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EG-VAW-CONF (2007) Study

SETTING THE STANDARD: A STUDY ON AND PROPOSALS FOR MINIMUM STANDARDS FOR VIOLENCE AGAINST WOMEN SUPPORT SERVICES

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CONTENTS

Introduction: Setting the context	5
Council of Europe and Violence against Women	5
Part 1. Why minimum standards?	7
Methodology	8
Concepts and definitions	10
Part 2. Service provision across europe	13
Refuges/Shelters	13
Counselling and Psychological Services	14
Healthcare/Medical Services including Sexual Assault Centres	14
Legal and other forms of advice	14
Hotlines/Helplines	15
Self-help groups	15
Rape Crisis Centres	15
Self defence, Training and Education	15
Perpetrator Programmes	16
Intervention Projects	16
Current service provision in europe	16
Reflecting on the distribution of services	18
Current recommendations	19
Part 3. Sourcing foundations for standards	21
Domestic violence services	22
Sexual violence	24
Other services	26
Potentials and challenges	28
Part 4. Developing european minimum standards	30
Gendered understanding of violence	30
A Culture of Empowerment	31
Conflicting principles	31
Holistic service provision	32
Access and non-discrimination	32
Children as service users	33
Inter-agency co-operation	33
Long-term support needs	34
The Draft Proposals	34
The online consultation	34
Benefits, dangers and requirements	35
Part 5. Setting the standards	38
The overarching principles	39
Minimum levels of provision	40
Part 6. Summary and recommendations	43

Part 7. The minimum standards	46
Levels of service provision	48
Core minimum standards	50
Service specific standards	54
Annex 1: Glossary	67
Annex 2: Tables of Responses to Interviews and Consultation	68

INTRODUCTION: SETTING THE CONTEXT

The Council of Europe was founded on 5 May 1949 by ten European countries to promote both greater unity and human rights. It now comprises 47 members¹; its core aims are to promote democracy, human rights and the rule of law, and to develop common responses to political, social, cultural and legal challenges. Since 1989 most of the countries of central and eastern Europe have joined and been supported in their efforts to implement and consolidate political, legal and administrative reforms.

By statute the Council of Europe has two constituent organs: the Committee of Ministers, composed of the Ministers of Foreign Affairs of all member states, and the Parliamentary Assembly, comprising delegations from national parliaments. The Congress of Local and Regional Authorities of Europe represents the local and regional governmental levels within the member states. The European Court of Human Rights adjudicates complaints brought against a state on the grounds of violation of the European Convention on Human Rights.

COUNCIL OF EUROPE AND VIOLENCE AGAINST WOMEN

Violence against women is perhaps the most shameful human rights violation, and it is perhaps the most pervasive. It knows no boundaries of geography, culture or wealth. As long as it continues, we cannot claim to be making real progress towards equality, development and peace (former UN Secretary General Kofi Anan).

One of the primary concerns of the Council of Europe is to safeguard and to protect human rights; as part of this it has been in the forefront of promoting the women's rights are human rights agenda in Europe. A key element here was the international interpretation of human rights to encompass violence against women (VAW), including when committed in private life (Kelly 2005). The Council of Europe, therefore, has a considerable track record in addressing violence against women as a human rights and gender equality issue.

Actions taken to date are summarised below.

- A resolution at the Third European Ministerial Conference on Equality between Women and Men (Rome, 1993) on strategies for the elimination of violence against women.
- Convening a group of specialists who produced a Plan of Action in 1997².
- A report in 2000 to the Parliamentary Assembly on violence against women in Europe³.
- A Recommendation of the Committee of Ministers on the Protection of Women against Violence, adopted on 30 April 2002⁴.
- A 2002 Parliamentary Assembly Recommendation on Domestic Violence⁵.
- A 2002 Recommendation of the Committee of Ministers on action against trafficking in human beings for the purpose of sexual exploitation⁶.

¹ Albania, Andorra, Armenia, Austria, Azerbaijan, Belgium, Bosnia and Herzegovina, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Georgia, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Moldova, Monaco, Montenegro, Netherlands, Norway, Poland, Portugal, Romania, Russian Federation, San Marino, Serbia, Slovak Republic, Slovenia, Spain, Sweden, Switzerland, "The former Yugoslav Republic of Macedonia", Turkey, Ukraine and United Kingdom.

² *Final Report of Activities of the EG-S-VL including a Plan of Action for combating violence against women* Strasbourg, Council of Europe, 1997.

³ (15 March 2000) Doc. 8667.

⁴ Rec(2002)5.

⁵ 1582, 2002.

⁶ No. R (2002) 11.

- A 2003 Parliamentary Assembly Resolution on crimes in the name of honour.⁷
- A final Declaration and Action Plan adopted during the Third Summit of Heads of State and Government of the Council of Europe (Warsaw 16-17 May 2005).
- Creation in 2005 of the Council of Europe Task Force to Combat Violence against Women, including Domestic Violence (EG-TFV).
- Commissioning and publishing a stocktaking study in 2006 on the measures and actions taken in the Council of Europe States in 2006.
- Launch and support of the Campaign to Combat Violence against Women, including Domestic Violence from 2006-2008⁸.

The commitment of the Council of Europe to addressing violence against women was reaffirmed at the Third Summit of the Council in May 2005. The adopted action plan included appointing a task force of eight experts⁹ who were to design the *Campaign to Combat Violence against Women, including Domestic Violence*. This Campaign has four core objectives, one of which focused on support and protection for victims. Member states have been urged to make resources available to ensure the quality and equitable distribution availability of:

- free 24 hour help lines;
- safe shelters;
- support and advocacy services;
- accessible services for socially excluded women, especially recent migrants, refugees, women from ethnic minority groups and those with disabilities;
- access to financial support, housing, residence rights education, training;
- networking between specialist NGOs;
- multi-agency co-ordination;
- training curricula for professionals addressing the continuum of violence against women within a human rights framework;
- work with perpetrators rooted in women's safety and prevention.

This project is part of the support and protection strand of the Campaign, and has been designed to develop consensus on minimum standards for support services: their range and extent, core principles and practices.

⁷ 1327 (2003).

⁸ For a full summary of the campaign's work so far go to www.coe.int/stopviolence.

⁹ The Council of Europe Task Force to Combat Violence against Women, including Domestic Violence (EG-TFV).

PART 1. WHY MINIMUM STANDARDS?

Men and women have the right to live their lives and raise their children in dignity, free ...from the fear of violence [UN General Assembly Millennium Declaration 55/2 Paragraph 6].

Whilst there is now much broader recognition of the need for support services which enable women to realise their rights to protection, access to justice, redress and rehabilitation, alongside growing awareness of the need for certain forms of provision, such as shelters, the availability and quality of services varies considerably within and between states. If women are truly to have the right to live free of violence, then there needs to be basic agreements across states about the extent and range of services that should be provided. This is the rationale for developing minimum standards.

Fourteen years ago, through the Declaration on the Elimination of Violence against Women, the UN called upon States to ensure to “*the maximum extent feasible in the light of their available resources and, where needed, within the framework of international cooperation, that women subjected to violence and, where appropriate, their children have specialized assistance*”¹⁰. Note the reference here, which has been continued through later documentation, to specialisation; an explicit recognition of the depth of knowledge, built over decades in women’s NGOs, which has come to inform the policies and responses adopted by some state agencies.

Since then violence against women has become widely recognised as a form of discrimination, violating a number of human rights. Beginning with the CEDAW Committee in 1992, jurisprudence has extended understandings of due diligence responsibilities with respect to protection, access to justice and rehabilitation¹¹.

Support for victims¹² has historically been provided by women’s non-governmental organisations (NGOs), herein referred to as the specialist violence against women sector. As noted above, it is they who have delivered the specialised assistance designated as crucial by the UN. Often under-funded, such groups have overcome immense barriers to create not only new forms of provision, but also establish the issue and their expertise on national and international agendas. It is now incontrovertible that these poorly resourced, but deeply committed organisations have changed international and national laws in profound and multiple ways (Merry, 2006) and offered multiple routes to safety and enhanced the well-being of countless women and children.

It is also often the specialist violence against women sector which has shaped the development of service provision. The Council of Europe Stocktaking study on the measures and actions taken in Council of Europe member states (hereinafter Stocktaking study)¹³ revealed that few member states could claim to provide adequate resources for victims of violence. Moreover, coverage was inconsistent with more emphasis having been placed on domestic than sexual violence, and little provision with respect to harmful traditional

¹⁰ G.A. res. 48/104, 1993 (DEVAW) Article 4 (g).

¹¹ Committee on the Elimination of All Forms of Discrimination Against Women General Recommendation 19, 11th Session 1992 para 9, and see Ertürk, Y (2006) Report of the Special Rapporteur on violence against women, its causes and consequence, *The Due Diligence Standard as a Tool for the Elimination of Violence Against Women*, E/CN.4/2006/61, UN Commission on Human Rights.

¹² While many of the support services referred to would use the term “survivor”, the concept of “victim” is used to reflect the legal status of victims of a crime.

¹³ *Combating Violence Against Women: Stocktaking study on the measures and actions taken in Council of Europe member States*, Directorate General of Human Rights, Council of Europe, Strasbourg 2006.

practices. These deficiencies have recently been mapped, using an innovative methodology, in the UK (Coy, Kelly & Foord, 2007), which is considered to have amongst the most extensive provision in Europe.

Research on support services is not as extensive as that on the prevalence of violence against women, and has tended to focus on evaluation, mapping existing provision and establishing promising practices. Little work, to date, has addressed minimum standards which governments and service providers should achieve/implement in order to meet their international obligation to exercise due diligence to investigate and punish acts of violence, provide protection to victims and prevent violence against women in the first place. In that sense this study is unique.

A study on minimum standards

The Council of Europe has a commitment to extend the current knowledge base on approaches to supporting and assisting women who become victims of violence. To this end, this study addresses the following questions:

- What services should be available, and their distribution in terms of populations and geography?
- Who should provide services?
- What minimum standards should be adopted across Europe?

The outcome of the research was to be a set of proposals for minimum standards across all forms of violence against women, but excluding trafficking, as this is extensively addressed through Council of Europe action on preventing trafficking in human beings. The services to be addressed, offered either by non-governmental or governmental providers, were to include at minimum: telephone helplines; counselling and intervention services; shelters/refuges; sexual assault referral and rape crisis centres. The terms of reference specified that the methodology must involve consultation with key stakeholders. Our approach has been designed to maximise input across member states.

METHODOLOGY

The study was designed using a phased approach, each stage of which built on the previous ones. The timeline from inception to reporting at a planned conference at the end of 2007 was five months. The phased framework and original timeline is set out in Table 1.

Table 1: Phases and time line for project

Phase	Tasks
1	Desk-based research to develop a typology of provision, the human rights foundations for standards and existing proposals.
2	Design of a short questionnaire on service provision and any current standards for national focal points appointed in the framework of the Council of Europe Campaign to Combat Violence against Women, including Domestic Violence ¹⁴ ; interviews to be undertaken over the telephone.
3	A parallel questionnaire for specialist NGOs, including umbrella networks to identify existing standards, opinions about them, and what Council of Europe proposals should comprise.
4	Telephone interviews with five experts on standards.
5	Analysis of all data leading to a draft of proposed minimum standards.

¹⁴ These are government representatives from all member states selected to implement the Council of Europe Campaign to Combat Violence against Women, including Domestic Violence, at national level.

- 6 A one-week online consultation to both improve the proposals and build support for them - governmental and non-governmental participants to take part.
- 7 Drawing on phases 1-6, completion of a report including proposals for core minimum standards, professional and philosophical principles which was to be presented in Strasbourg at a conference in December 2007.

Due to an extended responding period, in Phases 2-4, the proposal for core minimum standards were presented as a draft at the conference. The online consultation followed the conference and took place in January 2008, and lasted for two weeks. The standards have been substantially re-worked during this process. The sections below outline in more detail how the study was conducted, participation by member states, NGOs and experts.

Phases 1-4

The desk-based research resulted in a 100 page document tabulating all proposals for standards from human rights documentation and existing proposals. These are not presented here, since it was both repetitive and too extensive for standards designed for regional implementation. The table of proposals at the end of the report does, however, include a column in which the sources that support the specific standards are recorded.

The sample for interviews was agreed as all national focal points of the Council of Europe Campaign, and an NGO network or NGO from each member state. The project was undertaken in English. It proved difficult to find an appropriate participant in some countries, even where additional searches for relevant NGOs were made. No responses were received from 12 member states, but 35 did take part (see Annex 3 for full details).

Fifty-two individuals took part: 23 NGOs, and 27 national Focal Points. In the case of 13 states both focal points and NGOs responded, for 15 only the focal point and for 7 only NGOs. Questions covered current service provision, whether standards exist and/or were planned, what participants thought about the idea of standards and what they regarded as core requirements. Respondents were able to choose between completing the questionnaire themselves and returning it electronically or doing it by telephone interview; 27 chose the latter and all interviews were tape recorded alongside entering responses onto a blank questionnaire¹⁵. Where electronic questionnaires were returned unclear responses were, where possible, clarified via email and/or telephone.

In cases where both a focal point and NGO took part, inconsistency in responses to the same questions was common, with very different estimates being provided, for example, of current service provision. This is further evidence of the limitations of the current knowledge base on support services in Europe, and significant gaps with respect to the most basic data (see also Stocktaking study).

Expert interviews were undertaken with three NGO networks and two academics. The most detailed contributions here came from Women Against Violence Europe (WAVE), Women's Aid England and the Rape Crisis Network, all of which have been involved in developing service standards, either for their own local contexts or for regional use.

Phases 5-7

All proposals from existing documentation and interviews in Phases 3 and 4 of the original research were tabulated, and from this a set of core principles and proposed standards was prepared for the *Council of Europe Conference on Support Services for Women Victims of*

¹⁵ With consent of the interviewee.

Violence in Strasbourg in December 2007. Conference attendees broadly supported the standards project, and the principles, with some raising points of clarification with respect to specific proposals.

The online consultation prompted much higher engagement, with 91 responses, and neither governmental nor non-governmental participants taking part from only eight member states. All interviewees from phase 3 and participants at the Conference were invited to participate in a two-week online consultation. The instructions requested that participants have a copy of the draft standards close to hand and questions began with overall support for the project and addressed each section in turn. Lead in questions canvassed overall positions, with further options with respect to there being too many/too few standards, gaps and proposals for revision. This methodology proved effective in participation – with 91 individuals taking part¹⁶: 42 per cent were NGOs/NGO networks; 28 per cent were focal points; 23 per cent state agency employees. Participants were knowledgeable and thoughtful, with over two thirds of whom (67%) had read the draft standards carefully/in detail.

Over the entire project only four member states made no contribution (see Annex 3). Whilst developing the online process required some preparation, this proved not only more time efficient for the researchers, but also a rigorous and engaging consultation process. All responses were immediately registered and responses tabulated.

The vast majority welcomed the proposals, with some making suggestions that widened their relevance and application to local contexts. All proposed amendments were extracted and recorded in relation to the standards they referred to, thus highlighting areas of common concern and disagreements. We worked through each proposal, assessing the extent to which they clarified or made important additions, could be applied across member states and were not in tension with either existing international standards or points made by other participants. These were the criteria used to decide whether suggested amendments should be accepted. Those which were accepted became part of the final version of the standards presented here.

CONCEPTS AND DEFINITIONS

In this section the working definitions that underpin the study are outlined, some of which were provided as part of the documentation to participants.

Violence against women

- For the purposes of all Council of Europe work the term ‘violence against women’ is understood as “any act of gender-based violence, which results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion, or arbitrary deprivation of liberty, whether occurring in public or private life”. This includes: domestic and sexual violence, sexual harassment, crimes committed in the name of honour, female genital mutilation and other traditional practices harmful to women, such as forced marriages¹⁷. The United Nations Secretary-General’s report reminds us of the wording in the 1993 Declaration on the Elimination of Violence against Women that violence against women “is understood to mean any act of gender based violence that is directed against a woman because she is a woman or that affects women disproportionately” (p. 12).

¹⁶ Only eight Council of Europe member states failed to take part: Andorra; Armenia; Croatia; Italy; Lithuania; “the former Yugoslav Republic of Macedonia”; Monaco; Russian Federation.

¹⁷ Definition contained in the Appendix to *Council of Europe Recommendation Rec (2002)5 of the Committee of Ministers to member States on the protection of women against violence*.

Support Service, service providers and service user

Individuals access support from a range of sources, including informal network members, especially (female) friends and family (Kelly, 1999; Wilcox, 2000). These are not ‘services’ – available to anyone needing support – but the responses of confidantes can either encourage or discourage wider help-seeking. We know, for example, with respect to rape, that reporting to the police and/or seeking healthcare is often the outcome of being encouraged by others to make those moves (Lovett et al, 2004). The term ‘support service’ encompasses organisations providing a range of options that enable women to create safety, seek justice and undo the harms of violence. Such options include: listening; advice; advocacy; shelter; self-help; counselling, protection and prosecution; and access to activism. These services can be provided by either NGOs or governmental agencies, which together constitute “service providers”. The knowledge and skills of the specialist violence against women sector have already been noted. When making reports to state agencies women may be lucky to encounter pockets of excellence; these, however, often depend upon the knowledge and empathy of committed and skilled individuals. ‘Service users’ are the individual women and children who seek support/intervention.

Specialised provision has its origins and deep roots in the NGO/voluntary sector. In just over three decades women’s organisations, singly and through their shared experience, have not only created diverse contexts in which women feel able to name and discuss experiences of violence, but also achieved widespread recognition for previously hidden, private and normalised practices (Kelly, 2005). In the process, innovative forms of provision, which are now considered essential responses to a range of social problems, were created: refuges/shelters, helplines; self-help groups, and advocacy all have their origins in 1970s grass roots responses to rape and domestic violence (Schechter, 1982; Bevacqua, 2000; Dobash & Dobash, 1992). The foundational principles of these support services were commitments to providing spaces in which women felt safe to tell, where they would be believed and respected and had the possibility to explore options. Access was not dependent on any legal or other requirements, was available free at the time of need and based on the principles of confidentiality and empowerment (WAVE, 2002). The international knowledge and practice base suggests that services provided by specialist NGOs are consistently the most responsive to women who have suffered violence, and as such should be supported and recognised by governments. They should be core service providers, and key partners in the development of more effective interventions by state agencies, especially law enforcement and the legal system.

Minimum standards

These are the lowest common denominator or basic standards that all states and services should aim to achieve. Standards provide benchmarks – for states and service providers – with respect to both the extent and mix of services which should be available, who should provide them, and the principles and practice base from which they should operate. They are aspirational in the sense that many states will not yet have the requisite amount of services, and some services may not yet meet all the standards within their current policies, practices and resources. Yet they are not truly aspirational because they represent the levels and quality of provision which women across Europe should have access to. Good practice should encompass minimum standards, but move beyond them, aiming to maximise access, quality and positive outcomes.

Because this is the first Council of Europe study on minimum standards in this field, existing standards have, therefore, been sourced from outside the region. A number of standards were found within Europe for shelters and intervention projects, but only Ireland and the

United Kingdom had begun work on standards for sexual violence services. Much of the European documentation referred to by participants was not available in English, and so could not be analysed in detail.

PART 2. SERVICE PROVISION ACROSS EUROPE

This section integrates guidance on the kinds of provision that should be provided with participants' recommendations, alongside data on estimates of current provision in their jurisdictions. Precise figures are not presented since only a minority of respondents could provide this. Rather we summarise which kinds of provision are more and less common, what forms of violence against women they specialise in, and identify significant gaps. Definitions of these forms of provision can be found in the glossary at Annex 1.

The international community has provided some guidance on the types of services that are required to combat violence against women. Specifically these have come from the CEDAW Committee¹⁸, the Beijing Platform for Action¹⁹ ("Beijing Platform") and the United Nations Secretary-General's recent in-depth study on violence against women²⁰. Additional services considered vital to holistic responses in some European states, such as intervention projects, are also included. Human rights documents further specify that services must be linguistically and culturally accessible to migrant women and girls²¹, cater for women with disabilities²², for women displaced due to conflict, including those who become refugees²³, and women living in rural areas²⁴. Women who are known to have been abused, including those living in institutions where abuse is discovered and families where sexual abuse has taken place, have a right to counselling and support²⁵.

REFUGES/SHELTERS

The Beijing Platform, in addition to supporting shelters, added that they should be well-funded, and accessible. A recent legal ruling has established that failure to provide access to immediate protection (in this case where a victim could not access a shelter and had no legal or other avenues to create safety) will mean a state is in violation of the Convention (*AT v Hungary*²⁶).

Whilst associated with domestic violence, shelters may be open to any woman who has sustained violence, or they may specialise in other forms, offering protection from female genital mutilation, forced marriage, crimes in the name of honour, sexual violence including sexual exploitation and sexual abuse of girls. The latter are relatively rare.

Whilst shelters/refuges were undoubtedly the most common form of service provision, many felt that there needed to be more. Whilst some shelters only offer safe housing, many provide some combination of: outreach; advocacy; advice; counselling; resettlement; follow up support; children's services. Key messages here were the need for sufficient provision within the capital or major cities and at least one shelter within every municipality/canton/province. Others argued for setting a number of required family places with reference to the national population and current prevalence estimates.

¹⁸ CEDAW Committee Recommendation 19, 11th Session 1992 para 9.

¹⁹ A/CONF.177/20, 1995.

²⁰ 2006 A/61/122/Add.1 refers to the above instruments in a summary of service provision and standards that States ought to be adopting as 'good practice'.

²¹ Beijing Platform Strategic Objective D1 para 125 (b), echoed by the Secretary General at p80

²² Beijing Platform Strategic Objective D1 para 125

²³ Beijing Platform Strategic Objective E.5. para 147 (n)

²⁴ CEDAW Recommendation No. 19, para 24 (o)

²⁵ Beijing Platform Strategic Objective D1 para 126 (c); CEDAW Committee Recommendation 19 para 24 (r) (v).

²⁶ CEDAW Committee Recommendation No. 19 para 24 (r) (iii); Beijing Platform Strategic Objective D1 para 125 (a), echoed by the Secretary General at p80 of his report; CEDAW Committee Decision 2005 Communication No.2/2003

COUNSELLING AND PSYCHOLOGICAL SERVICES

A number of international documents reiterate the need for longer term support (often described as ‘rehabilitation’²⁷) to overcome the harms of violence. The Beijing Platform, for example, suggests that mental health services should be integrated “into primary health care systems” and other appropriate locations. The UN Secretary-General’s report cites the Autonomous Women’s Centre in Belgrade as a good practice example, including their three basic principles: “trust women’s experience, do not blame women for the violence they have experienced, and do not give advice but foster women’s self-determination”²⁸.

Considerable support was evident for counselling, with requirements for sufficient number of centres and even distribution. Again there were differences of opinion as to whether these should target specific forms of violence against women or be able to address the diverse forms: an argument in favour of the latter is that women who sustain the most harm have often suffered multiple forms of abuse.

HEALTHCARE/MEDICAL SERVICES INCLUDING SEXUAL ASSAULT CENTRES

Under the Beijing Platform state parties should provide or support ‘specially trained health workers’²⁹. Primary health workers should be trained “to recognise and care for girls and women of all ages who have experienced any form of violence especially domestic violence, sexual abuse or other abuse resulting from armed and non-armed conflict”³⁰. The United Nations Secretary-General’s report adds that training protocols were good practice, and added the following: integration of Sexual Assault Centres within the health-care system, and the establishment of referral systems that link relevant sectors, such as health care, counselling, housing, law enforcement services and programmes for perpetrators³¹. These echo CEDAW Committee recommendations³², which further specify access to: protection, trauma treatment and counselling. Additional standards refer to: informed consent; respect for dignity; confidentiality; privacy and choice³³.

LEGAL AND OTHER FORMS OF ADVICE

Negotiating criminal and civil justice systems is complex in any eventuality, but in the aftermath of violence it is even more daunting. But this and other systems – housing, income maintenance – are critical if women are to exercise many of their human rights³⁴. Access to advice should, therefore, be mandatory and without charge. More recently the role of advocacy in ensuring that rights are realised has been stressed (Kelly and Humphreys, 2001) and has become a keystone in United Kingdom responses (Home Office, 2007) to domestic and sexual violence. Advocates can be described as a ‘one-stop-person’ who enables women to understand and exercise their rights; here knowledge is a route to empowerment.

There was widespread agreement among interviewees that advice and advocacy services should be provided across domestic and sexual violence, offering the possibilities of early intervention, support through legal cases, practical support, and ensuring that rights and entitlements were forthcoming. The need for more such resources was evident to many, with

²⁷ CEDAW Recommendation No. 19 para 24 (k) and (r) (iii).

²⁸ CEDAW Recommendation No. 19 para 24 (r) (iii); Beijing Platform Strategic Objective C1 para 61 (q); Un Secretary General’s Report p. 91 para 328

²⁹ Beijing Platform Strategic Objective D1 para 125 (a); CEDAW Committee Recommendation 19 para 124 (k)

³⁰ Beijing Platform Strategic Objective C1 para 61 (q).

³¹ p. 91 para 322.

³² Article 12 of the Convention, CEDAW General Recommendation No. 24 (20th Session 1999) para 15 (b) and 31 (f). para 16 and 25.

³³ *ibid* para 31 (e)

³⁴ Beijing Platform Strategic Objective D1 para 125 (a), Secretary General para 329.

their availability evenly distributed, free at point of use, accessible for ethnic minority, migrant and disabled victims.

HOTLINES/HELPLINES

This form of provision is now “*considered a standard component of services in many countries*”, and the UN Secretary-General’s report further emphasises the importance of anonymity and open access “*because many women are hesitant to seek help*”. It concludes that: “*the operation of at least one 24-hour national emergency telephone line providing information, advocacy, support and crisis counselling would constitute good practice*”. Help and advice lines preserve privacy and confidentiality, provide information free of charge and often are the first step into other services. They are also a critical resource for women living in rural areas. Some services in Canada serving remote communities and deaf women have begun using computer instant messaging as another way of creating access to support.

There was a strong consensus on the necessity of at least one national, 24-hour free telephone helpline; some limited this to domestic violence, others thought that two were needed in order to make provision for sexual violence, whilst still others envisaged integrated provision across all forms of violence against women. Making helplines accessible to migrant and ethnic minority women through integral translation services was stressed by some.

SELF-HELP GROUPS

Women supporting other women, finding a voice and perspective has always been part of feminist responses to violence against women, and self-help groups have been an important form of provision in this respect. Such groups can be short-lived local services or organised through organisations like rape crisis, shelters and women’s centres. The UN Secretary-General’s report notes their role in providing “*support for women while respecting their autonomy and encouraging their independent decision-making*”³⁵.

RAPE CRISIS CENTRES

Rape crisis centres are NGOs that provide some combination of helpline, counselling, advocacy and self-help in supporting women and girls who have been assaulted recently or in the past. A practice principle has always been that reporting to state agencies is women’s choice. They work, therefore, with a much wider group of service users than Sexual Assault Centres (SACs): those who choose not to report to police and those who are struggling with the legacies of abuse from the past, and often over longer time periods.

The limited current provision of these services and lack of awareness of their role meant fewer respondents emphasised the need for more provision. One noted that there was no provision for sexual violence despite the recognition that it intersects with domestic violence, thus leaving substantial groups of women without advice or support.

SELF DEFENCE, TRAINING AND EDUCATION

The Beijing Platform recommended that States “*promote training for victims and potential victims so that they can protect themselves and others against such violence*”, and Women’s Self Defence forms an important, if neglected, form of response in a number of European countries (Seith and Kelly, 2003). It further notes that states support and promote the role of

³⁵ UN Secretary General (2006) p. 93.

intermediate institutions which may be key in early detection and intervention³⁶. Education on many levels - for the community at large and women who seek help and for professionals is a key in both responding to and preventing violence against women. A number of participants highlighted that deficiencies here were one of the weakest elements of current service provision. Yet almost every international document refers to the importance of training for professionals. By implication, therefore, standards must address this critical issue.

PERPETRATOR PROGRAMMES

Work with perpetrators of domestic violence which seeks to hold them accountable for violence and change their perceptions of gender relations has been endorsed by the CEDAW Committee, the Beijing Platform and the UN Secretary-General's report³⁷. The standards they are expected to work within prioritise women and children's safety.

As noted above, European responses are more extensive, and the provisions noted below are key elements in some state responses to violence against women.

INTERVENTION PROJECTS

These inter-agency projects emerged first in Austria, and are increasingly common in German-speaking and some Eastern European countries. Through working at the system level, creating protocols and providing pro-active advocacy they ensure women and children are better protected and that agencies link to provide an appropriate 'basket of resources' (Sen, 1998).

Outreach

Also a pro-active approach, whereby a project or service seeks to identify victims in community contexts who are yet to access support. It is frequently used to engage with 'hard to reach' groups. In this sense, outreach provides a route to make real access for migrant women, women with disabilities, women in rural areas, women in the sex industry and women in prison.

CURRENT SERVICE PROVISION IN EUROPE

One of the key research aims was to outline the forms of provision across Europe. This forms the basis for exploring what currently exists and areas where standards are needed. Focal points and NGOs were asked not only if a range of services were provided, but also the number of such services. Most interviewees found estimating the extent of provision in their country difficult, and very few were able to draw on any form of needs assessment that referred to either prevalence studies or evaluation, albeit that in four countries this analysis was planned or in process. The lack of an agreed methodology for undertaking needs assessment was considered a considerable drawback.

It is also important to note here that some services provide integrated responses, offering a combination of types of support (shelter, outreach, advocacy and counselling, for example) and/or work across forms of violence. Mapping this, however, is extremely complex, even at the level of nation states, and has not been attempted in this study.

³⁶ Strategic Objective D1 para 125 (g) and (f).

³⁷ CEDAW Committee Recommendation No. 19 para 24 (r) (iv)] AND Beijing Platform Strategic Objective D1 para 125 (j), echoed by the Secretary General at p. 80 of his report.

The forms of provision most commonly reported (present in 90% of member states) were: shelters/refuges; advice and advocacy; helplines. This was followed (present in 60-80%) by: counselling; intervention projects; perpetrator programmes; and women's centres. Less commonly identified were self-help groups (n=19) and outreach (n=14). Revealingly, rape crisis centres or sexual assault centres were only reported as present in 12 states (33% of those responding). This data highlights the relative lack of sexual violence services, and the importance of remedying this if due diligence requirements are to be met. Even less provision was evident with respect to harmful traditional practices (crimes in the name of honour, forced marriage and female genital mutilation). Just under a quarter of respondents argued that this was because there was no need due to the size or structure of their migrant populations. Respondents were asked about service provision for sexual harassment; many thought that this was encompassed by sexual violence services, or something that was dealt with in the workplace and via employment tribunals or investigations.

Reporting that a type of service is present tells us little about the extent of provision, and therefore what proportion of women and children have access. Table 2 below summarises data on the numbers of services that were reported in member states and the forms of violence they address. It demonstrates that there is huge variation, with some states only able to cite one shelter, whereas in others there were more than 100. The table also provides further evidence of the lack of sexual violence support services. What is not possible to represent in table format is the relationship between the number of services and population. We did examine this and this revealed that smaller populations did not always mean the least number of services. Similarly, the relative wealth of countries was not always predictive of more extensive service provision. This suggests that some governments have been more responsive to both the case made by NGOs and international policies in ensuring the wider availability of support services. The emphasis on domestic violence in national and European policies has also played a part in the neglect of services dealing with sexual violence and harmful traditional practices.

Table 2: Level of services provided in states by number of services and forms of violence addressed

	Shelters	Helplines ¹	Advice/ Advocacy	Counselling ²	Intervention Projects ³	Perp Progs ⁴	Women's Centres	RCCs	Outreach ⁵
unknown	06		05	07	02	04	06	02	
None	02	02							
1	04	10	01	01	01	06	01	02	02
2-5	06	11	07	05	02	04	05	02	02
5+		3							
6-10	06		1	01	01	03	01	02	
11-20	03		1	03	03		02	02	
21-40	03		1	02		01	02		
40+	05							02	
DV	18	19	04	04	05	13	05		03
DV/SV	14		04	04	02	02	01	03	01
SV		07		02		01		07	
VAW	03	05	02	08	01		05		
VS		05							
FGM/HTP		1							

KEY: DV=domestic violence only; DV/SV=domestic and sexual violence; SV=sexual violence only; VAW=all violence against women; VS=generic victim services; FGM/HTP = female genital mutilation/harmful traditional practices

1. Nine also reported local helplines

2. Ten noted that counselling was integrated into other services

3. Fourteen noted that inter-agency links and networking was under-developed

4. Two also cited counselling centres for men

5. Four noted that shelters undertook outreach

Despite providing a definition of each type of service, in the domestic and sexual violence category some referred to shelters working with marital rape/sexual violence by current/ex partners, stating that these services could in theory help victims of sexual violence. At the same time many of the Nordic shelters were more holistic, seeing their services as available to any woman who had suffered violence from men. The advice and advocacy category was not always distinguished from aspects of provision by helplines; shelters, rape crisis centres and a few respondents interpreted this as meaning legal aid. The data on self-help was limited and is thus not included in this table.

REFLECTING ON THE DISTRIBUTION OF SERVICES

Very few respondents made claims to having sufficient services, which is unsurprising considering that the majority of provision was concentrated in urban areas, sometimes limited to capital cities. Whilst these serve significant populations, with the exception of helplines they are unavailable to large sections of the female population. In the case of shelters/refuges this is not an absolute exclusion, since some women are willing to move to find safety.

Europe contains several very small countries, both geographically and in terms of population; at the other end of the spectrum are countries with large land masses and scattered populations. Whilst both land mass and population distribution have an impact on availability and accessibility to support services, neither should become an excuse for minimal provision. This argument also applies to rural/remote communities.

States with federated structures and multiple languages also need to ensure that provision is not skewed in ways that seriously disadvantage women living in entire areas. Some interviewees argued that inequities can be even more marked in federal systems, where regional governments can differ markedly in the priority allocated to violence against women³⁸. Only four states could provide examples of services designed to meet the needs of women from minority communities and/or disabled women.

A number of respondents argued strongly that it was not appropriate to locate services, especially shelters, in rural areas, since it was difficult to maintain confidentiality. At the same time large numbers of women are living far away from, not only women's NGOs, but also police and hospital care. The Swedish Crisis Centre model has created 'safe houses' in rural areas for short stays throughout the country. Any woman needing longer term safe housing can be moved in that time to a city based shelter. There is an urgent need for more developmental work on how to make support more accessible to those in sparsely populated areas, this may mean investing in helplines, outreach and online support groups in first instance, and it may be that they should span a range of forms of violence against women (Schuler et. al, 2008).

There was strong evidence from the early phases of the project that a needs assessment tool is required across Europe, since hardly any of our interviewees were aware of systematic analyses of current support needs among recent and historic victims of male violence in their countries. Rather provision has grown in an organic but uneven way, affected initially by the strength, resources and orientations of national women's movements, followed by the vagaries and fashions among donors and funders and most recently by European and international policy and national government priorities. For example, several respondents from central and eastern Europe noted that even if they wanted to offer services

³⁸ A recent project (Coy, Kelly and Foord, 2007) has used digital mapping techniques and illustrates the uneven distribution of services across the nations and regions of the UK (see endviolenceagainstwomen.org.uk).

integrated across all forms of violence against women, funders were currently only interested in domestic violence and trafficking. Others referred to specificities in their context.

Activities aimed at preventing and combating domestic violence are dominated by organisations and agencies dealing with alcoholism and alcohol abuse, often managed by men [NGO].

The government has made a big effort in creating shelter provision. However, the result has been that many of the created shelters are being directed by organisations that have never previously worked on gender based violence [NGO].

A number of respondents commented on the reluctance (or even at times outright opposition) of their governments to accept the human rights and gendered analysis of violence, now championed by the United Nations. For some, this translated into an inhospitable context for women's NGOs.

The outcome of these processes is an uneven spread of services within and between countries and across forms of violence. It is not inaccurate to speak of a 'Euro lottery', since which part of which country a woman lives in will determine not only what kind of support is available, but whether there is any at all. The availability of services – in terms of their numbers and geographical distribution remains a major problem. It is to address this that minimum levels of provision are suggested.

CURRENT RECOMMENDATIONS

The UN Secretary-General's report listed the following guiding principles for service provision³⁹:

- Promote the well-being, physical safety and economic security of victims and enable women to overcome the multiple consequences of violence to rebuild their lives.
- Work from understandings of violence against women, which neither excuse or justify men's violence or blame victims.
- Empower and enable women to take control of their lives.
- Ensure that victims have access to appropriate services and that a range of support options are available that take into account the particular access needs of women facing multiple discrimination.
- Ensure that service providers are skilled, gender-sensitive, have ongoing training and conduct their work in accordance with clear guidelines, protocols and ethics codes and, where possible, provide female staff.
- Maintain the confidentiality and privacy of the victim
- Co-operate and co-ordinate with all other relevant services.
- Monitor and evaluate service provision, seeking participation of service users.

Most of the European standards identified by participants had been created by individual service providers. These included shelters and shelter networks, counselling centres, intervention centres (Austria only), legal aid centres ("the former Yugoslav Republic of Macedonia" only) and hotlines (Ukraine only) and perpetrator programmes (Austria and United Kingdom only). In some states, the government required standards to be met as a condition of recognition/funding, though invariably no assistance was provided for NGOs to meet those standards was forthcoming. Where NGO services were members of networks, this often involved signing up to codes of ethics and criteria for membership (nascent standards), for example, the Rape Crisis Network, Ireland. The WAVE Manual for Refugees was used by a number of NGOs, but standards had yet to be formalised in most countries,

³⁹ see para 321 p. 91.

especially where there was no mechanism for co-operation between NGOs. Concerns were also expressed about the imposition of standards on small/under-funded NGOs which had no resources to meet them.

Participants did provide a few examples of standards being encompassed in legal provisions, plans of action, or through government funding:

- Legal responsibility to house victims being placed on local municipalities, with criteria for admission and anonymity (Denmark Consolidation Act on Social Services 2007).

Qualitative standards developed collaboratively with NGOs applicable to all services covering infrastructure, inter-agency co-operation, networking and evaluation (Luxembourg).

Government funding for the development of integrated service standards across domestic and sexual violence services (England).

- Standards for inter-agency work with victims and perpetrators (Poland), sexual assault multi-agency guidelines (Ireland), inter-agency child protection standards (Norway).
- Standards for state operated shelters – domestic violence and trafficking (“the former Yugoslav Republic of Macedonia”, Bosnia and Herzegovina).
- Standards for shelter distribution (Portugal).

There was considerable variation between focal points and NGOs from the same member state in the standards they referred to: reflecting a lack of awareness amongst both NGOs and Government agencies about each other’s activities. National standards are currently under development in at least 17 member states, but the overall picture is of fragmentation and a field in motion. The following sections outline the existing proposals we have drawn on in making our proposals.

PART 3. SOURCING FOUNDATIONS FOR STANDARDS

Foundations for general standards can be found in over-arching Council of Europe, United Nations and European Union recommendations. We have also drawn extensively on a current project in England which is making proposals for minimum standards across domestic and sexual violence services⁴⁰.

Virtually all identified standards focus on what are considered the predominant forms of violence against women; domestic and sexual violence⁴¹. Given the dearth of policies and services addressing other forms of violence against women across much of Europe, identified by both the Stocktaking study and confirmed here, this is not surprising. That said, many of the core themes identified below apply across both forms of violence and the contexts they occur in; the adaptation to local conditions will be a matter of how to implement or move towards implementing them.

The following themes represent areas where the most consensus was evident in the data accessed in phases 2-4. They were used, therefore, as the foundations from which the basic standards should be developed.

Confidentiality.

Safety, security and respect for service users and staff, within a 'culture of belief' / 'taking the side of' the victim.

Accessibility – ensuring all women can access support wherever they live and whatever their circumstances. Included here would be the needs of specific groups, such as migrant, young, disabled women and women living in rural areas or those who have been displaced.

Availability – crisis, medium term and long term provision are all needed, with access 24/7 where safety is immediately compromised. This provision can be met in a variety of ways, including 'on call' systems.

Support should be available free of charge.

Services should work within a gender analysis of violence against women, seeing it both as cause and consequence of women's inequality.

Support and interventions should employ the principles of empowerment and self-determination.

Specialist provision should be provided by women for women.

The expertise of the specialist violence against women sector should be recognised, and developed through training.

Holistic services – working across forms of violence against women and/or support needs – are good practice. These can be delivered through 'one-stop shop' or (multi-disciplinary teams, Women's Centres) or a 'one-stop person' (advocates who ensure rights are realised) approaches.

Inter-agency co-ordination, establishing intervention chains and referral processes and protocols.

Whilst the final two themes stress the importance of integration in approaches to violence against women, most existing standards are service specific. In the later proposals the former is covered through a set of overarching principles and below we explore in more detail the basis on which service specific proposals have been built. Readers should note that whilst we address, for example, shelters under the heading of domestic violence, safe

⁴⁰ Funded by the government, the shelter network, - Women's Aid, England - has worked with a group representing sexual violence services (including trafficking and female genital mutilation) to create common core and service specific standards. An agreed draft is currently being sent out for wider consultation.

⁴¹ Recent prevalence studies in Germany and France both conclude that sexual harassment is the most prevalent form of violence against women, but domestic violence is the most studied/measured.

housing and support services are also relevant for, and in some cases provided to, women escaping trafficking, girls seeking protection from sexual abuse, forced marriage and female genital mutilation.

DOMESTIC VIOLENCE SERVICES

The majority of the existing standards literature is focused on domestic violence, specifically shelter/refuge provision. Existing standards are predominantly created and applied by individual service providers, or in some cases by an NGO Network. Some governmental standards were identified, often applying to government run shelters and/or certification of NGO shelters.

Shelters/refuges⁴²

In addition to the key themes outlined above, existing standards for shelters were very specific and detailed. The primary aim of a shelter is to secure physical safety, and the extent to which this is possible depends on some combination of: keeping its location confidential, practical security measures such as who can visit and intruder alerts. Refuges are, as the WAVE documentation makes clear 'more than a roof' WAVE, 2005). They provide a variable combination of additional services: outreach, advocacy, advice, counselling, self-help, resettlement and support for children.

Obstacles to achieving equitable access are the resources needed to find and maintain premises that meet the needs of women and children with disabilities, having finances to support women migrant women, especially those who are legally excluded, often through immigration laws, from financial assistance and other welfare rights. Shelter provision should, ideally, also accommodate those women who suffer from mental health or substance abuse problems, and women with older male children. However, the principles of safety and empowerment mean that not all these groups can necessarily be accommodated together, and the needs of some service users require additional resources.

Shelters are the only support service for which there is a recommended standard for levels of provision in European instruments: set at one place or family place per 7,500 of the population to 10,000 of the population⁴³. We define family place as adult plus average number of children; clearly a family place is a larger number of beds than a 'place', but recognises that half or more of shelter residents are children. Several countries with small populations argued that their needs were not recognised in these standards which were too high for their context, conversely some states had reached, and even exceeded this level of provision. Few countries had an evidence base – other than whether shelters were full – to support claims with respect to this standard.

Empowerment was considered an inherent principle in the provision of shelters, encompassing information to enable service users to make choices and the environment and practices within shelters. The rationale is to enable service users to (re)gain power over their own lives, and efforts should ensure that the patriarchal control of an abusive partner is not replaced by institutional control. One aspect of empowerment is knowledge and

⁴² Whilst refuge is the concept used in English speaking countries in Europe, it has been translated as shelter in many other European countries, this latter term also used in North America. We use both interchangeably.

⁴³ Council of Europe, Group of Specialists for Combating Violence against Women (1997), *Final Report of Activities of the EG-S-VL including a Plan of Action for combating violence against women*, Strasbourg; EU European Parliament Resolution on Violence Against Women (1986) Doc. A2-44/86 OJ. C. 176. EU Conference on Violence Against Women Cologne (1999) Expert Forums Recommendations; EU Austrian Presidency of the Council of the European Union (1998), Conference of Experts – *Police Combating Violence Against Women*, Baden; EU Expert Meeting on Violence Against Women Recommendations (1999) Jyväskylä, Finland.

understanding, providing opportunities to make sense of violence through a gender analysis, which challenges both victim blame and excusing perpetrators. One strong example offered of an empowerment approach was ensuring that all rules and regulations were formulated in positive and inclusive, rather than repressive, language. Rules should also not reproduce the restrictions of movement that are often a part of the coercive control perpetrators frequently exert. Inclusionary principles also place a responsibility on shelters to address inequalities between women, to ensure that service users are not excluded by discriminatory views of others. Again, how such work is undertaken should be empowering.

Many existing standards for shelters assert that they should be independent of the state, political parties and faith based organisations, and that they be not-for-profit organisations. If funding determines who can use the shelter, it's philosophical framework and preferred outcomes, then these core philosophical standards will be compromised. Management of shelters by women's NGOs is a commonly cited standard, justified both in terms of the needs of service users and the historical expertise.

Abused women suffer greatly from being dominated and abused by their male partners. It is therefore important for them to receive support and help from a female counsellor specialised in the field (WAVE, 2002).

Services for children are considered an essential component of refuge provision⁴⁴. Existing standards specify that during a child's stay: their education should continue, preferably through attendance at their existing school; provision of play space and activities for children; non-violent discipline should be fostered in all adult/child interactions; a child protection protocol should be developed to ensure children's rights to safety are not compromised. Enabling children to discuss their concerns, receive counselling and understand violence is also vital for their well-being and that of their mothers.

Currently the limited provision across Europe means that many abused women and their children live in settings that fail to meet these standards: they are residential services that focus on child welfare or family problems, homelessness provision (see also Stocktaking Study). These are not ideal, and invariably focus on mother or child, rather than the dual focus that shelters strive to achieve.

Perpetrator Programmes

There is a growing body of research on perpetrator programmes for domestic violence offenders, with recommendations being made by European Union expert groups. Work with sexual offenders remains within the psychology and corrections fields, and is limited to the minority who are convicted, and are not addressed here.

The most detailed standards and protocols for programmes come from United Kingdom and the United States of America. Individual providers were identified as having their own standards in two member states. The Stocktaking study notes the ongoing debate over whether entry into perpetrator programmes should be voluntary or mandated by courts. Most experts concur that both are needed, since it remains the case across Europe that a small minority of perpetrators are convicted. Minimum standards should apply to both kinds of provision, with adjustments for variations in routes in and possible sanctions for non-attendance. Programmes should not be used as an alternative to punitive sanctions, especially since the potential of such sanctions can be a spur to complete programmes.

⁴⁴ Detailed standards for counselling and forensic services for children who have suffered sexual abuse are beyond the scope of this project and were not incorporated in the literature review.

Recognised good practice includes ensuring perpetrators accept responsibility for their behaviour, prioritising women and children's safety, and associated support projects for current and ex-partners. The paramountcy of safety for women and children is the foundational standard, from which a series of policies and practices flow, including limitations of confidentiality for perpetrators.

Domestic violence is a public not a private matter. The safety and welfare of the survivors must take precedence over attempts to maintain the family as a unit. The human rights of women to have freedom from violence and from abuse must be recognised as their rights as individuals, not just as the mothers of children⁴⁵.

The minimum standards for work with perpetrators mean that family counselling, mediation or reconciliation and anger management are not appropriate responses in domestic violence services in general and work with perpetrators in particular (RESPECT, 2004)⁴⁶.

Intervention Projects

Intervention projects have their origins in Austria and Germany, being European variations of the Duluth model in the United States of America (Logar, 2005; Seith, 2005). Through recognition as a promising practice⁴⁷ and promotion through training and exchanges, the 'Austrian model' has been adopted/adapted now in a number of European countries. Standards have been proposed by the Austrian government, bolstered by evaluations in Germany. Many of the core themes introduced earlier in this section are reiterated, with an emphasis on multi-agency co-ordination, protocols and pro-activity.

SEXUAL VIOLENCE

Reflecting the more limited development of services, standards for sexual violence services are much less common, with minimal development in Europe beyond particular centres of excellence. The only exceptions identified being Ireland and an ongoing United Kingdom project. Additional service standards were, therefore, sourced from the USA, Australia and the World Health Organisation (WHO). While there was recognition amongst a minority of respondents that domestic violence and sexual violence were often intertwined, it was sometimes erroneously presumed that domestic violence service providers were able, and did, cover both. Recent research suggests that such assumptions are inaccurate (Ullman and Townsend, 2007), even where the offender is an intimate. Even if it were the case it would still leave women sexually assaulted by other categories of offenders without protection or support.

The medical and forensic components of responses to sexual assault require additional standards with respect to dignity and bodily integrity. The mental health consequences, and thus support needs, in the aftermath of sexual violence also require specific attention. Though the specific standards for child victims were beyond the remit of this project, they may need to be consulted if services are available to minors.

⁴⁵ Recommendations of EU-Expert Meeting in Jyväskylä (1999), Recommendations for good practice in developing programmes for perpetrators of domestic violence.

⁴⁶ Whereas perpetrators could seek treatment for substance misuse, behavioural problems elsewhere at a different stage or at the same time as enrolling on a Perpetrator Programme – the Programme itself is not the place to provide such treatment.

⁴⁷ EU Conference on Violence Against Women Cologne (1999) Expert Forums Recommendations.

Rape Crisis Centres

The only European sources for standards were the Council of Europe Group of Specialists report of 1997⁴⁸, the Irish Rape Crisis Network and the United Kingdom. Standards include safety assessments including in crisis situations, for example, suicide attempts and self-harm. Some standards stress service user control of contact, whereas others (primarily from the United States of America and Australia) promote pro-active follow up “to ensure continuity of care, safety and access to support during the crisis period.”

Access and availability standards are far more difficult to achieve for Rape Crisis Centres, which are less well resourced than shelters, and often rely on volunteers to operate helplines. Current research in the United Kingdom shows that, apart from Scotland, the number of Rape Crisis Centres has declined, and many of those remaining are ‘fragile’. Resource poor local contexts mean many can only offer skeleton services (Coy, Kelly and Foord, 2007).

Sexual Assault Centres/Specialist Health Provision

Standards for this layer of provision were sourced from the World Health Organization, Australia, United States of America and the United Kingdom. At European level, health professionals dealing with sexual violence were referred to at the EU Jyväskylä Expert Forum, which recommended that medical professionals be trained in conducting medico-legal examinations. The WHO standards⁴⁹ were more extensive, albeit that the forensic details are beyond the scope of this study⁵⁰.

New themes here are the importance of informed consent, and service users being afforded control over decisions with respect to forensic/medical examinations, reporting, treatment, referral, and content of medical records. Training of professionals needs to stress the service user’s right to be treated with dignity, her right to receive adequate health services – including post-coital contraception, HIV prophylaxis, and where needed and wanted, abortion. Ideally all examinations and treatments should take place in a single specialist location.

*Victims of sexual assault shall receive the same standard of care regardless of the circumstances of the sexual assault.*⁵¹

An essential standard linked with safety and dignity is that medical practitioners should be female. Several respondents also noted that there should be no charge for examinations or medical reports. WHO guidance further provides that the certificate should entitle the service user to make a criminal complaint or claim compensation for up to 20 years after it is issued (allowing her considerable time to choose whether or not to use it. Whilst specialist centres are not possible in rural or sparsely populated areas, there are examples internationally of peripatetic services, often staffed by forensically trained nurses (Kelly, 2008).

⁴⁸ Council of Europe, Group of Specialists for Combating Violence against Women, *Final Report of Activities of the EG-S-VL including a Plan of Action for combating violence against women* (Strasbourg, Council of Europe, 1997).

⁴⁹ WHO (2003) *Guidelines for medico-legal care for victims of sexual violence*, Geneva; WHO/UNHCR (2004) *Clinical Management Of Rape Survivors; Developing Protocols for use with refugees and internally displaced persons*, Revised Edition.

⁵⁰ Guidance on forensic practice has also been produced by Ireland, Department of Health and Children (2006) *Rape/Sexual Assault: National Guidelines on Referral and Forensic Clinical Examination in Ireland*, Dublin, <http://www.icgp.ie/index.cfm/loc/6-14-3/articleId/17E8DE25-A6A3-02CA-3DCDBB88C6767C80.htm>.

⁵¹ NDCAWS/CASAND (2005) *North Dakota Sexual Assault Medical Standards Of Care* (North Dakota Sexual Assault Medical Standards Committee and North Dakota Council on Abused Women’s Services/ Coalition Against Sexual Assault in North Dakota).

OTHER SERVICES

In this section standards relating to services that are not violence against women specific are summarised. Helplines, for example, may address all forms of violence against women, domestic or sexual violence.

Helplines

Very few standards were identified specific to helplines, and they came from European level recommendations, and American domestic and sexual violence models. Only two countries had separate standards for helplines (Hungary and the Ukraine). Current proposals emphasise the themes of availability, confidentiality, information and referral.

Advice and Advocacy

These forms of provision are often integrated into the work of shelters, helplines, Rape Crisis Centres and Sexual Assault Centres, but are also increasingly becoming specific community based services, in the case of the United Kingdom attached to Specialist Domestic Violence Courts (Cook et al, 2004) and in Spain in community based Women's Centres.

European level recommendations include that legal advice should be provided without charge, but the primary sources for advocacy standards came from a United Kingdom domestic violence NGO⁵² and rape crisis networks beyond Europe. A key standard was that any advocate should act independently of the criminal justice system, other statutory body, and focus on safety.

Counselling

NGOs that specialise in counselling have specific standards in at least three member states (Austria, United Kingdom, "the former Yugoslav Republic of Macedonia"), but again most identified in the literature review were American and Australian. There are also professional standards for qualified counsellors in many countries, but these are outside the remit of this study.

The key principles of confidentiality and an empowerment or "victims rights models" were emphasised, with varying models for assessment and provision of short and longer-term engagements. The availability of services was entirely dependent on funding, with some services having to limit provision to 10 sessions, and some reporting unacceptable waiting lists. Standards sourced from North America recommend individual action plans be developed with the service user, which specify the key issues to be addressed⁵³.

Outreach

Standards for outreach were only found within a North American source⁵⁴, and these comprised variations on the already identified key themes. Outreach is a key method of reaching service users who would otherwise have difficulty in accessing any support, for example, women with disabilities, women in prison, women who sell sex⁵⁵.

⁵² See also CAADA, <http://www.caada.org.uk/>

⁵³ South Carolina Coalition Against Domestic Violence and Sexual Assault (undated) *Service Standards and Outcomes for Sexual Assault Centres*.

⁵⁴ Ibid.

⁵⁵ There are protocols for outreach with women who sell sex created by EUROPAP, they are not, however, specific to violence against women.

Law enforcement

Whilst not originally considered a key part of this project, the stress by focal points and NGOs on standards for law enforcement agencies has led to this being included. The literature review also resulted in identification of a considerable number of European recommendations focused on police, prosecutors, judges and magistrates: with the twin concerns of the treatment of victims and the principle of holding perpetrators to account predominating. Again, the majority of European standards are oriented towards domestic violence. The core themes identified are outlined below. We build the proposed standards out of these accepted principles of good practice.

- violence against women offences should be treated at least as seriously as other violent offences. Some suggest further that assaults by an intimate/household member should be considered an aggravating factor⁵⁶.
- Justice system personnel should be trained on all aspects of violence against women.
- European Recommendations from the late 1980s suggested that there should be at least one specialised officer per police unit, for domestic violence and for sexual violence⁵⁷. The Austrian Model of Intervention proposes the creation of specialist investigation units.
- Whilst there is widespread support for ending the impunity which has protected most perpetrators from legal sanction, there is a potential conflict between compelling an unwilling victim/witness to testify and the principles of empowerment. The Baden Expert Conference December 1998 recommended that:

Criminal proceedings should, to the greatest possible extent, take into account the interests of victims of violence, with a view to encouraging them to participate in the proceedings voluntarily as active parties.

Guidance for prosecutors in the United Kingdom is helpful here.

The decision whether to compel a victim of domestic violence to attend court against their wishes requires great sensitivity and discretion. In many cases of withdrawal, compulsion will not be appropriate. A compelled witness is likely to become hostile to the prosecution and either refuse to testify, or give an account that undermines the prosecution case. It is important that Crown Prosecutors are able to identify those cases in which compulsion is appropriate. In order to do so, they should ensure that their decisions are informed by the views of the police on the victim's likely reaction to compulsion, including her views on the possible risks to her safety⁵⁸.

- Protection orders requiring perpetrators to leave the household, especially where they can be actioned by police attending, are core to enhancing protection and safety.⁵⁹ The Stocktaking study notes:

When the power to evict is reserved to prosecution authorities or the courts, the purpose of the measure – immediate temporary safety – is defeated, and barring orders are rarely issued at all. Rights of men accused of violence can be secured by requiring that police orders be routinely approved by a relevant authority within

⁵⁶ See, for example, EU Jyväskylä Expert Forum, Austrian Models of Intervention.

⁵⁷ EU Resolution on violence against women, 1986 EU Baden Expert Conference December 1998.

⁵⁸ Home Office (Undated) *Domestic Violence: Break the Chain- Multi Agency Guidance for Addressing Domestic Violence*.

⁵⁹ Council of Europe [Rec (2002)5], EU Cologne Expert Forum and Logar, 2005 (Austrian Models of Domestic Violence Intervention).

three days, or by rapid judicial response to any complaints. (Stocktaking study, 2006, p. 38).

The United Nations CEDAW Committee, reviewing a case referred under the optional protocol, has ruled that: *Women's human rights to life and to physical and mental integrity cannot be superseded by other rights, including the right to property and the right to privacy*⁶⁰.

- Justice agencies should co-ordinate with, and refer to, specialist violence against women support services. Where the police act as the initiators and funders of co-ordination, they must ensure that the expertise of women's NGOs is placed at the centre (Logar, 2005).
- Discriminatory legal provisions with respect to evidence in sexual assault cases should be removed, and rape defined in law as a crime against sexual autonomy.
- Rape in marriage should be a criminal offence.
- Perpetrators should be brought to justice as speedily as possible, within the rule of law⁶¹.
- Advocates who support victims through criminal process should be permitted and promoted, offering a simple route of keeping someone up to date on the status of any legal case, and making it less likely that a complaint will be withdrawn.
- States should ensure that victims have a right to compensation.⁶²
- Procedural changes should ensure that victims are able to give their best evidence, through both limiting the number of times she has to repeat her story and providing a conducive context in which to give evidence to the court.⁶³
- The right to anonymity in the media.⁶⁴
- Ensuring that the letter, procedures and practices of law are non-discriminatory – with respect to gender and its intersections with other inequalities, such as disability and migrant status.

POTENTIALS AND CHALLENGES

In this section we report on the potentials and challenges of introducing regional standards. Interviewees thought that the absence of agreed European standards could be attributed to some combination of: lack of political will or interest in violence against women being relatively new or under- developed in their context.

It is easier for the government not to have standards, as then they do not have to give the shelters much money [Focal Point, Western Europe].

The shelters and NGOs have been very successful and the government have been happy that they are taking care of the problem [NGO, Western Europe].

NGOs repeatedly stressed the dangers of imposing standards on an already inadequately resourced sector; that this might serve to reduce capacity, and could even result in loss of services⁶⁵. The balance between government funding and autonomy of NGOs needs to be delicately negotiated within the framework of the Council of Europe Recommendation of the

⁶⁰ *A.T v Hungary* 2/2003, of 26 January 2005, 9.3

⁶¹ EU Austrian Presidency of the Council of the European Union (1998), Conference of Experts – *Police Combating Violence Against Women*, Baden.

⁶² EU Council Framework Decision of 15 March 2001 on the standing of victims in criminal proceedings, Official Journal L82.

⁶³ Ibid. also: EU Expert Conference (1998) Baden supra; EU European Parliament Resolution on Violence Against Women (1986) Doc. A2-44/86 OJ. C. 176; Logar (2005).

⁶⁴ EU Resolution on VAW (1986) *ibid.*

⁶⁵ WAVE Network Conference "Stop domestic violence against women" (18-20 October 2007), Vilnius/Lithuania, unpublished conference notes provided to this project.

Committee of Ministers to member states on the legal status of NGOs (CM/Rec (2007) 14), if standards are to maximise the extent and quality of service provision.

NGOs currently do not want to have State standards imposed on them because they are working well as they are. State social service standards related to children/ mothers and children are so low they would prefer not to use them or anything similar. [NGO, Eastern Europe].

There are also issues of state infrastructure that may prove to be local obstacles. For, example, two respondents identified the federal systems as barriers to common standards within the country. Governments need to consider innovative ways of overcoming these hurdles if they are to meet their international obligations. All international guidance supports NGO service provision, and they are undoubtedly best placed to continue providing services where they are already doing so competently. Sustainable funding, inter-agency partnerships and drawing on the knowledge and skills of violence against women experts make standards achievable. The decision as to who provides what services should not be an arbitrary, but a practical, one with the needs of the service user, competencies and powers of agencies the determining factor. It is, for example, clearly the responsibility of the state to deliver effective law enforcement: protection, prosecution and justice. Similarly, medical and health provision, social housing and social welfare are the remit of the state.

PART 4. DEVELOPING EUROPEAN MINIMUM STANDARDS

The vast majority of participants in this project supported framing standards in human rights terms, primarily because this approach foregrounded governmental obligations which required attention and action. One respondent commented that a human rights framework would prevent service provision from being consumed into social welfare policy. Some qualified their opinion by adding conditions to how human rights terms should be used:

Their use depends on the audience, and should only be used if within an easily understandable format [INGO].

For general standards only – this would be a good way of informing society of their rights/entitlements. But on the ground – at national social and legal systems there is difficulty in translating human rights and international standards/ norms. [Focal point].

Linking human rights norms with existing standards and strong support from interviewees produced the following foundations for standards:

- understanding violence against women as cause and consequence of inequalities between women and men
- confidentiality
- safety, protection and security
- working within an empowerment approach
- creating a culture of belief and respect for victims
- equitable access across geography and for excluded/disadvantaged women
- availability of crisis services 24/7
- recognition of children as service users
- holistic service provision

We explore some of these themes in more detail drawing on issues raised in interviews and explaining how these have been addressed in creating the proposed standards.

GENDERED UNDERSTANDING OF VIOLENCE

Our work starts with belief. [NGO]

United Nations and European policy documentation on violence against women have, for more than a decade, stressed that this issue needs to be addressed through a gender equality framework: that violence is both cause and consequence of the inequality between women and men. The extent to which this underpins service provision and is acknowledged by governments varies considerably across the region. This gendered perspective is the foundation of recognition of violence against women as a human rights issue, and as such is foregrounded as a core principle underpinning all standards. This framing has implications for both how violence against women is understood – that it is not the fault of individual women and that perpetrators should be held to account – and for how services are delivered.

...violence towards women is based on relationships of power and domination and the wish to control which stem from social structures that are themselves based on sexual inequality. There is no ambiguity in acts of violence: they are intended to maintain the unequal relationship between men and women and to reinforce women's subordination. Membership of the female sex is at the basis of this violence and the majority of

*societies tolerate it*⁶⁶.

Male violence against women is a manifestation of the historically unequal power relations between men and women and a reflection of existing gender relationships in society and in politics. It must therefore be regarded primarily as a social and political problem. Women's refuges need to ... create awareness of the social, historical, cultural and political framework that fosters male violence. Activists seek to give women and children a voice to speak out against violence. Society has to make perpetrators responsible for their actions. The feminist principles as implemented in the refuge should demonstrate ways for women and children to free themselves from violence. (WAVE, 2004 - Manual for Refuges para 3.2.1).

Some interviewees connected creating a 'culture of belief' as an important expression of this understanding, given the many ways in which women and children's word has been denied and questioned. Some expressed this in other terms: "*trying to remain neutral about what has happened means running the risk of tolerating violence*"⁶⁷.

A CULTURE OF EMPOWERMENT

A recurrent feature in the standards literature and emphasised by many interviewees was that support services should empower service users. The underlying principles here are respect for her integrity, the provision of information and support that enables her to make informed decisions, and access to provisions that offer the potential for undoing the harms of violence. An empowerment philosophy takes as its point of departure recognition that inherent in violence against women is being subjected to the power and control of another human being, being treated as worth less than others. Legacies of victimisation include damage to one's sense of self, trust in and connections to other human beings. There are many ways to create cultures of empowerment, beginning with the language we use to name and make sense of violence, and spanning the environment of service provision and possibilities to avoid social exclusion through employment and vocational training. Empowerment is also evident in processes for participation and consultation: many NGOs have structures which invite service users to, at minimum, give feedback on service provision, and at maximum once they have moved on to join organisations and advocate for other women.

The proposed standards address all these aspects of empowerment.

CONFLICTING PRINCIPLES

Safety and confidentiality were the two practice-based standards most frequently identified. One focal point noted early in the research that there could be tensions between confidentiality and other core principles, and this was further explored with other respondents. Most service providers reported that information is not passed on to any other person, organisation or authority without the permission of service user. A tension for many was situations where women declined legal protection whilst the service regarded them as in need of it. This becomes even more complex where child protection was at issue, since in some states service providers are legally obliged to report if a child is at risk. Beyond this, there is a debate over the correct protocols to be followed. Many NGOs have made confidentiality an absolute, especially where law enforcement has historically failed to

⁶⁶ Committee on Equal Opportunities for Women and Men report to the Parliamentary Assembly of the Council of Europe on Violence against women in Europe Doc. 8667 5 March 2000, Explanatory Memorandum para 9.

⁶⁷ Logar, R. (2006) *Bridging Gaps - From good intention to good cooperation*, WAVE, Vienna p. 27

implement effective protective measures. To make an official report means that the giving of consent goes beyond a relationship of trust in the service provider – and extends to placing trust in law enforcement and other authorities. But state agencies also have to be ‘trust worthy’ and across much of Europe law enforcement and the courts still have a long way to go in this respect. In the meantime NGOs face decisions where concerns for the life of service users is in tension with confidentiality principles.

The confidentiality standards negotiate, but do not resolve, this dilemma.

HOLISTIC SERVICE PROVISION

A specific question probed the issue of holistic services and the majority of respondents supported this kind of provision, with some qualifying this as not applicable to all services. Some were eloquent about the difference it makes to women.

The current system is not working, in fact it can raise a false hope in victims that they will be taken care of. It's like providing the operation but not providing the antibiotics afterwards. In fact it can be more dangerous to have an operation if there is no aftercare. In the current system women are encouraged to make first contact and access initial support, after which they are left on their own. That can make the situation more dangerous because if they knew they would only receive short-term help they would assess their own risks in a different way [NGO].

There was a difference of opinion as to whether the specialist NGOs should provide all the services women need, or whether this was the role of, and reason for, inter-agency networks.

Holistic services need not all come from the same organisation. The community must be organised to provide a holistic perspective, to work in community coalitions. They must agree on proceedings, strategies, common grounds, common definitions and frameworks within local communities [NGO].

Holistic provision to all women by individual services, taking into consideration their needs but without creating separate services for specialisms. Guidance can be created separately for women with special needs, but it is most effective for assistance to be provided from one centre [Focal point].

The main barrier to the development of holistic responses was the under-resourcing of specialist NGOs. Holistic provision is included as a core principle, but without specifying how this is to be achieved in local contexts.

ACCESS AND NON-DISCRIMINATION

The fact that services are not distributed equitably across the landmasses of states creates inequity of access to protection, support and justice. The insufficiency of services has the same impacts; meaning, for example, that even if one lives in a capital city there may be no refuge space, or a long waiting list for counselling. Proposals are made with respect to minimum standards for the distribution and extent of services in order to ensure that all women can access support where and when they need it.

Access remains a problem for specific groups of potential service users. For example, in some European countries migrant women, in principle, have access to the same services, but unless their additional needs – for translation, legal advice on immigration status and

asylum law, understandings of harmful traditional practices – are met, access is not equitable. Many interviewees made the point that migrant women's additional needs meant they needed longer interventions, including shelter stays, with considerable resource implications. Resources were also key in providing services in rural areas and for women with disabilities.

A standard for equitable access is little more than rhetoric when there is no funding to enable NGOs to achieve it. It is in recognition of this that some of the specific proposals have been deemed aspirational. At the same time it should be taken as read that all service providers should aspire to exceed minimum requirements.

CHILDREN AS SERVICE USERS

Most responses here focused on children living with domestic violence, and the importance of shelters making appropriate provision for them. We have included standards drawing on children's rights to reflect this, most of which constitute existing practice in some shelters. We also refer in places to child protection issues, but recognise that there is a different legal framework for children in most states, which has not been integrated into this document. The overlaps between violence against women and child abuse needs more elaboration – both in terms of the kinds of abuse girls are subjected to and the co-occurrence of domestic violence and child abuse (Kelly, 1996).

INTER-AGENCY CO-OPERATION

One interview question asked what ideal integrated service provision would look like. Some found it difficult to describe something, which, for them, was currently little more than a dream. Many made reference to multi-disciplinary and/or inter-agency working, interestingly locating it not in the roles and responsibilities of agencies, but the needs and rights of service users. One used the image of a spider's web with the service user at the centre, with agencies weaving a close and interconnected web of protection and support around her. Another talked of a safety net that came into play at the first point of contact. It is not necessary for agencies to agree on everything in order to do this, merely to have protocols or memorandums of understanding, which specify common aims, working definitions and principles of co-operation. Others envisioned national level co-ordination that both reflected local arrangements and served to spread and endorse more coherent and consistent approaches.

Enabling first responders, most of whom will not be specialists, to listen, validate and then make appropriate referrals was another recurring theme, often connected to the importance of integrating violence against women into all professional training. Holistic service provision, 'one stop shops' and 'one stop people' were other ways inter-agency work could be developed and promoted. The role of intervention projects was also referred to.

Multi-agency initiatives are a relatively recent development so a variety of models are being explored. Their primary role has been to address the frequently noted lack of co-ordination between agencies. One area of consensus was the importance of the specialist violence against women sector being equal partners in such efforts at local and national levels.

All of these issues are addressed in the proposed standards.

LONG-TERM SUPPORT NEEDS

Some women have complex histories of multiple abuses, and others complex situations which need to be resolved. These individuals need support over longer time periods than crisis provision allows for. Restrictions on length of stay in shelters, numbers of counselling sessions or length of engagement by an advocate will be inadequate to their needs. Ensuring that service users are not left vulnerable, and that services are available to meet their needs was an important principle for many NGOs and focal points. Ideally, services should aim to provide assistance for as long as it is needed, but this in turn leads back to resources and sustainability.

THE DRAFT PROPOSALS

Drawing on all the materials gathered in the first phases of the project, and mindful that too complex standards were likely to be ignored, a draft set of basic principles and standards covering the distribution and practice foundations of a range of types of service provision were presented at the conference in Strasbourg in December 2007. This draft was also the basis of the online consultation that took place January. The next section reports on the outcomes from that process.

THE ONLINE CONSULTATION

Overall the standards project was strongly welcomed: 95 per cent expressed support for the draft standards – with over half stressing the clear principles and more than a third (39%) thinking that they would improve service provision. A specific question on the overarching principles showed overwhelming support (93%) for them, with only eight suggested amendments.

Probably the most contentious section of the standards is that designating basic levels of provision, since there has been limited international and national guidance on these issues, and even less consensus. This was the first attempt to make such comprehensive suggestions, since the only widely accepted previous standard referred to shelter places. We are also conscious that states are at very different points in the development of support services. Just under two-thirds (60%) supported the proposals, with almost a tenth thinking they were too high (there would be too few services) and a fifth (20%) wanting to adjust some and not others. Most concerns centred on the proposal for shelters, which were somewhat different than those which have been cited previously. The comments led us to reinstate the previous recommendation, in order not to create confusion.

Table 3 below outlines the support for the sections on the standards that apply to specific services and the numbers of proposed amendments. Reflecting the more limited provision of sexual violence services a higher proportion of participants (20%) responded that they had no knowledge of this form of provision.

Table 3: Support for proposed standards through the online consultation

Standards	Level of support	Proposed amendments
Core standards	82%	08
Helplines	80%	14
Shelters	73%	19
Advice and Advocacy	84%	16
Counselling	82%	14
Outreach	83%	08
Intervention projects	71%	15
Rape Crisis Centres	76%	09
Sexual Assault Centres	63%	06
Law enforcement	83%	13
Perpetrator programmes	70%	16

We can conclude, therefore that there is widespread support for the standards. We have already outlined the process by which proposed amendments were assessed and that we have made a number of adjustments. More extensive comments on the potential gains and dangers of minimum standards reveals that there are a number of caveats, and necessary conditions to be met if the benefits to NGOs, service users and states are to be realised. We now turn to these.

BENEFITS, DANGERS AND REQUIREMENTS

The clearest gains for NGOs were thought to be improvements in the quality of services and accessibility (n=17), assistance in negotiation and lobbying with governments (n=14) and guidelines for the expansion/creation of new services (n=10).

... provided that the standards are adopted and applied in individual countries - acknowledgment of their work and know-how, sufficient funding by the State will enable NGOs not to concentrate on their survival, but develop services further⁶⁸.

...for all parties: it makes policy more measurable and more uniform and equal treatment for all involved.

It will differentiate specialised and quality organisations which are dealing with the issue from those, who are focused on different topics and just take domestic violence as a part of their agenda for fundraising.

For service users the primary gains were considered to be improved and consistent support services (n=27), and the enhanced availability of specialised services (n=10).

The victim will benefit from the universal and standardised application of these criteria in whichever service they turn to.

Minimum standards will ensure that the victims will get equal services all over the country.

Victims can expect a minimum level of quality around a federal country, no matter

⁶⁸ Because the consultation data was collected online, and was anonymised, we have been unable to produce data that identifies the individual who makes each statement, in contrast with data collected by interview/questionnaire.

which regional authority is in charge.

...safeguarding of professional, gentle, regardful and holistic aid.

The knowledge that they are being provided services by well trained, well supervised staff who understand the issues and will respond appropriately and sensitively to their needs.

... the modelling of respect, human rights and power utilised in a non-abusive way.

There was less consensus on the gains for governments, with guidance of various kinds the most common theme.

... knowledge of good quality service provision encourages the government to fund services and reassures the electorate.

... better results in fulfilling obligations to protect and support victims and in the long run better results in preventing and eliminating violence against women.

They provide a framework against which to measure progress in improving gender equality/ending violence against women.

Whilst a large number (n=14) thought there were no dangers for NGOs, slightly more were anxious that without resources it would not be possible to attain the standards (n=18), and a further nine worried that groups operating effectively currently could be closed if they failed to meet externally imposed standards.

... no capacity or resources to meet the standards. Competing with services that do have them.. Stretched to capacity trying to meet them and collapsing under the pressure, resistance from front line workers.

To be overweighed with the obligations of them without the necessary support of Governmental sector.

... overstretched and under-resourced services will have funding cut or be closed down for failing to meet standards that they do not have the resources to meet.

By far the largest response with respect to service users was that there were no dangers for them (n=19). Others worried that bureaucratic non-resourced standards would result in closures – less rather than more services.

If NGOs can't demonstrate they meet standards, States may cut services - is half a service better than no service?

The biggest danger for governments was a failure to find the funds to implement the standards appropriately (n=14), with a significant minority concerned that states with high standards currently might level down, the minimum becoming a maximum (n=10).

Government may be unable to provide financially to enable services to meet the standards. [Then] opting for cheap, unspecialised service options in order to meet national targets.

They may see the task as impossible and therefore avoid tackling it at all. Standards should be backed by a 'step by step' action plan toolkit!

Participants in the consultation were asked how the Council of Europe could maximize the benefits whilst minimising the dangers. There was considerable support for developing a strategy to encourage states to adopt and implement the standards, and for a monitoring system (n=17). There was no agreement on the status of standards, with some opting for mandatory status and/or time lines (n=9) and others for them to be only guidance (n=4).

Stress that all victims have the right to protection and adequate support and that this can only be guaranteed by a well co-ordinated, comprehensive policy on violence against women at all levels and by providing adequate resources to service providers; you can not get good quality standards without adequate resources; not to invest in good quality services and effective protection and support in the long run costs more to society. Member states should also be made aware that women's NGOs are, besides providing excellent services to survivors, often very committed and engaged in social change and that by funding women's NGOs actively engaged in social change, governments get "more" for the money, than just good services.

Minimising dangers...ongoing campaigns such as the present one to continually prioritise the issue of violence against women on the political and public agenda of member states.

By making the standard a signatory obligation by member states whilst at the same time establish a system of independent evaluation, updating and referral with the participation of victims, NGOs and governments.

Demonstrate leadership by publishing standards, but make it possible for states and NGOs to actively engage with the challenge of meeting the standards, for example by developing a toolkit that assists with breaking the standards down into more manageable chunks. Set a reasonable timescale for achieving targets/milestones.

Developing comparative studies and monitoring the level of implementation of Council of Europe recommendations by the member states, thus identifying progresses and obstacles met and disseminating best practices and ways to overcome the identified barriers.

Further specific proposals were to open a discussion with ministers and parliamentarians, and developing an implementation guide.

PART 5. SETTING THE STANDARDS

Creating regional service standards, especially with respect to the mix and extent of provision is important for a number of reasons, not least the ability of states to fulfil their positive human rights obligations. It is common sense, but also confirmed by recent international case law, that this necessitates there being sufficient services, capable of providing immediate protection, ensuring access to justice, rehabilitation and prevention of violence, for all who need this, and across all forms of violence against women. There is also a responsibility on states and NGOs to ensure that all women have equitable access, and that services work to similar practice principles that enable women not only to end violence, but also to undo its harms and realise their rights to justice.

One of the reasons given for the development of shelters across Europe has been that domestic violence is the most common form of violence against women. It is undoubtedly the most researched across Europe, but recent surveys in Germany and France have both found that sexual harassment is significantly more prevalent in women's lives⁶⁹. Whilst studies of sexual violence are not common across Europe, those that have been conducted find that one in four women have been sexually assaulted in childhood and/or adulthood (Hagemann-White, 2001). This data provides strong support for the need to enhance services addressing sexual violence across Europe, as does the data which shows falling prosecution and conviction rates for rape across much of Europe (Regan and Kelly, 2003).

The Ninth WAVE Network Conference *Stop Domestic Violence Against Women* held in October 2007 discussed common standards for service provision, but concluded that the diverse contexts of NGOs precluded agreement. In previous sections we have outlined some of these variations, and been mindful of them throughout this project. Our point of departure has been that international law already provides the foundations for standards rooted in women's human rights. At the same time, agreeing and implementing standards at national levels must be a process of negotiation between governments, the specialist violence against women sector and other key stakeholders. Within this the continued independence of NGOs, their ability and capacity to innovate is critical. The Committee of Ministers of the Council of Europe recently set out a position on NGOs that is useful here, it promotes self-regulation⁷⁰ and outlines the rights and freedoms which civil society organisations should enjoy⁷¹. These should be the basis on which such negotiations take place.

The proposals on minimum standards for Europe reflect these concerns, and are those that garnered the widest consensus during the project. They are the outcome of the processes described in this report, and are divided into three sections: overarching principles; the minimum levels of provision that should be available; and practice standards for specific services. We present some further discussion of the first two sections here. The practice

⁶⁹ Schröttle, M. and Müller, U. (2004) Health, Well-Being and Personal Safety of Women in Germany: A Representative Study on Violence Against Women In Germany, and Jaspard, M., et al (2003)[Violence Against Women in France: a National Survey.

⁷⁰ Recommendation CM/Rec(2007)14 of the Committee of Ministers to member states on the legal status of non-governmental organisations in Europe (Adopted by the Committee of Ministers on 10 October 2007 at the 1006th meeting of the Ministers' Deputies), see paras. 9 to 10.

⁷¹ In particular NGOs should: enjoy the right to freedom of expression and all other universally and regionally guaranteed rights and freedoms applicable; not be subject to direction by public authorities; ensure that their management and decision-making bodies are in accordance with their statutes but otherwise be free to determine how to pursue their objectives. NGOs should not need any authorisation from a public authority in order to change their internal structure or rules; should be consulted during the drafting of primary and secondary legislation that affects their status, financing or spheres of operation. Further governments and state level organisations are urged to engage in open and ongoing dialogues with NGOs.

principles are self-explanatory and are organised with respect to the type of service they refer to, for example, shelters, helplines, rape crisis centres, and outreach.

THE OVERARCHING PRINCIPLES

We have drawn heavily here on the ongoing standards project in England. NGOs across the domestic violence and sexual violence sectors have agreed these as common foundations for all of their work. They combine human rights thinking and the practices which NGOs have developed, championed and proved effective in supporting women in the aftermath of violence. They can be adapted and applied to work undertaken within state agencies, and indeed internationally recognised good practice is invariably based on these orientations. They are presented here, in order that readers can see how they integrate themes and address concerns from previous sections. A brief explication of how each principle would be discernable in practice is included.

Working from a gendered understanding of violence against women

Services demonstrate an appropriate, and informed approach, relevant to their service users, which recognises the gendered dynamics, impacts and consequences of violence against women within an equalities and human rights framework, including the need for women only services.

Safety, security and human dignity

Services ensure that all interventions prioritise the safety, security and dignity of service users and of staff.

Specialist services

The knowledge and skill base of staff, and forms of provision, are specialised; that is appropriate and tailored to the specific needs, which may be complex, of service users.

Diversity and fair access

Services respect the diversity of service users and positively engage in anti-discriminatory practice. Provision should be available free of charge, equitably distributed across geography of the country and crisis provision available 24/7.

Advocacy and support

Services provide both case and system advocacy to support and promote the rights and meet the needs of service users.

Empowerment

Services ensure service users can name their experiences, are familiar with their rights and entitlements and can make decisions in a supportive environment that treats them with dignity, respect and sensitivity.

Participation and consultation

Services promote service-user involvement in the development and evaluation of the service.

Confidentiality

Services respect and observe service users right to confidentiality and all service users are informed of situations where that confidentiality may be limited.

A co-ordinated response

Services operate within a context of relevant inter-agency co-operation, collaboration and co-ordinated service delivery.

Holding perpetrators accountable

Services work from the twin foundations of belief and respect for victims and that perpetrators should be held accountable for their actions.

Governance and Accountability

Services are effectively managed, ensuring that service users receive a quality service from appropriately skilled and supported staff.

Challenging tolerance

Services model non-violence internally and externally and use gender analysis to raise awareness, educate and undertake prevention work, both in communities and with individuals.

MINIMUM LEVELS OF PROVISION

These proposals draw on the only existing standards for shelters, supplemented by the need to enhance earlier access to support, provide equitable access and address the serious gaps with respect to sexual violence. We present them here in two layers:

1. Absolute requirements and;
2. Services which may be free-standing projects, **or** integrated into other services such as shelters or rape crisis.

We also suggest ways in which national contexts, including variations in the ways violence against women is addressed, can be taken into account when implementing the standards.

Required provision

Helpline	One national line covering all violence against women <u>or</u> one for domestic violence and one for sexual violence. The number of help lines should reflect the population size. In small countries one may be sufficient. For more densely populated states there should be at least one helpline in each region.
Shelters	One family place ⁷² per 10,000 of the population. There should be at least one specialist violence against women shelter in every province/region. The range of provision should also accommodate women with additional needs – migrant and minority women, women with disabilities, women with mental health and/or substance misuse issues, and young women needing protection from female genital mutilation, forced and child marriage, crimes in the name of honour.
Rape Crisis Centres	One per 200,000 women. There should be at least one centre per region. Given that Rape Crisis Centres support women who do and do not report, those assaulted recently and in the past, there need to be more of them than Sexual Assault Centres.
Sexual Assault Centres	One per 400,000 women, to enable ease of reporting recent assaults and ensure high quality of forensic and medical services

Services which may be independent or integrated

Many shelters and rape crisis groups provide support to many women through advocacy, counselling and outreach services. In other contexts these forms of support may be provided by separate organisations. In the case of shelters these services must be available to women not living in the safe houses for them to fulfil this requirement.

Advice/Advocacy	One per 50,000 women, enabling early intervention and access to legal and other support.
Counselling	1 per 50,000 women, to provide longer term support to address the consequences of violence against women. There should be one violence against women specialist counselling service in every regional city.
Outreach	To address the largest local minority groups, women with disabilities, and other under-served groups.

There are few, if any, states that could claim to be close to the sexual violence provisions, and only a few in Europe have reached the shelter standard. In this context it is unrealistic to expect these requirements to be met in the immediate future. What states should be expected to demonstrate is a direction of travel – that they have a plan for how current deficits are to be addressed, and that the extent of provision and its equitable distribution is increasing year on year.

⁷² A “family place” requires a bed space for the mother and the average number of children in the country (See Glossary at Annex 1).

Contexts where provision for protection, justice and support has taken a different trajectory, or where additional services are provided needs to be taken into account. States can make an evidence based argument for how they are meeting the standards through alternative routes. Evidence here would need to include documentation of the extent of use of alternatives by women, and that this is increasing. It would not be acceptable, for example, simply to assert that currently relatively few women report sexual violence, since this could be the result of a lack of provision and/or a failure to create a context in which women are confident to seek help.

If we begin from the most common form of provision, shelters, it would be possible to argue that there is a need for less shelter places **if** there are increasing numbers using protection measures, accompanied by increases in prosecutions and advocacy interventions **and** excess capacity in existing shelters. The latter is crucial, since the other measures might increase need for shelter provision, rather than replace it. The case of Austria is instructive here, where the removal law and Intervention projects have expanded women's options, and they have already reached the minimum standard for the number of shelter places. Yet, shelters are still not able to accommodate every woman requesting their services.

An argument that there is less need for all violence against women services can only be sustained if at least two successive prevalence studies, undertaken to internationally recognised academic standards, show a marked trend of lower than average across Europe, or falling, rates of violence against women in the last twelve months.

PART 6. SUMMARY AND RECOMMENDATIONS

We return here to the three aims of this study and make a small number of recommendations on how the standards project can be taken forward within the Council of Europe and member states. We summarise our findings under each of the aims in turn.

What services should be available, and their distribution in terms of populations and geography?

This study has explored violence against women in the round, with the exception of trafficking, not just domestic violence. This framing opens up the debate about what services should be available, since a deficit of sexual violence support services was identified across much of Europe, as was limited provision with respect to harmful cultural practices. Even the provision of shelters, the most available service, was considered insufficient in most countries. Earlier intervention across all forms of violence against women can take place through the provision of helplines, advice and advocacy projects. At the other end of the spectrum counselling offers those who have sustained harm the opportunity to address these legacies and rebuild their sense of self and connections to others. All of these resources should be available to women if international obligations on violence against women are to be met. We also argue that effective law enforcement and expertise in forensic examinations are critical components of a holistic response.

Ensuring equitable access to support has two layers to it. Firstly, extending provision across the geography of states, and ensuring the availability of services that can function across a landmass, such as helplines. Secondly, there are specific groups of women who have additional needs, which must be addressed if they are to access support. Some of these groups – rural women, women with disabilities and migrant women – are specifically mentioned in international documentation. Others, including minority populations, women in the sex industry, women in prison and women with mental health and substance misuse issues, have been identified through NGO practice. Creating access for these groups may require specialist provision – such as the shelters and advocacy projects for Black and Minority women in the United Kingdom – or the adaptation of existing services. Outreach into under-served groups of women ensures that they are aware of their right to support and what services are available.

A series of proposals with respect to the distribution of services have been made, with the aim of ensuring the appropriate mix of services and equitable access across populations.

Who should provide services?

The majority of the support services explored in this study should be provided by specialist women's NGOs, which have proved the most responsive and effective in enabling women to realise their rights to live free from violence and overcome its debilitating effects. Throughout this report we have emphasised that in order to fulfil their responsibilities NGOs need to have skilled and knowledgeable staff, sufficient resources and work within a set of philosophical principles. It is the responsibility of states to ensure that sufficient resources are made available to sustain NGOs in providing quality services to all women who seek support. Such resources should also enable NGOs to continue to innovate, including putting into practice recognised international good practices.

At the same time there are elements of any effective support system which are the responsibility of the state, and without which NGOs cannot operate effectively. The two

given most emphasis in this report are law enforcement and health services in the aftermath of sexual violence.

What minimum standards should be adopted across Europe?

The section which follows details the minimum standards which this project has identified as having the widest consensus, including with human rights jurisprudence, across Europe. In recognition of the extent of change that some of the practice standards for specific support services will require they have been divided into two sections: basic standards which all services must achieve, and aspirational standards which require more time and additional resources to make real.

Recommendations

The standards proposed here are on the one hand basic, and on the other a challenge to NGOs and states to make considerable investment in improving responses to violence against women. For the standards project to take root the Council of Europe will also need to invest in garnering political support, and taking implementation forward. To this end we make the following recommendations.

The Council of Europe:

- should adopt the standards and promote their adoption in member states;
- should monitor the extent to which the standards have been implemented through the stocktaking study;
- should produce a step by step implementation guide for the standards, offering advice on how states can demonstrate movement towards ensuring equitable distribution and quality of violence against women support services;
- should develop a template for a needs assessment – combining data on the prevalence of various forms of violence against women, current distribution of support services, the levels of use and unmet needs – which states should undertake to assess gaps in local contexts;
- should review progress and the standards themselves.

Member States:

- should adopt the standards through a process of negotiation with relevant NGOs and NGO networks;
- should produce a plan, covering at least five years, which outlines how they will implement the standards – this can be integrated into violence against women Plans of Action;
- should undertake an audit of existing service provision and a needs assessment as one of the first steps in implementation;
- should develop funding mechanisms to secure existing support services and enable their expansion to address identified gaps and ensure equitable distribution of services.

NGOs/NGO Networks:

- should examine their own practices with respect to the standards and adapt where necessary;

- should develop ways of documenting how they work from the overarching principles and implement the relevant standards in their work;
- should adopt the standards, promote their implementation and enable member groups to meet them;
- should engage constructively with state bodies to implement the standards in their local context;
- should report to the state and the Council of Europe any identified barriers to implementation of the standards.

PART 7. THE MINIMUM STANDARDS

Key themes and Overarching principles

Working from a gender analysis perspective

Services demonstrate an appropriate, and informed approach, relevant to their service users, which recognises the gendered dynamics, impacts and consequences of violence against women within an equalities and human rights framework, including gender equality and the need for 'women supporting women'.

Safety, security and human dignity

Services ensure that all interventions prioritise the safety, security and dignity of service users and of staff.

Specialist services

The knowledge and skill base of staff, and forms of provision, are specialised; that is appropriate and tailored to the specific needs, which may be complex, of service users.

Diversity and fair access

Services respect the diversity of service users and positively engage in anti-discriminatory practice. Provision should be available free of charge, equitably distributed across geography of the country and crisis provision available 24/7.

Advocacy and support

Services provide both case and system advocacy to support and promote the needs and rights of service users.

Empowerment

Services ensure service users can name their experiences, are familiar with their rights and entitlements and can make decisions in a supportive environment that treats them with dignity, respect and sensitivity.

Participation and consultation

Services promote service-user involvement in the development and evaluation of the service.

Confidentiality

Services respect and observe service users' right to confidentiality and all service users are informed of situations where that confidentiality may be limited.

A co-ordinated response

Services operate within a context of relevant inter-agency co-operation, collaboration and co-ordinated service delivery.

Holding perpetrators accountable

Services work from the twin foundations of belief and respect for victims and that perpetrators should be held accountable for their actions.

Governance and Accountability

Services are effectively managed, ensuring that service users receive a quality service from appropriately skilled and supported staff.

Challenging tolerance

Services model non-violence internally and externally and use gender analysis to raise awareness, educate and undertake prevention work, both in communities and with individuals.

PROPOSED MINIMUM STANDARDS

Standards have been developed in three different sections:

1. Levels of service provision.
2. Core minimum standards applicable to all types of services, for all forms of violence against women.
3. Service specific standards that detail minimum standards that apply to helplines; advice and advocacy; counselling; outreach; intervention projects; shelters/refuges; rape crisis centres; sexual assault referral centres; law enforcement and perpetrator programmes.

In each section the proposed standards are often accompanied by the details of “aspirational standards”. These are standards which are ideal, and for which there was much support amongst the literature review or respondents, but have been deemed too high to be achievable in the current climate across Europe. There may be Member States who are able to satisfy minimum standards in some areas, and these aspirational standards can serve as a guide to direct towards fully achieving their goals and fulfilling their international obligations in combating violence against women.

Where relevant, support for each minimum standard has been indicated by symbols (explained at the key below).

The overarching principles are not cited in the following tables, but they thread through all the standards (whether or not there is any specific support noted).

Key⁷³

Support:

Supported by NGO and Focal Point Respondents ♀ ▲

Supported by NGO respondents ♀

Supported by Focal Point Respondents ▲

Supported by several European documents □□

Supported by one or two European documents □

⁷³ Due Diligence; Beijing Platform (1995) para 124 Government action; “exercise due diligence to *prevent, investigate and, in accordance with national legislation, punish acts of violence against women, whether those acts are perpetrated by the State or by private persons*”; Committee on the Elimination of All Forms of Discrimination Against Women General Recommendation 19 11th Session 1992 para 9 “*Under general international law and specific human rights covenants, States may also be responsible for private acts if they fail to act with due diligence to prevent violations of rights or to investigate and punish acts of violence, and for providing compensation.*”

LEVELS OF SERVICE PROVISION

Service Type	Basic provision	Aspirational Standards	Support
Helpline	One covering all violence against women <u>or</u> one on domestic violence, one on sexual violence The number of help lines should reflect the population size. In small countries one may be sufficient. For more densely populated states there should be at least 1 helpline in each region.	Should always be answered by someone "live". Monitoring of extent of missed calls.	
Advice/ Advocacy project	One per 50,000 women		<input type="checkbox"/>
Counselling	One per 50,000 women This can include existing specialist violence against women groups such as shelters, rape crisis centres, and women's counselling centres, if they offer long term counselling/ group work. There should be one specialist violence against women counselling service in every regional city.		
Outreach	Should be reaching out to the largest local minority groups, women with disabilities,	Should be targeting women who have limited access to services, i.e. women in prison, mental hospitals etc	
Shelters	In member states where shelters are the predominant/only form of service provision, there should be one place per 10,000 of the population. In member states where shelters form part of a community strategy i.e. with intervention projects, etc there should be	Where the need is identified, shelter services should be available for victims of crimes committed "in the name of honour", forced marriages, female genital mutilation/cutting, child sexual abuse, and trafficking.	<input type="checkbox"/> <input type="checkbox"/>

	one family place ⁷⁴ per 10,000 women.		
	There should be at least one specialist violence against women shelter in every province/region.	<ul style="list-style-type: none"> • Provisions to be accessible to rural women. • Shelters should provide or make arrangements for free transport. 	
Rape Crisis Centres	One per 200,000 women		
	There should be at least one specialist sexual violence centre, specifically in the form of a Rape Crisis Centre per region.		
SACs (Sexual Assault Centres)	One per 400,000 women		

⁷⁴ A "family place" is for the mother and the average number of children (See Glossary at Annex 1).

CORE MINIMUM STANDARDS		
Basic Standards - Applicable To All Services	Aspirational Standards	Support
RESPECT & DIGNITY		
Service user has a right to be treated with respect and dignity at all times.	Face-to-Face contact should be within a safe, clean, and comfortable environment.	
Confidentiality must be guaranteed. Any written or spoken communication or other information containing anything that can identify the service user should only be passed on to others with the service user's <u>informed consent</u> . The only exceptions are: <ul style="list-style-type: none"> To protect the service user, when there is reason to believe that her life, health or freedom is at risk. To protect the safety of others, when there is reason to believe that they may be at risk. Confidentiality policies should be explained clearly to the service user before any services are provided.	All records should be kept locked and secure, only accessible by authorised persons. Services should have a policy for obtaining written consent to the release of confidential information, and staff must be trained on this.	♀ ▲ □
All services should begin from the twin principles of a culture of belief with respect to victims and accountability of perpetrators.		♀ ▲
SAFETY & SECURITY		
Safety and Security should be the paramount considerations. This refers to the safety of the service user, any children and vulnerable persons related to their case, and staff. Safety here is not just immediate physical protection, but psycho-social safety, including social inclusion.		♀ ▲ □
Crisis services should be available and accessible round the clock i.e. 24 hours a day, 365 days a year.	Services should be equitably distributed across geographic areas and population densities.	□

<p>Services should be holistic and user-led. The Service provider should be competent to:</p> <ul style="list-style-type: none"> • Provide what the service user needs or is requesting; • Where this is not possible, refer the service user to relevant services. 		♀▲
ACCESSIBILITY		
<p>Services should be available to all women. This may require outreach, adaptation of service provision to service user's needs, and the development of specialist services (i.e. for migrant, ethnic minority, or disabled women).</p>	<ul style="list-style-type: none"> • Interpreters should be trained to deal with violence and sign confidentiality agreements • Service Providers should ensure that their buildings and facilities are accessible for women with physical, auditory and learning disabilities. • Outreach should be undertaken with underserved/hidden (migrants, women with disabilities, lesbians, women in the sex industry) communities. 	♀▲ □
<p>Services should have anti-discrimination and equal opportunity policies with respect to staff and service users.</p>	<ul style="list-style-type: none"> • Services should be moving towards widening access • Links with services that provide specialist services to minority communities – building joint training and satellite services 	
<p>Services should be provided free of charge.</p>	<p>Where this is not possible, invoices should be subject to the clear condition that service provision would not be withheld on the grounds of the service user's inability to pay.</p>	♀▲ □
CHILDREN		
<p>Service providers should be mindful of the needs of children of service users and their specific responsibilities with respect to girls and young women.</p>	<ul style="list-style-type: none"> • Attached specialist provision for children/girls/young women. • Services should have a child protection policy and staff should be trained on it. 	♀▲
<p>Children should not be used as regular translators for their mothers.</p>		

STAFF		
<p>Staff should be appropriately qualified and trained:</p> <p>(a) Minimum initial training and a minimum ongoing training should be part of employment contracts;</p> <p>(b) Initial training should include understanding of the gendered dynamics of violence, awareness of the different forms of violence against women, anti-discrimination and diversity, legal and welfare rights;</p> <p>(c) This standard also applies to all relevant professionals in state and non-state agencies. Here, specialist NGOs should be used as trainers and paid appropriately.</p>	<p>Service providers should ensure they and their staff are up to date on current research and recognised good practice.</p> <p>Staff should receive regular supervision and support.</p>	<p>▲ □</p>
<p>Women's NGOs should be staffed by women, and other agencies should ensure availability of sufficient professional female staff, including interpreters, medical staff, and police officers.</p>	<p>Staff recruitment should reflect diversity</p>	
EMPOWERMENT		<p>♀ ▲ □ □</p>
<p>Services should be managed democratically. Both staff and service users should have opportunities to participate; ensuring that male dominance is not replaced by institutional dominance in the service user's decision-making processes.</p>		
<p>Service users should be informed of their rights i.e. what services they are entitled to receive, what their legal and human rights are.</p>		
<p>Service user's right to receive information and support should not be conditional upon making an official complaint, agreement to attend any kind of programme/group/service. Service users should have sufficient time to reflect on information in order to make informed decisions.</p>		
<p>All information, advice and counselling should be based on empowerment and victim rights models:</p> <p>(a) Informed consent should be obtained before any action or procedure is undertaken</p> <p>(b) All service providers should prioritise the best interests of the service user</p> <p>(c) It is the service users decision whether to make an official report to the police</p>		
<p>Service users should have the right to access their own records, including making comments and request that they be amended or updated.</p>		

PROVISION		
Services provided by NGOs should be autonomous, non-profit making, sustainable and capable of providing long-term support.		<input type="checkbox"/>
National and local governments should have funding streams for violence against women services.		▲ <input type="checkbox"/>
All services should be based in a gendered understanding of violence as a cause and consequence of women's inequality.	Service providers should engage in community awareness raising to change the conditions which make violence acceptable	♀ ▲ <input type="checkbox"/> <input type="checkbox"/>
Services should develop through attention to service user needs; actively seeking the views of service users and taking them into account should be a core part of regular monitoring procedures.	Services should; <ul style="list-style-type: none"> • have clear complaints procedures • seek funding to enable participation • seek external evaluation which prioritises the perspectives of service users 	
Services should develop guidelines for multi-agency cooperation.	Protocols and memorandums of understanding with key external agencies	
Data should be collected and maintained in a systematic way on service user demographics and nature of offences, in ways that do not violate the service user's rights to confidentiality.	Services should produce annual or bi-annual analysis of their users and their experiences.	

SERVICE SPECIFIC STANDARDS

The following service specific standards must be read and understood with the overarching principles and Core Minimum Standards, which apply across all service provision.

Service	Minimum Standards	Aspirational Standards	Support
HELP/ HOTLINES	Specialist staff to be trained to deal with all forms of violence against women.	Training should enable staff to provide assistance on the law, medical/health/counselling, financial matters, welfare rights, housing, and human rights. Services should create and maintain a database to enable accurate and appropriate referrals	
	Should provide crisis/emergency counselling/support.	Crisis support should be available 24/7	
	Should be advertised, listed in telephone directories, advertised in relevant agencies such as hospitals and health centres	Access should be developed in different languages and Braille.	
ADVICE & ADVOCACY	Advocates should have sufficient knowledge of other services, and staff should be able to provide information, advice and referrals on the following: <ul style="list-style-type: none"> • Support and health services; • Law enforcement; • Legal rights and remedies; • Welfare rights, education, job training; • Safe short-term, transitional and/or permanent housing; • Child care services and parenting education; • Child protection; • Alcohol and drug services; • Services for persons with disabilities; • Translation services and/or immigration assistance Asylum/immigration status.	Service Providers should maintain an up to date list of contacts on: <ul style="list-style-type: none"> • Criminal justice; • Local, state and national resources for complex legal issues, such as immigration; • Local lawyers, including pro bono, who work on violence against women. 	

ADVICE & ADVOCACY cont.	Advocate should be able to explain criminal and civil justice processes, reporting options, and the service user's rights.	Advocates should have working knowledge of the local law, court rules, and the local justice response.	
	Funding for Advocacy services should not be provided in a way that would compromise their independence.		<input type="checkbox"/>
		<ul style="list-style-type: none"> • In crisis work, especially for sexual violence, every service user should have access to an Advocate prior to any evidence collection or law enforcement interview. • Advocates should be able to respond to police and victim requests for assistance rapidly. 	
		Accompaniment to meetings with other professionals should be a core part of advocacy.	
		In cases of ongoing abuse, advocates should work with service users to create a safety plan. This should be regularly revisited and updated.	
		Holistic provision of services should include a helpline, drop- in sessions, self-help groups, case work, and long-term support.	
	Advocate's training should include a minimum of 30 hours and cover:		
	<ul style="list-style-type: none"> (a) A gendered analysis of violence against women; (b) Crisis intervention techniques; (c) Confidentiality; (a) Communication skills and intervention techniques; (b) How to make appropriate referrals (c) Information on trauma, coping and survival (d) An overview of criminal and civil justice systems; (e) An update and review of relevant state laws; (f) The availability of state and community resources; (g) Non-discrimination and diversity; (h) Empowerment. 		

COUNSELLING	Counsellors should make individual action plans with the service user addressing safety, support and practical needs.	A minimum waiting time for service users to receive counselling should be set.	
	Counsellor's training should include a minimum of 30 hours and cover: (a) A gendered analysis of violence against women; (b) Crisis intervention techniques; (c) Trauma, coping and survival; (d) Current understandings of well-being and social inclusion; (e) Confidentiality; (f) Communication skills and intervention techniques; (g) An overview of criminal and civil justice systems; (h) An update and review of relevant state laws; (i) The availability of state and community resources; (j) Non-discrimination and diversity; (k) Empowerment.		
	Referrals to other therapeutic services should only be to appropriately qualified professional who have specialist experience or training in the field of violence against women.		
	Access should be provided to both individual and group work.		

OUTREACH	Outreach should be undertaken with groups who are at risk of social exclusion or have difficulty in accessing services, as well as with minority groups; and materials should be produced in a format capable of reaching these groups.	<ul style="list-style-type: none"> • Outreach should be undertaken with identified individuals at risk of exclusion or who face difficulty in accessing services. • Enhanced outreach can mean co-location with other agencies in satellite offices and in churches, schools, and other community sites. 	
	Staff should be trained in cultural competence.	Translators should be appropriately trained and experienced.	
INTERVENTION PROJECTS	Should be conceived of as an Inter-Agency Partnership.	There should be clear protocols in place for data collection and information sharing between organisations.	<input type="checkbox"/>
	All interventions should involve partnerships with women's support organisations/ NGOs.		
	Co-operation of the police and the judiciary with the intervention project should be mandatory.	Service Providers should have a pro-active approach in both case and system advocacy.	<input type="checkbox"/>
	Other agencies should include at minimum health and social services.		
SHELTERS	Services in shelters should be provided by female staff.		<input type="checkbox"/> <input type="checkbox"/>
	The security of residents should be addressed through confidential addresses and/or through appropriate security measures and monitoring.	There should be a written policy on visitors (where they are permitted). This should include ensuring that visitors understand confidentiality	
	If there are insufficient places, or services are withdrawn – the Shelter should assist in finding a suitable safe alternative accommodation.	Any alternative accommodation should be evaluated for compliance with the Shelter's safety and confidentiality policies.	
	Refusal to provide or re-admit to services should ONLY be undertaken where serious breaches of rules have taken place, or for safety of women and children.		

<i>SHELTERS cont.</i>	Shelter support should be available for as long as the service user needs them.		<input type="checkbox"/>
	Staffing levels should be sufficient to meet the needs of current service users and children.		
	Crisis support and safety planning for each service user.	<ul style="list-style-type: none"> • Should provide information on the service user's rights & responsibilities (including confidentiality policies) within 24 hours of admission. • Rules should be presented in empowering language. 	
	A written needs assessment should be completed within 3 – 7 days of admission This should encompass: <ul style="list-style-type: none"> • Health/medical needs; • Children; • Housing; • Legal options; • Financial assistance and options; • Job training, employment, and education. 	Specialist shelter provision should be made for women who are substance abusers.	
	Should be able to provide (or make referral to) legal advice, advocacy, accompaniment and other support services.		
	Should provide assistance to ensure that service users have independent economic means when they leave the shelter.		
	Should have at least one qualified child care worker on the staff.	<ul style="list-style-type: none"> • One child care worker per 10 children • Safe play areas • Child protection policy 	<input type="checkbox"/>
	Shelters should model and promote respect and non-violence in all interactions including those between adults and children.		
	Where a place is unavailable due to the age of an accompanying male child – should assist in providing or	Any alternative accommodation should be evaluated for compliance with the Shelter's safety and confidentiality	

	finding an alternative safe place for the family.	policies.	
	Should assist in maintaining the child's education.	<ul style="list-style-type: none"> • Have protocol with local schools to address child residents' needs. • Have space and facilities for adolescents to do home work. • Should organise outings for children. 	
	Service users should have access to a telephone.		
	Both staff and environment should be culturally sensitive.	Communal areas should be accessible to disabled women and accommodating.	
	<p>Training for volunteers and staff working in shelters should be a minimum of 30 hours and cover:</p> <ul style="list-style-type: none"> (a) A gendered analysis of violence against women; (b) Communication and intervention techniques; (c) Confidentiality; (d) Child Protection (e) Accessing translation and disability services; (f) How to make appropriate referrals (g) Information on trauma, coping and survival; (h) Assessing risk; (i) Non-discrimination and diversity (j) Empowerment. 	<ul style="list-style-type: none"> • There should be staff trained/able to communicate in sign language. Information and counselling should be available in several languages reflecting the communities the shelter provides services to. • Staff should receive some basic training on immigration status/law. 	
	Resettlement and follow up services should be available to ex-residents and their children.		
RAPE CRISIS CENTRES	<p>Services should include:</p> <ul style="list-style-type: none"> (a) Anonymous telephone helpline; (b) One-to-one support and counselling; (c) Accompaniment to other services i.e. hospital, police, and court. (d) Group work; (e) Advocacy; 	Should also include awareness raising and engaging in advocacy in community for social change	<input type="checkbox"/>

RAPE CRISIS CENTRES <i>cont.</i>	<p>Training for volunteers and staff should be a minimum of 30 hours and include:</p> <ul style="list-style-type: none"> (a) A gendered analysis of violence against women (including child sexual abuse); (b) Confidentiality; (c) Diversity; (d) The impacts and meanings of sexual violence, including trauma; (e) Active listening; (f) Assessing risk; (g) Empowerment. 	<p>Volunteers/staff should have access to training materials on assessment/intervention and a referral/resource list at all times.</p> <p>All volunteers should have a minimum number of hours (e.g. 8) of ongoing in-service training per year to retain volunteer status.</p>	
	<p>Centres should ensure safety of both service users and staff/volunteers</p>	<ul style="list-style-type: none"> • Protocols for suicide calls and crises. • Transportation should be arranged in emergency situations. • Should consider protocols for third-party anonymous reporting i.e. to provide police with information about the type of assault/perpetrator/location for intelligence gathering purpose. 	
	<p>After hours information can be provided by answering machine and/or be diverted to a national crisis hotline.</p>	<p>Callers leaving messages on answer phones should receive a follow up response in 48 hours. Ideally calls should be answered by staff 'live'</p>	
	<p>All services should be provided in comfortable private environments.</p>		
	<p>Services should be holistic, and include</p> <ul style="list-style-type: none"> (a) Legal advice/advocacy; (b) Practical support; (c) Information and referral; (d) Assistance with compensation. 		

SEXUAL ASSAULT CENTRES & Specialist Hospital Services	Victims of sexual assault shall receive the same standard of care regardless of the circumstances of the sexual assault, their legal or social status.	<ul style="list-style-type: none"> • Health providers should ensure equitable access to quality medical care. • Services should develop age specific protocols and responses. 	
	Services should develop good working relationships with Rape Crisis Centres, shelters and any other local service provider.		
	Hospital emergency departments should have protocols for handling sexual violence and staff training.		
	The reception and treatment environment should be secure, clean and private.		
	Hospital based sexual violence services should work from a victim-rights model (see core standards).		
	Forensic examiners should be female, unless the service user specifies otherwise. Services should: <ul style="list-style-type: none"> • Increase capacity in female forensic examiners. • Build skills of forensic examiners in evidence collection, documentation, including writing medico-legal reports. 	<ul style="list-style-type: none"> • Service providers should consider developing forensic nursing to expand access. • Health services should be provided in the mother tongue of the service user, or in a language she or he understands. • Service users should have access to female interpreters experienced in dealing with trauma. 	
	Forensic examiners should develop organic informed consent processes throughout the entire process.	For minimum standards of treatment, forensic examination and documenting findings the WHO Guidelines should be followed ⁷⁵	
	All staff should be trained in confidentiality, including with respect to samples and medical records.		

⁷⁵ The Beijing Platform also provides at para 128 Government, IGO and NGO action; "Encourage the dissemination and implementation of the UNHCR Guidelines on the Protection of Refugee Women and the UNHCR Guidelines on the Prevention of and Response to Sexual Violence against Refugees".

<i>SAC's conf.</i>	During examination, treatment or counselling only the following people should be present: <ul style="list-style-type: none"> • People whose involvement is necessary; • People who the service user requests are present to support them. 		
	Services should provide on common physical and emotional responses.		
	The full range of options should be presented to all service users e.g. abortion.		
	Any medico-legal report or certificate should be provided free of charge and should not expire for legal purposes.		
	Any medical evidence and medical certificates should only be collected and released to the authorities with the service user's consent.		
LAW ENFORCEMENT	Provision of free legal advice or legal aid for all stages of legal proceedings.	Relevant law should be disseminated to migrant communities in their own languages.	<input type="checkbox"/> <input type="checkbox"/>
	All violence against women should be treated as seriously as other violent crimes.		<input type="checkbox"/>
	Victims should be seen as soon as possible by a specially trained officer.		<input type="checkbox"/>
	There should be one specially trained officer in domestic violence, and one in sexual violence per police force area.		<input type="checkbox"/>
	Specialist Police units should be created in densely populated areas.		<input type="checkbox"/>

LAW cont.	ENFORCEMENT	Police should have powers to enter private property, arrest and remove a perpetrator.	<ol style="list-style-type: none"> 1. Protection orders should be <ul style="list-style-type: none"> • Available from the police to tackle all forms of violence against women. • Mandatory where there is a risk to life, health or freedom of a victim. 2. Removal orders should be available i.e. to remove a perpetrator from the home, even when they are a legal owner. 	<input type="checkbox"/>
		Non-compliance with a protection order should be a criminal offence.		
		In terms of evidence gathering and case building investigations of sexual violence should be built around the fact that most attackers are <u>not</u> strangers but are known to victims in some way.		
		Police should refer all victims to relevant support organisations.		<input type="checkbox"/>
		Police should permit and enable Advocates or other support persons to attend during police interviews and court proceedings. –Subject to the request or consent of the victim.		
		Police record systems should enable identification of cases of violence against women, and permit monitoring of interventions, repeat victimisation and case outcomes.		
		Police should have protocols on information sharing with other agencies – covering both anonymised aggregate data that identified by case.		
		The requirement of the victim to give their story repeatedly (i.e. from interviews to court) should be restricted to a minimum.		<input type="checkbox"/>
		Prosecutors should ensure that the victim has the right to be heard and/or supply evidence in proceedings.		<input type="checkbox"/>

LAW cont.	ENFORCEMENT	Violence against women responses should be integrated into witness protection policies and standards.		<input type="checkbox"/>
		Criminal proceedings in violence against women related cases should be expedited.	Access to interpreting and other communication devices should be provided.	<input type="checkbox"/>
		Courts should ensure anonymity of victims in the media.		
		Court proceedings should adopt procedures that both protect the victim from re-victimization and enable them to provide their best evidence ⁷⁶ .	These methods <u>may</u> include: (a) Use of screens to shield the witness from the perpetrator(s); (b) Use of video technology; (c) Clearing the court; (d) Legal representation for victims; (e) Acceptance of written evidence.	<input type="checkbox"/>
		The Court should ensure that victims are treated with respect throughout proceedings.		
		Victims should be supported so they may exercise their right to compensation.	Compensation should include: Expenses for attending as a witness or otherwise participating in proceedings; Compensation for the harm suffered and losses as a result of that harm.	<input type="checkbox"/>
		All victims should be provided with: (a) Information on the status of their case; (b) Legal aid and advice services (c) Access to civil remedies and protective measures; (d) Information on bail, bail conditions, when perpetrator is to be released; (e) Information on available support; (f) How to obtain compensation.		

⁷⁶ This is to ensure that aspects of legal procedure do not adversely limit the quality of the evidence which a witness can provide to the court i.e. being cross-examined by the accused, or having to give evidence in their presence, to the detriment of the justice system.

<p>LAW ENFORCEMENT <i>cont.</i></p>	<p>Mandatory training of all law enforcement professionals (including the judiciary) should include: (a) A gender analysis of violence against women; (b) Understanding of victimization and the various responses to it; (c) Best evidential practice (in evidence collection and court procedure); (d) A rights based approach; (e) Non-discrimination.</p>		
<p>PERPETRATOR PROGRAMMES</p>	<p>Programmes must prioritise women’s and children’s safety and well-being. This includes placing limits on the perpetrator’s confidentiality rights (as explained at the outset).</p>	<ul style="list-style-type: none"> • Develop an active child protection policy. • Should maintain active links with child protection and social service agencies. 	
	<p>There should be an attached or associated women’s support service available for the victim Nevertheless the Programme should still work from a gender analysis understanding of violence against women.</p>	<p>The Women’s Support Services should be pro-active in contacting female partners or ex-partners and offer support (though women should not be coerced into participation).</p>	
	<p>Work with perpetrators should be located separately from a women’s support programme.</p>		
	<p>Programmes should not be considered an alternative to prosecution, conviction or sentence.</p>		
	<p>Programmes should not engage in any relationship counselling or mediation, anger management or substance abuse treatment.</p>	<p>Should have protocols for co-operation with local substance abuse programmes.</p>	<p>□</p>
	<p>Programmes should conduct an assessment of suitability prior to acceptance.</p>		
	<p>Programmes should continually conduct risk assessments.</p>		

<p>PERPETRATOR PROGRAMMES cont.</p>	<p>Programmes should have:</p> <ul style="list-style-type: none"> (a) Clear protocols on information sharing between a perpetrator programme and women's support service; (b) A condition of joining the programme that perpetrators provide addresses of current and former partners, and this information will be passed on to the Women's Support Service. 	<p>Perpetrators should be asked to sign an agreement on the release of confidential information before being enrolled on a programme.</p>	<p><input type="checkbox"/></p>
	<p>Programmes should inform a female partner/ex partner if:</p> <ul style="list-style-type: none"> (a) The perpetrator leaves the programme; (b) The perpetrator is suspended from the programme; (c) There are any other concerns for her or her children's safety. 		
	<p>Programmes should be available both by mandatory and voluntary referral.</p>	<p>Programmes may charge a means-tested fee to the male service user for participation.</p>	<p><input type="checkbox"/></p>
	<p>Programmes should provide both individual and group work.</p>		<p><input type="checkbox"/></p>
	<p>Staff working in perpetrator programmes should have a minimum of 30 hours training covering:</p> <ul style="list-style-type: none"> (a) A gendered analysis of violence against women; (b) Women's perspectives / experiences; (c) Perpetrator patterns of minimizing and manipulation; (d) Children's experiences; (e) The legal framework; (f) Child protection; (g) Diversity; (h) Substance misuse; (i) Understanding the process of change; (j) Risk assessment and risk management. 		

ANNEX 1: GLOSSARY

Helpline: A free telephone line that provides advice, information, support and crisis counselling

Shelter/refuge: A safe house in which women and their children can stay. Such services also offer advice and support and should have specific services for children.

Rape Crisis Centre: A community based organisation providing some combination of helpline, advocacy, support and counselling. For women who suffered sexual violence recently and/or in the past, as adult or child.

Sexual Assault Referral Centre: Based in a hospital, responding to recent assaults, offering forensic examination, medical services, crisis intervention. Many also provide advocacy and short term counselling.

Intervention Project: A co-ordination project, currently specialising in domestic violence, which aims to develop single agency and multi-agency approaches through policy and protocol development, and in some models through case work. These projects take a pro-active approach.

Outreach: Pro-active efforts to invite women into support often directed to 'hidden' or 'hard to reach' communities. For example, reaching women in prison requires services to go there or reaching deaf women requires adapting phone technology, staff with sign language skills and/or interpreters, and working with deaf communities.

Advocacy: To advocate for someone is to act in their interests to ensure that they get what they are entitled to. It is work that ensures women know and can exercise their rights, including their human rights.

Counselling: This is one-to-one or group work that explores the meaning and consequences of violence for individuals. It seeks to undo some of the harms through making them visible and offering alternate ways of being and understanding.

Perpetrator programmes: Here only applied to domestic violence, programmes which require perpetrators to examine and take responsibility for their behaviour and how they could have acted otherwise, with the aim of preventing further violence.

Law enforcement: Includes police, prosecutors and judges/magistrates who have the social and legal responsibility to investigate and prosecute crime, and protect victims from further harm.

Staff: All references to staff include trained volunteers.

Family place: A place that accommodates one woman with her children based on the average number of children per family within the member State. This will be, therefore, more than a single 'bed space'.

ANNEX 2: TABLES OF RESPONSES TO INTERVIEWS AND CONSULTATION

Key:

FP= National Focal Point

NGO= Non Governmental Organisation

Phase 1: Interviews/ Questionnaires

Respondents were from 35 out of 47 Member States.

Form of Data Collection				
	Type of Respondent			Totals
	Focal Points	NGOS	Other	Total
Interviews	12	15	0	27
Questionnaires	15	8	2	25
Total	27	23	2	52

Respondent by Member State								
Countries that responded	No.	Focal Point/ NGO	Countries that responded	No.	Focal Point/ NGO			
Albania	2	1 FP, 1 NGO	Latvia	1	1 FP			
Andorra	1	1 - Anon	Liechtenstein	1	1 FP			
Austria	3	1 FP, 2 NGOs	Lithuania	1	1 FP			
Belgium	1	1 FP	Luxembourg	1	1 FP			
Bosnia & Herzegovina	3	2 FP, 1 NGO	"The former Yugoslav Republic of Macedonia"	1	1 FP			
Bulgaria	2	1 FP, 1 NGO	Malta	1	1 FP			
Cyprus	1	1 NGO, 1 Expert	Moldova	2	1 NGO, 1 Other			
Czech Republic	1	1 NGO	Norway	1	1 FP			
Denmark	1	1 FP	Poland	2	1 FP, 1 NGO			
Estonia	1	1 FP	Portugal	2	2 NGOs			
Finland	2	1 FP, 1 NGO	Romania	1	1 NGO			
Georgia	2	1 FP, 1 NGO	Serbia	1	1 FP			
Germany	1	1 NGO	Slovakia	2	1 FP, 1 NGO			
Greece	2	1 FP, 1 NGO	Slovenia	2	1 FP, 1 NGO			
Hungary	2	1 FP, 1 NGO	Sweden	2	2 NGOs			
Iceland	1	1 FP	Switzerland	1	1 FP			
Ireland	2	1 FP, 1 NGO	Ukraine	1	1 NGO			
Italy	1	1 NGO	TOTAL	52				

Member states from which no responses were received:

Armenia	Netherlands
Azerbaijan	Russian Federation
Croatia	San Marino
France	Spain
Monaco	Turkey
Montenegro	United Kingdom

Phase 2: Consultation

A total 91 respondents completed the online consultation survey.

Consultation Respondent by Type		
Type of Respondent	No.	%
NGO working on violence against women	25	27
Focal Point	23	25
State Agency Employee	19	21
NGO Umbrella/Network on violence against women	10	11
Academic	4	4
Other	1	1
Unknown	10	11
Total	91	100

Member States not participating in the consultation:

Andorra	Lithuania
Armenia	Former Yugoslav Republic of Macedonia
Croatia	Monaco
Italy	Russian Federation

Member States not responding throughout the duration of the project:

Armenia
Croatia
Monaco
Russian Federation

REFERENCES

Austin, J & Dankwort J (1998) *A Review of Standards for Batterer Intervention Programs*, http://new.vawnet.org/category/Main_Doc.php?docid=393

Bevacqua, M. (2000) *Rape on the Public Agenda: Feminism and the Politics of Sexual Assault*, Northeastern University Press.

Beijing Declaration and Platform for Action, Fourth World Conference On Women, A/Conf.177/20, 1995.

Combating violence against women: Stocktaking study on the measures and actions taken in the Council of Europe member States, Council of Europe, 2006

Cook, D., Burton, M., Robinson, A. & Vallely, C. (2004) *Evaluation of Specialist Domestic Violence Fast Track System*, Crown Prosecution Service, <http://www.cps.gov.uk/Publications/docs/specialistdvcourts.pdf>

Coordinated Action against Domestic Abuse (CAADA)(2007) *Achieving Safety: Evidence and Action*, Somerset.

Council of Europe, Group of Specialists for Combating Violence against Women (1997), *Final Report of Activities of the EG-S-VL including a Plan of Action for combating violence against women*, Strasbourg.

Council of Europe Parliamentary Assembly Recommendation on Domestic Violence Against Women 1582, 2002.

Council of Europe Recommendation Rec(2002)5 of the Committee of Ministers to member states on the protection of women against violence, adopted on 30 April 2002 and Explanatory Memorandum.

Council of Europe Parliamentary Assembly Resolution 1327 (2003) on So –called “honour crimes”.

Council of Europe *Campaign to Combat Violence against Women, including Domestic Violence*, Campaign Blueprint, EG-TFV (2006) 8 rev 3.

Council of Europe Recommendation CM/Rec(2007)14 of the Committee of Ministers to member states on the legal status of non-governmental organisations in Europe, 10 October 2007.

Cox, E. & Priest, T. (2005) *Women in Immigration Detention: More Questions than answers*, University of Surrey, Sydney

Coy, M., Kelly, L. & Foord, J. (2007) *Map of Gaps: The Postcode Lottery of Violence Against Women Support Services*, End Violence Against Women, London.

Department of Health Children and Mental Health Division and Home Office Violent Crime Unit (2005) *National Service Guidelines for Developing Sexual Assault Referral Centres (SARCS)* www.crimereduction.gov.uk/sexual/sexual22.htm

Dobash, R.E. & Dobash R.P. (1992) *Women, Violence and Social Change*, London, Routledge.

Ertürk, Y. (2006) *The Due Diligence Standard as a Tool for the Elimination of Violence Against Women*. Report of the Special Rapporteur on Violence Against Women its Causes and Consequences, E/CN.4/2006/61.

EU European Parliament Resolution on Violence Against Women (1986) Doc. A2-44/86 OJ. C. 176.

EU Conference on Violence Against Women Cologne (1999) Expert Forums Recommendations.

EU Austrian Presidency of the Council of the European Union (1998), Conference of Experts – *Police Combating Violence Against Women*, Baden.

EU Expert Meeting on Violence Against Women Recommendations (1999) Jyväskylä, Finland.

EU Council Framework Decision of 15 March 2001 on the standing of victims in criminal proceedings, Official Journal L82.

Hageman-White, C (2001) 'European research into the prevalence of violence against women', *Violence Against Women*, 7:7, 732-759.

Hanmer, J., Gloor, D. & Meier, H. (2006) *Evaluating agencies and good practice on domestic violence, rape and sexual assault* (CAHRV – Coordination of Action on Human Rights Violations)
http://www.cahrvi.uni-osnabrueck.de/reddot/D_16_Agencies_and_evaluation_of_good_practice_pub.pdf

Home Office (2007) National Domestic Violence Delivery Plan - Annual Progress Report 2006/07, London,
<http://www.crimereduction.homeoffice.gov.uk/domesticviolence/domesticviolence066.htm>.

Home Office (Undated) *Domestic Violence: Break the Chain- Multi Agency Guidance for Addressing Domestic Violence*
www.crimereduction.homeoffice.gov.uk/dv08d.htm

Idaho Council of Domestic Violence and Victim Assistance ICDVSA (undated) Sexual Assault Program Standards:
www2.state.id.us/crimevictim/grantee/standards/ICDVSAStds.doc.

Jaspard, M., Brown, E., Condon, S., Fougeyrollas-Schwebel, D., Houel, A., Lhomond, B., Maillachon, F., Saurel-Cubizolles, M. and Schiltz, M. (2003) *Les Violences Envers les Femmes en France: Une Enquête Nationale*. [Violence Against Women in France: a National Survey]. Paris: La Documentation Française. (In French)

Kelly, L. (2008) *Specialisation, Integration and Innovation: Review of Health Service Models for the Provision of Care to Persons who have Suffered Sexual Violence: Final Report*, World Health Organisation.

Kelly, L. (2005) 'Inside outsiders: Mainstreaming violence against women into human rights discourse and practice', *International Feminist Journal of Politics*, 7 (4).

Kelly, L. & Humphreys, C. (2001) 'Supporting women and children in their Communities: Outreach and advocacy approaches to domestic violence', in Taylor-Brown, J. (Ed.) *What Works in Reducing Domestic Violence: A comprehensive guide for professionals*, London, Whiting & Birch.

Kelly, L. (1999) *Domestic Violence Matters: An Evaluation of a Development Project*, Home Office Research Study 193, London, Home Office.

Kelly, L. (1996). 'When Woman Protection is the Best Kind of Child Protection: Children, Domestic Violence and Child Abuse', *Administration* 44(2): 118-135.

Krisesenter (2006) *Minimum Requirements for the Member Shelters' Content and Assistance Facilities*, Norway.

Logar, R. (2006) *Bridging Gaps - From good intention to good cooperation*, WAVE-Network (Women against Violence Europe), Vienna
http://www.wave-network.org/cmsimages/doku/homepage_bg_manual_fromgoodinterventionstogoodcooperation3.pdf

Logar, R. (2005) The Austrian Model of Intervention in Domestic Violence Cases Expert Paper for UN DAW, *Violence against women: Good practices in combating and eliminating violence against women 17-2- May 2005*, Vienna.

Lokk (The Danish National Organisation of Shelters for Battered Women and their Children) *Code of Ethics for Shelters*.

Lovett, J., Regan L., & Kelly, L. (2004) *Sexual Assault Referral Centres: Developing Good practice and Maximizing Potentials*, Home Office Research Study 285, London.

Mayor of London (2005) *The Second London Domestic Violence Strategy*, Greater London Authority.

Merry, S. (2006) *Human Rights & Gender Violence: Translating International Law into Local Justice*, University of Chicago Press, Chicago.

Minnesota Office of Justice Programmes- Minimum Programmatic Standards for Sexual Assault Program
<http://www.ojp.state.mn.us/grants/ProgrammaticStandards/SexualAssaultStandards.pdf>
Battered Women Community Advocacy Program (Cap)
<http://www.ojp.state.mn.us/grants/ProgrammaticStandards/BWCAPStandards.pdf>
Battered Women Criminal Justice Intervention (Cji) Program
<http://www.ojp.state.mn.us/grants/ProgrammaticStandards/BWCJISStandards.pdf>
Battered Women's Shelter Program
<http://www.ojp.state.mn.us/grants/ProgrammaticStandards/BWShelterStandards.pdf>
Battered Women Safe Housing Programs
www.ojp.state.mn.us/grants/ProgrammaticStandards/SafeHousingStandards.pdf
Combination Battered Women And Sexual Assault Program
<http://www.ojp.state.mn.us/grants/ProgrammaticStandards/VAWABW-SASStandards.pdf>

Missouri Coalition Against Domestic and Sexual Violence (2006) *Service Standards for Domestic Violence Programs*.

National Association of Services Against Sexual Violence Project Team (NASASV) (1998) *National Standards of Practice Manual for Services Against Sexual Violence*, CASA House, Melbourne.

New York State Codes Rules and Regulations Department of Social Services. Title 10 (Health) NYCRR SubPart 69-5; Approval of rape crisis programs for the purpose of rape crisis counselor certification, Appendix N.

New Jersey Office of the Attorney General (1998) *Standards for Providing Services to Survivors of Sexual Assault* <http://www.state.nj.us/oag/dcj/stand.htm>.

NDCAWS/CASAND (2005) *North Dakota Sexual Assault Medical Standards of Care*.

Ohio Domestic Violence Network (ODVN) (2003) *Promising Practices Program Standards for Domestic Violence Programs*.

Regan, L. & Kelly, L. (2003) *Rape: Still a Forgotten Issue*. Briefing Document for Strengthening the Linkages- Consolidating the European Network Project, London Metropolitan University, <http://www.rcne.com/downloads/RepsPubs/Attritn.pdf>.

Respect (2004) *Statement of Principles and Minimum Standards of Practice for Domestic Violence Perpetrator Programmes and Associated Women's Services*, London.

Forced marriages in Council of Europe member states: A comparative study of legislation and political initiatives, Council of Europe, 2005

Schechter, S (1982) *Women and Male Violence: The Visions and Struggles of the Battered Women's Movement* Boston, South End Press.

Schrötte, M. and Müller, U. (2004) *Lebenssituation, Sicherheit und Gesundheit von Frauen in Deutschland. Eine Repräsentativbefragung zu Gewalt gegen Frauen in Deutschland. [Health, Well-Being and Personal Safety of Women in Germany: A Representative Study on Violence Against Women In Germany.]* Federal Ministry for Family Affairs, Senior Citizens, Women and Youth. (In German.) Long version and English short version available online at: <http://www.bmfsfj.de/RedaktionBMFSFJ/Broschuerenstelle/Pdf-Anlagen/Studie-Gewalt-gegen-Frauen,property=pdf.pdf>; <http://www.bmfsfj.de/RedaktionBMFSFJ/Abteilung4/Pdf-Anlagen/langfassung-studie-frauen,property=pdf.pdf>.

Schuler, S.R., Bates, L.M. & Islam, F. (2008) 'Women's Rights, Domestic Violence, and Recourse Seeking in Rural Bangladesh', *Violence Against Women*, 14 (3) 326-345.

Seith, C. (2005) '(Un) Organised Responses to Domestic Violence: Challenges and Changes in Switzerland', in W. Smeenk and M. Malsch. (Eds.), *Family Violence and Police Response: Learning from Research Policy and Practice in European Countries*, Cornwall, Ashgate, 165-189.

Seith, C. & Kelly, L. (2003) *Achievements Against the Grain: Self-Defence Training for Women and Girls in Europe*, London, CWASU London Metropolitan University.

Sen, P. (1998) *Searching for routes to safety: a report on the needs of ethnic minority women dealing with domestic violence*, London, Camden Equalities Unit.

SERRICC (South Essex Rape and Incest Crisis Centre) (2007) *Draft National Sexual Violence Service Standards*.

South Carolina Coalition Against Domestic Violence and Sexual Assault (undated) *Service Standards and Outcomes for Sexual Assault Centres*
<http://www.sccadvasa.org/articles/112.pdf>.

South African Government (2001) *Minimum Standards on Shelters for Abused Women* <http://www.info.gov.za/otherdocs/2001/shelter.pdf>.

Ullman, S.E. & Townsend, S.M. (2007) 'Barriers to Working With Sexual Assault Survivors: A Qualitative Study of Rape Crisis Center Workers', *Violence Against Women*, 13, 412.

United Nations Secretary General (2006) *In-depth study on all forms of violence against women*, A/61/122/Add.1,
<http://daccessdds.un.org/doc/UNDOC/GEN/N06/419/74/PDF/N0641974.pdf?OpenElement>

The Victorian Centres Against Sexual Assault Forum Inc (2000) *Standards of Practice for Victorian Centres Against Sexual Assault*.

WAVE (Women against Violence Europe) (2005) *More than a roof over your head. A survey of Quality Standards in European Women's Refuges*, Vienna
<http://www.wave-network.org/start.asp?b=6&sub=14>

WAVE (Women against Violence Europe) (2004) *Away from Violence. European Guidelines for Setting up and Running a Women's Refuge*, Vienna
<http://www.wave-network.org/start.asp?b=6&sub=14>

WHO/UNHCR (2004) *Clinical Management Of Rape Survivors; Developing Protocols for use with refugees and internally displaced persons*, Revised Edition.

WHO (2003) *Guidelines for medico-legal care for victims of sexual violence*, Geneva.

Wilcox, P. (2000) "Me mother's back and me nan's, you know, support!" Women who left domestic violence in England and issues of informal support', *Women's Studies International Forum*, 23 (1): 35-47.

Womens Aid Federation England (2007) *Draft National Service Standards for Domestic and Sexual Violence*.