social welfare, police, health care, the judiciary and the non-governmental sector;

- May-June 2006: in-service training for professionals at social work centres (Ministry of Labour and Social Policy in co-operation with ESE);
- Second half of 2006: Training for instructors in working with victims of domestic violence in the community (in co-operation with UNICEF);
- October 2007: 7 training sessions at local level.

### *Raising public awareness*

- ▶ June, 2005:
  - National campaign for addressing domestic violence (co-operation with and technical assistance from UNICEF)
- ▶ December 2005:
  - Interdepartmental national campaign to combat domestic violence conducted as part of the International Campaign of 16 days of activism against violence against women;
  - Eight direct meetings with representatives of all social work centres, at which the leaders of the campaign (Ministry of Labour and Social Policy, Ministry of the Interior, Ministry of Health and NGOs: ESE, Združenska Campaign, Shelter Centre, Organisation of Women of Skopje, Nadež crisis centre) presented the procedures for dealing with victims of domestic violence.
- ▶ November, 2006: Joining the Council of Europe Campaign to Combat Violence against Women, including Domestic Violence;
- ▶ National Campaign, 2006: Put a stop to it, help violence become history;
- ▶ Need to educate the media. ★

# CLOSING ADDRESSES



## Ms Gülsün Bilgehan

### Chairperson of the Committee on Equal Opportunities for Women and Men of the Parliamentary Assembly of the Council of Europe

Dear Minister of Interior,  
Dear Chair,  
Ladies and gentleman,

It is my pleasure to address you in my capacity as Chairperson of the Parliamentary Assembly's Committee on Equal Opportunities for Women and Men, which is responsible for the parliamentary dimension of the Council of Europe Campaign. Let me thank you for giving me an opportunity to explain how the issues we are tackling today can be linked to parliamentary activities.

I was very impressed to see that so many initiatives have been taken in the field to help women victims of domestic violence. At the same time, this seminar has been very useful to understand the many obstacles professionals in this field have to face.

We have to help the victims, but we also have to help those who help the victims. We all know that the police, health care professionals and social workers among others (hereafter referred to as "the professionals") have a fundamental role to play in assisting and protecting victims. If they don't have the means (either legal or financial) to perform their duties or what is expected of them, they won't be able to adequately help women victims of domestic violence. Obviously, victims of domestic violence have specific needs and require specific care.

The issues discussed in this seminar are closely connected to the main areas of concern raised by the parliamentarians involved in the Campaign against domestic violence, that is, how best to help victims but also professionals working directly in contact with victims of domestic violence? How can we ensure that these professionals can implement the policies adopted by parliaments in the

best possible way and turn the intention of the law maker into reality? My presentation will first deal with how parliamentarians can help professionals providing services to victims; then I will look at how parliamentarians can check how and whether professionals can implement policies adopted by parliaments.

#### How can parliamentarians help professionals provide services to victims?

The adoption of legislation by parliaments is necessary to set up a legal framework and secure individual rights. It is the role of parliaments to:

- ▶ outlaw violence against women, including domestic violence;
- ▶ establish in the law that marital rape is a criminal offence;
- ▶ make provisions to remove violent spouses or partners and take out protection orders, etc.

One of the objectives of parliamentarians in this Campaign should be to make sure that the professional agencies and authorities have the means to break the cycle of violence at once. In other words, the parliament must make sure that the police, health care services and social workers are given the means to provide victims of domestic violence with suitable help and services. This means, for example, that the law maker must ensure that enough safe emergency shelters are set up or sufficient, long term, budgetary resources to fund measures are allocated.

These measures are, in part, objectives parliamentarians should achieve during the Council of Europe Campaign. They should be taken into account by parliamentarians who want to contribute to the fight against

violence against women and to make a difference as elected representatives.

But adopting laws is not enough – it is certainly not the end of the story.

### **How can parliamentarians check how and whether the professionals can implement policies adopted by parliaments?**

Laws must be good in reality, not just on paper. Parliamentarians must therefore supervise the implementation of laws and ensure that the laws they adopt are implemented and work in practice. They need to monitor the implementation of the laws.

It is clear that even in the most advanced countries, where model laws have been adopted, the law maker has to define monitoring mechanisms. In this context, several issues need to be raised:

- ▶ How can we ensure implementation at all levels of decision making, i.e. in municipalities, regions, and, in some cases, autonomous regions?
- ▶ How can we make sure that the laws adopted by the parliament are applied by judges? Why are so few perpetrators convicted?
- ▶ How do we ensure that the law reaches different target groups, such as women living in cities and rural areas? Younger and older women?

- ▶ Which administrative measures were taken to apply the law?
- ▶ Was adequate funding allocated to implement the law?
- ▶ How do we ensure that citizens are fully aware of their rights and will make use of the law?
- ▶ What type of monitoring mechanisms should we create at parliamentary level?

Ladies and gentlemen,

How can parliaments contribute to monitoring the situation in Council of Europe member states? As part of the Campaign, the Parliamentary Assembly launched a pan-European initiative on 8 March 2007 (International Women's Day) to encourage parliamentarians throughout Europe to organise parliamentary hearings. Public authorities, professionals and women's organisations were, for example, invited to have an exchange of views and see how assistance for and protection of victims of domestic violence could be improved. Eleven parliaments joined this initiative. It was important to have public debates on this issue to raise awareness in every segment of the society and bring the intention of the parliamentarians face to face with the reality which professionals have to work with on a daily basis. I personally organised such an event in the Turkish parliament in my capacity as contact parliamentarian. The meeting was attended by Ms Nimet Çubukçu, Ministry of State, representatives of the Minister of Interior and many NGO represent-

atives involved in working with victims of domestic violence, and we had a very interesting exchange of views

Parliaments are here to keep the issue of domestic violence high on the political and public agenda. Therefore I would encourage you, whenever possible, to get in touch with the contact parliamentarian of your country and to see what can be done and what political impetus is needed to improve the services provided for victims of domestic violence.

In the long term, dialogue between public authorities, professional agencies, NGO representatives and parliamentarians is essential for monitoring the implementation of and the appropriate funding for measures to help victims of domestic violence.

Such measures will be debated at the next part session of the Parliamentary Assembly in October, which will draw a mid-term assessment of the parliamentary dimension of the Campaign. Mr Mendes Bota has put forward seven key measures approved by our committee that I invite you to consider. I also hope that the Council of Europe Campaign will encourage more parliamentarians to foster dialogue with professionals and debate, at national level, the implementation of the laws adopted in order to increase the protection of victims and the prevention of violence against women.

I thank you all for your kind attention. ★

## Ms Gordana Jankulovska

### Minister of Interior

Esteemed colleagues,

Ladies and Gentlemen,

Please allow me at the beginning to express my pleasure to be present at this important gathering and to thank the hosts for its excellent organisation.

The protection of the rights of and support for victims of any form of violence, and domestic violence in particular, is a responsibility and interest of all states, including the Republic of Macedonia.

Hence, one of the strategic commitments and priorities of the Government of the Republic of Macedonia and the Ministry of the Interior is to develop and improve national policies against violence through prevention in all relevant fields, by raising public awareness and by providing special training for professionals faced with domestic violence as well as maximum security and protection for the victims.

To that end, the Government of the Republic of Macedonia adopted a National Gender Equality Plan in June this year, and it also plans to adopt a National Domestic Violence Programme.

On the basis of analyses conducted and information gathered in this area, the Ministry of the Interior registered 155 criminal offences in the first six months of this year, which, by comparison with the same period of last

year, indicates that there has been an insignificant drop in crime.

The Ministry of the Interior provides continuing education for sensitising authorised officials to the problem of domestic violence, for the recognition and monitoring of the problem and for co-ordinating a multi-sectoral approach.

The police, as a public service, are the most accessible state agency: they are the first to get the information and the first to arrive on the scene, provide assistance and protection and inform the victim of his or her rights and community resources, while observing existing legal regulations and international instruments.

I would also like to emphasise the activities of the National Commission to Combat Human Trafficking and Illegal Migration aimed at raising public awareness through a Campaign Against Women, Including Domestic Violence”.

In the end, please allow me to express my support for the Council of Europe Campaign to Combat Violence against Women, including Domestic Violence. I would also like to stress my firm confidence that this regional seminar will contribute to an exchange of experiences with the goal of improving prevention and better addressing this issue. ★



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NGO – Organisation of Turkish Women, Skopje

**Verica TRPKOVSKA**

National Center for Intervention for violence against women and girls, UWOM – NGO

**Elena IVANOVSKA**

National Center for Intervention for violence against women and girls, UWOM – NGO

## Keynote speakers

**Ms Liz BERGLUND**

Co-ordinator, Domestic Violence Unit, Uppsala police, Sweden

**Ms Elena CALCESKA**

Psychologist, Co-ordinator of the Programme for SOS National Line for victims from any kind of violence and the Intervention Shelter Centre, Union of Women's Organisation (UWOM)

**Ms Maria ERIKSSON**

Researcher, Department of Sociology, Uppsala University, Sweden

**Ms Marianne HESTER**

Professor of Gender, Violence and International Policy, Centre for Family Policy and Child Welfare, United Kingdom

**Ms Jasminka FRISCIK**

Executive director, Association for emancipation, solidarity and equality of women of Republic of Macedonia – ESE

**Ms Sirkka PERTTU**

Project Manager, Palmenia Centre for Continuing Education, University of Helsinki, Finland

**Ms Renée RÖMKENS**

Associate Professor, The International Victimology Institute (INTERVICT), Tilburg University, the Netherlands

**Ms Freja ULVESTAD KÄRKI**

Technical Officer, Violence Prevention, WHO Regional Office for Europe, Denmark

## Council of Europe bodies

### Parliamentary Assembly of the Council of Europe

Ms Gülsün BILGEHAN  
Chairperson of the Committee on Equal  
Opportunities for Women and Men of the

Parliamentary Assembly of the Council of  
Europe, Member of the Grand National  
Assembly, Turkey

## Council of Europe committees

### Task Force to Combat Violence against Women, including Domestic Violence

Ms Helena EWALDS  
Member of the Task Force, Senior Officer, De-  
partment for Family and Social Affairs, Minis-  
try of Social Affairs and Health, Finland

## Council of Europe Secretariat

### Secretariat of the Parliamentary Assembly of the Council of Europe

Mr Lamine DIALLO  
Deputy Secretary to the Committee on Equal  
Opportunities for Women and Men of the Par-  
liamentary Assembly of the Council of Europe

### TDirectorate General of Human Rights and Legal Affairs

Mr Jan KLEIJSEN  
Director, Directorate of Standard-Setting,  
Directorate General of Human Rights and Legal  
Affairs

Ms Taina RISKI  
Advisor, Gender Equality and Anti-Trafficking  
Division, Directorate General of Human Rights  
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**BLUEPRINT  
OF THE COUNCIL  
OF EUROPE CAMPAIGN**



# Blueprint of the Campaign to Combat Violence against Women, including Domestic Violence

prepared by the Task Force to Combat Violence against Women, including domestic violence (EG-TFV) and adopted by the Committee of Ministers on 21 June 2006

## Outline of the Campaign

### I. Introduction

Violence against women is the result of an imbalance of power between women and men, leading to serious discrimination against women, both within society and the family. Violence in the family or domestic unit occurs in every Council of Europe member state despite positive developments in law, policies and practices. Violence against women is a violation of human rights, the very nature of which deprives women of their ability to enjoy fundamental freedoms. It often leaves women vulnerable to further abuse and is a major obstacle to overcoming inequality between women and men in society. Violence against women is a detriment to peace, security and democracy in Europe.

States have a responsibility to respect, protect and fulfil the human rights of all their citizens. Therefore, states must ensure that they have taken all reasonable measures to prevent, investigate and punish all forms of violence against women, including in the family and domestic unit. Violence against women is a complex issue, particularly when it occurs within the home, which can be compounded by the response of authorities to whom women turn for help.

While the specific approaches of governments to violence against women will vary depending on particular country situations, all require a multifaceted response. This needs to address both the root causes of violence and its consequences, as well as challenge attitudes and behaviours and extend to legal, policy and practical measures.

A recent Stocktaking Study prepared by the Council of Europe<sup>1</sup> pointed out that not all member states provide adequate resources for victims of violence, collect national data on the number of cases of violence occurring in the family or domestic unit that come to the attention of the police and/or health services and track neither referral nor judicial outcomes in a systematic process. Thus, there is no baseline from which the effectiveness of legal and other measures for combating violence against women can be measured.

To this end, member states of the Council of Europe are urged to prioritise preventing and combating violence against women, including violence in the family or domestic unit and are encouraged to become actively involved in implementing this Council of Europe Campaign that calls for strong commitment at the national level.

### II. Definition

In accordance with the definition contained in the appendix to *Recommendation Rec (2002) 5 of the Committee of Ministers to member states on the protection of women against violence*, the term “violence against women” is to be understood as any act of gender-based violence, which results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion, or arbitrary deprivation of liberty, whether occurring in public or private life. This includes:

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1. Stocktaking Study on the measures and actions taken in the Council of Europe member states to combat violence against women, 2006.

“violence occurring in the family or domestic unit”, including, *inter alia*, physical and mental aggression, emotional and psychological abuse, rape and sexual abuse, incest, rape between spouses, regular or occasional partners and cohabitants, crimes committed in the name of honour, female genital and sexual mutilation and other traditional practices harmful to women, such as forced marriages.

This definition is used for the purpose of the Council of Europe Campaign to Combat Violence against Women, including Domestic Violence.

### III. Main theme

Bearing in mind the Action Plan adopted during the 3rd Summit of the Council of Europe and Recommendation Rec (2002) 5 of the Committee of Ministers, the theme of the Campaign will be: *Prevent and combat violence against women occurring in the family or domestic unit (domestic violence)*.

### IV. Aims of the Campaign

The aims of the Council of Europe Campaign to Combat Violence against Women, including Domestic Violence are:

- ▶ to raise awareness across the Council of Europe member states that violence against women is a human rights violation and encourage every citizen to challenge it;
- ▶ to urge states to demonstrate political will by providing adequate resources to deliver concrete results in ending violence against women;
- ▶ to promote the implementation of effective measures for preventing and combating violence against women, through legislation and national action plans for the implementation of Recommendation Rec (2002) 5 of the Committee of Ministers and to regularly monitor the progress achieved;

### V. Objectives

Protection of women against violence in the family or domestic unit should be placed at the highest political level in all Council of Europe member states, and should conse-

quently be allocated the necessary financial resources. All member states should be committed to preventing this type of violence, to protect its victims and provide adequate services, legal redress and compensation as well as to prosecute, punish and provide treatment to the perpetrators. In addition, member states should raise awareness of this problem with all available means, in particular through the media and educational curricula.

Patriarchal culture is an important force in legitimising power inequalities between women and men. It is therefore essential that member states address discriminatory traditions and attitudes as well as gender stereotypes as root causes of violence against women.

Low income, unemployment and poverty are major risk factors for violence against women in the family or domestic unit. Therefore, states should take effective measures to promote economic independence of women.

Member states should commit themselves to elaborate and implement concrete and effective measures for preventing and combating violence against women as contained in Recommendation Rec (2002) 5 through legislation and national plans of action and, at the end of this Campaign, to report on progress achieved.

All measures contained in this Recommendation are equally important and should be fully implemented. Recognising the different stages of member states in implementing this Recommendation, member states are urged to make significant progress during the Campaign in the following areas:

#### a. Legal and policy measures

- ▶ review and amend, where necessary, national legislation in order to identify and fill gaps in the protection of women from all forms of violence occurring in the family or domestic unit, repeal laws that discriminate against women and criminalise any act of such violence against women including rape between spouses;

- ▶ establish effective legal protection, including protection orders, for all women victims of violence, and regularly monitor and evaluate its effective implementation;
- ▶ ensure that immigration laws and administrative procedures do not prevent women from leaving violent relationships due to fear of deportation, loss of legal status or revoked custody over the children;
- ▶ identify and put in place measures to increase the rate of reporting, prosecution and sanctions of perpetrators of violence against women occurring in the family or domestic unit;
- ▶ provide victims with legal aid, psycho-social support and guarantee protection for witnesses;
- ▶ develop risk assessment and safety planning as standard procedure in crime prevention to prevent violence against women, and ensure special attention is given to high risk victims who face repeated incidents of violence.

#### b. Support and protection for victims

- ▶ provide the necessary resources for free 24-hour helplines staffed by adequately trained personnel and other emergency services for all women victims of violence;
- ▶ provide adequate support and advocacy services, that meet quality standards, to all victims of violence and empower women and ensure that services are accessible to all women, including socially excluded women and recent migrants, refugees, women from ethnic minority groups and those with disabilities;
- ▶ provide resources for an adequate number of safe shelters for women victims of violence who have to flee from violence (one place in a women’s shelter per 7 500 inhabitants) as well as for women’s advocacy services and crisis centres in all regions of the country and provide these services with the necessary human and financial resources;
- ▶ develop a co-ordinated, well-resourced multidisciplinary specialist sector to increase capacity building across core national and

local agencies such as health, justice, social welfare and education, in order to provide women victims of violence with immediate, comprehensive and co-ordinated support;

- ▶ organise integrated training on the continuum of violence against women for professionals who deal with women victims of violence occurring in the family or domestic unit (e.g. police, medical professionals, judicial officials, etc.);
- ▶ include the issue of violence against women as a violation of women's human rights and a public health issue in the education curricula of all studies and training for judicial and security personnel, health care professionals, social workers, teachers and others;
- ▶ encourage at all levels the work of NGOs involved in combating violence against women, and establish active co-operation with these NGOs, including appropriate logistic and financial support;
- ▶ provide financial support, housing, independent rights to residence as well as training and employment to women victims of violence to enable them to freely decide whether or not to leave their violent partner;
- ▶ encourage the establishment of nationally co-ordinated and locally based programmes for perpetrators. These programmes must have at their core the need for women's safety and be organised in close co-operation with services for women victims.

#### c. Data collection

- ▶ ensure the systematic collection of statistical data disaggregated by sex, by type of violence as well as by the relationship of the perpetrator to the victim in all fields. This collection should be carried out by national statistics offices or other bodies (e.g. national observatories on domestic violence);
- ▶ develop and use a methodology that allows for gender analysis and comparison with other member states of the Council of Europe;
- ▶ collect and disseminate good practices for preventing violence occur-

ring in the family or domestic unit, protecting its victims and prosecuting the perpetrators at national, regional and local level.

#### d. Awareness-raising

- ▶ publicly denounce violence against women occurring in the family or domestic unit as a violation of women's human rights and commit to taking action against it at the highest political level;
- ▶ raise awareness on violence against women occurring in the family or domestic unit using all available means, in particular through the media and educational curricula to challenge prevailing gender stereotypes, and discriminatory cultural norms and public opinion about its acceptability;
- ▶ encourage national and community leaders and opinion formers to publicly acknowledge the gravity of violence against women occurring in the family or domestic unit, to condemn its perpetration and the use of custom, tradition or religion to excuse it;
- ▶ translate, if they have not done so, into their national language(s) and disseminate Recommendation Rec (2002) 5 and its Explanatory Memorandum;
- ▶ support specific awareness raising initiatives aimed at men in order to mobilise them to take an active part in eliminating all forms of violence against women, including violence in the family or domestic unit.

## VI. Messages

### *Combating domestic violence calls for joint public action*

Violence against women occurring in the family or domestic unit (domestic violence) continues to be a serious problem that extends to all Council of Europe member states, regardless of culture, religion, times of peace, conflict or disaster. It takes on many forms and is too frequently tolerated. Therefore, urgent action is required by governments, parliaments, local and regional authorities and international governmental organisations as well as civil society to stop violence against

women occurring in the family or domestic unit.

### *Domestic violence is a human rights violation*

Violence against women occurring in the family or domestic unit should not be regarded as a private matter. Violence against women both violates and impairs or nullifies the enjoyment of their human rights and fundamental freedoms. Therefore, states have the responsibility to act with due diligence to prevent this type of violence, to protect its victims, to award them compensation and to prosecute and punish the perpetrators. Consequently, states have an obligation to take all reasonable measures to ensure that women are not exposed to violence and provide protection for those at risk as well as redress for victims. Culture, custom, family or religion should never be used as an excuse for turning a blind eye to human rights violations against women in the home.

### *Domestic violence seriously injures women and damages the whole of society, including future generations*

Many women in many countries die as a result of violence occurring in the family or domestic unit. Furthermore, the physical and psychological health of the surviving victims is seriously affected. This type of violence also has serious consequences for the families as well as society as a whole and is often perpetuated from one generation to another. Violence against women, over and above the personal and social consequences, has a high economic cost (medical care, psychological treatment, absenteeism, less productivity at work etc.). Ending violence against women in the family or domestic unit is the responsibility of everyone. Being silent means complicity.

### *Domestic violence calls for men's active participation to combat violence against women*

During this Campaign, active participation of men in activities aimed at combating violence against women should be encouraged. Men have the responsibility to stand up and challenge violence occurring in the family or domestic unit. To this end, they

have an important role to play and can bridge the gap to other men as well as encourage them to speak out against such violence.

### VII. Target groups

The Council of Europe will work with a variety of partners and target groups to deliver the *Campaign to Combat Violence against Women, including Domestic Violence*. These include:

- ▶ Heads of State
- ▶ Heads of Government
- ▶ Ministers of national governments
- ▶ Presidents of parliaments
- ▶ Members of parliament
- ▶ Members of regional and local authorities
- ▶ International intergovernmental organisations
- ▶ International and regional women's and human rights non-governmental organisations
- ▶ National opinion formers
- ▶ Local community leaders
- ▶ Regional and national business leaders
- ▶ Law-enforcement officials
- ▶ Members of the judiciary

- ▶ Social and health-care workers and state-run social services organisations
- ▶ National women's NGOs providing support services to women
- ▶ Education professionals and groups
- ▶ Trade unions
- ▶ All women
- ▶ Women victims and survivors
- ▶ Men as agents of change
- ▶ Youth audience
- ▶ Youth workers

### VIII. Slogan

The slogan of the Council of Europe Campaign is "Stop domestic violence against women".

### IX. Duration

Preparations for the Council of Europe Campaign began at the beginning of 2006. A high-level conference to launch the Campaign, with participants from governments, parliaments, local and regional authorities, international intergovernmental organisations and NGOs was organised in the Spanish Senate in Madrid,

Spain, in November 2006 (around International Day for the Elimination of Violence against Women on 25 November and marking the beginning of the 16 Days of Activism against Gender Violence). The Campaign will end in the first half of 2008.

### X. Division of responsibilities

The implementation of the Campaign is carried out involving the Committee of Ministers through the Directorate General of Human Rights – DGII (Equality Division) for the intergovernmental dimension of the Campaign, the Parliamentary Assembly of the Council of Europe for the parliamentary dimension and the Congress of Regional and Local Authorities of the Council of Europe for the local and regional dimension. Furthermore, this Campaign is carried out in partnership with governments and parliaments of the member states, international intergovernmental organisations as well as NGOs involved in the protection of women against violence.

## Action to be carried out in the framework of the Council of Europe Campaign

The Council of Europe Campaign includes two implementation levels through which the Campaign is carried out. The first level includes activities directly carried out by the Council of Europe, reflecting its intergovernmental, parliamentary and local and regional dimensions. The second level consists of national Campaigns and national activities carried out by the member states of the Council of Europe at national, local and regional level.

### I. Council of Europe activities

#### a. A launching conference

A high-level conference to launch the *Council of Europe Campaign to Combat Violence against Women, including Domestic Violence* with participants from governments, parliaments, local and regional authorities, international intergovernmental organisations and NGOs was organised

on 27 November 2006 in the Spanish Senate in Madrid, Spain.

*The Task Force to Combat Violence against Women, including Domestic Violence* had recommended that the launching conference of the Council of Europe Campaign be organised at the highest political level and with wide participation of NGOs working in this field.

#### b. Media and Campaign activities

The launching Conference of the Campaign was given wide media coverage throughout Council of Europe member states.

#### c. Regional seminars

Five high-level seminars will be organised in the requesting Council of Europe member states highlighting the different objectives of the Campaign. Member states are encouraged to undertake this activity.

#### d. Activities to be carried out by the Parliamentary Assembly (PACE) and Congress of Local and Regional Authorities

The Parliamentary Assembly of the Council of Europe will implement the parliamentary dimension of the Campaign. Similarly, the Congress of Local and Regional Authorities will implement the local and regional dimension of the Campaign.

#### e. Setting up a special Campaign website

A special Web site devoted to the *Council of Europe Campaign to Combat Violence against Women, including Domestic Violence* was created at <http://www.coe.int/stopviolence/>, providing detailed information on the Campaign and its activities. The Web site also provides information on national activities and Campaigns and provides a link to national Campaign websites. In addition, it serves as an interactive forum

for exchanging information and good practices.

*f. Dissemination of Campaign material for member states and Council of Europe Information and Field offices*

- ▶ Campaign material was distributed to participants at the Council of Europe's launching Conference and will be further distributed to participants at regional seminars as well as to the Council of Europe's Information and Field Offices.
- ▶ Campaign material will be distributed to NGOs and the general public by the Council of Europe Secretariat.

## II. Activities organised by the member states

### a. Setting up Focal Points

Each member state will appoint a high-level official and a focal point for the purpose of the Council of Europe Campaign as well as for national Campaigns. The high-level official will champion the *Council of Europe Campaign to Combat Violence against Women, including Domestic Violence*, with the support of a Focal Point. Focal Points should be supported by a national Task Force on violence against women occurring in the family or domestic unit which should include women's NGOs and others working to combat violence against women. The role of the national Task Force is to support the delivery of member states' national Campaigns to combat violence against women, including violence in the family or domestic unit.

It should be advisable that this Focal Point appointed by national authorities would be a person holding responsibilities at national level in the field of combating violence against women. National Focal Points will contribute to the Council of Europe Campaign by providing information and making available national good practices to combat violence against women which will be published on the Council of Europe website. The

Council of Europe will encourage member states with experience and expertise in legislative, policy and other measures to share their knowledge with other member states to support the national Campaigns.

Focal Points are encouraged to disseminate Campaign material as widely as possible for all requesting actors at national level, in particular social and health care workers, the police, the judiciary, policy makers and NGOs working to combat violence against women.

Each member state will inform the Council of Europe Secretariat about the appointment of a national Focal Point. Subsequently, information concerning all 46 national Focal Points will be published on the Council of Europe's Web site.

### b. Campaign Action Plans

National Task Forces are encouraged to develop their own National Campaign Action Plan based on the Blueprint. The following steps should be included:

- ▶ Analysis of the country situation to identify success and gaps in combating violence against women.
- ▶ Collection and/or organisation of existing data to develop a baseline national information sheet.
- ▶ Define concrete activities based on the objectives in the Blueprint to fill the gaps.
- ▶ Earmark appropriate resources, identify time-frame, etc.
- ▶ Campaign Action Plans should be shared with the Council of Europe for information and exchange.

Member states are invited to submit to the Council of Europe Secretariat an interim report by 2 July 2007 and a final report on activities and concrete results of their national Campaigns in 2008 for consideration by the Task Force. In accordance with its mandate, the Task Force will evaluate progress at national level and establish instruments for quantifying developments at pan-European level with a view to drawing up proposals for action.

### c. Key Opportunities for Campaigning

- ▶ Date: 8 March. Significance: International Women's Day

International Women's Day is a key opportunity to organise public events and carry out media work in partnership with women's organisations in the field of violence against women occurring in the family or domestic unit. All member states participating in the Council of Europe Campaign are invited to prioritise this type of violence as their theme for International Women's Day 2007 and 2008 and to promote the messages of the Campaign.

- ▶ Date: 15 May. Significance: International Day of the Family

International Day of the Family provides an important opportunity to highlight violence against women in the family or domestic unit. Member states are invited to organise public Campaigning and media activities to speak out against such violence.

- ▶ Date: 25 November-10 December. Significance: International Day for the Elimination of Violence against Women and 16 Days of Activism Against Gender Violence

International Day for the Elimination of Violence against Women and the 16 Days of Activism Campaign provide an opportunity for media action and Campaigning. Member states participating in the Council of Europe Campaign are invited to speak out publicly on violence against women occurring in the family or domestic unit and join women's non-governmental organisations and others at the national level that are participating in the 16 Days of Activism to Campaign together on ending violence against women.

Member states are also invited to use key national dates to publicly highlight the Campaign and to issue joint statements during Committee of Ministers' meetings over the course of the Campaign.

## Campaign material

### *Printed material produced*

- ▶ posters
- ▶ factsheets
- ▶ bookmarks
- ▶ folders
- ▶ booklets
- ▶ stickers
- ▶ calendars

### *Audiovisual material to be produced subject to the availability of funds*

- ▶ television and radio spots
- ▶ public service announcements
- ▶ video packages
- ▶ photographic exhibition
- ▶ video

- ▶ web animation
- ▶ web viral

The Campaign material produced is available at the Council of Europe website devoted to the Campaign at <http://www.coe.int/stopviolence/>.

## Timetable

### *Year 2006*

- ▶ The Blueprint for the *Council of Europe Campaign to Combat Violence against Women, including Domestic Violence* was finalised by the Task Force during its second meeting on 25-27 April and adopted by the Committee of Ministers on 21 June.
- ▶ The Launching conference took place in the Spanish Senate in Madrid, Spain, on 27 November.
- ▶ A special Council of Europe website devoted to the Campaign was set up at <http://www.coe.int/stopviolence/>.

- ▶ Council of Europe member states have been requested to appoint high-level officials and national focal points and to launch national Campaigns as far as possible in 2006.

### *Year 2007*

- ▶ Regional seminars will be organised in the Council of Europe member states.
- ▶ National Campaigns will continue to be carried out and launched by those member states which have not yet done so.

- ▶ Interim national reports on Campaign activities will be submitted to the Task Force for consideration.

### *Year 2008*

- ▶ Closing conference of the Campaign will be organised.
- ▶ Final national reports on Campaign activities will be submitted to the Task Force for consideration.
- ▶ Final activity report of the Task Force (including evaluation of the Council of Europe Campaign) will be adopted. ★

**RECOMMENDATION  
REC (2002) 5**



# Recommendation Rec (2002) 5 of the Committee of Ministers on the protection of women against violence

adopted by the Committee of Ministers on 30 April 2002 at the 794th meeting of the Ministers' Deputies<sup>1</sup>

1. In conformity with Article 10.2c of the Rules of Procedure of the Ministers' Deputies, Sweden reserved its right to comply or not with paragraph 54 of this recommendation.

The Committee of Ministers, under the terms of Article 15.b of the Statute of the Council of Europe,

Reaffirming that violence towards women is the result of an imbalance of power between men and women and is leading to serious discrimination against the female sex, both within society and within the family;

Affirming that violence against women both violates and impairs or nullifies the enjoyment of their human rights and fundamental freedoms;

Noting that violence against women constitutes a violation of their physical, psychological and/or sexual integrity;

Noting with concern that women are often subjected to multiple discrimination on ground of their gender as well as their origin, including as victims of traditional or customary practices inconsistent with their human rights and fundamental freedoms;

Considering that violence against women runs counter to the establishment of equality and peace and constitutes a major obstacle to citizens' security and democracy in Europe;

Noting with concern the extent of violence against women in the family, whatever form the family takes, and at all levels of society;

Considering it urgent to combat this phenomenon which affects all European societies and concerns all their members;

Recalling the Final Declaration adopted at the Second Council of Europe Summit (Strasbourg, 1997), in which the heads of state and government of the member states affirmed their determination to combat violence against women and all forms of sexual exploitation of women;

Bearing in mind the provisions of the European Convention on Human Rights (1950) and the case-law of its organs, which safeguard, *inter alia*, the right to life and the right not to be subjected to torture or to inhuman or degrading treatment or punishment, the right to liberty and security and the right to a fair trial;

Considering the European Social Charter (1961) and the revised European Social Charter (1996), in particular the provisions therein concerning equality between women and men with regard to employment, as well as the Additional Protocol to the European Social Charter providing for a system of collective complaints;

Recalling the following recommendations of the Committee of Ministers to member states of the Council of Europe: Recommendation No. R (79) 17 concerning the protection of children against ill-treatment; Recommendation No. R (85) 4 on violence in the family; Recommendation No. R (85) 11 on the position of the victim within the framework of criminal law and procedure; Recommendation No. R (87) 21 on assistance to victims and the prevention of victimisation; Recommendation No. R (90) 2 on social measures concerning violence within the family; Recommendation No. R (91) 11 concerning sexual exploitation, pornography and prostitution of, and trafficking in, children and young adults; Recommendation No. R (93) 2 on the medico-social aspects of child abuse; Recommendation No. R (2000) 11 on action against trafficking in human beings for the purpose of sexual exploitation and Recommendation Rec (2001) 16 on the protection of children against sexual exploitation;

Recalling also the Declarations and Resolutions adopted by the 3rd European Ministerial Conference on Equality between Women and Men held by the Council of Europe (Rome, 1993);

Bearing in mind the United Nations Declaration on the Elimination of Violence against Women (1993), the United Nations Convention on the Elimination of All Forms of Discrimination against Women (1979), the United Nations Convention against Transnational Organised Crime and its Protocol to Prevent, Suppress and Punish Trafficking in Persons, especially Women and Children (2000), the Platform for Action adopted at the Fourth World Conference on Women (Beijing, 1995) and the Resolution on Further actions and initiatives to implement the Beijing Declaration and Platform for Action adopted by the United Nations General Assembly (23rd extraordinary session, New York, 5-9 June 2000);

Bearing in mind the United Nations Convention on the Rights of the Child (1989), as well as its Optional Protocol on the sale of children, child prostitution and child pornography (2000);

Also bearing in mind the International Labour Organisation Convention No. 182 concerning the Prohibition and Immediate Action for the Elimination of the Worst Forms of Child Labour (1999) and Recommendation (R 190) on the Worst Forms of Child Labour (1999);

Recalling the basic principles of international humanitarian law, and especially the 4th Geneva Convention relative to the protection of civilian persons in time of war (1949) and the 1st and 2nd additional Protocols thereto;

Recalling also the inclusion of gender-related crimes and sexual violence in the Statute of the International Criminal Court (Rome, 17 July 1998),

Recommends that the governments of member states:

I. Review their legislation and policies with a view to:

1. guaranteeing women the recognition, enjoyment, exercise and protection of their human rights and fundamental freedoms;
2. taking necessary measures, where appropriate, to ensure that women are able to exercise freely and effectively their economic and social rights;
3. ensuring that all measures are co-ordinated nation-wide and focused on the needs of the victims and that relevant state institutions as well as non-governmental organisations (NGOs) be associated with the elaboration and the implementation of the necessary measures, in particular those mentioned in this recommendation;
4. encouraging at all levels the work of NGOs involved in combating violence against women and establishing active co-operation with these NGOs, including appropriate logistic and financial support;

II. Recognise that states have an obligation to exercise due diligence to prevent, investigate and punish acts of violence, whether those acts are perpetrated by the state or private persons, and provide protection to victims;

III. Recognise that male violence against women is a major structural and societal problem, based on the unequal power relations between women and men and therefore encourage the active participation of

men in actions aiming at combating violence against women;

IV. Encourage all relevant institutions dealing with violence against women (police, medical and social professions) to draw up medium- and long-term co-ordinated action plans, which provide activities for the prevention of violence and the protection of victims;

V. Promote research, data collection and networking at national and international level;

VI. Promote the establishment of higher education programmes and research centres including at university level, dealing with equality issues, in particular with violence against women;

VII. Improve interactions between the scientific community, the NGOs in the field, political decision-makers and legislative, health, educational, social and police bodies in order to design co-ordinated actions against violence;

VIII. Adopt and implement the measures described in the appendix to this recommendation in the manner they consider the most appropriate in the light of national circumstances and preferences, and, for this purpose, consider establishing a national plan of action for combating violence against women;

IX. Inform the Council of Europe on the follow-up given at national level to the provisions of this recommendation.

## APPENDIX TO RECOMMENDATION REC (2002) 5

### Definition

1. For the purposes of this recommendation, the term "violence against women" is to be understood as any act of gender-based violence, which

results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion, or arbitrary deprivation of liberty, whether occur-

ring in public or private life. This includes, but is not limited to, the following:

a. violence occurring in the family or domestic unit, including, *inter alia*,

physical and mental aggression, emotional and psychological abuse, rape and sexual abuse, incest, rape between spouses, regular or occasional partners and cohabitants, crimes committed in the name of honour, female genital and sexual mutilation and other traditional practices harmful to women, such as forced marriages;

b. violence occurring within the general community, including, *inter alia*, rape, sexual abuse, sexual harassment and intimidation at work, in institutions or elsewhere trafficking in women for the purposes of sexual exploitation and economic exploitation and sex tourism;

c. violence perpetrated or condoned by the state or its officials;

d. violation of the human rights of women in situations of armed conflict, in particular the taking of hostages, forced displacement, systematic rape, sexual slavery, forced pregnancy, and trafficking for the purposes of sexual exploitation and economic exploitation.

### General measures concerning violence against women

2. It is the responsibility and in the interest of states as well as a priority of national policies to safeguard the right of women not to be subjected to violence of any kind or by any person. To this end, states may not invoke custom, religion or tradition as a means of evading this obligation.

3. Member states should introduce, develop and/or improve where necessary, national policies against violence based on:

a. maximum safety and protection of victims;

b. empowerment of victimised women by optimal support and assistance structures which avoid secondary victimisation;

c. adjustment of the criminal and civil law including the judicial procedure;

d. raising of public awareness and education of children and young persons;

e. ensuring special training for professionals confronted with violence against women;

f. prevention in all respective fields.

4. In this framework, it will be necessary to set up, wherever possible, at national level, and in co-operation with, where necessary, regional and/or local authorities, a governmental co-ordination institution or body in charge of the implementation of measures to combat violence against women as well as of regular monitoring and evaluation of any legal reform or new form of intervention in the field of action against violence, in consultation with NGOs and academic and other institutions.

5. Research, data collection and networking at national and international level should be developed, in particular in the following fields:

a. the preparation of statistics sorted by gender, integrated statistics and common indicators in order to better evaluate the scale of violence against women;

b. the medium- and long-term consequences of assaults on victims;

c. the consequence of violence on those who are witness to it, *inter alia*, within the family;

d. the health, social and economic costs of violence against women;

e. the assessment of the efficiency of the judiciary and legal systems in combating violence against women;

f. the causes of violence against women, i.e. the reasons which cause men to be violent and the reasons why society condones such violence;

g. the elaboration of criteria for benchmarking in the field of violence.

### Information, public awareness, education and training

Member states should:

6. compile and make available to the general public appropriate information concerning the different types of violence and their consequences for victims, including integrated statistical data, using all the available media (press, radio and television, etc.);

7. mobilise public opinion by organising or supporting conferences and information Campaigns so that society is aware of the problem and its devastating effects on victims and society in general and can therefore discuss the subject of violence towards women

openly, without prejudice or preconceived ideas;

8. include in the basic training programmes of members of the police force, judicial personnel and the medical and social fields, elements concerning the treatment of domestic violence, as well as all other forms of violence affecting women;

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

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

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

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

13. organise awareness-raising Campaigns on male violence towards women, stressing that men should be responsible for their acts and encouraging them to analyse and dismantle mechanisms of violence and to adopt different behaviour;

14. introduce or reinforce a gender perspective in human rights education programmes, and reinforce sex education programmes that give special importance to gender equality and mutual respect;

15. ensure that both boys and girls receive a basic education that avoids social and cultural patterns, prejudices and stereotyped roles for the sexes and includes training in assertiveness skills, with special attention to young people in difficulty at school; train all members of the teaching profession to integrate the concept of gender equality in their teaching;

16. include specific information in school curricula on the rights of children, help-lines, institutions where they can seek help and persons they can turn to in confidence.

### *Media*

Member states should:

17. encourage the media to promote a non-stereotyped image of women and men based on respect for the human person and human dignity and to avoid programmes associating violence and sex; as far as possible, these criteria should also be taken into account in the field of the new information technologies;

18. encourage the media to participate in information Campaigns to alert the general public to violence against women;

19. encourage the organisation of training to inform media professionals and alert them to the possible consequences of programmes that associate violence and sex;

20. encourage the elaboration of codes of conduct for media professionals, which would take into account the issue of violence against women and, in the terms of reference of media watch organisations, existing or to be established, encourage the inclusion of tasks dealing with issues concerning violence against women and sexism.

### *Local, regional and urban planning*

Member states should:

21. encourage decision-makers in the field of local, regional and urban planning to take into account the need to reinforce women's safety and to prevent the occurrence of violent acts in public places;

22. as far as possible, take all necessary measures in this respect, concerning in particular public lighting, organisation of public transport and taxi services, design and planning of car parks and residential buildings.

### *Assistance for and protection of victims (reception, treatment and counselling)*

Member states should:

23. ensure that victims, without any discrimination, receive immediate and comprehensive assistance provided by a co-ordinated, multidisciplinary and professional effort, whether or not they lodge a complaint, includ-

ing medical and forensic medical examination and treatment, together with post-traumatic psychological and social support as well as legal assistance; this should be provided on a confidential basis, free of charge and be available around the clock;

24. in particular, ensure that all services and legal remedies available for victims of domestic violence are provided to immigrant women upon their request;

25. take all the necessary measures in order to ensure that collection of forensic evidence and information is carried out according to standardised protocol and forms;

26. provide documentation particularly geared to victims, informing them in a clear and comprehensible manner of their rights, the service they have received and the actions they could envisage or take, regardless of whether they are lodging a complaint or not, as well as of their possibilities to continue to receive psychological, medical and social support and legal assistance;

27. promote co-operation between the police, health and social services and the judiciary system in order to ensure such co-ordinated actions, and encourage and support the establishment of a collaborative network of non-governmental organisations;

28. encourage the establishment of emergency services such as anonymous, free of charge telephone help-lines for victims of violence and/or persons confronted or threatened by situations of violence; regularly monitor calls and evaluate the data obtained from the assistance provided with due respect for data protection standards;

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

have the possibility to be heard by a female officer should they so wish;

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

31. ensure that children are suitably cared for in a comprehensive manner by specialised staff at all the relevant stages (initial reception, police, public prosecutor's department and courts) and that the assistance provided is adapted to the needs of the child;

32. take steps to ensure the necessary psychological and moral support for children who are victims of violence by setting up appropriate facilities and providing trained staff to treat the child from initial contact to recovery; these services should be provided free of charge;

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

### *Criminal law, civil law and judicial proceedings*

#### *Criminal law*

Member states should:

34. ensure that criminal law provides that any act of violence against a person, in particular physical or sexual violence, constitutes a violation of that person's physical, psychological and/or sexual freedom and integrity, and not solely a violation of morality, honour or decency;

35. provide for appropriate measures and sanctions in national legislation, making it possible to take swift and effective action against perpetrators of violence and redress the wrong done to women who are victims of violence. In particular, national law should:

- ▶ penalise sexual violence and rape between spouses, regular or occasional partners and cohabitants;
- ▶ penalise any sexual act committed against non-consenting persons, even if they do not show signs of resistance;
- ▶ penalise sexual penetration of any nature whatsoever or by any means

whatsoever of a non-consenting person;

- ▶ penalise any abuse of the vulnerability of a pregnant, defenceless, ill, physically or mentally handicapped or dependent victim;
- ▶ penalise any abuse of the position of a perpetrator, and in particular of an adult *vis-à-vis* a child.

#### *Civil law*

Member states should:

36.ensure that, in cases where the facts of violence have been established, victims receive appropriate compensation for any pecuniary, physical, psychological, moral and social damage suffered, corresponding to the degree of gravity, including legal costs incurred;

37.envisage the establishment of financing systems in order to compensate victims.

#### *Judicial proceedings*

Member states should:

38.ensure that all victims of violence are able to institute proceedings as well as, where appropriate, public or private organisations with legal personality acting in their defence, either together with the victims or on their behalf;

39.make provisions to ensure that criminal proceedings can be initiated by the public prosecutor;

40.encourage prosecutors to regard violence against women and children as an aggravating or decisive factor in deciding whether or not to prosecute in the public interest;

41.take all necessary steps to ensure that at all stages in the proceedings, the victims' physical and psychological state is taken into account and that they may receive medical and psychological care;

42.envisage the institution of special conditions for hearing victims or witnesses of violence in order to avoid the repetition of testimony and to lessen the traumatising effects of proceedings;

43.ensure that rules of procedure prevent unwarranted and/or humiliating questioning for the victims or witnesses of violence, taking into due consideration the trauma that they

have suffered in order to avoid further trauma;

44.where necessary, ensure that measures are taken to protect victims effectively against threats and possible acts of revenge;

45.take specific measures to ensure that children's rights are protected during proceedings;

46.ensure that children are accompanied, at all hearings, by their legal representative or an adult of their choice, as appropriate, unless the court gives a reasoned decision to the contrary in respect of that person;

47.ensure that children are able to institute proceedings through the intermediary of their legal representative, a public or private organisation or any adult of their choice approved by the legal authorities and, if necessary, to have access to legal aid free of charge;

48.provide that, for sexual offences and crimes, any limitation period does not commence until the day on which the victim reaches the age of majority;

49.provide for the requirement of professional confidentiality to be waived on an exceptional basis in the case of persons who may learn of cases of children subject to sexual violence in the course of their work, as a result of examinations carried out or of information given in confidence.

### **Intervention programmes for the perpetrators of violence**

Member states should:

50.organise intervention programmes designed to encourage perpetrators of violence to adopt a violence-free pattern of behaviour by helping them to become aware of their acts and recognise their responsibility;

51.provide the perpetrator with the possibility to follow intervention programmes, not as an alternative to sentence, but as an additional measure aiming at preventing violence; participation in such programmes should be offered on a voluntary basis;

52.consider establishing specialised state-approved intervention centres for violent men and support centres initiated by NGOs and associations within the resources available;

53.ensure co-operation and co-ordination between intervention programmes directed towards men and those dealing with the protection of women.

### **Additional measures with regard to sexual violence**

#### *A genetic data bank*

Member states should:

54.consider setting up national and European data banks comprising the genetic profile of all identified and non-identified perpetrators of sexual violence in order to put in place an effective policy to catch offenders, prevent re-offending, and taking into account the standards laid down by domestic legislation and the Council of Europe in this field.

### **Additional measures with regard to violence within the family**

Member states should:

55.classify all forms of violence within the family as criminal offence;

56.revise and/or increase the penalties, where necessary, for deliberate assault and battery committed within the family, whichever member of the family is concerned;

57.preclude adultery as an excuse for violence within the family;

58.envisage the possibility of taking measures in order to:

a. enable police forces to enter the residence of an endangered person, arrest the perpetrator and ensure that he or she appears before the judge;

b. enable the judiciary to adopt, as interim measures aimed at protecting the victims, the banning of a perpetrator from contacting, communicating with or approaching the victim, residing in or entering certain defined areas;

c. establish a compulsory protocol for operation so that the police and medical and social services follow the same procedure;

d.promote proactive victim protection services which take the initiative to contact the victim as soon as a report is made to the police;

e. ensure smooth co-operation of all relevant institutions, such as police authorities, courts and victim protection services, in order to enable the victim to take all relevant legal and practical measures for receiving assistance and taking actions against the perpetrator within due time limits and without unwanted contact with the perpetrator;

f. penalise all breaches of the measures imposed on the perpetrators by the authorities.

59. consider, where needed, granting immigrant women who have been/are victims of domestic violence an independent right to residence in order to enable them to leave their violent husbands without having to leave the host country.

### **Additional measures with regard to sexual harassment**

Member states should:

60. take steps to prohibit all conducts of a sexual nature, or other conduct based on sex affecting the dignity of women at work, including the behaviour of superiors and colleagues: all conduct of a sexual nature for which the perpetrator makes use of a position of authority, wherever it occurs (including situations such as neighbourhood relations, relations between students and teachers, telephone harassment, etc.), is concerned. These situations constitute a violation of the dignity of persons;

61. promote awareness, information and prevention of sexual harassment in the workplace or in relation to work or wherever it may occur and take the appropriate measures to protect women and men from such conduct.

### **Additional measures with regard to genital mutilation**

Member states should:

62. penalise any mutilation of a woman's or girl's genital organs either with or without her consent; genital mutilation is understood to mean sewing up of the clitoris, excision, clitoridectomy and infibulation;

63. penalise any person who has deliberately participated in, facilitated or encouraged any form of female genital

mutilation, with or without the person's consent; such acts shall be punishable even if only partly performed;

64. organise information and prevention Campaigns aimed at the population groups concerned, in particular immigrants and refugees, on the health risks to victims and the criminal penalties for perpetrators;

65. alert the medical professions, in particular doctors responsible for pre- and post-natal medical visits and for monitoring the health of children;

66. arrange for the conclusion or reinforcement of bilateral agreements concerning prevention, and prohibition of female genital mutilation and the prosecution of perpetrators;

67. consider the possibility of granting special protection to these women as a threatened group for gender-based reasons.

### **Additional measures concerning violence in conflict and post-conflict situations**

Member states should:

68. penalise all forms of violence against women and children in situations of conflict, in accordance with the provisions of international humanitarian law, whether they occur in the form of humiliation, torture, sexual slavery or death resulting from these actions;

69. penalise rape, sexual slavery, forced pregnancy, enforced sterilisation or any other form of sexual violence of comparable gravity as an intolerable violation of human rights, as crimes against humanity and, when committed in the context of an armed conflict, as war crimes;

70. ensure protection of witnesses before the national courts and international criminal tribunals trying genocide, crimes against humanity and war crimes, and provide them with legal residence at least during the proceedings;

71. ensure social and legal assistance to all persons called to testify before the national courts and international criminal tribunals trying genocide, crimes against humanity and war crimes;

72. consider providing refugee status or subsidiary protection for reasons of

gender-based persecution and/or providing residence status on humanitarian grounds to women victims of violence during conflicts;

73. support and fund NGOs providing counselling and assistance to victims of violence during conflicts and in post-conflict situations;

74. in post-conflict situations, promote the inclusion of issues specific to women into the reconstruction and the political renewal process in affected areas;

75. at national and international levels, ensure that all interventions in areas which have been affected by conflicts are performed by personnel who have been offered gender-sensitive training;

76. support and fund programmes which follow a gender-sensitive approach in providing assistance to victims of conflicts and contributing to the reconstruction and repatriation efforts following a conflict.

### **Additional measures concerning violence in institutional environments**

Member states should:

77. penalise all forms of physical, sexual and psychological violence perpetrated or condoned by the state or its officials, wherever it occurs and in particular in prisons or detention centres, psychiatric institutions, etc.;

78. penalise all forms of physical, sexual and psychological violence perpetrated or condoned in situations in which the responsibility of the state or of a third party may be invoked, for example in boarding schools, retirement homes and other establishments.

### **Additional measures concerning failure to respect freedom of choice with regard to reproduction**

Member states should:

79. prohibit enforced sterilisation or abortion, contraception imposed by coercion or force, and pre-natal selection by sex, and take all necessary measures to this end.

### **Additional measures concerning killings in the name of honour**

Member states should:

80. penalise all forms of violence against women and children committed in accordance with the custom of “killings in the name of honour”;

81. take all necessary measures to prevent “killings in the name of hon-

our”, including information Campaigns aimed at the population groups and the professionals concerned, in particular judges and legal personnel;

82. penalise anyone having deliberately participated in, facilitated or encouraged a “killing in the name of honour”;

83. support NGOs and other groups which combat these practices.

### **Additional measures concerning early marriages**

Member states should:

84. prohibit forced marriages, concluded without the consent of the persons concerned;

85. take the necessary measures to prevent and stop practices related to the sale of children. ★







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