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DOMESTIC VIOLENCE IN EUROPE AND EURASIA

June 2006

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Final Report

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EXECUTIVE SUMMARY

A. Purpose and Methodology

The objective of this assessment is to review domestic violence in USAID countries in the Europe and Eurasia region in order to:

- Describe the extent to which domestic violence is a problem in each country, with a focus on presenting available quantitative and statistical information;
- Describe the services and support available for victims of domestic violence in each country;
- Make recommendations regarding the countries where intervention is most needed and the kinds of programming that USAID could undertake.

The definition of domestic violence used for this report is violence against women that is perpetrated by intimate partners (including cohabitating partners) and other family members, including physical abuse (e.g., slapping, beating, murder), sexual abuse (e.g., coerced sex through intimidation or threats), psychological abuse (e.g., verbal aggression, intimidation) or economic abuse (e.g., denial of funds or controlling access to employment). Other forms of violence (e.g., violence against women perpetuated by strangers, violence as a component of war, workplace harassment, trafficking) were excluded from the present report although they are widespread and pressing issues in their own right.

The assessment was conducted as a desktop review of literature and research available in English. As a result there was more information available for some countries than others. A lack of information about services or legislation does not necessarily mean that services do not exist or that there is a lack of, or ineffective, legislation. Because of inconsistent availability of country-specific information, recommendations are provided on a sub-regional level; there is reason to believe that there may be greater comparability amongst the countries within a sub-region, which could make up for a lack of available information on individual countries. Country specific information on the prevalence of domestic violence, domestic violence legislation, and the availability of services, which is provided within the main body of the report, is summarized below.

B. Criteria Used to Select Prevalence Data for Inclusion in the Report

Studies of the prevalence of domestic violence often produce very different estimates of the magnitude of the problem. In order to increase the reliability of the prevalence data included

in this report, only prevalence studies which met the following criteria were included:¹

- A probability-based sampling design was used to achieve a representative sample.
- The study had a high response rate (75 percent or higher), ensuring that the representative sample was not skewed by having a significant portion of the sample population choosing not to participate in the survey.
- Behavioral questions were used as much as possible to eliminate differences in individual definitions of violence, abuse, etc. Behavioral questions ask respondents about specific types of violence they may have experienced (e.g. slapping, punching), as opposed to asking respondents general questions, such as if they have ever been abused.

C. Limitations of the Research

1. More information was available for some countries than for others. This resulted in wide variations in reporting on prevalence rates, legal provisions and assistance programs. Thus, a lack of information reported in this document does not necessarily indicate poor or absent legislation or a lack of assistance programs, but may reflect missing information.
2. There were a limited number of countries with studies documenting the prevalence of domestic violence that met the criteria for inclusion in this report. Of the 20 countries (and territories) under consideration, only 11 had conducted prevalence surveys which met the established criteria (Albania, Azerbaijan, Bosnia & Herzegovina, Georgia, Macedonia, Moldova, Romania, Russia, Serbia & Montenegro, Tajikistan and Ukraine). Additionally, studies which measured tolerance of wife beating and met the established criteria were identified for Armenia, Bosnia & Herzegovina, Kazakhstan, Serbia & Montenegro and Uzbekistan. No studies met the criteria for this report in Belarus, Bulgaria, Croatia, Kosovo, Kyrgyzstan, or Turkmenistan.
3. Comparing domestic violence prevalence rates across studies and across countries is problematic: studies use different methodologies, different definitions of domestic violence, frame questions in different ways, and have target populations with differing demographics, making it difficult to draw comparisons from the results. An in-depth discussion of the differences identified in the studies consulted for this report is provided in the chapter on the prevalence of domestic violence in the region.
4. This assessment relied on the use of secondary sources as well as contacts with and web sites of local and international organizations to identify services for victims of domestic violence. This limited the identification of services, especially those which are locally based, and did not provide an opportunity to assess the quality or impact of services. An organization which conducted a review of domestic violence in Romania found that

¹ Some studies identified did not meet these criteria. In other cases, studies were eliminated not because they did not meet these criteria, but because there was not enough information available about the studies to determine if they met these criteria. A summary of the prevalence rates found by these studies is included in the full report.

organizations tend to exaggerate the size and impact of their own programs (PEC 2003: 157) so that relying on self-reported service provision has limitations. Few of the secondary sources that were consulted provided an assessment of the services on which they were reporting. The methodology employed for this report, therefore, did not allow for a comprehensive survey of available services and programs. It was also very difficult to determine to what extent programs were on-going or discontinued.

D. Findings

Balkans

Albania, Bosnia & Herzegovina, Croatia, Kosovo, Macedonia, Serbia & Montenegro

Most Balkan countries appear to have average rates of domestic violence for the region, meaning that domestic violence affects 20 – 30 percent of women and their children.² This is a significant portion of the population. However, since the war, in the former Yugoslavian countries (with the exception perhaps of Macedonia) the issue of domestic violence has become a topic of public discussion. Many post-war services that were initially developed for female victims of sexual violence have expanded their programming to include victims of domestic violence so that some services are available throughout the region. However, donor funding for these services is reportedly declining so it is not clear if the services will continue to operate.

In Macedonia and Albania, services for victims of domestic violence are noticeably absent. In both countries victims are reluctant to report their suffering to anyone, even family members. One study indicates that well over half of victims in Albania who report experiencing violence have never told anyone. Silence about the issue makes addressing it more difficult as it masks the extent of the problem, allowing communities to ignore it. Raising awareness about the issue to break the silence and to make victims aware of services available to them becomes especially important.

Black Sea Region

Bulgaria and Romania³

Prevalence data from the Black Sea Region was only available for Romania; no prevalence data was identified for Bulgaria. There were many studies available from Romania, all of which indicated differing prevalence rates, ranging from 10 – 30 percent of women having ever experienced physical violence (with significantly higher rates amongst Roma women). Reports indicate that domestic violence has received significant attention in recent years. As a result, improved domestic violence laws and domestic violence services are available in many locations throughout both countries. The majority of victims are likely to report their abuse to family and friends, improving their likelihood of finding assistance. However, there are also indications that services for victims of domestic violence may be closing down due to reductions in international donor funding.

² Prevalence rates indicated in this report are likely to indicate minimum rates, as most researchers in this field believe there to be a tendency amongst respondents to under-report incidences of domestic violence.

³ Romania and Bulgaria were the only countries of the Black Sea region which were included in this study.

Caucasus

Armenia, Azerbaijan, Georgia

Information about the prevalence of domestic violence in the Caucasus is also limited. Data for Azerbaijan indicate that at least 25 percent of women are victims of physical abuse and nearly 33 percent are victims of psychological abuse. No information is available for Armenia which meets the established criteria. Armenians and Azeris show a high tolerance for wife beating with 30 – 60 percent of the population believing that it is sometimes justified. The rates of prevalence of domestic violence found in Georgia are the lowest reported rates in the region. As only one study was identified, it is not clear if the low reported rates reflect actual low rates of domestic violence or under-reporting. The few studies that are available show that victims of violence in Azerbaijan are unlikely to tell anyone about it, with 60 percent of those reporting abuse indicating that until speaking with the researchers, they had never told anyone about it. In Georgia the opposite was true with a high percentage of those reporting abuse indicating that they had told someone about it. Again, however, it is possible that only those who had already told someone about their abuse were likely to tell the researchers about it and this pattern may not be indicative of general reporting behavior. No studies of tolerance of wife beating in Georgia were identified. In spite of the low reported numbers in Georgia, domestic violence is clearly a significant problem in the Caucasus region and there are very few services for victims of domestic violence available in any of the countries.

Central Asia

Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan, Uzbekistan

Very little information on the prevalence of domestic violence is available for the Central Asian Republics. Prevalence rates are available only for Tajikistan and they are the highest rates noted in the entire Europe and Eurasia region. Tolerance for wife beating is high. In Kazakhstan 30 percent of respondents state that wife beating is sometimes justified. In Uzbekistan the figure doubles, with 60 percent of male respondents and 70 percent of female respondents believing that wife beating may be justified. This leads one to believe that rates of domestic violence may be quite high throughout Central Asia. With the exception of Kyrgyzstan, few services are available and services which are available tend to be concentrated in the cities. In Kyrgyzstan it appears that services are available in most parts of the country.

Russia and West NIS

Belarus, Moldova, the Russian Federation, Ukraine

Studies from this sub region indicate that approximately 20 percent of women in the countries of Russia and West NIS have been subjected to domestic abuse. While some services are available in most of the countries they are concentrated primarily in urban centers and therefore not available to a large portion of the population. As well, many services run by local NGOs are sponsored by foreign donors and may soon be shut down due to reductions in funding. Reports indicate that there are fewer stigmas attached to divorce in the countries of this sub-region and less of an environment of patriarchy. As a result, while leaving violent relationships is difficult for women from all parts of the world, women in the countries of this sub-region may be more able to divorce and escape the cycle of domestic violence. As with the Black Sea region, the women of this region are also far more likely to report their abuse to someone, often family or

friends, but also to the police, increasing their chances of finding assistance. However, long term solutions for victims of violence are severely hampered in this region by the housing shortage (see below), which result in women continuing to live with their abusive husbands even after divorce.

E. Recommendations

While all of the countries in this region could use support to tackle domestic violence, Central Asia, the Caucasus, Albania and Macedonia have especially high reported levels of domestic violence coupled with a notable lack of services for victims, therapeutic programs for perpetrators, or prevention programs. There is also a climate of secrecy in these areas, with victims being less likely to tell anyone, including family or friends, about the abuse they face at home.

In fighting domestic violence it is important that approaches be based on the perceived needs and recommendations of local stakeholders. Programs to fight domestic violence should therefore be flexible enough to adapt to each locality. At the same time, there is a wealth of information and expertise around the world which can and should inform local solutions. To bring about important changes in the region a domestic violence program is needed which focuses on interventions at the local level with local stakeholders to ensure culturally and community appropriate interventions. In order to take advantage of the wealth of experience available on addressing domestic violence, the program should also provide access to international expertise on the issue and opportunities for sharing and networking in the region. Presented below are suggested areas for reform, based on lessons learned from the region and around the world which could be adapted to meet local needs.

1. Improved Legislation

In countries that do not yet have it, specific domestic violence legislation is needed that recognizes the unique nature of the relationship between perpetrator and victim and includes special provisions to address the factors that arise from that relationship. Regulations need to be established that allow the abuser to be removed from the home, require special counseling for the perpetrator and ensure that protective measures are available for the victims. It has been shown that abuse often escalates once a woman has decided to leave the perpetrator (WHO 2002: 97), resulting in a greater need for protective measures at that time. Specific legislation also makes it easier for countries to collect statistics on domestic violence cases reported to the police. With the lack of a specific statute on domestic violence, crimes committed by intimate partners and families members tend not to be disaggregated from the general criminal statistics.

2. More Attentive Law Enforcement

Changes in policies and legislation have been found to have little effect unless they are accompanied by efforts to change institutional culture (WHO 2002: 103). Victims throughout the region report disappointment and frustration in their experiences with law enforcement. Therefore, training for police and other law enforcers (as well as health professionals and social workers) is critical to ensure that they become more responsive to the issue of domestic violence. The involvement of professional associations could be an effective approach to institutionalizing

such changes, not only with the police, but also with professionals in other sectors, such as health care workers, social workers, and teachers. Building trust between police and the community (especially with minority communities who may have a stronger lack of trust in police and other social institutions) is also important (BGRF: 25).

3. Health Sector Involvement

Because most victims of domestic violence will not come forward to seek assistance, improving identification of victims by health care professionals is needed in order to offer assistance. Health care workers may be the only professionals with whom all women will come in contact at some point in their lives (Heise et.al. 1999: 26). The importance of training health care workers is emphasized throughout the domestic violence literature (WHO 2005; Baban: 60; BGRF: 28; Heise et. al. 1999). In addition to training, protocols for management of identified abuse cases need to be developed.

4. Prevention and Empowerment Programs in Schools

Changing societal attitudes is a slow process. Youth hold the potential to change the coming generation. Training and sensitization for teachers and incorporating issues of domestic violence, gender roles, relationships, communication, power and control issues into programs for youth may be effective tools for bringing about such change (WHO 2002: 108). School programs can empower girls, raise their self-confidence and teach them negotiation skills. At the same time, boys can be taught that violence is not acceptable and that communication skills are an alternative to violence (UNICEF 2000a: 14).

5. Community Coordination

Studies of domestic violence programs indicate the need to make programs multi-sectoral in nature, with a greater emphasis on involving families, friends, and social and religious communities in the design and implementation of domestic violence interventions. Communities are important in reducing tolerance for violence, identifying affected families, and offering support to victims (WHO 2002: 111; UNICEF 2000a: 14-15). Cooperation is needed amongst the different actors listed above as well as police, social workers, health care workers, teachers, NGOs, and shelters at the local level, as each may come into contact with victims in need of one another's services. Community members, while important in bringing about change, are also likely to harbor the same misconceptions and attitudes about domestic violence as society at large. Therefore, activities may be needed at the local level to increase awareness about the nature and scope of the problem.

6. Raising Awareness and Changing Attitudes

The lack of response to domestic violence is related to women's status in society. There is a general need to improve the status of women and to empower women by eliminating discriminatory laws, increasing women's involvement in leadership and decision making positions, increasing access to education, increasing women's control over economic resources, increasing women's access to health care and control over their bodies, and improving women's self confidence (Heise et. al. 1999: 32).

Increased awareness of domestic violence is especially needed in Central Asia, the Caucasus, Macedonia and Albania to end the secrecy and begin a social dialog necessary to increase awareness. Campaigns are needed to change tolerant cultural attitudes towards domestic violence and to raise awareness of services for victims. Awareness also needs to be raised about the impact of domestic violence on society at large: not only does domestic violence affect the families involved, but it has also been found to have significant economic costs due to increased health care costs, costs of law enforcement responses, and reduced productivity in the workplace (UNICEF 2000a: 12-13).

Domestic violence also has a profound impact on children. In many studies in the region, women victims of violence stated that they do not leave their abusive husbands for the sake of their children and many service providers and law enforcers seem to share this attitude. They believe that providing a good home for the children means keeping the family together (ESE 2000: 47; Baban: 52; PEC 2003: 93; Mrsevic & Hughes 1997: 15; MNAdvocates 2000d: 25; Spindel et. al. 2000: 90). However, studies worldwide show that both witnessing and experiencing violence in the home as a child can have a significant impact on the child's behavioral and emotional well-being (WHO 2002: 103; Heise et. al. 1999: 20). Therefore, increasing understanding of the impact domestic violence can have on children is important to ensure that appropriate responses to domestic violence are advocated.

7. Provision of Victims' Services

Most studies point to the dearth of available assistance for victims in the region. In many countries what little assistance is available is found only in large metropolitan areas and therefore is of limited use to a majority of those in need. Assistance programs have focused on formal methods of providing assistance (through shelters or crisis centers) which also may be of limited use and too expensive to be sustainable. Assistance programs need to be developed throughout the region and should be developed at the local level in collaboration with local leaders, health and social service providers, law enforcement, local women's and men's groups, religious leaders, other community leaders and, where possible and safe, victims of domestic violence. The typical services that are needed include: emergency shelters, long term housing, economic opportunities, personal and group counseling, access to education and counseling for the children, and support of family and friends. More detailed recommendations for services for victims of domestic violence are provided in the final chapter of the report.

8. Development of Interventions for Perpetrators

Most approaches in the region have focused on providing services to victims of domestic violence. While such services are needed, as noted above, it is also important to approach the problem from the other side. Therapeutic programs for perpetrators, such as counseling for violent behavior or treatment programs for substance abuse, are notably lacking in the region. Indications from other parts of the world show that not only may such programs be effective, but they also may be of interest to perpetrators if implemented carefully. Piloting programs which target perpetrators, and taking care to ensure that proper evaluation is built in to the design in order to assess their impact, may provide an effective new way of addressing domestic violence issues in the region.

9. Research and Evaluation

Few studies in the region have looked in-depth at the experience of victims of violence; that is, the impact on the victims, children, and other family members; what prevents them from leaving their abusive situation; if they have left, where did they seek assistance, when and how? Such information would aid the development of appropriate interventions for victim assistance. In-depth studies of families without violence (despite factors which would have increased their risk) may also provide innovative ideas for interventions or prevention programming.

As with other development assistance, program evaluations are needed in order to improve programming and to garner lessons which can be shared across the region. Pilot programs with built-in evaluation strategies would be of great benefit.

10. Sustainability through Government Sponsorship

Encouraging government participation at all levels in domestic violence approaches is critical to ensuring the sustainability of the programs. Many services funded by international donors are no longer functioning. Those activities for which governments demonstrate support through financial or in-kind contributions are more likely to continue receiving support when international donor funding ends. All of the governments in the Europe and Eurasia region are party to the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW), which commits them to fighting domestic violence and to providing assistance to victims. Programs can be designed to encourage governments to live up to these commitments.

PREVALENCE OF DOMESTIC VIOLENCE IN THE REGION

Domestic violence constitutes not only a significant threat to the women who are its victims, but also to other family members and to society as a whole. The victims of domestic violence are subjected to physical injury and sometimes death, reproductive health disorders and other illness, psychological trauma, depression (often leading to attempted suicide), lack of self esteem, and isolation. Children in families with a history of domestic violence are also affected, sometimes with physical injury themselves, but also with psychological trauma and behavioral problems resulting from witnessing violence within the family. As well, domestic violence takes a toll on the larger society, resulting in lost wages due to absenteeism, higher health care costs, and increased burdens on law enforcement structures (WHO 2002: 100 – 103).

While the costs of domestic violence may be great, funding to address it is always a problem, especially in developing and transition countries. Funding for development projects and for social services is rarely sufficient to meet all of a country's needs. Understanding the prevalence of domestic violence helps to assess the relative importance of the issue and can assist policy makers in prioritizing how public monies are best spent. A number of high quality studies on the prevalence of domestic violence were identified for use in this report and demonstrate that domestic violence is widespread throughout the region, affecting a large portion of the population. Summaries of the prevalence rates found in the region follow; more detailed study results can be found in Appendix B.

A. Factors Reducing Comparability of Prevalence Studies

While it is important to study the prevalence of domestic violence in order to document the extent of the problem and mobilize support, caution should be taken in comparing prevalence rates across studies and across countries. As an example of the difficulty in making comparisons or even drawing firm conclusions from studies of the prevalence of domestic violence, in Albania three different surveys of prevalence were identified, each with very different results. A study by the Counseling Center for Women and Girls in 1999 in the Shkodra area indicated that 72 percent of surveyed women reported that they had ever experienced some form of domestic violence (IHF: 30), while a reproductive health survey, conducted nationwide and with a much larger sample, showed much lower numbers with 30.3 percent reporting having ever experienced verbal abuse and 8.1 percent physical abuse. Lower numbers were reported for experiences of violence in the 12 months prior to the survey, 22.9 percent and 4.5 percent respectively. Another survey conducted exclusively on the issue of domestic violence (also with a large sample size, but only in Tirana), resulted in numbers somewhere in between with 37 percent of married women reporting physical violence by an intimate partner in the 12 months prior to the survey. As described below, there are a range of factors which may lead to such differing survey results.

Survey Methodologies: Studies generally used differing methodologies leading to results which are not directly comparable.⁴ For example, some studies include questions on domestic violence within much larger surveys of reproductive health, whereas others focus solely on domestic violence questions. According to findings by the World Health Organization (WHO), studies which include questions about women's experience of violence within a larger survey of a different subject (such as the demographic and reproductive health surveys) can lead to a greater degree of under-reporting (WHO 2001: 27).⁵

Interviewing Techniques and Framing of Questions: Differences in interviewing techniques and wording of questions can also have an impact on reported rates of domestic violence. For example, differences in the specificity of the questions asked have an important impact on how the respondent interprets the question (because on both an individual and a cultural level there are different definitions of what constitutes violence); this limits comparability of studies. Research has shown that studies which ask about highly specific types of abuse (e.g., questions asking whether respondents have ever been slapped, kicked, hit with a fist) are more likely to illicit positive responses than those which ask respondents about experiences of abuse more generally (e.g., whether respondents have ever experienced domestic violence or been physically abused: WHO 2002: 93; Clark 2003: 20).

Respondent Populations: Differences in the study populations also lead to differing results. Studies include women of differing ages and marital status, factors which are associated with the risk of experiencing domestic violence. Some studies include only women who have ever been in an intimate relationship and others include all women in the chosen age range (WHO 2002: 92). To highlight the significant impact demographic factors can have, a study of domestic violence in Tajikistan including women between the ages of 14 and 65 found that 53 percent were married at the time of the study (10 percent in unregistered marriages). 90 percent of the women in officially registered marriages had experienced physical domestic violence compared to 50 percent of women in the full study sample (WHO 2000: 15, 19).

Interviewer Characteristics: Age, experience with the topic, openness and warmth of interviewers can all affect the likelihood of respondents disclosing their experiences of violence. A WHO study found that female victims of violence were less likely to disclose their experiences of violence to very young, unmarried interviewers whom they did not think would understand their experience (WHO 2001: 16). Therefore, the selection of interviewers can have a profound impact on the prevalence rates indicated in research results. If interviewers are from the same community as the respondents, and therefore know them, they can have a great impact on the respondents' willingness to disclose experiences of violence. In this respect, large studies with nationally representative samples are at a disadvantage in that they need such a large number of interviewers and therefore cannot ensure that all interviewers will be equally effective at building rapport with respondents (Kishor 2005: 8).⁶

⁴ Only the demographic and health surveys and the reproductive health surveys used similar sampling methods, questionnaires and interview techniques in all countries surveyed.

⁵ This may explain the differences found in Albania and Romania, where both reproductive health surveys and domestic violence surveys were conducted, yielding very different results (see Appendix B).

⁶ This may have contributed to the low rates reported in the Albania and Georgia reproductive health surveys.

Response Rates: Response rates, or more specifically non-response rates, can greatly affect the validity and comparability of the findings. If a large number of the sample population refused to participate, the sample is no longer representative of the chosen population. Respondents who are unwilling to participate in the survey may have something in common which could skew results. For example, potential respondents who have experienced domestic violence may be more likely to refuse to participate, thereby reducing the prevalence of domestic violence reported in the study. The same can be true for specific questions, whereby a high rate of respondents refusing to respond to a particular question can impact the reported results.

Articulating Forms of Violence: Studies of the prevalence of domestic violence try to quantify those who have been subjected to differing kinds of abuse. However, studies show that most women who are subject to domestic violence experience a range of violent and controlling behavior from their abuser. Studies throughout the region found that most of the women who report having been abused had experienced a combination of abuses over time – physical, verbal, psychological, sexual and economic (Baban: 29, 39; PEC 2003: 71, 89; WHO 2000: 15). Women may report one kind of abuse (e.g., a particularly brutal physical assault), while failing to mention other forms of abuse they experience on a regular basis (e.g., controlling behavior, social isolation, insults, or slaps). As a result, studies may under-report some forms of abuse. For example, statistics on the prevalence of sexual abuse are generally much lower than for physical abuse, yet a study of abused women in Albania points out that a large portion of the women who were interviewed experienced sexual abuse in addition to physical abuse. The women often do not describe it as abuse but said that they gave in to their husbands' sexual demands as a way of ending or preventing more violence (Baban: 34-36). The likelihood of under-reporting of sexual and other non-physical forms of violence, such as controlling behavior and social isolation, seems therefore quite likely.

Cultural and Gender Differences in Defining Abuse: There are also significant cultural and gender differences in what people think constitutes abuse. Abuse may be under-reported because the interviewee does not consider the behavior as abusive, but as something that is normal or expected (PEC 2003: 113). One study in Macedonia found that some of the abused women who were interviewed refused to let the interviewer categorize slapping as physical abuse because they felt that this was too common and 'something that happens in every house' (ESE 2000: 24). In Kosovo a study found that men and women had differing perceptions of physical abuse, with men defining an act as physical abuse only if noticeable harm was inflicted while women classified acts as physical abuse even in the absence of visible injury (Wareham 2000: 39).

B. Estimates of Prevalence of Domestic Violence in the Region

What is clear from the available research is that domestic violence is a serious problem in the region, affecting a conservative estimate of 20-30 percent of women and their children, and that a culture of tolerance for and secrecy around domestic violence still exists in many parts of the region. This hampers efforts to quantify and address this issue.

The studies identified for inclusion in this report varied considerably in their survey methodologies and in the way in which they reported results. For example, studies used different classifications of violence or reported only on one kind of violence and not another. In order to

aid in presenting a comparable picture of domestic violence in the region, only one form of violence, physical violence, is presented in Table 1, as this was the most consistently reported category of violence across the studies.⁷ Additional results from these studies can be found in Appendix B.

Table 1 - Prevalence Rate of Domestic Violence in the E&E Region⁸			
Country	Physical Violence - Ever Experienced (%)	Physical Violence - Previous 12 Months (%)	Source
BALKANS			
Albania	8.1	4.5	<i>CDC 2002</i>
		37	<i>Burazeri et. al. 2005 (Tirana only)</i>
Bosnia & Herzegovina	23		<i>Peele et al, 1999 (Zenica only)</i>
Macedonia	23.9		<i>ESE 2000</i>
Serbia & Montenegro	22.8	3.2	<i>Garcia-Moreno, et. al. 2005 (Belgrade only)</i>
BLACK SEA REGION			
Romania			
2004 Data		15.1	<i>MOH Romania 2005</i>
1999 Data	29	10	<i>CDC & ORC Macro 2003 and MOH Romania 2005</i>
2003 Data	10.5	3.6	<i>2003 Data - PEC 2003</i>
CAUCASUS			
Azerbaijan	20.1	7.6	<i>CDC 2003</i>
	33		<i>IRC 2004 (IRC beneficiary group only)</i>
Georgia	5	2	<i>CDC & ORC Macro 2003</i>
CENTRAL ASIA			
Tajikistan	50		<i>WHO 2000</i>
RUSSIA AND WEST NIS			
Moldova	15	8	<i>CDC & ORC Macro 2003</i>
Russia	21	6	<i>CDC & ORC Macro 2003</i>
Ukraine	21.1	7.9	<i>KIIS 2001</i>
	19	7	<i>CDC & ORC Macro 2003</i>

As can be seen in Table 1, the lowest rates of physical violence were reported in Georgia, with only 2 percent of women reporting physical violence from an intimate partner during the 12 months preceding the study and 5 percent reporting having ever experienced such violence. The highest reported rates were from Tajikistan with 50 percent of women having ever experienced physical violence. Most rates fell in the range of 20 – 30 percent of surveyed women reporting

⁷ Worldwide, research indicates that sexual, psychological and economic violence have not yet been well studied or documented. As a result there are large differences in how terms are defined and in what questions are asked of respondents to solicit their experiences of such forms of violence. Therefore, comparisons are more difficult to make and differences between studies harder to understand (UNICEF 2000a: 4; Heise et. al. 1999).

⁸ In Appendix B statistics are also provided for psychological and sexual abuse, where available.

having ever experienced physical domestic violence and 7 – 20 percent having experienced such violence in the 12 months prior to the survey.

Care should be taken in interpreting the data because most social scientists who conduct such surveys believe that domestic violence rates are typically under-reported. This could be due to the sensitivity of the subject, fear of stigma or even rejection by the family and community (Ward, 2002: 93; Garcia-Moreno 2005). In addition to the differences in methodologies employed, the rates may also reflect differences in how respondents define violent acts, in their tolerance for domestic violence, or in their willingness to disclose such violence to outsiders, rather than differences in actual rates of domestic violence. So, while Georgia appears to have very low levels of domestic violence, this finding should be interpreted cautiously⁹. Similarly low rates were obtained in the reproductive health survey in Albania, but these rates were later contradicted by the high rates noted in another domestic violence survey in the same country.

The prevalence rates for domestic violence in the Europe and Eurasia region are comparable to those found elsewhere in the world, with most countries of the region falling in the middle of the ranges reported worldwide – with neither the lowest nor highest reported rates. A review of worldwide prevalence studies by the WHO in 2002 found that worldwide rates of women having ever experienced physical violence from an intimate partner ranged from a low of 10 percent in Paraguay and the Philippines to 67 – 69 percent in Papua New Guinea and Nicaragua. The range of those who experienced physical violence during the 12 months prior to the survey dropped to a low of 1.3 – 3 percent in Canada, the United States and Australia to a high of 52 percent in the Palestinian communities of the West Bank and Gaza (WHO 2002: 89-91). Similarly, in 2005, researchers in a study by WHO of 15 countries found that among partnered women, the rate of physical or sexual violence from an intimate partner ranged from 15 – 71 percent, and experiences of such violence within the prior 12 months ranged from a low of 3 percent to a high of 54 percent (Garcia-Moreno et. al. 2005: xiii).

C. Indirect Indicators of the Prevalence of Domestic Violence

Tolerance of wife beating reveals societal attitudes towards domestic violence. Survey respondents are typically asked about circumstances under which a man is justified in beating his wife. The circumstances which are presented to respondents are generally related to traditional gender roles involving preparation of food, housework, childcare, fidelity, and respect (Heise et. al. 1999: 6). Questions are typically framed to ask respondents if they believe a man would be justified in beating his wife if she: burned the food, neglected the children, disobeyed her husband, or had sexual relations with another man. Data from studies in the region which measured tolerance for wife beating are presented in Table 2. The rates of tolerance varied considerably, from only 6.2 percent of respondents in Belgrade to 70 percent of respondents in Uzbekistan believing that a man is sometimes justified in beating his wife. However, there is considerable variability in tolerance of wife beating by geographic area. For example, in Uzbekistan, the percentage of women in Tashkent (the capital city) who believe that wife beating is sometimes justified drops to 7.4 percent. In the same sense, tolerance for wife beating in

⁹ If this study reflects the actual rates of violence in Georgia, then an in-depth study is needed in order to determine the reasons for the low rates to see if lessons can be learned for interventions in other countries.

Serbia & Montenegro may be considerably higher in areas outside of Belgrade. In general, tolerance of wife beating in the region ranged from 30 – 60 percent.

Table 2 - Tolerance for Wife Beating in E&E (Female respondents only unless otherwise indicated)		
Country	Wife Beating is Sometimes Justified	Source
BALKANS		
Bosnia & Herzegovina (Goradze only)	14.1%	<i>IRC 1999</i>
(Goradze only)	29%	<i>Tilson & Camino 1997</i>
Serbia & Montenegro (Belgrade only)	6.2%	<i>Garcia-Moreno, et. al. 2005</i>
BLACK SEA REGION		
CAUCASUS		
Armenia	M: 41.9%; F: 32.3%	<i>NSS (2001)</i>
Azerbaijan	M: 59.0%; F: 58.2%	<i>IRC 2004</i>
CENTRAL ASIA		
Kazakhstan	30.1%	<i>Academy of Preventive Medicine KZ 1999</i>
Uzbekistan	M: 59.4%; F: 69.6%	<i>ORC Macro 2004</i>
RUSSIA AND WEST NIS		
Russia	32-47%	<i>AI 2005: 28</i>

These numbers fall in mid-range when compared to those found in other parts of the world. In the WHO study, the percentage of respondents who felt that it is sometimes justified to engage in wife beating ranged from a low of 6.2 percent in Belgrade (same study as cited above) to 91.1 percent in Ethiopia (Garcia-Moreno et. al. 2005: 37). An earlier WHO study found rates that ranged from a low of 5 percent in New Zealand to a high of 81 percent in Egypt (Heise 1999: 6).

Other kinds of data are also available which can help estimate the significance of domestic violence in a country, including police and crime reports and statistics from hospitals and other service providers. For example, the forensic hospital in Bucharest gathered statistics that showed that 28 percent of the women treated at the hospital during a one year period were beaten by their intimate partners (MNAdvocates 1995: 6). While these data can help to identify the problem, they do not come close to estimating prevalence due to under-reporting, as service providers do not always know the cause of their clients' injuries. Many assistance providers note that the majority of women they assist prefer not to report the abuse to authorities. Population surveys show that only a very small percentage of women who experience abuse come to the attention of authorities or those who provide services (Garcia-Moreno et. al. 1999: CDC & ORC Macro 2003). As can be seen in Table 3 below, only 1-20% of those in the region who have experienced domestic violence indicate that they have ever reported the violence to the police or social and health care workers. Therefore, reports from police or service providers are likely to greatly under-report the prevalence of the problem.

Table 3 – Reporting Domestic Violence in E&E						
	<i>To Whom Violence was Reported – as a Percentage of Those Who Told Someone</i>				Told No One	Source
	Reported to Police	Reported to Health or Social Worker	Told Her Family	Told a Friend		
BALKANS						
Albania	5 of 50 (10%)					<i>MNAdvocates 1996a: 11</i>
	4.9	4.2	60.8	12.9	52.5	<i>CDC 2002</i>
Macedonia	20.8	19.4	40.6	1.5		<i>ESE 2000</i>
BLACK SEA REGION						
Romania	20				36	<i>PEC 2003: 63</i>
	20					<i>MOH Romania 2005</i>
	16	15	64	52	24	<i>CDC & ORC Macro 2003</i>
CAUCASUS						
Azerbaijan	1	1	34	15	60	<i>CDC & ORD Macro 2003</i>
Georgia	10	8	70	60	15	<i>CDC & ORC Macro 2003</i>
CENTRAL ASIA						
RUSSIA and WEST NIS						
Moldova	12	16	50	50	36	<i>CDC & ORC Macro 2003</i>
Russia	22	9	59	69	15	<i>CDC & ORD Macro 2003</i>
Ukraine	15.9	8.7	67.9	56.2	19	<i>KIIS 2001 / CDC & ORD Macro 2003</i>

D. Factors Associated with or Contributing to Domestic Violence

Care should be taken in trying to identify causes of domestic violence as many of the perceived causes are believed by many experts to be exacerbating factors and resolving them does not necessarily solve the problem of domestic abuse. However, a number of factors have been positively associated with domestic violence in the region and also by other studies of domestic violence worldwide. Recognizing these factors can help in understanding the problem and searching for solutions. Significant factors include: poverty, patriarchal values, substance abuse, and witnessing violence between parents or being abused as a child (Mrsevic & Hughes 1997: 6; MNAdvocates 2000d: 28; MNAdvocates 2000c: 18; OMCT 2003: 308; Rothman et. al. 2003: 2; and others). Table 4, taken from a UNICEF report, documents a wide range of factors identified around the world.

Table 4 - Factors That Perpetuate Domestic Violence	
CULTURAL	
<ul style="list-style-type: none"> • Gender-specific socialization • Cultural definitions of appropriate sex roles • Expectations of roles within relationships • Belief in the inherent superiority of males • Values that give men proprietary rights over women and girls • Notion of the family as the private sphere and under male control • Customs of marriage (bride price/dowry) • Acceptability of violence as a means to resolve conflict 	
ECONOMIC	
<ul style="list-style-type: none"> • Women's economic dependence on men • Limited access to cash and credit (<i>for women</i>) • Discriminatory law regarding inheritance, property rights, use of communal lands, and maintenance after divorce or widowhood • Limited access to employment in formal and informal sectors (<i>for women</i>) • Limited access to education and training for women 	
LEGAL	
<ul style="list-style-type: none"> • Lesser legal status of women either by written law and/or by practice • Laws regarding divorce, child custody, maintenance and inheritance (<i>may discriminate against women, limiting a woman's ability to leave a violent relationship</i>) • Legal definitions of rape and domestic abuse (<i>which may be too stringent, may not consider rape or violence within marriage to be a crime, etc.</i>) • Low levels of legal literacy among women (<i>may limit women's economic independence and ability to leave a violent relationship or realize her legal rights</i>) • Insensitive treatment of women and girls by police and judiciary 	
POLITICAL	
<ul style="list-style-type: none"> • Under-representation of women in power, politics, the media and in the legal and medical professions • Domestic violence not taken seriously • Notion of family being private and beyond control of the state • Risk of challenge to status quo/religious laws • Limited organization of women as a political force • Limited participation of women in organized political system 	
<i>Adapted from UNICEF 2000a: 7, Source: Heise, 1997</i>	

Poverty: Poverty is highly associated with domestic violence around the world (Heise et. al. 1999: 8). Studies from around the region note a higher rate of domestic violence amongst the poor, but show that people of varied economic and social standing may also be victims (MNAdvocates 2000d: 30; MNAdvocates 1995: 4; MNAdvocates 2000b: 20; MNAdvocates 2000c: 18; PEC 2003: 84, 93). However, this difference may also reflect differences in reporting behavior, with women of higher economic means and social status being less likely to report abuse (MNAdvocates 2000b: 21). As well, poverty itself may not be the cause of domestic violence, but factors associated with it such as overcrowded living conditions, hopelessness, and

stress might be the proximal causes of domestic violence (WHO 2002: 99). Overcrowding (MNAdvocates 1996a: 9) and living with extended family (Wareham 2000: 41; MNAdvocates 2000d: 19; MNAdvocates 1996a: 9) have been noted as aggravating factors in this region. It is also important to note that poverty may have a significant impact on women's reasons for staying in abusive relationships, as women with less economic independence may feel less able to leave. Many victims of domestic violence cite financial dependency as the reason they do not leave their abusive situation (MNAdvocates 2000b: 10; MNAdvocates 2000c: 12; Heise et. al. 1999: 7; WHO 2002: 96; Mrsevic & Hughes 1997: 16; Sezim: 19; and others).

Economic and Political Transitions: Many of the sources that were consulted stated that domestic violence has increased since economic and political transitions have transformed the region. A variety of reasons are cited: increased poverty, increased unemployment amongst men, changing gender roles with an increased reliance on the income of women, or in some cases increased dependence of women on men as their economic and political power has declined, accompanied by a rise in alcoholism and drug abuse among men (MN Advocates 1995: 9; MNAdvocates 1996b: 14; Stop VAW; WHO 2000; Baban: 49; Dadunashvili et. al. 2003: 4; OMCT 2003: 308; Rysakova, et. al. 2002: 293; MNAdvocates 2000b: 20; Spindel et. al. 200: 89; UNICEF 2000a: 7). These kinds of changes have affected every country in the E&E region. However, many studies point out that domestic violence existed long before the economic and social changes took place (Rysakova, et. al. 2002: 293; MNAdvocates 2000c: 18).

Changing Gender Roles: Worldwide, domestic violence rates tend to be highest when societies are in the midst of changing gender roles (WHO 2002:99). This has been most noted when women begin to enter the workforce and take on more financial responsibilities for the family, but could also be associated with societies where women are beginning to transition back to more traditional roles. Studies have pointed out that since the fall of communism, this conflict of gender roles has escalated in some countries of the region, particularly in the more patriarchal societies, where in some cases women are taking on more responsibilities for the family out of necessity and in other cases, women are returning to traditional roles.

Patriarchal Values: Research throughout the region points out that domestic violence is tolerated due to patriarchal views in society or in sub-groups of society (IHF; Ward, 2002; Baban: 51; BGRF: 18, 27; MNAdvocates 2000b: 19; MNAdvocates 1996a: 10; MNAdvocates 2000c: 17). One study in Romania compared the prevalence of domestic violence to authority styles within the family and found that those with patriarchal styles of authority had significantly higher reported rates of psychological domestic violence than those with democratic styles (PEC 2003: 84). Indications of higher rates of violence are also apparent amongst Roma communities, which are described as highly patriarchal (BGRF; Clark 2003: 20).^{10,11} In a 2004 reproductive and health survey in Romania, 42% of Roma women reported experiencing physical violence from an intimate partner in the prior 12 months compared to 15% of ethnic Romanians (MOH

¹⁰ This was indicated in studies in Bulgaria, Bosnia and Herzegovina, and Romania, and may also be true for other countries of the region; however, information regarding domestic violence in Roma communities in other countries of the region was not identified.

¹¹ Such differences between sub-groups of the population should be read with caution, however, as the differences in apparent prevalence rates may actually reflect differences in reporting rates (Kishor 2005: 7).

Romania 2005: 116). However, the WHO cautions about drawing conclusions, as there is not yet any empirical evidence to support the notion that patriarchal societies have higher rates of domestic violence than non-patriarchal societies (WHO 2002: 100).

Arranged and Forced Marriage: Arranged and, in some cases, forced marriage is mentioned as still existing in some countries, specifically, in Albania (Baban: 22), in isolated patriarchal and Roma communities in Bulgaria (BGRF: 2), in Georgia (UN 2003: 361), Kyrgyzstan (Kleinbach 2003), Tajikistan (WHO 2000: 13), and Uzbekistan (MNAdvocates 2000d: 14). In a study of Albanian women abused by their husbands, 19 of the 55 women interviewed had what they self-described as an arranged marriage (Baban: 22). It is not clear what the prevalence of arranged marriage is in the population at large nor at what rate domestic violence occurs in these arranged marriages; however, an arranged marriage may impact the woman's ability to leave or to seek help from her family.¹²

Substance Abuse: Domestic violence is often committed while the abuser is under the influence of alcohol. In Ukraine, 78 percent of the women who had been abused within the 12 months prior to the survey reported that their partner was under the influence of alcohol at the time of the abusive incident (KIIS 2001: 200). A study by the Association for the Emancipation, Solidarity and Equality of Women (ESE) in Macedonia looked at the prevalence of alcohol during reported incidents of domestic abuse and found that in 54 percent of the cases, the abuser was under the influence of alcohol or drugs (ESE 2000). Alcohol was also seen as a common factor in domestic violence in Russia, but investigations showed that while alcohol may exacerbate the problem, it is often used as a way of excusing the behavior of the batterer; over time, a pattern of abuse emerges, even when the abuser is sober (AI 2005: 22). Similar conclusions were drawn from other studies (PEC 2003: 85, 93; Wareham 2000: 38; OMCT 2003: 308; Mrsevic & Hughes 1997: 6; MNAdvocates 2000b: 21). Whether or not alcohol causes domestic violence, research around the world indicates that women whose partners are heavy drinkers are far more likely to suffer physical abuse and that the abuse tends to be more severe (WHO 2002: 98).

Post Conflict Environments: Many studies also cite an increase of domestic violence in post war environments, such as in Bosnia & Herzegovina, Croatia, Kosovo and Serbia & Montenegro (Vujadinovic 2004; Ward 2002; IHF:516; Bjelanovic & Tauber 2004: 2; UN 2003: 353; Wareham 2000: 37, 43; Mrsevic & Hughes 1997: 17-18). In Bosnia & Herzegovina and Serbia & Montenegro there have also been reports of a postwar increase in incidents of sons abusing their mothers (RWRP 2001: 79; Mrsevic & Hughes 1997: 18). One author believes that this may have resulted from post traumatic stress disorder which has affected a large portion of not only the military, but also the civilian populations in the countries of the former Yugoslavia. Post traumatic stress disorder can manifest itself in aggressive behavior toward family members (Bjelanovic & Tauber 2004: 2-3). There was also a noted increase in the use of weapons reported during domestic violence incidents in the former Yugoslavia and in Albania, likely due to increased access to weapons since the war and violent political transitions (Nikolic-Ristanovic: 76; AI 2006: 5). In Russia, similar reports of men who have served in the army or

¹² In some countries of the region, women may be forced or encouraged to marry a man who raped her. Practices of this sort were noted in Albania, Armenia, Azerbaijan, Kyrgyzstan, Romania, Serbia & Montenegro (in few, mostly rural cases), Tajikistan, and Uzbekistan (IHF: 32, 46, 245, 364, 533, 437, 505; Stop VAW, IRC 2004: 22).

who served time in prison (environments in which men may be exposed to both violence and degrading treatment) show violent behavior in the family upon their return when they did not do so before (AI 2005: 28).

Researchers in Bosnia & Herzegovina believe that part of the increase in domestic violence noted in the Balkans may be due to an increase in reporting due to greater recognition of domestic violence since the war, but evidence from their research shows that a majority of the women who reported experiencing violence in their domestic partnerships have experienced violence more often and of a higher severity since the war (Spindel et. al. 2000: 89).

In studies which examined the issue, women and men with a history of domestic violence in their family of origin were at significantly higher risk of becoming a victim or perpetrator of domestic violence in adulthood (PEC 2003: 85, 94, 113; ESE 2000:30 ; IRC 2004: 28). This is confirmed in the international literature.

DOMESTIC VIOLENCE LEGISLATION

The following section provides a brief overview of some of the key aspects of domestic violence legislation in each country. Conducting a full legislative review for each country was not possible given the limited time available for compiling the report. The information presented is based on a review of the legislation by secondary sources. Many countries have undergone recent legislative reforms which may not be reflected below.

A. Albania

- No special provisions for domestic violence, but other provisions of the criminal code apply (IHF:30; RWRP 2001: 39-41, Stop VAW; Baban: 14; MNAdvocates 1996a: 15; AI 2006).
- The victim must bring the case to court herself – providing evidence and presenting the case (IHF:30; MNAdvocates 1996a: 16).
- No restraining orders or preventive /protective actions (IHF: 30).
- Police, prosecutors and doctors not required to keep statistics (IHF: 30).
- Marital rape is not specifically criminalized, but it is also not excluded from the criminal statutes on rape. However, it is rarely reported or prosecuted (RWRP 2001: 35, 41; AI 2006).
- The abused woman is repeatedly encouraged by police, prosecutors and judges to forgive the abuser, resulting in most cases being dropped before going to trial (RWRP 2001: 48).
- In those cases which are prosecuted, if the abuser is found guilty he is usually only levied a fine (RWRP 2001: 49) which results in a negative impact on the entire family income and does not remove the abuser from the home.
- A new domestic violence law is now being advocated by civil society groups. With funding from USAID, civil society groups advocated for the law through an awareness raising campaign, drafted the law with inputs from local and international organizations, and presented the law to Parliament through a citizens' petition. The required 20,000 signatures were received and the law was presented to Parliament in February 2006 (personal communication, M. Theisen). The law provides significant improvements in the provision of protection orders for victims of domestic violence. However, Amnesty International has expressed concerns about the draft law and emphasizes that the provision of such protective measures should not be a substitute for the criminalization, prosecution and punishment of acts of domestic violence (AI 2006).

B. Armenia

- No special provisions for domestic violence, but acts can be prosecuted under other articles of the criminal code, such as assault (IHF: 45; MNAdvocates 2000a: 3; UN 2003: 338).
- Marital rape is punishable by law (IHF: 45).

- No official statistics are collected on domestic violence (MNAdvocates 2000a: 6).
- Lack of restraining orders or other protective measures (MNAdvocates 2000a: 6).
- Doctors are required by law to report suspicious injuries to the police, including those presumed to be from domestic violence, though in reality many do not (MNAdvocates 2000a: 19).
- Abusers are often levied a fine as punishment which is paid to the State (MNAdvocates 2000a: 33).
- There are currently no plans for developing or passing specific domestic violence legislation (personal communications, A. Movsisian and S. Vardanyan).

C. Azerbaijan

- No special provisions for domestic violence, but acts can be prosecuted under related crimes (Stop VAW, UN 2003: 341).

D. Belarus

- No specific laws on domestic violence, but acts can be prosecuted under the criminal and administrative codes (Stop VAW, UN 2003: 343).
- Currently a domestic violence law is under consideration in Parliament. According to a Member of Parliament, the law was modeled on the UN Framework for Model Legislation on Domestic Violence (BelaPan 2006).
- Courts are known to enforce laws against domestic violence, but victims are reluctant to report it (Stop VAW, UN 2003: 343).
- Belarusian law criminalizes rape without regard to the relationship between the victim and perpetrator (Stop VAW).

E. Bosnia & Herzegovina

State Level

- The criminal code does not contain specific provisions on domestic violence (Petric 2004: 3).
- There is a Gender Equity Law but it does not differentiate crimes committed by a family or intimate partners from crimes committed by strangers (Petric 2004: 4).

The Federation

- The criminal code contains provisions on domestic violence and provides for a fine and up to 5 years imprisonment (IHF: 95; Stop VAW; Petric 2004: 4).
- Requires the victim to file charges and prepare the case – including collection of evidence (RWRP 2001: 90).
- Lack of restraining orders or other protective measures (RWRP 2001: 90; Petric 2004: 5).
- The criminal code no longer specifically excludes marital rape as a criminal act (IHF: 95).

Republic of Srpska

- The law defines domestic violence as a criminal offense with sanctions ranging from a fine up to 2 years imprisonment (Petric 2004: 3).

- No specific provision for marital rape, nor is it excluded from sexual assault codes (IHF: 95; Stop VAW).
- Lack of restraining orders or other protective measures (Petric 2004: 5).

F. Bulgaria

- A new law on domestic violence adopted in March 2005 criminalizes physical, sexual and mental abuse, as well as acts which restrict an intimate partner's freedom and privacy. The law applies to abusers who are related by marriage or kinship to their victims or are cohabitating with them (Stop VAW; BGRF: 10).
- The new law includes provisions for removing the abuser from the home and provides for restraining orders (Stop VAW; BGRF: 10).
- Little information is yet available regarding implementation of the new law (Stop VAW).
- Past reports noted that before the new law was in place, police keep records of warnings given to abusive husbands but these are not used as evidence in court in cases of repeated abuse (MNAdvocates 1996b: 12).
- There are also legal provisions for involuntary treatment for alcoholism in domestic violence cases where there is a determination of alcoholism. The abuser can be sentenced to 6 months in a treatment facility after which time he is re-evaluated (MNAdvocates 1996b: 12).

G. Croatia

- The new criminal law adopted in 2000 prohibits violence or humiliation by a family member with 3 months to 3 years imprisonment (Stop VAW).
- Revisions provide for detention of domestic abusers and restraining orders (Stop VAW; Sucevic: 3-4).
- Marital rape has been penalized since a 1997 legislative reform (IHF: 131; Sucevic: 1).
- New laws also allow health care workers or police to initiate cases whether or not the victim herself wants to press charges (Stop VAW; UN 2003: 351).
- Teachers, counselors and health workers who have knowledge of domestic violence are required to report the abuse (Stop VAW).

H. Georgia

- No special provisions for domestic violence, but acts of domestic violence are generally included in the criminal code (Stop VAW; Bakakuri 2005: 6-7).
- Georgian law criminalizes rape without regard to the relationship between the victim and perpetrator (ABA-CEELI 2003a).
- The articles of the penal code which are used for acts of domestic violence are reliant on the victim's complaint. Cases are terminated if the victim withdraws her complaint. As a result, few cases are ever resolved in court (Bakakuri 2005: 7).
- There are no provisions for restraining orders or other protective measures (Bakakuri 2005: 8).
- A new draft domestic violence law was prepared in 2005. If passed, the new law includes physical, sexual, psychological and economic violence in the definition of domestic

violence and provides for temporary restraining orders, protective measures and services for victims (Stop VAW¹³).

I. Kazakhstan

- No special provisions for domestic violence, but the acts can be prosecuted under other elements of the criminal code (Stop VAW; UN 2003: 194).
- Kazakh law criminalizes rape without regard to the relationship between the victim and perpetrator (IHF: 230; UN 2003: 194).
- A new law on domestic violence is currently being drafted (Stop VAW).

J. Kosovo

- In May 2003 a new regulation on domestic violence was passed. The new regulation includes physical, sexual, psychological and economic violence as well as acts of omission (e.g. withholding of food or medical care) amongst intimate partners (Stop VAW).
- The new law provides for protective measures and restraining orders (Stop VAW).
- The law in Kosovo criminalizes rape without regard to the relationship between the victim and perpetrator (IHF: 516; Stop VAW).

K. Kyrgyzstan

- In 2003, a new law on the Social and Legal Protections for Victims of Domestic Violence went into effect. The new law includes physical, sexual and psychological violence amongst family members. Apparently, no charges have yet been brought against perpetrators using the new law (Kyrgyz Republic 2005: 8; Stop VAW; personal communication, A. Ahart).
- The new law includes provisions for restraining orders and other protective measures (Stop VAW).
- Marital rape is now a criminal offense (UN 2003: 196).

L. Macedonia

- In 2004, Macedonia implemented amendments to the criminal code which criminalize and sanction violence within the family and include protective measures for victims (ESE 2005: 25, 37).
- Marital rape is also criminalized (ESE 2005: 37; IHF: 308; MNAdvocates 1998: 19; UN 2003: 387).
- Unless the abuse results in grave injuries as defined by law, a victim of domestic violence must bring her own case to court, including collecting evidence and presenting it at trial (MNAdvocates 1998: 18).

¹³ A copy of the Georgian draft domestic violence law is available from http://www.stopvaw.org/sites/3f6d15f4-c12d-4515-8544-26b7a3a5a41e/uploads/Draft_Law.doc

M. Moldova

- The criminal code does not have special provisions for domestic violence (IHF: 317), but the code provides for greater sanctions in assaults against family members which result in gross bodily harm (Stop VAW).
- Marital rape is a criminal offense (MNAdvocates 2000b: 30).
- The civil code states that victims of domestic violence have a right to social assistance and protection, but there are no legal mechanisms established to ensure they receive this assistance (UN 2003: 373).

N. Romania

- In November 2002, a new provision was adopted which provides for greater punishment for bodily injuries when the victim is a family member of the perpetrator (Stop VAW).
- A new law on domestic violence was adopted in 2003. The new law includes physical, sexual, psychological and economic violence (draft law accessed from Stop VAW).
- The law allows courts to order the abuser to leave the home (Stop VAW).
- The law also requires the State to collect statistics on domestic violence (Stop VAW).
- Expert analysis of the law points to weak support for the victim. The law encourages family mediation rather than criminal sanctions, uses language which implies the victim and perpetrator are equally responsible and requires victims to receive special authorization for the use of shelters (Stop VAW).
- Romanian law criminalizes rape without regard to the relationship between the victim and perpetrator (IHF: 364). Rape charges are dropped if the perpetrator and victim marry (Stop VAW).

O. Russia

- No special provision for domestic violence, but the general criminal code has offenses which apply in domestic violence cases (IHF: 381, Stop VAW, AI 2005:11, OMCT 2003: 307).
- Russian law criminalizes rape without regard to the relationship between the victim and perpetrator (IHF: 382, Stop VAW, AI 2005:14; OMCT 2003: 309).
- The criminal code makes few references to the relationship between the perpetrator and the victim; as a result, official crime statistics do not disaggregate domestic violence from other forms of violence (AI 2005: 11).
- The criminal code requires the victim to prosecute her own case in cases of light injury outside of the purview of the prosecutor's office. As victims of domestic violence often suffer repeated minor injuries, the result is that they are required to bring their own cases to court, accounting for a high number of dropped cases, both by victims and by judges who dismiss complaints for technical reasons (personal communication, E. Duban).
- The criminal code does have an article which takes into account repeated 'minor' offenses against the same person which could have an important impact on domestic violence cases in which each individual act is often categorized as 'minor' by law, but cumulatively they have a large effect on the victim over time. However, this article is rarely used (AI 2005: 13).

P. Serbia & Montenegro

- In March 2002 a new article to the criminal code was adopted on family violence. The article details sanctions against perpetrators but does not provide for restraining orders or protective measures for victims (SEELINE; ABA-CEELI 2003b).
- Also in March 2002, spousal rape was criminalized (Stop VAW).

Q. Tajikistan

- No special provision for domestic violence, but the general criminal code has offenses which apply in domestic violence cases (IHF: 436, Stop VAW).
- Tajik law criminalizes rape without regard to the relationship between the victim and perpetrator, but there have been no marital rape cases brought in the last 20 years (IHF: 437; Stop VAW).

R. Turkmenistan

- No special provisions for domestic violence (IHF: 469; Stop VAW).

S. Ukraine

- A law was adopted in November 2001 on domestic violence. The law addresses physical, sexual, psychological and economic violence against family members (Stop VAW; UN 2003: 388).
- The law includes language implicating the victim in causing the violence (Stop VAW; MNAdvocates 2000c: 38; UNIFEM 2003: 43).
- The earlier law required the victim to prosecute her own case if she sustained only light injuries (MNAdvocates 2000c: 3). It is not clear if this has changed in the new law.
- Marital rape is a crime (Stop VAW).
- As an alternative to legal action, police may place abusers on a warning list. Police are supposed to monitor those on the warning list (MNAdvocates 2000c: 29).

T. Uzbekistan

- No special provision for domestic violence, but the general criminal code has offenses which apply in domestic violence cases (IHF: 503, Stop VAW; UN 2003: 220; MNAdvocates 2000d: 32).
- Marital rape is punishable by law (IHF: 505; UN 2003: 220), but no known cases have been brought to court (Stop VAW).
- The law does not include provisions for restraining orders or other protective measures such as removing the perpetrator from the home (UN 2003: 221).
- Crime statistics do not indicate the relationship of the perpetrator to the victim (UN 2003: 221).

Although not all of the countries of the region have specific domestic violence legislation and many could use improved legislation, in most countries the acts of domestic violence could be prosecuted under existing laws. In the past several years, many of the countries have undergone legislative reforms that have greatly improved the legal recourse available to victims of domestic violence. While implementation is still less than perfect, there have been improvements. For

example, in Ukraine there has been an increase in the number of official warnings and restraining orders issued against perpetrators of domestic violence (Stop VAW).

However, in most countries of the region, crimes of domestic violence are not prosecuted effectively and punishments are minimal. Few victims report cases to the police and nearly every source identified noted the ineffectiveness of the police in responding to domestic violence cases in those cases where the victim sought police assistance. Victims throughout the region report dissatisfaction with their experiences with law enforcement. Several reasons for this failure of law enforcement to address domestic violence are repeatedly cited in the available literature:

- A lack of police expertise or sensitivity in dealing with the problems of domestic violence. Police lack information about domestic violence and women's rights. Little training has been conducted for police, prosecutors and judges on the issue in most countries of the region (RWRP 2001: 88; MNAdvocates 1996b: 11; AI 2005: 16; UN 2003: 354). Bosnia & Herzegovina is an exception in that there has been significant police training. However, reports continue of police blaming the victim or not acting on reports of abuse (Stop VAW).
- A focus in law enforcement on reconciliation (MNAdvocates 19962: 6; MNAdvocates 2000a: 3; UN 2003: 221; MNAdvocates 2000d: 31; MNAdvocates 2000c: 3, 35; AI 2006).
- Few cases are reported to police as victims are reluctant to report the crime due to shame, feelings for the perpetrator, and a desire to keep the family together (nearly all sources), fear of retribution and causing an escalation in the violence (ESE 2000: 42; OMCT 2003: 308; MNAdvocates 2000b: 12; MNAdvocates 2000d: 24; MNAdvocates 2000c: 17; WHO 2002: 96), and lack of faith that the legal system will respond and a belief that the perpetrator will at most only be levied a fine which will impact negatively on the family (RWRP 2001: 49; AI 2005: 31, 36; MNAdvocates 1996a: 18; MNAdvocates 2000b: 10; MNAdvocates 2000d: 38; AI 2006).
- The frequent withdrawal of complaints by victims leads to a lack of interest in pursuing such cases by police and prosecutors. Victims may withdraw their complaints for many reasons: hope that the violence will end, a desire to keep the family together, pressure from the perpetrator or other family members, lack of trust in the judicial system, as well as fear of revenge from the batterer, who in many cases may be living under the same roof with the victim throughout the legal proceedings (ESE 2000: 42-47; AI: 2005: 39; Baban: 32).

Rather than reporting the crime, many victims turn to divorce as their only recourse. Many of the studies that were consulted point to domestic violence as a common factor in cases of divorce in the region (Stop VAW; MNAdvocates 1996a: 18; MNAdvocates 1998: 20; MNAdvocates 2000d: 26, 49; MNAdvocates 2000c: 35). However, divorce is not a viable option in some countries in the region. Studies indicated that in Armenia, Albania, Bosnia & Herzegovina, Kyrgyzstan, Turkmenistan, and Uzbekistan divorce is discouraged (even in cases of domestic violence) and divorced women face discrimination and social isolation. In some cases they may even risk losing custody of their children; this was especially noted as a problem in Kosovo

(Stop VAW; Baban: 52; Wareham 2000: 44-45; Rysakova, et. al. 2002: 295; MNAdvocates 1996a: 12; MNAdvocates 2000d: 53; Tilson & Camino 1997: 4).

DOMESTIC VIOLENCE SERVICES

This section provides a brief overview of some of the actions taken to address domestic violence in each country and the services available to victims. As noted above, conducting a comprehensive survey of available services and programs was not possible. The information below presents only that information which was readily available in print or on the Internet. Some of these programs and services may no longer be in existence and many others may exist which were inadvertently left out.

Most of the services identified are dependent on continued donor funding. Many services considered successful have shut down as a result of discontinued donor funding (Ward 2002, 84; AI 2005: 2, 46; BGRF: 19; Stop VAW).

A. Albania

In recent years, training has developed for social workers, police and prosecutors on domestic violence. The Counseling Center for Women and Girls runs a hotline and crisis centers in Tirana, Berat, Shkodra, Pogradec, and Elbasan. The Center provides counseling on the phone and in person. The Woman's Advocacy Center and the Advice Center for Abused Women and Girls provide free legal counseling and assistance in court cases. One shelter for battered women in Tirana is run by Shelter NGO and one in Elbasan is run by Tjetor Vizion. The demand for shelter, however, exceeds the number of available beds. Reflexione conducts research and awareness raising campaigns on domestic violence. Many service providers have reduced activities due to a lack of funding (IHF: 30; RWRP 2001:42; ETF: 21; personal communication, S. Mjeda; AI 2006). Additionally in late 2004 / early 2005 the Citizens Advocacy Office (CAO), with funding from USAID, ran a public awareness campaign against domestic violence called the 'Red Card Against Violence' (personal communication, M. Theisen).

B. Armenia

As of 2000, there were no government programs addressing domestic violence and only a few services provided by NGOs including limited legal aid and counseling. The Women's Rights Center in Yerevan provides legal and counseling services and runs a hotline (IHF: 45). There is also a hotline in Gyumri. Both hotlines report that a high percentage of the calls are for domestic violence (MNAdvocates 2000a: 13). Some crisis centers also include counseling for abusive husbands. However, because few women want their husbands to know that they have reported the abuse, few invite them for counseling. Husbands who are invited to counseling are often resistant to come. There have been no shelters in Armenia since 2002. However, the Women's Rights Center is planning to reopen their shelter in April 2006 (IHF: 45; UN 2003: 340; personal communication, S. Vardanyan).

Peace Corps volunteers conducted gender and development workshops and girls' camps throughout the country, which included domestic violence as a topic. Other awareness raising and prevention programs have also taken place (Project Harmony 2002).

C. Azerbaijan

Few services are available for victims of domestic violence, none of which are funded by the government (Stop VAW). The Institute for Peace and Democracy opened a crisis center in Baku in 2001 and runs a hotline (USDOS 2005). The Azerbaijan Young Lawyers NGO also runs a hotline when funding is available (Stop VAW). There had also been some programming for legal and psychosocial assistance to victims of violence in refugee populations but these were closed due to lack of funding (Ward 2002:74-76). There has also been some prevention and awareness raising programming (Project Harmony 2002). UNIFEM funded the Azerbaijan Women and Development Center to conduct a nationwide campaign to garner support for legislation to deter domestic violence and promote victim services (UNIFEM 2003: Appendix 3).

D. Belarus

One crisis center is located in Minsk, but there is limited other assistance (IHF: 76). The UN Special Rapporteur reports that some NGOs exist which provide psychological assistance to victims of violence (UN 2003: 344). No other details could be found.

E. Bosnia & Herzegovina

At the national level, the international police task force has had sensitivity training and a media campaign was launched encouraging survivors to report abuse and to seek help. A network of hotlines has also been developed (Ward 2002: 86).

After the war many programs were established in Bosnia & Herzegovina for survivors of rape and torture. However, there remained a gap in services targeting victims of domestic violence. A 1998 study by Oxfam showed that there were no standardized services for victims of domestic violence in Bosnia & Herzegovina and those who normally provide such services (police, social workers, health centers) were ill equipped to do so. Since this report came out, many of the organizations set up to address post war violence have expanded their services to address issues of violence against women more generally including domestic violence (Ward 2002).

Specifically, some of the services available around the country include:

- Zenica: The NGO Medica Zenica has a counseling center, medical services, hotline, safe houses, education, training, micro-enterprise development, research, advocacy, and awareness raising. The Center for Legal Assistance for Women (CLAW) provides free legal services (Ward 2002: 83).
- Mostar: Koraci Nade provides services to victims of gender-based violence, including domestic violence. Services include counseling and legal assistance. They also conduct media campaigns. Other organizations in Mostar also provide services for women including Sumeja, Ideja, and Zena BiH. However, shelter services are not available (Ward 2002: 84).
- Banja Luka: United Women provides services for women. Seventy percent of their clients come to them with complaints of domestic violence. They provide legal

assistance and psycho-social services, as well as operate a hotline and conduct awareness-raising in the community (Ward 2002: 85).

- Sarajevo: A domestic violence shelter opened in 2002 and has been operating at capacity (15-20 clients). Sarajevo also has hotline services (Ward 2002: 86).

F. Bulgaria

The new law requires the State to provide protection and services for victims of domestic violence. However, few steps have been taken yet in this regard. The exception is the Municipal Council of Silistra which has applied funds from its local budget for a shelter. Generally, psychological and legal assistance, hotlines and training for law enforcement which are required by law to be provided by the State are being provided by NGOs with international donor financing (Stop VAW).

Some examples of services mentioned in reports include the Nadja Center which runs a shelter and hotline in Sophia and provides services for victims of domestic violence. Services include medical, psychological and psychiatric care, social assistance, and assistance in dealing with authorities. The Animus Foundation, SOS-families in disgrace, Demetra Association and Maria Center also provide services to victims in locations throughout Bulgaria - in Sofia, Varna, Bourgas, and Gorna Oryahovitza, respectively (IHF:116).

The Bulgarian Gender Research Foundation has implemented a number of domestic violence projects over the past few years including projects to raise awareness of the issue, to provide free legal services to victims, to involve men through a White Ribbon Campaign, and to implement a pilot program focused on treatment for male perpetrators (BGRFb).

According to sources many services run by local NGOs are now being forced to shut down as donor financing is reduced (Stop VAW; BGRF: 19).

G. Croatia

Conflicting information was found about the availability of services for victims of domestic violence in Croatia. One source stated that the government does not currently provide any shelters for victims of domestic violence, but that NGOs operate four shelters in the country (Stop VAW). Another source stated that the government supports a center for women victims of violence which provides shelter and medical services. This same source states that medical services at other government clinics and hospitals are supposed to be available free of charge and that there is a hotline and free legal advice (IHF: 130) Still another source indicates that there are hotlines available, but that they are managed only for a few hours each day and in a few locations. The same source states that there are only 19 shelter beds available throughout the country (Bjelanovic & Tauber 2004: 4). The Coalition for Work with Psychotrauma and Peace supports the formation of self help groups in order to expand services to a larger pool of beneficiaries than their funding would otherwise allow. While their focus is not specifically on domestic violence, issues of domestic violence are addressed in the course of their work with men and families who have been traumatized by war (Bjelanovic & Tauber 2004: 4).

H. Georgia

A hotline service is available for victims of violence, but no shelter services have been developed (UN 2003: 361, Dadunashvili et. al. 2003: 6). Several NGOs are working to raise awareness of the issue including the Feminists' Club, the International Centre for Culture and Education of Georgian and German Women, and the Women's Advice Center – Sakhli, which also offers psychological counseling and legal services (IHF: 182). The Coalition against Domestic Violence was planning to set up a referral network and hotline so that victims could be referred for services. A domestic violence resource center was also set up in Tbilisi (Project Harmony 2002). UNIFEM funded WomenAid International – Caucasus to provide a gender violence tool kit and training for law enforcement officers and service providers (UNIFEM 2003: Appendix 3).

USAID is funding the “Gender issues project” (under the Rule of Law program). The project runs from April 2005 to June 2006, implemented by the American Bar Association/Central European and Eurasian Law initiative (ABA/CEELI). Activities include the adoption of domestic violence legislation and increased awareness of this legislation at all levels of society. The program provides an advocacy grant to the Georgian Young Lawyer's Association to promote the adoption of the legislation, advocate for the adoption of an action plan on domestic violence and support the state in implementing the legislation. The program will also provide funding to the Women's Rights Legal Advocacy Center, which will provide legal representation and advice to women who are seeking protection of their rights (personal communication, C. Cozzarelli).

I. Kazakhstan

Three crisis centers and two shelters are located in Almaty, and one each in Aktau, Laninogork and Taldy-Korgan. More are expected to open. One shelter in Almaty is run by the government, the others by NGOs with donor funding. The shelters offer psychological and legal services (IHF: 229).

J. Kosovo

Prior to the conflict the Centers for Social Work ran one shelter and provided apartments for victims of domestic violence. Since the conflict, they have received little funding or other forms of support (Wareham 2000: 48). At the end of the conflict the U.S. Government gave US\$ 10 million to UNHCR for programming to address women's issues through what became known as the Kosovo Women's Initiative (KWI). Many of the funds distributed are used to address domestic violence issues. As a result of international donor funding, there are many organizations working throughout Kosovo who include domestic violence issues in their mandate. The Center for Protection of Women and Children provides services in ten cities throughout Kosovo. Services include medical services, legal aid, counseling and shelter. The NGO One-to-One has a drop-in center and counseling services in Prizen and Peje. Medica Modiale provides health and psychosocial services as well as free legal aid in Gjakove where shelter is also available through the Women's Association Shelter.

In 2001 and 2005, 77 women's NGOs worked together on a campaign to raise public awareness about violence against women (Rizvanolli, et. al., n.d: 2). The Motrat Qiriazhi NGO has implemented programs to raise public awareness about women victims of violence (personal

communication, A. Grazhdani). The Rural Women's Network, a network of women's organizations, runs awareness-raising and advocacy campaigns about violence against women. The International Rescue Committee provides counseling and referral services in the Peje region and has conducted awareness-raising in communities throughout the country. CARE has provided training for social workers on domestic violence and also done community outreach on the issue (Ward, 2002: 95-97). Mercy Corps International has provided training for nurses to recognize victims of domestic violence and refer them to services. The Women's Wellness Center has also conducted educational programs with men (Wareham 2000: 50, 52). One source noted that there is a lack of services for minority groups (Ward 2002: 98).

Regional domestic violence coordinators were established within the UN Mission in Kosovo (UNMIK) and are responsible for investigating domestic violence cases. The Justice Department also established a special unit for victims of crime, including domestic violence. The police academy provides training on rape and domestic violence and there has been an effort to recruit women for the police force (UN 2003: 381).

K. Kyrgyzstan

Several NGOs provide services for victims of domestic violence in Kyrgyzstan. In Bishkek, Sezim Crisis Center for Women and Families has a shelter and hotline, and provides counseling, legal assistance, and limited vocational training. Shanc, also in Bishkek, has a hotline and provides counseling, legal assistance, and medical care. Diamond Crisis Center also provides services and legal assistance in Bishkek. At least one crisis center is also said to operate in each region or *oblast* (IHF: 244; Kyrgyz Republic 2005: 37).

Through Alga Rural Women's NGO and Diamond Association groups of active rural women and community councils have been given support to provide psychological and legal assistance to women victims of violence in an effort to mobilize resistance to violence at the community level, allowing for assistance to rural communities for whom assistance may not be otherwise accessible (Kyrgyz Republic 2005: 35; UNIFEM 2003: Appendix 3).

Since 2002 one of the law schools is offering a course on domestic violence. As well, the foreign service academy offers a special course called "Prevention of Criminal Violence against Women and Children". With donor funding several TV spots, short films and theater productions to raise awareness about domestic violence have also been developed and distributed (Kyrgyz Republic 2005: 35).

L. Macedonia

A 1998 report claimed that there were no shelters or state run services of any kind for victims of domestic violence in Macedonia (MNAdvocates 1998: 23). By 2005, a new report indicated that there were five shelters, four partially supported by the state and one run by an NGO. The State also supports an SOS hotline (ESE 2005: 37). The majority of calls are in regard to domestic violence (MNAdvocates 1998: 8). USAID also supported the first legal aid clinic for victims of domestic violence in Macedonia, which provides victims with both legal and psychological assistance (personal communication, C. Cozzarelli). UNIFEM and USAID fund the Humanitarian Association for the Emancipation, Solidarity and Equality of Women to advocate

for new laws and policies to fight violence against women (UNIFEM 2003: Appendix 3; personal communication, T. Mitevka).

M. Moldova

The government has conducted training for law enforcement and supported public awareness programs on domestic violence (UN 2003: 374). The Open Society Institute funded police training for 200 officers in Chisinau. Additional police training was reportedly being planned in 2000 (MNAdvocates 2000b: 19). Training and conferences for interdisciplinary teams from throughout Moldova have been held, including medical professionals and psychologists, lawyers, police, judges, prosecutors, parliamentarians, civil servants and NGOs (MNAdvocates 2000b: 23-24).

The NGO Woman Today has a shelter in Chisinau which provides medical, legal and psychological services (IHF: 318). A shelter is also located in Balti. Services focus on reunification with partners but can also assist with reporting to police or filing for divorce. A hotline is functioning in Chisinau and a crisis center in Hincesti has a mobile unit which travels in the area raising awareness about domestic violence and available services (MNAdvocates 2000b: 24). The National Women's Studies and Information Center in Chisinau has produced informational pamphlets focusing on women's legal rights in regard to sexual and domestic violence (MNAdvocates 2000b: 25).

N. Romania

While a lack of shelters was reported in Romania in 1995 (MNAdvocates 1995: 13), many services are now reported to be available throughout the country. In 1996 the government opened a center and shelter for victims of domestic violence (UN 2003: 376). The Open Society Foundation Romania provided funding for domestic violence programming in Romania. Through this funding, the Pro-Family Agency A.F.I. in Bistrita runs a shelter, provides medical care, counseling and legal assistance, manages a database on family violence, and conducts awareness-raising on the issue. The Open Society Foundation also funds the Romanian Group for Defending Human Rights in Arges which runs a hotline and facilitates reporting of cases to the police (IHF: 363). Shelters for victims of domestic violence are available in Arges, Bistrita, Cluj, Constanta, Satu Mare, Timisoara and Bucharest (Stop VAW). One study reported that training had also taken place for police and the departments for child protection (PEC 2003: 156). Family counseling services are also said to be available (UN 2003: 376).

Several NGOs have been involved in domestic violence over the years. The Romanian Independent Society of Human Rights (SIRDO) has a program called Stop Family Violence. One hospital in Bucharest also allows victims of domestic violence and their children to seek refuge at the hospital for a couple of days (MNAdvocates 1995: 4-5).

O. Russia

An Amnesty International report in 2005 states that there are 300 hotlines throughout Russia; the majority of these operate with non-state funding. There are also two government crisis centers for men and 22 (some reports indicate 25) for women which are experienced in dealing with domestic violence, as well as numerous NGO-run centers (AI 2005: 42; personal communication, E. Duban). Most of the crisis centers provide psychological counseling and

legal advice, referrals for other services, medical services, legal aid and support groups (IHF: 382; AI 205: 42). There are also 154 specialized departments for women within the state social services where women can go for assistance and eight state-run shelters (AI 2005: 42). Ironically, Moscow, a city of 10 million people, has no shelter (IHF: 382; AI 205: 42). According to Amnesty International there are many administrative hoops which a woman needs to jump through in order to be admitted to the state-run shelters, making immediate entry into the shelters in an emergency very difficult (AI 2005: 42). UNIFEM funded Artemida Women's Club in Buryatia, Siberia to establish centers to provide shelter, counseling and legal services for victims of domestic violence. UNIFEM has also funded awareness raising campaigns in the country (UNIFEM 2003: Appendix 3).

A regional crisis center for men in Barnaul offers medical and psychological support to men. Although their services do not specifically target perpetrators of domestic violence, they do include those who have abused members of their family. The staff has attended training on involving men in ending violence in the family. However, they have trouble getting men to participate in programs and recommend that the court require attendance in such programs (AI 2005: 29).

Beginning in 1999, USAID funded a three- year program aimed at strengthening women's crisis centers in Russia. Through the program, an association of crisis centers was established that carried out outreach and awareness-raising campaigns, prevention efforts and offered victim support. Public service announcements and short documentary films about domestic violence (created by Internews) were used at the regional level in conjunction with publicity campaigns (personal communication, E. Duban). USAID also funded work at the regional level on community involvement in prevention of domestic violence, and funded development of a course on domestic violence at the pedagogical institute in Petrozavodsk (Project Harmony 2002).

USAID has funded training for lawyers and non-lawyer "advocates" working in crisis centers on how to use the existing laws to benefit their clients. They have also funded support for women's wellness centers in Russian hospitals which provide specialized services to victims of domestic violence (Levi & Ralph 1997) as well as developed curriculum and training for healthcare workers in recognizing and responding to signs of violence (personal communication, E. Duban). The United States Bureau of International Narcotics and Law Enforcement (INL) supported a pilot program to train police in responding to violence against women. They have supported pilot programs to encourage coordination between law enforcement and those providing assistance to victims in Moscow and Nizhny Novgorod (Levi & Ralph 1997).

P. Serbia & Montenegro

Approximately 30 women's organizations address domestic violence in the country, running hotlines and service centers. Most of the centers provide psychological services and legal support. There are two shelters – both in Belgrade – which provide accommodation and income generating activities (IHF: 532; Mrsevic & Hughes 1997: 1). One study indicated that most of those who sought assistance from police, social workers and others were not satisfied with the results. The authors state that the only way to get assistance in Serbia & Montenegro is by bribing officials or via personal connections, and not based on one's legal rights or needs (Mrsevic & Hughes 1997: 8).

Q. Tajikistan

No government funded shelters or services are available for victims of domestic violence in Tajikistan (Stop VAW). An NGO, the Centre of Psychological Aid to Women Subjected to Physical and Moral Violence, provides legal aid, counseling and psychosocial support, but no shelter services are available (IHF: 436-437).

R. Turkmenistan

According to the International Helsinki Federation for Human Rights report on Women and the UN Special Rappateur Report on violence against women, no services are available for victims of domestic violence in Turkmenistan (IHF: 469; UN 2003: 220). However, the Stop VAW website mentions one women's group in Ashgabat and several informal groups in other regions that support victims of domestic violence.

S. Ukraine

The government provides very few services, with a shelter in Kiev run by the municipality being one exception (MNAdvocates 2000c: 20; UN 2003: 389). There are three women's centers run by local NGOs with international funding in Lviv, Dnepropetrovsk, and Donetsk. These centers run hotlines, provide legal assistance, job and entrepreneurship training, and conduct domestic violence workshops (MNAdvocates 2000c: 21). A USAID project is supporting the Women's Information and Support Center for a project focused on preventing domestic violence in Dnipropetrovsk Oblast, which has a high level of reported domestic violence. The Center developed an integrated system of cooperation among those who deal with domestic violence, including the police, providers of social services and NGOs. This project also helps victims of domestic violence to get the assistance they need and advocates against domestic violence (personal communication, C. Cozzarelli).

Another international organization has developed domestic violence coalitions in three cities – Lviv, Kyiv, and Odessa (there is a similar coalition in Berdychiv organized by the local government). These coalitions include law enforcement, judiciary, attorneys, doctors, psychologists, religious leaders, NGOs and others and take on different tasks related to domestic violence; for example, advocating for new legislation or conducting awareness raising in schools (MNAdvocates 2000c: 22). UNICEF is working with the Ukrainian State Centre of Social Services for Youth to develop psychological assistance for families in crisis in different regions of Ukraine and have helped set up the first state regional centre for women and children who are victims of domestic violence (UNICEF Ukraine). UNIFEM also funded activities to improve services to victims (UNIFEM 2003: Appendix 3). Trainings are being developed for police to respond to domestic violence calls (MNAdvocates 2000c: 28).

In addition, the USAID-supported Ukraine Reform Education Program, which seeks to educate the public on important issues and reforms across sectors, has sponsored a series of media events on trafficking in persons and domestic violence (personal communication, C. Cozzarelli).

T. Uzbekistan

Several NGOs are located throughout Uzbekistan that provide services to victims of domestic violence such as medical care, legal aid and counseling. Some offer shelter services and

vocational training (IHF: 504). The government has provided some training to government personnel and school children (UN 2003: 221). Hotline services are also available (MNAvocates 2000d: 54).

SUMMARY OF FINDINGS BY SUB-REGION

A. Balkans

Albania, Bosnia & Herzegovina, Croatia, Kosovo, Macedonia, Serbia & Montenegro

Most Balkan countries appear to have average reported rates of domestic violence for the region, with prevalence rates indicating that 20 – 30 percent of ever-partnered women have experienced domestic violence. This is a significant portion of the population. However, since the war, in the former Yugoslavian countries (with the exception perhaps of Macedonia) the issue of domestic violence has become a topic of public discussion. Many post-war services that were initially developed for female victims of sexual violence have expanded their programming to include victims of domestic violence so that some services are available throughout the region. However, donor funding for these services is reportedly declining, so it is not clear if the services will continue to operate.

In Macedonia and Albania, services for victims of domestic violence are noticeably absent. In both countries there is a significant reluctance on the part of victims to report their suffering to anyone, even family members. One study indicates that well over half of victims in Albania who reported experiencing violence had never told anyone prior to the researchers. Silence about the issue makes addressing it more difficult as it masks the extent of the problem, allowing communities to ignore it. Raising awareness about the issue to break the silence and to make victims aware of services available to them becomes especially important.

B. Black Sea Region

Bulgaria and Romania¹⁴

Prevalence data from the Black Sea Region was only available for Romania; no data was identified for Bulgaria. There were many studies available from Romania, all of which indicated differing prevalence rates, ranging from 10 – 30 percent of women having ever experienced physical violence (with significantly higher rates amongst Roma women). Reports indicate that domestic violence has received significant attention in recent years. As a result, improved domestic violence laws and domestic violence services are available in many locations throughout both countries. The majority of victims are also likely to report their abuse to family and friends, improving their likelihood of finding assistance. However, there are also indications that services for victims of domestic violence may be closing down due to reductions in international donor funding.

¹⁴ Romania and Bulgaria were the only countries of the Black Sea region which were included in this study.

C. Caucasus

Armenia, Azerbaijan, Georgia

Information about the prevalence of domestic violence in the Caucasus is also limited. Data for Azerbaijan indicate that at least 25 percent of women are victims of physical abuse and nearly 33 percent are victims of psychological abuse. No information is available for Armenia which meets the established criteria. Armenians and Azeris show a high tolerance for wife beating with 30 – 60 percent of the population believing that it is sometimes justified. The rates of prevalence of domestic violence found in Georgia are the lowest reported rates in the region. As only one study was identified, it is not clear if the low reported rates reflect actual low rates of domestic violence or under-reporting. The few studies available show that victims of violence in Azerbaijan are unlikely to tell anyone about it, with 60 percent of those reporting abuse indicating that until speaking with the researchers, they had never told anyone about it. In Georgia the opposite was true with a high percentage of those reporting abuse indicating that they had told someone about it. Again, however, it is possible that only those who had already told someone about their abuse were likely to tell the researchers about it and this may not be indicative of general reporting behavior. No studies of tolerance of wife beating in Georgia were identified. In spite of the low reported numbers in Georgia, domestic violence is clearly a significant problem in the Caucasus region and there are very few services for victims of domestic violence available in any of the countries.

D. Central Asia

Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan, Uzbekistan

Very little information on the prevalence of domestic violence is available in the Central Asian Republics. Prevalence rates are available only for Tajikistan and they are the highest rates noted in the entire Europe and Eurasia region. Tolerance for wife beating is high. In Kazakhstan 30 percent of respondents' state that wife beating is sometimes justified. In Uzbekistan the figure doubles, with 60 percent of male respondents and 70 percent of female respondents believing that wife beating may be justified. This leads one to believe that rates of domestic violence may be quite high throughout Central Asia. With the exception of Kyrgyzstan, few services are available; services which are available tend to be concentrated in the cities. In Kyrgyzstan, it appears that some services are available in several parts of the country.

E. Russia and West NIS

Belarus, Moldova, the Russian Federation, Ukraine

Studies from this sub-region indicate that approximately 20 percent of women in the countries of Russia and West NIS have been subjected to domestic abuse. While some services are available in most of the countries they are concentrated primarily in urban centers and therefore not available to a large portion of the population. As well, many services run by local NGOs are sponsored by foreign donors and may soon be shut down due to reductions in funding. Reports indicate that there is less stigma attached to divorce in the countries of this sub-region and less of an environment of patriarchy. As a result, while leaving violent relationships is difficult for women from all parts of the world, women in the countries of this sub-region may be more able to divorce and escape the cycles of domestic violence. As with the Black Sea region, the women

of this region are also far more likely to report their abuse to someone, often family or friends, but also to the police, increasing their chances of finding assistance. However, long term solutions for victims of violence are severely hampered in this region by the housing shortage (see next section), which result in women continuing to live with their abusive husbands even after divorce.

RECOMMENDATIONS

There has been a noticeable improvement in domestic violence legislation and services in the Europe and Eurasia region in the past few years. Compared to reports from the late 1990's, recent reports point out the number of new laws addressing domestic violence and increased services for victims in many countries of the region.

However, more attention has been given to this issue in some parts of the region than others. While all of the countries of the region could use support in tackling domestic violence, this is especially true in Central Asia, the Caucasus, Albania and Macedonia, where, as noted above, there are high reported levels of domestic violence coupled with a notable lack of services for victims, therapeutic programs for perpetrators, or prevention programs. There is also a climate of secrecy in these areas, with victims being less likely to tell anyone, including family or friends, about the abuse they face at home. Roma communities are also cited as having high rates of domestic violence and low rates of reporting to or seeking help from authorities (UN 2003: 353). Special programming for Roma or other minorities may also be needed.

Each country is unique and within each country each community is unique in that they each have access to different resources and expertise and different cultural norms. In fighting domestic violence it is important that approaches be based on the perceived needs and recommendations of local stakeholders. Programs to fight domestic violence should therefore be flexible enough to adapt to each locality. At the same time, there is a wealth of information and expertise around the world which can and should inform local solutions. To bring about important changes in the region domestic violence programs are needed which focus on interventions at the local level with local stakeholders to ensure culturally and community appropriate interventions. In order to take advantage of the wealth of experience available on addressing domestic violence, programs should also provide access to international expertise on the issue and opportunities for sharing and networking in the region.

Presented below are suggested areas for reform, based on lessons learned from the region and around the world which could be adapted to meet local needs.

A. Community Coordination

Studies of domestic violence programs indicate the need to make programs multi-sectoral in nature, with a greater emphasis on involving families, friends, and the social and religious community in the design and implementation of domestic violence interventions. Communities are important in reducing tolerance for violence, identifying affected families, and offering support to victims (WHO 2002: 111; UNICEF 2000a: 14-15). Cooperation is needed amongst the different actors listed above as well as police, social workers, health care workers, teachers, NGOs, and shelters at the local level, as each may come into contact with victims in need of help. Police are well placed to refer victims for assistance in countries where reporting rates are

fairly high; health care workers, religious leaders, teachers or social service providers may be more likely to come in contact with victims in areas where reporting is low.

A shelter Petrozavodsk in Karelia, Russia provides an interesting example of the impact which can be achieved through coordination. The shelter is supported by the city with close cooperation between the police and social services. A female police officer comes to the shelter to meet with residents and discuss their legal options. The police also try to raise awareness in the community about domestic violence and the legal rights of victims. A new impetus to fight domestic violence in the region of Karelia (which has also included the use of female police officers when the police are called to intervene in cases of domestic violence) has led to an increase in reporting by victims which is seen as indicative of a growing trust in the police (AI 2005: 43-44). NGOs report that the situation in Petrozavodsk has improved because of increased attention to the issue by a variety of specialists including police, service providers and teachers (Project Harmony 2002).

Community members, while important in bringing about change, are also likely to harbor the same misconceptions and attitudes about domestic violence as the society at large. Using the Medica Zenica model described below, research may be needed at the local level to increase awareness about the scope of the problem.¹⁵ Once community members agree that there is a problem they are more likely to be willing to work to address it. Members of the community who are willing to be involved will then need training and awareness-raising to better understand the problem and to develop appropriate measures to address it.

In Bosnia & Herzegovina, Medica Zenica's community based program established linkages and protocols between the police, social and health services, and the judiciary (Ward 2002; Spindel et. al. 2000). The program began with research into domestic violence in order to establish domestic violence as a problem which the community needed to address. The research findings were used to lobby for action from authorities. This was followed by training for judges, police, lawyers, teachers, and medical professionals. The training emphasized helping the professionals to see the perspective of the victim. For example, judges are asked to tell the training group details about their own recent sexual experiences. The awkwardness that this produces is used to help the judges empathize with victims who have to tell a courtroom full of strangers the intimate details of the humiliations they have suffered. After trainings for each profession were conducted the groups were brought together to form a network. Medica Zenica reports that the training has produced results. Not only are judges more sympathetic to clients who have suffered abuses, but police have changed their usual practices in handling these cases. No longer must women reporting abuse tell the desk officer in the public reception hall about her case; now, every police department in Zenica has special point persons who have been trained by Medica Zenica to whom such cases are referred (Spindel et. al. 2000: 85-95).

B. Health Sector

Because most victims of domestic violence will not come forward to seek assistance, improving identification of victims by health care professionals is needed in order to offer assistance. Health care workers may be the only professionals with whom all women will come in contact at

¹⁵ Many excellent tools are available to ensure that research on domestic violence is conducted in a way that protects victims and produces useful results. Please see Heise et. al. 1999, WHO 2001, and Kishor 2005 for more information.

some point in their lives (Heise et.al. 1999: 26). The importance of providing training to health care workers is emphasized throughout the domestic violence literature (WHO 2005; Baban: 60; BGRF: 28; Heise et. al. 1999).¹⁶ One study points out that those health care practitioners who have received specialized training on domestic violence are for more likely to inquire about and feel confident in addressing the issue (Heise et. al. 1999: 27). In addition to training, protocols for management of identified cases of abuse need to be developed. Incorporating questions about domestic violence into standard intake forms has been found to ensure that health care providers are attentive to the issue (WHO 2002: 107).

C. Legislation & Law Enforcement

Specific domestic violence legislation is needed in all countries of the region that recognizes the unique nature of the relationship between perpetrator and victim and includes special provisions to address the factors that arise from that relationship. In a poll of police officers in Russia, a majority felt that a law on violence in the family was needed in order to improve their ability to address the problem (AI 2005: 30). There is especially a need for regulations that allow for the abuser to be removed from the home, to require special counseling for the perpetrator and to ensure that protective measures are available for the victims. It has been shown that abuse often escalates once the woman has made a decision to leave the perpetrator (WHO 2002: 97), resulting in a greater need for protective measures at that time. Specific legislation also makes it easier for countries to collect statistics on domestic violence cases reported to the police. If there is not a specific statute on domestic violence, crimes committed by intimate partners and family members tend not to be disaggregated from the general criminal statistics.

Changes in policies and legislation have been found to have little effect unless they are accompanied by efforts to change institutional culture (WHO 2002: 103). Victims throughout the region report disappointment and frustration in their experiences with law enforcement. Therefore, training for police and other law enforcers (as well as health professionals and social workers) is critical to ensure that they become more responsive to the issue of domestic violence. The involvement of professional associations could be an effective approach to institutionalizing such changes, not only with the police, but also with professionals in other sectors, such as health

In an innovative project in the United Kingdom, cooperation amongst the sectors was integral to its success. Social service advocates followed-up with victims who had placed domestic violence calls to the police in order to inform them about available services. They followed-up with victims within 24 hours of the call to ensure support was timely. An evaluation of the program found that there was a marked increase in the use of victim support of services and a reduction in the number of recurring domestic violence calls to the police from the same households (WHO 2002: 107).

care workers, social workers, and teachers. Building trust between police and the community

¹⁶ A practical guide is available from UNFPA (2001). *A Practical Approach to Gender-Based Violence: A Programme Guide for Health Care Providers and Managers*. As well, *Ending Violence against Women* provides detailed examples of how and why health care workers can address domestic violence (Heise et. al. 1999).

(especially with minority communities who may have a stronger lack of trust in police and other social institutions) is also important (BGRF: 25).

In Kyrgyzstan, for the development of the Law on the Social and Legal Protection from Family Violence, a local civil society used a constitutional provision that requires the collection of 30,000 signatures from citizens to submit a bill. This was the first time a law had been submitted using this mechanism. Thirty-six thousand signatures were collected in six months, demonstrating the strength of public support for the initiative (Kyrgyz Republic 2005: 9). A similar approach was used in Albania, with the collection of 20,000 signatures to submit a similar bill to Parliament (personal communication, M. Theisen).

D. Prevention and Empowerment Programs in Schools

Changing societal attitudes is a slow process. Youth hold the potential for change in the coming generation. Training and sensitization for teachers and incorporation of issues of domestic violence, gender roles, relationships, communication, power and control issues into programs for youth may be effective tools for bringing about such change (WHO 2002: 108). Programs in schools can empower girls, raise their self confidence and teach them negotiation skills while teaching boys that violence is not acceptable and providing them with communication skills as an alternate to violence (UNICEF 2000a: 14).

E. Programs for Perpetrators

Most approaches in the region have focused on providing services to victims of domestic violence. While such services are needed, as noted above, it is also important to approach the problem from the other side. Therapeutic programs for perpetrators, such as counseling for violent behavior or treatment programs for substance abuse, are notably lacking in the region. Studies in the region show that there is a lack of counseling available for men, including men traumatized by the recent conflicts (UNIFEM 2005a; Goldbeck-Löwe 2004: 8). Treatment programs in North America have been shown to be effective when the perpetrators continue in the program. However, high dropout rates are common. Some communities have improved attendance rates by issuing warrants for the arrest of men who fail to show up for the program (WHO 2002: 106).

A WHO study of domestic violence programs aimed at interventions with perpetrators (analyzing programs worldwide with the exclusion of North America and the UK) found that most programs' participants (83 percent) participated voluntarily and not because of a court mandate, although clients were often referred by the courts for treatment (Rothman et. al. 2003: 11). A domestic violence hotline for men in Australia has numerous calls directly from perpetrators of violence, many of whom attended counseling services as a result (Heise et. al. 1999: 31). The Foundation for Local Democracy in BiH has a mobile clinic which is used to provide therapy to perpetrators of violence. The husbands of victims of domestic violence staying at their shelter are contacted to see if they would like to participate in the program. If they consent, a mobile clinic which includes social workers and psychologists from the NGO and from the local government's Center for Social Work visit the perpetrators in the home to provide counseling and recommend other forms of support, including alcohol abuse programs such as alcoholics anonymous. Indications are strong that such programs may not only be effective but may also be of interest to perpetrators if implemented carefully. Piloting programs which target

perpetrators, and taking care to ensure that proper evaluation is built in to the design in order to assess their impact, may provide a new way of addressing the issue in the region which could prove effective.¹⁷

Shame has been reported to have a negative impact on reporting incidences of domestic violence and on victims' seeking assistance. However, shame may also be used to combat domestic violence, for example by shaming perpetrators into taking steps to end their abusive behavior (Wareham 2000: 46; MNAdvocates 2000d: 38; WHO 2002: 105; Heise 1999: 10). In Uzbekistan, many professionals believe that the intervention of a religious leader or other respected individual can shame the abuser into controlling his violent behavior (MNAdvocates 2000d: 55).

In other regions, traditional practices, such as community healing ceremonies or traditional justice systems, have been successfully brought to bear against perpetrators of domestic violence (Heise 1999: 10). A study from other regions found that societies with low levels of domestic violence were associated with communities which sanction the perpetrators of domestic violence while providing access to safe shelters for victims (WHO 2002: 99)¹⁸.

F. Raising Awareness / Changing Attitudes

The lack of response to domestic violence is related to women's status in society. There is a general need to improve the status of women and to empower women by eliminating discriminatory laws, increasing women's involvement in leadership and decision making positions, increasing access to education, increasing women's control over economic resources, increasing women's access to health and control over their bodies, and improving women's self confidence (Heise et. al. 1999: 32; UNIFEM 2003: 7).

Increased awareness of domestic violence in society to end the secrecy and begin a social dialog is especially needed in Central Asia, the Caucasus, Macedonia and Albania. Campaigns are needed to change cultural attitudes that tolerate domestic violence and to raise awareness of services for victims. Awareness also needs to be raised about the impact of domestic violence on society at large. Not only does domestic violence affect the families involved, but it has also been found to have significant economic costs due to increased health care costs, costs of law enforcement responses, and reduced productivity in the workplace (UNICEF 2000a: 12-13).

Domestic violence has a profound impact on the children in families of victims. In many studies in the region, women victims of violence stated that they do not leave their abusive husbands for the sake of the children and many service providers and law enforcers seem to share this attitude. They believe that providing a good home for the children means keeping the family together (ESE 2000: 47; Baban: 52; PEC 2003: 93; Mrsevic & Hughes 1997: 15; MNAdvocates 2000d: 25; Spindel et. al. 2000: 90).

¹⁷ More information about programs focused on perpetrators of domestic violence can be found in the WHO study: Rothman et. al. 2003. A training manual is also available from Admira (2005). As with all programs addressing domestic violence, it is important that programs targeting perpetrators prioritize victim safety.

¹⁸ More information can be found in Counts DA, Brown J, Campbell J. Sanctions and sanctuary: cultural perspectives on the beating of wives. Boulder, CO, Westview Press, 1992.

However, studies worldwide show that both witnessing and experiencing violence in the home can have a significant impact on a child's behavioral and emotional well being (WHO 2002: 103; Heise et. al. 1999: 20). Mothers report that their children exhibit aggressive behavior, social isolation, anxiety, depression, low self esteem, poor social skills, and in the long term, substance abuse (Baban: 47). These same impacts on children are confirmed by other studies worldwide (Heise et. al. 1999: 20; Bjelanovic & Tauber 2004: 4; UNICEF 2000a: 9). In Ukraine, children have also inflicted violence against their fathers in defense of their mothers, sometimes resulting in sentences to juvenile facilities (MNAdvocates 2000c: 16). Studies in some countries have further shown that the children of abused women are more likely to die before the age of five (Heise et. al. 1999: 20).

Throughout the region it is clear that children are witness to the abuse of their mothers and that children living in households with domestic violence are more likely to be subjected to abuse themselves. Studies in Albania and Kosovo revealed that of the abused women who were interviewed 34 percent and 35 percent respectively report that their children are subjected to abuse as well (Baban: 45; Wareham 2000: 38). A study of callers to a Belgrade hotline revealed that in 70 percent of documented cases of domestic abuse, children were witnesses to the violence (Mrsevic & Hughes 1997: 16). Studies from other parts of the world confirm that children are often witnesses to violence against their mothers and that in a large percentage of cases, are abused as well (Heise et. al. 1999: 20). Therefore, increasing understanding of the impact domestic violence can have on children is important to ensure that appropriate responses to domestic violence are advocated.

G. Research and Evaluation

Few studies in the region have looked in-depth at the experience of victims of violence; that is, the impact on the victims, children, and other family members; what prevents them from leaving their abusive situation; if they have left, how did they manage; where did they seek assistance, when and how? Such information would inform the development of appropriate interventions for victim assistance. In-depth studies of families without violence (despite factors which would have increased their risk) may also provide innovative ideas for interventions or prevention programming.

As with other development assistance, evaluations of programs are needed in order to improve programming and to garner lessons which can be shared across the region. Pilot programs with built-in evaluation strategies would be of great benefit.

H. Services

Most studies point to the dearth of available assistance for victims in the region. In many countries what little assistance is available is only available in large metropolitan areas and therefore is of limited use to a majority of those who need it. As well, assistance programs have focused on formal methods of providing assistance (through shelters or crisis centers) which may also be of limited use and too expensive to be sustainable. Assistance programs need to be developed throughout the region and should be developed at the local level in collaboration with local leaders, health and social service providers, law enforcement, local women's and men's groups, religious leaders, other community leaders, and, where possible and safe, victims of

domestic violence. The typical services that are needed include: emergency shelters, long term housing, economic opportunities, personal and group counseling, access to education and counseling for the children, and support of family and friends. Below are some of the critical needs identified to enable victims to leave their violent situations.

1. Housing

A lack of housing is repeatedly mentioned as an obstacle to women who desire to leave an abusive relationship. Even in cases where the woman chooses to divorce in order to escape her abuse, housing shortages or economic difficulties often mean that divorced couples may be forced to continue to live together (RWRP 2001: 51-52; MNAdvocates 1995: 9, 13; MNAdvocates 1996a: 18; MNAdvocates 1996b: 15; MNAdvocates 1998: 10; MNAdvocates 2000b: 35; MNAdvocates 2000c: 37; AI 2005: 21; Baban: 33; OMCT 2003: 309; Mrsevic & Hughes 1997: 13 – 14; Levi & Ralph 1997). Property rights or customs whereby men tend to control property and victims of violence are removed from the home rather than the abuser, can also result in women staying in abusive relationships because they have no other place to live (RWRP 2001:99; Dadunashvili et. al. 2003: 2).

Currently shelters for victims of domestic violence are primarily available only in major urban centers. However, victims of domestic violence need shelter near to where they reside so that they can continue working and carrying out their normal activities, maintain relationships with family and friends, and have their children continue in school. Russia has good examples of shelter services for victims of domestic violence, such as a shelter in St. Petersburg, which allows residents to work and their children to go to school while staying at the shelter. Shelter workers also help residents to build their confidence and assist them in finding long term solutions to their problems.

Housing solutions need to take into consideration cultural differences. In some countries, where a person's status and social relationships revolve almost exclusively around the family, responses which involve the woman leaving the family (such as to shelters) may not be viable (IHF:516, 518; MNAdvocates 2000d: 56). Alternative responses such as to remove the man from the home may be more culturally acceptable (IHF: 518). In Uzbekistan, NGOs have created alternatives by combining shelter and counseling services with other socially acceptable services, such as medical centers or a sewing school (MNAdvocates 2000d: 56). Some communities have set up safe homes in the community so that women and their children can seek emergency shelter in the home of a neighbor or at a religious center (WHO 2002: 104). Others help victims develop personal safety plans based on their own resources so that they are prepared if they need to leave home in a hurry to escape their abuser.

2. Economic

Economic difficulties need to be addressed. A commonly cited reason why women do not leave their abuser is because of a lack of financial resources to make it on their own or to support their children (MNAdvocates 2000b: 10; MNAdvocates 2000c: 12; Heise et. al. 1999: 7; WHO 2002: 96; Mrsevic & Hughes 1997: 16; and others).

3. Family and Community Support

Studies have found that having emotional and logistical support from their family or friends is an important factor in a woman's decision to leave an abusive partner (WHO 2002: 96). Studies have also shown that intervention from family can significantly reduce violence (Heise et. al. 1999: 9). Participation in social networks generally, whether formal or informal, has also been found to assist victims of domestic violence (UNICEF 2000a: 8).

I. Raising Awareness about Assistance

Services are only useful if the people who need them know about them. A study in Macedonia found that few women victims of violence knew about the services available to assist them (ESE 2000). A study in Romania found that nearly half the population did not know about the existence of organizations providing assistance to victims of domestic violence. Only 2 percent of respondents who had experienced domestic violence had ever sought such services (PEC 2003: 22, 24). Hotlines appear to be a useful way of providing access to information in an anonymous fashion and serve as a way of alerting victims, their friends and family to services which are available. A study in Bosnia & Herzegovina showed that 73 percent of respondents had heard of the SOS hotline and that 93 percent would advise a friend who had been abused to call (IRC 1999: 7).

J. Sustainability

The involvement of government actors in fighting domestic violence is essential, especially the police, the judiciary, social services and health care workers. Encouraging government participation at all levels in domestic violence approaches is critical in ensuring the sustainability of programs. Many services funded by international donors are no longer functioning. Those activities for which governments demonstrate support through financial or in-kind contributions are more likely to continue receiving support when international donor funding ends. All of the governments of the region are party to the Convention on the Elimination of all Forms of Discrimination against Women (CEDAW) which commits them to fighting domestic violence and to providing assistance to victims (see Appendix D). Programs can be designed to encourage governments to live up to these commitments.

K. Conclusion

While domestic violence is widespread around the world and this region is no exception, significant strides have been made to reduce tolerance for domestic violence and increase assistance and support for victims. In the past few decades there has been an increased awareness about domestic violence, improved research documenting domestic violence, recognition of domestic violence as a violation of victims rights to which governments are required to respond, improved legislation and an increase in services for victims around the world (UNFEM 2003: 11). While this has not yet resulted in an end to such violence it does demonstrate that with concerted efforts we can make a difference. With adequate funding and targeted programming, there is reason to believe that the prevalence of domestic violence in the Europe and Eurasia region can be significantly reduced and communities can ensure that action is taken to address cases of domestic violence, providing appropriate support to victims and taking action against perpetrators.

APPENDIX A

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APPENDIX B DATA TABLES

Detailed Results from Studies Which Meet the Criteria for Inclusion in This Report

	Experience of Domestic Violence as Adult - Ever				Experience of Domestic Violence as Adult - Current				Witness of DV as Child	Experience of DV as Child	% Who Know a Victim of Domestic Violence	Source	Comments	
	Verbal / Psychological	Physical	Sexual	Any Form	Verbal / Psychological	Physical	Sexual	Any Form						
Albania	30.3	8.1	2.8		22.9	4.5	1.6					CDC 2002	RHS Survey. Nationally representative sample	
						37							Burazeri et. al. 2005	Domestic violence survey. Representative sample of Tirana only
Armenia													NSS Armenia (2001)	DHS Survey - nationally representative sample
Azerbaijan	29.8	20.1	9.9		14.3	7.6	4.9		25.6	32.7			CDC 2003	RHS Survey - Nationally representative sample
	26	33	15	43					43 (24% non-abused; 74% abused)				IRC 2004	Domestic violence survey only - Directed sample of IRC beneficiary group, not representative of population as a whole. 23% non-response rate
Belarus														
Bosnia											55 (90% who know more than one victim)		Tilson & Camino 1997	Reproductive Health Survey representative of Muslim area of Gorazde only - 249 female respondents
											36 (60% of whom know more than one victim)		IRC 1999	Reproductive Health Survey representative of Muslim area of Gorazde only - 260 female respondents
	20	23									53		Peele et al, 1999	540 respondents from Zenica only. Random sampling method and low non-response rate. Clarification on statistics cited: Verbal refers to those who have experienced threats of violence from their partner

	Experience of Domestic Violence as Adult - Ever				Experience of Domestic Violence as Adult - Current				Witness of DV as Child	Experience of DV as Child	% Who Know a Victim of Domestic Violence	Source	Comments
	Verbal / Psychological	Physical	Sexual	Any Form	Verbal / Psychological	Physical	Sexual	Any Form					
Bulgaria													
Croatia													
Georgia	19	5	3		13	2	1		7	21		<i>CDC and ORC Macro 2003</i>	DHS Data from 1999 - nationally representative sample
Kazakhstan												<i>Academy of Preventive Medicine KZ 1999</i>	DHS Data from 1999 - nationally representative sample
Kosovo													
Kyrgyzstan													
Macedonia	61.5 / 70.4 *	23.9	5						12.4	8.2	37.5	<i>ESE 2000</i>	Domestic violence survey only - Representative sample. Percentage of all respondents vs. percentage of only those respondents in intimate partner relationships
Moldova	23	15			14	8						<i>CDC and ORC Macro 2003</i>	DHS Survey - 1997 data. Nationally representative survey
Romania					27.7	15.1	3.1	28.5	19.8	19.8		<i>MOH Romania 2005</i>	DHS Survey - 2004 data. Nationally representative sample
			Male reports of being abusive:		51.2	20.9	0.6	52.9	22.9 (male)	66.7 (male)		<i>MOH Romania 2005</i>	
	45	29	7		23	10	2		26 (female) 26 (male)	41 (female) 60 (male)		<i>CDC and ORC Macro 2003 and MOH Romania 2005</i>	DHS survey - 1999 data. Nationally representative sample
	16.3	10.5	2.6	17.8	7.9	3.6	0.8	9.1				<i>PEC 2003</i>	2003 data; Romanians 18+; nationally representative; 1806 respondents (1,245 women, 561 men)

	Experience of Domestic Violence as Adult - Ever				Experience of Domestic Violence as Adult - Current				Witness of DV as Child	Experience of DV as Child	% Who Know a Victim of Domestic Violence	Source	Comments
	Verbal / Psychological	Physical	Sexual	Any Form	Verbal / Psychological	Physical	Sexual	Any Form					
Russia	20	21			7	6			30	26		<i>CDC and ORC Macro 2003</i>	
Serbia & Montenegro	33.3	22.8	6.3	23.7	11.7	3.2	1.1	3.7				<i>Garcia-Moreno, et. al. 2005</i>	Representative sample from Belgrade only. High household non-response rate but low individual non-response rate.
Tajikistan	51	50	47							35 - 44.5*		<i>WHO 2000</i>	35% of women interviewed reported experiences of physical abuse and 44.5% of psychological abuse in girlhood
Turkmenistan													
Ukraine		21.1				7.9			18.6	29.3		<i>KIIS 2001</i>	Data did not disaggregate physical violence from threats of violence
	19	19			6	7						<i>CDC and ORC Macro 2003</i>	1999 Data
Uzbekistan												<i>ORC Macro 2004</i>	DHS Data from 1997 - nationally representative sample

Detailed Results from Studies Which Did Not Meet the Criteria for Inclusion in this Report

	Experience of Domestic Violence as Adult - Ever				Source	Comments
	Verbal / Psycho-logical	Physical	Sexual	Any Form		
Albania				72	IHF: 30 (Counseling Center for Women and Girls 1999)	1,100 respondents - Shkodra only. Methodology not known.
	74		8.6/ 23.2		Miria et. al. 2000	500 respondents in Lezha district. Non-random sampling method.
		40		64	Baban: 15; UN 2003; UNICEF 2000b (Reflexione - Albanian Women's Association 1996)	Details of study not cite. Report does not provide enough information to determine if the study used random sampling methods, what the non-response rate was and if the questions were general or specific.
		46 rural; 36 urban	28 rural; 16 urban		UNICEF 2000b (B. Kaci 1996)	Details of study not cited - Methodology not known
Armenia				47	IHF: 45 (Women's Rights Center 1998)	100 respondents - Methodology not known. Report Not Available
				80	MN Advocates 2000a: 13	100 respondents - Gyumri only - Methodology not known. 25 - 30 % non-response rate
					WRC Armenia 2000	1800 respondents - Non-random sampling method, very generalized questions about abuse, non-response rate only provided for one question and in that case was very high. No clear prevalence rate reported.
Azerbaijan				37	IHF: 58 (Shafag Initiative Group)	850 respondents. Questions lacked specificity and many had a high non-response rate. Clarity on the statistic given: 'To the question how often they had been subjected to acts violence, 8.3% responded often, 37% responded sometimes, 18.7% has difficulties in replying and 36% refused to reply. When asked where the violence occurred, 32% of the respondents reported being subjected to acts of violence within the family into which they were born, 58% cited the family of their husbands and 10% were victims of violence in society' (UN 2003: 342).
Belarus	64.9 - 74.4	29.4			IHF: 75-76 (Novak, Women's Educational and Consultative Center, Young Women's Christian Association)	Unknown number of respondents - Methodology not known. Report is available only in Russian
Kazakhstan		30*			IHF: 228	Unknown number of respondents - Methodology not known. 30% includes verbal and physical violence
				52	USDOS 2004	Methodology not known
Kosovo		23	18		Wareham 2000: 36	213 respondents from different rural and urban locations. Did not use a random sampling method and sample is not representative. Non-response rates not provided.
Kyrgyzstan				89.2	IHF: 244 (Sezim Crisis Center for Women & Families)	1000 respondents - Methodology not known

	Experience of Domestic Violence as Adult - Ever				Source	Comments
	Verbal / Psychological	Physical	Sexual	Any Form		
Macedonia				31	<i>IHF: 307 (ESE 1997)</i>	Survey of students. Methodology not known (report of study is only available in Macedonian and Albanian). Experience of violence in general not necessarily domestic violence. Witness of domestic violence may have been in adulthood or as a child.
Russia				70	<i>AI 2005: 18 (Council for Women, Moscow State University)</i>	Methodology not known. 90% of all respondents had either witnessed domestic violence between their parents or had experienced domestic violence themselves
				75	<i>OMCT 2003: 307</i>	No details provided
	79	50	23		<i>OMCT 2003: 307</i>	No details provided except that rates refer only to married women respondents.
Serbia & Montenegro		12			<i>Mikulic & Milatovic (2005)</i>	Respondents from Montenegro only. Methodology not known. Study cannot be identified.
	15-20	25			<i>Mikulic & Milatovic (2003)</i>	Respondents from Montenegro - possibly Podgorica - only. Methodology not known. Study cannot be identified.
	46.1	30.6			<i>ABA-CEELI 2003b: 20</i>	700 respondents. Methodology not known.
Tajikistan				40	<i>IHF: 436 (Center for Psychological Rehabilitation for Women 1996)</i>	600 respondents. Methodology not known
Turkmenistan						
Ukraine	85	60			<i>IHF: 486 (Institute of Sociological Research)</i>	Methodology not known. Report did not specify is violence experienced was domestic violence.
Uzbekistan						

Tolerance for Wife Beating <i>(Female Respondents Only Unless Otherwise Indicated)</i>			
	% Who Think Wife Beating is Sometimes Justified	Source	Comments
Armenia	M: 41.9; F: 32.3	<i>NSS (2001)</i>	
Azerbaijan	M: 59; F: 58.2	<i>IRC 2004</i>	
Belarus	M: 50; F: 32	<i>IHF: 75</i>	Source may not meet criteria for inclusion
Bosnia	15	<i>IHF: 96; RWRP 2001:85</i>	in Zenica
	14.1	<i>IRC 1999</i>	in Gorazde
	29	<i>Tilson & Camino 1997</i>	in Gorazde
Croatia	25.8	<i>IHF: 129</i>	Source may not meet criteria for inclusion
Kazakhstan	30.1	<i>Academy of Preventive Medicine KZ 1999</i>	There was significant variation by geographic region, ethnic origins, education, and economic empowerment: ranging from 10% in the Central region agreeing that wife beating is sometimes justified to 48% in the South; 14% of Russian women vs. 40% of Kazakh women and 39% of those with secondary education compared to 17% of those with higher education; 33.3% amongst those who work for cash vs. 35.8% amongst those who work but not for cash.
Russia	32-47%	<i>AI 2005: 28</i>	
Serbia	6.2	<i>Garcia-Moreno, et. al. 2005</i>	
Tajikistan	MM: 25; SM: 32	<i>IHF: 436</i>	300 men - married men vs. single men Source may not meet criteria for inclusion
Uzbekistan	F: 69.6	<i>ORC Macro 2004</i>	There was significant variation by many respondent characteristics - urban vs rural, education level, ethnic background, etc., but there was overwhelming agreement that wife beating is sometimes justified.
	M: 59.4	<i>ORC Macro 2004</i>	In general men were less likely to agree that wife beating is justified than were women. Some exceptions included those of Russian ethnicity - whereby 28% of men vs. 9% of women agreed that wife beating was sometimes justified. Also in Tashkent city where only 7% of women vs. 44% of men agreed that wife beating is sometimes justified.

Percentage of Victims of Domestic Violence Who Reported the Violence and to Whom

	To Whom Violence was Reported – as a Percentage of Those Who Told Someone				Told No One	Source
	Reported to Police	Reported to Health or Social Worker	Told her Family	Told a Friend		
Albania	5 of 50 (10%)					<i>MNAAdvocates 1996a: 11</i>
	4.9 (of the 47.5% who told someone)	4.2 (of the 47.5% who told someone)	60.8 (of the 47.5% who told someone)	12.9 (of the 47.5% who told someone)	52.5	<i>CDC 2002</i>
Azerbaijan	1	1	34	15	60	<i>CDC & ORD Macro 2003</i>
Georgia	10	8	70	60	15	<i>CDC & ORC Macro 2003</i>
Macedonia	20.8	19.4	40.6	1.5		<i>ESE 2000</i>
Moldova	12	16	50	50	36	<i>CDC & ORC Macro 2003</i>
Romania	20				36	<i>PEC 2003: 63</i>
	20					<i>MOH Romania 2005</i>
	16	15	64	52	24	<i>CDC & ORC Macro 2003</i>
Russia	22	9	59	69	15	<i>CDC & ORD Macro 2003</i>
Ukraine	15.9	8.7	67.9	56.2	19	<i>KIIS 2001 / CDC & ORD Macro 2003</i>

APPENDIX C CONTACTS

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Romania	Sorina Bumbulut or Eva Bodroghi, ARTEMIS CMSC SEF Camelia Stanciu, Center for Partnership and Equality Maria Melnikova, IOM Elena Tyuryukanova, Researcher
Russia	Association of Women’s Crisis Centers “Stop the Violence” Moscow Sexual Assault Recovery Center “Syostry” (Russia Elizabeth Duban, IWID Fellow, USAID Jovana Skrnjug, IOM Milena Milivojev, IOM
Serbia	Slavica Stojkovic, IOM Victimology Society of Serbia
Tajikistan	Tom and Kim Delany, USAID Dinara Adil, USAID Kim Delaney, USAID
Turkmenistan	Tom and Kim Delany, USAID Dinara Adil, USAID Kim Delaney, USAID
Ukraine	Amy Heyden, Winrock
Uzbekistan	Tom and Kim Delany, USAID Dinara Adil, USAID Kim Delaney, USAID
All - Regional	Susan Fickling, AED Nancy Coan, IREX Ruth Pojman, USAID Catherine Cozzarelli, USAID Pamela Wyville-Staples, USAID

APPENDIX D

CEDAW

Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW)		
Country	Date of signature	Date of receipt of the instrument of ratification, accession or succession
Albania		11 May 1994 <u>a/</u>
Armenia		13 September 1993 <u>a/</u>
Azerbaijan		10 July 1995 <u>a/</u>
Belarus	17 July 1980	4 February 1981 <u>c/</u>
Bosnia & Herzegovina		1 September 1993 <u>d/</u>
Bulgaria	17 July 1980	8 February 1982 <u>c/</u>
Croatia		9 September 1992 <u>d/</u>
Georgia		26 October 1994 <u>a/</u>
Kazakhstan		26 August 1998 <u>a/</u>
Kyrgyzstan		10 February 1997 <u>a/</u>
Macedonia		18 January 1994 <u>d/</u>
Moldova		1 July 1994 <u>a/</u>
Romania	4 September 1980 <u>b/</u>	7 January 1982 <u>b/</u>
Russian Federation	17 July 1980	23 January 1981 <u>c/</u>
Serbia and Montenegro		12 Mar 2001 <u>d/</u>
Tajikistan		26 October 1993 <u>a/</u>
Turkmenistan		1 May 1997 <u>a/</u>
Ukraine	17 July 1980	12 March 1981 <u>c/</u>
Uzbekistan		19 July 1995 <u>a/</u>
<i>a/ Accession; b/ Declarations or reservations; c/ Reservation subsequently withdrawn; d/ Succession</i>		
<i>Source: UN 2005</i>		

