



## **Co-ordination Action on Human Rights Violations**

**Agencies and evaluation of good practice:  
domestic violence, rape and sexual assault**

**Final Report**

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# Introduction

The Co-ordination Action on Human Rights Violations (CAHRV, 2004–2006) addresses human rights violations in the context of interpersonal relationships. CAHRV is a broad-based collaboration between research institutions, policy networks, and individual researchers and funded through the European Commission's 6th Framework Programme. Major goals of the action are to integrate parallel research discourses on violence, unify the theoretical and empirical basis for policy, stimulate new interdisciplinary national and trans-national research, and support practitioners, policy makers, and scientists by facilitating the dissemination of knowledge and expertise<sup>1</sup>. CAHRV focuses on interpersonal violence, centred conceptually and strategically within a human rights discourse, with the aims of integrating relevant strands of research.

Part of this larger project is a focus on interventions in gender-based human rights violations. The aims in this report are to develop a systematic overview of research on the successes and failures of policy and professional practice of statutory and NGO agents in addressing interpersonal violence and to explore the role of civic participation in addressing gendered violence. The companion report focuses on the intersections between criminal, civil and family law in response to gender-based violence<sup>2</sup>.

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<sup>1</sup> Switzerland as a non EU-member is a cooperation partner of the programme. For readability the report uses the term "EU-member states".

<sup>2</sup> See companion report on the justice system by Humphreys, C. and Carter, R. *et al.* (2006).

# **1 Evaluation and monitoring of good practice**

## **1.1 Contents of the report**

The increasing demand for and use of domestic violence, rape and sexual assault services demonstrates both need and acceptance of specialised services. Knowledge of the appropriateness of various agency interventions in responding to domestic violence, rape and sexual assault has grown through evaluation studies. The focus of this report is on the evaluation of good practice in providing statutory and NGO services for domestic violence, rape and sexual assault collected from researchers in seven European Union member states (Social Insight et al. 2004). The objectives of this report are twofold:

- to provide a document for the transfer of knowledge to and from European Union Western and Eastern European member states on research and evaluation of good practice;
- and to supply a report with recommendations for the European Commission.

Insight into formally evaluated research and evaluation on good practice by state, NGO and multi-agency groups acknowledges that there is good practice that has not been formally evaluated. Excellence in service provision may be demonstrated informally over time through the voices of the women, children and men who use domestic violence, rape and sexual assault services. As there are both gaps in the systematic monitoring and evaluation of services and in their availability across European Union states, the report identifies differences in national contexts. Overcoming these differences requires the development of services where there are few and, where services exist, a systematic approach to the assessment of their effectiveness. Both external and internal evaluations, along with monitoring of NGO and state provided services, are necessary. The collection of comparable research data on agency performance is needed to support and develop European Union indicators.

The report is divided into five sections. Section 1 is an introduction to the contents of the report, the concepts of monitoring, research and evaluation, their application in assessing good practice in service provision, and the parameters used in the selection of the good practice examples. Section 2 presents evaluation findings on good practice by examining relevant areas of agency responses provided by state, NGOs and multi-agency groups primarily in Western European member states. Section 3 gives insight into developing good practice in European Union Central and Eastern member states, accession and potential member states. Section 4 discusses total or partial gaps in the provision of services and in their monitoring and evaluation. Section 5 presents recommendations for European policy based on the findings of the previous sections. The appendix consolidates the key points from Section 2 on good practice in responding to domestic violence, rape and sexual abuse victims and perpetrators, including children.

## 1.2 Monitoring

Monitoring is defined as “the systematic documentation of aspects of programme performance that are indicative of whether the programme is functioning as intended or according to some appropriate standard”<sup>3</sup>. Monitoring requires the development of documentation systems and uses both quantitative and qualitative research methods. It is effective in diverse circumstances and frequently conducted in-house. By collecting and analysing data on specific agency responses, systematic monitoring aids the assessment of good practice in delivering services to individuals seeking assistance. All agencies in receipt of public and private funding monitor their activities in some way, from compiling simple statistics on the numbers of individuals who use their services to more complex data gathering on specific agency interventions. Cost benefit analyses are another aspect of monitoring and depend on systematic data gathering.

Agency monitoring serves different purposes. Monitoring schedules may be designed primarily to meet the requirements of public and private financial support and/or, particularly at an earlier stage in the development of services, to influence social change. When service provision is being newly established, monitoring can play a vital role in explaining to a wider audience why a particular service is needed and who benefits from its provision. In the field of interpersonal violence this can be a first step by NGOs in gaining public notice and support for the provision of services and a financial contribution from the state. It can also be a first step in sensitising state provided services that ultimately lead to an alteration in their responses both to perpetrators and those victimised by domestic violence, rape and sexual assault. Once sensitised, monitoring becomes an important task for state services, which is likely to mean introducing new recording systems and procedures in order to be able to account for their responses to domestic violence, rape and sexual assault. These basic data enable statutory services to begin to assess their actions which may lead to more effective practice interventions.

## 1.3 Research and evaluation

While in-house monitoring is a vital activity, a thorough approach to what constitutes good practice within agencies that are confronted with interpersonal violence and its consequences requires external evaluation. Evaluation is defined as a methodologically sound and comprehensive investigation of the implementation and performance of a programme or measures or interventions and an assessment of their effects and outcomes. External evaluations require independent researchers who are not part of the agency to be evaluated. There are several different types of evaluation. The summative renders a summary judgement on critical aspects of a programme or interventions, their performance and outcome. The formative or process evaluations are undertaken to furnish information that will guide programme improvements and their implementation. These two types of evaluation may be

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<sup>3</sup> Rossi, Peter H.; Freeman, Howard E. and Lipsey, Mark W. (1999) *Evaluation: A systematic approach*, Sixth Edition, Thousand Oaks, Sage, p. 190.

amalgamated to provide ongoing information on process to improve project performance while conducting a final assessment of it.

Any of the quantitative and qualitative research methods as well as analyses of in-house monitoring can be incorporated in external evaluation of good practice. Evaluative research varies from the relatively simple to the more complex. An organisation can be subjected to a rigorous analysis of aims, activities and outcomes or the approach may be more limited. Evaluation may focus on the assessment of specific measures and interventions in agency programmes or the adoption of new strategies or changes in policies or practice innovations and modifications. Institutional and organisational research may focus on perception, knowledge and performances. However, external evaluation studies continue to be limited in comparison to the large number of NGOs and state services throughout the European Union catering for those who are victimised and for perpetrators of domestic violence, rape and sexual assault.

#### **1.4 Good practice parameters**

Good practice parameters adopted for the selection of research studies identified in this report draw on several sources; national, European and global<sup>4</sup>. Good practice depends upon context and can be identified as a specific approach or a strategy or a set of principles or standards. In European Union member states considerable differences exist both in understanding and definitions of good practice, the measures adopted to develop better interventions in responding to domestic violence, rape and sexual assault and in the type and function of statutory and voluntary agencies available to undertake this work. These differences are strongly interwoven and linked with the functioning, the history and understanding of statutory and voluntary agencies in different countries. Given these contextual differences, the following parameters were adopted in the choice of agency types and evaluation studies of agencies offering prevention, protection and/or prosecution. The chosen research studies are:

- contemporary;
- contribute to improving agency responses;
- demonstrate sensitivity towards diverse victims and hold perpetrators responsible for their violence;
- with a clearly defined conceptual framework and methodology;
- and with a capacity for replication or adaptation or remodeling for use in different national contexts.

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<sup>4</sup> [http://www.un.org/womenwatch/daw/egm/vaw-gp-2005/docs/FINALREPORT\\_goodpractices.pdf](http://www.un.org/womenwatch/daw/egm/vaw-gp-2005/docs/FINALREPORT_goodpractices.pdf)

## 2 Good practice – key findings from Western European member states

### 2.1 Types of service provision

European Union countries vary greatly in the availability and type of services for men, women and children, both those who perpetrate and who are victimised by the gender-based human rights violations of domestic violence, rape and sexual assault. These differences bear consequences for the selection of evaluation research on good practice. States with more publicly funded services in the voluntary sector are more likely to undertake external research evaluations into good practice which, in this report, results in a larger contribution from some countries, particularly Germany and the UK<sup>5</sup>. States with state-provided extensive service provision are less likely to evaluate. The exception is Sweden which has recently begun to extensively evaluate state services. Research evaluations can be of services provided by the state, by NGOs, and be single agency or multi-agency studies<sup>6</sup>. But in all countries with services, financial support is limited and therefore directed at some, but not all, aspects of service provision. In consequence, both agencies and specific vulnerable groups are differentially included in externally funded evaluations with member states demonstrating variation in the focus of national evaluation studies.

In European Union states similarities and differences in the organisational ways to deliver services vary in the degree to which they depend upon non-governmental organisations, as well as how far they include changes in the responsiveness of state services to the human rights violations of domestic violence, rape and sexual assault. Financial resources to initiate and maintain specialised services also vary between states and may be provided by the state or commercial or non-profit or charitable organisations. The number, distribution and type of separate agency provisions for those who are victimised and their perpetrators may consist of advice and counselling services; policing<sup>7</sup>; health services, both physical and mental; housing,

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<sup>5</sup> It can be noted that together with an EU framework 5 thematic network on the social problem of men and societal problematising of men and masculinities, the CAHRV project provides information on academic studies, official statistical sources, policy documents, media representations related to men in 14 European countries. One of the conclusions that can be drawn from these two projects is that in the United Kingdom and Germany – and in particular in the UK – there has been far more research on the specific issue of men's violence than in other places in Europe (Hearn and Pringle et al. 2006; Pringle and Hearn et al., in press)

<sup>6</sup> The terms used to describe more than one agency involvement in service provision vary and may be used interchangeably or with some difference in meaning. In this report multi-agency involves a recognition that more than one agency is involved with limited co-ordination of service provision, while inter-agency implies a stronger link between agencies and greater co-ordination. A third term, multi-service, describes agencies coming together to meet a specific need (Hester and Westmarland 2005). The early discussion on the use of the terms inter- and multi-agency is in the 'Introduction' to Hague, Malos and Dear (1996) and in Harwin, N., Hague, G. and Malos, E. (1999). Because there is no general agreement among European countries and researchers on definitions, this report uses the term multi-agency throughout.

<sup>7</sup> The companion report, Humphreys, C. and Carter, R. et al. (2006) *The justice system as an arena for the protection of human rights for women and children experiencing violence and abuse*, focuses on law and criminal prosecution services supplementing the discussion in this report.

both temporary and permanent; child protection and child care services; and perpetrator programmes<sup>8</sup>.

In some European countries both single agency and multi-agency approaches have developed as individuals often require the assistance of more than one agency, depending upon the type of violence, its repetition over time, who is involved, and the personal circumstances of victimised women and their children. To be effective both single and multi-agency co-ordinated services require professional training for staff. The community as a whole also benefits from public education campaigns and information on violence as neighbours and relatives also alert agencies about violence directed at others and the ability of communities to assist those who are victimised is improved through greater understanding of perpetrator responsibility for domestic violence, rape and sexual assault.

Section 2 follows a time line, presenting external evaluations beginning with the earliest provision of services to later interventions. The first assistance to victimised women and children, beginning over 35 years ago, was undertaken by NGOs offering temporary housing (shelters or refuges), advice, counselling<sup>9</sup> and by NGOs offering rape crisis telephone lines and centres. At that time there was little effective state intervention in any European Union country, but as state agencies, for example police or health institutions, gained experience in responding to domestic violence, rape and sexual assault, multi-agency approaches began to supplement single agency responses. Section 2.2 presents findings of externally evaluated services under the headings of “support, counselling, refuges and housing for women and children” (2.2.1), “policing practices” (2.2.2), “health (physical and mental)” (2.2.3), and “perpetrator programmes” (2.2.4). Section 2.3 presents two cross-cutting themes under the headings of “multi-agency approaches” (2.3.1) and “professional training” (2.3.2). The choice is selective and exemplary and based on the parameters defined in section 1.4.

## **2.2 Specialised agencies addressing human rights violations**

This section examines the evaluation of agencies that victimised women and children approach for assistance. While organised in differing ways across European countries, their availability provides a life-line to achieve individual safety and perpetrator accountability.

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<sup>8</sup> Income support for women and children without other sources of income, another crucial provision usually provided by the state, is not covered by this report.

<sup>9</sup> Counselling and advice have two culturally disparate meanings. In the UK advice is interpreted as explaining services and offering options while counselling is a professional psychologically based service. In German speaking countries (Austria, Germany and Switzerland) counselling, while a professional activity, is interpreted as explaining services and offering options while advice is prescriptive. In this report both advice and counselling are used to mean offering support and advocacy.

## **2.2.1 Support, Counselling, Refuges and Housing for Women**

### **2.2.1.1 Context and background**

The revival of attention to domestic violence, rape and sexual assault in Europe began with women's movements from the 1970s onwards. Over the past 35 years women-centred services have expanded through some European Union countries and led to statutory agency changes and cooperation with NGOs. Violence to women from men was reframed as arising from culturally established gendered power hierarchies in which women are socially subordinate to men. This new way of understanding women's experiences of violence from men led to new interventions. Initially women activists established NGOs offering refuge services to women and children consisting of temporary accommodation, advice, support, and assistance when negotiating with statutory services that provided permanent housing, civil and criminal remedies, physical and mental health, income support and children's services. These women-centred NGOs paved the way for state recognition of domestic violence. Although the division between domestic violence and rape crisis does not exist in all countries, women-centred rape crisis centres and telephone help lines also paved the way for state recognition for rape and sexual assault.

While there are few contemporary robust evaluations of their work, numerous research studies over the past 35 years call attention to the helpful responses of refuges on the experience of those who were victimised (e.g. Dobash and Dobash 1980) and the lack of effective action by state services, in the UK from policing to health to permanent housing. Rape and sexual assault followed a similar research trajectory with an emphasis on the experiences of victimised women and criminal justice system failures to respond helpfully to them. In order to improve practice, advice and professional training based on women-centred NGO experience continues to be offered to statutory agencies. This contributes to the development of multi-agency approaches. Over time there has been an increase in specialised agencies for different groups and the evaluation of these services.

However, appropriate services in individual European Union countries are at different stages of development and acceptance. Particularly in some new entrants to the European Union the importance of providing a network of women's refuges, helpline and crisis centres is not recognised and NGO attempts to set up women-centred services are not acceptable to the state. Funding is unavailable, as is consideration of how state provided services may be improved and evaluated.

This section draws attention to the need for quality services that put safety and empowerment of the victimised at the centre of NGO services providing a network of women's refuges, help telephone lines and crisis centres. It also demonstrates the relevance of internal monitoring and evaluation of state provided services in developing good practice.

### 2.2.1.2 Evaluation knowledge

#### i. advocacy, advice and support

##### Key point 1

Interventions that ensure legal, social and psychological advice and support, when combined with advocacy, encourage empowerment in victimised women

The approach in women-centred NGO domestic violence, rape and sexual assault services is to empower women so that they can regain control over their lives. Basic principles guiding women-centred interventions are:

- responsibility for violence against women rests with the perpetrator and not the victim;
- victimised women are the experts on their lives and situations;
- those assisting victimised women intervene by trusting women's understanding of their situation.

Acceptance of these basic principles led to refuge staff providing information, support and advocacy for women and children. Support also includes practical activities, such as changing door locks. An important aspect of this approach is the careful choice of language, using terms that do not reinforce images of passivity, but position women as active agents capable of self-determination. For example, in the UK women who have been victimised are described as survivors rather than victims, while in Germany there is a shift away from the term abused women.

A project to improve the follow-up support for women after a short stay in a shelter was evaluated in Finland (Nyqvist 2001). Finnish shelters, "protection homes", have a very different history compared to the feminist women-centred NGOs in many other parts of Western Europe. The first shelter in Finland was established in 1979 by the Federation of Mother and Child Homes, which was an organisation providing housing and social services for single mothers with babies. From the beginning the explicit aim of the shelters was to work with the whole family, not only women and children. The work of the Finnish shelters has been influenced by its close connection to the social and health care bureaucracy and professional services. An analysis of gender and power as part of the gender order in the whole society, which is essential for most feminist refuge movements has, until recently, not been the focus of attention in the Finnish discussion. For an elaboration of this point, see Keskinen (2005).

In the study undertaken by Leo Nyqvist, the aims of the project were to support the survival process of women and to develop the working procedures of shelters. Women were interviewed twice, with the time between interviews averaging one year. Couple counselling and family therapy was rejected as unhelpful by women who had been repeatedly abused through physical, sexual and psychological violence. Support and advocacy for women victimised by violence who were able to re-contact the project workers in difficult periods was crucial in enhancing women's

self-esteem, increasing social contacts and other activities. The knowledge that help was available, even if not called upon, was experienced as empowering when violence from partners and ex-partners re-emerged. The project demonstrated that the process of survival and recovery from violence and its consequences takes time and in some cases extended over several years.

In Germany, the WiBIG (2004) research group evaluated four proactive counselling projects in Mecklenburg-West-Pomerania and one outreach project, a mobile intervention team, in Berlin. Löbmann et al. (2005) evaluated new pro-active intervention centres in six rural regions in Lower Saxony, Germany. All of these intervention centres work in close cooperation with the police and with refuges. Following police intervention in incidents of domestic violence, data are passed on to the proactive counselling projects either automatically or with the consent of the victim. These intervention projects then contact the victimised women and, in a few cases, victimised men directly by telephone to offer counselling and crisis intervention. These services were located in centres also serving large rural areas. There were a number of positive findings. Proactive counselling was found to contribute to empowerment by expanding the scope for decision-making or by taking action. Only 5% of the contacted women rejected counselling. Most were pleased and astonished that an agency took interest in what had happened to them. Personal power was increased along with women regaining control over their lives. Proactive counselling provided information and support to victims of domestic violence who would not have sought support of this kind. There are a number of reasons for this:

- Subjectively, they did not see themselves as needing support, even though they had suffered violence and did not have sufficient information about their legal rights;
- They believed that their case was “not serious enough” to deserve support;
- They were very frightened or resigned to their lot, were no longer actively seeking help or no longer held out any hope of being helped.

Mobile counselling and support services proved to be essential for some target groups and for others they were a great help:

- As a back-up measure, outreach is important for many women who find it particularly difficult to seek out services (e.g. women with small children, women who are wheelchair users or who have other disabilities that restrict their movements, and immigrant women facing language barriers). Immigrant women, in particular, who either did not have the language skills or did not have the confidence to seek out services, were frequent users of the mobile services.
- Mobile counselling helps smooth the path into the support system for certain groups of victims, e.g. for women who, due to acute crisis, permanent emotional or physical limitations or other kinds of limited resources, would not have had the strength to move forward of their own accord. Proactive counselling clarifies the next steps they need to take.

Many victimised women receive the information they need to be able to take competent decisions about their future through proactive counselling. It helps women in a crisis to gain the level of stability required to be able to take in information and advice. Giving information on legal or social protection has proved the most important task of the new pro-active counselling interventions. Proactive counselling proved to be of great help for women who are too intimidated, too exhausted or too desperate to look actively for protection and support. Proactive approaches also reached women subject to partner violence, but did not define themselves as victimised. The problem was located as lying with their violent partners and while they did not believe they were in need of counselling, useful information was provided. Pro-active counselling also was effective with women who are in doubt about what happened to them and if they had the right to seek help. The inability to express a need for support is linked with a lack of knowledge about what they can expect from support agencies or social services (Helfferich 2004).

Proactive counselling incorporated child protection and youth services by passing on information to other relevant agencies. Proactive counselling services were found to complement women's shelters by informing women of available accommodation. By accompanying women through various stages of seeking help, proactive support services identified structural obstacles within the support system and lowered barriers. They contributed to the smooth functioning of the intervention chain and helped to identify and eliminate its weak points. The services were particularly effective if police referrals were followed up immediately.

Helfferich et al. (1997) evaluated a model centre for raped women attached to a local clinic in southern Germany (Freiburg) offering short and longer term counselling or therapy as well as immediate health care and documentation. Main results were:

- Support for victims of sexual violence is very important and has to be offered in a pluralistic setting combining specialised women-centred NGO's for women with specialised departments in more "neutral" state institutions such as clinics. Each type of institution reaches only part of all women who suffer sexual violence. Help is not needed because of the specific form of violence, such as rape, but because of the specific traumatising effects of all forms of sexual violence.
- Because the needs of raped and sexually molested women differ greatly there must be options for support for women who distrust state institutions and for women who distrust feminist agencies.
- There is a need for "psychological first aid", crisis intervention immediately after an incident of sexual violence which is accessible at any time of day. Longer term therapeutic support is needed when violence occurred in the past.
- Legal support is needed for women who are witnesses in criminal prosecution.
- All types of support must have in common that they are focussing on the safety and the needs of victimised women whose attendance is voluntary, anonymous and free of charge.

Police cooperation with a clinic or placement of the crisis centre in a clinic has the advantage that forensic examinations can be made immediately and women who report violent incidents to the police obtain information about support services.<sup>10</sup> For many women it is a great relief when they find all they need in one place and do not have to contact various institutions and tell their story again and again.

## **ii. resources and locally based services**

### **Key point 2**

Good practice is based on adequate resources and locally based women-centred refuges providing safety, social and counselling services

There are several issues, such as how many family places for women and their children would be needed to provide assistance to all and how refuges and counselling services can be spread amongst the population. Beginning in the UK a government Select Committee on Violence in Marriage in 1972 estimated one family place would be needed per every 10,000 of the population. While the UK has a relatively high number of refuge spaces, the recommended provision has never been reached. Women and children continue to have difficulty finding refuge space, although women's refuges make efforts to find alternative locations. There is a deficit of quality services in all European Union states and women in rural areas can be more poorly served than those living in urban areas.

New research in Germany (Löbmann et al. 2005) confirms the results of older studies (Bergdoll, Karin and Namgalies-Treichler, Christel 1987) that women in rural areas, especially farming women, confront specific problems and are disadvantaged when they seek help for domestic violence. Because there is no anonymity in small villages, women hesitate to talk about the violence in crisis centres or go to refuges. If the couple owns property, such as a farmhouse or cattle, this too is an obstacle to help-seeking. In particular it is a problem if the new protection order is issued by the police to exclude the man from the farm and there is no one else to look after the cattle or the land. In rural areas there are significantly fewer agencies that offer help and advice. Most are located in the few bigger towns and are difficult to reach because of poor public transport. There are very few women-only agencies. It is more complicated to implement good practice among rural police officers because everybody knows each other. There are fewer possibilities for jobs or vocational training for women and sufficient and affordable child care is almost non-available. An adequate supply of support agencies and refuges, and telephone helplines for rural areas are needed to make information and advice easily and, if needed, anonymously accessible.

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<sup>10</sup> The above points made by Helfferich, C. (1997) are also made in Lovett, J. *et al.* (2004)

Research in Austria (Haller 2004) stresses that women in rural areas are more likely to be uninformed about support agencies and their legal rights. They are afraid of bureaucracy and often not accustomed to travel to a city. The author concludes that it is necessary to build up rural outposts of support agencies. These contribute to spreading information and building up trust in state protection, support and cooperation in rural regions.

Intervention centres in Lower Saxonia, Germany (Löbmann et al. 2005) are providing very adequate help in meeting the needs of rural women. In some regions where there were few support agencies, new NGO intervention centres were founded and in other regions they were incorporated into existing support agencies. Reservations that women affected by domestic violence would reject a proactive approach or that it could have a destructive effect because the women would feel disempowered or made to feel like victims again have proved to be unfounded (WiBIG 2004a, Löbmann et al. 2005).

### **iii. supportive structures**

#### **Key point 3**

Provision of supportive structures through outreach, counselling and accompanying services to meet the needs of different victimised groups

As well as provision for the majority of the population, in the UK there is a specialist domestic violence women-centred NGO sector for black and minority ethnic women and children. This specialist domestic violence sector responds to cultural, religious, language and other diverse needs, including forced marriage, immigration and asylum problems (Gupta 2003). Black and minority ethnic women can be offered a choice between specialised or non-specialised services. Another major reason for offering specialist services is both the fear of and the experience of racism by Black and minority ethnic women. Women from diverse backgrounds can be unprepared for living in a shared space and exhibit their cultural prejudices. When specialist services are not available, refuges in some towns with varying numbers of black and minority ethnic women of necessity seek to cater for both majority and minority populations in the same locations.

In Germany proactive counselling reached new target groups as over one-third to two-thirds of victimised immigrant women were socially isolated and, with no previous contact with supporting agencies, lacked knowledge of German support systems (WiBIG 2004). Research by Helfferich et al. (2004) found that most immigrant women did not correspond to the general prejudice labelling them as helpless victims. Decisions to not leave their violent partners resulted from the value placed on the family. Immigrant women complained that staff in German institutions often think violence against immigrant women to be a cultural rather than a criminal issue. There is a one-dimensional belief that immigrant women are a homogenous group. If

immigrant women fear being confronted with prejudices by agencies, they are deterred from seeking help. The conclusions are that different groups of immigrant women need different support, that counselling in their mother tongue is very important and that specific solutions must be found for women who are not allowed to move freely because of their unclear legal status.

#### **iv. child protection interventions**

##### **Key point 4**

Child protection interventions by social work and welfare statutory agencies are on three increasing levels of harm. Good practice interventions are:

Level 1 aiming prevention strategies at both fathers and mothers

Level 2 reaching children who have been maltreated, not just those thought to be at risk

Level 3 separation from the person responsible for child maltreatment, is most likely to ensure reduction in further harm or injury

A review of the evaluation of child protection interventions for their effectiveness was undertaken in nine European Union countries; Belgium, England, France, Germany, Ireland, Italy, the Netherlands, Norway and Spain (May-Chahal et al. 2006). This review was not specifically concerned with abuse to children as a result of domestic violence to their mothers, but with child abuse more generally. Studies were reviewed on three levels. The first level is prevention strategies to stop the first episodes of harm and injury from occurring. Parenting courses were found to be effective if they involved both fathers as well as mothers. In recent years attempts have been made to develop interventions specifically targeting abusive fathers. See, for example, Scott, K. (undated). Final Report. Pilot Implementation of the Caring Dads Program for Abusive and At-Risk Fathers. The Centre for Research on Violence Against Women and Children London, Ontario. Available at: <http://www.caringdadsprogram.com>, and Råkil (2006).

The second level is strategies to stop harm and injury from re-occurring. At the second level some programmes had temporary or longer lasting effects in reducing repetition, including implementing legislation outlawing maltreatment. A key issue at level two is reaching children who have experienced harm or injury rather than those thought to be 'at risk'. The third level is strategies to reduce the effects of harm and injury and to prevent further harm from these effects. At the third level, despite all efforts, some harm to children is found not to be preventable. The report concludes that visiting or access programmes have not been shown to prevent child maltreatment. Treatment was most successful for situationally and chronically stressed families. But when violence is a key factor, there is the least chance of receiving successful treatment. As with women in domestic violence situations, separation from the person responsible for child maltreatment is the most likely to ensure that further harm or injury is reduced.

The duration, intensity and specificity of service in public welfare agencies did not alter the likelihood of out-of-home placement, subsequent maltreatment or closing cases. Lack of attention to fathers was noted in all countries. The current emphasis on family preservation in the child welfare system may work against the best interests of children. There is insufficient data in all countries and the priority is to find ways of collaborating to collect specific data as a matter of routine in health, education and social care in all European countries.

#### **v. redefining harm to children**

**Key point 5**

Redefine harm to children caused by domestic violence from direct assault and sexual abuse to include witnessing violence to their mothers

The organisation and delivery of child protection services in European countries vary in the role undertaken by NGOs, the churches, and the state as does the understanding of how domestic violence impacts on children. Witnessing violence harms children<sup>11</sup>. In the UK changes in views on the connection between familial violence and harm to children have led to new regulations governing interventions. In the UK knowledge of familial violence, usually directed at a child's mother by the father or stepfather, has become accepted by child protection services as harmful. Over some years there has been a move from interpreting harm as direct physical violence to include familial sexual abuse, although incest and other sexual abuses already were part of the criminal law, to witnessing abuse. While governmental regulations have altered and monitoring of services is required, there is very little external evaluation. In Sweden, from November 2006 the law on social services will explicitly define child witnesses of domestic violence as crime victims and these children will also have a right to state victim compensation (Prop. 2005/06:166).

#### **vi. agency responses to children**

**Key point 6**

Ensure the safety and well being of children through specific agency responses

Günther et al. (1997) evaluated a pilot project in Berlin, the first in Germany, which established a crisis centre and a refuge for sexually abused girls. Key findings are:

- Work with sexually abused children and young women has to be enormously sensitive to the common suspicion that girls invent accusations of sexual abuse or want sexual contact with their fathers or other older men;

<sup>11</sup> Humphreys, C. and Carter, R. (2000) provides an overview of child and woman protection, while Humphreys, C. et al. (2006) *Talking to my Mum* provides a picture workbook on how to raise domestic violence with children aged 5 to 8.

- Advocates in crisis centres for sexually abused girls need to build up trust without being naïve;
- The first duty is to create safety, especially if there is abuse inside the family;
- Agency staff need to cope with protecting girls without patronizing them, and to listen to their needs without imposing on them the whole responsibility for decisions that have to be made;
- Agency staff need to be sensitive to the fact that children are always very ambivalent in cases of violence by parents or other family members and are afraid that they may lose their family;
- It is of great importance to include supporting and non-violent parents and family members in the work.

It was of great value that there was a combination of crisis centre, which offered group work for girls of different ages, psycho-social crisis intervention, therapy, support in criminal prosecution and a refuge where girls could be placed immediately, if they had to leave their families. The youth welfare service was also involved in good cooperative work. The existence of a specialised agency for sexually abused girls is of great importance for other professionals who can come for information and support with their own cases of sexual abuse.

Hennele Forsberg (2002) evaluated child-centred work with children in domestic violence shelters in Finland. The shelters are provided by the Federation of Mother and Child Homes and Shelters and, while they accept both men and women, in practice the clients are women and children. Children, aged 6 to 13, and children's workers were interviewed in this qualitative study. Child worker interventions ranged from a few supportive encounters to intensive therapeutic work depending upon the children's recovery process. The classification of the outcomes of psycho-social work with children ranged from recovery (the majority) to static to regressive outcomes. Findings are that support for mothers, and sometimes fathers, and other relevant professionals, aids the child's recovery process. The most helpful interventions were talking about their experiences, action-based activities, human contacts and pets.

In the UK there are a number of research studies on the impact of domestic violence on children and Humphreys and Carter (2000) review this body of work. Important findings include:

- Domestic violence is associated with higher rates of direct abuse, both physical and sexual to children;
- There is a negative emotional impact on children witnessing violence to their mothers;
- Age, gender and ethnic background affect the reaction of children to domestic violence;
- The ability to seek help by Black and Asian children was significantly reduced through fear that they would receive bad advice and unsympathetic treatment from white organisations;

- In general the links between protecting women and protecting children have been ignored by statutory services.

A unique evaluation in a refuge for black women in the UK (the term includes all non-white women) identified key differences between professional staff and service users in relation to children (Bravo 2005). There were conflicting points of view on when mothers and professionals thought children capable of discussing their experiences of domestic violence. For mothers emotional support had a low priority as it was seen to threaten the innocence of the child and to expose mothers to judgements and criticism. With a different view of the child, staff advocated communication and openness and gave emotional support for children the highest priority. Mothers thought they should retain the power to decide what is best for their children, while staff thought it was a collective decision where they had the same or even more rights than the mother. For staff, good practice with children includes not under-estimating the fear and distrust of women who have experienced domestic violence and developing responses to children and their mothers that minimise this.

### **vii. providing safe housing**

#### Key point 7

Provision of safe housing (temporary and permanent) with supporting services for victimised women and children

Across Europe women and children often must leave their home, enter temporary housing and then require permanent re-housing, which for reasons of safety may be needed in a different area or region. Friends, relatives, women-centred NGO refuges and statutory provision, if available, provide temporary housing. If no suitable private or public housing is available, women and children may be driven back to the violent home they have left. This outcome negates all earlier helpful interventions. Appropriate housing may be provided by statutory authorities, non-profit housing associations, or privately rented or owned. While housing, both temporary and permanent, is a crucial resource for women and children who have experienced domestic violence, in European countries there is little external evaluation of good practice in the provision of temporary or permanent housing<sup>12</sup>.

In the UK refuge provision began to be offered by the Women's Liberation Movement to women and children who left their homes due to domestic violence in 1971. Women and children could stay for many months in temporary housing waiting for permanent re-housing even though for some years statutory authorities have had a duty to re-house those who are unintentionally homeless. Without re-housing, new women and children in need of refuge services could not be admitted, and due to

<sup>12</sup> The German government commissioned a series of important evaluative research studies on the first shelters and on post-shelter services during the decade 1977 to 1987, but there has been no recent research to assess whether the structures created in the 1970's are still best practice today. Studies on refuges in the UK were during the 1970s.

overcrowding and other problems relatives and friends might not be able to continue to share their housing, or women and children remained in local authority provided unsuitable housing, in particular bed and breakfast accommodation. These problems were compounded by unevenly spread permanent housing resources between geographic areas and inflexible administrative procedures for transfer from one area to another. As early as 1972 the UK Select Committee Report on Marital Violence asked, why did women have to leave and not the abusing men?<sup>13</sup>

Research into pathways or routes into and out of homelessness and into the type of support women value has led the UK to adopt new strategies, including best value performance indicators, to achieve good practice by statutory authorities (Ann Rosengard Associates 2001). Every housing authority in England is required to formulate a strategy based on a review of homelessness in their district with the objectives to prevent homelessness and to ensure accommodation and support are available for those who are homeless or at risk of homelessness. Recognising that women need quality services, the government programme, Supporting People, aims to improve housing-related support services through planning and partnership, the provision of secure funding, monitoring standards and covering both long term and short term services. A basic strategy of Supporting People is to establish greater co-ordination with NGOs, housing associations and other agencies such as the police and health. New strategies are aimed at reducing homelessness by assisting women to remain in their own homes and, when living in local authority property, by making greater use of the law that enables local authorities to evict perpetrators from their properties.

## **2.2.2 Policing Practices**

### **2.2.2.1 Context and background**

Policing received early attention from women-centred NGOs demanding change in the provision of assistance to victimised women and children. Gradually over the past 35 years, policing of domestic violence, rape and sexual assault has become a significant policy area in a growing number of European countries. State monitoring of statutory services on the provision of domestic violence, rape and sexual assault occur in several European Union countries. While NGOs and external research evaluations drew attention to the needs of those who were victimised through domestic and sexual violence and the effectiveness of agency responses, internal state based examinations of statutory interventions that result in publicly available reports lagged behind. External evaluations of statutory services are valuable, but may result in little internal change. When statutory agencies take on board the evaluation of their own services, policy and practice changes are more likely to be introduced and reinforced. Both Sweden and the UK provide examples of state evaluations and publicly available reports, which define Government interventions, expectations and recommendations.

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<sup>13</sup> European countries have implemented legislation to exclude perpetrators from their homes either by police action and/or court orders. (See Humphreys, C. and Carter, R. *et al.* 2006)

Austria, Germany, Sweden and the UK provide the most robust externally funded evaluations, although few in number. In Austria (Haller and Liegl 2000; Haller 2005), Germany (Rupp et al. 2005; WiBIG 2004, vols. 2 and 4) and Sweden (SOU 2004:121) new legislation relating to policing were evaluated for their implementation and future work<sup>14</sup>. In the UK externally funded evaluation studies are exemplary rather than contributing to a coherent national plan with systematic continuous monitoring and evaluation (Burton et al. 1998; Hanmer et al. 1999, 2003; Humphreys and Carter et al. 2005). While other countries may have evaluations restricted to local or single studies, a more common practice is to introduce new working practices, professional training or legal requirements, but not to evaluate their implementation<sup>15</sup>. Changes included new protocols, guidelines and legally ensured strategies for police responses to victimised women and their children and to perpetrators of domestic violence, rape and sexual assault. However, these changes were rarely anchored in a consistent national policy.

There are two major types of evaluation of good practice in response to domestic violence, rape and sexual assault in the UK: through external university-based research and internal through Her Majesty's Inspectorate of Constabulary and Her Majesty's Crown Prosecution Service Inspectorate (HMCPSI & HMIC 2004; HMIC & HMCPSI 2002). The Home Office, where responsibility for the criminal justice system is located, funds both. In one sense research on policing has been wide ranging, focusing on specific measures and interventions in agency programmes, the adoption of new strategies, changes in policies, and perception, knowledge and performances. But although there are recent thematic Inspectorate reports across the criminal justice system (policing, prosecution services and courts) on both domestic violence and on rape and sexual assault, and their research findings are supplemented by official guidance on good practice, the UK does not have a national plan of action for either crime type.

In contrast, Sweden has a national policy introduced through a bill on Violence Against Women in 1998. The bill included action requirements for all government agencies and specific requirements for particular agencies; that is, from the National Courts Administration, the office of the Prosecutor-General, all regional public prosecution offices, the National Police Board and all police authorities, the National Council for Crime Prevention, the Crime Victim Compensation and Support Authority, the national Prison and Probation Administration, the National Board of Health and Welfare and the county administrative boards. In Sweden an evaluation of the requirements introduced through the 1998 legislation was carried out in 2004 (SOU 2004:121).

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<sup>14</sup> Austria: Protection against Domestic Violence Act, 1997; Germany: protection from Violence Act, 2002; Sweden: Government bill on Violence Against Women, 1998 (Prop. 1997/98:55).

<sup>15</sup> For example, in 1998 Poland introduced a blue card procedure for police to register domestic violence incidents if the victim requests the incident be recorded. Kirwil, Lucyna (2006), „Blue Card“ as an Instrument for Protection against Domestic Violence in Poland. Can We Evaluate Its Efficiency? A short report on this policing intervention was prepared within CAHRV (2004-2007) and is available from the author: Dr. Lucyna Kirwil, Institute for Social Studies, Warsaw University, 5/7 Stawki St., 00-183 Warsaw, Poland or by e-mail: [l.kirwil@uw.edu.pl](mailto:l.kirwil@uw.edu.pl).

## 2.2.2.2 Evaluation knowledge from external evaluations

### i. public interest crime

#### Key point 8

Identify gender-based human rights violations as crime of public interest and not a private matter. Develop measures to ensure the police take action to protect those victimised from further violence, to promote investigation and evidence gathering and to eliminate responses such as negotiation, mediation and no further action

Evaluation of state intervention in policing and prosecution practice in Austria and Germany found that the identification of human rights violations in close relationships as a crime of public interest is an important prerequisite for policing action. This may provide a significant framework for new legislation on police interventions (WiBIG 2004, vols. 2 and 4; Haller 2000, 2005). Evaluation studies demonstrate positive change when police law codifies specific policing measures, such as the possibility of issuing go-orders banning the violent person from the home for longer periods and of imposing short term bans prohibiting the violent perpetrator from approaching or having contact with the victim. Implementation of such measures increase the willingness of the police to accept domestic violence as a criminal offence and to intervene with the perpetrator (WiBIG 2004, vol.2; Helferich et al. 2004; Haller 2000, 2005)<sup>16</sup>. Evaluation research in Austria and Germany also demonstrate that eviction and barring orders are experienced as helpful by those seeking police assistance, particularly when linked with access to counselling and advice centres. However, newly introduced policing practices need to be systematically monitored to identify problems and issues in the thorough implementation of good practice<sup>17</sup>.

Traditional policing practices of arrest, investigation and evidence gathering remain central elements in good practice. These have the potential to enable prosecution and court proceedings to proceed, possibly without the victim's statement.

### ii. police systems

#### Key point 9

Implement consistent, efficient and effective police action consisting of

- systems and practices for systematically recording incidents in order to identify repeat victimisation of the same woman by the same man<sup>18</sup>

<sup>16</sup> For further discussion of policing evictions, barring and to go-orders, see also Humphreys, C. and Carter, R. *et al.* 2006.

<sup>17</sup> The Austrian evaluation, for example, draws attention to considerable regional gaps in implementing go-orders. The urban police are much more willing to use the instrument than rural police. Further, the police are less prepared to use eviction and barring orders in cases of repeated violence, even though repeat victimisation indicates significant problems (Haller, B. & Liegl, B. 2000, and Haller, B. 2005)

<sup>18</sup> In the UK this is obtained by recording incidents of attendance, whether or not criminal proceedings are instigated. These intelligence files can be accessed through the name and address of both the victim and the perpetrator.

- specific police structures to respond to domestic violence, rape and sexual assault
- staff cooperation and coordination
- senior management commitment to and resource allocation for the policing of domestic violence, rape and sexual assault

Several policing approaches have been and are in the process of being evaluated in the UK. Research on policing has focussed on specific measures and interventions in agency programmes, the adoption of new strategies, changes in policies, and perception, knowledge and performances. The first approach is a response to earlier studies of the experiences and opinions of women on the police as either unable or unwilling to assist them when victimised domestically. Women want consistent, efficient and effective action by the police to stop their victimisation, and the first approach developed an intervention programme designed to achieve these outcomes (Hanmer et al. 1999). The second approach is a response to the need for day-to-day effective management of police resources. The police, along with other agencies, may be potentially affected by more demand for service intervention than they are able to meet. Assessing risk is major strategy for allocating policing resources through specific interventions (Humphreys and Carter et al. 2005).

As domestic violence is the most repeated of all crimes, with repetition of violence from the same man to the same woman, and a major factor in serious injury and even death, the first approach introduced a three-tiered interactive crime prevention programme which equally focused on the victimised woman and the offending man (Hanmer et al. 1999). Protection was offered to the victimised woman while the offender was demotivated as police interventions increased with each attendance at a home. Information and support for the victimised woman were intensified through information, community support<sup>19</sup>, police watch, and linking with specialised agencies. Interventions against the offender were enhanced through official warnings, arrest where possible, police watch, information and improved co-operation with the prosecution service. The statistically significant findings of evaluation research based on monitoring through the development of an accurate recording system showed that the identification of chronic offenders improved and through increased police intervention their numbers were reduced. This approach encouraged women and their supporters to ask for police assistance. Development of an accurate recording system and consistent interventions for policing action that increased with each repeat attendance to the same woman and man removed discretion to not intervene from police officers.

The second approach is based on a limited number of statistical factors associated with risk of major assaults and ongoing violence to determine police assessment,

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<sup>19</sup> Community support (cocoon watch) was implemented with the informed consent of the victimised woman and consisted of a request by the police for the help and support of neighbours, family and relevant agencies to further protect her by contacting the police immediately if further incidents occurred. The perpetrator was made aware of this action.

safety planning and risk management (Humphreys and Carter et al. 2005). Six factors were identified as posing the greatest risk to victims, while a further six were given for police officers to consider in making a risk assessment. The first six are separation of the couple and child contact, pregnancy and new birth, escalation of violence, culture (community isolation and barriers to reporting), stalking and sexual assault. The further factors for consideration are abuse of children, abuse of pets, access to weapons, either victim or perpetrator being suicidal, drug and alcohol problems, jealous and controlling behaviour, threats to kill, and mental health problems. The model has a three stage process consisting of initial police response, subsequent risk assessment and ultimately risk management. The model developed by the Metropolitan Police (London) is currently being tested in two police forces.

A preliminary process evaluation of this model draws attention to the same problems that were experienced when the first approach (Hanmer et al. 1999) was rolled-out from a police sub-division to the Force as a whole (Hanmer 2003). Appropriate structures, committed and effective management, staff cooperation and coordination, and relevant information management systems are all required to implement either of these two models. Implementation varied in both models depending upon the above policing variables. Also, the reliability and validity of evaluation studies based on statistical analysis depend upon higher standards of data inputting than obtainable when data are being inputted by operational officers or their clerical staff.

Intensified cooperation and information systems between the police and services for counselling and advice for those victimised also have been confirmed as good practice in Austria and Germany (WiBIG 2004, vol.2; Löbmann and Herbers 2004). Evaluation findings in both countries show that new police practices for those who are victimised work best and are more readily implemented by police staff if closely linked with a well established net of supporting services (WiBIG 2004, vol 2; Haller and Liegl 2000; Löbmann and Herbers 2004).

### **iii. proactive policing, prosecution and courts**

#### **Key point 10**

Policing needs to be pro-active, applied consistently and reflected in the work of prosecutors and the courts

In the growing effort to penalize sexual and domestic violence, police practice is key to ensuring that the law is applied. One important measure of effective legal intervention is the attrition rate, the percentage of recorded offences that are actually prosecuted. Both for rape and for domestic violence, the great majority of offences that come to the attention of the police are subsequently “lost” from the justice system. Exploring cases of domestic violence, rape and sexual assault in different European Union countries lead to similar results with high attrition rates.

Deteriorating conviction rates adversely affect the implementation of rape and sexual assault laws (Kelly et al. 2005; Regan and Kelly 2003). Overcoming attrition in rape cases requires improvements in their investigation, enhancement of the quality of advice, decision-making, case preparation and presentation at court and better treatment of victims and witnesses. While a well known problem, repeated reforms of rape and sexual violence laws have not led to a reduction in attrition.

Attrition also is a major problem with responses to domestic violence. Research across three police districts in the UK found that of the 869 domestic violence incidents recorded by the police only a third were deemed to have a power of arrest attached (Hester et al. 2003; Hester 2006). Of the incidents with a power of arrest 76% led to arrest and 27% of these incidents led to prosecution; 14% were convicted and of these only four men were given custodial sentences. The police and criminal justice agencies under-estimated their role in increasing attrition and over-estimated the withdrawal from the criminal justice system of those who were victimised. The criminal justice agencies did not always pursue cases and did not provide those who were victimised with the support they needed to proceed. Contact between children and alleged offenders were likely to lead to more lenient outcomes. Further, court outcomes did not stop chronic offenders from continuing their violence and harassment. Exploring over 800 cases in two different public prosecution services in Germany has shown that while there have been some improvements in policing, the use of no further action was widespread (between 11% to 65% of reported cases). Of the remaining cases referred for public prosecution the majority, 82% to 96%, were dismissed with no action taken against the accused (WiBIG 2004, vol. 2).

Research evidence identifies factors that improve attrition rates. As police increase their willingness to see domestic violence as a criminal offence, there is a greater willingness to follow guidelines and intervene against the perpetrator. Pro-active arrest and consistent and thorough evidence gathering proved significant for further proceedings. Maintaining police contact and providing relevant information to those who have been victimised increases cooperation as does careful assessment of the reasons for requests to retract statements, such as pressure or intimidation by the perpetrator. Cooperation between the police and prosecution services is essential. Police cooperation with services for victim support and referral to agencies offering advice and counselling assist those who are victimised to continue with the prosecution and court process (Hester 2006, Hester et al. 2003; WiBIG 2004, vol. 2).

#### **iv. measuring effectiveness**

Key point 11

External and internal monitoring is needed to measure the effectiveness of changes in policing in relation to both those who are victimised and their perpetrators

Criminal justice system evaluations have been undertaken by both quantitative and qualitative research methods: case studies, analyses of recorded data, surveys and statistical analyses, structured interviews, and observation. At its most basic, consistent monitoring and evaluation requires the development of appropriate and reliable reporting and documenting systems on gender-based human right violations (WiBIG 2004, vol. 4; Hanmer et al. 1999; Humphreys and Carter et al. 2000). Whatever model or other change is introduced into policing, measuring effectiveness requires variables that apply to victims and to perpetrators.

### **2.2.2.3 Evaluation knowledge from state monitoring of state services**

In the UK the purpose of a thematic inspection is to provide evidence of how a given area is being dealt with and, by being undertaken, demonstrate the importance to the criminal justice system of quality management in responding to domestic violence, rape and sexual assault. While internal to the service as a whole, formally constituted inspectorates are independent of the areas under investigation. State monitoring is one very important aspect of improving services to those who are victimised by domestic violence, rape and sexual assault.

#### **i. victim care**

Key point 12

Improved victim care results in lower attrition rates and convictions

In the UK report on rape, ten (out of 43) police forces and Crown Prosecution Services, representing a cross section and a mix of urban and rural areas, were included in order to increase statistical validity (HMIC/HMCPSP 2002). Case files were examined, with interviews in police forces and CPS areas. The inspection provided a detailed analysis of police and CPS practice and procedures along with an examination of how cases were processed and presented at court. Issues such as age, ethnicity, and gender were included, although specific samples of child victims, male rape, and minority ethnic groups were not requested.

The approach included an analysis of 1,741 crime records initially recorded as rape from the end of 2000 or before, along with prosecution and police files. The attrition rates were similar to those of other evaluations with only 28% of the police sample resulting in a charge or summons or caution. Less than one-half of these cases proceeded to court and included those who pleaded guilty. Of those who did proceed to court, just over one-half (61%) were convicted. With cases that proceeded to a Crown Court trial, 70% were acquitted. Good practice and recommendations for improvements were in the areas of victim care and attrition, investigation, review and decision-making, file process, preparing cases, guidance and training for prosecutors, recording procedures, and trials.

The treatment given to rape victims throughout the investigative process is key to the prospects of securing a conviction and reducing the level of attrition. Implementing the Victim's Charter was introduced in the UK as a step forward in achieving good practice through local protocols and guidance. The aim is to keep the victim informed about the progress of the case with liaison on major decisions being taken about the case prior to the trial. An early meeting between police, prosecution service caseworker, prosecutor, and prosecution counsel is advised. These actions both make it easier for a victim to continue with an allegation of rape and raise the quality of evidence to be given on behalf of the prosecution. User friendly and fit for purpose court environments include waiting areas, access to specialist staff, and reducing delays in waiting times. Good practice improves the skill base by achieving common minimum standard training of police, accreditation of forensic medical examiners, and the recruitment of women forensic medical examiners. Dedicated sexual assault referral centres demonstrated the value of the police working with other agencies and in the care received by victims.

## **ii. bench marks**

### **Key point 13**

Introduce a common standard for crime recording criteria against which performance by different police forces can be benchmarked and establish an audit trail

Without an agreed standard across Europe for crime recording of rape and sexual assault, there is a misrepresentation both of recorded levels of crime and the final outcome of investigations. Good practice calls for an audit trail to ensure integrity of the recording process.

## **iii. professional approach**

### **Key point 14**

A professional approach to investigations is needed to secure convictions and greater victim support

The majority of rape and sexual assault perpetrators and victims are known to each other, which limits independent evidence to support the allegation of rape. This means good practice requires adopting a more professional approach to statement taking, interviewing of the alleged offender, better application of forensic science, and close monitoring of the investigative process. It also includes implementing the legal provisions limiting or prohibiting cross-examination of a victim on her previous sexual history unless it is directly connected to the offence being tried. It is advisable to ensure that cases regarding sexual violence, and cases regarding domestic violence, respectively, be handled by specialised prosecutors with relevant further training. Good practice requires updating guidance for prosecutors on the review and handling

of rape cases and legal training on sexual offences. Training includes dealing with cases where the victim retracts her statement, ensuring evidence and information is given to the court or jury, overcoming myths and preconceptions that the defence may seek to reinforce and strategies to present the cases in the best possible light. The aim is to create a core of specialist, experienced prosecutors.

#### **iv. criminal justice agency coordination**

Key point 15

Police forces and prosecution services enter into formal agreement on the background information and action to be taken in domestic violence cases

Good practice involves the provision of background information by the police to the prosecution service. This includes details on the children in the family, and the impact upon them of domestic violence, while prosecutors should take the rights and safeguarding of children into full account. Agreement between the police and prosecution service is needed on assessments by investigating officers of the reasons for withdrawal statements being made with views on whether the case should proceed through witness summons or warrant or other evidence if sufficient. Good practice means taking action on the breach of bail conditions, routinely offering the opportunity to make victim personal statements with presentation to court as appropriate, and readily available contact details for both police and prosecution service domestic violence specialists. Both police and prosecutors require diversity awareness as part of domestic violence training, supported by supervision and monitoring.

#### **v. gender power perspective**

Key point 16

Adopt a gender power perspective in assessing the work of statutory agencies

Police policy and guidelines based on a gender power perspective that are jointly oriented towards safety for those victimised with pro-active responses to perpetrators improve practice. A gender power perspective identifies violence against women as a crucial social mechanism to force women into a subordinate position compared with men. Clear statements on good practice are appreciated by police and they are willing to use them, such as separate questioning on site of the victim and the perpetrator, arrest where possible, ensuring victimised women and children have a safe place to go if the perpetrator is not removed from the home, and mandatory recording of incidents. Guidelines enforce change and enhance police knowledge and confidence (WiBIG 2004, vol. 2).

A domestic violence inspection was carried out on statutory agencies in Sweden (SOU 2004:121) assessing their success and failures in meeting the differing requirements for action Government policy placed on individual agencies. The approach the inspection adopted rejected interpretations by state agencies that identify the violent man as a deviant, dissociating him from the average man. These approaches were identified as underpinning actions that resulted in only partial success. The inspection examined the work of the statutory agencies from a power based perspective, where violence is an expression of a gender power hierarchy that supports social and cultural contexts that rank men higher than women and upholds the subordination of women. The findings of the inspection found a failure to adopt a gender power interpretation of men's violence to women resulted only in partial positive outcomes in criminal justice, health and welfare state agencies. The aim was to provide evaluation evidence to assist in the full application of the requirements of the legislation.

#### **vi. managerial action**

##### **Key point 17**

Managerial actions are key to achieving effective interventions in cases of rape, sexual assault and domestic violence by the police, prosecution service, and other organisations within the criminal justice system

Evaluation and monitoring are crucial when implementing good policing practice. For example, in Sweden the Government bill on Violence Against Women in 1998 contained assignments for all government agencies with specific tasks for particular agencies (SOU 2004:121). The degree of progress depends upon managerial action. The evaluation found that local police authorities had drawn up action programmes, but problems were identified in their implementation. In particular shortcomings in the interpretation of violence, inadequate interventions and police attitudes obscured the link in domestic violence between gender and power. While the implementation of the required assignments was marred, areas for improvement were identified. Deficits were expressed through a lack of resource priority, the organisation of work, knowledge and interpretations of men's violence against women, and a shared interpretation of the problem. In Sweden resources, organisation and interpretation are described as intimately interwoven. The evaluation identified hindrances and structural obstacles to effective work on men's violence against women. The aim was to provide evaluation evidence to assist in the full introduction of the requirements of the legislation. From some to considerable non-compliance was identified in almost all the statutory agencies, laying a basis for renewed efforts to introduce good practice.

In the UK the domestic violence inspection was carried out in two statutory agencies only, the police and Crown Prosecution Service (CPS) in England and Wales (HMCPSP/HMIC 2004). Police forces and CPS areas provided position statements,

answered questionnaires, and six police forces provided 80 domestic violence incidents each (total 480) for detailed examination and the CPS coterminous areas provided 418 finalised files for March 2003. These March 2003 files were compared with monitoring conducted in December 2002. Also undertaken were police and prosecutor interviews, site visits, court observation, a workshop with local and national organisations involved in domestic violence and interviews with some victims after the completion of court cases.

State monitoring of the policing of domestic violence, while useful to track what is happening to identify cases and thus direct attention to the need for better practice, has as its prime added value the recognition of managerial needs. An emphasis on managerial responsibilities includes domestic violence monitoring, force procedures, supervision of officers, training for all officers, and resource allocation. The aim of monitoring is to facilitate effective supervision:

- Attention is drawn to specific managerial responsibilities for reviews of domestic violence officers' job descriptions to ensure accuracy in the work actually undertaken and that the role is meeting the needs and expectations of the public;
- Achieving realistic staffing levels, with adequate administrative support;
- Review minimum standards of investigation to reflect effective evidence gathering for domestic violence and supervisors' responsibilities during investigations;
- Allocating specific responsibility for monitoring domestic violence policies;
- Managerial review of decisions to not arrest;
- Other specifics are flagging domestic violence incidents;
- Ensuring front line officers have access to previous history information that is easily accessed, retrieved and communicated prior to attending the scene;
- Policies that identify the procedures to be followed, routinely providing crime victims with case-specific information;
- As domestic and sexual violence also occurs within the police force, ensuring guidance on procedures involving both police officers and civilian staff either as victims or perpetrators is implemented and that the guidance addresses the support available to those who are victimised.

Good practice for the Crown Prosecution Service also involves managerial actions (HMIC/HMCPSI 2002). Chief Crown Prosecutors are expected to ensure that:

- Systems for identifying and highlighting cases of rape and sexual assault are reviewed;
- Experienced prosecutors are consulted when the victim withdraws support for the prosecution;
- Prosecutors make file endorsements that reflect consideration and application of rape, sexual assault and domestic violence policies;
- Suitability and performance of counsel are regularly monitored;
- Appropriate information is provided to the victim/witness;

- The role of senior managers is strategic with the aim of providing information to the wider management team and securing policy compliance;
- Ensure regular meetings by senior managers with prosecution specialists;
- Ensure collaboration between senior managers of the criminal justice system agencies (police, prosecution service, and other relevant agencies) to develop effective performance management arrangements<sup>20</sup>.

Since this report in 2004, ACPO (Association of Chief Police Officers), CPS (the Crown Prosecution Service) and the Home Office have adopted a common definition of domestic violence for both operational and monitoring purposes. With the most recent guidance local Criminal Justice Boards are to be involved in assessing the priority of domestic violence offences within their areas and management arrangements. A protocol or service level agreement is to be reached in each area setting out the roles and responsibilities of each agency in relation to victims and witnesses and to ensure that referral protocols are reviewed regularly.

### **2.2.3 Health (physical and mental)**

#### **2.2.3.1 Context and background**

The end of the 1990's saw health systems begin to recognise domestic violence. Rape/sexual assault is more established within health systems through forensic medicine, but a victim orientation is relatively new as is the recognition of risk from perpetrators known to victimised women. Health system professionals are important players; often regularly contacted, easily accessible, the providers of confidential services, with publicly acknowledged professionalism. With the rise of multi-agency projects and advocacy for victimised women, requests for cooperation from the health sector increase for domestic violence and rape/sexual assault.

In several European countries, for example in Germany, Italy, Switzerland, UK, and all the Nordic countries, there are scattered initiatives on domestic violence, rape and sexual assault. National policies and action plans in the health systems do not yet exist. On the international level, the WHO has issued guidelines and reports on domestic violence and health. Comprehensive systematic evaluations are lacking. Evaluation knowledge exists on some single initiatives and projects. Initiatives on mental health that take account of domestic violence, rape and sexual assault in the assessment of and treatment plans for women are rarer than those for physical health<sup>21</sup>. Nevertheless, the influence of these experiences on psychological functioning is often acknowledged.

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<sup>20</sup> In the UK *Guidance on Prosecuting Cases of Domestic Violence* sets out the roles and responsibilities of each agency in relation to victims and witnesses.

<sup>21</sup> The UK Department of Health and the National Institute for Mental Health in England (NIMHE), *Victims of Violence and Abuse Prevention Programme (Health and Mental Health)*, currently are examining approaches to mental health good practice in the areas of adult domestic violence survivors; adult survivors of child sexual abuse, rape and sexual assault; child victims of domestic violence and child sexual abuse; adolescent and adult sexual abusers and offenders; and prostitution, pornography and trafficking.

### 2.2.3.2 Evaluation knowledge

#### i. screening enquires and routines

Key point 18

Implement screening routines and routine enquiry

Evaluation research shows that asking about domestic violence or considering such experiences as a potential background to health problems is not contemporary custom in hospitals or general practitioners' surgeries. Health care providers are often reluctant to ask about experiences of violence, and routine enquiry is perceived as problematic.<sup>22</sup> The view of service users, however, is very different: By a considerable majority patients are positive about initiatives that routinely ask about victimisation experiences. Westmarland et al. (2004), in evaluating a screening pilot project in North East England found that 73 % of the women patients and 75 % male patients supported a routine enquiry policy as helpful within health services. Similar support rates also are found in other European countries: 64 % of the women who were asked in the S.I.G.N.A.L. Project in Berlin agreed that health professionals should routinely ask about domestic violence regardless of visible signs, and 78 % support routine enquiry in accident and emergency hospital units (Hellbernd et al. 2003). Even higher support was found by Gloor and Meier (2004) in a maternity hospital in Switzerland where 89 % of the women patients favoured proactive policies that included routine questions about experiences of violence involving close relationships in health consultations. Introducing screening practices from the viewpoint of patients are valuable measures in health settings. Evaluation research on screening projects demonstrate the effectiveness for early identification, support and referral (Westmarland et al. 2004; Regan 2004; Romito et al. 2004; Hellbernd et al. 2003; Perttu et al.2003).

#### ii. institutional accountability

Key point 19

Facilitate institutional accountability and commitment by establishing approved strategies and policies regarding:

- intra-institutional responsibilities
- medical, social and psychological responses and interventions
- referrals and dissemination of information

Initiatives and projects aimed at changes in practice in health institutions need the support and acceptance of senior managers, such as boards of directors and professional staff such as medical consultants. A clear commitment of responsible leading agents – hospital boards and professional associations – gives essential

<sup>22</sup> Professional training is often lacking which explains to some extent the reluctance to involve, see 2.3.2

credibility to the changes that are needed. Projects without such support tend to rely mainly on the commitment of individual professionals and lack sustained implementation (Regan 2004:20ff; Hellbernd et al. 2003:59ff).

Setting up an interdisciplinary, interdepartmental taskforce within a hospital or institution to develop an organisation policy regarding new practice interventions in cases of violence has proved to be a very reliable and efficient approach (Hellbernd et al. 2003:59ff). Including experts on violence from outside the hospital onto such taskforces is strongly recommended.

Evaluation results on facilitating institutional responses and taking measures for early identification, intervention, support and referral draw attention to specific quality standards that must be met to provide good and continuous practice (Westmarland et al. 2004; Regan 2004; Romito et al. 2004; Hellbernd et al. 2003; Perttu et al. 2003). These standards are:

- Provide explicit training and education for health professionals on background knowledge of gender-based violence;
- Develop specific practice knowledge, i.e. instructions and guidance on how to ask demonstrating an enquiring attitude, how to provide a safe setting and what to do in case of disclosure;
- Establish protocols that prioritise the safety of potential victims and elaborate written guidelines<sup>23</sup>;
- Ask all patients, conduct routine enquiry, rather than make ad hoc enquires that are susceptible to assumptions and stereotypical views about vulnerable victim groups;
- Provide information material to patients and cultivate cooperation with specialised support agencies in order to facilitate referrals as required;
- Establish valid documentation and monitoring systems to record disclosure and clinical responses in order to maintain and learn from the implementation of routine enquiry.

### iii. special centres

Key point 20

Set up specialised units/centres

<sup>23</sup> Examples of guidelines are mainly of North American origin, for instance: Health Canada (1999): *A Handbook for Health and Social Service Professionals Responding to Abuse during Pregnancy*. Ottawa: Minister of Public Works and Government Services Canada; Family Violence Prevention Fund (2002): *National Consensus Guidelines on Identifying and Responding to Domestic Violence Victimization in Health Care Settings*. San Francisco. European examples are: National Health Service (2000): *Domestic Violence: A Resource Manual for Health Care Professionals*. London: Department of Health; Brzank Petra (2006): *Häusliche Gewalt gegen Frauen: gesundheitliche Versorgung. Materialien zur Implementierung von Interventionsprogrammen. [Domestic violence against women: supply of health services. Materials for implementing intervention programmes]*, Berlin: Institut für Gesundheitswissenschaften, Technische Universität Berlin.

A further scheme to improve responses to victims of rape, sexual assault and domestic violence in the health sector consists in establishing competence units. These competence centres are often multidisciplinary and may be based within a hospital or other health institutions and settings. In cases of violence health professionals may contact a specialised unit or centre to take over further counselling, safety assessments or referral. Competence units may be linked to forensic departments and may be in charge of forensic examinations.

To date few pilot projects of competence units exist in European countries<sup>24</sup>. Evaluation knowledge on these approaches is limited since projects often are implemented without accompanying evaluation. Accessible findings demonstrate that availability of and cooperation with specialised, sensitive experts is much appreciated by those who are victimised as well as by professionals. Quick, efficient and comprehensive responses, support for health staff and skilled expertise are some of the promising qualities of specialised centres within health settings (Regan et al. 2004).

## **2.2.4 Perpetrators Programmes**

### **2.2.4.1 Context and background**

A professional focus on perpetrators of the gender-based human rights violations of domestic violence, rape and sexual assault of women continues to be under-developed in Europe. After a very slow start in the 1980s, multi-agency cooperation in the 1990s drew more attention to the question of working with adult domestic violence and sexual perpetrators. In some European states, rape and sexual offenders have received considerable media attention, related particularly to offences against children, with programmes developing both for adult and adolescent offenders. The initial programmes were offered by NGOs with state services developing later.

Entry into domestic violence perpetrator programmes may be by self-referral, court mandated by the criminal justice system or offered to a few men serving longer sentences in prison. The type of programme varies with the major approaches being cognitive behaviour training, psychological counselling, psychotherapy or some mixture of the three. These courses are not standardised within or between countries, varying in length from a few sessions to a few months and offered to individuals or groups or a mixture of the two. Although there are established programmes, particularly in Germany, Norway, Sweden<sup>25</sup> and UK, the number of men involved is very limited. As the section on policing demonstrates, out of the total incidents the criminal system prosecutes a minority of domestic violence, rape and other sexual violence cases and, of these, few receive custodial sentences or referral

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<sup>24</sup> Examples are: the "Interdisciplinary Consultation for Medicine and Prevention of Violence (CIMPV)" at the University Hospital in Geneva, Switzerland since 1998, the "Forensic Nurse Pilot" at the St Mary's Sexual Assault Referral Centre in Manchester, UK since 2001, the "Early Intervention Project (EIP)" in Portsmouth, UK since 2002 or the "Forensic Competence Centre for Victims of Violence" in Hamburg, Germany since 2003.

<sup>25</sup> See Eriksson, M. *et al.* (2006).

to the probation service, which greatly limits interventions aimed at adult perpetrators. Adolescent males also form a significant minority of UK sexual offenders with interventions separate from those aimed at adults.

## 2.2.4.2 Evaluation knowledge

### i. perpetrator programmes

Key point 21

Implement justice based pro-feminist cognitive behavioural programmes for perpetrators

Courses for violent men have been evaluated in Germany (WiBIG 2004, vol 3)<sup>26</sup>, the UK (Dobash et al. 1996, 2000)<sup>27</sup>, and Switzerland (Gloor and Meier 2002, 2003). The findings from these evaluations conclude that:

- External pressure exerted by the justice system, where participation in the course may be an alternative to prison or some other sentence, motivates men who previously minimised the harm to women and children and placed the blame for their behaviour on them;
- Perpetrators mandated by public prosecutors or court order are significantly more likely to complete than men who participate without the involvement of the justice system;
- Completion of courses is associated with positive outcomes. Differences in completion rates were related to educational attainment and social class. In Germany over one-half of the perpetrators on the programmes had a low level of schooling and middle class men were more likely to complete the programme than men from lower social classes (WiBIG 2004, vol. 3). The UK evaluation found that men who were married and employed are more likely to succeed than men who were younger, unemployed, left school without any qualifications, and in co-habiting relationships (Dobash et al. 2000).

With behaviour modification programmes men's social skills improved as a result of a greater understanding of their own needs and through learning alternative ways to resolve conflict. The UK studies compared cognitive behaviour courses with other types of interventions (Dobash et al. 1996). The findings were that perpetrator programmes, especially cognitive behaviour training courses, can decrease the use of physical violence towards their partners, ex-partners and women in general. Men accepted greater responsibility for their violent and controlling behaviour, were better able to recognise the damage they had inflicted by shifting egocentric orientations and increasing empathy for others. The UK evaluation identified interactive factors in the transformative process that led to new ways of thinking, speaking and acting.

<sup>26</sup> In Germany programmes were evaluated in Hannover, Kiel, Berlin, Munich, and Schleswig-Holstein.

<sup>27</sup> In the UK programmes were evaluated in Scotland.

The identified factors are:

- adoption of the attitude that change is possible;
- motivation to change;
- moving beyond oneself to include the other;
- from external constraints to internal controls;
- changing views about the right to use violence against a woman partner along with adopting new ways of thinking;
- undertaking cognitive restructuring by talking, listening, thinking and learning new behavioural skills and orientations.

The German studies compared those who completed perpetrator programmes with those who did not. The German evaluations concluded that quality standards for cognitive behaviour courses raise a number of issues. Ensuring men attend and complete perpetrator programmes, even when ordered to do so by the justice system, was difficult and failures to comply with a court or prosecutor mandate were not always followed up. There was variation in the number of sessions, from five to eight individual counselling sessions to 24 to 26 group sessions, and in the conceptual elements of the programmes (WiBIG 2004, vol.3).

## **ii. safety for victimised women**

### **Key point 22**

Combine cognitive behavioural programmes for perpetrators with accompanying safety and support for victimised women and children

Many women would like to continue with the relationship if only the violence would stop. This lends support for perpetrator programmes, but if men participate in either voluntary or justice system mandated courses, women's safety is always an issue (Dobash et al. 1996, 2000; WiBIG 2004). In both Germany and the UK women's support services have raised the issue of women's safety both when women continue to live with the offender and when they do not. Service providers for women are concerned that while direct violence may be diminished by participation in perpetrator programmes, psychological controlling behaviours may be enhanced as men's social skills increase. Perpetrator programmes may include regular contact with female partners, checking the reliability of the man's statements about his behaviour with feedback to him if his account differs from hers. This is an aspect of increasing his understanding of his violent behaviour as is meeting in groups where other men, also there because of their violent behaviour, challenge his accounts. Regular contact also is a means of ensuring women's safety with support services an integral part of perpetrator programmes. Children living in the vicinity of violent men also have a need for help and support that is aimed at them directly (see for example, Hester et al., 2000). Therefore, perpetrator programmes should include strategies of providing help and support directly to children.

### iii. adolescent programmes for sexual offending

#### Key point 23

Establish adolescent treatment programmes for sexual offending, separate from those directed at adult men

While there is very little evaluation of the effectiveness of treatment programmes for adolescent sexual offenders in the UK, a residential treatment programme at SWAAY (Social Work with Abused and Abusing Youth) between 1990 and 1999 established that provided young men completed the programme, there was no evidence of further sexual offending. Another study comparing adolescents assigned to multi-systemic therapy with those assigned to routine individual therapy in the community found multi-systemic therapy successful as it provides intervention that impacts upon the environmental causes of the behaviour. Placement of young men in multidisciplinary treatment foster care has shown positive results in reducing sexually inappropriate behaviours. Living in a climate of domestic violence is a factor for boys who have been sexually abused to go on behaving abusively. This review of the field identifies a lack of information about the organisation, legal powers and treatment, management and ongoing rehabilitation programmes shown to impact on re-offending and relapse (Whittle et al. 2005).

## 2.3 Cross-cutting themes

The focus of cross-cutting multi-agency practice is on the intersecting aspects of good practice in addressing gender-based human rights violations. Multi-agency evaluation research reaches beyond the specific responsibilities and objectives of single agencies. Attention is drawn to a range of cross-cutting practice elements of concern to all involved agencies, both statutory and voluntary. Integral, comprehensive topics in multi-agency evaluations of interpersonal violence that are discussed in this section are consistent co-ordination and cooperation of agency responses (2.3.1) and appropriate, problem-oriented training for professionals and persistent monitoring practices (2.3.2).

### 2.3.1 Multi-Agency Approaches

#### 2.3.1.1 Context and background

Multi-agency work and cooperation in the fields of domestic violence, rape and sexual assault, including securing the protection of children, is a relatively recent approach. It arose in the late 1980's - early 1990's in different countries of Europe. In many European countries women's services, consisting of refuges, advice, counselling, rape crisis centres and telephone help lines, began some years earlier and influenced a growing volume of criticism concerning attitudes and practices of statutory agencies, in particular criminal and civil (family) justice systems, policing and social services. It became apparent that the issues of gender-based human rights violations cut across the responsibilities of numerous local and national statutory

agencies, rendering their responses inadequate. While the often voluntary work with women and children through women's organisations developed in professionalism and accumulated specific know-how and expertise, statutory agencies regularly confronted with victims and/or perpetrators lagged behind. The need to improve statutory agency responses and to develop strategies for combined and co-ordinated efforts from all agencies involving practitioners from different disciplines was increasingly acknowledged as desirable.

Multi-agency approaches may be defined as targeted joint ventures which include all relevant statutory and voluntary agencies from which women seek help. Their aim is to develop co-ordinated policy and practice in the area of gender-based human rights violations. This aim is to be achieved through an ambitious programme of change that focus on the safety and empowerment of victimised women and children and that calls perpetrators to account. It requires:

- establishing the accountability of agency services which means:
  - a. recognising agency responsibility and effective responses;
  - b. acknowledging agency obligation to those who are victimised;
  - c. being a reliable co-operating partner for other agencies;
- facilitating and improving agency service provision;
- identifying gaps in agency services; and
- ensuring co-ordinated, consistent problem-solving approaches.

Initiatives and multi-agency approaches have spread in several European countries. Today approximately 200 multi-agency forums are at work in the UK, over 30 intervention projects have been created in a multi-agency context in Germany, intervention centres working from a multi-agency approach exist in each federal district of Austria, local and regional multi-agency forums have been launched in Switzerland and multi-agency models are located in the Nordic countries. For example, in Sweden, currently there are just over ten in operation (Eriksson et al. 2006). Nevertheless, multi-agency approaches are not generally established practice within European countries.

Today there is a reasonable body of project based evaluation knowledge as well as country wide comparison studies into multi-agency responses. These provide information on the effectiveness, structures, contextual conditions and objectives of cross-cutting efforts.

### **2.3.1.2 Evaluation knowledge**

#### **i. forums and agency involvement**

##### **Key point 24**

Set up a forum that includes all relevant agencies confronted with victims and/or perpetrators of gender-based human rights violations and promote dialogue amongst these service providers. The forum requires the involvement of agency services with mandated institutional representatives who have the authority to negotiate and make decisions in the name of their agency

Multi-agency projects in Europe have significant differences in organisational frameworks, resources, membership constellations and agency involvement. Evaluation studies of multi-agency structure and organisational issues have accumulated evidence to suggest specific favourable preconditions for good practice. Key findings draw on individual project evaluations as well as comprehensive evaluations of multi-agency projects. So far comprehensive studies have been conducted only in the UK (Hague et al. 1996; Hester and Westmarland 2005) and in Germany (WiBIG 2004, vol. 1-4), with project specific evaluations in other countries. Evaluation findings show that multi-agency approaches have strong potential to initiate institutional change and contribute to improvements in the effectiveness of services. They enable agencies to detect information and co-ordination gaps between services, as well as contribute to reducing existing institutional prejudices. By establishing a problem-oriented exchange, multi-agency initiatives are able to encourage agency cooperation and new solutions in addressing gender-based violence (Kelly et al. 1999:73ff; Gloor and Meier et al. 2000:94ff; Kavemann et al. 2001:86ff).

As supportive factors in establishing multi-agency approaches, evaluations identify conscientious inclusion of relevant services and their representatives. The membership base and involvement of agencies show the importance of the presence of voluntary sector services for those who are victimised. It is the daily work experience and expertise of agencies, such as refuges, that ensures the centrality of the perspective of those who are victimised in developing co-ordinated intervention practice. Establishing a formal mandate of a binding nature facilitates negotiation on improving institution practice and working out multi-agency agreements and protocols concerning individual agencies. Representatives from statutory agencies need to be formally delegated by officials of these agencies (Hague et al. 1996; WiBIG 2004, vol 4).

## **ii. structures for multi-agency work**

Key point 25

Set up long term cooperation and institutionalised forms of multi-agency work

Success and effectiveness of multi-agency projects are significantly enhanced if involved agencies cooperate on the basis of binding mutual agreements. This includes the adoption of shared guiding principles and common agreements concerning agency work in the fields of domestic violence, child protection, rape and sexual assault. It is the continuous translation of such guiding principles and agreements into specific initiatives and sustained activities which result in longevity and permanent exchange and cooperation. This requires the implementation of suitable protocols and practice policies within each agency and reflection on their appropriateness by the multi-agency initiative. Evaluations show that unless multi-agency projects engage in this demanding, long-term process of actual change in

service delivery and the sharing of information, their results remain very limited. Multi-agency projects that network solely on an informal level have a tendency to peter out or run the risk of becoming ineffective “talking shops” (Hague et al. 1996; WiBIG 2004, vol 4; Gloor and Meier et al. 2000).

### **iii. coordination teams**

Key point 26

Need for a committed, coordination team with its own resources to conduct coordinated multi-agency work

The employment of a co-ordination team is of key importance in progressing the work. Co-ordinators give focus and direction to the project. They can create an active, networking centre endowing the project with identity and informed vision. Women’s services are often the most experienced and committed in the field. Because of this women’s services have a central role to play in multi-agency projects. As problem-solving dedicated actors, co-ordinators mediate between partners, facilitate new co-operative agreements between agencies, monitor and assist implementation processes and secure quality standards. Various studies found that multi-agency projects working with co-ordination teams are much more efficient (Hague et al. 1996:36ff; WiBIG 2004 vol. 4:98ff).

Multi-agency approaches also require adequate resources. These include resources for the work of a co-ordination team as well as resources for project development and activities. Resource shortage and financial insecurity prove to be major factors inhibiting effective development of local multi-agency work (Hague et al. 1996).

### **iv. internal and external monitoring and evaluation**

Key point 27

Set up internal and external monitoring and evaluation systems of agency actions for domestic violence, child protection, rape and sexual assault with regular assessment of intervention practices and knowledge held in institutions and agencies

Country-wide mapping surveys and comparative evaluations of multi-agency projects draw attention to a wide spread deficit of multi-agency initiatives: “inter-agency projects are generally poor at conducting evaluation and at monitoring their work” (Hague et al. 1996, p.7). Accompanying research provides evidence that evaluation and monitoring prove to be key elements in good practice in multi-agency projects and have a strong bearing on their effectiveness (WiBIG 2004, vol. 4, p111f; Hester and Westmarland 2005; Humphreys and Carter et al. 2000; Gloor et al. 2000).

Developing and maintaining a co-ordinated community response to gender-based human rights violations is a complex and multifaceted undertaking. A first challenge

for agencies often consists of a lack of reliable basic information and data on frequency of cases and how these are handled. Evaluation and monitoring of service provision provide insight into strengths and gaps of agency work and reveal potential need for action. The study of Gloor et al. (2000) found that collaboration and commitment of statutory agencies may be acquired more easily and be intensified if evaluation findings give sound evidence of actual institutional response and existing insufficiencies, such as high attrition rates or user discontent. Evaluation and monitoring provide useful information to guide decision-making on the setting of objectives and action plans for multi-agency projects (Hague et al. 1996).

A second challenge for agencies is to initiate a process of change by developing new or adjusted protocols for individual agencies, by intensifying well-directed mutual collaboration and information among agencies and by ensuring access to existing services for those who are victimised or by setting up new projects (e.g. help-lines or outreach, pro-active support). The success of implementation requires evaluation and monitoring to determine if the envisaged activities have been put into practice and/or if there are specific problems or resistances concerning innovation that need attention. These evaluations of output and process require monitoring and regular assessment. The evaluation of ten multi-agency initiatives in Germany, and the project specific evaluation of a Swiss pilot project provide good examples (Gloor et al. 2000; Helfferich et al. 2004; Löbmann and Herbers 2004; WiBIG 2004, vols.1-4).

A third challenge is the question whether the work undertaken by multi-agency projects is effective and appropriate. Does the work contribute to the overall goals to empower those who have been victimised and improve their safety? Regular impact assessment constitutes a key factor in good practice in multi-agency work. This facilitates the discernment of supportive interventions and the most effective responses to gender-based violence (Hester and Westmarland 2005). Qualitative data and information on project users' experiences, views and life conditions also are significant to evaluations of effectiveness (Gloor et al. 2000; WiBIG 2004, vol.1).

## **v. safety and empowerment of women and children**

### **Key point 28**

Safety and empowerment of victimised women and children are the primary reference points in adopting and implementing multi-agency interventions and cooperation

Existing evaluation knowledge agrees that multi-agency approaches that tailor their interventions and cooperation to the needs of those victimised by gender-based violence are most likely to be successful (Hester and Westmarland 2005). To reach this goal research findings suggest that multi-agency work consciously takes account of perspectives of different victimised groups, in particular vulnerable groups such as children, ethnic minorities and migrants, the elderly or disabled (Helfferich et al. 2004;

Hester and Westmarland 2005; WiBIG 2004, vol.1). To involve representatives of voluntary agencies whose work focuses on these groups is good practice. Multi-agency approaches that depend on active and acknowledged participation of these experts are more likely to tailor responses and interventions to the needs of different victimised groups and to facilitate access to services (Hague et al. 1996; Hester and Westmarland 2005).

## **2.3.2 Professional Training**

### **2.3.2.1 Context and background**

The growing discussion on gender-based violence is being added to professional training and becoming part of professional competence. In-service training is a cross-cutting theme of concern to a wide range of agencies and occupational groups. Since the 1990's, diverse training initiatives and educational pilot projects have taken place in European countries. Initiating and providing professional training often is linked to, or is a part of, the work undertaken by multi-agency initiatives.

Currently specialised training for professionals of different disciplines is acknowledged as an essential foundation for good practice. However, there exists a considerable gap between this insight and existing forms of integrating gender-based violence into authorised basic training and the further education of different professions. Exceptionally, in Austria in the 1980's, practitioners from refuges and feminist social-workers began regular training courses for the police that have become a formal part of police training. In most European Union countries systematic training in relevant occupational fields, such as police and legal professions, the health sector, counselling, social work, welfare and social care, and guardianship is at an early stage or still totally lacking.

Most training initiatives and local pilot programmes have been undertaken without a systematic assessment concerning the chosen curricula, acceptance, and effectiveness of the training. Only a few scientific evaluations of professional education on gender-based violence are available. Existing evaluation knowledge mainly draws on training activities for police and justice systems as shown by the examples from Germany and Switzerland.

### **2.3.2.2 Evaluation knowledge**

#### **i. provide basic knowledge**

Key point 29

Provide basic knowledge on gendered human rights violations, their dynamics, contexts and consequences

Studies in various occupational fields show considerable demand for professional training. Between 60 % to 84 % of professionals in the health sector, for instance, express substantial need and interest regarding basic knowledge and core facts

concerning gender-based violence (Gloor and Meier 2003: 29; 2005: 42; Hellbernd et al. 2003: 141ff;). Comparable rates, 59 % to 95 %, are also found amongst professionals of the police and justice system (Gloor/Meier 2000: 146; Leopold et al. 2002: 124). Information on prevalence, different forms and distinctive dynamics and patterns of gender-based violence is required. Equally appreciated are instructions on legal conditions and the specific needs and situation of those affected by gender-based violence. Evaluated programmes found that incorporating this basic knowledge into professional training and further education closed substantial gaps in knowledge by raising problem awareness and reducing myths. Professionals felt better informed and more prepared to take on professional responsibility for gender-based violence (Hellbernd et al. 2003: 147/161; Leopold et al. 2002: 70-127).

## **ii. provide practical knowledge**

### **Key point 30**

Provide hand-on guidelines and practical specialised professional knowledge

Evaluation findings provide evidence that training is best accepted and is most effective if it engages with specific practical questions in dealing with problems faced in a specific occupational field (WiBIG 2004, vol 2: 274). Successful training courses provide explicit guidelines and instructions on what type of actions to take in order to respond most adequately to victims and/or perpetrators. This type of training is more successful than general awareness-raising modules (WiBIG 2004, vol 2: 81ff). Evaluation knowledge draws attention to vital prerequisites for adequate professional training: guiding principles and protocols must be part of an approved policy within an institution or an occupational field and need to be sustained by management (Leopold et al. 2002: 166ff; WiBIG 2004, vol 2: 54ff).

## **iii. establish training cooperation**

### **Key point 31**

Establish training cooperation between professional external trainers and agency based trainers in the field of gender-based violence

Team-teaching models that include trainers with professional knowledge of rape and domestic violence together with training experts from inside a specific discipline or institution provide the best organisational form for good practice (WiBIG 2004, vol. 2: 293). Current Austrian training strategies for the police are a good example (Egger 1994; for Germany see Leopold et al. 2002: 69). Team-teaching approaches combine distinct professional know-how within different professional groups with the knowledge of gender-based violence and the needs of users. Professional know-how includes working methods, procedures and regulations, habits of thinking, norms and codes of conduct. Team trainers are able to adapt teaching to specific professional

groups. This teaching structure emphasises interdisciplinary aspects of the problem and is the best way to take account of particular circumstances of specific groups, for example, responses and interventions with regards to the situation of children, ethnic minorities or the elderly.

#### **iv. regular training inputs**

Key point 32

Provide regular training inputs and develop a women-centred discourse within basic and further professional training

Today, training on gender-based human rights violations is predominantly supplied through further vocational training and often with attendance on a voluntary basis. According to evaluation evidence the impact of such programmes is positive for individuals: resulting in greater awareness, increased knowledge concerning the topic and of existing support systems, enhanced confidence in handling cases and, to a certain extent, modifications of practice. At the same time findings show the limits of voluntary training as it mainly reaches selected, individual professionals and does not introduce and implement new guidelines and intervention strategies formally throughout a profession or institution. Also, occasionally provided further education courses are criticised by participants for their restricted time limits (Gloor and Meier 2000; Leopold et al. 2002; WiBIG 2004 vol.2).

To be able to do justice to the complexity and interdisciplinary of gender-based violence, evaluation studies' recommendations agree on the following features of good practice in the field of professional training:

- formal integration of gender-based violence into authorised curricula of main vocational courses in a range of relevant professions;
- curricula given sufficient time and expert trainers;
- regular, repeated further education on a mandatory basis – especially when new or adjusted guidelines and protocols are to be introduced in a specific field.

## 3 Good practice in Central and Eastern Europe

### 3.1 Introduction

Insight into research and evaluation on good practice shows that the availability of sound findings and evaluation knowledge is limited to some countries. In many European countries evaluation and research in the field of interpersonal violence and human rights violations are absent (see section 2).

In order to initiate dialogue and the interchange of knowledge and experiences in European countries on practice, a CAHRV workshop was held in Budapest in September 2006. The workshop brought together researchers and practitioners from 17 Western, Central and Eastern European countries from both European Union and non-European Union member states<sup>28</sup>. The workshop explored gender-based violence between European countries with stronger and weaker research traditions in the field of domestic violence, rape and sexual assault. All participants were invited to discuss the usefulness of research and evaluation knowledge presented in this report and to contribute experiences from their field of work. Through intensive and fruitful cross-national discussion and exchange the views of both researchers and women-centred NGO participants focused on the question of developing good practice and its contextual prerequisites. A conference report is available at <http://www.cahrv.uni-osnabrueck.de/reddot/>.

Central and Eastern European countries experience the greatest gaps in developing good practice. In common with Western European states legislation aimed at curbing domestic violence, rape and sexual assault lacks implementation in varying degrees. In some Central and Eastern European countries there are legal frameworks, but no implementation at all. After accession into the European Union efforts regarding violence to women and girls have not only ceased, but in some instances funds have been removed from women's NGOs. These gaps share similarities in the requirements for good practice in order to be able to offer women and children support, counselling, and appropriate housing, health, social services and police and justice system interventions.

Specific challenges in developing good practice in individual Central and Eastern European states discussed at the conference by representatives from these countries are reported briefly below.

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<sup>28</sup> Represented countries: Austria, Bulgaria, Croatia, Cyprus, Czech Republic, Germany, Hungary, Lithuania, Poland, Romania, Serbia, Slovakia, Slovenia, Sweden, Switzerland, United Kingdom, Turkey.

## **3.2 New European Union members**

### **Cyprus**

For Cyprus the implementation of law and its monitoring is a major problem as is the cooperation of statutory agencies and women-centred NGOs. Training is needed that involves women's organisations. There is a need to link the justice system with alternative methods of intervention with perpetrators. To further intervention systems and multi-agency cooperation requires that the entire system of interventions should be reviewed in the light of new developments and the active role of the civil society sector. To improve good practice requires awareness-raising, easy to access methods of empowering women, systematic training at all levels, and consistency in implementation practices. There is a lack of evaluation studies.

### **Czech Republic**

There are 107 state supported shelters open to women and, of these, 50 are free of charge and offer 24-hour and 7-day accessibility. They may be open to both men and women or, if women-only, may not provide counselling. Three shelters meet women-centred criteria for good practice. There are several NGO counselling centres that use gender-based methods of work and two telephone help lines, one for legal advice and assistance. Training is provided by a woman-centred NGO for the police, social workers and health care workers. There is a multi-agency project in one area of Prague that involves both the statutory and NGO services. There are no external evaluations of women-centred NGOs, other than one incomplete evaluation study of a shelter. There is no evaluation of training on domestic violence for professionals. Evaluation is seen as potentially helpful to NGOs in their efforts to argue for the importance and quality of their work and for the need for more support services to be funded by the state.

### **Hungary**

There are a few women-centred NGOs operating from a gender-based perspective in Hungary. Only two offer specialised services for women victimised by domestic violence. One of these NGOs provides a free nation-wide helpline with trained volunteers and the other offers legal assistance, several education projects, and training for different service providers and staff of authorities, such as police, child protection teachers, child protection officials, psychotherapists, social workers, staff of other NGOs, youth workers and nurses providing ante-natal and post-natal care. There are no women's shelters that fulfil the criteria for good practice, such as a confidential address. The few existing NGO activities are characterised by limited financial resources and a lack of state cooperation in supporting women. Several research projects have been undertaken, but there are no evaluations of services for women and their children.

## **Lithuania**

The few women-centred NGOs, dedicated to offering services based on solidarity and human rights perspectives, seek to empower women, to advocate for them and to offer victim-friendly counselling and support. Women-centred NGOs have a gender approach where the victims' needs for safety and protection take centre stage. There is an NGO-supported national hotline which receives no state funding. The lack of state funding means women-centred services have considerable difficulty in acquiring sufficient finances to continue. The number of services is insufficient to meet the need. The existing few shelters do not fulfil good practice standards. They are usually run by the Church and municipalities, their staff is not trained in gender violence issues and they do not provide victims of violence with specialized counselling. More adequate help is provided at the Vilnius municipality-run institution. Non-women-centred NGOs often attempt to help women through referral to a shelter for the homeless, where it is not possible to offer specialized help or counselling. While some training for professionals is provided by women-centred NGOs there continues to be a training need for statutory agencies and all staff of service providing organizations. Evaluation research on services has not been undertaken. State policy needs to be directed towards recognising and encouraging women-centred policy, help practices and embrace empowering strategies provided by the women's NGOs, rather than local authorities' efforts to start facilities for "all groups of social risk", including women victims of domestic violence where the latter cannot receive adequate support and counselling. Women-centred (feminist) NGOs should take the lead in building the infrastructure of Crisis centres / services for women victims of gender violence, acting in cooperation with state authorities responsible for providing adequate funding.

## **Poland**

There are some services for women and children for domestic violence, rape and sexual assault in Poland. These include the Women's Rights Centre in Warsaw which offers professional, legal and psychological assistance, and provides training on domestic violence for police and prosecutors. There is a 24-hour independent helpline available nation-wide that is free of charge. The number of shelters is insufficient to meet the need and not all fulfil good practice standards. A strong link is made between alcoholism and domestic violence in the provision of services which are often managed by men. Information, public campaigns and further training of professionals by women's NGOs are necessary to raise awareness of domestic violence as a gender-based problem and not a problem resulting from alcoholism. Evaluation of state interventions is limited. In 1998 Poland introduced a "blue card" procedure for police to register domestic violence incidents if the victim requests the incident be recorded, but the new procedures are found by women-centred NGOs to be inefficiently implemented (see footnote 15).

## **Slovakia**

Slovakia, as with other Central and Eastern European states, requires more services with clear and unified standards to enable monitoring and evaluation to take place. The exact number of victim services is unknown, although a major women-centred NGO is conducting a comprehensive survey on organisations providing services to abused women. Improved responses from the criminal justice system and improved capacity of women-centred shelters and counselling centres are seen by feminist NGOs to take priority in the development of services. More specific training for statutory services is needed along with senior management commitment to introduce women-centred policy, interventions, systematic recording and guidelines. Domestic violence forums are ineffective as there is no mandate to introduce changes, monitoring, evaluation systems and institutionalised cooperation. Perpetrator programmes can only be effective if there are services for survivors. Evaluations of action plans at national and regional levels should include the more experienced women-centred NGOs and external evaluators from other European countries. The elimination of gender violence should be moved from recommendation to a legal requirement.

### **3.3 States joining the European Union in 2007**

#### **Bulgaria**

Bulgaria takes the need for training to include educating the so-called 'experts' as well as professionals involved in responding to domestic violence. Women-centred NGOs call for a statutory obligation regarding training of professionals, for the state collection of statistics on violence against women and children and to provide specific aid for the survivors of domestic violence. Women's NGOs look to the European Union, through its recommendations, for assistance that encourages the state to develop the political will to seriously address violence against women and to take responsibility along with statutory obligations to intervene positively. There is no evaluation of services.

#### **Romania**

In Romania the lack of resources for services, inter-agency coordination and multi-disciplinary teams are important issues. NGO women-centred shelters for women and children are closing due to lack of financing from local authorities. In 2002 there were 11 autonomous shelters and in 2006 only four remain. Even more fundamental is the lack of a gender dimension in the definition and understanding of domestic violence, which means it is impossible to make sense of the concept of empowerment. In Romania domestic violence is seen as a social and health issue; a family matter caused by alcoholism, poverty and personality disorders of both the victim and perpetrator. The impact on children is ignored. Victims of violence are not covered by health insurance. Good practice in Romania requires the police and justice system to respond to domestic violence with improved cooperation between the police and prosecution in the judicial system. Women-centred activists call for the

cessation of attempts by the police to mediate between the parties and an end to the legal recommendation of mediation. The view is that the police are not social or welfare workers, but are there to implement the criminal law. Training is needed on intervening in violence against women that uses all the legal possibilities for doing so. There is no evaluation of service provision.

### **3.4 Potential European Union members**

#### **Croatia**

In Croatia there have been changes in legislation regarding rape, and women-centred service providers assess these changes as relevant, but insufficient. Further reforms of penal legislation to accord with international human rights and international criminal law standards are needed. With domestic violence there are three different types of law regulating intervention with decisions on charges under which legislation depending on police discretion. These legal and procedural approaches need reform. Action is required on a number of levels. Societal attitudes require changing by educating and sensitising the general public, including those who staff state services, on the problem of violence against women. The need is to move to an understanding that rape, sexual abuse and domestic violence arise from the disparity of power between the sexes and results in the oppression of women. All state services respond inadequately: law enforcement and judicial procedures, health and social services. Government funding to meet the needs of NGOs responding to violence against women also is inadequate. There is no evaluation of services.

#### **Serbia**

Activists in Serbia formed a network of the SOS hotlines, counselling centres and women's shelters dealing with violence against women with thirty-two women's organisations. Recently the small SOS help lines are closing because international donors no longer have funds for these services. International donors expect the national and local governments to fund services, but they do not understand the need to do so. Women-centred services in Serbia, with empowerment as a concept, strategy and practice, offer the best client-centred service for survivors of male violence. A lengthy history of feminist engagement is the moving force in educating state institutions, lobbying for more appropriate laws, and establishing inter-agency cooperation. Women-centred groups lobby state ministries to implement protocols in the work of their institutions, provide training on violence against women in both vocational and regular education and contribute to national action plans for gender equality, for women's health, and for special groups such as Roma women. The aim of these interventions is to further an understanding that violence against women is a form of discrimination against women and a violation of their human rights. There is some evaluation of NGOs, but not of state provision for women and children.

## **Turkey**

While there has been substantial improvement in legislation, the same issue of a lack of funding for women-centred services exists in Turkey. There is a need for women's control of a seven-day 24-hour helpline, more domestic violence shelters and feminist counselling centres. Throughout Turkey there are 14 NGO women-centred shelters offering 500 beds. These fulfil good practice criteria by providing safe housing and anonymous, juridical, psychological and health related counselling, including free legal support. Another requirement to spread good practice is the provision of training for all state agency staff, including police, judges, teachers and health employees. State-provided centres do not function as women's shelters as they have no means to protect victimised women for more than a few days when, because of demand for services, women are sent back to where the violence took place. Additionally, as there is male staff, rape and other maltreatment of women has occurred. Each municipality is to have one refuge for women and children per 50,000 population, but state funding is insufficient to implement this requirement. There is limited evaluation of needs and services.

## **3.5 Specific good practice issues in Central and Eastern Europe**

To summarise, there are a number of issues to be addressed to further good practice by Central and Eastern European pre-accession, accession and member states, statutory agencies and NGOs.

Funding streams are needed for women-centred NGOs. In Central and Eastern Europe financial support is seriously lacking for NGOs assisting women and children victimised by violence. Various suggestions have been made to overcome this adverse finding, including international and European Union funding as well as member states' financial support. Women-centred NGOs need direct and consistent funding and information on how European Union funds for responses to violence against women and children are being spent. This is a precondition for the development of good practice and research evaluation of good practice.

Patriarchal cultures in Central and Eastern European member states reduce the likelihood of the state facing gender issues without European Union intervention.

In Central and Eastern Europe cooperation with NGOs by state agencies is missing to a great extent. Cooperation is called for that is based on recognising and including the experience and knowledge of women-centred NGOs.

Cooperation between research and practice-based NGOs is a promising and fruitful way to improve responses to violence against women, but today cooperation is lacking in most Central and Eastern European countries.

Harmonising member states' legislation on violence against women was suggested as a way to overcome the lack of action in Central and Eastern European states.

European Union projects should not force NGO/state cooperation through the 80% - 20% financial contribution rule. This requirement is experienced as counter-productive in Central and Eastern European countries where there is no cooperation between the state and women-centred NGOs. Women-centred NGOs can even be conceived as “enemies” of the state.

In some recent accession countries European Union requirements for membership led to some legislative change and some funding for services, but once in the European Union funding was withdrawn implementation of legislation is not being pursued. There is a need for monitoring and maintaining EU standards in addressing gender-based violence.

### **3.6 General good practice issues that also apply to Western Europe**

Appropriate services, both mainstream and specialised, for migrants, ethnic minorities, the elderly and the disabled, need to be supported in member states.

Training vocational, basic and further education should be expanded from initiatives of women-centred NGOs and from the goodwill of single agencies, to become part of curricula and agency structures.

Agree on National Action Plans concerning violence against women, their implementation and monitoring.

Monitoring and evaluation should include the views of victims and their situations.

Agree on the adoption of a European definition of domestic violence by all member states.

## 4 Gaps in services, monitoring and evaluation

### 4.1 Gaps in service provision

While it is not the task of this report to compile knowledge on service provision in different European Union states, the bringing together of available evaluation knowledge on good practice (Social Insight et al. 2004) inevitably draws attention to gaps in services and interventions aimed at domestic violence, rape and sexual assault<sup>29</sup>.

There are both variations between countries, but also some similarities, as gaps in service provision – whether there are sufficient or only very few – are not distributed equally between all women and children in individual European Union states. A gap which most of the European countries demonstrate is a deficit of services for particular vulnerable groups and, where such services exist, they are hardly evaluated. Vulnerable groups include both Black and minority ethnic women and children, with and without European Union citizenship. In Central and Eastern Europe the Roma community is the most vulnerable. In addition, amongst the population as a whole there is a deficit of specialised interventions for the elderly, children, the disabled, women in prostitution, and those with dual problems, such as mental health and substance abuse. Service gaps in Central and Eastern European states are particularly pronounced with lack of permanent housing for women who leave home due to domestic violence and the lack of financing of women-centred services, including refuges and help lines. The issues raised by these gaps are rights to services and their provision.

Another similarity is that rape and sexual assault are areas of service provision that have received less attention than domestic violence in all the selected European Union countries. Specialised services for advice and support often are lacking and statutory intervention policies tend to prioritize publicly based offences from strangers to acquaintances. A third common gap in service provision that can be observed through European member states is that on the whole health, welfare and temporary and permanent housing services have received less attention, although they prove vital to achieving effective responses that prevent and protect those victimised by violence from further abuse.

### 4.2 Gaps in evaluation of services

The gaps in the evaluation of services for domestic violence, rape and sexual assault can be described through identifying the extent of services, state involvement in their provision and external evaluations. In general we may distinguish four different forms of gaps in evaluation of services:

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<sup>29</sup> Previous European stock taking documents include European Women's Lobby (2001) *Toward a Common European Framework to Monitor Progress in Combating Violence Against Women*; Hagemann-White, Carol (2006) *Stocktaking Study on the Measures and Actions Taken in Council of Europe Member States to Combat Violence Against Women*.

- Women-centred NGO service provision with the beginning of state involvement, but no external evaluations.

Women-centred NGO service provision that is characterised by the beginning of state involvement, but without external evaluations, applies to some Western European states. However, this situation is worse in Central and Eastern European countries. Women-centred NGOs or civil society projects responding to domestic violence and, to a lesser extent or not at all, to rape and sexual assault, have no external evaluations of their work or of state provision aimed at furthering the triple goals of prevention, protection, and prosecution. NGOs usually evaluate their own programmes or projects, if there is any evaluation. The activities of existing institutions are often uncoordinated with little contact between women NGO leaders, which can result in the provision of similar programmes for victims and campaigns. A lack of coordination also applies to evaluation.

European countries vary in the degree of success experienced with obtaining financial and legislative changes that support service provision and its evaluation. Refuge spaces for women and their children can be very limited. In Western European countries, for example, Italy has strong NGOs, but limited state intervention and no external evaluations. Projects are locally based, whether carried out by NGOs or the state.

- NGO service provision with state involvement and some evaluation.

While there are evaluations of service provision, the policy and funding approach is not systematic. Evaluations often depend upon researchers or service initiatives with the evaluation and funding of selected questions. Austria, Finland and Switzerland provide examples of this approach. Austria has undertaken state-funded (Ministry of the Interior), external evaluations of the new domestic violence law permitting exclusion of perpetrators from their homes for limited periods (Haller and Liegl 2000). The Austrian National Bank offers some financing for domestic violence studies. Finland has undertaken evaluation studies on domestic violence provision (Nyqvist 2001). Switzerland has some evaluation research on domestic violence, rape and sexual assault initiated by individual researchers or by private institutions. While there is no state tradition of scientific monitoring or evaluation, the government has funded a one-off national research programme with projects on domestic violence and few studies on rape or sexual assault.

- NGO service provision, state involvement and a stronger evaluation culture.

The state frequently commissions evaluation studies and engages in research. Evaluation culture is most strongly established in Germany and the UK, but substantial recent gains have been made in Austria, Sweden, and Switzerland. These countries have all carried out evaluations of some NGO and state services raising issues about contradictory policies, effectiveness in implementing policies, assessments of interventions and good practice. In Germany most evaluations are of model projects set up for one to three years and funded by the Federal Ministry for

Family Affairs, Senior Citizens, Women and Youth or the corresponding ministries of the Bundesländer. Most of these studies adopt a process-based approach. The structure and work of the intervention projects and the practice of cooperating institutions are the themes of the research by WiBIG. But there is very little research on the utilisation and outcomes of the interventions in domestic violence and the voices of the users of services are missing in much recent research<sup>30</sup>. There are no recent evaluations of helpline projects or rape crisis centres in Germany, except for one outstanding and unique project evaluation of a hospital-based rape crisis project focussing on health and psychological support (Helfferich et al. 1997). Sweden has undertaken evaluations of the responses of state agencies to national legislation on violence against women (SOU 2004:121) and, as with the state funded evaluations in the UK, the focus is primarily on the work of the criminal justice system.

- Countries with women-centred NGO service provision, state involvement and a developed evaluation and monitoring culture that include systematic state inspections of statutory service interventions and professional practice. No European Union states have reached this level.

Identifying gaps is complex as the type of state organisation, as well as the number of services offered in any one country, affects the approach taken to the provision of services and their evaluation. Given the breadth of the voluntary sector, mapping exercises have been carried out in some of the more highly populated countries, particularly Germany and the UK (Humphreys and Carter et al. 2000). State organisation based on national ministries for the delivery of specific services with separate funding for evaluation has led to evaluation focussed on their work (HMCPsi and HMiC 2004; HMiC and HMCPsi 2002). Sweden has a national systematic approach to legislative compliance not provided by any other European Union countries in this report (SOU 2004:121). Italy and Germany have a devolved regional approach to services and their evaluation, with Switzerland also sharing a strong tradition of local and regional approaches. Although state organisation differs, a limited number of EU member states have plans of action on violence against women, i.e. Denmark, Germany, Spain and UK.

Women-centred NGOs and services generally often face the problem that the state is not really willing to finance services or evaluations of domestic violence, rape and sexual assault. At the same time state pressure is imposed, particularly on NGOs, to undertake internal or small external evaluations as a condition for state funding. Evaluations differ in quality. Good evaluations are based on thorough and reliable monitoring data, the use of multiple methods, both quantitative and qualitative, and the inclusion of users' voices. Meta and comparative evaluations are a major gap while frameworks to compare various evaluations remain to be developed.

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<sup>30</sup> In the early evaluation studies in Germany and the UK women were asked to write their own stories or quoted at length, and they were present and "on-stage" in public awareness -raising. While less evident in contemporary research this approach continues to be pertinent in evaluation studies.

## **5 Good practice recommendations for European policy**

### **5.1 Principal requirements in addressing gender-based violence**

The process of obtaining good practice in responding to violence against women and children must be a layered process in which implementation priorities follow from the point of departure for a given country or region.

- Encouraging good practice interventions begins with the development of women-centred services where few or none exist.

At its most basic, developing good practice in intervening in domestic violence, rape and sexual assault depends upon the level of service development within individual member states. The first requirement is to provide services to intervene with these human rights violations. With domestic violence, services for women and children are needed that provide advice or counselling, temporary accommodation or refuges, assistance with contacting statutory agencies and permanent re-housing. Rape crisis services are needed that offer advice or counselling and assistance with contacting other agencies, beginning with the police. These services are normally provided by women-centred civil society organisations or women-centred NGOs and financed from a variety of sources, including the state. Major requirements to develop good practice are: a) The strengthening and acceptance of women-centred NGO work and the importance of improving the recognition of their work where services are few; b) To overcome the lack of sufficient resources to work with women and children in women-centred provision, especially in rural areas.

- Research evaluations can extend good practice interventions where services exist.

When there are a few services within a member state for those experiencing domestic violence and/or rape and sexual assault, these should be evaluated for effectiveness and the extent of need. These evaluations can guide further policy, the allocation of resources, the extension of services and improvements in agency staff responses to those who have been victimised.

- State inspections and monitoring of the working of state institutions in relation to domestic violence and rape further extend good practice.

When there is a range of good practice interventions and evaluations of domestic violence, rape and sexual assault services within some member states, good practice can be driven forward by regular state inspections of statutory agencies, monitoring and publicly available evaluation reports. Inspections and monitoring should be of internal practices, collaboration with other relevant agencies, public availability of

services and the satisfaction level of service users. Good practice evaluations listen carefully to different user voices, such as women, children, Black and minority ethnic women and those with special needs.

## **5.2 Recommendations for moving towards sustainable progress**

### **5.2.1 The Basis for EU Involvement in Violence against Women and Children**

Action by the European Union to secure women's human rights has a lengthy history and provides a basis for further action to secure women's human rights in the area of violence against women. Since 1997 the different presidencies have repeatedly declared their commitment to address various types of violence against women with numerous recommendations and activities. The Daphne programme directly funds European projects on violence against women and children. European states are members of the Council of Europe and have signed a number of relevant conventions beginning with the European Convention on Human Rights (1950) followed by case law arising from this Convention, and later the European Social Charter (1961) and Revised Social Charter (1996), the additional protocol to the European Social Charter providing for a system of collective complaints (1995), and the European Convention on the Exercise of Children's Rights (1996). These Conventions also took account of the principles derived from UN texts, in particular the UN Declaration on the Elimination of Violence against Women (1993), the Platform for Action adopted at the Fourth World Conference on Women (Beijing, 1995), and the follow-up measures adopted at the special session of the UN General Assembly in order to further implement the Platform for Action<sup>31</sup>. Finally, the European Charter of Fundamental Rights reinforces the EU commitment to protection of human rights. These provide a solid basis for active strategies identified in 5.2.2, 5.2.3 and 5.2.4.

### **5.2.2 Develop and Evaluate European Indicators for Good Practice**

Indicators on domestic violence, rape and sexual assault are yet to be developed. To bring all member states to an equally high standard of protecting human rights and ensure that this standard is maintained, the European Union would benefit from agreement on indicators for assessing good practice across national boundaries<sup>32</sup>. To measure prevalence or reporting are methods useful in evaluating data in relation to indicators, but on their own they do not provide indicators of the development of good practice. European indicators for good practice can be furthered by cross-European Union projects with a capacity for replication or adaptation for

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<sup>31</sup> 23<sup>rd</sup> special session, New York, 5-9 June 2000.

<sup>32</sup> The Spanish and Danish Presidencies in 2002 resulted in various questions about violence against women. The European Women's Lobby specified good practice criteria, which is rare in "good practice" debates, identified case studies as models of good practice in a number of thematic areas relevant to conclusions reached by European Union member states in the framework of the EU Presidencies. European Women's Lobby (2001) *Towards a Common European Framework to Monitor Progress in Combating Violence Against Women*. Available at: [http://ewl.horus.be/SiteReSOU\\_2004:121:121rces/data/MediaArchive/Publications/BrochUK.pdf](http://ewl.horus.be/SiteReSOU_2004:121:121rces/data/MediaArchive/Publications/BrochUK.pdf)

mainstreaming in different national contexts. Another approach would be to encourage the development of national plans of action and to ensure their accountability through evaluation.

Evaluation knowledge concerning good practice identified in section 2 of this report (see Appendix for complete list of key points), identifies the need for indicators of good practice to be developed and adopted by European Union member states in order to set quality standards for services. The implementation of these quality standards should be monitored and evaluated by periodic audits of gaps and quality of service provision within European Union states, accession countries and those expressing interest in joining the European Union.

There are different types of indicators of good practice and these can be for different functions. These are:

- development of awareness and methods of addressing interpersonal violence;
- development of policy impact indicators which show how the problem is growing or changing generally within a member state;
- assessing whether practices are good, which requires measuring practice against standards derived from systematic evaluation of successful projects;
- transferability of practices between European states;
- effective action by state agencies, such as measuring the justice system by statistics on cases, trajectories and outcomes;
- assuming overall responsibility for ending domestic violence, rape and sexual assault by member states with a plan of action, establishing mechanisms for reviewing performance of statutory agencies in order to identify blockages to progress and to set up procedures and guidelines for improvement;
- requiring statutory agencies to report their findings to the public.

Specifying the type of indicator may assist in reaching agreement in different European states on the meaning of an indicator and the data that are required to evaluate it.

### **5.2.3 Build a more Solid Legal Basis for Securing Rights of Women and Children**

The European and international conventions signed by all European Union member states call for sustained and continuous efforts to secure the rights of women and children. Exerting consistent long term European Union influence on policy and good practice of member, accession and potential European Union member states would be furthered by a European Union Directive that focussed both on prevention and later interventions in order to reduce the number of individuals (victims and perpetrators) involved in violence against women and children, and in particular to prevent repeat victimisation. Ideally, such a Directive, while allowing for the diversity of conditions and institutional structures in the member states, would ensure that the key points drawn from research in the present report be taken on board during implementation. The conclusions from the previous report on the justice system as

an arena for the protection of human rights for women and children provide further points of reference for a future Directive<sup>33</sup>. Upon this foundation, diverse methods and approaches adapted to the different conditions existing in the member states could be better integrated into an overall EU policy of securing human rights.

#### **5.2.4 Build the Foundation for Monitoring Progress**

Effective monitoring of the issues identified in this report would be assisted by infrastructural developments in the European Union. Monitoring policy and its implementation within individual member states could be furthered by the submission of annual assessments on statutory-provided and NGO services, including progress on attaining and improving on minimum standards. Agreement on the necessary statistical data could enable Eurostat to assess progress across the EU, providing a major impetus towards the implementation of good practice and the funding of evaluation studies. Democratic processes on which civil society depends would be strengthened by a commitment to the introduction of transparency by member states, publishing annual reports on policy actions and their implementation, underpinned with standardised data, along with NGO shadow reports.

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<sup>33</sup> Humphreys, C and Carter, R. *et al.* (2006). The justice system as an arena for the protection of human rights for women and children experiencing violence and abuse, [www.cahrv.uni-osnabrueck.de](http://www.cahrv.uni-osnabrueck.de)

# Appendix

## Key points from section 2

### Key point 1

Interventions that ensure legal, social and psychological advice and support when combined with advocacy encourage empowerment in victimised women

### Key point 2

Good practice is based on adequate resources and locally based refuges with women's centred standards providing safety, social and counselling services

### Key point 3

Provision of supportive structures through outreach, counselling and accompanying services to meet the needs of different victimised groups

### Key point 4

Child protection interventions by social work and welfare statutory agencies are on three increasing levels of harm. Good practice interventions are:

Level 1 aiming prevention strategies at both fathers and mothers

Level 2 reaching children who have been maltreated, not just those thought to be at risk

Level 3 separation from the person responsible for child maltreatment is most likely to ensure reduction in further harm or injury

### Key point 5

Redefine harm to children caused by domestic violence from direct assault and sexual abuse to include witnessing violence to their mothers

### Key point 6

Ensure the safety and wellbeing of children through specific agency responses

### Key point 7

Provision of safe housing (temporary and permanent) with supporting services for victims

### Key point 8

Identify gender-based human rights violations as crime of public interest and not a private matter. Develop measures to ensure the police take action to protect those victimised from further violence, to promote investigation and evidence gathering and to eliminate responses such as negotiation, mediation and no further action

### Key point 9

Implement consistent, efficient and effective police action consisting of:

- systems and practices for systematically recording incidents in order to identify repeat victimisation of the same woman by the same man
- specific police structures to respond to domestic violence, rape and sexual assault

- staff cooperation and coordination
- senior management commitment to and resource allocation for the policing of domestic violence, rape and sexual assault

**Key point 10**

Policing needs to be pro-active, applied consistently and reflected in the work of prosecutors and the courts

**Key point 11**

External and internal monitoring is needed to measure the effectiveness of changes in policing in relation to both those who are victimised and their perpetrators

**Key point 12**

Improved victim care results in lower attrition rate and convictions

**Key point 13**

Introduce a common standard for crime recording criteria against which performance by different police forces can be benchmarked and establish an audit trail

**Key point 14**

A professional approach to investigation is needed to secure convictions and greater victim support for prosecutions

**Key point 15**

Police forces and prosecution services enter into formal agreement on the background information and action to be provided in domestic violence cases

**Key point 16**

Adopt a gender power-based perspective in assessing the work of statutory agencies

**Key point 17**

Managerial actions are key to achieving effective domestic violence interventions by the police and prosecution service

**Key point 18**

Implement screening routines and routine enquiry

**Key point 19**

Facilitate institutional accountability and commitment by establishing approved strategies and policies regarding:

- intra-institutional responsibilities
- responses and interventions (medical, social and psychological)
- referrals and the dissemination of information

**Key point 20**

Set up specialised units/centres

**Key point 21**

Implement justice-based pro-feminist cognitive behavioural programmes for perpetrators

**Key Point 22**

Combine cognitive behavioural programmes for perpetrators with accompanying safety and support for victimised women

**Key point 23**

Establish adolescent treatment programmes for sexual offending, separate from those directed at adult men

**Key point 24**

Set up a forum that includes all relevant agencies confronted with victims and/or perpetrators of gender-based human rights violation and promote dialogue amongst service providers. The forum requires the involvement of agency services with mandated institutional representatives who have the authority to negotiate and make decisions in the name of their agency

**Key point 25**

Set up long term cooperation and institutionalised forms of multi-agency work

**Key point 26**

Need for a women-centred, committed coordination team with its own resources to conduct coordinated multi-agency work

**Key point 27**

Set up internal and external monitoring and evaluation systems of agency actions for domestic violence, child protection, rape and sexual assault with regular assessment of intervention practices and knowledge held in institutions and agencies

**Key point 28**

Safety and empowerment of victimised women and children are the primary reference points in adopting and implementing multi-agency interventions and cooperation

**Key point 29**

Provide basic knowledge on gendered human rights violations, their dynamics, contexts and consequences

**Key point 30**

Provide hands-on guidelines and practical specialised professional knowledge

**Key point 31**

Establish training cooperation between professional external trainers and agency based trainers in the field of gender-based violence

**Key point 32**

Provide regular training inputs and develop a woman-centred discourse within basic and further professional training

## References

### CAHRV / European Comparison

Hagemann-White, Carol (2006) *Stocktaking Study on the Measures and Actions Taken in Council of Europe Member States to Combat Violence Against Women*. Strasbourg: Council of Europe.

Hearn, Jeff and Pringle Keith, with members of Critical Research on Men in Europe (2006). *European Perspectives on Men and Masculinities*. Houndmills: Palgrave.

Humphreys, Cathy and Carter, Rachel *et al.* (2006) *The justice system as an arena for the protection of human rights for women and children experiencing violence and abuse*, CAHRV: [www.cahrv.uni-osnabrueck.de/publications](http://www.cahrv.uni-osnabrueck.de/publications).

Keskinen, Suvi (2005) Commitments and Contradictions: Linking violence, parenthood and professionalism. In Eriksson, Maria; Hester, Marianne; Keskinen, Suvi and Pringle, Keith (eds) *Tackling Men's Violence in Families. Nordic Issues and Dilemmas*. Bristol: Policy Press.

Pringle, Keith; Hearn, Jeff; Ferguson, Harry; Kambourov, Dimitar; Kolga, Voldemar; Lattu, Emmi; Müller, Uusula; Nordberg, Marie; Novikova, Irina; Oleksy, Elzbieta; Rydzewska, Johanna; Šmídová, Iva; Tallberg, Teemu and Niemi, Hertta (in press), *Men and Masculinities in Europe*, London: Whiting and Birch.

Regan, Linda and Kelly, Liz (2003) *Rape: Still a forgotten issue*. London: Child and Woman Abuse Studies Unit, London Metropolitan University

Social Insight *et al.* (2004) *Brief description of major bibliographic material on country-based research*, CAHRV working paper.

### Austria

Egger, Renate (1994) *Schulungen für Polizisten und Polizistinnen – Sicherheit für Frauen und Kinder? [Training for police officers – safety for women and children?]*, In: Bundesministerium für Frauenangelegenheiten: Gewalt gegen FRAUEN gegen Gewalt vol. 2, Wien, 63-72.

Haller, Birgit and Liegl, Barbara (2000) *Eine Evaluierung der Umsetzung des österreichischen Gewaltschutzgesetzes [Evaluation of the implementation of the Austrian protection from violence act]*, In: Dearing Albin and Haller Birgit (eds.): *Gewaltschutzgesetz*, Vienna: Verlag Österreich, 165-266.

Haller, Birgit (2005) *Gewalt in der Familie: Evaluierungen des österreichischen Gewaltschutzgesetzes [Violence in the family: Evaluation of the Austrian protection from violence act]*, In: Dearing Albin and Haller Birgit (eds.): *Schutz vor Gewalt in der Familie*, Vienna: Verlag Österreich, 269-388.

### Finland

Forsberg, Hannele (2002) *Lasten asiakkuudet ja kokemukset turvakodissa: Arviointitutkimus Lapsen aika -projektista* Helsinki: Ensi- ja turvakotien liitto, Lasten asiakkuudet ja kokemukset turvakodissa: Arviointitutkimus Lapsen aika -projektista [Children's clienthood and experiences in refuges: An evaluation study of childhood projects] Ensi- ja turvakotien liitto [Union of Women's and Children's Refuges].

Nyqvist, Leo (2001) *Väkivaltainen parisuhde, asiakkuus ja muutos. Prosessinarviointi parisuhdeväkivallasta ja turvakotien selviytymistä tukevasta asiakastyöstä. Ensi- ja turvakotien liiton julkaisu 28, (Supporting Survival of Women Who have been Exposed to Intimate Partner Violence: An Evaluation)*, Turku: University of Turku.

Perttu, Sirkka et al. (2003) *Partner violence against women and screening for this at maternity and child welfare clinics. STAKES programme for the prevention of prostitution and violence against women, 1998–2002.*

<http://www.stm.fi/Resource.phx/publishing/documents/3050/index.htm>

## **Germany**

Bergdoll, Karin and Namgalies-Treichler, Christel (1987) *Frauenhaus im ländlichen Raum. [Refuges in rural area]*, Stuttgart: Kohlhammer.

Günther, Roswitha; Kavemann, Barbara; Ohl, Dagmar and Thürmer-Rohr, Christina (1997) *Modellprojekt Beratungsstelle und Zufluchtswohnung für sexuell mißbrauchte Mädchen von "Wildwasser". Abschlußbericht der wissenschaftlichen Begleitung. [Model counselling centre and shelter for sexually abused girls "Wildwasser". Final evaluation report.]*, Stuttgart/ Berlin: Kohlhammer (2. Aufl.).

Helfferich, Cornelia; Hendel-Kramer, Anneliese; Tov, Eva and Troschke, Jürgen von (1997) *Anlaufstelle für vergewaltigte Frauen. Abschlußbericht der wissenschaftlichen Begleitforschung. [Centre for raped women. Final evaluation report.]*, Stuttgart.

Helfferich, Cornelia et al. (2004) *Abschlussbericht Forschungsprojekt wissenschaftliche Untersuchung zur Situation von Frauen und zum Beratungsangebot nach einem Platzverweis bei häuslicher Gewalt. "Platzverweis – Beratung und Hilfen". [Final evaluation report on the situation of women and counselling services after imposing a go-order in cases of domestic violence. "Go-order – counselling and support".]*, Freiburg: Sozialwissenschaftliches FrauenForschungsinstitut.

Hellbernd, Hildegard; Brzank, Petra; Wieners, Karin and Maschewsky-Schneider, Ulrike (2003) *Häusliche Gewalt gegen Frauen: gesundheitliche Versorgung. Das S.I.G.N.A.L.-Interventionsprogramm. [Domestic violence against women: supplies of the health sector. The S.I.G.N.A.L.-Interventionsprogramme]*, Bonn: Bundesministerium für Familie, Senioren, Frauen und Jugend. Report available: [www.bmfsfj.de/Kategorien/Forschungsnetz/forschungsberichte.did=18204.html](http://www.bmfsfj.de/Kategorien/Forschungsnetz/forschungsberichte.did=18204.html)

Kavemann, Barbara; Leopold, Beate; Schirmmacher, Gesa and Hagemann-White, Carol (2001) *Modelle der Kooperation gegen häusliche Gewalt (Models of co.operation against domestic violence)*, Stuttgart, Kohlhammer.

Löbmann, Rebecca and Herbers, Karin (2005) *Neue Wege gegen häusliche Gewalt. Pro-aktive Beratungsstellen in Niedersachsen und ihre Zusammenarbeit mit Polizei und Justiz (New strategies against domestic violence: pro-active counselling centres in Lower Saxonia and their cooperation with police and justice)*, Baden-Baden, Nomos.

Löbmann, Rebecca and Herbers, Karin (2004) *Mit BiSS gegen häusliche Gewalt. Evaluation des Modellprojekts "Beratungs und Informationsstellen (BiSS) für Opfer häuslicher Gewalt" in Niedersachsen. [Against domestic violence. Evaluation of the model project "Counselling- and advice centres (BiSS) for victims of domestic violence" in Lower Saxony]*, Niedersächsisches Ministerium für Soziales, Frauen,

Familie und Gesundheit. Report available: <http://www.ms.niedersachsen.de> -> Service -> Publikationen.

Leopold, Beate; Kavemann, Barbara; Schirmmacher, Gesa and Hagemann-White, Carol (2002) *Fortbildungen für die Intervention bei häuslicher Gewalt. Auswertung der Fortbildungen für Polizeiangehörige sowie Juristinnen und Juristen, Ergebnisse der Evaluation durch die wissenschaftliche Begleitung. [Training for intervention in cases of domestic violence – Evaluation of trainings for police and judicial officers]*, Bundesministerium für Familie, Senioren, Frauen und Jugend, Stuttgart: Kohlhammer.

Rupp Marina et al.(2005) *Evaluation des Gewaltschutzgesetzes [Evaluation of the Protection from Violence Act]*, Staatsinstitut für Familienforschung an der Universität Bamberg, Bundesanzeiger Verlag.

WiBIG – Wissenschaftliche Begleitung Interventionsprojekte gegen häusliche Gewalt (2004) *Gemeinsam gegen häusliche Gewalt – Kooperation, Intervention, Begleitforschung (Working together to Combat Domestic Violence: Cooperation, Intervention, Evaluation Research)*, reports in German, 30-page summary in English, Federal Ministry for Family Affairs, Senior Citizens, Women and Youth, Bonn, Germany: [www.bmfsfj.de](http://www.bmfsfj.de) -> Forschungsnetz-> Forschungsberichte; also available at [www.wibig.uni-osnabrueck.de](http://www.wibig.uni-osnabrueck.de). further information: [Wibig.berlin@web.de](mailto:Wibig.berlin@web.de)

The 4 WiBIG volumes are:

Vol 1: *Neue Unterstützungspraxis bei häuslicher Gewalt. [New approaches to supporting victims of domestic violence]*

Vol 2: *Staatliche Intervention bei häuslicher Gewalt. Entwicklung der Praxis von Polizei und Staatsanwaltschaft im Kontext von Interventionsprojekten gegen häusliche Gewalt. [State intervention in cases of domestic violence. Development of police and prosecution practice in the context of intervention projects]*

Vol 3: *Täterarbeit im Kontext von Interventionsprojekten gegen häusliche Gewalt. [Working with perpetrators in the context of intervention projects]*

Vol 4: *Von regionalen Innovationen zu Maßstäben guter Praxis. Die Arbeit von Interventionsprojekten gegen häusliche Gewalt. [From regional innovation to societal change: the work of intervention projects against domestic violence].*

### **Italy**

Romito, Patrizia; De Marchi, M.; Molzan Turan; J.; Ciociano Bottaretto R. and Tavi, M. (2004) "Identifying violence among women patients attending family practices: The role of research in community change", *Journal of Community and Applied Social Psychology*, 14, pp.1-16.

### **Norway**

Råkil, Marius (2006) Are men who use violence against their partners and children good enough fathers? The need for an integrated child perspective in the treatment work with the men, in Humphreys, Cathy and Stanley, Nicky (eds) (2006) *Domestic Violence and Child Protection: Directions for good practice*. London: Jessica Kingsley Publications.

### **Sweden**

Eriksson, Maria with Biller, Helene and Balkmar, Dag (2006) *Mäns våldsutövande – barns upplevelser. En kartläggning av interventioner, kunskap och utvecklingsbehov [Men's violence – children's experiences. A survey of interventions, knowledge and issues for future development]*. Stockholm:Fritzes.

SOU [Swedish Public Inquiries] (2004;121) *Slag i luften. En utredning om myndigheter, mainsvald och makt* [Blows in the air: An investigation of statutory authorities, men's violence and power], Betänkande av Utredningen om kvinnofridsuppdragen. Stockholm: Fritzes.

### **Switzerland**

Gloor, Daniela and Meier, Hanna, et al. (2000) *Interventionsprojekte gegen Gewalt in Ehe und Partnerschaft. Grundlagen und Evaluation zum Pilotprojekt Halt-Gewalt*. [Intervention projects against Violence in Marriage and Partnership. Base Knowledge and Evaluation of the Pilot Project Halt-Gewalt], Bern, Stuttgart, Wien: Haupt Verlag.

Gloor, Daniela and Meier, Hanna (2003) *Häusliche Gewalt als Thema des Gesundheitswesens. Aktuelle Situation und Bedarf des Personals der Klinik Maternité Inselhof Triemli für Geburtshilfe und Gynäkologie*. [Domestic violence as a topic for the health sector. Current situation and needs of professionals, the example of the Clinic Maternité Inselhof Triemli for obstetrics and gynecology], Büro für die Gleichstellung von Frau und Mann der Stadt Zürich, Zürich. Report available: [gleichstellungsbuero@bfg.stzh.ch](mailto:gleichstellungsbuero@bfg.stzh.ch).

Gloor, Daniela and Meier, Hanna (2003b) *Evaluation des zweiten Pilotjahrs 2002 «Soziales Trainingsprogramm für gewaltausübende Männer»*. [Evaluation of the perpetrators program of the cantons Basel-Stadt and Basel-Landschaft], Im Auftrag des Basler Interventionsprojekts gegen Gewalt in Ehe und Partnerschaft «Halt-Gewalt» und der Interventionsstelle gegen häusliche Gewalt des Kantons Basel-Landschaft. Report available: <http://www.ajfp.bs.ch/hg-literatur.htm>

Gloor, Daniela and Meier, Hanna (2004) *Frauen, Gesundheit und Gewalt im sozialen Nahraum. Repräsentativbefragung bei Patientinnen der Maternité Inselhof Triemli, Klinik für Geburtshilfe und Gynäkologie*. [Women, health and domestic violence. Representative survey of patients at the Clinic Maternité Inselhof Triemli for obstetrics and gynaecology], Bern: Edition Soziothek.

Gloor, Daniela and Meier, Hanna (2005) *Häusliche Gewalt bei Patientinnen und Patienten. Eine sozialwissenschaftliche Studie am Universitätsspital Basel*. [Patients affected by domestic violence. A study at the University Hospital Basle], Basel: Justizdepartement des Kantons Basel-Stadt.

### **UK**

Ann Rosengard Associates (2001) *Routes Out of Homelessness*, Development Department Research Programme Research Findings 131, The Scottish Office Central Research Unit.

Bravo, Jenn (2005) *In the Interest of the Child: Black women, staff and professional perspectives on issues affecting Black children who have experienced domestic violence*, Leeds: Leeds Housing Concern.

Burton, Sheila.; Regan, Linda and Kelly, Liz. (1998) *Supporting Women and Challenging Men: Lessons from the Domestic Violence Intervention Project*, Bristol: Policy Press.

Dobash, Rebecca and Dobash, Russell (1979) *Violence Against Wives: A case against the patriarchy*, New York: Free Press.

Dobash, Russell; Dobash, Rebecca; Cavanagh, Kate and Lewis Ruth (1996) *Research evaluation of programmes for violent men*, Edinburgh: the Scottish Office Central Unit.

Dobash, Rebecca. Emerson; Dobash, Russell P; Cavanagh, Kate and Lewis Ruth (2000) *Changing violent men*. Thousand Oaks, London, New Delhi: Sage.

Gupta, Rahila (ed.) (2003) *From Homebreakers to Jailbreakers: Southall Black Sisters*, London: Zed.

Hanmer, Jalna; Griffiths, Sue and Jerwood, David (1999) *Arresting Evidence: Domestic Violence and Repeat Victimization*, Police Research Series Paper No. 104, London: Home Office.

Hanmer, Jalna (2003) 'Mainstreaming Solutions to Major Problems: reducing repeat domestic violence', In: Bullock, Karen and Tilley, Nick: *Crime reduction and Problem-oriented Policing*, Cullompton: Willan, 252-284.

Harwin, Nicola, Hague, Gill and Malos, Ellen (1999) *The Multi-Agency Approach to Domestic Violence: New opportunities, old challenges?* London: Whiting and Birch.

HMCPSI & HMIC (2004) *Violence at Home: A Joint Thematic Inspection of the Investigation and Prosecution of Cases Involving Domestic Violence*, London: HMCPSI & HMIC.

HMIC & HMCPSI (2002) *Investigation and Prosecution of Rape Offences: Main Report*, London: HMIC & HMCPSI.

Hester, Marianne (2006) 'Making it Through the Criminal Justice System: and Domestic Violence', *Social Policy and Society*, 5 (1) 79-90.

Hester, Marianne; Hanmer, Jalna; Coulson, Susan; Morahan, Maria and Razak, Amina (2003) *Domestic Violence: Making it Through the Criminal Justice System*, Sunderland: University of Sunderland and Northern Rock Foundation. Available at <http://www.nr-foundation.org.uk>

Hester, Marianne and Westmarland, Nicole. (2005) *Tackling Domestic Violence: Effective Intervention and Approaches*, Home Office Research Study 290, London: Home Office. Available at <http://www.homeoffice.gov.uk/rds/pdfs05/hors290.pdf>

Humphreys, Cathy and Carter, Rachel (2000) *Child Protection and Woman Protection: Links and Schisms – An Overview of the Research*, Bristol: Women's Aid Federation of England. [www.womensaid.org.uk](http://www.womensaid.org.uk)

Humphreys, Cathy; Carter, Rachel; Hester, Marianne; Hague, Gill; Mullender, Audrey; Abrahams, H. and Lowe, P. (2000) *From Good Intentions to Good Practice – Mapping Services for Families where there is Domestic Violence*. Bristol: Policy Press, in association with Joseph Rowntree Foundation.

Humphreys, Cathy; Carter, Rachel; Thiara, Ravi; Regan, Linda.; Lovett, Joanne; Kennedy, Lorna and Givson, Andy (2005) *Prevention Not Prediction? A preliminary evaluation of the Metropolitan Police Domestic Violence Risk Assessment Model (SPECSS)*, Centre for the Study of Safety and Wellbeing, University of Warwick and Child and Woman Abuse Studies Unit, London Metropolitan University.

Humphreys, Cathy; Thiara, Ravi; Skamballis, Agnes and Mullender, Audrey (2006) *Talking to my Mum: A picture workbook for workers, mothers and children affected by domestic abuse*, London: Jessica Kingsley.

Kelly, Liz; Lovett, Jo and Regan, Linda (2005) *A Gap or a Chasm? Understanding Attrition in Reported Rape Cases*, Research Study No. 293, London: Home Office.

Kelly, Liz; Bindel, Julie; Burton, Sheila; Butterworth, Dianne; Cook, Kate and Regan, Linda (1999) *Domestic Violence Matters: An Evaluation of a Development Project*, Home Office Research Study 193, London: Home Office. Available online at: <http://www.homeoffice.gov.uk/rds/pdfs/hors193.pdf>

Lovett, Jo; Regan, Linda and Kelly, Liz (2004) *Sexual Assault Referral Centres: Developing Good Practice and Maximising Potentials*, Home Office Research Study 285, London: Home Office.  
Available online: <http://www.homeoffice.gov.uk/rds/pdfs04/hors285.pdf>

Malos, Ellen; Hague, Gill and Dear, Wendy (1996) *Multi-agency Work and Domestic Violence: A national study of inter-agency initiatives*, Bristol: Policy Press.

May-Chahal, Corinne; Bertotti, Theresa; Di Blasio, Paula; Cerezo, M. Angeles; Gerard, Marc; Grevot, Alain; Lamers, Francien; McGrath, Kieran; Thorpe, David H.; Thyen, Ute and Al-Hamad, Ali (2006) 'Child Maltreatment in the Family: A European Perspective', *European Journal of Social Work*, 9 (1) 3-20.

Regan, Linda; Lovett, Jo and Kelly, Liz (2004) *Forensic nursing: An option for improving responses to reported rape and sexual assault*. London: Home office Online Research Report 28/04.

Regan, Linda (2004) *Final Report on the Portsmouth Domestic Violence Early Intervention Project (EIP) Evaluation*. London Metropolitan University.

Westmarland, Nicole; Hester, Marianne and Reid, P. (2004) *Routine Enquiry about Domestic Violence in General Practices: a Pilot Project*. Bristol: School for Policy Studies, University of Bristol.

Whittle, Nathan; Bailey, Susan and Kurtz, Zarrina (2005) *The Needs of Young people who Display Sexually Harmful Behaviours; Effectiveness of interventions and service approaches to meet these needs and to prevent sexually abusive and criminal behaviour*, London: Department of Health.