

TOWARDS A COMMON EUROPEAN FRAMEWORK
TO MONITOR PROGRESS IN COMBATING
VIOLENCE AGAINST WOMEN

PROPOSALS FOR A POLICY FRAMEWORK AND INDICATORS IN THE AREAS
OF BUDGETS, LEGISLATION, JUSTICE, SERVICE PROVISION, TRAINING OF
PROFESSIONALS, CIVIL SOCIETY, DATA COLLECTION AND PREVENTION

And

CASE STUDIES OF MODELS OF GOOD PRACTICE



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- Women's Aid Training Unit (Dublin, Ireland)
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- Domestic Abuse Intervention Project (Vienna, Austria)

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- On the Road, (Italy)

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TOWARDS A COMMON EUROPEAN FRAMEWORK TO MONITOR PROGRESS IN COMBATING VIOLENCE AGAINST WOMEN

1) INTRODUCTION: How can we measure progress at European level to combat violence against women?

The last decade was marked by an extraordinary set of commitments by governments from all over the world to address and eradicate all forms of violence against women. These commitments represent progress in naming the problem, identifying the barriers and how to overcome them, and in agreeing to address the fundamental causes. Above all, male violence against women was recognised as a fundamental barrier to the enjoyment by women of their human rights and to the achievement of equality for women. In other words, for as long as all of forms male violence against women persist and are condoned, true equality for women and equality between women and men will never be reached.

It is important that we now take the next step and begin to track and measure the outcomes of these commitments, to ascertain what progress has been achieved and to identify where the gaps remain. The European Women's Lobby (EWL) has produced this Guide as a resource to further the task of measuring and assessing progress and the outcomes of promises made.

1.1) THE GUIDE AS A RESOURCE TO MONITOR PROGRESS ON VIOLENCE AGAINST WOMEN

This Guide is divided into two parts. The first part consists of a set of proposals on policies and indicators for the development of a tool to monitor progress in combating violence against women at European Union level. The second part is presented as case studies, which provide positive and practical examples of good practice linking them with the proposals for indicators outlined in section one.

The development of a tool to monitor progress on violence against women is a long-term process. In the first instance it requires a level playing field in which all countries are at the same phase in the process. Currently this is not the case as the way in which the different Member States address and record action on all forms of violence against women varies considerably. Therefore, the first part of this Guide represents proposals on ways to establish a framework on the basis of a common set of policies and indicators as, it is first of all necessary to reach an agreed "benchmark" against which, over time, future progress can be measured.

An overview of each proposed policy and indicator is provided in the form of a pullout chart, which can be found in the middle pages of this Guide.

The case studies (models of good practice) are illustrations of how organisations are addressing different forms of violence against women and what lessons can be drawn from their experiences.

This Guide is intended as a resource for all those who on a daily basis work to eradicate violence against women in whatever capacity they undertake this (enormous) task: grass-roots service providers and activists, campaigners, researchers, decision and policy-makers, etc. This Guide was produced with the contribution of the experts of the EWL European Observatory on Violence against Women, who set the framework in terms of the themes of the case studies and the initial criteria for defining the characteristics of a model of good practice from which the case studies were subsequently identified.

Seven priority themes were initially chosen for the section on "models of good practice", they include:

- 1) Domestic violence;
- 2) Rape, including rape in marriage, and sexual assault;
- 3) Sexual abuse of girls, inside and outside the family;
- 4) Sexual harassment in the work place;
- 5) Prostitution, pornography, trafficking in women;
- 6) Female genital mutilation (FGM);
- 7) Women's diversity, including but not limited to: women asylum seekers, migrant women.

Subsequently, case studies in five of these themes were drafted for this Guide.

1.2) TERMINOLOGY AND CONCEPTS USED IN THE GUIDE

In the first section, particular terms relating to methodological methods have been used and should, therefore, be understood in the context of this Guide in the following way:

a) Definition of violence against women

For the purpose of this Guide, the definition of violence against women corresponds to the definition adopted at the Fourth World Conference on Women in 1995 and which is stated in paragraphs 113 and 118 of the Beijing Platform for Action¹ as:

"The term "violence against women" means any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberties whether occurring in public or private life. Accordingly, violence against women encompasses but is not limited to the following:

- a) *Physical, sexual and psychological violence occurring in the family, including battering, sexual abuse of female children in the household, dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence and violence related to exploitation;*
- b) *Physical, sexual and psychological violence occurring within the general community, including rape, sexual abuse, sexual harassment and intimidation at work, in educational institutions and elsewhere, trafficking in women and (forced) prostitution;*
- c) *Physical, sexual and psychological violence perpetrated or condoned by the State, wherever it occurs."*
(paragraph 113)

and:

"Violence against women is a manifestation of the historically unequal power relations between women and men, which have led to domination over and discrimination against women by men and to the prevention of women's full advancement."
(paragraph 118)

This definition represents a number of advantages. First of all, it has been agreed by all of the 15 Member States, speaking for the first time at an international event, with one voice at the Fourth World Conference in China in 1995. Secondly, the definition encompasses different forms of violence against women and therefore provides a framework within which further definitions on more specific forms can be further developed. It also allows for new and emerging forms of violence against women, which have not been addressed before, through legislation or other measures.

b) Benchmark

This term is rarely used throughout this Guide as it refers to a commonly agreed point of reference against which progress will be monitored. In theory, all Member States could use the definition of the Beijing Platform for Action as the benchmark to monitor progress. However, as noted previously, this cannot be the case as not all of the Member States are on a level playing field in relation to the way in which they address violence against women and the policies and services they have developed to combat violence against women at national level. A benchmark, therefore, can only be used as a measurable tool once common priorities and targets have been set.

c) Indicators

Indicators are quantitative data often presented as "statistical information chosen specifically to shed light on a specific economic, demographic or social problem/question. Indicators can be a single figure or distribution; figures can be expressed as numbers, percentages, rates or ratios." ²

The challenge therefore, is to capture qualitative information and to transfer it into quantitative indicators to give visibility to the way in which violence against women is being addressed and subsequently, to determine the gaps that persist.

1 United Nations (Department of Public Information) "Fourth World Conference on Women Beijing, China 4-15 September 1995: Platform for Action and the Beijing Declaration", published in 1996

2 "Engendering Statistics, a Tool for Change", Birgitta Hedman, Francesca Percucci, Pehr Sundström, Statistics Sweden, 1996

d) Targets

Targets are specific objectives set in a specific time frame (time frames) with corresponding resources and delegation of responsibilities. No specific targets have been proposed but the setting of targets could be the basis of follow-up after agreeing a framework to monitor progress.

e) Characteristics

Characteristics consist in a series of qualities identified as essential components inherent to a group of actors engaged in combating male violence against women by offering support and services directly to women and/or to services providers who are in direct contact with women subjected to all forms of male violence.

PART I: PROPOSALS FOR A POLICY FRAMEWORK AND INDICATORS TO MEASURE PROGRESS ON VIOLENCE AGAINST WOMEN

2.1) INTRODUCTION

A table of proposed indicators for the development of a common European framework to measure progress on combating violence against women is included as a pullout chart in this Guide. The chart is represented in the form of a table and is divided into two sections. One column stipulates the overall indicator, while the second proposes a series of (sub) indicators, which are necessary to collate data that can subsequently be used to compare and to measure progress across the EU Member States. Ultimately, the objective is to provide a European framework, which can be developed over time and which will allow for comparisons across countries (while providing an overview and tool for accession countries prior to their entry into the EU).

This chapter provides an explanatory note in relation to each of the indicators. It also provides information on the reasons why these particular indicators were chosen and in some cases provide references to the case studies which support and demonstrate the relevance of the indicators proposed.

2.2) EXPLANATION OF POLICY PROPOSALS AND EACH SET OF INDICATORS

► National Action Plan on violence against women

A National Action Plan on violence against women is the minimum requirement and to some extent, the benchmark against which progress can be measured. A detailed national plan of action will facilitate comparisons across countries from which a European framework for a European action plan will emerge in time. A plan of action is also an indicator of the political priority given to the issue of violence against women.

National action plans should contain some vital information in a detailed and explicit way, these include: a clear definition of violence against women in which reference should be made to naming the problem, i.e. male violence against women; details of where (governmental department) and who has overall responsibility for overseeing and implementing the plan of action; the process of consultation which was/is used and with which agencies, services and organisations. Other elements should include details of indicators, targets, time frames and benchmarks that have been agreed as well as the strategies identified within the national plan. The action plan should also provide information on the mechanisms for monitoring progress and for evaluation.

- A European Action Plan could build on the definition of violence against women in the Beijing Platform for Action (BPFA). As previously stated, this definition provides a number of advantages and even if the BPFA is not legally binding, it provides the basis of a moral and political commitment, a starting point for all Member States. This definition is broad enough to encompass the different realities from within Member States and it is an all-inclusive definition which recognises forms of male violence against women which are difficult to capture in a legal framework, namely, psychological violence.

Very few countries in the European Union have established a National Action Plan on Violence against Women, in the way in which it is suggested in this Guide. Ireland and Spain are perhaps the two countries that have come the closest to such an Action Plan as defined here. In 1997, the Council of State in Finland

adopted a plan of action for the promotion of gender equality, which comprises of two national projects: one for the prevention of violence against women and the second for the prevention of prostitution. In 2000, an Action Plan of the Federal government of Germany to combat violence against women was adopted under the auspices of the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth. The Swedish government set up the National Council for the protection of Women against Violence, in May 2000, which serves as an advisory body and is chaired by the Swedish Minister for Equality. The Belgian Federal government adopted a National Action Plan on Violence against Women in March 2001. Other countries have developed strategies in different areas of violence against women, which could be considered as the basis on which future Action Plans could be drafted. For example, in Denmark, victims of rape are entitled to free legal aid, compensation for loss of salary and psychological trauma, which is paid by a fund established by the State. The Danish Parliament passed recommendations to set up crisis centres for women victims of rape within the health services as a way of ensuring that the health costs of violence against women are considered and that standards of good practice are implemented.

► **Resources, in particular financial resources in terms of budgets allocated and actual expenditure**

This section covers all sources of public funding through the implementation of policies, actions, initiatives, services explicitly allocated to address all forms of male violence against women. Resource allocation varies from country to country and is granted by different ministerial departments at various levels of government: local, regional and national. It is important to identify what resources exist and whether they are part of mainstream core funding and/or part of other budget lines, referred to as indirect funds. Examples of the latter type of funding include resource allocation to: health, housing, education, training and research, in which a certain percentage of the main budget line may be used to either target specific groups of women; carry out and develop actions, campaigns and/or other punctual events and funds allocated for service provision, indicating whether core funding is allocated and to which service providers, i.e. multidisciplinary agencies and women's NGOs and the criteria used. In countries where national action plans exist, data on the resources allocated to meeting the targets and timeframes set out in the national plan should be recorded. It is equally important to record actual expenditure as budgets provide an indication of what costs are foreseen whereas the expenditure is an indicator of the actual amount that has been spent and invested and will allow to pinpoint where gaps persist.

In order to facilitate comparisons between countries, the total budget and expenditure should be recorded as a percentage of the Gross Domestic Product (GDP), which currently is not being recorded as such in any single country.

► **Legislation**

Legislation is the legal framework in which violence against women is situated in terms of a basis for reparation from the State. It is an indicator of the State's level of responsibility and willingness to act by proposing legal mechanisms for protection and defence. (Legislation on its own will not provide an indication of how violence against women is being addressed nor how the mechanisms are organised or how women access the system.) While gaps exist between legislation on the one hand and actual implementation on the other hand, legislation does provide a reference as to the forms of violence that are recognised and definition of these, the acts that constitute violence and measures of protection, in both civil and criminal law. A proper assessment of the law requires a comparison between indicators in the legislative field and those that have been identified under "redress" and the outcomes of these. It is also important to determine whether the State recognises itself as a potential perpetrator of male violence against women and what measures are foreseen to prosecute State agents, including police and security forces that engage in acts of violence against women in the course of their professional activities. Legislation evolves over time to take into consideration emerging and newly recognised forms of acts of male violence against women.

Examples of how legislation can set the pace of intervention in relation to certain forms of violence against women can be found under the section "Female genital Mutilation" (FGM) in the second part of this Guide on models of good practice. Examples from Denmark and Sweden show that where the law has forbidden FGM, it is still necessary to provide ongoing measures to ensure that a) there is a greater awareness on this issue for it to be fully understood as a form of violence against women (which, for public opinion, is not always the case) and 2) to ensure that the communities concerned not only accept that FGM is forbidden within a given country but to make sure that the reasons why the ban is imposed are understood in a broader context of women's human rights so as to avoid shifting the problem back to the country of origin where young girls are sent to be mutilated. Legislation in the above-mentioned countries allows for proceedings against families who travel to countries of origin with the purpose of subjecting their girl child to FGM. The examples from these countries also show how the legislative framework can play a role in

generating public debate (thus removing it from the private sphere) and subsequently providing a space to recognise FGM as a form of male violence against women, as it is traditionally seen as a “cultural” (i.e. acceptable) practice only.

The Italian association, “On the Road”, was instrumental in extending the interpretation of the Immigration Consolidation Act (1998), to include women, victims of trafficking and to enable them to obtain legal resident status.

It is also worth noting the Austrian legislation on Domestic Violence as a model of good legislative practice. This legislation was introduced in 1994 and empowers the police to remove the perpetrator from the home for a maximum of seven days. If the victim wishes to extend this period, a temporary injunction can be obtained from the district court and is applicable immediately for a period of up to three months. This type of legislation has removed the burden of proof from the individual woman as following the removal of the perpetrator, the police notify the “domestic violence intervention project” to ensure that women have follow-up support.

The Committee for Independent Status in the Netherlands, has been successful in lobbying for additional criteria in the Dutch legislation relative to the extension of a residence permit on humanitarian grounds for women who have been subjected to sexual violence within their relationship and who do not fulfil the requirements for obtaining an independent legal status in their own right.

► Remedies for redress through the civil and criminal justice system

Remedies refer to the legal system in which a number of wide ranging legal measures are available for women to seek redress which are provided by a number of different professionals, in particular the police and the legal professionals (lawyers, judges, mediators, etc). Recording data in this area and monitoring the way in which these services respond are crucial as they are an indicator of the State’s level of responsibility in condemning and punishing the perpetrator while protecting the victims of male violence. Many studies have highlighted the gaps that persist in the procedures and transparency in the whole justice system particularly the criminal justice system. These gaps can be traced from the moment of filing a complaint on the one hand to the actual outcomes of the justice system, as well as the difficulty in tracking the steps between these two crucial moments. Therefore, the actual tracking of outcomes is vital to ascertain whether the remedies provided are being used to full capacity. NGOs providing direct services to women in situations of violence, have on numerous occasions pointed to the difficulty of tracking outcomes and that this factor alone is the biggest barrier for women preventing them from availing of existing remedies in both the civil and criminal justice systems.

Research carried out on domestic violence as an issue for criminal justice illustrates very well the double, even triple re-victimisation which women are often subjected to. The continuous victimisation of women is supported by the structures of the State, represented by the justice system in all its forms and society as a whole in what Carmen Pujol Algans summarises as “the devaluation of a woman’s world (which) is so profound that we cannot eradicate the violence of masculine gender on the feminine, (to such an extent that) the complaint of a woman against her husband creates suspicion; what spurious reason leads her to report the father of her children. Could she possibly be telling the truth?”³

In the report “Penal Response to Domestic Violence, Answer to the Penal Court 1992 to 1998 in the Comunidad Autonoma di Madrid”, a number of conclusions are made which support the choice of indicators that have been proposed in relation to the criminal justice section. While these conclusions relate to the area of domestic violence, they are relevant for all forms of violence against women because they highlight obstacles that women face once they decide to file a complaint within the area of criminal justice against a male perpetrator. Some of the main conclusions of the research confirm that:

- The initial complaint is crucial and is the factor that will determine success of criminal proceedings. In many instances, the initial complaint is incomplete and reports of previous complaints (and/or judgments) are not traceable and they are not attached to statements taken by the police.
- There is a higher conviction rate when a woman is assisted by a lawyer and is legally represented in court. In other words, a woman’s constitutional right to adequate protection is guaranteed when assisted by a lawyer.
- Acts of violence against women are often classified as “petty offences”. Serious offences relate to physical acts and bodily harm. Psychological abuse lacks a clear legal definition; while the term “verbal abuse” may

3 Quotation of Carmen Pujol Algans, taken from “Penal Response to Domestic Violence, Answer to the Penal Court 1992 to 1998 in the Comunidad Autonoma di Madrid, June 1999”

be one way of addressing this gap, an understanding of what constitutes psychological violence is needed as this form of violence against women is almost always present in all forms of physical abuse.

- ▶ The reasons why women withdraw from proceedings, either by withdrawing the initial statement and/or pardoning the perpetrator, are rarely, if ever, investigated to determine whether they are doing so freely or under duress by the perpetrator.
- ▶ The shorter the duration of the proceedings, the higher the degree of confidence the victim has in the criminal justice system.

These conclusions are similar to those supported in an Irish study⁴ on the response to domestic violence in the civil and criminal justice system in Ireland. This research also highlights the fact that the lack of support to women, whether it is in the area of civil law and/or criminal law is a major factor which prevents women from making full use of existing remedies, with the result that the issue of male violence is not treated as it should. Both studies underline the urgency of developing a code of practice for the police to guide them in their intervention with women victims of male violence, particularly by an intimate male partner, and which will record all data including previous call-outs and an “assessment of the risk factor”. (Kelleher and O’Connor). However, the Irish study also states that while guidelines for the police are important, they must also be assessed to determine whether they are effective in practice (i.e. monitoring the outcomes).

Examples to demonstrate the effectiveness of these observations can be found in the following case studies:

In Austria, the recent changes in legislation remove the burden of proof on women subjected to domestic violence. The police have the right to pass on information to the Domestic Violence Abuse Intervention Projects who provide ongoing support to women who may not of their own accord make contact with external services, in this case, the likelihood of women using remedies for redress and pursuing criminal charges increases.

In the United Kingdom, the Repeat Victimization Programme (West Yorkshire) was developed to help the police to provide immediate and ongoing responses to call-outs in cases of domestic violence. The strategy developed by the police makes it impossible for them to ignore this form of violence. Furthermore, the intervention strategy facilitates the gathering of evidence for subsequent criminal justice charges and provides an essential link with the crown prosecutors.

The BIG project in Berlin has recorded an improved police response to call outs and follow-up to cases of domestic violence due to a checklist specifically designed to guide the police. This in turn has led to a greater take-up rate on the part of public prosecutors who are more inclined to follow-up police reports without necessarily requiring women to lodge a formal complaint.

RKC in Sweden provides, as part of its training to medical staff and in particular to doctors, clear guidelines on how to draft a legal medical certificate and what data it should contain, to facilitate the subsequent lodging of a complaint by women who have been subjected to any form of male violence.

In relation to the issue of compensation to victims of crime, it is worth noting that the “United Nations Declaration of Basic Principles of Justice for Victims of Crime and Abuse of Power”⁵, was adopted by the General Assembly in 1985 (General Assembly Resolution 40/34) and should be considered as a “reflection of the collective will of the international community to restore the balance between the fundamental rights of suspects and offenders, and the rights and interests of victims.” This Resolution could provide the basic instrument for developing measures of compensation to women victims of male violence.

▶ **Training of professionals**

The effectiveness of the right to redress for women will depend on the level of awareness of professionals with whom women will be in contact once they have become a victim of male violence. Professionals need to be aware that male violence is a crime and know how to respond and how to provide timely and ongoing support and follow-up to women. It is vital therefore, that training is available and offered to all ‘front-line’ professionals working in the areas of justice, police, health, education, social work, and others. While training is important at the beginning of career development it is essential for ongoing training to

4 “Safety and Sanctions – Domestic Violence and the Enforcement of Law in Ireland”, Patricia Kelleher and Monica O’Connor, 1999

5 "Guide for Policy Makers on the Implementation of the United Nations Declaration of Basic Principles of Justice for Victims of Crimes and Abuse of Power", United Nations Office for Drug Control and Crime Prevention, Centre for International Crime Prevention, New York, 1999

be made available especially to those professionals with developed expertise to enable them to extend their professional skills to respond to women, victims of male violence. Another indicator within the scope of training is the level at which the institutions and agencies provide the necessary structures (staff, resources, policy development facilities) to ensure that ongoing training can be carried out.

Most of the cases studies contained in this guide consider their contribution to the training of professional as a key part of their work. While some respond in a general way to professional demand, others provide tailor-made advice on an ongoing basis; this is the case of the Tukinainen Rape Crisis Centre in Finland. Some organisations have gone further and developed specific training courses with backup material, targeted to specific professional categories, namely the health care service. Models of practice from the Training Unit of Women's Aid (Ireland) and of RKC which provides training in a hospital setting in Sweden are two particular examples of the issues developed in training for primary health care workers.

► **Service Provision**

Services provide an indicator of the level of support available for women victims of male violence. The way in which they are funded is an indicator of the level of State support and recognition of the need to address male violence against women in all its forms and in different ways. In the table of indicators, this section on services is divided into two parts. The first part looks at shelters and/or refuges. While the number of shelters will not on its own give an indication of how male violence against women is being addressed, it will give an indicator of the level of demand for such services and whether this need is being adequately met. Documenting this type of data will enable the monitoring of how this need is being met in the long term. It will also provide information on the type of emergency accommodation and support services available to women and on the main service providers and how they can be supported in their work.

The second part, entitled: "other service provision" looks at what other type of services are available for women and whether there are intrinsic barriers, such as costs, that prevent women from accessing these. It also looks at the geographical spread of service provision, the funding aspects and the services providers. Evaluation of all services is a guarantee that the services are being monitored to ensure that they respond adequately and ensure accessibility.

The cases studies have highlighted some valuable factors that are necessary in providing services that will adequately respond to the distress of women when subjected to male violence; these can be summarised as follows:

- Capacity to respond quickly, in a safe environment without putting pressure on women to make immediate decisions about their future.
- Capacity to provide ongoing support by maximising internal resources and valuing skills. Evaluate the delivery of services with the input of the beneficiaries.
- Recognise the role and responsibility of the different agencies and organisations.
- A clear mandate to make decisions and to implement them.

The case study on violence against lesbians illustrates how the lack of service provision for such women has a compound effect on them as individuals for whom many of the acts of violence against them are dealt with as individual experiences rather than placed within a context in which violence is an expression of the perpetuated structural discrimination for reasons of sexual orientation.

► **Women's diversity**

This section reiterates that women do not form a homogeneous group. Individual experiences of male violence vary and these personal experiences are also influenced by a number of external factors. In this section, "women's diversity" specifically refers to women who are confronted with male violence and an overlapping of multiple forms of discrimination, such as: migrant women, women asylum seekers, refugees, disabled women, women living in institutions, lesbians, prostitutes, trafficked women and many more women who are often forgotten from the mainstream service provision and policy measures.

Are such women catered for especially if they are confronted with multiple forms of discrimination as well as male violence? Do policies, services, strategies, time frames, targets and benchmarks consider their needs; and if so how? Any future European framework to monitor progress on violence against women will have to take as its starting point the issue of diversity, of multicultural communities, which include migrant communities within national boundaries. While the issue of "women's diversity" has been proposed as a separate category, they could, as an alternative means be integrated into all of the other indicators. However, as a first stage, it is vital to determine the way in which women's diversity is recognised, supported and prioritised.

The case studies included in this Guide show how difficult it is for some categories of women, namely, migrant women and lesbians, to find help when confronted with male violence. On a structural level, it is clear that male violence against women in general is not seen as a priority and therefore, for black and ethnic minority women, it is an even lower priority. Examples from the case studies show that conscious efforts have to be made in order to understand the barriers before developing strategies to address the gaps. In the case of the lesbian project, it took three pieces of research and the opportunity to engage in a European programme (namely Daphne) to begin to develop strategies to address the issue of male violence against lesbians. In the case of the Northern Ireland Women's Aid Federation, it was necessary to carry out background research to understand why women from the migrant communities in the region did not approach the service, to subsequently develop a number of strategies within the organisation to be able to meet the needs of such women. Women's Aid Federation also identified the issue of fear of deportation for migrant women. Even for the Committee for an Independent Status, in the Netherlands, that was already working on the issue of migration in general, it took some time to fully grasp the implications of Dutch immigration policies and the way in which these posed a barrier preventing women from seeking help in situations of domestic violence, before finally formulating recommendations for changes in these laws. The lessons that can be drawn from these case studies show that it is vital to ascertain the perception women have of themselves, of their status and role within their families and broader communities. From this basis, it is then possible to ensure that services and policies meet their needs, as illustrated in the case studies.

► **NGOs / Civil Society**

In many countries women's non-governmental organisations (NGOs) have been the pioneers and sometimes the only service providers, supporting women fleeing situations of male violence. In many countries, these organisations have been instrumental in campaigning for and leading the debate on male violence against women as an issue of public and political concern. While governments are gradually beginning to recognise the essential role of NGOs as indispensable partners and part of a multi-disciplinary approach to addressing male violence against women, this type of recognition does not always lead to adequate support, especially in terms of funding. The first set of indicators refers to the relationship between NGOs on the one hand and policy-makers on the other hand as a partnership, part of an overall strategy to address all forms of male violence against women.

The second set of indicators address NGOs themselves. NGOs have been and continue to be advocates for change; the expertise and skills developed have led to the development of particular services and initiatives. How do NGOs respond to the beneficiaries of the services, i.e. the women who turn to the organisations for help and support? Are the beneficiaries consulted and included in evaluation of service delivery? Do NGOs proof their own services to ensure that they are not discriminatory, in an implicit way, in for example, ignoring the need to address violence against black and minority ethnic women or women with other needs? NGOs as partners and representatives of a civil dialogue requires a self-examination to pinpoint to and correct any discriminatory practices which would counteract the contribution to a global approach of addressing and eliminating male violence against women.

NGOs are a vital component in multi-partnerships. All of the case studies are either NGOs themselves or work in close association with them (e.g. of the Repeat Victimization Programme, which is primarily a police response programme to domestic violence). It is clear that the role of NGOs is recognised as one of the most appropriate services capable of providing support to individual women.

For some of the case studies, namely, Tukinainen Rape Crisis Centre, issues around staffing are important and include a policy on paid women workers, as opposed to volunteers, and counselling for them on a regular basis to support them in their role of providing direct support to women victims of male violence. Other case studies, namely, the Northern Ireland Women's Aid Federation, created a space for workers to explore their own prejudices while seeking to improve their services to migrant women. In this case, an internal Anti-Racist policy was adopted. Another case study, namely, BIG (Berlin) considers it vital to include the views of the women "clients" in the evaluation of service delivery. These examples show how different strategies can be developed within NGOs to ensure that they are responding to the needs of the women the services have been set up to serve.

► **Data Collection**

The issue of data collection is a sensitive one. Data and statistics must never cause a backlash to women, by undermining individual women and/or further causing harm. A number of examples of the detrimental effect of recording data can be found in some parts of the USA where a practice of systematic recording of incidences of domestic violence by hospitals and/or by the police has led to the intervention of child protection/welfare agencies resulting in an investigation of children's welfare with the possible outcome of the woman losing child custody. Furthermore, a computerised file on the individual woman is stored and

evoked every time she consults the agencies (a hospital for example) regardless of the reason. In this type of example, the shortcomings of an individualised recording system result in maintaining women in a dependant relationship: the individual controlled relationship by a male partner is replaced by a controlled relationship by the State. Therefore, data recording and statistics must be used to measure progress and not as stated undermine the empowerment of women, either individually and/or collectively.

In many countries, women do not report acts of male violence to statutory agencies, particularly when the perpetrator is known to them (95% of all domestic violence cases). This under-reporting does lead to a "normalisation" of male violence with the result that surveys and research are also weakened when trying to estimate the full extent of the problem. This in turn leads to an under funding of vital service provision as it is difficult to assess ongoing needs and gaps. Current research shows that male violence against women requires a "climate of confidence which needs to be re-examined continually in light of what we know about the dynamics of violence in relationships." ⁶

Examples of how data recording is essential in providing an overall situation of the extent of male violence is demonstrated in the case study on the Tukinainen Rape Crisis Centre in Finland. Records on the numbers of women who call and seek advice from the free-phone telephone and legal service have been used by the national statistical body, Statistic Finland. A statistical research is currently being carried out on the costs of violence in Finland.

The issue of data recording is also referred to in the Repeat Victimization Programme (UK) in which it is noted that recording takes time and resources and is perhaps the most difficult aspect of the programme management, but, it is essential and should be seen as a key priority in order for the programme to be successful.

While there is abundant testimonial evidence to draw a correlation between all forms of violence against women (verbal, physical, psychological,) victims of trafficking and other sex related areas (prostitution, etc), there is a need to systematically record data on this. This is vital for a number of reasons. Firstly, there is a general implicit acceptance that violence against women is normal in these situations. Secondly, there is a need to develop a means of counteracting arguments that call for the legislation of prostitution as a form of work, particularly as the work place is becoming more and more recognised as a space in which violence against women is a daily reality (sexual and moral harassment, mobbing, bullying, etc).

► **Prevention**

A global assessment of monitoring change requires data on prevention and the measures put in place to achieve this. Preventative measures can also be translated into time frames, targets and indicators.

The example of preventive work carried out in Denmark on FGM, despite legislation banning the practice, shows the limits of a legal framework and the necessity to carry out accompanying measures. The Austrian Intervention Project describes its role also in terms of prevention, by giving women information and support, the long term negative implications for individual women, their accompanying children and the costs of domestic violence for society as a whole are greatly reduced.

All of the case studies believe that their work has the cumulative effect of prevention at different levels. Whether it is in the context of raising the awareness of professionals, especially through training measures with the police, medical and primary care professionals, or with policy and decision makers, through inter-governmental and governmental and through public campaigns, the objectives are clearly to ensure that women become agents of their own lives, empowered to seek help from those whose duty it is to provide help because they understand that male violence against women is not an accepted norm.

Other areas of specific preventive measures can be identified. In 1999, the EWL carried out a study on domestic violence in the European Union and reached the conclusion that this form of violence concerns 1 in 4 women throughout the 15 Member States. Clearly this type of data necessitates preventive strategies that need to be implemented throughout the early stages of the life cycle of the girl child and young boys who, in adulthood remain the main perpetrators of violence against women.

6 Carol Hagemann-White in "Gender and Culture in the EU, Chapter 7: Male violence and control: constructing a comparative European perspective", Duncan S and B Pfan-Effinger, UCL Press, 2000

PART II: GOOD PRACTICE

3.1) CHARACTERISTICS OF A MODEL OF GOOD PRACTICE IDENTIFIED AT THE ONSET OF THE GUIDE

In the context of this Guide, the following set of characteristics were predetermined by the experts of the EWL European Observatory on Violence against women as guidelines for identifying case studies of models of good practice.

Overall guiding principles:

- ▶ Respect for the autonomy of women and their choices
- ▶ Ensure utmost priority to the safety of women
- ▶ Prioritise the empowerment of women

Practices that enhance:

- ▶ A professional approach, i.e. a combination of principles relating to solidarity, future perspectives and respect for individual women
- ▶ The internal and external factors, which bring about change: i.e. attitudes of actors and structures of society which will in turn impact on improving the lives of women
- ▶ Government practice and policies
- ▶ Confidentiality
- ▶ Adequate service delivery through in-built mechanisms of evaluation with the input of the beneficiaries/service users (quality assurance schemes)
- ▶ Evaluation and monitoring
- ▶ An understanding of violence against women through ongoing training of all professionals (judges, doctors, etc) who are in contact with women victims of male violence
- ▶ Transparency
- ▶ Partnerships with other professionals including with women's NGOs
- ▶ An ethos of support for staff members (both voluntary and paid staff members)

Promotion of feminist values and women's human rights by:

- ▶ Naming the problem (male violence not family violence)
- ▶ Locating the responsibility with the perpetrator: it's a male problem not women's
- ▶ Helping the woman to understand that she is not alone and that the violence is the result of structural inequalities and not a shortcoming on her part
- ▶ Helping the woman to understand the continuum of violence (cycle of violence)
- ▶ Playing a role in educating society on male violence and masculinity.

It was on the basis of these characteristics that the case studies were identified.

No criteria was set concerning geographical representation; therefore, no conclusions can be drawn from the data contained in this Guide as to possible comparisons between or among priority themes, type of practice and/or country.

At the end of compilation of the case studies, a number of other characteristics emerged which, together with those initially identified by the experts of the EWL Observatory, can be considered as a global set of characteristics that the EWL considers to constitute "good practice". Therefore, the following characteristics are those that emerged once the contacts and information was received from the organisations who contributed directly to this section of the Guide as examples to illustrate how service providers are responding to women confronted with male violence.

3.2) CHARACTERISTICS OF A MODEL OF GOOD PRACTICE AT THE OUTCOME OF THE GUIDE: Common Characteristics shared by the case studies

The case studies share some common characteristics and as such provide valuable information on factors of "success" for service delivery. While the case studies cover different areas of intervention for distinct forms of male violence against women, they do, nevertheless present common strands in the way in which they address male violence. These common characteristics, from which lessons can be drawn for the policy and legislative framework for addressing violence against women, can be summarised as follows:

- ▶ **Partnerships:**
all of the case studies recognise that not one single agency, or organisation or service provider or statutory

body alone can address the issue of male violence against women, and therefore, multi-agency partnerships are vital between different actors and service providers. Some of the “success factors”, of a multi-agency/disciplinary approach include: (a) the capacity of the service provider to respond quickly to the distress of the individual women, hence putting the safety of women as an utmost priority; (b) the resources to provide back-up structures for ongoing support to women; (c) the skills to help women explore their options so that they can make decisions in their own time and at their own pace while benefiting from professional guidance; (d) recognition of the particular expertise and skills that each partner brings, this includes the recognition of the vital role and input of NGOs.

► Men’s responsibility:

the case studies explicitly recognise that violence against women is part of the imbalanced (unequal) relationship between women and men and therefore, men must be responsible for their violence which should not be seen as an issue for individual women but one that is a matter of public concern.

► Guidelines for professionals:

the organisations illustrated in the case studies that work with institutional state and semi state structures/bodies, i.e. the police, the medical and health care profession, justice, refer to providing guidelines to these professionals to facilitate their task of providing adequate responses to women in situations of violence without requiring an overhaul of the way in which these professionals usually carry out their daily duties. This is particularly the case for the police and the medical profession who are generally under great pressure in their daily workload and practice. Guidelines tell them what they should do when faced with women victims of male violence so that in the long term this issue is integrated into the daily practice of their work. Examples of this type of approach can be found in the Yorkshire Police repeat Victimisation Programme, in the case of the RKC, rape and sexual assault for the medical profession, and the advisory role that the Tukinainen Rape Crisis Centre provides in its work with professionals.

► Awareness raising:

some forms of violence against women are limited in the scope of intervention by the existing legal framework (legislation). This is particularly the case for Female Genital Mutilation (FGM) where the issue is not whether this is an acceptable practice or not but on the basis of legislation that has been passed forbidding FGM, work evolves around working with communities concerned to raise awareness on this particular form of violence against the girl child. Examples from the case studies in this area (namely in Denmark and Sweden) illustrate how good model practices can be developed around issues that already have provided a legal response but still require ongoing awareness raising among the communities concerned and also the public in general. This also shows that while legislation is necessary, it is not sufficient on its own to adequately tackle all forms of violence against women as other accompanying measures are necessary.

► Setting standards:

a number of other common characteristics emerge which relate to standards in working patterns within and among the different service providers. These can be summarised as follows:

- Conditions for multidisciplinary and multi agency work: clarity in the role and responsibility of each partner as well as the recognition of expertise and skills of each one has been identified as a pre-requisite for a successful multi partnership approach. Equally important is the necessity for each partner to have a clear mandate enabling them to make decisions and to implement these in the course of their work. Examples of this can be found in the BIG case study (section on Domestic Violence) and the RKC (section on Rape and Sexual Assault) where medical and health care staff that wish to avail of training must seek the prior permission of their hierarchy to implement the new skills they have learned in their daily practice.
- Skills and resources: for many of the case studies, the issue of recognising skills and resources within the structures of the agency is part of their capacity to respond quickly and adequately to individual women in distress. A distinction is made in relation to resources: human and financial. The issue of financial resources is raised in the context of work with policy-makers and the vital role of these projects in linking with policy-makers not only as a means of increasing financial resources but essentially to bring about change. All projects recognise that political will is a vital component of a global approach. In relation to human resources which includes the development of skills, most organisations look within their own structures to maximise existing resources. Example: St Michael’s Resource Centre (section on Domestic Violence), trains local women in the community to act in a supportive role to women also in the community who have been or are being subjected to male violence. These local women are known and can be seen as trustworthy by women who need this type of support.
- Caring for the carers: for most of the case studies, taking care of their own workers is considered a vital

factor in providing an adequate response to women in distress. Examples of this can be found in the Tukinainen Rape Crisis Centre (section on Rape and Sexual Assault). Failure to do so has been recognised as a factor which can obstruct service delivery (St Michael's Resource Centre, section on Domestic Violence).

- Inclusion of the beneficiaries of the services and/or the target group to whom the service is directed, is also considered an important element which strengthens work on particular issues: examples, evaluation of the BIG project (Domestic Violence), the FGM projects (migrant communities where FGM is practised), the Committee for Independent Status in the Netherlands (Migrant Women), the Federation of Women's Aid adapted its practice to meet the needs of migrant women, the lesbian group.
- Recognition of the diversity of women. Just as women's personal experience of male violence varies, their experience will also be influenced by a number of other external factors, such as race, age, sexual orientation, religious beliefs, ethnic origins, etc. It is, therefore, vital to recognise the overlapping of multiple forms of discrimination that women can encounter which are often accentuated when confronted with experiences of male violence. All service providers and policy makers must be aware of this.⁸
- Finally, most of the case studies make reference to international human rights conventions as well as the agreed definitions of male violence against women which are contained in these documents as if they represent potential "benchmarks" from which violence against women needs to be understood and subsequently addressed by all levels of society, i.e. policy and decision-makers, service providers, non-governmental organisations, trade unions, employers organisations, funders and the general public through awareness raising to reverse the "norm" that male violence against women is an accepted reality of life.

CASE STUDIES AS EXAMPLES OF MODELS OF GOOD PRACTICE

THEME AREA:

DOMESTIC VIOLENCE - COMMUNITY DEVELOPMENT

Name of organisation: Community initiative: "THE FAMILY RESOURCE CENTRE"

Characteristics of this model:

- ✓ ***It empowers women by giving them options to make their own decisions while providing ongoing support mechanisms.***
- ✓ ***It sends a clear message to men that, in an explicit way, violence against women will not be tolerated by the community and implicitly by society as a whole.***
- ✓ ***It provides a community integrated response by involving all agencies in the area.***

1. REASONS WHY THIS PRACTICE/PROJECT WAS UNDERTAKEN

The Family Resource Centre, St. Michael's Estate Inchicore, situated in the heart of the inner city of Dublin, is a community development movement of "grassroots activism (which) involves people who know what the issues are, who live with them daily and grapple to address them. Its energy comes from a passion for justice and social change."

Set up initially to confront and work through issues that effect daily life in a local community such as: drugs, estate management, developmental arts, social economy, the issue of violence against women emerged gradually through the women's programme before it became a real issue of urgency and a high priority following the death of a local woman who was involved in the women's programme, when she intervened to help another women in a violent situation. Up to that moment (1991), women had informally begun to tell of their own experiences and show the physical scars and evidence of the male violence that existed in their community.

In 1991, the Family Resource Centre was anxious to respond to domestic violence within the local community but was unable to identify other community development structures dealing with the issue of violence against women. As there was no model available, it approached Women's Aid, an organisation that provides refuge to women fleeing violence in the home, who provided valuable expertise in helping to set

⁸ The United Nations is currently using the term "intersectionality" which covers the multiple forms of discrimination based on the factors highlighted (gender, race, etc.)

up a community response to domestic violence. Finally after developing a number of different strategies, which ranged from playing the role of the police, the welfare officer, the social worker, the counsellor and providing a sanctuary, a model was designed within which a number of strategies became the framework for the work over the past nine years. The framework is based on an analysis, which identifies violence against women as an issue of power and control that men have over women. The way forward consisted in involving all of the agencies, (both statutory and voluntary) in training so that women can remain in their community and receive all the support they require by people who have the skills and the resources to meet their needs.

2. DESCRIPTION OF PRACTICE/PROJECT including the objectives

The strategies developed by the Family Resource Centre to address violence against women in the local community, consist in:

- ▶ Raising awareness of the issue in women's groups both inside and outside of the local community.
- ▶ Defining and providing training opportunities for local professionals from both statutory and voluntary agencies so that they have the skills to respond to women who seek help from them and to ensure that women do not have to go from agency to agency to seek the support they need.
- ▶ Identifying and training women in support roles for those experiencing violence in the home. This is done through the training of local women who can subsequently provide a supportive role in the immediate stage following male violence in the home.
- ▶ Providing an outreach-centre in the area so that women can know their options and get support. This centre is funded by the main statutory body in the area. It offers confidential support to women and children, accompanies women to court, and directs them to counselling and other services. It is a vital way of ensuring women can get help in their own community. In 1998, guidelines were set out and agreed on standards of confidentiality, links with relevant organisations, extra training for the workers and forms for documenting figures and referrals to the Centre.
- ▶ Providing a counselling service in the area for adults and children experiencing violence in the home. This is provided by a community organisation in the area. In 1998 a workshop was organised with up to 60 counsellors and therapists and focused on good and bad practice in the area. It was agreed that counselling must not endanger women who experience violence, but must work to empower them to make their own decisions when they are ready.
- ▶ Addressing the education services – providing training for teachers in relation to violence in the home. This also involves addressing the issue of gender inequalities in schools and introducing into the curriculum courses in conflict resolution, learning how to argue without using violence.
- ▶ Working to educate men in relation to the issue of male violence, this includes addressing the men in agencies in light of the position of power they hold as professionals within these agencies.
- ▶ Developing relationships with the local housing authority and police in relation to the issue.
- ▶ Campaigning and political work to ensure that this issue is taken up by all sections of government and society.
- ▶ Developing an area policy through the establishment of an inter-agency committee.
- ▶ In addition to the above, a cultural strategy has been developed to raise awareness through drama, art and creative writing as a way of exploring the issue and challenging the myths. Partnership with the Irish Museum of Modern Art has facilitated many workshops and artistic events including an exhibition and the making of a video entitled "Once is too much".

3. LESSONS LEARNED and how these are used

Evaluation of the work of the Family Resource Centre and in particular its work on addressing domestic violence in the community has resulted in identifying the strengths of the model and the obstacles to the model. These can be summarised as follows:

The strengths of the model include:

- ▶ It provides a community-integrated response, which means that all agencies in the area are working together for the protection and safety of women and children so that they can continue to live in their own community.
- ▶ It provides a clear message to men: violence against women is not tolerated in the local community or in society as a whole.
- ▶ It empowers women, giving them options to make their own decisions in their own time through support.
- ▶ It allows for a global response which leads to the development of a comprehensive policy on violence against women involving social services, housing, education, welfare rights, etc.

Obstacles to the model:

- ▶ Immediate support: when disclosure is not acted upon there is a human cost.
- ▶ Training: when key players, i.e. police, social workers, community workers, do not take the time or see the need for training.
- ▶ Key workers and trained staff: when they leave their position.

- ▶ Confidentiality: when information is being passed on inappropriately to other family members or to the abusive partner. Confidentiality has to be central to practice.
- ▶ Courage: workers must have the courage to ask the question – “Are you experiencing violence from a known man?”
- ▶ Resources: when these are not available.
- ▶ Support: when workers dealing with the issue get no support for themselves.

4. PRACTICAL INFORMATION

Family Resource Centre

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THEME AREA:

DOMESTIC VIOLENCE – POLICE RESPONSE

Initiators of this practice: Research Centre on Violence, Abuse and Gender Relations
Leeds Metropolitan University and West Yorkshire Police Headquarters
Domestic Violence and Child Protection Unit

Characteristics of this model:

- ✓ *It places domestic violence as a crime on an equal footing with other crimes.*
- ✓ *It demonstrates the effectiveness of early intervention on the part of the police.*
- ✓ *The police always respond to calls for help and by doing so, send a strong message to the perpetrator that violence against women is a crime, to the victim that she is entitled to protection and to the community that violence against women is not tolerated.*
- ✓ *It gives priority to inter-agency co-operation in general and in particular between the criminal justice agencies: police, probation, crown prosecution and courts.*

1. REASONS WHY THIS PRACTICE/PROJECT WAS UNDERTAKEN

The Repeat Victimization Programme is based on standard police practice, i.e. to prosecute crime, to arrest if possible and to protect victims and as such aims to curtail repeat victimisation in all areas of crime (mainly burglary and car theft). In the case of the West Yorkshire police (England), this standard police practice was extended to the area of domestic violence thus placing it on an equal footing with other types of crime. In essence, the method involves catching the relatively small number of offenders who commit a large number of crimes: in the case of domestic violence, the number of attacks that take place within the home by male offenders against women partners is higher than the actual number of men committing the crime. In other words, a relatively small number of offenders commit a disproportionate number of crimes. A joint project was subsequently carried out between the Research Centre on Violence and Abuse in Gender Relations, Leeds Metropolitan University and one division of the West Yorkshire police force. The overall aim of the project was to improve an agency response (in this case the police) to domestic violence.

2. DESCRIPTION OF PRACTICE/PROJECT including the objectives

The Repeat Victimization Programme and its application in cases of domestic violence requires the input of the whole police force without fundamentally altering police practice as well as ensuring discretion in practice. In the case of the West Yorkshire project, which took place in 1997, a Domestic Violence Officer (DVO) was designated with the overall responsibility for implementing the model and assigning the level of intervention. The method consists in calculating repetition in relation to police attendances. In the case of West Yorkshire, the police had already a computer programme established almost a decade previously in which it was possible to check whether a man had been attended in the previous twelve months. If not, he was entered in level 1. If he was attended once in the previous twelve months, he was entered on level 2 and if he was attended three or more times, he was entered on level 3. These levels determine the type of response and intervention by the police in cases of domestic violence. The three levels together are known as the Domestic Violence Index. The DVO can decide at any time the scale for each individual in relation to the way in which the case evolves over time.

Responses by the police in relation to each level of intervention:

Level 1: consists in gathering information; the police send a letter to both the perpetrator and the victim;

information on agencies is included for the women. In addition the response “Police Watch” is put in operation.

Level 2: another letter is sent, the community constable will visit and the response “Police Watch” and “Cocoon Watch” are implemented. If the woman is separated, the offence is also followed up for burglary (breaking and entry).

Level 3: another letter and implementation of “Police Watch”; the domestic violence officer goes out; contact is made with other agencies (with the permission of the woman concerned) and all emergency measures (panic buttons, etc..) are set in place and recorded.

If a criminal offence has been committed, i.e. actual bodily harm, grievous bodily harm, wounding, attempted homicides and homicides, the perpetrator is brought before a magistrate, a file is constituted in which all the history of the perpetrator’s violence is recorded, this in turn is very useful for the prosecutor and the magistrate particularly if bail is offered and considering the length of time it often takes for the case to reach the criminal court.

“Police Watch”: is about increasing police visibility and presence. When this action is implemented, the police will patrol the area where the perpetrator and victim live to show that they are taking the matter seriously.

“Cocoon Watch”: is about gaining the support from neighbours and friends. With the consent of the woman (indispensable), the police will contact neighbours and ask them to report any incident in order to protect the victim. This type of action gives permission to the immediate environment (neighbours) to call the police at vital moment when most people hesitate by convincing themselves that it is a private affair. The woman’s personal circumstances are not divulged but neighbours are asked to take action when necessary.

In addition to these particular methods of intervention, inter-agency co-operation is also developed, in particular, between the criminal justice agencies, i.e. police, probation, crown prosecution and courts. Co-operation is also developed between social, welfare agencies and the police. Each letter sent out to the victim contains a list of the different agencies where she can obtain further help.

3. LESSONS LEARNED and how these are used

The project was evaluated six months after implementation. The results revealed that 83% of level 1 entrants did not require any further intervention during this period. An overall evaluation of the project highlighted a number of factors. Firstly, of the men who entered at level one, early intervention was more effective than for those who entered at a higher level. Secondly, this type of police intervention facilitates the development of coherent services for women; intervention is stipulated and structured in advance according to levels of intervention and therefore the response “no further action” is totally eliminated. The police must respond at all times; the computerised data records every action taken by the police for each individual call out, therefore, consistency in service intervention become possible. The computer records of the perpetrator can assist in establishing a profile of abusive men; those who require repeat attendance can be identified and links can be made with other areas of crime in which they may be involved. Thirdly, additional resources are not too extensive as the programme is carried out within general police practice. Further resources include the designation of a full-time Domestic Violence Officer (preferably the Chief of police), computers, training of all officers and on-going training. Finally, the project did outline that the most demanding aspect is the management of the programme itself and particularly in relation to the recording of data and the codes used to identify cases of domestic violence in relation to the different acts of crime. This aspect is vital so that accurate, comprehensive data is recorded in a way that will show how much violent crime is situated in a domestic setting and subsequently police intervention becomes an essential element and not seen as a trivial offence.

4. PRACTICAL INFORMATION

Further contact on the initiative can be obtained from:

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West Yorkshire Police Headquarters

Force Co-ordinator Domestic Violence and Child Protection Unit

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THEME AREA:

DOMESTIC VIOLENCE - TRAINING IN THE HEALTH SERVICES

Name of organisation: WOMEN'S AID

Characteristics of this model:

- ✓ *It recognises that women who have been subjected to male violence very often turn to the health care services more than any other external professional agency.*
- ✓ *It assists the health care services in providing adequate responses to women who turn to them for help.*
- ✓ *It recognises that the responses women receive when seeking help can have a major impact on their physical and emotional well-being and that a positive response can empower women to take control of their own lives.*
- ✓ *It makes use of its own expertise accumulated over years of providing direct help to women fleeing violent relationships.*

1) REASONS WHY THIS PRACTICE/PROJECT WAS UNDERTAKEN

Women's Aid (Dublin) is a feminist service-based, political and campaigning organisation committed to the elimination of violence against women by men, through effecting political, cultural and social change. Women's Aid offers information and support services to women and children who are victims of sexual, physical and mental abuse in their own homes. It works from a self-help, mutual aid ethos, valuing women's experience and promoting the empowerment of women. Women's Aid has been involved in the provision of training to the voluntary and statutory sector for a number of years. In 1997 the Training Unit was formally established in response to the increasing demand from agencies and groups for specialist training which would enable them to meet the needs of a woman seeking support, information and protection.

2) DESCRIPTION OF PRACTICE/PROJECT including the objectives

Throughout the world there is growing recognition that among the many agencies and professionals to which abused women will turn for support, health care providers are among the most frequently accessed. Most, if not all, women will access health care systems at some stage during their life-time, whether as a result of illness or injury of themselves or their children or through maternity care. It is for this reason that medical personnel are ideally placed to identify women who are experiencing abuse by a partner and to refer them to other agencies for the appropriate support and protection. Women's Aid has developed a special training programme for hospital staff, which consists of the following elements:

- 1) A four day training course to up-skill health service professionals (nurses, doctors, medical social workers, etc.) to provide onsite training of their colleagues, particularly in Emergency Departments. This course is based on and encompasses Women's Aid self-help ethos and provides opportunities to reflect on the participants own attitudes and values, explores good practice for the different disciplines a woman is likely to encounter in the hospital setting, and identifies the personal and institutional barriers which inhibit an appropriate woman-centred service for patients presenting with abuse related injuries.
- 2) A Training Pack to accompany the course has been produced by Women's Aid. It is intended to facilitate the personnel who have attended the specialised training course and who have the necessary facilitation skills to deliver training on the issue in their own hospital or clinic. The pack contains background data on the social and gendered nature of violence against women by male partners, together with training aids, handouts, scenarios and overhead materials.
- 3) It has become clear from the experience that staff training alone, without accompanying policy guidelines being adopted and supported by agency management, will not deliver an effective multi disciplinary service to women. The importance of planning for such policies and procedures to be developed and adopted within each agency is heavily emphasised on the training course. Each participant is required to draw up a plan to progress this aspect of the response within their agency.
- 4) Outcomes monitoring and evaluation is now an integral part of the overall health training strategy. Each of the participants who have undergone this training over the past three years is being asked to report on the outcomes of their agency in terms of numbers trained, policies agreed and procedures adopted. This analysis will enable Women's Aid to establish the effectiveness of its training programme in facilitating operational changes by the service providing agencies.

3) LESSONS LEARNED and how these are used

Official statutory support for the training programme has been provided by the secondment of trainers with a health service background to work with experienced Women's Aid training staff. While this support has been extremely productive, it is hoped that it will continue to enable this specialised programme to effect long-term institutional changes which will benefit women seeking medical help for their injuries and trauma.

Women's Aid also believes that it is essential to evaluate the programme from the service users point of view. To this end, a detailed Evaluation Research project is currently underway with a sample of women who have attended a large Emergency Department with abuse related injuries. The aim of this research is to establish to what extent training the staff of this Department in the principles of good practice outlined in the training course and manual, actually translates into the empowerment of women accessing this service.

4) PRACTICAL INFORMATION

Women's Aid

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THEME AREA:

DOMESTIC VIOLENCE - COMMUNITY RESPONSE

Initiators of this practice:

Wissenschaftliche Begleitung Interventionsprojekte gegen häusliche Gewalt (WiBIG) BIG – an innovative, community-wide alliance for change

Characteristics of this model:

- ✓ *It provides a global integrated community strategy building partnerships between public and non governmental partners working to address domestic violence.*
- ✓ *It considers the safety of women to be the responsibility of the whole community and not a “women's issue” in which the burden is placed on the individual woman.*
- ✓ *It has brought about changes in improving police and court procedures.*
- ✓ *It provides clear guidelines to the police as to what action they should take.*
- ✓ *It has developed structures to follow-up on accountability of governmental departments.*

1. REASONS WHY THIS PRACTICE/PROJECT WAS UNDERTAKEN

The city of Berlin already has a number of shelters and counselling centres dedicated to meeting the needs of abused women and their children. The Berlin Intervention Project Against Domestic Violence (BIG) project was set up initially as a three year pilot project to reframe the problem by placing domestic violence as an issue for the whole community and not one for which individual women carried the burden and the responsibility. BIG is a broad alliance for co-operation linking shelters and women's advocacy projects, public administration, police, the justice system, child protection and welfare agencies, men's counselling projects and other organisations that encounter domestic violence in their work. It is supported and funded by the city and federal governments; similar projects are developing in many other German cities. The integrated community strategy approach of BIG has been instrumental in taking concrete steps to:

- ▶ make services for women better known and more easily and rapidly accessible;
- ▶ give women more choices: they should not have to live as refugees in their own country in order to escape domestic violence;
- ▶ use remedies under existing laws to the full while improving police and court procedures.

2. DESCRIPTION OF PRACTICE/PROJECT including the objectives

Aims and objectives

The goal of BIG is to improve the situation and secure the safety of women subjected to domestic violence; to this end, it aims to call men to account for violent acts. Thus, BIG pursues strategies of prevention and reduction of domestic violence by means of:

- ▶ better securing protection and support for women and their children,
- ▶ improving the rights of abused women and the legal redress available to them,
- ▶ pressing for clear social condemnation of violence against women,

- ▶ requiring men to take responsibility for their violence,
- ▶ co-ordinating procedures among institutions within a multi-agency approach.

Structure

The BIG alliance has developed an organisational structure enabling it to reach policy decisions across different areas of responsibility and to agree on implementation. The central body is the Political Round Table, where governmental, administrative and non-governmental organisations and projects meet as equal partners. This body approves all specific measures, and all decisions are made by consensus. Seven permanent working groups study central areas of policy and work out detailed proposals for specific procedures, tools or measures to be introduced. Co-operation in these bodies is facilitated by a central coordinators' office, publicly funded but in the form of an NGO constituted by organisations with a practical commitment to addressing domestic violence.

Achievements

Three years of co-operation in BIG now shows a tangible impact:

- ▶ The public prosecutors increasingly affirm the public interest in prosecuting domestic violence and follow up police reports without requiring the woman to lodge a complaint. Women are no longer asked to prosecute such acts privately. Currently, procedural rules are being improved, based on a better understanding of the threats and pressures to which women are exposed in case of prosecution.
- ▶ Strong efforts have been made to improve police response, supported by current internal reforms within the police. New rules have been issued including a checklist for officers when responding to a call, and systematic, broadly based further training on domestic violence and appropriate police response has begun and is evaluated regularly. Already, women in the shelters are reporting more positively on their experience with the police than in the past.
- ▶ New attention is being given to the impact of violence to the mother on children and to these children's needs. Child protection agencies are now discussing how to empower women to protect their children and to help when mothers cannot.
- ▶ New regulations have been made for the safety and human rights of immigrant women: domestic violence is recognised as a "case of hardship", and a woman who leaves a man must not be extradited.
- ▶ "Social training courses" for violent men have been developed. However, judges have been slow to use the new option of mandating attendance, and further efforts will be made to address men's violence through such measures.
- ▶ Nationally, BIG has stimulated the growth of further projects and has proposed legal reforms based on the Austrian experience. The federal Ministry of Justice has drawn on the work of BIG for its present draft "law on protection of violence".

3. LESSONS LEARNED and how these are used

Evaluation

The university of Osnabrück research team evaluates the cooperation process in Berlin and the steps that have been taken to implement change, with particular attention to improving response and redress by police and the legal system. The evaluation has also embraced other community projects in Germany and collects data on similar projects in Europe (Austria, Netherlands, Sweden, Switzerland, the United Kingdom).

Guiding questions have been

- ▶ How does interagency co-operation develop, what factors support or obstruct its progress?
- ▶ What changes occur during the lifetime of an intervention project? How do participants evaluate its achievements, and what are their criteria for success?
- ▶ What do women themselves who have experienced violence think about the new measures?
- ▶ What factors influence the implementation of new policy agreements or legal norms? What is the role of experience with inter-agency co-operation in this process?
- ▶ How do different models of intervention projects work under different local conditions, and what can new initiatives learn from this?

Feedback on evaluation is provided to the practitioners. Along with the qualitative evaluation, questionnaires are used for some of the specific measures such as police training, analysis of statistics collected by agreement in BIG and other sources. Evaluation carried out in this way over time, gives a clear picture of the developments achieved as well as the gaps that have yet to be filled.

Results

The evaluation has been able to identify necessary and favourable conditions for successful co-operation. These include

- ▶ independent co-ordinators able to mediate between agencies and projects;
- ▶ inclusionary strategies that involve a broad spectrum of organisations and experts;

- ▶ commitment to an active role by high-level political figures;
- ▶ agreement both on fundamental goals and on concrete objectives;
- ▶ mutual recognition of all participants as competent experts in their own fields;
- ▶ delegation of representatives from their institution with a mandate for co-operation and some decision-making power within their organisation;
- ▶ a basic level of essential networking skills.

The first report of the evaluation research can be obtained from the German Federal Ministry for Family Affairs, Senior Citizens, Women and Young People.

4. PRACTICAL INFORMATION

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THEME AREA:

DOMESTIC VIOLENCE

Initiators of this practice: AMCV, abbreviation of Associação de Mulheres contra a Violência (Association of Women against Violence)

Characteristics of this model:

- ✓ *It challenges the cultural acceptance of male violence against women by offering services to women in a country where there are limited services directly for women and correspondingly scarce resources.*
- ✓ *It has been instrumental in reverting the myth that women victims of male violence are psychologically unstable, requiring medical care, to a gradual acceptance that male violence against women is an issue of public concern.*
- ✓ *It also focuses on male violence as an issue for the girl child (child sexual abuse).*

1. REASONS WHY THIS PRACTICE/PROJECT WAS UNDERTAKEN

Until 1992 the struggle for women's rights in Portugal was mainly centred on issues of equal opportunities within the workplace and greater access for women in positions of decision making. Up to this, male violence against women was not considered a priority with the result that many survivors of all forms of violence (domestic violence, rape or sexual abuse) were considered to be mentally disturbed and treated accordingly. Whilst some were institutionalised (in psychiatric hospitals and units) and labelled mentally ill, others were treated with medication. Rarely was it acknowledged that the symptoms these women presented were a consequence of the violence that they had suffered by their male partners. Consequently, the response to violence within the public services was influenced greatly by socio-cultural factors in which violence against women was considered to be a private problem rather than a public issue. It was within this context that the Portuguese non-governmental association AMCV, abbreviation of Associação de Mulheres contra a Violência (Association of Women against Violence) was set up in 1992 as a direct response to the lack of services available to women and children victims of rape, child abuse and domestic violence with the aim of breaking the cycle and the silence of violence against women by providing non medical, non institutionalised services to women victims of male violence.

2. DESCRIPTION OF PRACTICE/PROJECT including the objectives

AMCV is the first and only women's organisation in Portugal which runs a specialised refuge for women and children in situations of violence. As well as this, AMCV serves as a front line service providing a contact point for women to break the isolation of living in a violent relationship and provides vital resource information on their rights and where to go for further legal and psychological support. Over the years, the organisation has focused on two main areas of work: prevention and the creation of specialised services.

In 2000 AMCV was accredited as specialised trainers in the area of violence against women by the Portuguese national institute INOFOR. This accreditation was important in that it acknowledges violence against women and children as an area that needs specialised professionals and services. It was important in terms of giving visibility to the problem which in turn is a step towards placing issues of violence in the working practice of professionals in various fields.

The Training Programme, which is carried out within a human rights perspective, is comprised of five modules, namely:

- ▶ (1) INTERNATIONAL AND NATIONAL FRAMEWORKS ON VIOLENCE
 - Theoretical perspectives on violence
 - The theory and dynamics of violence against women
- ▶ (2) DEFINITIONS OF DOMESTIC VIOLENCE
 - Services and responses
 - Myths and Facts
- ▶ (3) PROFESSIONAL SKILLS FOR COUNSELLING
 - Crisis Intervention
 - Self Help groups
- ▶ (4) CHILD ABUSE
 - The impact of abuse on children
 - Child sexual Abuse
 - Rape
- ▶ (5) PREVENTION
 - Creation of Prevention programmes
 - Networking

The training programme has both a theoretical and a practical dimension. In terms of practical work, videos are used, group work through role play and exercises in which the trainees are given the opportunity not only to discuss ideas and share experiences but to actually experience the dynamics of violence in the roles of victims, perpetrators and professionals. This has been a successful method to break down the myths and prejudices that many professionals have and which are shared by public opinion in general. A self-help communication group for domestic violence and survivors of child sexual abuse also exists, where women can share their experiences and gain empowerment from each other.

3. LESSONS LEARNED and how these are used

Over the past 9 years AMCV has had to overcome a number of barriers in the struggle to support women in situations of violence and place violence against women on the political agenda. These have included financial problems, i.e. lack of funding, problems in working with other professionals due to their limited understanding of issues of gender violence and the lack of support from women themselves due to the non existence of a women's movement in Portugal.

In trying to overcome these problems AMCV has however learned a number of lessons. Firstly, that it is of the utmost importance that women survivors be included in the fight towards breaking the cycle and silence of violence. Their experiences and know-how is a vital asset and they should not only be given a voice but also considered to be experts in this field. Secondly, that it is essential that we acknowledge the importance of other professionals, both within non-governmental and governmental organisations in working to resolve these issues. In Portugal state organisations have been receptive to our work and have shown interest in learning and obtaining more information concerning violence against women. It is thus important that we share experiences and include them in resolving issues. Without their receptivity and a multi agency approach we cannot overcome the barriers within the system and adequately meet the needs of women. Hence, the importance we place in training. Thirdly, taking into account that Portugal has developed a national plan of action against violence but there continues to be a lack of specialised services within the community in the area of violence against women we have learnt that it is not enough to depend on political policies alone. Therefore, we have learnt in the struggle for women's rights that not only is there a need for long term strategies and partnerships but these need to include and involve non government organisations, private enterprises and civil society itself.

4. PRACTICAL INFORMATION

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DOMESTIC VIOLENCE – LEGAL RESPONSE

Initiators of this practice: Domestic Abuse Intervention Projects

Characteristics of this model:

- ✓ *It provides a pro-active response to women victims of domestic violence.*
- ✓ *It was established through joint collaboration with the police and the women's movement.*
- ✓ *It monitors the practical implementation of new legislation on domestic violence in Austria.*

1. REASONS WHY THIS PRACTICE/PROJECT WAS UNDERTAKEN

The initiative for establishing the Intervention Centres came from the feminist movement in Austria, developed out of work done in women's shelters. The status and the rights of victims of male violence in the Austrian legal system were distinctly weak until the beginning of the 1990s. The country's judicial system did not feel responsible for supporting women and children exposed to violence.

Women's shelters were among the first facilities for abused women and children primarily to serve the needs of women who want a separation – on a temporary basis at least- from the perpetrator. However, the women's shelters do not address the needs of all women concerned.

The Federal Minister for Internal Affairs stated that, according to police regulations, the police also have the task of preventing domestic violence and assisting the victims. On the basis of these regulations, a budget was established jointly with the Federal Ministry of Women's Affairs for the creation of the Intervention Centres which were set up on the basis of legislation granting the police the power to remove perpetrators of violence from the home.

New legislation introduced in Austria in 1994, empowers the police to expel perpetrators from the home. This law protects all the individuals living in the home regardless of whether they are related to each other or not and ownership is not relevant. The police ban to return to the home is valid for a maximum of seven days, after this time, a temporary injunction must be applied for and granted by the district court. The temporary injunction can last for three months and comes into effect immediately once granted.

2. DESCRIPTION OF PRACTICE/PROJECT including the objectives

The intervention centres are designed to address the needs of another group of abused women: those who do not turn to a counselling centre or other women's aid facilities of their own accord. In the initial phase the question was: how can some of these women be reached? It was then decided that police intervention is the first point of contact as once the police are called to deal with cases of domestic violence, the level of violence can be considered to be serious and even life-threatening. If the victim herself does not seek help or any follow-up support measures following police call out, there is usually no further intervention until the next outbreak of violence occurs. The intervention centres were set up to provide a pro-active approach which consists in a strategy to reach women who otherwise would not contact support services following incidences of domestic violence. However, the pro-active strategy required a change in Austrian law in relation to regulations on the protection of private data, as previously, the police did not have the right to pass on information to third parties. The changes now allow the police to contact the intervention centres to inform them of evictions under the domestic violence act. The intervention centres can then contact the victims and have been specifically designed for this purpose. The initial contact with the victim is by telephone and if this fails, by mail. The intervention centres propose to remain in contact with the victim until she decides whether she will remain in the relationship or separate. In either case, on-going follow-up contact is maintained; the victim knows that she is being "taken care of", while the perpetrator is aware that he is being "watched".

Some of the intervention centres also provide services that include: counselling, risk assessment, safety planning, legal support, including during court proceedings, support groups and perpetrator related intervention programmes.

3. LESSONS LEARNED and how these are used

Experience has shown that it is often necessary to adopt different strategies in reaching victims, establishing contact and engaging their co-operation. Based on the belief that violence can paralyse women, leaving them without the necessary energy or too frightened to seek help on their own, the intervention centres were set up to reach out to women in these situations. In the initial stages, staff of the intervention

centres were not used to working in this pro-active way and had to develop specific skills to overcome their anxiety of getting in touch with the victim. The question: what if the perpetrator answers the telephone - was key to working through an understanding that it is equally important that the perpetrator is aware that outside services are intervening as this will undermine the known strategy of most perpetrators which consists in preventing the victims from seeking outside help. Evaluation of the centres carried out in some parts of the country revealed that women welcome being contacted repeatedly.

The intervention centre in Vienna has also set other priorities relating to the implementation of the new domestic violence legislation. In this context, it has developed training programmes, guidelines for: the police, individual intervention, inter-agency co-operation and implementing the law in practice. One of the difficulties is situated with the legal profession as they are not required to take further training throughout their career (contrary to the police). Therefore, training seminars were designed and launched in 1996, to provide such training for the legal profession, albeit on a voluntary basis.

4. PRACTICAL INFORMATION

Further information on the Intervention Centre model can be obtained from :

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THEME AREA:

RAPE AND SEXUAL ASSAULT

Initiators of this practice: RiksKvinno Centrum (RKC) för kvinnor som misshandlats och valdtagits (National Centre for Battered and Raped Women based in a hospital setting)

Characteristics of this model:

- ✓ ***It provides a clear definition of rape and sexual assault by situating them as a form of sexualised violence of men against women.***
- ✓ ***It provides guidelines to medical staff to assist them in detecting and responding to sexualised violence.***
- ✓ ***It provides specialised training to medical staff working in accident and emergency departments and a guarantee that the training will be used in the daily work of this department.***
- ✓ ***It has formed a network with other medical workers in similar emergency hospital departments.***
- ✓ ***It works in partnership with other statutory agencies and non-governmental organisations.***

1. REASONS WHY THIS PRACTICE/PROJECT WAS UNDERTAKEN

The RiksKvinno Centrum (RKC) för kvinnor som misshandlats och valdtagits (National Center for Battered and Raped Women) was established in 1994 as a joint venture between the Swedish government and the county of Uppsala. It was established as an expert unit within the medical services for professional staff who encounter women who have been subjected to sexualised violence. Following an interim report by the Swedish Commission for the Prevention of Violence against Women (1993), the government agreed that the health care system needed a national centre of expertise and resources for women who are raped and assaulted. Subsequently, the RKC was created and is situated at the Department of Obstetrics and Gynaecology at the Uppsala University Hospital. The ultimate aim of the Centre is to assist the medical profession in understanding the needs of women victims of sexualised violence (rape, assault, domestic violence, all forms of male violence) by known and unknown perpetrators so that they in turn can provide concrete help to women to enable them to make their own independent decisions about their future. One of the areas addressed concerns improvements and simplifying the routines when issuing legal certificates by the medical profession. RKC also provides an emergency 24-hour telephone service for women victims of rape and sexual assault.

2. DESCRIPTION OF PRACTICE/PROJECT including the objectives

The objectives of the Centre are threefold: firstly, to develop good practice for medical staff in the care of women who have been sexually abused; secondly, to carry out medical and social science research and thirdly, to act as a consulting resource and advice service for other medical units outside of the hospital environment and to raise public awareness of sexualised violence and its consequences.

The RKC centre acts as a vital resource for the medical staff who are called upon to respond to women

victims of sexualised violence. In this capacity, it develops the following activities:

- ▶ Clear definition of what sexualised violence means in the framework of the work of the Centre. The term “sexualised violence” is defined by the Centre as “a generic term, internationally used and accepted, including illegal violence against women on an individual level: murder, manslaughter, abuse, rape, incest, sexual harassment – and violence of a structural nature affecting women collectively: pornography and discriminating advertising.”

Guidelines for the medical staff, which include:

- ▶ A comprehensive manual for doctors, small enough for them to carry in their pockets. This manual entitled: “Women subjected to sexualised violence” contains in the first part, details of what sexualised violence means and how this is interpreted by the law, citing the sections of the Penal Code which defines rape, sexual coercion, sexual exploitation, sexual exploitation of a minor, sexual intercourse with an offspring, sexual intercourse with a sibling, sexual molestation, as well as the government’s interpretation of these acts which is contained in a report on “Violence against Women” (1997). The second part of this comprehensive brochure focuses on the trauma of violence and provides guidelines on how a medico-legal certificate should be drafted, emphasising that this should be written in “a language that a layperson without any medical knowledge should understand.” More detailed guidelines outline what data needs to be obtained by the examining medical staff, this includes: details of the violence, including details of where it took place and whether the police was contacted or not; data on the perpetrator(s) and whether he is known or unknown and what the victim did following the abuse and the stress reaction. Other guidelines cover the physical examination and how this should be conducted.
- ▶ In its brochure entitled “Battering and Rape – Guidelines for Medical Staff”, the duties of the Health Care and Medical Service are outlined in which it is stated “women who turn to the Health Care and Medical Services for help as a result of assault and sexual abuse are exposed to a multi-traumatic experience. They are hurt mentally and physically as well as legally and socially. They are often related to the perpetrator.” Therefore, “all measures of care should aim at strengthening the woman’s self-confidence, rehabilitating her and relieving her of her sense of guilt.” Medical staff are advised to, among other things, attend to the women without delay; come straight to the point and ask if she has been subjected to violence; offer continued verbal support; employ an authorised interpreter if necessary and advises not to recommend family therapy or family guidance in cases of sexualised violence as this could increase the violence within the family.
- ▶ A brochure on “Psychosocial Treatment Programme”, is compiled by trained social workers with the input of a psychiatrist and a senior physician. This guide outlines methods of intervention for support to individual women and how to deal with her anxieties and post-traumatic stress syndrome. This guide was also compiled to meet the new responsibilities of the social services following a change in the social services act (1998).

Training courses for the medical staff:

- ▶ The courses are run with the aim of developing methods to guarantee the professional and empathetic care of women in regard to diagnosis, medical treatment and psychosocial support with the abused women’s needs in mind. The courses are designed by the Centre and consist of twelve, two-hour lectures followed by counselling in small groups. A follow-up meeting is held and occasional courses are offered to those who completed the training programme. All categories of medical staff are invited to apply for the courses. They are accepted on the condition that they have written consent from their superiors and must include the right to use their new knowledge in their daily work. The content of the courses include lectures on gender equality, the concept of sexual violence and the way in which violence against women continues to be perpetrated through, for example, discriminatory advertising. Subjects also cover the legal aspects, forensic examinations, the police actions and how children cope with domestic violence. In addition to these courses, intensive two-day courses are organised for physicians to fit into their busy schedules. Staff from women’s shelters also contribute to the courses as well as victims of violence. The issue of confidentiality is also part of the curriculum. Intensive two-day courses are now available for all medical staff.

3. LESSONS LEARNED and how these are used

At the end of 2000, more than 1.000 medical staff participated in the courses. The majority of them came from emergency, women’s and surgery clinics and a network was formed, which facilitates collaboration between these workers, mainly in primary care, and the Centre. A course for social workers as well as the police has since been designed and seminars with law students, nursing schools and police academies are currently being held. It has become obvious that without a comprehensive view of the phenomenon of male violence and collaboration across the agencies, it will be difficult to adequately address the issue. Therefore, further partnerships have been developed with other agencies, including women’s non-governmental organisations. Evaluation of the first courses has led to a new way of looking at women’s needs within the medical services and a realisation that there is a long way to go before reaching equal medical care for women and men within the health system.

4. PRACTICAL INFORMATION

RiksKvinno Centrum (RKC) för kvinnor som misshandlats och valdtagits

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THEME AREA:

RAPE

Initiators of this practice: The Rape Crisis Centre Tukinainen was initiated by the Unioni:
The League of Finnish Feminists

Characteristics of this model:

- ✓ *It was set up by the main feminist movement in Finland to provide on-line support to women victims of rape and sexual violence.*
- ✓ *It provides free legal advice including assistance during legal proceedings.*
- ✓ *It contributes to public debates and influences legal and policy-makers on legislation relating to sexual violence.*
- ✓ *It provides ongoing training and regular counselling to its own employees.*
- ✓ *It works with other agencies by providing supervision, training and support.*

1. REASONS WHY THIS PRACTICE/PROJECT WAS UNDERTAKEN

The Rape Crisis Centre Tukinainen was set up as a pilot project in 1993 to respond to the lack of an emergency, confidential and anonymous service for women who do not/can not contact other professionals directly following an experience of rape and/or other forms of sexual violence. Today, it is a mainstream professional service and remained until recently the only telephone on-call crisis service for women in Finland. The Crisis Centre also offers individual counselling and free legal advice. The telephone service is provided nation wide while the counselling is provided in Helsinki only as there are no regional offices.

2. DESCRIPTION OF PRACTICE/PROJECT including the objectives

As one of the major services providers for women who experience rape and other forms of sexual violence, the Rape Crisis Centre offers the following free services to women: national free-phone crisis line; national free-phone legal line; individual appointments with a therapist; on-going group counselling; therapeutic weekend courses throughout Finland; appointment with a lawyer and assistance during legal proceedings. As the Crisis Centre has only one physical office in Helsinki and the free telephone line is nation wide, the women who seek help from other parts of the country are given information on other services that exist in their area, such as women's shelters and other crime victim help lines, with whom the Crisis Centre collaborates.

In addition to the individual services, the Rape Crisis Centre also provides a consultation service to other professionals who encounter women victims of male violence in the course of their work, such as the police and health care workers. These professionals recognise that they do not have the necessary skills to respond to women's distress and seek professional help from the Crisis Centre sometimes in the form of supervision on particular cases. Training is provided, mainly in the form of seminars, lectures and tailor-made to meet the needs of professionals. Residential weekend course are also offered to victims who seek help from the Centre.

The Centre receives some funding from the municipality of Helsinki and surrounding cities. Its main source of funding comes from the RAY – the Slot Machine Association, which is a funding source particular to Finland. The gambling industry in Finland is not a profit-making business as the earnings from gambling are redistributed to organisations that “fill the gaps in the social and health sectors.” The distribution is supervised and approved by the Social and Health authorities.

3. LESSONS LEARNED AND HOW THESE ARE USED

Evaluation of the Centre is ongoing particularly given its “temporary” status at the beginning. Evaluation carried out to date has focused on two aspects: firstly, the demand for the service and how it responds to this, and secondly the working conditions of the counsellors, i.e. those who work within the Crisis Centre itself.

In relation to the level of the demand, records are kept on the number of callers, their ages, the type of violence experienced and the perpetrator. Since the Crisis Centre was set up, there is an average of 700 new calls each year, half of which are rape or attempted rape, one third of which are child sexual abuse related; one fifth domestic violence related. For many of the callers, the violence is not recent; the existence of the Crisis Centre has given women the chance to disclose past experiences of male violence. The data gathered is presented as part of the annual reporting to governmental authorities and is also used in public-awareness campaigns in association with other organisations. The records of the Centre have also been used to initiate broader research such as research currently underway by Statistics Finland on an estimate of the costs of male violence in Finland.

In relation to the aspect concerning the workers of the Centre itself, the issue of paid versus unpaid workers was raised as part of the evaluation of the service delivery. Given the stigma of devaluation in relation to women's unpaid work, the Centre decided to employ paid women workers only. Ongoing support, training and regular counselling is provided to the female professional staff. For the Crisis Centre this issue is vital as it is essential that sexual violence be understood as an expression of unequal power relations between women and men.

As the Centre was initially set up as a pilot project, it has since been given more permanent status. In addition, more locally based telephone help lines have been created and there are plans to create further nation wide on-call lines in the near future.

4. PRACTICAL INFORMATION

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THEME AREA:

PROSTITUTION AND TRAFFICKING IN WOMEN

Initiators of this practice: Association "On the Road" – non-governmental organisation

Characteristics of this model:

- ✓ *It recognises that prostitution is not an issue of free choice but one that has to be placed within a broader socio-economic context.*
- ✓ *It provides an outreach service to women on the street.*
- ✓ *It offers alternatives for women victims of trafficking and/or trapped in the "sex industry".*
- ✓ *It serves as a tool to monitor concealed, invisible and emerging forms of sexual exploitation.*
- ✓ *It has been instrumental in influencing changes on measures for migrant women within the Immigration Consolidation Act (1998), which allows for a greater scope of intervention with women victims of trafficking.*

1. REASONS WHY THIS PRACTICE/PROJECT WAS UNDERTAKEN

The association "On the Road" was set up to develop a one-to-one contact with women prostitutes and victims of trafficking and to reach those women who do not and/or cannot approach traditional social services or any other professional agency. This approach was initially set up within the context of a health perspective to provide condoms to women for protection but rapidly grew into a service with different aspects, providing global solutions that aim to empower women and help them to (re) gain their autonomy. The type of approach developed by On the Road has been instrumental in reaching illegal migrant women who are often victims of trafficking. A complementary service in the form of Drop-In centres have also been developed because the women with whom the street workers meet are often in transit and can therefore maintain contact through these centres.

2. DESCRIPTION OF PRACTICE/PROJECT including the objectives

The street workers are organised in street units and are composed of intercultural mediators primarily with a social work professional background. They have linguistic skills, which facilitates their work and communication with the women they meet. They also intervene in conflicts that arise in local communities who are outraged by the presence of prostitutes in their neighbourhoods. The Drop-In centres provide information material for women in their own language on legal advice and information on what possible options are available to help the women quit prostitution. Counselling, vocational guidance and responses to incidences of violence against the women are also offered by the street workers. Workshops are also organised. The street workers are also vigilant and to some extent serve as an observatory on the

phenomena of prostitution and trafficking, keeping track of the “concealed and invisible” areas where sexual exploitation is being developed. The aim of this is to set up measures of intervention and to work in partnership with other agencies in counteracting the spread of further exploitation.

In addition to the general work offered to women in the street, individualised programmes are developed with the aim of facilitating other options to prostitution through means of support and empowerment. While this type of work has been carried out since the early 1990’s, new measures introduced in the Immigration Consolidation Act, has enabled the association to provide “programmes of social assistance and insertion” for the victims of trafficking.

The individualised programme with women include the following services:

- ▶ Shelter and protection: emergency accommodation and protection for a short-term period; this can become longer term and for women whose safety is not at risk, short term “first-care” shelter is offered, which is a supportive accommodation providing accompanying measures to the women. Second-care accommodation is gradually transformed into autonomous housing where support continues to be provided to the women.
- ▶ Agreements are in place with other agencies in relation to shelter and especially if the woman’s life is in grave danger.
- ▶ Legal assistance: includes assisting a woman in filing complaints and through the court proceedings, regulating her situation to gain a legal status allowing her to remain in the country.
- ▶ Others include: psychological support; vocational training and job searching; health and Italian language courses.

Success in attaining the goals set out in a personalised programme with individual women depends on the development of partnerships with other agencies. Therefore, the association works jointly with private enterprises to facilitate work experience; a specific convention is signed between the company and the association and many women have been granted ongoing and/or longer-term job prospects within different companies.

At local level, networking and partnerships have been developed with a multitude of agencies including, other NGOs, Co-operatives, religious bodies, local authorities at regional, provincial and municipal level, equal opportunities commissions, local health units, prefectures, police and trade unions. At national level, “On the Road”, initiated and subsequently co-ordinates an umbrella organisation in the form of an ad-hoc group on “Prostitution and Trafficking in women” in which 30 local groups covering the whole national territory meet to exchange information and also to agree common strategies for exerting political pressure and legislative proposals. This structure was instrumental in advising the “Co-ordination Committee for Government actions against the trafficking of women and minors for sexual exploitation” – a governmental body composed of representatives of the ministries of: Council of the Presidency, Equal Opportunities, Social Affairs, Home Affairs, Justice and Foreign Affairs – on new measures for migrant women within the Immigration Consolidation Act (1998). On the Road has also links with countries of Eastern and Central Europe and in particular, with Albania, where a third of the women come from.

3. LESSONS LEARNED and how these are used

The project itself serves as a model of good practice and has inspired both public agencies and non-governmental organisations to set up similar support structures. The project was also instrumental in setting up a network of local and national public and private agencies within Italy. Contacts have also been established with other European countries (France, Portugal, Belgium and Germany). A new intervention-research project has also emerged entitled UNDERGROUND on new forms of trafficking within “submerged” prostitution. The aim is to explore and to define innovative models of intervention in the hidden and unknown world of trafficking in women for the purpose of sexual exploitation developed in concealed and invisible prostitution circles, such as night clubs, private clubs, massage centres, saunas, gyms, hotels and apartments.

4. PRACTICAL INFORMATION

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FEMALE GENITAL MUTILATION

Initiators of this practice: RISK's – women's non-governmental organisation

Characteristics of this model:

- ✓ *It considers FGM as a violation of women's human rights.*
- ✓ *It works with native migrant communities of countries of origin where FGM is practised.*
- ✓ *It serves as a training multiplier and provides information and training in native language.*
- ✓ *It works on the basis of a campaign, which is ongoing, long term and is situated as part of public awareness of the issue of FGM.*

1. REASONS WHY THIS PRACTICE/PROJECT WAS UNDERTAKEN

The Swedish association called RISK's was set up in 1994 to campaign in a practical way against the practice of female genital mutilation (FGM). RISK is an association with no political or religious affiliation and membership is open to anyone who is interested in helping to promote the campaign against FGM. RISK works towards the fulfilment of the UN Convention on the Rights of the Child and situates FGM as a violation of women's and girl's human rights. For RISK's the practice of FGM is violence against women, even if it is not carried out with the intention of causing harm and based on centuries of tradition without questioning. Therefore, ongoing campaign work is carried out to raise awareness and to provide a basis for preventing young migrant girls living in Sweden from being sent back to the family's country of origin to undergo FGM. Branch associations of RISK's are situated in the Swedish cities of Katrineholm (Ladan), Malmö (Astur & Wadjir group), Nyköping (Sara's Daughters), Stockholm (IDIL) and in Uppsala (Female Integrity).

2. DESCRIPTION OF PRACTICE/PROJECT including the objectives

The ongoing campaign work carried out by RISK involves training information trainers about FGM. The main trainees come from the Somali, Eritrea and Ethiopian communities, who are trained as information officers to serve as instructors in their native languages about the nature and negative effects of FGM and to work within their communities in Sweden. The instructors are also available for counselling and support as well as providing information in schools about the practice of FGM. 12 persons have already been trained as instructors and more are following the training programme. Written materials on FGM exist in the languages of the above-mentioned communities as well as in the Amharic language; plans for translation in Tigrigna are underway. A news bulletin is published by RISK's three times a year.

RISK networks with similar organisations in different European countries and inputs into international conferences on the theme of FGM. Financial support comes from the National Board of Health and Welfare of the Swedish government. FGM is an offence in Sweden since 1982.

3. LESSONS LEARNED and how these are used

The campaign is ongoing; indicators to measure its success include the number of associations and individuals who sign up to the campaign. Since the launching of the campaign in 1994, the numbers have increased substantially. Overall the prospects for the campaign are very encouraging.

It is, however, difficult to evaluate the direct impact of the campaign on the decisions of migrant communities living in Sweden to send young girls back to the country of origin to undergo FGM. Evaluation carried out in the period 1999 –2000 concentrated on the project leader and the information officers to ascertain how they perceived the impact of the project. The result of this is that the awareness raising will continue for the next year.

4) PRACTICAL INFORMATION

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THEME AREA:

FEMALE GENITAL MUTILATION

Name of organisation: The Danish National Board of Health
Preventive Measures against FGM among Somalian girls in Denmark

Characteristics of this model:

- ✓ *It engages public and political debate on the issue of FGM.*
- ✓ *It has produced materials that can be disseminated outside of Denmark.*
- ✓ *It interlinks migrant and native communities by focusing on the issue of FGM.*

1. REASONS WHY THIS PRACTICE/PROJECT WAS UNDERTAKEN

Since 1981 doctors in Denmark can be prosecuted for performing female genital mutilation (FGM). In 1993, FGM has been totally banned and parents who take their daughters to undergo FGM in countries where this is practised can also be prosecuted. There are more than 13.000 refugees from Somalia living in Denmark, representing the largest migrant community where FGM has traditionally taken place and is still an ongoing practice. In 1997, the Ministry of Health commissioned the Danish National Board of Health to establish a working group with the aim of preventing FGM of Somalian girls living in Denmark and to raise awareness among the Somalian community around this issue. The working group includes representatives from the Somalian resource group in Denmark.

2. DESCRIPTION OF PRACTICE/PROJECT including the objectives

Since the working group was set up the following activities were carried out:

- ▶ Publication of a comprehensive manual on FGM: produced as guidelines for the health and social services, the manual was published in 1999, with the input of the Somalian community. It includes background information on the different forms of FGM and the health consequences and also provides information on legislation in Denmark and in other European countries. The manual has since been translated into English.
- ▶ Production of a discussion video for the Somalian community, entitled "Let us talk", which is produced in Somalian language with Danish subtitles. An English subtitle version is also available. The video brings together a number of influential figures of Somalian culture: doctors, Imam from the Islamic perspective, men, who all give their opinions as to why FGM should be stopped. A Danish midwife also contributes on issues around prenatal care and obstetrical services. No explicate images of how FGM is performed are contained in the video.
- ▶ Information and public awareness meetings mainly for both Somalian and Danish health and social workers are organised in towns where there is a large Somalian community. Meetings for teachers have also been organised.
- ▶ In April 2000, a political forum was held in the Danish Parliament where the main speaker was a known and respected Imam who spoke against the practice of FGM and women's rights under Islam. The Danish Health Minister was also present.
- ▶ Creation of local groups in areas and towns where many Somalians live. These groups have created a space for interaction between the Danes and the Somalian community allowing for discussion on many other issues of mutual interest and concern. Joint meetings of the different groups are held twice a year to facilitate co-ordination and follow-up action on issues related to FGM.

3. LESSONS LEARNED and how these are used

Feedback from the different activities was generally positive and led to a greater awareness among the Somalian community and the making of a TV spot to highlight the issue and make the work of the group known to the general public. The health workers use the manual as part of internal practice particularly nurses and midwives who have been made aware of the problems that can arise during pregnancy and delivery in women who have been mutilated.

Awareness raising has also brought with it discussion of the different forms of FGM and the call by some members of the community to recognise that some forms are less life threatening than others. However, the input of the Somalian resource centre together with the commitment of the National Health Board to recognise all forms of FGM as a violation of women's human rights is ongoing. The current Danish legislation forbidding all forms of FGM is a context in which this work can further be developed.

4. PRACTICAL INFO

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The film "Let us talk" with English subtitles can be obtained from the National Board of Health Publications
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THEME AREA:

MIGRANT WOMEN - ETHNIC MINORITY WOMEN/ DOMESTIC VIOLENCE

Initiators of this practice: Northern Ireland Women's Aid Federation – women's non-governmental organisation

Characteristics of this model:

- ✓ *It has adapted its practice and services to reach ethnic minority/migrant women who are subjected to domestic violence by identifying cultural factors that constitute barriers to reach these women.*
- ✓ *It has adopted an internal Anti-Racism Policy as a response to its internal proofing regarding service provision to all women.*
- ✓ *It had made substantive changes to its service, including the availability of information in native languages.*
- ✓ *It consults with representatives of the ethnic minority groups through a regional forum on domestic violence.*

1. REASONS WHY THIS PRACTICE/PROJECT WAS UNDERTAKEN

The Northern Ireland Women's Aid Federation is one of the key long standing service providers for women fleeing situations of domestic violence in Northern Ireland. In 1997, it launched the Ethnic Minorities Project to research the needs of minority ethnic women and children at risk of domestic violence as it was recognised that many minority ethnic women were marginalized from the services provided by the Northern Ireland Women's Aid Federation. The research, which was commissioned to help the organisation respond to the needs of minority ethnic women, focused on the needs of Travellers, i.e. women travellers, a very marginalised group of Irish women who form part of a travelling community in transit and even if they do settle into houses, they are often ostracised by the local communities. Chinese and Indian women were also the focus of the research as they form the majority of the migrant community in Northern Ireland. The research was carried out on the basis of in-depth interviews and focus group discussions with staff workers of the Northern Ireland Women's Aid Federation, workers with minority ethnic communities and women from the communities identified. The overall aim was to explore and implement the most effective means by which minority ethnic women can be supported both within and outside of Northern Ireland Women's Aid.

2. DESCRIPTION OF PRACTICE/PROJECT including the objectives

While the research identified cultural factors and other issues that prevented ethnic minority women from seeking help if domestic violence was occurring in their lives, it did underline the fact that racism and discrimination were present at every stage of the help-seeking process and that this posed a real barrier preventing women from seeking outside help. For each of the three communities identified, specific cultural factors were identified as indicators affecting a woman's choice determining whether or not seeking outside help was a real option. Some of these factors/indicators include, but are not limited to:

For Traveller women faced with domestic violence:

- ▶ For Traveller women, identity and status may be closely linked to marriage and childbirth/rearing; therefore, leaving her husband is not an accepted practice within many Traveller families as it brings shame on both women and men.
- ▶ Traveller women may have difficulties reading and completing forms due to illiteracy.
- ▶ Relations between the police and the Traveller community are non-existent and for many Traveller women, calling the police is not an option.

For Chinese women faced with domestic violence:

- ▶ Patriarchy has been found to be much more rigid and oppressive in Asian communities; domestic violence is often viewed, in the tight knit nature of the Chinese community, as something that should stay within the family as a woman risks bringing shame upon her family if she discloses abuse or seeks a divorce.
- ▶ A woman may not want to leave her partner because of fears connected to her immigration status; she may have no recourse to public funds if she does leave.
- ▶ Support services have traditionally been formulated and targeted at white English speaking women and can be culturally alienating for Chinese women, some of whom do not speak English and using an interpreter raises a number of problems.

For Indian women faced with domestic violence:

- ▶ Women's identity and status have been shown to be strongly linked to their relationship with a man, marriage, childbearing/rearing; the model Indian woman is often still being defined as chaste, virtuous, nurturing and obedient overlooking her personal freedom and happiness.
- ▶ The woman's marriage may have been arranged meaning she may be particularly isolated from family and friends and more likely to stay.
- ▶ The majority of service providers, refuges and advice centres, are not equipped for cultural differences with no appropriate cooking utensils, educational materials, toys or books.

The results of the research led to changes in policy and practice with the Northern Ireland Women's Aid Federation and recommendations were addressed to other voluntary (non-governmental) and statutory (governmental) agencies to assess their own service provision to minority ethnic women and children.

The changes within the Northern Ireland Women's Aid Federation consists in:

- ▶ The formulation of an Anti-Racism Policy; the introduction of ethnic monitoring, the formulation of a policy for women with "no recourse to public funds" and a comprehensive evaluation of the impact of these measures.
- ▶ Changes to the already existing 24-hour help line to include the recruitment of volunteers from different minority groups, who speak the relevant languages and the promotion of regular shifts when these workers are available. Information on the help line (posters and cards) is available in different languages.
- ▶ A training programme called "Violence on the Edge" was designed as the core-training programme for the workers of Women's Aid. The programme addresses cultural awareness training, specific training for child workers and issues of diversity and racism.
- ▶ Outreach work as a key element for effective support for minority ethnic women. This also facilitates links between Women's Aid and minority ethnic community organisations and the printing of material, information leaflets and a Resource Pack for minority ethnic women in different languages containing information of accessing refuge and advice centres.
- ▶ Consultation with minority ethnic community groups by the Regional Forum on Domestic Violence as part of the process to address the needs of women from these communities. Representation of relevant minority ethnic community groups from both regional and local level is also called for.

The Executive Summary of the research is available in English, Indian, Chinese and Arabic.

3. LESSONS LEARNED and how these are used

Regional discussion days generated positive responses from workers about the impact of the project on their own role as workers and on Northern Ireland Women's Aid as a whole. Workers stated that the project helps them to look at their own prejudices and to work towards better practice in relation to minority ethnic women and their children and felt confident that this in turn will lead to an improved level of service provision by Northern Ireland Women's Aid. The workers felt that the project gives them the skills to respond to the needs of women from the communities identified; even if domestic violence knows no racial, ethnic or class boundaries, this does not mean that everybody's experience of it is the same. Anti-racism and cultural awareness training is seen as vital for the workers because it helps them to understand the impact of a group's racial history on their perception of problems, their coping methods and their help-seeking behaviour. Overall, the project helps in bridging links and opening up to existing minority ethnic community groups and by doing so contributes to the fulfilment of the fifth aim of the Women's Aid Federation "to educate and inform the public, the media, the police, the courts, social services and other authorities, always mindful of the fact that abused women are a direct result of the position of women in our society."

4. PRACTICAL INFORMATION

Violence on the Edge

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THEME AREA:

VIOLENCE AGAINST LESBIANS

Name of organisation: Lesben Informations- und Beratungsstelle e.V. Frankfurt am Main /
Lesbenberatung e.V. Berlin, Germany

Characteristics of this model:

- ✓ *It aims to empower lesbians to fight homophobic violence.*
- ✓ *It works to help individual women but also on a structural level to bring about behavioural and structural change.*
- ✓ *It provides information to politicians and governments on the specific issue of violence against lesbians within the general framework of violence against women.*
- ✓ *It provides training to professionals who may, in the course of their work, have to address violence against lesbians.*
- ✓ *It works within a lesbian feminist approach by:*
- ✓ *naming homophobic and sexist violence as a social and not individual problem*
- ✓ *empowering lesbians to understand that homophobia is a social problem.*

1. REASON WHY THIS PROJECT WAS UNDERTAKEN

If the problem of homophobic violence is tackled at all, violence against lesbians remains most of the time invisible. Violence against lesbians is frequently subsumed in violence against women in general or against homosexual men, on the assumption that there are no differences in the type of violence experienced or in the individual coping strategies. From this general assumption, it was not deemed a priority to recognise the need to develop strategies to prevent and address violence against lesbians.

Recent research in Germany on violence against lesbians (Lesbenberatung Berlin 1998, University of Bielefeld 1999 and Ohms 2000) show, that more than 90 per cent of the lesbians in Germany experienced violence and discrimination based on their sexual orientation. All three pieces of research had to use a broader definition of violence as the current definition contained in the penal code does not explicitly recognise violence against lesbians. In addition to the difficulty of addressing violence against lesbians through the law, the lesbian anti-violence work has more or less come to a standstill in Germany. Currently, only three lesbian counselling services receive public funds while other services for lesbians are integrated into more general services for women experiencing violence. Few lesbian telephone help-line services are provided and those that do exist are managed on a voluntary basis a few hours a week. The volunteers are neither trained for the job nor are there common standards for lesbian telephone help lines. Furthermore, there is no network and not enough communication between lesbian counselling services and the lesbian telephone help lines. Finally, the mainstream services do not respond to violence against lesbians. On the basis of these facts, it was agreed that there is a general need for support, awareness and networks but a huge gap in providing infrastructure exists.

Based on this situation the Lesbian Information and Counselling Service of Frankfurt/M decided to start a European project on violence against lesbians with the Lesbian Counselling Service of Berlin as one of their co-operation partners. The project was funded by the EU Daphne programme and the German Federal Ministry of Women's affairs.

2. DESCRIPTION OF THE PROJECT

The strategies of the anti-violence project of the Lesbian Information and Counselling Services e.V. Frankfurt/M and Berlin consists in:

Intervention:

- ▶ Providing a counselling service for lesbian victims of violence
- ▶ Developing a training concept for and actual training of the police
- ▶ Political lobbying to provide a lesbian's shelter for refuge in case of domestic violence
- ▶ Building up a network with feminist lawyers, lesbian/female doctors, Lesbian Counselling Services, psychiatrists and therapist to provide an all over service.

Personal prevention

- ▶ Awareness-training and self-defence for lesbians
- ▶ Information: Written and visual documentation
- ▶ Presentation of the project at gay/lesbian events, congresses (therapy and law)

Structural prevention

- ▶ General awareness raising: Co-operation with governmental institutions.
- ▶ Networking and building national and European networks for lesbians and other professionals such as the telephone help lines and counselling services.
- ▶ Lobbying to encourage change of laws and provision of lesbian shelter places
- ▶ Public campaigns in Austria, Belgium, England and Germany for general consciousness raising

Evaluation

- ▶ Development of common standards for data gathering and counselling
- ▶ Presentation of project to experts which leads to reflection and further development
- ▶ Supervision

3. LESSONS LEARNED

Strengths of the project

The international networking and the pre-requisite of the Daphne program to work with co-operation partners of different countries turned out to be the main impetus in developing a prevention concept which focuses on the special needs and circumstances of lesbians. Most of the lesbian scientists and lesbian NGOs do not belong to a network. Thus their precious work cannot be recognised by others who work in the same field or could use the information. The funding of the project made it possible to contact experts and organisations in European countries.

The project is based on a definition of violence which enables it to include various forms of violence and thus take into account their effect on the psychological, sociological, economical, cultural and sexual identity of lesbians.

The developed concept to prevent and to intervene in violence against lesbians is based on the assumption that homophobia is a general problem of the society and not of individuals. Along with the individual approach it aims to change attitudes. This can only be reached by legal means and awareness raising. Lesbians are not attacked because they are lesbians but because of the attacker's prejudicial attitudes.

Within the project various European working groups were established, e.g. theory, police and domestic violence, in which experts from European countries get together to exchange information and discuss future co-operation.

Obstacles

One of the main individual strategies of lesbians to deal with the possibility of an attack is to avoid situations where anti-Lesbian violence might occur. This is called anticipatory experience of violence. Another strategy is that lesbians do not regard daily harassment, discrimination and mental abuse as forms of violence. This is reinforced by the lack of infrastructure in this field. As long as lesbians themselves are not aware of the violence it is difficult to change societal attitude. Therefore one main target group should be lesbians themselves. This was not expected in that way and the project needs to be readjusted to address this issue.

Lesbian counselling services are located in Germany in bigger cities like Berlin, Frankfurt and Munich. In Austria there is only one lesbian centre located in Vienna. In France there is no lesbian counselling service at all. This indicates that, on one hand there is a lack of infrastructure and, on the other hand lesbians experiencing violence rarely use lesbian counselling services for support. The development of an anti-violence network is essential for the future work.

Violence against gay men is a topic for the media, violence against lesbians is not. This means, there is not media interest. This too has to be addressed.

4. PRACTICAL INFORMATION

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Anti Violence Project

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THEME AREA:

MIGRANT AND REFUGEE WOMEN

Name of organisation: Komitee Zelfstandig Verblijfsrecht Migrantenvrouwen
(Committee for an Independent Right to Residence for Migrant Women)

Characteristics of this model:

- ✓ *It empowers migrant and refugee women by ensuring that they are given the right to choices in their lives as independent human beings.*
- ✓ *It challenges policies that promote indirect discrimination against women in general and migrant women in particular.*
- ✓ *It makes the link between general immigration policies and the role they play in maintaining migrant women in violent relationships.*
- ✓ *It has been successful in a partial change of the law.*

1. REASONS WHY THIS PRACTICE/PROJECT WAS UNDERTAKEN

Formed in 1987 as a coalition of self-help migrant women's organisations in the Netherlands, the Komitee Zelfstandig Verblijfsrecht Migrantenvrouwen (Committee) set out to challenge existing contradictions in Dutch law and policies which on the one hand, promote the "emancipation of women and ethnic minorities" (through autonomy, personal development, integration and social participation) while on the other hand, places migrant women in a dependent situation by granting them legal status on the basis of their legally resident husbands/long term partners. While the focus of the Committee is not solely on violence against women, one of the issues it pursued initially was the link between domestic violence and a dependent legal status which prevents women from seeking help due to the added founded fear of deportation and resulted in women having to choose between this risk or continuing an abusive relationship. After three years of dependency, an application for an independent legal status can be processed. On the basis of an analysis of the impact of the dependent legal status on women, the Committee formed a lobbying coalition which calls for the granting of an independent and irrevocable right to residence for migrant women who have qualified for family reunification regardless of whether the relationship continues or that partners cease to live together; particular focus is on male violence against women.

2. DESCRIPTION OF PRACTICE/PROJECT including the objectives

The Committee is active on three fronts: providing information, lobbying policy and decision-makers and, influencing public opinion. It works in close association with other women's groups in the Netherlands, including women's shelters. For the past decade, the Committee has produced a number of publications on the legal status of migrant women and recently has carried out research, including the first ever research on the consequences of dependent status of migrant women in the Netherlands. An important conference was held on the discrepancy between immigration regulations and policies to promote the emancipation of women and ethnic minorities in the Netherlands.

In the mid 1990s, the Committee started a campaign to improve the resident status of women, fleeing violence at the hands of their partners (who have a legal permanent residence of their own in the Netherlands). The aim of the campaign was to change Dutch immigration policies so that domestic violence, including the threat thereof, is considered a legitimate cause for remaining in the country in light of the separation with the legal immigrant. This campaign was successful and in 1997, an additional criteria on domestic violence was added to the humanitarian grounds for continued residency.

3. LESSONS LEARNED and how these are used

The success of the campaign reflected in the changes made to the immigration laws on humanitarian grounds has been the major achievement of the Committee. Nevertheless, the campaign continues with the aim of achieving further improvements in law. While the criteria on violence against women is included as a ground for processing an application to remain in the country, it has been added to the four others and it is only the combination of the five criteria that a residence permit on humanitarian grounds will be granted; violence against women is not taken as a factor in its own right to determine whether resident status will be granted. The overall objectives of the Committee continue to be relevant and it is now working in collaboration with other women's organisations in the Netherlands to move further. Some of the arguments developed include the following:

- ▶ The government's current programme to address and prevent violence against women is ineffective for migrant women when they have a dependent residence status.
- ▶ Domestic violence is not an individual problem but a matter of public concern.
- ▶ The government's approach to dependent status forces women to remain in an abusive relationship. Instead of supporting and helping them, they are further punished by the threat of deportation.
- ▶ This type of policy gives men an instrument of power to abuse women. An independent residence status can prevent or at least reduce the escalation of violence.
- ▶ Existing data on domestic violence in general show that for most women the decision to leave a violent relationship is a difficult one due to a number of reasons: fear – for themselves and/or their children; shame; economic factors, isolation. Women who have a dependent residence permit face an additional obstacle: their status is a legal barrier preventing them from leaving.

4. PRACTICAL INFO

KZV: Komitee Zelfstandig Verblijfsrecht Migrantenvrouwen

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At the level of the European Union (EU), the following set of recommendations⁹ provide the basis from which a monitoring exercise could be carried out to determine the level of progress achieved by all Member State governments in addressing and eradicating male violence against women.

Standards and Recommendations adopted by the Conference of Experts, 'Police Combating Violence against Women', November 30 to December 4 1998, Baden bei Wien (Austria).

Recommendations relate to:

- ▶ General Principles
- ▶ Police Organisation
- ▶ Criminal Proceedings
- ▶ Principles and Mechanisms of Co-operation
- ▶ Violence against Migrant Women

Recommendations of the Expert Forums of the EU Conference on Violence against Women, Measures towards Combating (Domestic) Violence against Women within the European Union, March 29 and 30 1999, Cologne (Germany).

Recommendations from the Forums relate to:

- ▶ The extent, reasons behind and consequences of violence against women
- ▶ Legal possibilities for combating (domestic) violence against women
- ▶ Prevention
- ▶ Help organisations and co-operation with institutions, European networks, and further recommendations
- ▶ Work with perpetrators

Recommendations of the EU Expert Meeting on Violence against Women, Jyväskylä 1999, (Finland).

Recommendations relate to:

- ▶ Criminal Proceedings in cases of domestic violence
- ▶ Standards for shelters/refuges
- ▶ Good practice in the development of programmes for perpetrators of domestic violence
- ▶ Research into difficult and sensitive subjects

Statement by the Portuguese Presidency of the European Union, given at the International Conference 'Violence against Women: Zero Tolerance', in Lisbon, May 4 to 6, 2000.

It is important to note that all of the EU Member States adopted the recommendations all of which were adopted in the framework of the EU Presidencies and represent, therefore, a high level political commitment by all Member States to eradicating male violence against women in Europe.

9 Taken from the "Reports of the Ministry of Social Affairs and Health 2000:13: Recommendations of the EU Expert Meeting on Violence against Women", edited by Laura Keeler, Helsinki, 2001

OBSERVATORY OF THE EUROPEAN POLICY ACTION CENTRE ON VIOLENCE AGAINST WOMEN

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