

Review of the implementation of the Beijing
Platform for Action in the EU Member States:

**Violence against women —
Victim support**

**Main
findings**



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Foreword

Domestic violence against women remains one of the most pervasive human rights violations of our time, and one of the biggest global problems. Nine out of ten victims of intimate partner violence in the EU are women. The number of women victims of physical intimate partner violence in the EU Member States ranges between 12 and 35 per cent. It harms women, families, communities and society. The EU is committed to combating violence against women. This commitment is affirmed in the Women's Charter (2010), the European Commission's strategy for equality between women and men 2010–15 and the Stockholm programme for 2010–14. However, domestic violence against women still remains widespread and under-reported.

This publication aims to support policymakers and relevant institutions in their efforts to combat and prevent domestic violence by providing them with reliable and comparable data and information for effective, evidence-based decisions and policy improvement.

There has been an urgent need for reliable and comparable data on support services for women victims of violence in the 27 Member States and Croatia, and the European Institute for Gender Equality's (EIGE's) report fulfils this need. It presents an in-depth overview of the prevalence of services to which women victims of violence have access to: shelters, emergency services, 24-hour helplines, legal advice and other services. The findings show that specialised services are insufficient and unequally distributed in the Member States. Funding to ensure access to services is similarly inconsistent. However, there is evidence of some progress in the Member States. The vast majority of them have developed and are implementing national action plans to combat domestic violence and to criminalise intimate partner violence, as well as adopted protection orders.

We need to remember that violence against women knows no geographical boundaries, ethnic differences, class distinctions or age limits. We cannot disregard the fact that the existence of a 24-hour and free-of-charge helpline and free accommodation in a specialised shelter for women can mean a woman's life. By not providing adequate services, governments jeopardise the lives of millions of women and their children, who find themselves not only victims of violence, but also deprived of such urgent and crucial support.

We are grateful to everyone who contributed to this publication, and especially to the government of Cyprus, the European Commission Directorate-General for Justice, the High-Level Group on Gender Mainstreaming, EIGE's Working Group on Beijing Indicators and EIGE's staff. Using the main findings and recommendations highlighted by this study, EIGE will continue its work in the area of gender-based violence. We can stop violence only when we act together.

Virginija Langbakk

Director

European Institute for Gender Equality (EIGE)

The European Institute for Gender Equality (EIGE) is an autonomous body of the European Union, established to contribute to and strengthen the promotion of gender equality, including gender mainstreaming in all EU policies and the resulting national policies, and the fight against discrimination based on sex, as well as to raise EU citizens' awareness of gender equality. Further information can be found on the EIGE website (<http://www.eige.europa.eu>).

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Introduction

The Beijing Declaration and Platform for Action for Equality, Development and Peace (BPfA) was officially adopted at the Fourth World Conference on Women, held in Beijing in 1995. The BPfA is a programme for action to promote and protect the human rights of women and girls, reaffirming these rights as an inalienable, integral and indivisible part of universal human rights. One of the 12 critical areas of concern in the BPfA is violence against women (VAW), defined as critical area D.

All 27 Member States and Croatia have signed the BPfA and are committed to implementing it at the national level, with the European Union supporting its Member States in taking action in the critical areas of the BPfA. In the area of VAW, two successive presidencies of the Council of the European Union (Spanish and Danish) undertook studies in 2002. The Spanish Presidency (1) carried out a mapping study on measures to combat VAW in the EU Member States. Using these results, the Danish Presidency developed a set of indicators (2) for measuring progress and proposed the following:

- profile of women victims;
- profile of male perpetrators;
- victim support;
- measures addressing the male perpetrators in order to end the cycle of violence;
- training of professionals;
- state measures to eliminate domestic violence against women;
- evaluation.

The aforementioned indicators are supported by a series of sub-indicators.

In 2012, the Cypriot Presidency of the Council chose to assess progress in the area of violence against women in the 27 Member States and Croatia by reviewing the indicators, with a particular emphasis on the sub-indicators for victim support. Bearing in mind the broad range of victim support services, the lack of available data and challenges related to data collection, the present analysis focuses on support services for women victims/survivors of intimate partner violence (IPV). IPV is a form of domestic violence against women characterised by any physical, sexual or psychological violence, inflicted on a victim by a current or former spouse or intimate partner. In this publication the term 'domestic violence against women' (DVAW) is used interchangeably with IPV.

This publication summarises the findings of the report 'Review of the implementation of the Beijing Platform for Action in the EU Member States: Violence against women — Victim support'. The report analysed and assessed the range, number, extent and the actual use of the support services in the 27 Member States and Croatia and identified recommendations for improvement. Present difficulties to ensure a systematic collection of comparable data on the services in all Member States made assessment difficult. The report identified data gaps and provided recommendations to improve the quality of data at EU level in the area of victim support.

Domestic violence against women remains a hidden, under-reported and deeply traumatising violation of dignity. It is not always taken seriously by the community or the authorities, exposing women and girls to threats of violence and, in some cases, even to murder. A study from 2006 on death related to domestic violence in EU found that of the total 3 413 deaths, 2 419 were women (3).

1. Overview of the current situation on domestic violence against women in the EU, Member States and Croatia

1.1. Legislative and policy developments in the area of violence against women in the EU

Equality between women and men is a fundamental value of the EU, enshrined in its Treaties and in the EU

Charter of Fundamental Rights. The European Union institutions such as the European Parliament and the European Commission have enacted this principle in numerous resolutions, directives and policy programmes to guide the work of the EU and the Member States on gender-based violence.

Table 1.1.1: EU commitments to combat gender-based violence against women

Actor	Date	Commitment	Main point or action
Council of the European Union, Spanish Presidency	2010	Conclusions on eradication of violence against women in the EU	The European Commission is called upon to devise a European strategy for preventing and combating VAW.
Council of the European Union, Trio Presidency (Spain, Belgium, Hungary)	2010–11	Declaration on equality between women and men	The Member States are called upon to develop national strategies, devote resources to prevent and combat violence, prosecute perpetrators and provide assistance and support to victims, establish VAW as a priority of their programmes and clearly identify VAW as an issue of gender equality.
European Commission	2010	Women’s Charter	The European Commission takes measures in order to combat VAW.
European Commission	2010–15	Strategy for equality between women and men	Gender-based violence is one of the key problems to be addressed in order to achieve genuine gender equality within the EU.
European Commission	2010–14	Stockholm programme	The Stockholm programme presents a need to improve legislation and other support measures necessary to protect victims of crime at the EU level. Women victims of violence, when exercising their right to free movement within the EU, are now considered to be under protection of the EU legislation.



Actor	Date	Commitment	Main point or action
European Commission	2011	Legislative package on victims' rights	The legislative package on victims' rights comes as a follow-up to the European Commission's action plan implementing the Stockholm programme. It has two main instruments: Directive 2011/99/EU on the European protection order applicable in criminal matters and Directive 2012/29/EU establishing minimum standards on the rights, support and protection of victims of crime.

The European Union has taken a strong stand on gender-based violence as an issue of gender equality and a threat to women's fundamental rights, calling upon the Member States to develop national strategies, legislation and support services. The means through which European institutions have been supporting the Member States (and candidate countries) in this area were conferences, exchange of good practices, support for cooperation (especially in the Daphne programme) and funding on an operational level for EU-wide networks, in particular the European Women's Lobby (EWL) and Women Against Violence Europe (WAVE). All modes of action have facilitated a gradual increase in exchanges of good practices and information among civil society organisations across the EU (including outreach before accession), as well as among specialist NGOs and researchers. They have fostered dialogue with policymakers highlighting the requirements for effective intervention and prevention, and created opportunities for defining minimum standards for services.

The European institutions played a significant role in the development of a common perspective on combating VAW across the EU, having a strong influence on the overall convergence of legal measures and services in the Member States. The recent European Union Directive 2011/99/EU on the European protective order and the 'victim's package' on protection against the threat of crime articulate a legal basis for the European policy on VAW.

All 27 Member States and Croatia have taken legal measures to combat VAW. Overall, these measures vary

in approach and in detail, having been influenced by the diversity in the legal and institutional context, and the majority of specific laws address domestic violence broadly. European legal systems are inhospitable to gender-specific legislation about VAW, with the result that legislative efforts in this area spill over into family policies, an area of persisting European diversity. At the same time, almost all of the 27 Member States and Croatia have developed and are implementing national action plans (NAPs) in the area of violence. A clear majority of the NAPs recognise VAW as an issue of human rights and gender equality. This gives hope for a more cohesive future policy approach in this area at the EU level.

The Convention on Preventing and Combating Violence against Women and Domestic Violence, also known as the Istanbul Convention of the Council of Europe (2011), is the most recent legislative development emphasising states' obligation to provide services to women victims of violence (4). It requires the states to provide access to both general and specialist support services that are adequately funded and resourced, and to meet minimum standards. Specialised support services are essential to assist women survivors of DVAW to recover and rebuild their lives. In order to fulfil this role, they must be based on a gendered understanding of VAW, focusing on the safety and human rights of the survivor, and must not be dependent on whether the victim has pressed charges or agreed to be a witness. By the end of 2012, the convention had been signed by 15 EU Member States (BE, DE, EL, ES, FR, IT, LU, MT, AT, PT, SI, SK, FI, SE and UK).

1.2. General overview of existing prevalence data and crime statistics on domestic violence against women

Across the 27 Member States and Croatia, between one fifth and one quarter of all women have experienced physical violence at least once during their adult lives and approximately 12–15 % of all women have been in a relationship involving domestic abuse after the age of 16 ⁽⁵⁾.

Such data are difficult to collect in the 27 Member States and Croatia given that the availability and accessibility of the surveys and the reports and studies presenting the data are rather limited. Within the last decade (2000–11) the majority of the Member States and Croatia (except BG, CY, LV and HU) have conducted at least one prevalence survey on violence against women. The findings for lifetime violence experiences show that the proportion of women that have experienced physical violence from their partner ranges from 4 % (EL) to 37 % (EE), while most studies presented prevalence rates of physical IPV in the range between 12 % and 35 % (Figure 1.2.1).

Careful analysis of these data is advised as prevalence rates are not comparable between the 27 Member States and Croatia. The reasons are diverse, ranging from the immense differences in definitions, methodologies, types of violence covered, years and reference period, to sample group characteristics. Additionally, the diverse ways in which prevalence rates are made publicly available present challenges to compare the data.

However, efforts to address the problem of lack of comparability were made by a number of initiatives. Under the 'Co-ordination action on human rights violations' (CAHRV) project ⁽⁶⁾, information was collected of at least 19 national prevalence studies. Only five national prevalence studies could be subjected to appropriate analysis, where data sets already offered a high level of comparability. In addition, two EU-wide data collection projects have been initiated: (1) Eurostat has proposed to carry out a victimisation survey called the 'European safety survey' (SASU) in all 27 Member States and Croatia in 2013 or 2014 — physical

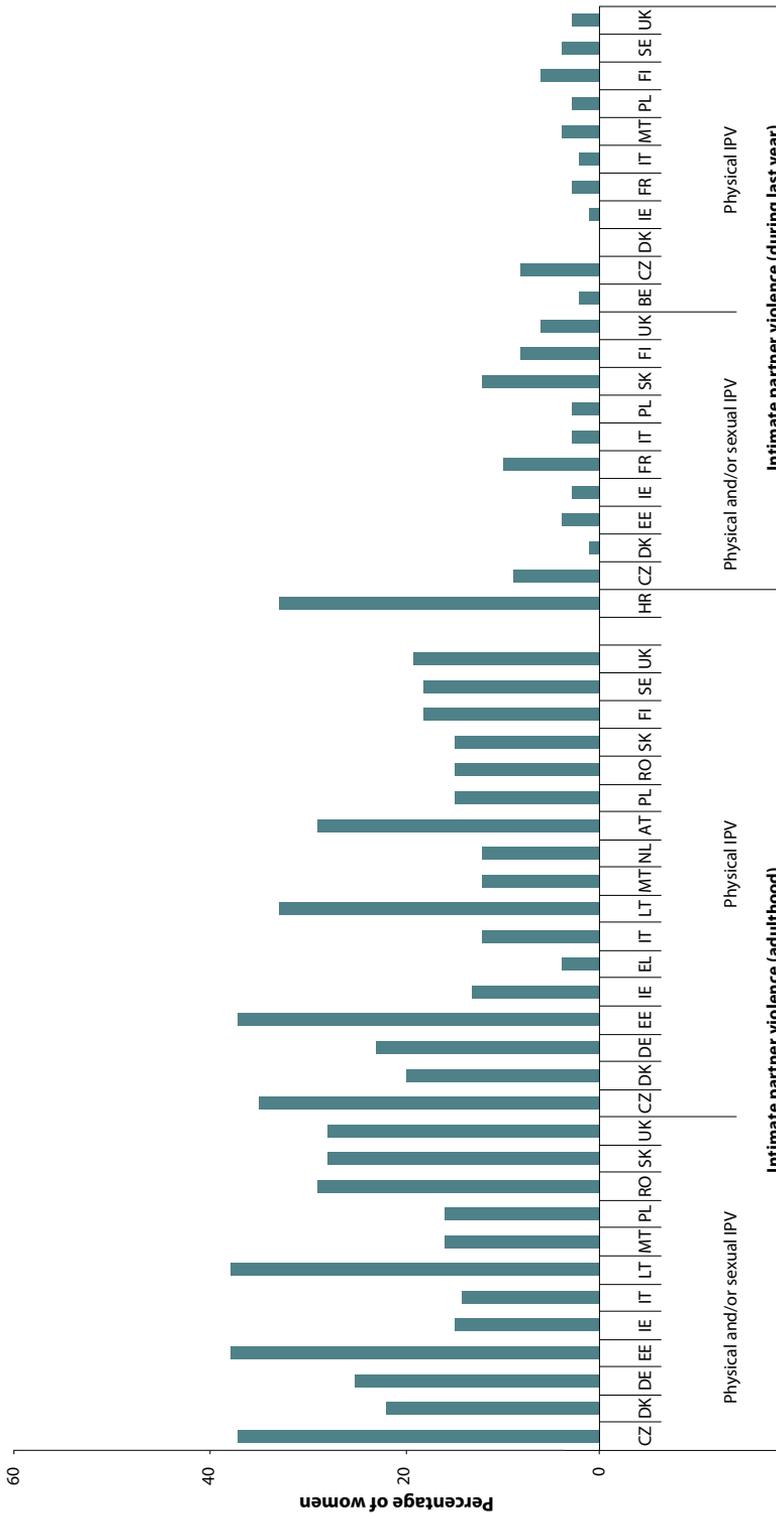
and sexual violence between partners are included in the survey; (2) the European Union Agency for Fundamental Rights (FRA) is carrying out an EU-wide survey on women's well-being and safety in 2011–12, with the first results to be presented in 2013 ⁽⁷⁾. On 12 December 2012, the European Commission proposal on European statistics on safety from crime was rejected by the European Parliament. The European Commission is called to present another proposal. This decision affects the possible future data collection on crime at the EU level.

Since almost all Member States and Croatia collect and document official crime statistics regularly — mostly on an annual basis — crime statistics could significantly complement prevalence studies. However, even though crime statistics can help in estimating the phenomenon of DVAW within the Member States, they cannot offer a full picture. The official crime statistics analysed for the 27 Member States and Croatia cannot currently provide adequate information on IPV against women. Furthermore, the validity of the data is questionable if they are not complemented by data from prevalence surveys that also include unreported cases. Recent studies carried out across the EU draw attention to the fact that most cases of DVAW are not reported to the police or, even if they are, they are not documented and do not appear in crime statistics ⁽⁸⁾. The types of DVAW presented in official crime statistics in the majority of Member States and Croatia are: fatalities, physical offences and sexual violence. In a few cases (CY, MT, NL, PL, PT, RO, SI and SE) data on psychological violence (threats) and other offences like stalking, property crimes, deprivation and breach of non-molestation orders are recorded.

Thus, a dedicated systematic and coordinated approach to joining prevalence data with crime statistics needs to be developed. To obtain accurate crime statistics on DVAW, a separate category for crimes with respect to IPV should be introduced and used in crime statistics. More detailed information on the victim–perpetrator relationship should be provided, and the data collected should be systematically sex and age disaggregated for both the victims and the perpetrators.



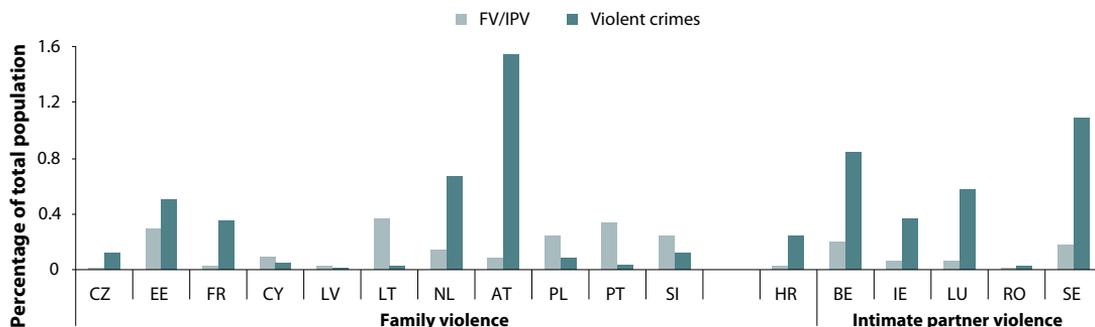
Figure 1.2.1: Prevalence rates based on national surveys



Source: for CZ, DK, DE, IE, FR, IT, LT, PL, RO, SK, FI, SE and UK: UN Women (http://www.endvawnow.org/uploads/browser/files/vaw_prevalence_matrix_15april_2011.pdf); for BE, EE, EL, MT, NL, AT and HR: other sources — see further information about prevalence surveys (see Table 1.1. in Annex II to EIGE's report "Review of the implementation of the Beijing Platform for Action in the EU Member States: Violence against women — Victim support", 2012); for ES: data relating to type of IPV are not publicly available, but 10.9% of women have been violently abused by a former or current partner (intimate partner violence) during their lifetime (3% during the last year); for LU: published data about prevalence rates are not publicly available; for PT: data about intimate partner are not publicly available, but 7% of women experienced domestic violence during the last year; for SI: data about intimate partner violence are not publicly available, but 57% of women from age 15 have experienced violence; for BG, CY, LV and HU: no information about prevalence surveys is publicly available.

Note: Data about prevalence rates are not comparable between countries due to differences in methodologies of surveys.

Figure 1.2.2: Family violence/intimate partner violence and violent crimes as a percentage of total population, 2009



Source: for violent crimes: Eurostat, crime and criminal justice statistics (crim_gen); for population: Eurostat, population statistics (demo_r_d2jan); for FV and IPV: see Table 1.2., Annex II to EIGE’s report ‘Review of the implementation of the Beijing Platform for Action in the EU Member States: Violence against women — Victim support’, 2012.

Note: Comparison between EU-27 MS cannot be carried out due to differences in the collection of national crime data about FV and IPV and also because of differences between the years when the data were collected. Violent crimes include violence against the person (such as physical assault) and sexual offences (including rape and sexual assault), and refer to 2009 data. For calculations, population data for 2010 have been used.

1.3. Legislative and policy measures to address domestic violence against women in the EU Member States and Croatia

The development of legislation and policies in the 27 Member States and Croatia has been significantly influenced by the dual frame of gender equality and human rights. The work carried out within the Council of Europe framework since 2003 has also facilitated a Europe-wide dialogue on the urgent need for effective measures and on the sharing of good practices.

Considerable variation can be observed in the framing of the problem as VAW, domestic violence (DV) and/or family violence (FV), as well as regarding whether criminal law, civil law, social welfare law and provisions, or administrative law are the most appropriate foundation for addressing the problem.

In 2005, a campaign to combat VAW, including domestic violence, was designed within the task force set up by the Council of Europe. Complexity of framing was introduced at the Council of Europe level by the involvement of the Justice and Human Dignity Directorate alongside the

Human Rights Directorate. The complexity is represented in the shift towards a two-pronged approach, currently codified in the Istanbul Convention of the Council of Europe, that reflects the developments in legal frameworks across the EU Member States, as well as the Council of Europe, since 2003.

1.3.1. National action plans (NAPs)

The BPfA requests that governments ‘formulate and implement, at all appropriate levels, plans of action to eliminate violence against women’ and ‘allocate adequate resources within the government budget and mobilise community resources for activities related to the elimination of violence against women, including resources for the implementation of plans of action at all appropriate levels’.

A clear pattern of growth in the number of NAPs and convergence in their content could be confirmed for the 27 Member States and Croatia. In 2005/06, 14 Member States and Croatia had adopted a plan of action. By 2007/08, the number reached 17. In 2010/11, all Member States (except MT and AT) and Croatia implemented an NAP with measures intended to combat DVAW. Nearly all EU countries express the need for such action plans.



There is a significant amount of variation in the focus of NAPs both in the way they are framed and in the way in which they are drawn up. Three broad approaches can be identified. First, there are NAPs focused on VAW that emphasise the interconnections among forms of violence and the links to discrimination and to human rights. Second, other NAPs target DV and/or violence within the family, and present a different type of information related to the relationship context. Nearly half of them target violence between adults within a close relationship, some with a gender emphasis and some without. Other NAPs define DV as any violence by one member of the family to another, including child maltreatment and abuse by other relatives such as grandparents or siblings. The central attention is on the overall harm to family life when any violence occurs. Third, there are two NAPs that aim more generally at reducing violence or securing human rights (EE and UK), in which gender may be mentioned as a risk marker.

The concept of VAW within NAPs is also subject to differentiation. In some NAPs, the concept of DV was broadened in order to include forced marriage and honour-based crimes (BE and SE). Other Member States included in the NAPs sections on outreach and effective support and intervention for immigrant communities (DK, DE and UK). Spain has a separate NAP devoted to the needs of migrant women. Ensuring services and justice for marginalised groups, such as women with disabilities, has also become a more prominent concern in NAPs than in the past.

The actual content of NAPs is also extremely varied and usually covers three main areas: the training of key actors; preventing and changing violent behaviour; and support for victims. However, evaluation of the implementation of the NAPs is carried out only in rare instances. Some NAPs include provisions for monitoring and an obligation to report to the public. Some NAPs include research evaluating the implementation of legal reform (DE, ES and LU). The inadequate allocation of resources relative to the expected results continues to be a major obstacle to effectiveness.

1.3.2. Criminal laws

While the majority of Member States and Croatia have introduced legislation addressing acts of DVAW (physical, psychological and sexual), there are different interpretations of what it means to criminalise it. A variety of approaches have been taken to penalising DVAW⁽⁹⁾, with three broad approaches:

- using existing general criminal laws;
- using general criminal laws but imposing a higher penalty by defining the context in which the violence happens — in the family/between family members — as an aggravated offence;
- introducing into the penal code a specific offence criminalising DV.

Despite the increase in criminalisation, the number of cases prosecuted remains low compared to the prevalence of DVAW, with high levels of attrition identified as impacting on the effectiveness of criminal law systems⁽¹⁰⁾. In some Member States DVAW is still treated as a private matter by the police, violence is trivialised, and the police and judiciary lack expertise and understanding of the issue.

Given the different legal systems within the EU, there is no uniform standard of criminalisation and, as previously noted, protection is not uniform. Addressing the existing gaps in criminalisation would require the removal of all criminal law exceptions embedded in general or special laws, including that of ensuring that every prosecution is a public matter and removing the requirement for victims to make a complaint or bring a private prosecution before criminal investigations take place. Furthermore, it is important to strengthen gender analysis in the system of criminalisation. Equally important are the implementation of criminal laws and the imposition of sanctions, the lack of which have been identified as a major reason for impunity⁽¹¹⁾. Tackling this, together with addressing the gaps in criminalisation, will be an important indicator of the 27 Member States' and Croatia's future commitment to ending impunity for DVAW.

1.3.3. Protective orders

Protective orders are distinct from criminal measures. As the European protection order (EPO) (Directive 2011/99/EU on the European protection order, Article 2(1)) states, they ought to prevent crime, not only react to it. There are three main aspects to protection orders: the initial police ban and how it is implemented; the type of support given to the victim as part of the process of implementing the ban; and the granting and application of the protective order that may result.

Evidence suggests that all three are necessary in conjunction with each other and are labelled ‘three-pillar’ laws. They were first introduced in Austria in 1997. The aim of this system is to ensure that there is no gap in protection and that the victim has the right to abstain from criminal proceedings. This system was evaluated and found successful ⁽¹²⁾.

The idea of imposing physical distance between the aggressor and the victim as immediate protection from further violence has increasingly gained recognition across the EU. The police ban, expelling the perpetrator from the residence and forbidding him to approach or contact the victim for a set period of time, clearly offers the highest level of safety if police are appropriately trained. The majority of Member States have introduced legal protective orders that are either explicitly designed for cases of DVAW or have been modified to permit them to be issued against an intimate partner or ex-partner. Generally, they all apply to a range of physical, sexual and psychological violence and follow the principle that the victim should be safe in the spaces where she lives. However, there is a wide range of different means of implementation, and this can influence whether an order is effective in ensuring safety from further harm.

The legal framework for protective orders differs among the 27 Member States, and Croatia, which have adopted different types of legislation, in different areas, to regulate protective orders. For example, protective orders can be defined within the law on criminal offences, the law on criminal procedures or in administrative law, with a separate police law on barring orders. The distribution of the elements of legislation over time in the different

Member States suggests that this apparent fragmentation is not only a matter of how European legal systems handle domains of law, but also the result of a process of learning from experience and, within the EU, from other Member States, as promising practices are discussed and adapted to fit different national contexts.

1.3.4. Programmes for perpetrators

Perpetrator programmes were designed as an alternative to ‘regular’ sanctioning of an offender in cases of DVAW. The programme was meant as a ‘sanction’ to avoid a fine and/or prison time, which could have repercussions for women and their children.

Providing an overview of state measures on perpetrator programmes in the EU is a challenge given the lack of reliable data available. Several reports are available, however as they use different sources they create an incoherent picture. Evidence suggests that there are wide geographical variations in the implementation of perpetrator programmes, including great regional differences all over the EU, with urban regions providing more services than rural areas.

Fifteen Member States (BE, BG, DK, EL, ES, FR, CY, NL, AT, PL, PT, RO, SI, SE and UK) have legal provisions to offer perpetrator programmes that address any form of DVAW ⁽¹³⁾. However, these legal provisions do not indicate the approach that the programmes use or whether such programmes are actually offered.

The issue of how to formulate a perpetrator programme still remains unclear — whether such programmes should be framed as re-socialisation (cognitive behavioural modification) or therapy (addressing deeper psychological issues), and whether participation should be court mandated or voluntary. Therefore, the creation of a more uniform approach appears necessary, and should be complemented by a systematic evaluation process to learn from the provision of these programmes. Even if some ad hoc assessment through very few evaluations has been carried out, the evaluation needs harmonisation at the EU level.



1.3.5. Training for professionals

Institutions focused on VAW and DVAW emphasise the necessity and importance of training for professionals. Most recommendations include the need for systematic gender training as part of the curriculum for professionals in the field of DV, as well as continued training for employees and volunteers. The majority of Member States and Croatia have taken on board the importance of training and they are providing it, but only a few of the Member States apply systematic training both as part of the initial preparation of relevant professionals and as an ongoing training to those in the field.

Training provisions are reported by a vast majority of Member States, but those training courses are obligatory only in some (for example the ones offered in CZ, DE, IE, EL, ES, HU, NL, AT, SI and FI) ⁽¹⁴⁾. At the same time, the different understandings and definitions of DV hinder the gathering of data on DV training courses for professionals at the EU level. Nevertheless, all Member States have included in the NAPs the provision to provide training.

Despite the emphasis placed by the EU on the importance of training professionals, it is rarely systematic. Training remains under resourced, ad hoc and non-mandatory. Training needs to be delivered by professionals who are able to reflect the gender-based and human rights approach in the fight against DVAW.

1.4. Conclusions

The prevalence of VAW, including DVAW, remains significantly high in the 27 Member States and Croatia, despite the introduction of a range of policies and measures. The data currently available — from prevalence studies and crime statistics — do not allow for systematic comparison

among the Member States, but it can be estimated that between one fifth and one quarter of all women have experienced physical violence at least once during their adult lives and approximately 12 % to 15 % of all women have been in a relationship of domestic abuse after the age of 16 ⁽¹⁵⁾.

The EU has been taking a strong stand on VAW in the past decade. It has framed the issue in the context of gender equality and human rights. The majority of Member States, and Croatia, have developed and implemented NAPs that recognise VAW as both a human rights and a gender equality issue.

A range of approaches has been put in place to criminalise DVAW and introduce protection orders. Differences are, in part, caused by diverse legal systems within the EU, but the experience of others, with promising practices shared and adapted to different national contexts, served as lessons learnt. Gaps in criminalisation remain, but a major reason for impunity is the failure to implement legislation. Central to improving this is the training of professionals in the criminal justice system and other sectors. Training is included in many of the NAPs of the 27 Member States and Croatia, however it often remains under-resourced, temporary and non-mandatory.

Specific programmes to address perpetrators' behaviour is one possible measure among several introduced to address DVAW. The approaches vary and are inconsistent within and between countries. Few of these programmes have been evaluated, rendering it difficult to assess them in terms of their effectiveness in reducing violent behaviour. Basic principles have been developed ⁽¹⁶⁾ which, if met, would result in greater protection and safety for women survivors and a greater chance of holding perpetrators accountable.

2. Provision of services for women survivors of domestic violence within the EU

2.1. General overview

In the last decade, there has been an increasing recognition of the responsibility of the 27 Member States and Croatia to take effective action under international human rights obligations in response to DVAW, and that such action extends to establishing adequate support services for victims⁽¹⁷⁾. The provision of specialised services, including safe shelters, has been set out in international legal instruments and is emphasised as part of the human rights obligations of the state in the decisions of the UN Committee on the Elimination of Discrimination against Women (CEDAW)⁽¹⁸⁾. The importance of such services — working from an understanding of the gender-specific nature of VAW and within an equality and human rights framework — has been widely recognised by the UN, the EU, the Council of Europe, practitioners and researchers.

The Istanbul Convention of the Council of Europe as the most recent development includes the obligation for states to provide access to both general and specialist support services that are adequately funded and resourced and meet minimum standards. Services must be based on a gendered understanding of VAW, focusing on the safety and human rights of the survivor, and must not be dependent on whether the victim has pressed charges or agreed to be a witness. Specialised support services are essential to assist women survivors of DVAW to recover and rebuild their lives. Women survivors of DVAW need access to safe accommodation, protection, healthcare facilities, legal and psychological counselling, social support and financial aid. The provision of specialised services is essential as they provide a gender-sensitive approach designed to meet the needs of survivors, many of whom suffer from repeated

violence. The services aim to empower women and to ensure their comprehensive recovery.

However, the level of service provision within the EU causes serious concerns. In 2010, the Council of Europe noted the lack of evidence to support any increase in the distribution of services within countries or in the number of countries providing services since its previous monitoring report in 2008. Altogether, 25 496 shelter places for women are missing in the EU and 371 in Croatia. In some Member States, support services are limited and provided almost entirely by NGOs with little or no state support. Without legal guarantees and sustainable funding such services remain vulnerable. In the absence of regular evaluations and national data collection, the quality and use of the services provided cannot be accurately assessed.

The Council of Europe has developed guidelines as to the type of support services required and minimum standards for support services based on recommendations to establish quality standards. The basic provision should include: national helplines; advocacy and outreach services; psychological counselling; shelter places; medical services; services for women suffering from multiple types of discrimination; and services for children as victims or witnesses of DV. The minimum standards include not only minimum requirements for certain services but also standards to aspire to such as ensuring shelters are accessible to rural women survivors of violence. In 2010, 15 Member States (BE, BG, CZ, DE, EL, FR, CY, LV, LU, AT, PL, PT, SI, FI and SE) and Croatia reported establishing minimum standards on the provision of shelter services. There are no data available to measure the extent to which minimum standards are being reached.

The collection of data on the services provided to women victims is an imperative. It helps to establish the potential



needs and their cost, as well as provides information on the future provision and training needs. However, data are not collected consistently across levels (local, regional or national). Definitions of what constitutes a particular service differ within and between countries, as do the methods used to collect data (for example census day versus annual figures). Data are not uniform as they may be collected by a network of organisations.

2.2. Victim support: review of sub-indicators

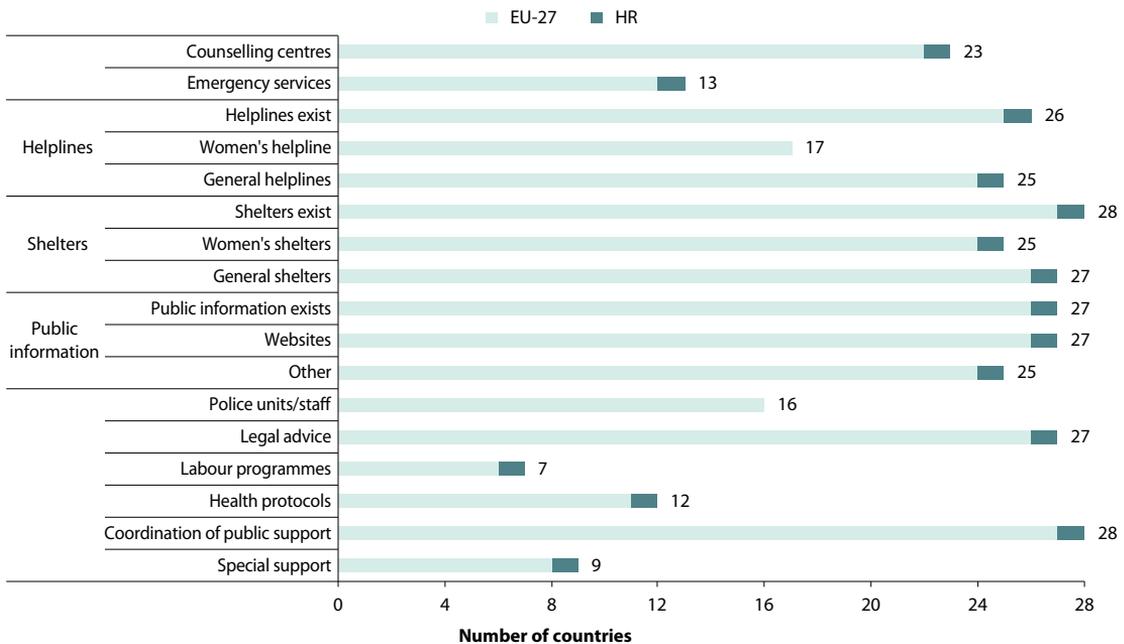
In what follows, the range, number, extent and the actual use of the facilities for the support of victims, mainly women and their children, are presented. The list of facilities analysed is based on the sub-indicators for victim support acknowledged by the Council of the EU under the Danish Presidency in December 2002.

The data presented were collected in March–April 2012 through a structured online questionnaire distributed to governments, NGOs and academic representatives from all 27 Member States and Croatia. Until November 2012, the data went through several checks provided by the governments. Information and data on the quality of the support services available and on the coordination of the public support system at national level were collected from secondary sources.

There exists a variety of specialised services across the EU for women survivors of IPV. The most common services available in the EU are specialised legal advice and public information.

Women’s shelters and centres/services are widely available in the majority of Member States (over 80 %) and Croatia. The least available services are special support services for multi-discriminated groups and specialised programmes to help victims re-enter the labour market (less than 40 %).

Figure 2.2.1: Range of support services for women survivors of IPV, in the EU-27 and Croatia (HR), 2012



Source: data collected in March–April 2012, reviewed in November 2012.

2.2.1. Counselling centres

A counselling centre is a non-residential service that provides gender-specific day support of any kind (including information, advice, counselling, practical support, court accompaniment, legal information, proactive support and outreach) to women survivors of IPV and their children who are not in sheltered accommodation.

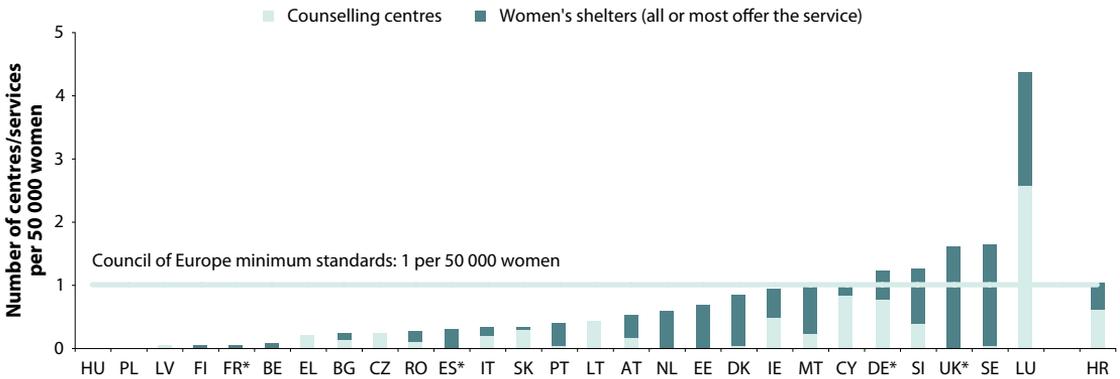
Examples of counselling centres: intervention centres providing legal, social and health assistance to women, women’s crisis centres, women’s drop-in advice centres and floating support services providing practical and emotional help to women in the community.

The current concept does not include general women’s centres that provide other support addressing social

inclusion, poverty, employment, gender equality and other issues. Also, sexual violence centres for survivors of rape or sexual abuse are not included. Counselling centres open to men and women alike, victims of IPV or DV, are excluded from this definition as they do not provide the level of gender-specific specialised services women survivors of IPV require.

With the exception of Hungary, all the Member States, and Croatia, have non-residential women’s centres/services available; counselling centres do not exist in four Member States (BE, EE, NL and FI), but these types of services are provided by women’s shelters. Where data are available, only eight Member States (DE, IE, CY, LU, MT, SI, SE and UK) and Croatia meet the recommendation of the Council of Europe to have at least one counselling centre/service per 50 000 women (Figure 2.2.2).

Figure 2.2.2: Number of centres/services for women survivors of IPV, in the EU-27 and Croatia (HR), 2012



Source: data collected in March–April 2012, reviewed in November 2012; Eurostat, population statistics (demo_r_d2jan).

Note: The number of shelters presented for each Member State includes all or most women’s shelters that offer non-residential services. In HU, no such service is provided. In BE, EE, NL and FI women’s counselling centres do not exist, but all women’s shelters provide non-residential services in BE, EE and FI, and most do so in NL. The exact number of counselling centres is not available for DE, but it is approximately 600–700. Data about the number of centres are not available in ES, FR and UK (*).



The geographical extent of the provision of centres varies widely; centres are available in all regions in only eight Member States (IE, ES, FR, IT, CY, MT, AT and PT).

In all 21 other EU Member States, and Croatia, with the exception of Latvia, where information was not available, state funding is provided to women's centres. In

13 Member States, funding is mandated by law (BG, CZ, ES, IT, LT, LU, MT, AT, PL, PT, RO, SI and UK); in the remaining eight Member States (DK, DE, IE, EL, FR, CY, SK and SE) and Croatia there is no law mandating state funding. However, state funding may not cover fully the cost of services. The NGOs delivering these services may need to fund-raise to support their activities or reduce services.

Recommendations

Counselling centres should:

- provide services free of charge and be available in all regions;
- include a wide range of services — counselling, information and advice, advocacy, legal advice, court accompaniment, networking with other support services, outreach and mobile support in the community, resettlement support, specialist support for children/young people;
- be funded by the state and the funding should be:
 - mandated by law
 - sustainable (long term)
 - sufficient to ensure provision to all women and their children in need;
- publicly visible/transparent;
- have staff trained to provide specialised IPV advice and support to facilitate recovery and empower women survivors of IPV;
- provide access and appropriate support for migrant, minority and asylum-seeking women regardless of their legal status, older women, lesbian, bisexual and transgender (LBT) women, and women and children with disabilities;
- provide multilingual support.

In order to meet the Council of Europe's minimum standard, it is recommended that specialised gender-specific counselling and mobile support services reach one in 50 000 women.

2.2.2. Emergency services

Emergency services are addressed primarily to women survivors of IPV and are provided by specialised staff within the emergency services in hospitals or within social services teams that provide immediate support such as accommodation and special proactive or mobile psychosocial support. They can also be provided in women's shelters where emergency accommodation is provided.

Twelve of the Member States (BE, EL, ES, FR, IT, CY, LU, MT, AT, SI, FI and UK) and Croatia offer specialised emer-

gency services for women survivors of IPV. The remaining 15 Member States do not provide such services. Emergency interventions are mostly provided by social services (BE, EL, ES, FR, IT, CY, LU, SI, FI and HR) and hospitals (BE, ES, FR, IT, CY, AT, FI, UK and HR). However, the number of Member States that provide services remains limited. Mobile psychosocial support services are even more limited, and can be found in only five Member States (BE, IT, CY, FI and UK).

Recommendations

- Staff working in all emergency services should be trained in how to support women survivors of IPV. The training should include:
 - health protocols for intervention and protection;
 - risk assessment and safety planning;
 - reporting;
 - security and protection measures, including working closely with women's support services and the police if a woman is believed to be at risk of further violence.

2.2.3. 24-hour hotlines

Women's helplines

A women's helpline is a 24-hour helpline dedicated only or primarily to women survivors of IPV and provides them with counselling, crisis intervention, online safety planning and referral to relevant support agencies. It needs to operate with the personnel that are trained to help women survivors of IPV. The helplines for all forms of VAW or national DV helplines that serve primarily women survivors are included in this definition.

There are general helplines that assist all victims of crime and helplines to support victims of human trafficking. These types of helplines are not included in the present definition as they do not assist women survivors of violence, or specifically DV, and thus do not correspond to the criterion of being gender specific.

Seventeen Member States have (national) women's helplines that provide assistance at least in the areas of IPV and/or DV (DK, EE, IE, EL, ES, FR, IT, CY, LT, LU, HU, AT, SI, SK, FI, SE and UK). Ten of the Member States (BE, BG, CZ, DE, LV, MT, NL, PL, PT and RO) and Croatia do not have

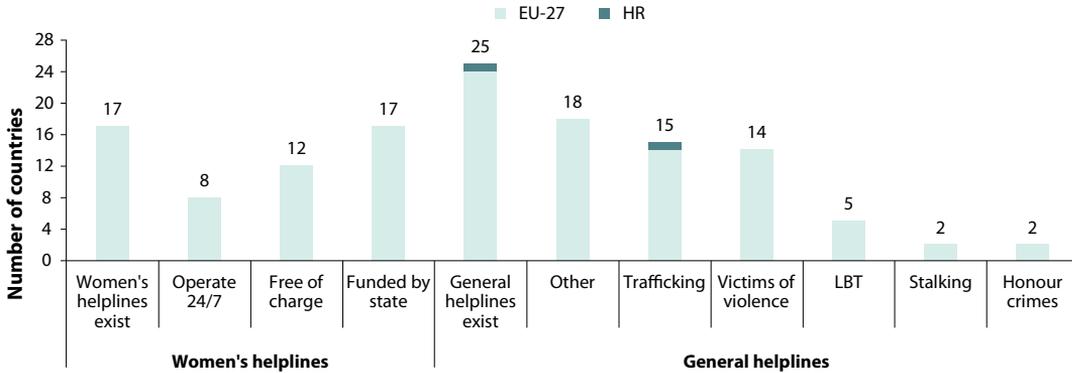
a national women's helpline. Only half of the identified women's helplines operate on a 24/7 basis (DK, EL, ES, IT, AT, SK, SE and UK). In 12 Member States, the national women's helplines are free (DK, IE, ES, IT, CY, LT, HU, AT, SI, FI, SE and UK). Twelve women's helplines are run by NGOs, being fully or partially funded by the state (DK, EE, IE, FR, CY, LT, HU, AT, SI, SK, FI and UK).

General helplines

There are national general helplines in almost all Member States (except BE, DE and FR) and Croatia (BE and DE have regional and local women's helplines). These general helplines are not gender specific as they do not assist women survivors of violence, or specifically DV. Fourteen Member States (CZ, DK, EE, EL, ES, IT, CY, LV, AT, PL, PT, RO, SI and UK) and Croatia have national trafficking helplines. In 14 Member States, there are helplines for victims of all crimes (in BG, CZ, DK, IE, CY, MT, NL, AT, PT, SI, SK, FI, SE and UK). There are few national helplines for victims of stalking, 'honour crimes' or LBT women.



Figure 2.2.3: Women’s and general helplines to support women survivors of IPV, in the EU-27 and Croatia (HR), 2012



Source: data collected in March–April 2012, reviewed in November 2012.

Recommendations

- At least one national women’s helpline exists, providing a specialised service for women survivors of IPV, where this service:
 - is accessible 24/7;
 - is free of charge;
 - provides multilingual support;
 - has staff trained to provide specialised IPV advice and counselling;
 - is funded by the state and the funding is:
 - mandated by law
 - sustainable (long term)
 - sufficient to ensure provision to all women in need and their children
 - publicly visible;
 - collects data on the number of calls (answered and unanswered) and the number of women callers;
 - continuously communicates the helpline number to the public.
- The existence and provision of this service should be considered a high priority.

2.2.4. Women's crisis centres

Women's centres

A shelter or refuge is a centre for women and the services it provides are tailored to the specific immediate and long-term needs of women survivors of IPV and their children. A women's centre is an essential emergency support as it offers safety and advice to assist women to rebuild their lives. It needs to have specialised personnel with in-depth knowledge of gender-based violence, able to address the discriminatory nature of this violence.

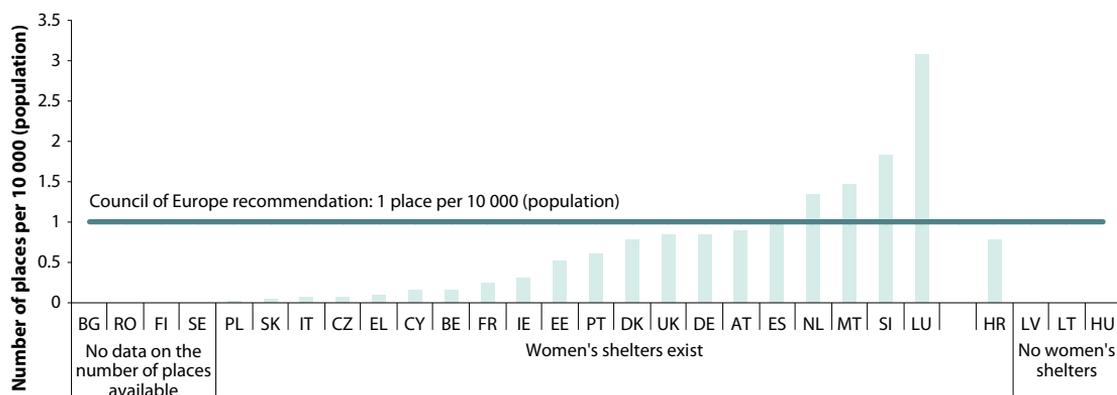
Only three Member States do not have specialised women's shelters (LV, LT and HU). In the other 24 Member States and Croatia, women have access to the services of women's shelters. NGOs run at least one women's crisis centre existing in each of the 24 Member States and in Croatia. Moreover, in 11 Member States (BE, BG, CZ, EE, FR,

CY, NL, AT, SK, FI and UK), NGOs run all women's shelters, and in the other 13 Member States and in Croatia, women's shelters are run by NGOs together with the state. Women's shelters are not run exclusively by the state in any of the 27 EU Member States or Croatia.

The number of shelters varies from one in Cyprus to just over a thousand in the United Kingdom. The number of places in shelters is also important information. Four Member States were not able to provide the number of places in shelters (BG, RO, FI and SE).

The Council of Europe recommends that it is a good practice and a minimum standard to have at least one shelter place per 10 000 population. Only five Member States meet this requirement (ES, LU, MT, NL and SI) (Figure 2.2.4).

Figure 2.2.4: Number of places available in women's shelters, in the EU-27 and Croatia (HR), 2012



Source: data collected with survey in March–April 2012, reviewed in November 2012; Eurostat, population statistics (demo_r_d2jan).



In terms of geographical distribution, in 18 Member States (BE, DK, DE, EE, IE, ES, FR, IT, LU, MT, NL, AT, PT, RO, SI, SK, SE and UK) and Croatia, women's shelters exist in all or most counties/states. In four Member States, shelters exist only in major cities (BG, CZ, EL and FI), and in two (CY and PL) they exist only in the capital city.

Temporary or crisis accommodation services provided by general shelters

Temporary accommodation is sometimes used to fill these gaps, or to take the overflow that women's centres cannot take on. The services they provide are not geared towards meeting the specific needs of women victims of IPV; therefore they are not included in the present definition of women's centres.

All but one (CY) of the 27 Member States and Croatia have general shelters that provide such temporary accommodation services for women survivors of IPV. In Cyprus, even if there are no general shelters, women survivors of IPV have access to temporary/crisis accommodation in hotels when the women's shelter is full. The expenses are covered by the state.

'Mother and child' services are very common and exist in 25 Member States (all except DK and CY). Croatia does not have data available. Family crisis accommodation services are available in 21 Member States (all except EE, IT, CY, LV and AT; SI data not available). Almost all Member States

(except CY and FI) have homeless hostels accessible to women survivors of violence, but many homeless hostels do not provide security measures.

In 10 Member States, other forms of temporary accommodation exist: for example, accommodation for refugees/migrants (EL, IT and AT); for youth (IT); for vulnerable/excluded/distressed people (LU, NL and PT); and temporary specialist IPV support shelters/centres which are not gender specific (CZ and PL).

In 21 Member States, crisis accommodation is provided by NGOs and the state, whereas in five Member States (BE, EE, FR, MT and NL) and Croatia it is provided only by NGOs. In some Member States, crisis accommodation is provided by local governments (ES, IT, LV, LT, PL, SK and FI), and in Italy it is also provided by religious organisations. Security precautions are taken within all crisis accommodation centres in Luxembourg. In six Member States (EL, LV, MT, PL, PT and SI), security measures are present in most crisis accommodation centres, whereas in another 14 Member States (BE, BG, CZ, DE, IE, FR, IT, LT, HU, NL, RO, FI, SE and UK), only some crisis accommodation centres have safety precautions. In Austria, none of the existing crisis accommodation centres has safety measures. Data were not available for four Member States (DK, EE, ES and SK) and Croatia.

Recommendations

- Provision of specialised gender-sensitive shelters sufficiently fulfilling the Council of Europe's recommendation of one shelter place per 10 000 population, where these services:
 - are available free of charge to all women survivors of IPV and their children;
 - are funded by the state and the funding is:
 - mandated by law;
 - sustainable (long term);
 - sufficient to ensure provision to all women in need and their children;
 - publicly visible/transparent;
 - have staff trained to provide specialised IPV advice and support to protect women and children and to help end violence, as well as to facilitate recovery and empower women survivors;
 - provide access and appropriate support for migrant, minority and asylum-seeking women regardless of their legal status, older women, LBT women, and women and children with disabilities;
 - provide multilingual support;
 - provide additional child support delivered by specially trained staff;
 - have security provisions, and establish and observe confidentiality rules;
 - are geographically appropriately distributed;
 - offer a range of non-residential support including counselling, legal information and outreach.
- At least one women's shelter in each region should be open 24/7.



2.2.5. Guide on available support/ Official information available on the Internet

Public information on support services refers to guides on available support and official information on the Internet regarding violence against women. Providing information for women who survived IPV is essential as it enables them to be aware of support services and other options available for their safety and protection. It also serves as an effective way to raise awareness among the general public.

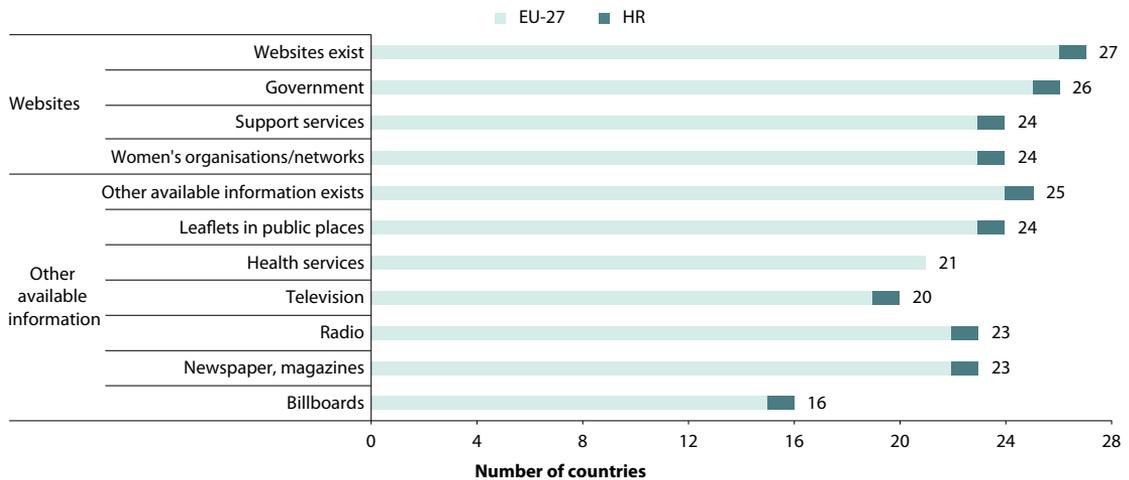
All 27 Member States and Croatia provided data regarding the availability of public information on support services for women. Twenty-six Member States and Croatia provide public information on support services for women, in different formats. In Bulgaria there is no information available to women on support services. The majority of Member States (except RO) where information about support services is publicly available provide this information on the government websites. Almost

all Member States (except HU and SK) and Croatia have this type of information available on the websites of the service providers. Almost all Member States (except EL, HU and MT) provide it on the websites of women’s organisations.

Twenty-three Member States (all except BG, LV, HU and RO) and Croatia provide information leaflets in public places. In almost all Member States (except BG, EE, EL, LV, HU and RO), information is available from health services. In 19 Member States (BE, CZ, DK, EE, EL, ES, FR, IT, CY, LV, LU, MT, NL, AT, PL, PT, SI, FI and UK) and Croatia, information is broadcasted on television, and in many more it is also transmitted on the radio (except in BG, HU, RO and SK, and in HR; in DE data were not available).

Almost all Member States provide information on support services for women victims of IPV in other languages, such as minority languages and English. The most frequent minority languages cited include French, Spanish, Turkish, Arabic and Russian.

Figure 2.2.5: Information on support services for women survivors of IPV, in the EU-27 and Croatia (HR), 2012



Source: data collected in March–April 2012, reviewed in November 2012.

Recommendations

- Information on support services should be available and provided:
 - on government websites and women's services' websites;
 - in alternative, commonly spoken languages;
 - for women with hearing or sight impairments;
 - in a range of settings, including schools and medical facilities;
 - in a range of formats;
 - on a regular basis.
- Core funding should be provided to women's services to enable them to publicise their services and produce information on safety and support.

2.2.6. Special police units or task forces supporting victims

Specialised police units or task forces provide emergency or crisis safety support for women's protection, thus having protection as a primary role. They have a specific role to support women subjected to IPV. They need to provide a clear indication to perpetrators that IPV is taken seriously by the authorities and can impact on the success of any investigation and prosecution. Both specialists and frontline police officers have a role in holding perpetrators accountable.

Sixteen Member States report having special police units/staff (BE, CZ, DK, DE, IE, ES, FR, IT, CY, MT, AT, PT, SI, FI, SE and UK), but not all of them have national data on the number of special units/task forces specially trained to support women who survived IPV. Eight Member States (CZ, DK, IE, FR, IT, CY, MT and PT) declared the number of special police units and six (BE, IE, ES, FR, AT and SI) had data about special staff. In nine Member States (DK, IE, FR, IT, CY, MT, AT, PT and SE), special police units/task forces are available in all areas, and in Belgium they are available in most areas. In two other Member States (CZ and ES) they are available only in some areas.

Recommendations

- A specialised, trained staff member should be employed in every police district and/or a unit responsible for ensuring that all front-line staff have a basic understanding of IPV and are familiar with the protocols on intervention and protection.
- Protocols should include information on how to:
 - provide a rapid response to protect women from further violence, including, if necessary, arresting perpetrators;
 - carry out thorough investigations leading to criminal prosecutions.
- Specialised police units should be located in each district to carry out or support investigations, obtain evidence and bring cases to court for successful prosecution.
- There should be collaboration between the police force and non-governmental organisations delivering women's support services.



2.2.7. Legal advice for victims

The services that some women subjected to IPV need in order to recover and start their life include applying for an injunction or a civil protection order, filing for divorce, resolving issues related to child custody or contact with the child and legal advice on immigration or residency rights. These types of legal services should be provided free of charge or at an affordable rate and be accessible to women survivors of IPV.

Receiving appropriate legal advice is an important step for women survivors of IPV to be able to exercise their right to protection and rebuild their lives. It is important that the services be provided by legal professionals trained on the issues of VAW including IPV.

Legal advice for victims is available in the majority of Member States and Croatia, and is provided free of charge or partially free of charge (free in BE, DK, EL, ES, FR, IT, CY, LT, LU, HU, MT, AT, RO, FI and HR; partially free in BG, CZ, EE, IE, LV, PL, PT, SI, SK, SE and UK). In some cases, the service is means tested (IE, MT and SI).

However, the comparability of the data is limited due to differences in the definition of the provision of this service. For example, in the United Kingdom, the legal advice is provided by staff specifically trained to work with women victims of IPV. In Finland, the service overlaps with other types of legal services and information

is not centralised, thus legal advice is provided by a rape crisis centre and general victim support centres. In the Netherlands, there is no specialised legal advice for women survivors of IPV, but there are some organisations that provide support to victims of domestic violence (Slachtofferhulp Nederland). In Poland, free legal consultations are provided to women victims of DV by state attorneys or by specialised institutions. In Germany, women are required to pay for legal advice and are fully or partially reimbursed only on application and based on an assessment to see if they meet the criteria. In Spain, a woman survivor of IPV is legally entitled to immediate legal advice, though a request for free legal advice must be made. It is means tested and, if refused, women have to pay for any legal services obtained. In Sweden, where the service is legally mandated, only the first two hours are provided at a lower than usual cost. A victim of crime may also receive a free aggrieved party counsel after a preliminary investigation into the crime has been introduced ⁽¹⁹⁾.

In 14 Member States (BE, BG, DK, IE, ES, FR, LT, HU, MT, AT, PT, FI, SE and UK), legal advice is available in all regions. In 10 other Member States (DE, EE, EL, IT, CY, LV, PL, RO, SI and SK) and in Croatia, legal advice is available in most regions. In Luxembourg, services are only available in the capital city. In the Czech Republic, services are offered only in the major cities.

Recommendations

- Legal advice:
 - should be available free of charge;
 - should be provided by staff trained on how to support women who survived IPV;
 - if provided by regular legal services, should be provided by legal advisors trained on IPV;
 - should include housing, property, finance, child custody and other relevant areas to ensure women's rights are protected and their needs addressed.
- Legal aid for all protection order applications should be free of charge and easily accessible.

2.2.8. Support for women to (re-)enter the labour market

One type of support that can be provided to women subjected to IPV and that can help them recover their lives is labour programmes that specifically help women survivors of IPV (re-)enter the labour market. The provision of employment services has been identified as essential in providing important long-term help as employment can create independence and help women to avoid social exclusion and poverty.

Six Member States (EL, ES, FR, IT, LT and AT) and Croatia have specific labour programmes to help women survi-

vors of IPV (re-)enter the labour market. Run by women's counselling centres in some Member States (IT and AT), these programmes exist in every region (AT) or in most regions (EL, ES, IT and HR). In France and Lithuania, no data was provided on their extent across regions. Several Member States provided data on generic programmes open to anyone, including women survivors of IPV (BG, IE, ES, CY, MT, PL and SE). In Malta, a generic labour programme for multi-discriminated groups exists. In Ireland, there are both generic programmes and a specific programme just for women survivors⁽²⁰⁾. In Spain, women who are found not to be eligible for labour market re-entry are provided with financial aid⁽²¹⁾.

Recommendations

- Labour and training programmes should be:
 - delivered by staff fully trained on issues of VAW and IPV (as a part of specialised or general service);
 - available on a regular basis;
 - suitable for labour market entry and re-entry;
 - offering multilingual support;
 - available in every region.
- There should be income support, for a period of time, without obligation to seek work, in addition to the provision of labour programmes.
- Quality criteria should be developed against which such programmes would be regularly evaluated.

2.2.9. Health protocols for the victims

The health protocols that provide standards for screening, referral, intervention, documentation and evaluation. The health protocols represent the responses of health professionals to women survivors of IPV. They need to take into account the specific needs of women subjected to IPV. It is extremely important that the health services they provide be delivered to the highest quality, ensure women's safety and help them recover.

Eleven Member States (BE, CZ, IE, ES, CY, LV, NL, AT, SK, FI and UK) and Croatia reported having national health protocols. Eight Member States have national protocols

in all identified health institutions: hospitals, emergency services, maternity services, reproductive health services, general practitioners and mental health services (BE, CZ, ES, CY, NL, AT, SK and UK). Nine Member States (BE, CZ, IE, ES, CY, NL, AT, SK and UK) and Croatia have national health protocols in hospitals and in emergency services. In Latvia, national health protocols are available only in reproductive services, and in Finland they are available only in maternity services. In Croatia and Ireland, health protocols are not present in reproductive health services and general practitioners. Moreover, in Croatia, health protocols are also not present in maternity services and mental health services.



Recommendations

- National-level health protocols should be introduced for specific professions, especially for general practitioners, hospital staff, psychologists/psychiatrists, family planning services such as midwives, and health visitors.
- General practitioners/family doctors should be trained to identify and respond to the needs of women survivors and are familiar with health protocols.
- There should be a specialised, trained staff member in every hospital responsible for ensuring that all front-line staff:
 - are equipped to identify and respond to the physical and mental health needs of women affected by IPV;
 - have a basic understanding of IPV;
 - are familiar with the protocols for intervention or protection.
- Training should be provided to staff, on a regular basis, in the use and benefit of the protocols.
- Protocols should address the following:
 - standards for routine enquiry, assessment and evaluation;
 - documentation forms, including photo documentation;
 - confidentiality to ensure the safety and protection of women victims ⁽²²⁾;
 - standards for storage of records/privacy/usage for court proceedings;
 - reporting of incidents of IPV to the authorities;
 - VAW/DV training should be implemented in the basic education of healthcare professionals (mandate in laws).

2.2.10. Coordination of the public support system

The coordination of the public support system takes place at national, regional and local level. Coordination at the national level is essential as it can ensure coordination of all levels. Its presence in national action plans is relevant for the existence of national coordination at the policymaking level.

All 27 Member States and Croatia have national coordination of the public support system: national action plan,

national strategy or other measures. Twenty-five Member States (all except AT and RO) and Croatia have an NAP or national strategy addressing VAW or DV. In Austria and Romania, the lack of an NAP and/or national strategy is covered by the existence of other measures that address VAW or DV. Sixteen Member States have national policies on the coordination of local service provision (DK, DE, IE, EL, ES, FR, IT, CY, LV, LU, NL, PL, PT, SI, FI and UK). The other 11 Member States and Croatia have not developed such a structure.

Figure 2.2.6: Measures in the EU-27 and Croatia (HR) to address violence against women, 2012

Source: data collected in March–April 2012 and reviewed in November 2012; secondary sources included.

Recommendations

- Provision of an adequately resourced network of women's services providing a consistent service both within and across agencies.
- An agreed definition of IPV and understanding of the gender-based nature of VAW.
- Strong engagement of all relevant organisations, including NGOs providing specialised support to women survivors of IPV and their children.
- Recognition of the expertise of specialist NGOs.
- Protocols should be established, agreeing:
 - information sharing, confidentiality and permissions;
 - roles and methods of working, including power sharing;
 - consultation with women survivors of violence and their children.
- Long-term goals and principals of cooperation should be agreed.
- Funding should be provided to support coordination forums.
- Regular monitoring and evaluation is required..

2.2.11. Special support services for vulnerable groups

Specific groups of women survivors of IPV are even more vulnerable due to their special needs as they face multiple forms of discrimination. It is a necessity that their needs be addressed by specialised services when they are also confronted by and subjected to IPV. Such needs can be language support; accessibility services, for example wheelchair access; provisions for deaf and blind women;

or personnel that know how to work with women with learning difficulties. These are services that require specially trained personnel, centres that can ensure accessibility or other provisions.

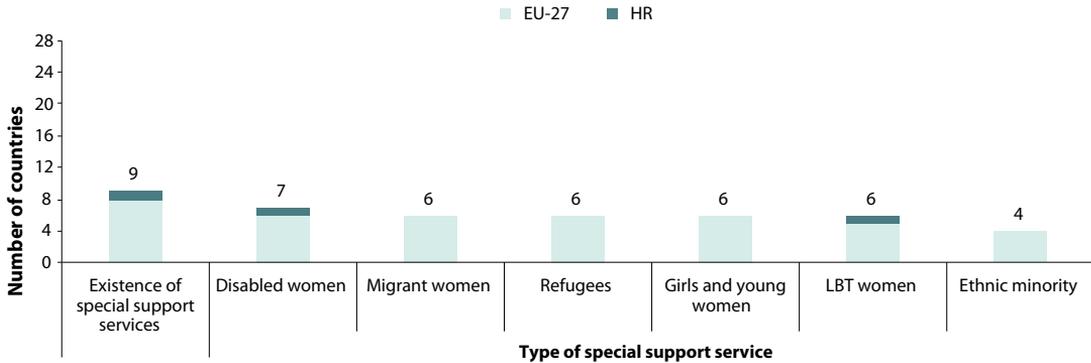
In 19 Member States, no special support services were identified for women facing multiple forms of discrimination. In eight Member States (DE, ES, CY, AT, SI, FI, SE and UK) and Croatia, at least one special support service exists for women survivors of IPV facing multiple forms



of discrimination. In three of them (ES, SE and UK), there are services for all groups of women — migrants, ethnic minorities, refugees, LBT, disabled, and girls and young women. Limited services are offered in two other Mem-

ber States (CY and SI) and Croatia. The majority of support services are provided by women’s shelters and women’s centres for survivors of IPV.

Figure 2.2.7: Existence of services for groups of women facing multiple forms of discrimination, in the EU-27 and Croatia (HR), 2012



Source: data collected in March–April 2012, reviewed in November 2012

Recommendations

- Provision should be made to ensure services are able to cater for the additional needs of women survivors of IPV facing multiple forms of discrimination, including:
 - staff trained on a regular basis to address additional needs;
 - providing advice/counselling/information in relevant minority languages;
 - removing barriers to accessing the service by providing appropriate aids and adaptations, sign language, wheelchair access and support for learning-disabled women.

3. Conclusions and recommendations

The provision of specialised support services to women victims of domestic violence is essential to protect them from violence and to enable them to recover and rebuild their lives. It is one of the three strategic objectives of the BPfA on VAW, requiring states to take integrated measures to prevent and eliminate VAW. While there is progress in the provision of support services for women victims of DVAW in the EU, more definite actions need to be implemented. The recent Directive 2012/29/EU of the European Parliament and of the Council of 25 October 2012 establishing minimum standards on the rights, support and protection of victims of crime will contribute to achieving this goal.

Legislative and policy measures to address domestic violence against women

Within the EU Member States and Croatia, there is a recognised common approach towards VAW as an issue of human rights and gender equality. The national action plans of the EU Member States and Croatia take into consideration such a common approach. However, some legal measures developed to address DVAW sometimes utilise a general framework of family protection rather than the common approach of human rights and gender equality. While it is important that DVAW is recognised as a crime, a gender-neutral approach may result in the failure to address the root causes of men's violence against women. Presently, only four Member States (ES, FR, PT and SE) specifically position DVAW as a form of gender-based violence in their criminal codes.

For criminalisation of DVAW to be effective, criminal laws need to be implemented and sanctions imposed. Despite the increase in criminalisation of DVAW, gaps remain in implementation, with prosecutions often low compared to the number of reported cases and sanctions rarely suf-

ficient to act as a deterrent. Addressing gaps in criminalisation would require removing all criminal law exceptions in general or special laws, including that of ensuring that every prosecution is a public matter and removing the requirement for victims to make a complaint or bring a private prosecution before criminal investigation can take place. Furthermore, gender analysis in criminalisation would ensure that the discriminatory nature of DVAW is not ignored and that it is not treated less seriously than public violence. Equally important is the implementation of criminal laws and the imposition of sanctions, lack of which has been identified as a major reason for impunity⁽²³⁾. Tackling this, together with addressing the gaps in criminalisation, will be an important indicator of EU Member States' and Croatia's future commitment to end impunity for DVAW.

The safety of women has been a priority for many Member States, and there has been a significant increase in the introduction of protection orders. Their implementation varies, and so does their documented effectiveness. Differences are in part caused by diverse legal systems within the EU. Learning from the experience of other Member States, the sharing and adoption of promising practices in different national contexts could help protection orders reach higher levels of efficiency.

There are legal provisions for perpetrator programmes in 15 Member States but they are not offered in all of these cases. Assessing the effectiveness of these programmes is difficult as few evaluations have taken place. However, no consistency of standards or approach exists within or between countries. Not all perpetrator programmes cooperate with support services for women victims, although it is an essential prerequisite for ensuring women's safety and protection. Guidelines for these types of programmes have been developed⁽²⁴⁾ and, if adopted, would improve the potential for increasing women's safety and holding the perpetrators accountable.



National action plans with strategies to reduce DVAW, framed and drawn up to different extents, are currently in place in 25 Member States and Croatia — a notable and welcome achievement. The majority of Member States, and Croatia, have a system of public support in their national action plan to coordinate policy on DV. However, very few NAPs are monitored and evaluated; it is therefore not possible to assess their effectiveness on the coordination of the public support system. Improving coordination requires the introduction of protocols on policies and procedures, including those on the sharing of information and the involvement of all relevant agencies and recognising the expertise of NGOs which deliver specialised services to women victims of DV and their children. Equally important are adequate human and financial resources to support this service provision and coordination.

It is recommended that gender mainstreaming should form an integral part of policies to combat VAW through the development of NAPs. This implies that all relevant agencies and authorities effectively coordinate policies, address gender issues appropriately and integrate a gender perspective into their work. Furthermore, it is recommended that NAPs adopt an integrated approach to combating DVAW, including through the provision of support services that cater to all forms of VAW. Recognising the commonalities between all forms of VAW as a cause and consequence of wider gender inequality is more effective than fragmented actions that address only one form of violence.

Despite the emphasis placed in NAPs by Member States and Croatia on the importance of training professionals, it is often not systematic, nor included in basic training, and is neither mandatory nor well funded. Furthermore, different understandings and definitions of DVAW hinder data gathering and lead to a focus on training in action plans and reports that address family violence, including child maltreatment, rather than DVAW itself.

Improvement of victim support services

The provision of specialised immediate and long-term services is essential to support the complex range of needs of women survivors of DVAW and their children. It is important that these services be accessible (free of charge, geographically distributed, multilingual, disability friendly), sustainable in the long term and delivered by staff trained to provide specialised DVAW advice and support. These services need to be accessible to migrant, minority and asylum-seeking women regardless of their legal status, older women, LBT women and women with disabilities. It is important to protect all women from violence and enable them to recover and rebuild their lives, including establishing economic independence, possibly through labour market (re-)entry programmes.

The level of provision of support services varies substantially within the EU with regard to approaches, capacity, quality and geographical distribution ⁽²⁵⁾. In some countries, services provided to women survivors of DVAW are not gender specific but included as part of the services offered to all victims of DV. This approach fails to address the root causes of VAW and undermines the notion that VAW is a form of discrimination against women. It is recommended that services address the specific needs of women survivors of violence and their children, and work from an understanding of the gender-specific nature of DVAW and within a gender-equality and human rights framework.

Sustainable funding, particularly for specialised services for women and their children, remains a significant problem. This has been compounded by the recent austerity measures in response to the current financial crisis, placing such services under greater threat than at any point in the last three decades. Competitive tendering to reduce costs is undercutting small, specialist NGOs and may be impacting on quality ⁽²⁶⁾. While the majority of Member

States, and Croatia, fund some specialised services, this is mainly part-funding, and service providers have to fundraise to cover costs. Without legal guarantees and sustainable funding, support services for women victims of IPV will remain vulnerable.

There is little evidence across the 27 Member States and Croatia of the evaluation of the use and quality of specialist services. However, research suggests that EU-level standards and indicators to assess quality are possible and that therefore there is a role for the EU to promote a process whereby experts, practitioners and stakeholders can develop these based on existing knowledge.

Women's NGOs across the EU play a crucial role in the delivery of specialist services. The Council of Europe's minimum standards note that funding should not compromise the independence of services ⁽²⁷⁾. Funding of women's NGOs delivering specialist support services, while recognising and respecting their autonomy, is essential to ensure survivors are fully supported.

Collection of data on violence against women

Recommendations for improving data collection have been provided in a number of studies and research expert groups (such as the CAHRV network in 2007, the Council of Europe study from HEUNI in 2008 and more recently the WAVE expert group in 2012). The recommendations below on the issues of definitions and different types of data collection were drawn up from the conclusions of these studies.

Challenges of definitions

The overview of existing prevalence data, crime statistics and research data has shown that definitions of forms of violence differ widely between those found in surveys, institutional contexts and national legal systems. The data therefore cannot be compared within one country or internationally.

One of the first key actions required is an agreement on national definitions and classifications to be used for surveys, research and administrative statistics. Definitions are

needed for all forms of violence against women, including the terms gender-based violence, violence against women and domestic violence. A common understanding is also needed about different types of services, e.g. what constitutes a women's shelter, a telephone helpline or a women's centre. Definitions need to be comparable across the EU Member States and applied consistently at national, regional, European and international level. Definitions should be agreed through a consultation with all relevant bodies, institutions/professionals and non-governmental organisations.

Administrative data

While many EU Member States embarked on the process of collecting population-based prevalence data, service-based administrative data on DVAW is rarely collected. Improved data collection is required at national, regional and local levels and within each relevant institution to improve data collection.

To begin the process of systematic data collection it is important to reach an agreement among all relevant institutions and professionals to make data collection a priority. The next vital steps are to identify which agencies and institutions work with the issue of VAW, to assess what type of administrative data Member States are currently collecting and whether the human rights and gender-equality issues of VAW are taken into account, and to identify the data production systems, variables and classifications used.

Many agencies within different areas of operation (police, courts, hospitals, shelters and so on) already produce data on VAW, but without systematic coordination. As a result, the classifications applied and the data collected do not follow uniform rules. A realistic objective would be to introduce uniform definitions and a uniform way of recording selected variables for each area of operation. This would facilitate comparisons, not only between agencies in one country, but also between countries. A national central agency (statistics office or observatory) could play a coordinating role and provide further guidance to each relevant institution. Instructing and training



personnel who will be using data collection systems in their respective institutions is an important further step.

At a minimum, data collection should be disaggregated by the sex and age of both the victim and the perpetrator, and specify the type of violence and the relationship between victim and perpetrator.

Prevalence surveys

Surveys conducted on a regular basis are needed at national and EU level in order to complement the collection of reliable administrative data in the field of VAW.

The types of data to be collected (where appropriate, data should be disaggregated by the sex and age of both the victim and the perpetrator, and specify the type of violence and the relationship between the victim and the perpetrator) include:

- lifetime and annual rates, including repeated experiences of violence/frequency;
- the type of violence experienced (physical, psychological, sexual, other);
- the severity of the violence experienced;
- the consequences/impact of the violence experienced (e.g. physical and/or psychological health, economic and social consequences).

Building on the recommendations for improved data collection and comparability proposed by the CAHRV network (2007) and the two EU-wide prevalence data collection projects (Eurostat, FRA) will help to support a process of review and development of survey methodology with similar or standardised questions on VAW within modules that could be included in all 27 Member States and Croatia, either within large-scale relevant national surveys and/or within international surveys. The aim of getting more accurate and more comparable data on reported and unreported cases is a long-term process and has to be achieved by involving a broad scientific community of experts and prevalence researchers from each Member State and Croatia.

Country observatories

Setting up observatories in each Member State and Croatia to collect unified data, alongside developing and agreeing on the use of the same definitions and methodologies, would assist in the collection of comparable and harmonised data. This would significantly improve information on VAW and inform policy and strategy development and measures to eliminate it. Observatories should be organised or complemented by scientific research in order to guarantee the collection of valid and reliable data.

Endnotes

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- ³ DAPHNE III programme, 'Estimation of intimate partner violence-related mortality in Europe — IPV EU_Mortality', Psytel Ingénierie de l'information, 2007.
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- ¹⁵ In 'Explanatory report — Convention on Preventing and Combating Violence against Women and Domestic Violence', Council of Europe, Strasbourg, 2011.
- ¹⁶ In DAPHNE II project 2006–08, 'Work with perpetrators of domestic violence in Europe', 2008, available at <http://www.work-with-perpetrators.eu/en>
- ¹⁷ Erturk, Y., 'International legal obligation to provide support services for women victims of violence', Council of Europe Conference on Support Services for Women Victims of Violence, Strasbourg, 2007, and in the 'Final activity report' of the Task Force to Combat Violence against Women, including Domestic Violence, Council of Europe, 2008.
- ¹⁸ In 'Typology of protection for women victims of violence', Council of Europe Ad Hoc Committee on preventing and combating violence against women and domestic violence (CAHVIO), Strasbourg, 2009.
- ¹⁹ Sweden, legal advice see <http://domstol.se/Funktioner/English/Legal-assistance/If-you-need-advice>
- ²⁰ There are no such programmes in the UK, but in England employment support is provided tailored to



the needs of the individual, including female survivors of IPV.

²¹ Article 27 of Constitutional Act 1/2004 of 28 December on integrated protection measures against gender violence, whose implementation rules are developed in Royal Decree 1452/2005.

²² Article 27 of the Istanbul Convention of the Council of Europe requires parties to ensure professionals are able to report serious acts of violence.

²³ European Commission Directorate-General for Justice, 'Feasibility study to assess the possibilities, opportunities and needs to standardise national legislation on violence against women, violence against children and sexual orientation violence', Brussels, 2010, p. 195.

²⁴ In DAPHNE II project 2006–08, 'Work with perpetrators of domestic violence in Europe', 2008, available at <http://www.work-with-perpetrators.eu/en>

²⁵ Thus for example in the United Kingdom (England), while specific labour programmes for female survivors of IPV do not exist, staff are trained to provide employment support tailored to individuals' needs, working closely with local partner organisations that support survivors of IPV. An expert noted that key to this type of support tailored to the individual 'is the programme of learning and development that is available to help Jobcentre Plus advisers to appropriately engage in difficult conversations with people who are in vulnerable situations, as well as ensuring that at a local level, the right contacts are made with partner organisations that support victims of DV'.

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