

The regional specialist domestic violence service network in Armenia: building capacity, quality and continuous improvement

The report explores the Domestic violence specialist services network of Armenia, addressing capacity challenges and areas for improvement. It offers recommendations and forms of collaboration between stakeholders, in alignment with international standards, including the Istanbul Convention as well as best practices from other countries to explore.

The regional specialist domestic violence service network in Armenia: building capacity, quality and continuous improvement

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List of acronyms

DVSP	Domestic violence support practitioner
DVSS	Domestic violence specialist services
IDVA	Independent domestic violence advisor
MLSA	Ministry of Labour and Social Affairs
NGO	Non-governmental organisation
USS	Unified Social Services
VAW	Violence against women

Executive summary

Domestic violence

A study by the United Nations Office on Drugs and Crime and UN Women (2022) shows that globally on average, more than 5 women or girls were killed every hour by someone in their own family in 2021. Of all women and girls intentionally killed in that year, some 56 per cent were killed by intimate partners or other family members (45,000 out of 81,100), showing that the domestic sphere is not a safe place for many women and girls. Domestic violence is a deeply rooted and widespread violation of human rights. The World Health Organization (WHO) estimates that one in three women globally experience domestic violence in their lifetimes (2021). The impacts upon women and children are profound and widespread regarding physical and mental health, educational achievement, social skills, and economic inclusion. The effects upon children living with domestic violence are also detrimental to mental, developmental, educational and physical health (WHO 2021), and research suggests that children who have lived with domestic violence are more likely to commit violence in adulthood (Guedes et al, 2016).

While the impacts of domestic violence and violence against women (VAW) on individuals and families are profoundly detrimental, there is also an impact on the capacity of societies and states to achieve their social and economic potential.

Violence against women is both the cause and consequence of gender inequality so that combating and preventing this violation of human rights works hand in hand with combatting and preventing gender inequality, and empowering women socially, culturally and economically. The World Economic Forum (2022) estimates that when women in societies are free from this inequality, societies are 35% more likely to increase economic output.

Domestic violence in Armenia

Domestic violence remains one of the most serious social issues in Armenia (CEDAW 2016). According to the Investigative Committee of Armenia, during the first half of 2022, 391 domestic violence criminal cases were examined, eight of which were murders, one of which was death due to negligence, and 183 were assault cases, 11 were cases of severe physical pain or mental health abuse, 51 cases were threats to murder or causing serious harm to health or property. In 2022, 16 women were recorded as killed through domestic violence in Armenia (Khachatryan, 2023). Given that domestic violence is one of the most underreported crimes, these figures can only offer a partial view of its prevalence.

In recent years, the government of Armenia has begun to address the problems of VAW and domestic violence. In January 2018, Armenia signed the Council of Europe Convention on preventing and combatting violence against women and domestic violence (Istanbul Convention), committing to take measures against domestic violence through changes in policy and legislation, awareness raising campaigns, and the development of a regional network of domestic violence support services (DVSS).

The establishment of this network falls within the protection pillar of the Istanbul Convention (IC) and is the focus of this report.

The report and its structure

The report, commissioned by the Council of Europe in the frame of the project “Ending violence against women and promoting gender equality in Armenia” (2023-2024), has been produced in response to some questions and areas of concern raised by the Ministry of Labour and Social Affairs

which is the government ministry responsible for overseeing and funding the DVSS regional network in Armenia. Having developed and established the network, the MLSA has reflected upon several issues with a view to potential development and improvement:

- The development of a potential system of evaluation of the services provided by the DVSS network.
- The capacity for each DVSS to cover all the domestic violence cases in their region (the size/ demographics of each region is different).
- The level of cooperation of the DVSS network and other support services in the regions, particularly the relationship with Unified Social Services (USS) which is the main national state protection agency at central and regional levels.
- The responsibilities of the DVSS network and of other agencies such as the police and USS.

In order to explore these areas of concern, the report begins with its overview of the DVSS network, making recommendations for increased monitoring and evaluation, as well as systems of accreditation. It then examines the issue of capacity across the DVSS network, with recommendations for developing and building this. The third section focusses on collaboration and partnership working, as well as addressing the issue of responsibilities between the DVSS network and other agencies such as the police and USS.

The report utilises the Council of Europe's minimum standards for support services as the key template for assessing the strengths and weaknesses across the DVSS network and is underpinned by international standards, in particular the Istanbul Convention.

Section 5 of the report takes these recommendations further, using examples of practice in other countries and contexts. The aim of this section is to use these examples and suggestions to assist the MLSA to explore changes or developments which could be adapted to the specific cultural and demographic needs of victims of domestic violence in Armenia, and to the development of the DVSS network.

Methodology

■ Analysis of statistical data on domestic violence and violence against women (VAW) in Armenia

This includes data collected on the domestic violence specialist services (DVSS) regional network by the Ministry of Labour and Social Affairs (MLSA). Also included is some analysis of demographic data on the different regions that the DVSS network operates in.

■ A fact-finding visit to Armenia in April 2024 by the international consultant and in partnership with the Council of Europe and a range of stakeholders.

Several in-depth meetings took place with stakeholders. This included representatives from the MLSA and a senior representative from the police service. A workshop was held with representatives from most of the DVSS network enabling them to explore challenges and achievements in their work and identify any barriers to good practice. In addition, visits were made to the DVSS in Yerevan, and one regional DVSS in the Tavush region of Armenia. This qualitative element of the methodology also included follow up meetings online with stakeholders. The key methodological tool adapted for this element of the work was the handbook developed by the Council of Europe “Mapping Support Services for Victims of Violence Against Women in Line with the Istanbul Convention Standards” (2018).

■ Desk work/literature research

This element of the methodology has included building an understanding through engagement with policy development, legislation, work already done in Armenia with the Council of Europe, research on the national legislative framework and the national data on domestic violence and violence against women. It has also engaged with international data on the country. Deskwork has also involved identifying international best practice which may help with improving the ways that DVSS network in Armenia operates, and how they work alongside other agencies.

■ International standards

All the research gathered for the report has been underpinned by international standards for domestic violence and violence against women services. This includes primarily the Istanbul Convention and in particular the elements which outline what is required of specialist support services, as well as what is required of other agencies in working with specialist services and victims, in terms of legislation, provision, and practice. The report also uses the Council of Europe “Minimum Standards for Support Services for Victims of Violence against Women” (2008)

The Istanbul Convention and associated documentation such as the Explanatory Report to the Convention, alongside the Minimum Standards have informed any recommendations made on developing the model for the DVSS network in Armenia. These documents provide guidance to domestic violence services and other stakeholders with what is accepted best practice, aspirations for continuous improvement, and consistency of quality.

Section 1: The domestic violence specialist services regional network in Armenia

Background and development

The establishment of the current DVSS regional network in Armenia is best understood within the context of the Law “On Prevention of Domestic Violence in the Family, Protection of Victims of Violence in the Family, and Restoration of Harmony in the Family” which was passed in 2017. This was the first legal mechanism in Armenia focussing specifically upon preventing domestic violence and protecting survivors of abuse. The passing of this national legislation represented significant progress in Armenia’s approach to protecting victims of domestic violence, and this included the obligation for a “Competent Authority” to ensure that a network of regional domestic violence support services was made available across all the different regions of Armenia. As a result, responsibility for funding and monitoring these services now sits with the Ministry of Labour and Social Affairs (MLSA) for Armenia.

The mobilisation of the DVSS network was undertaken through consultation with a range of key stakeholders and existing NGOs providing domestic violence services, including the Women’s Support Centre in Yerevan already established, and with a strong national and international reputation and research profile. To ensure provision would exist in all the regions, some existing NGOs who had not previously specialised in domestic violence provision developed this area of work, while others were already established as NGOs specialising in domestic violence. In the process of development, much work was done to strengthen the coordination of the network including the establishment of the “Coalition to Stop Violence against Women”. This coalition enables the DVSS network to share knowledge and collectively to voice concerns at government level, and to campaign on behalf of victims and survivors. It also enables the services to work together in terms of training and standardising the quality of their work.

It is notable that mobilisation of the DVSS network within a short period of time not only built capacity into the work of regional NGOs, but also demonstrated a strong commitment to the new Law, and to preventing domestic violence and meeting the needs of victims in Armenia. From the point of view of the MLSA, other stakeholders and those NGOs that now provide the DVSS network it should be recognised as an example of collaborative commitment to cultural and material change in terms of protecting and supporting victims, and it is an example of very positive national partnership practice in the context of the Istanbul Convention (Article 9).

It is also important to acknowledge that the establishment of this network of services, and the work on development of the legal regulatory framework by the Armenian government and MLSA, through drawing from the experience and expertise of local/regional NGO’s, aligns with Article 9 of the Istanbul Convention regarding non-governmental organisations and civil society: “Parties shall recognise, encourage and support, at all levels, the work of relevant non-governmental organisations and of civil society active in combating violence against women and establish effective co-operation with these organisations” (Article 9)

Amendments to the Law in Armenia

Following the passing of the new Law in Armenia, several concerns were raised by stakeholders and experts in the field on the challenges and gaps within the Law in practice. At the same time as setting up and establishing Armenia’s network of domestic violence support services, campaigning

and lobbying work was taking place collectively for the government to adopt amendments which would strengthen the Law in terms of its capacity to protect victims of domestic violence. It was argued by stakeholders and experts in the field that the Law's "accountability provisions were inadequate and protective measures were deeply flawed" (Chilingaryan, 2024). The term "restoring family harmony" in the law's title was of particular concern because it was seen to rely on gender stereotypes of the family unit.

The NGOs established across Armenia's regions to deliver support for victims of domestic violence were key stakeholders in voicing concerns about the Law and the need for it to be amended. They were active in the Steering Group that worked to draft the proposed amendments, representing the views of victims and survivors and the challenges they face. This collaborative approach amongst both state agencies such as the Police, the MLSA, and NGOs is again in line with the IC standards and other international bodies focussing on the prevention of violence against women and protection of victims (Article 18)

As a result, Armenia's parliament adopted several amendments strengthening the country's domestic violence Law. These remove the reference of "family harmony" and add additional acts of physical, sexual, psychological and economic violence that can be considered as domestic violence, including:

- forced medical and psychiatric interventions
- hindering access to medical care
- virginity testing
- prohibiting or hindering contacts with relatives and friends
- prohibiting other forms of control over a partner.

In addition, the Amendments criminalise stalking as a standalone crime. While Armenia's criminal code does not list domestic violence as a standalone offence, it does specify now that if the perpetrators of certain crimes are close relatives, this can be an aggravating factor. Partners and former partners (those not deemed relatives) are now also included as perpetrators who can be charged with this aggravating factor.

Importantly regarding strengthening child protection where domestic violence is concerned, the amendments specify that a child who witnesses domestic violence is seen as a victim of violence to whom all measures of protection defined by law are applicable.

The amendments also specify that victims of domestic violence are given priority to access free health care services to address conditions caused by domestic violence, and that shelters must be accessible to people with disabilities.

While the research for this report is based on the existing network of domestic violence support services prior to the amendments in the Law, it is worth noting that these amendments have the potential to make a material and positive difference to the capacity of the services to better meet the needs of victims.

The DVSS network and the contract with MLSA

Following the development and mobilisation of the DVSS network, there are now 11 services operating across the country, including the Women's Support Centre in Yerevan.

They are funded by the Government, within the budget of MLSA, authorised to commission and oversee the provision of services to victims. In accordance with legislation, MLSA assesses the budget required for the DVSS network every year. This is sent to the Government, with justification of the 'average cost per service for "Support services to victims of domestic violence" as an activity

budgeted within the annual state budget program of “Support to families, women and children”. The MLSA initiates a procurement process through an annual tender to contract service providers in each region of Armenia and Yerevan. It is an open tender which is available via a state procurement portal. The domestic violence specialist services can bid for the funding. Successful NGOs are given an annual legal contract and payments for their service are quarterly, paid in arrears. The contract requires them to provide statistical monitoring and a narrative report monthly and quarterly. The average costs for services are for the fixed number of services, almost equal for each service, even though the number of domestic violence cases differs, and the average population differs in all regions.

The services the MLSA contract requires the DVSS regional network to deliver are:

- to provide a service for domestic violence victims;
- to provide a safe environment for the victims to access the service;
- to collect and submit statistical and demographic data on victims accessing the service, using the required database;
- to ensure a helpline service;
- to collect and submit outcomes monitoring data;
- to provide legal support, advocacy and advice to victims of domestic violence;
- to provide psychological support to victims of domestic violence, including counselling;
- to refer to shelter accommodation where necessary;
- to provide support with recovery, resettlement and accessing employment;
- to provide support with preparing applications for financial compensation;;
- with the consent of the victim, to inform police and request protection orders and injunctions at court;
- to work in partnership/cooperation with other agencies, including the Police and Social Services;
- to submit monitoring data to the MLSA on a quarterly basis.

To fulfil the requirements of the contract, each service needs to be able to provide:

- a social work/advocacy service -Specialist Domestic Violence Support Practitioner (DVSP);
- a therapeutic counselling service (Psychologist);
- a legal service (Lawyer or Legal Professional);
- a helpline which operates 24 hours;
- a safe and secure venue for delivering the services.

The service commissioned by the MLSA therefore requires well-qualified and experienced staff in order to be appropriately delivered. Each DVSS will need to have considerable knowledge of the criminal justice system, social welfare entitlements, options for housing and health issues, as well as liaise with other agencies such as the police and social services. A legal professional will need to be appropriately qualified. A psychologist will need to be appropriately experienced and have a strong understanding of trauma and its impacts in the context of domestic violence. The operation of a 24-hour helpline requires considerable capacity in terms of staffing. Additionally, a safe and secure venue will require security measures which entail significant costs.

Within this contract therefore, the DVSS network has considerable requirements to achieve.

Monitoring the DVSS regional network

Statistical monitoring

The MLSA requires as part of the contract statistical monitoring to be submitted which is collected monthly and submitted on a quarterly basis. This builds some understanding of the demand for

services, and the demographics of those using it. It also helps identify trends such as the range in ages of victims, the types of violence victims have suffered, impacts on health and mental health, the background and demographics of the perpetrators, and so on. It was however pointed out during consultation with the DVSS network that there is scope for additional information to be collected in order to understand the situation in Armenia for victims of domestic violence. For example, the monitoring form does not collect data on the legal outcomes for victims, or on the number of protection orders issued and the outcomes of such orders. Such data would provide an overview of whether the justice system is working for them, and whether it is working differently in some regions compared to others. This could be done by recording the number of cases which are taken to court, prosecutions of perpetrators, and successful and unsuccessful justice outcomes for victims.

As part of the monitoring, each service is required to submit a brief narrative report. This does provide an opportunity to raise gaps, concerns and challenges, as well as successes in their work. There is however some scope to build on this as well as reviewing and adding to the statistical data.

A set of comprehensive guidelines have been produced (Scaia and Matosian, 2019) which have evidently been very helpful in identifying what the DVSS network could be monitoring and evaluating. This is a sound resource to draw upon further. The guidelines also signpost to the UN Women “Essential Services Package” which provides a range of useful tools for assessing and monitoring domestic violence and other violence against women services.

It would, for example, be useful to consider requesting each service to submit case studies using a template that enables them to evidence outcomes for beneficiaries and the barriers to achieving safety and recovery. Representatives from the DVSS network expressed the view during consultation that a more qualitative component for data collection and reporting would be positive for all partners.

The purpose of building upon the already established monitoring system would be:

- to enable the MLSA to build on their understanding of how the services are operating, and to gain a richer overview of the gaps and challenges they face;
- to build data which could be shared with other government agencies such as health or criminal justice;
- enable data collection to form evidence-based policy development and implementation;
- to provide the DVSS network with the opportunity to reflect and learn from their work;
- to increase accountability within each DVSS;
- to enhance communication within the established partnership between the DVSS network and the MLSA.

Given that the establishment of the DVSS network is still relatively recent, the monitoring currently undertaken by the MLSA is strong in that it demonstrates a curiosity to learn from data collection and to identify trends and challenges. Continuous improvement in this area would enable better insight into the field, a better understanding of challenges and barriers to success, and would mean increased accountability for the DVSS network.

At the time of writing, there have been plans to finalise efforts aimed at sustaining a digital database. This could be an opportunity for the MLSA to consider what additional data could be collected, particularly regarding outcomes for victims and survivors and review the data provided by other agencies as well.

Recommendation:

(Recommendations are explored in further detail with practice examples in Section 5)

- 1. Expand statistical monitoring to better understand the challenges for both the DVSS network, for other agencies and for victims of domestic violence.**

Monitoring practice standards

During consultation with representatives from the DVSS network, regulation of their own practice standards and the principles and ethics of their work was raised as an aspiration for the network. It was suggested that this would not only build their own knowledge and expertise but would improve the attitude of other agencies towards them. It was also suggested that a qualification and/or some kind of accreditation would help in recruiting new staff and make the work more attractive in the longer term. A recognition of the skills needed for their work, alongside the security of knowing that all the domestic violence services across the network were appropriately skilled would provide security and build capacity.

At the time of writing, some work is being done in terms of monitoring visits to the DVSS projects, but a more formal process would enable quality to be monitored more robustly. This, alongside an accreditation process would reassure the MLSA regarding the standards of practice across the DVSS network and would build capacity into the network itself. It would also reassure other agencies, such as the police and social services, that the network has a strong understanding of areas of concern such as data sharing and child protection.

Recommendation:

- 2. Develop qualitative monitoring, including case studies and evidence of outcomes for victims. These can be used to build a more in-depth understanding of the journey of the victim and the barriers to recovery**

Section 2: Practice principles and standards across the DVSS regional network

Assessing and monitoring standards for specialist support services for victims of domestic violence.

Article 22 of the Istanbul Convention sets out its definition of a specialist support service for victims of violence against women. In the Explanatory Report to the Convention, this is expanded upon, stating that such specialised support should “ensure the complex task of empowering victims through optimal support and assistance catered to their specific needs”. Such services should have staff with “in-depth knowledge of gender-based violence”. The report recommends that such services are usually most appropriately provided by women’s NGOs (132). The Explanatory Report also argues, when discussing Article 23 of the Convention, that victims “face multiple, interlocking problems related to their health, safety, financial situation and the well-being of their children” (133). Specialist services use specialist knowledge to provide direct support specifically to victims of VAW and domestic violence. They include domestic violence community services and shelters which exist to empower, support and advocate on behalf of victims and survivors of violence against women and domestic violence, and have the principles, skills and knowledge to deliver this.

A useful way of applying this when assessing and monitoring specialist support services for victims of domestic violence is to utilise the Council of Europe “minimum standards for support services for victims of violence against women (2008). These standards are embedded in the key principles of the Istanbul Convention, and these are articulated with specific reference to specialist support services.

Overarching Principles for specialist support services drawn from the Istanbul Convention and the Council of Europe Minimum standards for support services for victims of violence against women.

1. Services must operate with a gendered understanding of violence against women and domestic violence.

From a human rights perspective, this means acknowledging the multiple vulnerabilities and disadvantages women experience. It also means recognising that specialist services, to feel safe to users, should be run by women and offering safe women-only spaces.

1. Safety, security and human dignity

These should be ensured within all service practices and interventions. There should be a strong understanding of the levels of risk that victims of violence against women and domestic violence may be living with, and appropriate management of these.

2. Specialist services

Knowledge and skills base of staff should be appropriately tailored to the specific needs, often complex, of those using the service. This includes an awareness of the traumatic impacts of violence and coercion upon victims and creating ‘trauma-informed’ working practices based on

training to respond appropriately to the fear and lack of trust they may be experiencing, as well as recognising the need for women only spaces.

3. Diversity and fair access

Services should be developed and adapted so that women and children from all backgrounds can access them. They should be available free of charge, equally and appropriately distributed across the geography and demographics of a country. Crisis provision should be available 24 hours a day.

4. Advocacy and support

Working practices should include advocacy and support so that the rights and needs of service users are accessed. This may include support through the court processes where needed, with accessing financial entitlements, and emotional/psychological support.

5. Empowerment

Services should inform service users of their rights and entitlements, enabling them to make informed choices. They should be treated with dignity, respect and sensitivity.

6. Participation and consultation

Services should place the views and experiences of users at the centre of development and delivery, using evaluation and consultation with users wherever possible. Services should strive to ensure that the voices of victims and survivors are heard.

7. Confidentiality

The right to service user confidentiality should be paramount. In any situation where this confidentiality must be limited in any way (for example if a child is at risk), then service users should be informed of these limitations.

8. A co-ordinated, multi-agency response

Services should operate alongside a range of relevant agencies in cooperation so that the safety and needs of service users can be met. This requires knowledge on the part of all agencies of a gender sensitive approach and an understanding of risks and needs of service users.

9. Holding perpetrators to account

Services should work along the principles of belief and respect for victims, and the understanding that perpetrators of violence against women and domestic violence should be held accountable for their actions. This should be embedded in any services for male perpetrators, and such services should always work in partnership with specialist services for victims. In situations where the support service works with both victims and perpetrators, the services should be operated separately and there should be no overlap between these different forms of work.

10. Governance and accountability

Specialist service organisations should be appropriately managed using robust systems of accountability for staff. Staff should be given adequate support, and training for relevant skills and qualifications.

11. Challenging tolerance

Tolerance of violence against women and domestic violence should be challenged within service organisations and their practices. Non-violence models should be promoted by using a gender analysis to raise awareness in the communities within which they operate and with individuals.

The DVSS network in Armenia

During the workshop with the regional DVSS network, they were asked to identify what in their views are the most successful aspects of their work, and what the priorities of their work are. The key principles that emerged are as follows:

■ Trust

Representatives emphasised the importance of providing a response which enables victims of domestic violence to trust them. This is very important in terms of good practice, focussing specifically on the needs of victims, and which are seen as independent of public authorities, in line with Article 8 of the Istanbul Convention.

Research has evidenced that victims of domestic violence will often avoid seeking help because of a lack of trust in public agencies such as the Police or Social Services. Trust in a specialist agency, perceived as professionally embedded, also helps victims to make decisions about their situation, and to move forward towards safety and recovery.

■ Safety and confidentiality

Network representatives felt strongly that they understood the complexity of risk to women and children living with domestic violence. Safety was seen as a priority in their work, and they were also mindful of the need to protect their own safety in their work. They also felt that confidentiality was a central practice principle and was very strongly linked to Trust.

■ Rebuilding lives – a holistic and specialist service

Regional network representatives felt that not only do they have the potential to save lives, but also to help rebuild lives. This is done through practical specialist advocacy and support work, as well as psychological support/counselling. The services are focussing on the complexity of needs that each victim presents with, based on an understanding of the multiple impacts of domestic violence, including trauma. As such they are working as specialists, who are prepared to deliver a holistic, end to end service which considers the importance of interventions that assist in long-term recovery as well as those aiming at safety.

■ Commitment

A further key theme across the DVSS network was their commitment to their work and their service users. They are willing to respond outside of working hours which is often the time victims may need an emergency response. As part of the contract between the services and the MLSA the regional services are required to provide a local helpline operating 24 hours. This commitment is central to why specialist services are best placed to meet the needs of victims. It provides accessibility in times of crisis and means that the services approach their work from a 'victim-centred' perspective.

■ Empowerment

The domestic violence support services collectively emphasised the concept and practice of empowerment in their service delivery. They respect the choices that victims make based

on the support and information the service provides. They also see their work as part of the broader commitment to gender equality and the economic and cultural empowerment of women and girls.

■ Community Development

The domestic violence support services all acknowledged the importance of their role in community development and working to change attitudes towards domestic violence and violence against women. As part of their contracted work, they deliver awareness raising initiatives at a local level, as well as training. As such they not only deliver a service but engage at a local and regional level where possible to change attitudes as part of preventing domestic violence and encouraging improved community responses to victims.

These key principles align with the overarching principles of the Istanbul Convention, and other international standards for support services, and it is evident from this workshop outcome that specialist services have a significant familiarity with the required approach to their practice.

In addition, the DVSS network participates in regular joint training, using the knowledge and expertise of some more experienced and longer-established domestic violence support services. Training is also based on the resource “Social Workers Practice Guidelines: Domestic Violence Awareness-raising” (Matosian et al, 2019). This resource is grounded in the principles of the Istanbul Convention and provides a range of comprehensive learning tools for the training of specialist practitioners. It is a comprehensive resource for training, and if used for all new staff, can provide reassurance that staff have knowledge and training appropriate to their specialist work.

The DVSS network also come together on a regular basis to raise and address gaps in knowledge, challenges in their work, and develop additional training. The Coalition to Stop Violence Against Women is a further means through which knowledge is shared and developed.

As a result of this collaborate learning process, the case documentation that it is used by the DVSS network is generally consistent across the services and shows that they have similar practices of referral, case management, and risk and needs assessments. This should provide consistency of responses and case management across the regions.

Given these mechanisms, the potential is certainly already there for high quality specialist services across the DVSS regional network. Some of the services have less experience in the field than others, but evidence suggests that the network are aspiring to build knowledge and develop working practices which align with the principles of the Istanbul Convention. The mechanisms in place however do have the potential for continuous improvement.

Given that each regional domestic violence support service is working to the same contract requirements requested by the MLSA, and that they are required to submit a consistent monitoring format, it can be argued that the services are consistent across the regions. Moreover, the shared training and standards, and the joint work in the form of the Coalition to Stop Violence Against women, it can also be argued that this consistency of quality can be maintained and built upon, so that the services will continue to learn and improve.

It is important however that the MLSA is able to have reassurance of standards of quality in practice, and to feel confident that the services being delivered align with the principles of the Istanbul Convention and the Council of Europe’s ‘Minimum standards for support services for victims of violence against women’. While monitoring provides this to an extent, a review of standards in practice would enable increased confidence in the quality of services, would enable the DVSS network to reflect and improve and would increase the DVSS’ transparency and accountability to the MLSA.

Recommendations:

- 3. Implement an accreditation system for the network which will provide the MLSA with assurance of standards of quality, as well as build more strategic capacity and knowledge into the DVSS network. Ideally, this should be coordinated by an independent organisation.**
- 4. Support the DVSS network in developing their own specialist training for the staff and volunteers and explore the possibility of formal qualifications. This could be achieved through engagement of colleges and universities.**

Section 3: Capacity of the DVSS network to deliver in their regions

While the contracts issued by the MLSA are consistent across the regions in terms of funding and monitoring, it is important to consider the differences in demographics for each region. During the consultation workshop, the domestic violence support services representatives raised this issue, and the ways that cultural attitudes may be more challenging in some regions than others. This should be considered when assessing capacity to deliver the services. Where cultural attitudes are more challenging, this will impact on how the support for victims is able to progress. It also impacts on the need for awareness raising. While awareness raising is a key requirement of the MLSA contract, resources may limit the amount that can be done, and continual national and regional campaigns are equally as important and help support the NGOs in their work.

Starting from 2024, the Armenian statistical committee publishes information on the DV cases across the country. The analysis shows that the registration of DV cases does not necessarily reflect the size of total population and may vary from region to region, depending on many factors, such as capacity of DV services, the magnitude of social cultural gender norms, the response from police, poverty etc. However, the correlation of the poverty rate and increase of DV cases in the poorest regions, highlights the need for complex intervention and support to domestic violence victims.

Number of DV cases registered for the period of 1st quarter, 2024

Region	Number of DV cases registered
Yerevan	114
Aragatsotn	26
Ararat	17
Armavir	28
Gegharkunik	27
Lori	45
Kotayk	28
Shirak	51
Syunik	30
Vayots Dzor	17
Tavush	26
Total	409

Poverty can be a key indicator for the likelihood of successful outcomes when working with victims of domestic violence. Lack of financial resources will mean that the choices around leaving a perpetrator of domestic violence is much more limited, particularly where there are children to consider.

The following table illustrates that poverty is more prevalent in some regions than in others.

Poverty rates in Armenia (Armenian Statistical Committee Publications)

(percent)

	2021		2022			
	Extremely poor	Poor	Extremely poor	Poor	Percent, poor population	Percent, total population
Yerevan	0.2	15.9	0.7	18.5	22.5	30.3
Aragatsotn	0.0	13.5	0.0	7.9	1.3	4.1
Ararat	1.0	28.0	0.2	23.8	8.7	9.0
Armavir	4.0	37.9	1.6	40.8	15.6	9.5
Gegharkunik	4.7	49.1	2.5	33.9	10.1	7.4
Lori	0.2	21.8	0.7	18.6	7.3	9.7
Kotayk	2.0	23.6	0.0	26.1	11.0	10.5
Shirak	3.1	46.9	3.6	41.6	13.8	8.3
Syunik	0.0	2.8	0.6	5.4	0.9	4.3
Vayots Dzor	0.0	26.6	0.0	15.7	1.2	1.9
Tavush	1.3	38.2	5.0	37.4	7.6	5.0
Total	1.5	26.5	1.2	24.8	100	100

In assessing capacity to deliver the required services, it is also important to consider the financial capacity of the NGOs themselves. Some are smaller than others (which is not a necessary indicator of quality – small organisations are often very locally embedded and focussed on the victim and have a strong knowledge of local communities). It is evident however that some of the NGOs have less financial capacity than others which is likely to impact on the potential to deliver services, to employ the necessary staff, and to provide an appropriate, safe venue for their work with victims.

The requirements of the contract the services have with the MLSA are significant in terms of capacity. Consultation with the DVSS network suggested that their resources are very stretched by demand. Some expressed the fear of “burn out” amongst their staff, and they referred to the pressure of keeping their helplines going 24 hours a day. In addition, the work with victims of domestic violence requires considerable experience and expertise, with the need for a psychologist who is appropriately qualified, a lawyer and a knowledgeable DVSP.

Visit to “For Equality”

The visit to and consultation with the DVSS “For Equality” in the Tavush region of Armenia illustrates this point. The region of Tavush is bordered by Georgia to the north and Azerbaijan to the east. Many of the communities in the region are small and isolated, with agricultural economies, and according to the Armenian Statistical Committee it has a relatively high rank of poverty. The region has faced many challenges in recent years, including its proximity to the conflict areas of the war. Poverty, rural isolation and situations of conflict are all exacerbating factors where domestic violence is concerned. Rural communities are often small, and transport can be a challenge for victims of domestic violence seeking support. An environment that has experienced conflict is also likely to see an increase in domestic violence (Head et al, 2024). The specialist domestic violence service in this area therefore has specific additional challenges to face in its work.

“For Equality” demonstrated the commitment and knowledge required to deliver the domestic violence support service. Their approach is largely in line with the key principles of the Istanbul Convention. They articulated a prioritisation for victims’ safety, and respect for the victim’s choices. They respond to need in a timely manner and are flexible to needs. The service demonstrated specialist knowledge and principles of empowerment and an in-depth understanding of risk and confidentiality.

Some of the challenges faced by this DVSS are however specific to the region in which they are operating and to their own capacity within this. The funding to deliver the service is not sufficient

to cover the overall running of the service, and so they must use resources and time to raise other sources of funding. The building in which the service is located lacks the necessary elements to run the service in the ways that are most appropriate, and which would achieve the requirements set out in the Istanbul Convention. Their view was that improved facilities to deliver their service would make a significant difference to the quality of the service. When asked what would be the one thing that would improve their work above all others, they said that improved premises was the priority. The MLSA contract does require a safe and secure venue. Consultation with the police representative also raised a concern about appropriate security, and this may be a financial challenge faced by some of the DVSS network.

This specific case provides an example of the external factors that impact on the capacity for just one DVSS to deliver the best possible service. While in principal training, knowledge and quality of service delivery may be consistent across the DVSS network, there are other factors which impact upon the capacity to meet the needs of victims of domestic violence. Such factors are important when considering the capacity of regional services which are challenged by demographic, geographical and cultural specifics of their regions. These specific challenges are equally important when assessing capacity to deliver in each region; While “For Equality” clearly has the potential and knowledge to deliver, there are challenges which impact on the quality of delivery which are external to the quality of the service.

While the different DVSS organisations operate in different regions with differing populations, the differences in demographic, social and cultural challenges mean that some caseloads will be complex and use more resources. To better understand these differences in challenges, the ongoing development of in-depth monitoring will help to identify areas of more challenge and the need to increase capacity should it arise.

At the same time, the MLSA could consider that the contract could be extended from being an annual one to one for up to 3 – 5 years. This would provide the DVSS network to have increased financial security and reduce the need to continually bid for a new contract each year and build financial capacity in other ways. Consideration must be given however for this to work alongside more in-depth monitoring and the possibility of implementing quality standards so that the MLSA has assurance of appropriate and quality delivery of the services.

Recommendations:

- 4. Consider extending the contract for the NGOs for more than one year, enabling them to budget in advance and have more financial security for their work.**
- 5. Consider ways in which capacity could be built into the NGOs. For example, support with fundraising, governance, and training.**
- 6. Take into account the particular demographic, geographic and cultural challenges in each region when making funding decisions.**

Section 4: The importance of partnership work and multi-agency collaboration

Article 20 of the Istanbul Convention makes the distinction between general and specialist support services for victims of VAW and domestic violence. The Explanatory Report notes to the Convention state:

“General support services refer to help offered by public authorities such as social services, health services, employment services, which provide long-term help and are not exclusively designed for the benefit of victims only but serve the public at large. By contrast, specialist support services have specialist in providing support and assistance tailored to the – often immediate- needs of victims of ... Domestic violence and are not open to the general public. While these may be services run or funded by government authorities, the large majority of specialist services are offered by NGOs. (Article 20)

While making this distinction, the convention also emphasises the importance of multi-agency collaboration in Article 18. The Explanatory Report expands on this as follows, indicating that there is an obligation to ensure that mechanisms are in place that enable this multi-agency cooperation:

“In line with the general multi-agency and comprehensive approach promoted by the Convention, paragraph 2 requires Parties to the Convention to ensure that, in accordance with internal law, there are appropriate mechanisms in place that provide for effective cooperation among the following agencies which the drafters have identified as relevant: the judiciary, public prosecutors, law enforcement agencies, local and regional authorities and NGOs”. (Article 18)

Specialist support services cannot therefore operate and deliver the necessary level of protection and support without effective inter-agency communication and collaboration, and the exchange and support of other agencies.

Research evidences strongly that effectively meeting the safety and needs of victims of domestic violence is strengthened by multi-agency collaboration and joint working amongst agencies and stakeholders. (Shepherd M and Pence E, 1999). The impacts of domestic violence are complex and wide-ranging and require the input of a range of professionals from agencies such as police, social services, health, housing and employment to meet the differing needs of victims for protection and recovery.

While specialist support services are focussed upon the needs of the victim, they are not able to operate successfully in isolation. Collaboration between agencies and a coordinated community response means a much-increased likelihood of adequate protection, appropriate support and positive outcomes.

Strong multi-agency collaboration also has the potential for shared learning, exchange of training and awareness raising. There are also examples of non-statutory agencies such as local businesses, church and other community groups being involved in partnership initiatives, and such models can provide a “Community of Support”.

Domestic violence support services and partnership work in Armenia

Interviews with expert stakeholders which inform this report resulted in a combination of differing views about the relationships between statutory agencies and the specialist support services, both positive and negative.

Partnership work between the police and domestic violence support services

Collaborative work between the DVSS network and the police is of great importance regarding the safety and welfare of victims. By working together, they can improve the immediate protective measures needed and enhance longer term outcomes.

Consultation with the representatives of the DVSS network and the police addressed the question of working together in a collaborative way as one means of assessing the capacity for the services to meet the needs in their regions.

From the point of view of the police representative, there was a strong view that the relationship between the services and the police had significantly improved in recent years. It was felt that the two agencies had been

“... working through challenges and understanding that we are not opponents but can work together towards a common purpose ... We know the victim will trust the domestic violence service and so it helps to work with them”.

It was stated that working together on the development of the new domestic violence law had been very helpful in building partnership work.

“We now know better how to refer to the domestic violence services and we have worked with them to develop a referral form, to have a list of services available to offices and to work in partnership to make the victims safer”.

An example of the outcome of this improved collaboration was used. Whereas in the past, the police would remove a firearm from the perpetrator for 20 days, it is now mandatory for the police to check if a domestic violence perpetrator is safe to have a gun and we can repeal their right to have it:

“We have developed a practical working group to look at high risk cases. We can check any previous criminal activity and cases of femicide. It is a well balance, fact-finding process”.

Consultation with representatives from the domestic violence support service resulted in a similar response. Most participants expressed the view that their working relationship had improved significantly, and that they were working more in partnership to increase the safety and meet the needs of victims. Some did feel that the attitudes of individual police officers demonstrated a lack of understanding of the gendered dynamic of domestic violence, and at worst, gender prejudice. There was however an overall view that joint working had significantly improved and that this was to be benefit of victims and survivors.

This kind of collaboration works towards improved protection and support for victims of domestic violence and is an example of strong inter-agency partnership working in the spirit of the IC and other international standards. There are, as to be expected, still areas of concern from the points of view of both the police and the domestic violence services, as well as instances where it is felt that the police do not act or respond appropriately to victims. It is important to bear in mind though that domestic violence services and the police have differing objectives to fulfil, and differing priorities. Continuing to work in partnership and collaboration can help build an understanding of these differences and

use this to further improve joint working.

Work between Social Services and domestic violence services

One of the agencies that stood out in terms of concern about a lack of understanding of domestic violence, and a lack of appropriate responses was Unified Social Services (USS). Representatives from the DVSS network largely expressed the view that there was a lack of useful partnership working. It was suggested that USS make very few referrals to the domestic violence support services, and that where this agency was involved, they approached victims with a lack of understanding of the profound and traumatic impacts of domestic violence, and the time needed to rebuild their lives. They cited a lack of understanding of the levels of risk for women and children, often demonstrating an approach which relied on gender stereotypes which implicitly blame the victim for her situation. Some mentioned a lack of respect in caseworkers' attitude to victims, which can lead to secondary victimisation or institutional victimisation/abuse. DVSS representatives did not generally feel they understood the processes of case management undertaken by USS, and there was some confusion about the responsibilities for case management.

Some of these concerns were echoed from the point of view of the police, stating that USS do not seem to serve any function for domestic violence victims, that better training was required for social workers, and that there should be more accountability where USS was concerned.

At the same time, representatives of social services themselves expressed concern about the relationships between the DVSS network and both General and Unified Social Services. At stakeholder meetings some social workers have stated that they were unaware of the existence of a local DVSS. Concern has also been expressed about a perceived lack of information sharing regarding the safeguarding of children.

This kind of gap in coordination and collaboration between specialist services and social services is not uncommon. In their training resource on effective multi-agency cooperation in combating domestic violence, Logar and Vargova expand on this:

“...conflicts and tensions can arise when people are working together. This happens even more frequently if professionals from different agencies come together: Diverse tasks, competences, structures, professionals, cultures and beliefs can be the source of problems and disagreements. Time and effort are needed to build strong partnership to provide protection and support to victims based on their rights and needs” (2015, p 61).

Given the short time frame within which the DVSS network has been established, it is understandable that such gaps remain. They are, however, a matter of concern regarding the effective delivery of support for victims and their children.

According to the Law on Social Assistance which entered into force in 2015 in Armenia, USS is required to conduct an assessment and implement case management for persons in a difficult life situation, and to ensure social support. The Law defines a “difficult life situation” as one where an individual is not able to solve their difficulties independently, including situations such as children coming out of care, individuals who have been trafficked, those with disabilities, children at risk, and those who have lived with or are escaping violence and abuse. USS therefore has an obligation to support victims of domestic violence approaching them, and case management should ideally involve referrals to and joint working with the specialist domestic violence support services.

It is therefore important for USS, as well as the DVSS network, to work towards improved communication and collaboration, and to have clarity on differing responsibilities. Training of social workers is clearly important given that many of the DVSS representatives felt that there was

a challenge for them and for victims in terms of the cultural and social attitudes of some social workers. Training, well organised and delivered, is also an opportunity for the generation of ideas, for communication and for problem solving that can develop joint approaches to case management and casework based on the scope of functions for each actor/agency.

General Social Services and child protection agencies

Consultation with the domestic violence support services suggested that one of the main challenges when working with women and their children was the lack of collaboration between themselves and child protection agencies, where they felt there is a lack of understanding of domestic violence which impacts on the best interests of the child where guardianship is concerned. When discussing custody meetings, it was felt that social workers do not always see the needs of children and mothers in the context of the domestic violence and trauma they have lived with. It was suggested that the risks to children were not recognised, and that there was not clear agreement as to the differing responsibilities of Social Services and the domestic violence support workers.

The purpose of this report is not to criticise or blame any agencies, but to identify where there are challenges and gaps in helping each DVSS to have the capacity to support victims in their various regions. Given the importance of the role of both USS and community level social services where victims of domestic violence and their children are concerned, it is important to identify ways in which all these agencies can build a more productive working relationship where inter-agency communication is clear, and where challenges can be shared to meet the needs of victims.

Working relationships between the domestic violence support services and other agencies.

More broadly than the police and USS, the DVSS network representatives expressed the view that their relationships with other agencies were sometimes difficult which prevented them from achieving safety and recovery for victims. A key theme in consultation was the lack of understanding of the risk. It was suggested that negative cultural attitudes towards women amongst other professionals was evident, and that these attitudes were more prevalent in some regions than others. One of the main challenges when working with women and their children was the lack of collaboration between themselves and child protection agencies, where they felt there is a lack of understanding of domestic violence which impacts on the best interests of the child where guardianship is concerned.

The DVSS representatives also expressed concern regarding the approach of health services, which they felt demonstrated a “systematic lack of a victim-centred approach”. Forensic medical staff were cited as often lacking respect for the victim, and for approaching them with an attitude which normalises abuse and domestic violence. It was felt that in smaller rural communities, victims were particularly at risk and health services did not always recognise the need for safety and confidentiality. Some DVSS representatives also felt that relationships with public schools needed to be improved, and with educational institutions generally.

Improving multi-agency working

In exploring how the DVSS network could be improved in Armenia, it is important to have a perspective that recognises the benefits of strong and continually improving multi-agency collaboration and partnership working. This would not only increase the capacity of the domestic violence support services to meet the needs of victims in their regions but would be effective for other agencies. It would enable joint learning, and improved responses, and avoid replication of work. While there are some real signs of positive partnership, particularly between the police and the DVSS network, improving and building upon relationships with other agencies is a key recommendation of this report.

Logar and Vargova (2015) point out that the terms “multi-agency work” and “multi-agency partnerships” are often used interchangeably. They describe these terms as referring to

“... the process and outcomes resulting from different agencies concerned with the problem of domestic violence against women and their children, committing themselves to joint working to improve overall effectiveness.”

They emphasise however that while the term “partnership” might suggest that all agencies are equal, that this is not the case. Agencies differ in terms of their size, power, status, structure, resources and responsibilities. It is therefore important to pay attention to these differences, “to balance them where possible and consider their impact on joint working” (p 10, 2015).

The point here is that effective multi-agency work should be mindful in its development of the differences in resources between agencies, and in the case of the DVSS network in Armenia, be aware that their resources are limited, that many are relatively new services and that their role is focussed upon the victim. It is also important for state agencies to be aware that these smaller specialist NGOs often face significant challenges due to cultural attitudes, but at the same time their expertise is vital to effective joint working with victims and their children.

They provide the following points as guidance for building strong multi-agency partnerships and avoiding conflict between agencies

- clear commitment, at the management level, from all organisations and institutions involved;
- continuity in terms of participation in multi-agency work;
- willingness to invest time and resources to deal with conflicts and tensions in multi-agency work, providing space and support for constructive reflections and discussion.

Recommendations for building on multi-agency partnership work

It is clear, given the significant improvement in partnership work between the police and the DVSS network that multi-agency collaboration has the potential to align existing resources and increase the likelihood of reducing risk and repeat victimisation and enabling victims to recover. It is also a central means of building capacity and effectiveness into the DVSS network itself.

Recommendation:

7. It is vital to develop multi-agency protocols which are clear and which continually address risk.

The mapping of the DVSS network demonstrated that in principle some of this joint working has already been developed by the police and the network. A comprehensive plan of action to build on this, to involve other key agencies more actively would be a central means of building capacity into and improving the work of the DVSS network.

Recommendation:

8. A comprehensive set of guidelines to be developed as a training tool for social workers within both General and Unified Social Services. This should provide comprehensive training on gender-based violence, trauma-informed practice, intersectional approaches and understanding of victims’ experience of domestic violence.

The responsibilities of the DVSS network and of other agencies such as the police and USS

The Istanbul Convention not only calls on state institutions to implement its requirements through legislation and policy, but it also emphasises the importance of professionals being part of the application of the Convention's measures. This means that all agencies have a level of responsibility to respond appropriately and to work to understand domestic violence from a gendered perspective. In other words, all agencies and the individuals working within them have this responsibility, but each will have differing remits and responsibilities.

Where there is a lack of communication and co-operation between agencies however, this can become confusing, and this lack of clarity can impact negatively on the outcomes for victims. It can put the victim at increased risk where risk is not being jointly managed. Consultation with the DVSS network suggested that there was confusion about case management and the differing responsibilities of themselves and USS as well as other agencies, including child protection.

For this reason, it is crucial for work to be done clarifying what the separate responsibilities are for each agency when working with victims of domestic violence. This could be integrated into training materials and discussed in a multi-agency forum. It is crucial to good practice because it avoids conflict between agencies as well as replication of work. Most importantly, it means victims are clear about who is supporting them and in what areas.

Domestic violence is a complex phenomenon, and impacts on a wide range the victims' social and psychological lives. It can impact upon health, mental health, reproductive health the victims, housing, finances, education and employment. Victims therefore not only have a right to a specialist response, such as that provided by the DVSS network in Armenia, but also from more general services, and these not only include police and USS, but also health, education, employment and housing. In addition, a holistic response can include other local community agencies such as employers and local community groups/NGOs.

A "coordinated community response" is a model where all agencies take some responsibility for the protection and support of victims of domestic violence, and where there is absolute clarity on who is responsible for what area of the victim's situation.

Recommendations:

10. A workshop is held between the DVSS network and other agencies such as health, USS, police, housing and employment so that clarity is built on responsibilities where multi-agency work with victims of domestic violence is concerned.
11. A multi-agency model of regular meetings with clear lines of responsibility be developed and utilised at local levels. This will require endorsement at a management level.

Section 5

Exploring recommendations and practice examples

The aim of this report has been to address the following questions and areas of concern for the MLSA in regard to the recently established DVSS network in Armenia.

- The development of a potential system of evaluation of the services provided by the DVSS network.
- The capacity for each DVSS to cover all the domestic violence cases in their region (the size/demographics of each region is different).
- The level of cooperation of the DVSS network and other support services in the regions, particularly the relationship with Unified Social Services (USS) which is the main national state protection agency at central and regional levels.
- The responsibilities of the DVSS network and of other agencies such as the police and USS.

Sections 1- 4 of the report have provided a background and overview of the existing network, its strengths and challenges, and its relationship with other agencies. As such, it has explored the questions posed by the MLSA. Recommendations are made within these sections, which it is hoped are sufficiently flexible for the MLSA to explore.

This final section aims to explore these recommendations further, through examples and suggestions. It includes some international examples which aim to help consider how other countries have developed their DVSS networks. It also includes suggestions on how these examples could be adapted or modified to suit the specific demographic, institutional and cultural needs in the varying regions of Armenia. The section also includes some internet links to further relevant information on examples and suggestions which may be helpful.

Recommendations, suggestions and examples

1. Expand statistical monitoring to better understand the challenges for both the DVSS network and for victims of domestic violence.

This report recommends that the MLSA in Armenia, alongside the DVSS network, and all relevant agencies, seeks to enrich statistical data collection. The recommendation includes taking forward the plans for a digital database, as well as expanding the collection of statistical data to enable a fuller picture of gaps and trends. Of particular relevance to understanding the performance and impact of the DVSS network would be to collect statistical data on the outcomes for victims within the justice systems, particularly where court cases are concerned.

In addition, it would be useful to cross reference any statistical data on domestic violence collected by other government departments such as health, justice or education, as well as data from other NGOs. It is important in this regard that other government departments engage with and implement the requirements of the Istanbul Convention (Article 11). The sharing of disaggregated data is central to a multi-agency approach to developing services and responses to domestic violence. While this recommendation highlights the potential of the MLSA widening its collection of statistical data from the DVSS network, this would significantly benefit by working alongside other agencies, developing a broader multi-agency approach to sharing data, and enabling research on its results (IC, Article 11, 1, b).

Practice Example: Surveys in Bosnia and Herzegovina

While working towards the ratification of the Istanbul Convention in Bosnia and Herzegovina (BiH), several surveys on the prevalence, causes and consequences of violence against women were carried out. In 2012, the Gender Equality Agency, in co-operation with a number of relevant stakeholders, including women's NGOs carried out a number of surveys aiming to identify the real extent of VAW. The research was published in 2013 and was the first prevalence research done in BiH. It followed with research specifically looking at the nature and prevalence of domestic violence in Bosnia and Herzegovina (Sesar, 2013).

This practice example illustrates the wider implications of multi-agency data collection. While the MLSA could gain significant insight through increasing its statistical data on the performance of the DVSS network, wider statistical data will provide important evidence of the different situations in each of the DVSS regions. This can provide very useful information when assessing demand and challenges in each region and for each DVSS, which has the potential for funding assessments. Such surveys are important because they help policy makers create a plan for harmonisation with the provisions of the Istanbul Convention and developing budgets to be built into both national and regional action planning.

Building on statistical data could be developed through a multi-agency workshop or forum initially and be seen as a means of improving responses and supporting the work of the DVSS network. The development of such a forum is a further recommendation and is discussed in the section on Recommendation 11.

2. Develop qualitative monitoring, including case studies and evidence of outcomes for victims. These can be used to build a more in-depth understanding of the journey of the victim and the barriers to recovery.

The report recommends that the MLSA consider ways of monitoring the quality and accountability of the DVSS network in more depth to provide a richer view of the situations for victims and the DVSS network. During consultation, representatives from the MLSA expressed some lack of understanding of the different elements of support provided by the DVSS network. It was felt that it would be helpful to understand the different roles within the service such as the Legal Representative or the Psychologist. The provision of outcomes data may help in this area, particularly if the outcomes are measured for each specific area of the service.

Using an outcomes model

A useful way of collecting this data is to consider what outcomes the MLSA would wish to be achieved from the work with victims of domestic violence. Outcomes models can measure the change that has taken place because of the work with a victim. They can improve practice through identifying the success of areas of work, as well as the barriers to achieving success. They are victim-focused in that the victim works alongside the specialist service in identifying what changes they wish to see and set goals for these.

A widely used model for this form of measurement is the Outcomes or Empowerment Star (Information can be found at <https://outcomesstar.com.au/getting-started/choosing-the-right-star/domestic-violence/>) and the model is used and adapted to local need by the DVSS sector in several different countries. The model means, importantly, that the specialist service and the victim envisage

an end to the support they are receiving which avoids dependency on the service helping to manage demand. An example of a service embedding the Empowerment Star in its practice in New Zealand is available for further detail ([OS-CaseStudy_NCIWR-EmpowermentStar.pdf](#))

The Empowerment Star is just one example of monitoring that can be used to measure progress and set goals with victims on their journey to safety and recovery. It can very easily be adapted to the required outcomes that the MLSA would like to see. An example of the outcomes that the MLSA may wish to consider follows. This can be altered and adapted according to specific requirements.

Example of outcomes required of DVSS work with victims

The following outcomes can be measured throughout the period of support for the victim, on a scale of 1 – 10. They enable the victim and the DVSS to measure progress towards goals around safety, confidence, finances, and so on. They are set at the beginning of support and reviewed regularly.

Measuring outcomes enables the DVSS to assess the progress of their support, as well as evidencing this to the MLSA.

The outcomes below are examples and can be adapted.

Victim score (1 to 10)	Outcome
Feels safer	Increased safety
Feels more in control of finances	Increased financial independence
Feels there is better security in her home	Increased security of accommodation
Feels better mentally and psychologically	Improved mental health
Feels more confident to interact with others, and to trust	Improved social relationships
Feels that the police/courts have provided protection	Increased confidence in police and criminal justice system
Feels more able to support children	Improved confidence and skills for parenting

In collecting more qualitative data, the MLSA will have enhanced insight into the work of the DVSS network, and the network will have increased accountability for their work. If services within the network are already using an outcomes template to measure the progress of their work, then it will be useful for this to be collected, and it could be added to the developing digital database.

Identifying outcomes with case studies

Case studies do provide a more in-depth insight into the work outcomes a DVSS achieves with individual cases, as well as identifying problems. They can however be more descriptive than analytical and so it is helpful to request use of a case study template which identifies specific outcomes and challenges. In addition, the MLSA may wish to ask for case studies on specific elements of the service, such as counselling or legal support. This would provide additional insight into whether these roles are achieving value for money as well as successful outcomes.

Practice example: the Republic of Moldova

Situation

Describe the situation of the victim when first approaching the DVSS, including extent and period of domestic violence, situation of children, impact on health/-mental health, finances, housing, injuries. Where did the referral come from?

Work carried out with victim

What work has been done with the victim for immediate safety. What legal support has been provided. Has the victim received counselling? How long has this taken?

Other agencies involved in the case

Which other agencies have been involved in the case and have they added to the support provided?

Achievements and challenges

Identify obstacles to achieving safety and recovery, such as problems with other agencies.

Outcomes of the case

What does the DVSS see as the outcomes of this case for the victim. How do these align with the outcomes the MLSA are looking to achieve. Are there any additional outcomes or added value?

Include direct quotes from the victim, if possible, to illustrate the view of the victim on the support provided.

3. Implement an accreditation system for the network which will enable the MLSA to have assurance of standards of quality, as well as build more strategic capacity and knowledge into the specialist domestic violence services. Ideally, this should be coordinated by an independent organisation.

Accreditation would not only improve the DVSS network as a whole; it would make the network more accountable to the MLSA and other agencies. Consultation suggested that this was something the network itself would like to see.

Practice example: Women's Aid Federation of England (WAFE)

(www.womensaid.org.uk)

WAFE is a membership organisation for local specialist domestic violence services. The federation has a wide variety of members from across the UK, all of them serving different local and regional communities. WAFE has developed an accreditation process for its members to reach "National Quality Standards" in specialist domestic violence work. The standards can take over a year of work to achieve and offer a robust system for specialist services to demonstrate quality and improve practice. Being accredited also means that they have certification of quality. WAFE is a membership organisation, so is independent of its members and can demonstrate that accreditation is carried out by an independent body with no conflict of interest. The WAFE National Quality Standards are underpinned by the Council of Europe Minimum Standards.

This model of accreditation could be adapted to the DVSS in Armenia, building on current work and formalising the process for quality assessment on the support provided.

Similarly, Ireland has developed an accreditation system based on the principles of the Istanbul Convention, and detailed guidelines on its implementation can be found here. <https://www.safeireland.ie/wp-content/uploads/A-Framework-Principles-and-Standards-for-Specialist-DV-Services.pdf>. This is a helpful document in detailing the different aspects of the standards that a DVSS should be achieving, and in how to embed them. The work is carried out by "SAFE Ireland" which is an independent, strategic organisation aiming for quality of standards in the DVSS sector. A system of accreditation would provide assurance to the MLSA and other government agencies that the DVSS network is working to appropriate standards which align with the principles of the Istanbul Convention. It would also mean improvement and increased accountability to funders and other agencies. In exploring this recommendation, the MLSA may wish to consider how accreditation could be implemented. Ideally, the oversight for such a process should be carried out by an organisation which is independent of the DVSS and other key agencies. Such work could be commissioned by a specialist accreditation organisation, or the MLSA could develop a system within the Ministry bringing in expert knowledge. It is an investment in quality and assurance worth consideration.

4. Support the DVSS network to develop their own specialist training for the staff and volunteers at the DVSS and explore the possibility of formal qualifications. This could be achieved through engagement of colleges and universities.

While consultation suggests that there is a culture and practice of shared training amongst the DVSS network, a more formal system of qualifications would build capacity and knowledge into the network and would provide increased capacity. In a number of different countries, these have been developed by Independent NGOs or social enterprises and have built considerable capacity into the DVSS sector. Additionally, this would enable the MLSA to have increased understanding of the expertise needed for different roles and job descriptions across the network.

Practice example: “Safelives”

Based in the UK, Safelives provides a range of training on specialist DV work. Their model of an IDVA (Independent Domestic Violence Advocate) would be helpful in analysing the skills needed for roles within the DV sector. An IDVA is not a legal professional but has in-depth knowledge of the law and the criminal justice system where domestic violence is concerned. They act as specialist advocates and provide emotional support to victims. It is a very specific role and a job description can be found here on the Safelives website. Safelives also provides a range of resources which are helpful in understanding the knowledge required for domestic violence specialist workers in a range of languages on their website: www.safelives.org.uk

While the MLSA may not be responsible for development of training for the DVSS network, it would be helpful for them to work with the network this more formal means of assuring the MLSA and other agencies of the skills within the network, and itself having increased confidence and reassurance regarding the DVSS network and

At the same time, already existing resources could be used. The already developed Guidelines manual for the DVSS (Matosian M, et al 2022) could be reviewed and more formalised so that the MLSA has assurance of independent oversight of the training of the DVSS network’s staff. Again, this could be provided by an external expert or organisation.

5. Consider ways in which capacity could be built into the NGOs. For example, support with fundraising, appropriate accommodation, governance, and training.

In seeking ways to improve the model of work used by the DVSS network on behalf of the MLSA, consideration should be given to the differing challenges and capacities of the NGOs providing the DVSS network. A central way in which to enable their improvement is to explore ways of supporting them and building their capacity. Not all the NGOs are able to meet all the requirements, but with support and capacity building, it is possible.

There are varying ways in which this support could be provided, and it is important to bear in mind that the MLSA is not the only government agency who could contribute to this. For example, training and accreditation could be drawn from the resources of departments of Education or colleges and universities, or independent NGOs. This not only includes training for DVSS qualifications, but also in building business and governance/management skills. Evidence suggests that these are skills that smaller NGOs often lack. Such contributions from other agencies would align with the Istanbul Convention (Article 15).

Consultation with both the DVSS network and other stakeholders suggested that one of the key problems in achieving the required standards of a specialist service is being able to provide an appropriate, secure, and trauma-informed location for the delivery of services. It is worth considering whether another government agency could provide such a space, or whether the regional specialist service could be based or co-located within an already secure and suitable location.

Another model of work to consider would be co-location of DVSS specialist workers within other agencies. For example, the Duluth Model which was originally developed in Minnesota in the USA co-locates a specialist domestic violence worker(s) within other agency premises such as the Police. This will be explored in more depth following the recommendations on interagency working below.

6. Consider extending the contract for the NGOs for more than one year, enabling them to budget in advance and have more financial security for their work.

This recommendation works alongside the above suggestion on building capacity into the DVSS network. It is important in terms of enabling the network to improve their delivery by freeing their limited resources into quality delivery.

Such an extension must however work alongside the development of other means of accountability and building of quality within the network, such as accreditation and monitoring. It could provide an opportunity for the MLSA to scrutinise and assess the network in other ways.

7. Take into account the particular demographic, geographic and cultural challenges in each region when making funding decisions.

One of the key questions for the MLSA in relation to this report was to address the fact that demand and/or delivery of the services of the DVSS is different in some regions than others, although each service receives a similar level of funding. This highlights the importance of building on statistical and qualitative monitoring (see Recommendations 1 and 2). The section on the capacity of the DVSS network to deliver the required services illustrates the complexities of need in differing regions, and the differing demands on the DVSS in each region.

In taking demand into account, it is important to implement allowances for social issues in different regions. A scoring system can be useful for this purpose using, for example, poverty, or rural isolation as factors which influence capacity. Analysis of each region would help in the assessment of capacity in individual regional services. If this analysis is thorough, then the MLSA as the commissioning body may wish to consider whether some regional services should receive more funding than others, and where the services could save costings through joint delivery.

A further way of collecting data on the various regions could be carried out through regional and national surveys, such as highlighted in the Bosnia and Herzegovina. Not only would such surveys enable an improved picture of the specific challenges in each region but would also reveal the real extent of domestic violence in each region and nationally. Any previous surveys could be drawn upon, but one led by the MLSA and with an interdisciplinary framework would provide more focussed evidence on need and capacity across the regions.

8. It is vital to develop multi-agency protocols which are clear and which continually address risk and need.

9. A multi-agency model of regular meetings with clear lines of responsibility be developed and utilised at local levels. This will require endorsement at a management level.

Consultation for this report identified that one of the most significant challenges in supporting victims for the DVSS network is in their working relationships with other agencies, and in particular USS. As earlier stated, this is common, particularly where the DVSS services are relatively new. Improvement of these relationships through multi-agency partnership would lead to a measurable improvement in the specialist services and the outcomes of their work with victims, would avoid replication and in principle build capacity into other agencies, such as USS, to meet the needs of victims.

Practice Example: Latvian project “One step closer: a co-ordinated community response to violence against women”

To address challenges and lack of coordination between the DVSS and other agencies working with victims of domestic violence in Latvia, a multi-sectorial, victim centred and standardised cooperation model was developed. Its aim was to encourage victims to seek help and avoid repeat victimisation.

The model, initially piloted in one region of the country, included the following.

- A risk assessment questionnaire was developed and once agreed, was used by police, DVSS, social services and other agencies.
- A standardised cooperation monitoring system was designed to track individual cases across the agencies, including interventions provided for the victim by different stakeholders.

The pilot region noted an increase in referrals and caseload resulting from this joint working. This was welcomed by participants because the standardised risk assessment helped avoid replicating work and to access more accurate information. As a result, the standardised risk assessment template is utilised at a national level.

Consultation evidenced that similar work has been developed between the police and the DVSS in Armenia. There is an opportunity to draw upon the work already established between the DVSS network and the police to develop a wider multi-agency network of shared risk assessment, appropriate data sharing and sharing of knowledge and experience. This could be piloted in one region if appropriate and could include a multi-agency forum at a more strategic level, including MLSA.

Practice example: The MARAC Model

First piloted in the city of Cardiff in Wales, and now adapted and practiced across many European countries, the MARAC is a multi-agency risk assessment conference. It takes place usually every fortnight. The MARAC is designed to respond quickly to victims of domestic violence who are at high risk of injury or death. Key stakeholders such as the police, social services, health agencies, children’s services and NGOs all participate, and use a common risk assessment framework. This is scored to assess risk, and a referral is made to the next MARAC if it reaches the high-risk threshold, or if in a person’s professional judgement, a victim is at high risk. The MARAC is administrated by the police, and a central role is carried out by the Independent Domestic Violence Coordinator (IDVA/specialist DV worker). This role usually sits within a specialist NGO and supports the victim’s journey through the criminal justice system. Her independence from statutory agencies enables her to build trust from the victim. The MARAC meeting is attended by those agencies involved and it is an arena where they share knowledge of risk and agree actions to manage this risk. The victim’s safety is paramount.

The MARAC model has been extremely influential as a co-ordinated, multi-agency response to domestic violence. Many localities have implemented a similar model for those victims who are not assessed as high risk, but are nevertheless vulnerable, and where interventions are agreed to prevent the risk increasing. This model means that protocols and shared, risk is discussed, actions are agreed, and agencies are continually working together. In addition, it is a model where all agencies have responsibility for contributing to the safety and recovery of victims.

An example similar to the MARAC model, but focussing support in a local community context and aiming to prevent cases from becoming at increased high risk is detailed below as a case study. Adopted in the Republic of Moldova, it can be seen as a regional/local multi-disciplinary intervention model which takes place at a local level:

Case study

The case study is based on a woman living in an isolated rural area. Her husband was extremely violent, and the police had been contacted by neighbours twice. She had no transport to access help and lacked trust in any government agencies. Her 2 children attended primary school, and it had been noted that the older boy was not attending regularly. He was staying at home to protect his mother. The police referred the woman to the local DVSS who helped with transport, and where she was able to build trust and some belief that things could change. The situation was addressed by a multi-agency meeting which took place every week, online or in person, and she was regularly updated on any agreed actions:



By building trust through the ongoing specialist support from the local DVSS, she eventually had to confidence to make a statement to the police who were able to hold the perpetrator to account. The involvement of social services and the local school helped increase the safety of the children in this case. All agencies involved were responsible, but there was absolute clarity as to their different responsibilities. This model could be expanded to include a range of other agencies such as health, employment, housing or other community NGOs.

Regular updates and agreed actions, and recognition of the transport challenges for this woman meant that a multi-agency response helped her and her children to become safe. This case study example is easily adapted to suit national and regional requirements, but it illustrates a model which can be used at a local scale.

A co-location model: Duluth Massachusetts

The Domestic Abuse Intervention Programme developed originally in Duluth Massachusetts in the USA has been adopted and adapted in different forms and has had a global influence on models of interagency work with victims of domestic violence. Like the examples above, it is based on a coordinated community response to victims of domestic violence, with regular multi-sectoral meetings, common templates for risk assessment and actions formally agreed.

Duluth also developed a model of co-location. Originally, this involved locating a specialist DV practitioner within the police premises on a regular basis. The model means that while the DVSS remains independent and specialist, being located part time within the police station or premises builds understanding of cases, enhances communication, and means responses can be timely. This is supported by regular multi-agency meetings as in the case of the MARAC.

Co-location has today been developed in several ways. There are examples of co-locating DVSS staff within health settings (REF), in housing departments, and within social services. Co-location can be a useful means of aligning existing resources at a relatively low cost, has the potential to significantly reduce risk through improved response, and helps build strong inter-agency relationships.

Another model of co-location would be to consider locating other agencies for a period of time within an DVSS. This is now an established practice in many countries. For example, during social work training, a placement for several weeks within a DVSS provides insight and education for future social workers. In countries including the UK and the Netherlands, this has become an important way in which trainee social workers are able to learn about the complex dynamics and impacts of domestic violence.

10. A comprehensive set of guidelines to be developed as a training tool for USS and community social workers. It should include training on gender-based violence, trauma-informed approaches and raise awareness on a range of impacts of domestic violence.

Practice example: the Republic of Moldova

In April 2024, Guidelines for state employed social workers were launched for dissemination in the Republic of Moldova. These were a collaborative effort between the Council of Europe and the Ministry of Labour and Social Protection. They are comprehensive guidelines, tailored to empower social workers with the essential skills to prevent, protect, and intervene in cases of violence against women and domestic violence. They also enable social workers to understand the importance of a gendered perspective, of building trust, and how to avoid victim blaming and using gender stereotypes in their work. The guidelines are part of collective efforts to address domestic violence from a multidisciplinary perspective. The guidelines serve as training materials, and it is intended that they are integrated into all required community social worker training.

This is an example of practice which builds the capacity for multi-agency work, joint learning, and improvement of practice and confidence of community social workers.

There is also potential to consider including a risk and needs assessment template, and other such tools, which could be worked upon in consultation with the DVSS network and other agencies such as the police, health and education. At a management level this could be implemented as required practice, alongside social worker training on domestic violence. It could be considered as an essential element for social work training, and the programme would need to be ongoing to ensure the workforce was appropriately trained.

Consideration could also be given for state social workers to be placed for a period within the DVSS centres as part of their training as previously mentioned in the section on co-location.

This training resource could also be adapted for training of other agencies, such as health, criminal justice and housing. Its added value is that the development and delivery of training on the resource will enhance multi-agency cooperation. It will also increase confidence within the social work workforce on their work with victims of domestic violence.

11. A workshop is held between the DVSS network and other agencies such as health, USS, police, housing and employment so that clarity is built on responsibilities where multi-agency work with victims of domestic violence is concerned.

This final recommendation is included to provide an arena for the other recommendations made in this report to be addressed and developed. Consultation for the report did evidence that there are some positive examples in Armenia of steering groups at strategic as well as practice levels. This has been central to the mobilisation and development of the current DVSS network. The recommendation is to ensure that this is formalised and ongoing, so that knowledge continues to be shared and problem-solving continues to take place. The changes in the Law in Armenia, and the setting up of the DVSS network mean that there is scope for very positive further development which can improve the performance of the DVSS network and enable their work to be communicated and reflected upon.

Conclusion

The passing of the new Law on domestic violence in Armenia represents a turning point in the country's positive progress towards supporting victims of domestic violence and holding perpetrators of domestic violence to account. The collaborative work carried out by the MLSA, the DVSS network, and other key stakeholders means that there is considerable potential for innovation and improvement. The MLSA has worked along the principles of the Istanbul Convention by including and building capacity into regional NGOs and enabling these organisations to have a voice at a strategic level. Moreover, the Council of Europe Minimum Standards have been used to inform monitoring and quality checks and have been integrated into the work of the DVSS network.

In developing the DVSS network through work with local and regional women's NGOs, the MLSA has enabled a specialist and independent sector which means that victims are much more likely to trust the support offered and to seek help. The establishment of this network is recent, and there remain considerable challenges in monitoring and quality. Moreover, these cannot be addressed in isolation, and the report has therefore given considerable attention to the need to develop improved inter-agency relationships between the DVSS network and other stakeholders. Nevertheless, the research carried out for this report evidences a very strong commitment on the part of the MLSA, the DVSS network and other agencies to improving practice with and outcomes for victims of domestic violence.

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The report presents an overview of the Domestic violence specialist services network in Armenia, examines the issues of capacity across the network, collaboration with stakeholders and provides recommendations for development and capacity building. This analysis is based on the Council of Europe's minimum standards for support services and refers to the international standards, in particular the Istanbul Convention. The work suggests examples of best practices from other countries to explore and adapt to the cultural and demographic needs of victims of domestic violence.

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