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DOMESTIC VIOLENCE IN EUROPE AND EURASIA – 2012 UPDATE

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Domestic violence (DV) remains a painful reality in the lives of so many women, men and children in the region, an important human rights issue that negatively impacts individuals, their families, and the communities in which they live. The cycle of violence must be broken if family history is not to be repeated in subsequent generations.

Too often, DV is viewed as a family matter to be dealt with behind closed doors or as an intractable fact of gender relations within a subset of society. Yet, research has repeatedly shown that DV crosses all socio-economic, educational, and other boundaries, and that responses need to be cross-cutting to be most effective. The lengthy resource list on the topic shows that much is known about the issue. And, progress has been made in areas such as legal reform. Now, however, the biggest challenge is to implement laws and policies effectively to reduce the prevalence of domestic violence and its acceptance among men and women, and to hold perpetrators accountable for their actions.

It is my hope that this paper will be useful to those working in the E&E region, both to encourage increased efforts to combat domestic violence and to provide needed technical background to make those interventions effective within the local context of each country.

Susan D. Somach

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ACRONYMS AND ABBREVIATIONS

BiH	Bosnia and Herzegovina
CEDAW	Convention on Elimination of All Forms of Discrimination Against Women
CIS	Commonwealth of Independent States
CoE	Council of Europe
CRC	Convention on the Rights of the Child
DHS	Demographic Health Survey
DV	Domestic violence
E&E	Europe and Eurasia region
EU	European Union
FBiH	Federation of Bosnia and Herzegovina
FRY	Former Yugoslavia
FSU	Former Soviet Union
FV	Family violence
GBV	Gender-based violence
HIV	Human immunodeficiency virus
HR	Human Rights
PO	Protection order
IDP	Internally displaced person
IDU	Injecting drug user
IP	Intimate partner
IPV	Intimate partner violence
KWN	Kosovo Women’s Network
LGBT	Lesbian, gay, bisexual and transgender
MICS	Multiple Indicator Cluster Surveys
MOI/MIA	Ministry of the Interior/Internal Affairs
NGO	Non-governmental organization
OSCE	Organization for Security and Cooperation in Europe
PTSD	Post-traumatic Stress Disorder

ROL	Rule of law
RHS	Reproductive health survey
RS	Republika Srpska
SIGI	Social Institutions and Gender Index (OECD)
STIs	Sexually transmitted infections
TIP	Trafficking in persons
UN	United Nations
UNDP	United Nations Development Program
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNIFEM	United Nations Development Fund for Women (now UN Women)
USAID	United States Agency for International Development
USG	United States Government
VAC	Violence against children
VAW	Violence against women
WHO	World Health Organization

I. EXECUTIVE SUMMARY

Domestic violence (DV) may include physical, sexual, and psychological abuse, as well as “emotional” or “financial” violence or controlling behavior, depending on how different acts and behaviors are defined as causing harm to the safety, health or well-being of a victim. Domestic violence takes place between spouses or intimate partners as well as between other family members (for example, mothers-in-law and daughters-in-law, brothers and sisters, fathers and daughters, child abuse, elder abuse). DV may occur within heterosexual or lesbian, gay, bisexual and transgender (LGBT) relationships.

Despite the stress of the world economic collapse on individuals and institutions alike, progress has been made during the past six years in most countries in the Europe and Eurasia (E&E)¹ region toward addressing domestic violence (DV). Almost all of the countries have conducted some type of national survey, either completely or partially on domestic violence, have passed DV laws, and are making at least incremental progress toward implementing national responses to the problem. Gaps still remain, however, as societal tolerance and acceptance of domestic violence as an inevitable part of family life persists in many countries in the region. Additionally, the paradigm for interventions almost exclusively focuses on spousal abuse by male perpetrators against their wives or, to a lesser extent (depending on the country), reported child abuse. Much work has yet to be done to identify and meet the needs of different types of victims.

The goal of this report is to update the 2006 report *Domestic Violence in Europe and Eurasia* on the prevalence of, trends in, and potential USAID responses to domestic violence in the E&E region. This activity was completed under the Global Evaluation and Monitoring IQC Task Order of the E&E Bureau’s Social Transitions Team.

BY THE NUMBERS: AVAILABLE STATISTICS ON DV IN THE E&E REGION

Overview of Available Data. Five countries (Armenia, Azerbaijan, Georgia, Moldova, Ukraine) completed and released demographic health surveys (DHS) with the optional domestic violence module that provides some comparative data on a regional and worldwide basis. Four of the countries (not Georgia) included men in their DHS, though mostly from the perspective of an actual or potential perpetrator rather than a victim. Nine other nationwide DV surveys were conducted in the region by government or NGOs. Three countries – Montenegro, Russia, and Serbia – have neither conducted national DV research nor a DV module as part of a DHS.

Data Challenges. Domestic violence data are notoriously difficult to confirm and compare. Because of the personal nature of the crime and traditional notions of the family as sacrosanct and impenetrable by outsiders, DV is underreported at every level. Victims are hesitant to report what has happened to them for internal and external reasons. Internally, they may believe that the violence is an inherent part of being a woman that it is shameful and/or deserved due to some of their own failings. They may also believe that the violence is without recourse (so why bother to do anything about it), or in worst cases, will result in an escalation if fought against. Externally, victims are often pressured by community norms and expectations of not “airing family business” and may not have knowledge of where to seek help or have bad experiences with trying to do so.

As elsewhere in the world, there are still significant gaps in information on the scope and nature of domestic violence in the Europe and Eurasia region, in terms of the lack of national data in several

1. For the purposes of this report, references to the E&E region refer only to the 13 countries of Albania, Armenia, Azerbaijan, (Republic of) Belarus, Bosnia and Herzegovina, Georgia, Kosovo, Republic of Macedonia, Moldova, Montenegro, Russian Federation, Serbia, and Ukraine.

countries and the reliability and comparability of existing data. Little DV research has been conducted specifically on men as victims or perpetrators, family members other than spouses who perpetrate violence, child abuse, elder abuse, family violence against young people including unmarried women/men, and LGBT issues.

Spousal /Intimate Partner (IP) Violence. National survey data (using different definitions, etc.) on *physical violence ever experienced by a wife or intimate partner (IP)* ranged widely from less than 5 percent to nearly 40 percent. Low numbers in some countries, such as in the Caucasus, caused researchers to question the candor of survey respondents in answering questions about the sensitive topic of DV. Researchers in a Roma-only survey were more confident about the validity of significantly higher prevalence numbers for physical intimate partner violence experienced by Roma women as compared to the national survey of women in Republic of Macedonia (57 percent as compared to 18 percent).

Survey data also included prevalence rates for *other types of spousal/IP violence – sexual psychological, emotional and economic violence* – again with differing definitions depending on the survey. Almost every country where questions were asked had a rate for ever-experienced psychological violence, emotional violence and/or controlling behavior between 30 percent and 62 percent. Prevalence rates for *ever-experienced spousal sexual violence* (typically forced sex) ranged from 3 percent to 19 percent.

Attitudes Toward Spousal Abuse. Relatively standardized questions on attitudes toward spousal abuse (specifically a belief that wife beating is justified for at least one reason) have been asked in DHS and other surveys, mostly of women, but also of men in some surveys. The percentage who believe wife beating is justified ranges from a regional high of almost half of women surveyed in Azerbaijan to a negligible three percent in Bosnia and Herzegovina and Serbia. Most countries fell somewhere in between those numbers. Where available, rates for men were mostly higher than for women, except in Kosovo and Armenia.

Domestic Violence Against Children. The Multiple Indicator Cluster Surveys (MICS), UNICEF's international household survey initiative, asked respondents about specific violent child disciplinary practices (for children 2-14 years old). Republic of Macedonia, Azerbaijan and Georgia have the highest rates of the harshest discipline, with approximately one of every five boys and one of every six or seven girls experiencing severe physical punishment, and an overall pattern of high numbers for psychological and physical punishment as well. Regarding gender differences worldwide, the MICS survey data showed no to slight differences in the prevalence of violent child discipline of boys and girls, with boys experiencing more severe physical punishment and girls more psychological aggression. Ukraine had the biggest differences among the low- and middle-income countries surveyed with 11 percent more boys than girls experiencing physical punishment.

Witnessing Domestic Violence and other Risk Factors. Worldwide, an estimated 133 to 275 million children witness DV annually, 900,000 to 3.6 million in the E&E countries (UNICEF and The Body Shop International Plc., 2006). A strong relationship has been identified between intimate partner violence and violence against children (Krug, 2002, citing multiple studies). Witnessing abuse as a child is a factor in whether a child will be abused or become an abuser as an adult (Heise, 1999). Selected survey data from the E&E region confirms the cycle of violence whereby women or men who witnessed IPV as a child are more likely to be victims or perpetrators of violence in their own relationships later in life.

UNICEF has identified *early marriage and a spousal age difference of 10 years or greater* as potential risk factors for a number of issues, including domestic violence. The highest rates of early marriage are in Moldova and Georgia, and among the Roma minority in the Balkans (Roma women are 4 to 7 times more likely to be married before 18 years old compared to the total population of women in Republic of Macedonia and Serbia). The other two Caucasus countries of Armenia and Azerbaijan also have rates at 10 percent and above, as do Republic of Macedonia and Bosnia and Herzegovina in the Balkans and Ukraine among the Eurasian countries.

Other Domestic Violence. Data on *domestic violence against men* is generally not available. *In-law violence* has been anecdotally reported mostly in more “traditional” communities where the mother-in-law wields considerable power over the daughter-in-law (e.g., in Kosovo), which may degenerate into abuse in certain circumstances. The topic of *elder abuse* has come to the fore in the EU, but only anecdotal information is available in the E&E region. Discrimination against LGBT youth and adults in the community, and families in which LGBT individuals live, but there are no studies in the region on *LGBT domestic violence*.

Help-Seeking Behavior. Data on help-seeking and reporting of DV, especially to the police or other service providers is an indication of how invisible the crime of DV is within official statistics. Data from women about their own reporting of physical violence by an intimate partner or husband, although generally not comparable across surveys, provides a general notion of how underreported DV is. In most countries with data, less than seven percent of female victims of physical violence sought help from the police, with significantly higher rates in Republic of Macedonia, Moldova, and Ukraine.

A large percentage of female victims in all of the countries reported never seeking help. Reasons include acceptance of violence as normal within a relationship; belief that DV is a private matter that should be settled within the family; taboo/shame/embarrassment/ stigma; distrust of institutions, especially law enforcement, regarding their capacity to help; and lack of knowledge that DV is a crime or where to go to seek help.

FACTORS RELATED TO DOMESTIC VIOLENCE

Factors associated with poverty, economic and political transition, and conflict in the region have helped to perpetuate domestic violence in the E&E region. Patriarchal traditions, the impact of war and conflict, marginalized minorities, culturally specific family traditions, alcoholism, tolerance and shame of DV, weakness in the legal structure, and housing issues have varying degrees of relevance depending on the country and community.

LEGAL ENVIRONMENT

Ten of the 13 countries have specific domestic violence laws, albeit at various levels of implementation and effectiveness of protection mechanisms. Armenia, Belarus and Russia still rely on other legal provisions, such as in their Criminal Codes (e.g., through use of assault, battery, or homicide provisions), to respond to cases of domestic violence. The Council of Europe (CoE) established the Convention on Preventing and Combating Violence Against Women and Domestic Violence which opened for signature on April 11, 2011. To date, five of the 13 countries in the E&E region have signed the treaty.

Other legal issues include whether marital rape is criminalized, whether the law provides for protection orders, and whether a victim complaint is required for DV cases. In some countries, a *propiska* (a residency permit/registration system that dates back to Soviet times) is still a barrier for various government services, including shelter, health, and other social services.

The main legal instrument on child abuse is the UN Convention on the Rights of the Child (and accompanying documents). Among E&E countries, only Ukraine and Moldova have a law against corporal punishment of children in all settings (home, schools, and penal systems, and in alternative care settings²).

2. Such as foster care or in an orphanage.

POLICIES, STRATEGIES, PROGRAMS AND INSTITUTIONAL MECHANISMS

Annex D contains a non-exhaustive list of policies, strategies, programs, and institutional mechanisms for combating DV in the E&E region.

DOMESTIC VIOLENCE PROTECTION AND PREVENTION

DV Protection Services. Victims of domestic violence need a variety of services, including:

(a) temporary shelter; (b) hotlines and help lines; (c) medical care and assistance; (d) psychological and psychiatric assistance; (e) education assistance and vocational training; (f) economic opportunities; (g) job placement and income generation; (h) humanitarian assistance; (i) housing assistance; (j) family mediation and counseling services; (k) witness protection and security services; and (l) specialized assistance to minors.

The availability and quality of DV protection services varies greatly by country, region, and city within the E&E countries. As noted in the 2006 DV report, most of the services available in the E&E region are dependent on donor funding though the situation may be changing as countries increase their activities to implement DV legislation. Overall, few services are available for DV survivors, especially outside of capital cities where government services and women's rights advocacy groups (and NGO DV service providers) are concentrated.

One or more shelters for victims of domestic violence exist in each of the E&E countries, operated by government or NGOs or a combination of both. Annex E contains a country-by-country collection of illustrative NGO statistics and official government DV data on police complaints, court proceedings, hotline calls and other victim services data.

Prevention Measures, Including Public Awareness and Outreach. In general, some progress has been made in awareness-raising and training related to implementing new laws and protocols. Much more work is still needed, and implementation, even where laws and institutions exist, is lacking. Little is being done to engage men in reducing violence or to work with perpetrators, who are overwhelmingly male. Overall, the survey research confirmed that there is still a need to raise awareness about what domestic violence is and that it is against the law. This is especially true among marginalized minorities such as the Roma. Annex F contains examples of DV prevention activities from every country in the region.

RECOMMENDATIONS

Whatever funding USAID provides toward combating DV should be strategic not only in filling critical programming needs, but also in promoting longer-term sustainability of efforts that should yield measurable results in the future. Consistent with the *U.S. Strategy to Prevent and Respond to Gender-based Violence Globally* (USG GBV Strategy), domestic violence prevention and response activities should be mainstreamed and integrated across sectors. As noted in the *Toolkit for Integrating Domestic Violence Activities into Programming in Europe and Eurasia* (DV Toolkit), the E&E region has active women's organizations that provide needed DV services, but "the State's obligation to respond to violations of citizens' rights remains critical" and USAID can play a key role in fostering mechanisms for cooperation among civil society and government to promote sustainable approaches toward combating DV.

STRATEGIC RECOMMENDATIONS

- **Rethink strategic approaches to combating domestic violence** to focus on cross-cutting multi-sectoral approaches to combat DV.
- **Expand the focus of DV programming beyond VAW** to include issues of violence perpetrated against men throughout their lifetime, violence perpetrated by family members other than a spouse or intimate partner, and the hidden issue of elder abuse.
- **Utilize local expertise and on-the-ground knowledge of DV realities in a given country and community.**
- **Work toward harmonization of DV response efforts with European standards.**
- **Encourage sub-regional coordination** through short sub-regional study tours to visit successful programs and workshops for those working on specific aspects of DV services or prevention activities targeted at specific groups.
- **Promote sustainability through involvement of government actors in partnership with NGOs.**

PROGRAMMATIC RECOMMENDATIONS

Consistent with the USG GBV Strategy, USAID's Policy on Gender Equality and Female Empowerment and the relevant indicators designated to address GBV, programmatic recommendations include: (i) gap-filling research, (ii) legal reform efforts, (iii) a wide range of DV/GBV services, and (iv) prevention activities designed to change attitudes about the acceptability of DV (and other forms of GBV).

GENERAL

- **Use a victim-centered approach.**
- **Support local activists/programs/champions.**
- **Support add-on DV module/questions for national surveys.³**
- **Look for additional data analysis opportunities**, such as for violence perpetrated by other family members.
- **Support gap-filling research.** See the data gap section at the beginning of Section III (By the Numbers) for more information regarding the lack of research about men, child abuse, other family members, elder abuse, young people (i.e., dating violence), unmarried women/men, and LGBT issues.

3. Priority for DV research funding should be given to countries where there is no national DV baseline data or no current national DV data. Ideally, DV surveys should be conducted every five years (consistent with DHS and MICS timeframes) and utilize comparable questions throughout the region. Additional questions can be added for cultural context and clarification as needed. To the greatest extent possible, data tables and supplementary text should also be presented in reports in a comparable manner, with clear and easily accessible definitions of the denominator for every number presented.

SPECIFIC RECOMMENDATIONS ON LEGAL ENVIRONMENT, DV SERVICES AND PREVENTION ACTIVITIES

- **Integrate DV issues within rule of law (ROL) strengthening activities.** Examples of how USAID ROL activities could integrate domestic violence issues include: (i) providing technical assistance in drafting laws criminalizing DV (where there is none) or establishing implementation mechanisms through legal reform activities; (ii) providing representation for DV victims in various civil and criminal proceedings through legal clinics and social advocates programs; (iii) using examples of DV cases to raise awareness about the relevant legal provisions and increase sensitivity to the issue in judicial and prosecutor ethics and technical training; (iv) improving DV data collection and sharing of relevant DV information (such as between criminal, magistrate and family courts) within court administration and automation activities; and (v) following the issue of DV case reporting, procedures and outcomes through court monitoring and watchdog activities.
- **Collaborate to strengthen quality and availability of protection services:** A comprehensive range of DV victim services should be provided by national and local governments and NGOs within any given E&E country. Services need to be coordinated among public and private stakeholders in the social services, health (physical and mental), legal, police/prosecutor, judiciary, education, business, employment, and emergency/humanitarian sectors. For each category of services, recommendations are provided on how USAID programming might support and strengthen needed services within a particular country portfolio of activities.
- **Support prevention activities targeting: (1) potential and past perpetrators and (2) the general public.** Programs for perpetrators, such as alcohol treatment and anger management should be developed and made available on both a voluntary and court-ordered basis. For the general public, media campaigns and training should be implemented to facilitate widespread dissemination of information on domestic violence laws and victim services.

II. INTRODUCTION

Despite the stress of the world economic collapse on individuals and institutions alike, progress has been made during the past six years in most countries in the Europe and Eurasia (E&E)⁴ region toward addressing domestic violence (DV). Almost all of the countries have conducted some type of national survey, either completely or partially on domestic violence, have passed DV laws, and are making at least incremental progress toward implementing national responses to the problem. This progress has been encouraged by the concentrated attention of the UN Secretary General on Violence Against Women (VAW) and the ongoing Convention on Elimination of All Forms of Discrimination Against Women (CEDAW), Convention on the Rights of the Child (CRC), and other international treaty reporting, combined with decades of efforts by the local women's movements in each country.

III. BACKGROUND AND METHODOLOGY

The goal of this report is to update the 2006 report *Domestic Violence in Europe and Eurasia* on the prevalence of, trends in, and potential USAID responses to domestic violence in the E&E region. This activity was completed under the Global Evaluation and Monitoring IQC Task Order of the E&E Bureau's Social Transitions Team.

USAID's Gender Equality and Female Empowerment Policy identifies gender-based violence (GBV) – which includes domestic violence – as a development issue and sets out the goal to “reduce gender-based violence and mitigate its harmful effects on individuals and communities, so that all people can live healthy and productive lives”. Accompanying the policy are indicators to measure success in addressing GBV. The recent *U.S. Strategy to Prevent and Respond to Gender-based Violence Globally* also requires specific actions to address and reduce GBV, and the *U.S. National Action Plan on Women, Peace, and Security* focuses on GBV in conflict-affected environments.

BACKGROUND

Domestic violence (DV) may include physical, sexual, and psychological abuse, as well as “emotional” or “financial” violence or controlling behavior, depending on how different acts and behaviors are defined as causing harm to the safety, health or well-being of a victim. Domestic violence takes place between spouses or intimate partners as well as between other family members (for example, mothers-in-law and daughters-in-law, brothers and sisters, fathers and daughters, child abuse, elder abuse). DV may occur within heterosexual or lesbian, gay, bisexual and transgender (LGBT) relationships.

Domestic violence is a global epidemic, a serious problem for individual victims and their families in the E&E region, and an impediment to national development goals. It is a violation of basic human rights and presents serious health consequences for its victims, causing injuries and psychological distress, leading to chronic health problems and, in extreme cases, death. DV victims are at greater risk of contracting sexually transmitted infections (STIs), including human immunodeficiency virus (HIV), and female victims can experience complications during pregnancy. DV also impacts worker productivity both from lost work time due to injuries and the impact on the working environment when DV incidents take place in the workplace. Efforts have been made to calculate the high costs of DV on society in terms of absenteeism from work and education, emergency care, police response and judicial interventions,

4. For the purposes of this report, references to the E&E region refer only to the 13 countries of Albania, Armenia, Azerbaijan, (Republic of) Belarus, Bosnia and Herzegovina, Georgia, Kosovo, Republic of Macedonia, Moldova, Montenegro, Russian Federation, Serbia, and Ukraine.

health and social support services; the human costs to the victims and their families; and the destabilizing impacts on communities, in order to encourage policy makers to prioritize combating DV.⁵

An issue for the E&E region as a whole has been a lack of official data on the incidence of domestic violence. Still, national-level studies suggest that from 20 to 30 percent of women and their children are affected by domestic violence, a figure comparable to other world regions.⁶ Despite prevalence rates similar to the West in many countries in the region, the consequences of DV are likely to be much more severe in E&E countries and result in worse health outcomes due to the limited resources and poor social support structures and inadequate legal infrastructure.

Surveys carried out in a number of E&E countries confirm that women are the primary victims of domestic violence, which can take the form of physical, psychological, emotional or sexual abuse. A Council of Europe survey of Member States, which includes Western European countries as well as countries of the E&E region, found that from one-fifth to one-quarter of all women in Europe have suffered physical violence at least once in their adult lives. In the majority of reported cases, the perpetrator is a partner or ex-partner.⁷ However, some men are also victims, as identified in surveys that include men and in sex-disaggregated police reporting data.

A key positive development in the region is the overall increased attention given to the issue of domestic violence, both from national and local governments, as well as the civil society sector. This has resulted in greater comprehension of the dynamics of abuse, the forms domestic violence takes, and the need to take preventive action. Gaps still remain, however, as societal tolerance and acceptance of domestic violence as an inevitable part of family life persists in many countries in the region. Additionally, the paradigm for interventions almost exclusively focuses on spousal abuse by male perpetrators against their wives or, to a lesser extent (depending on the country), reported child abuse. Much work has yet to be done to identify and meet the needs of different types of victims.

METHODOLOGY

This update is based on a desktop review of relevant English-language literature and a few non-English studies referenced in English language sources. Research was conducted through a series of internet and university database searches using a “snowball” technique to follow cited references back to the original source material to confirm and to gain a better understanding of the data points as well as to identify other source material. (Annex A contains a list of relevant resources.)

Data on DV prevalence and tolerance for intimate partner violence (IPV) (based on responses to attitudinal questions about whether wife beating is justified in any circumstances) is drawn almost exclusively from nationwide survey data sets, but secondary indicators of prevalence and related analysis come from a variety of sources such as human rights reports, peer-reviewed journal articles, news articles, and donor updates. The UN Secretary General’s database on violence against women and the country pages of the Advocate for Human Rights website⁸ were a good starting place to build a picture of the legal, institutional, and service provision framework in each country and sub-region. From that point, a wide variety of primarily internet-based sources were used to confirm and expand on information.

5. Based on the SOW which included material taken from the Toolkit for Integrating Domestic Violence Activities, written by Elisabeth Duban for the ST Team.

6. Domestic Violence in Europe and Eurasia, USAID (2006).

7. Fact Sheet, Council of Europe Campaign to Combat Violence against Women, including Domestic Violence, http://www.coe.int/t/dg2/equality/domesticviolencecampaign/Fact_Sheet_en.asp.

8. The Advocates for Human Rights, Stop Violence Against Women <http://www.stopvaw.org>

Efforts made to locate data on other forms of domestic violence beyond spousal abuse or IPV yielded much more limited results that varied greatly between the countries and the types of violence in question. Data on violence against children included some comparable data sets on prevalence of and attitudes about child discipline, and the prevalence of early marriage and marriage to a partner more than 10 years senior (considered a risk factor for DV). Data on violence against men were mostly found in the few surveys where men were questioned as potential victims, and from police data. Survey reports sometimes included limited data on violence by other family members. However, the original survey data sets are lacking in more detailed information that would allow for more in-depth analysis of other types of family violence.

Searches to find relevant studies in the region on violence by families against LGBT youth, IPV within LGBT relationships, elder abuse or IPV among youth were unsuccessful. Thus, where useful to provide a framework for future study, brief reference is made to relevant international sources on the topic.

Funding for and prioritization of DV services to victims, as well as awareness raising and other prevention activities, vary greatly by country and by year. Thus, information on available services and prevention activities is often hard to confirm as currently accurate.

CRITERIA USED TO SELECT PREVALENCE DATA FOR INCLUSION IN THE REPORT

As noted in the 2006 DV report, domestic violence studies often produce very different estimates of the magnitude of the problem. Thus, prevalence data used in this report are mostly limited to surveys with a representative sample, and behavioral questions that minimize definitional differences. However, results from all national DV surveys/modules/questions are included regardless of difficulties in discerning the full context for the data based on what was provided in the published reports. To the greatest extent possible without jeopardizing the readability of the report, relevant details on the study sample, questions, or tabulations are referenced in the tables and accompanying detail/notes/footnotes.

The UN Secretary-General has continued his push for worldwide efforts to combat all forms of violence against women, including legislation, implementation mechanisms, and a broad range of preventive efforts and responses to victims of violence. The Secretary-General established and maintains a web-accessible Database on violence against women with national pages designed to follow developments in the legal framework; policies, strategies and programs; institutional mechanisms; services for victims/survivors; preventive measures and training; and research and statistical data. Information from that database is included in later sections of the report and in Annexes D and E.

LIMITATIONS

Survey design and data collection, methodological and analytical rigor, and selection and presentation of findings vary greatly within the body of research on violence against women in the 13 designated countries. Although this literature review includes a wide range of source materials, the following limitations are noted:

- *Limited analysis of research quality.* As discussed in the methodology section, some standards were applied to determine which studies to highlight in the report. Data collected by national domestic violence surveys or DV module (i.e., DV-specific questions added to demographic health survey questionnaires) since 2005 are used in the report to the extent they were available. And, due to the limited nature of research in several of the countries, sources of lesser research quality were included if the topic was deemed relevant.
- *Most relevant resources.* The resources listed are not intended to be exhaustive; rather, they are concentrated on areas most relevant to the guidelines in the SOW. However, the list of resources useful to those conceptualizing, planning or implementing programs in Appendix B does include a broader range of resources beyond those referenced in the paper.

- *Concentration on certain types of domestic violence.* The focus of most studies was mainly on spousal abuse/IPV against women, and to a lesser extent violence among other family members. Violence against children is limited to information in multi-country data sets (e.g., UNICEF Multiple Indicator Cluster Survey) and information available in the main national DV studies. Due to the dearth of information about IPV among LGBT couples, violence against men by women, and IPV among young adults (i.e., dating violence) in the region, only passing reference is made to these issues.
- *Focus on newer sources.* With a few exceptions, this review was limited to sources published since 2006, reflecting that this report is designed to be an “update” of the previous report.

Glossary of Terms

Women are females aged 15 years old or above, whether married or unmarried. Within this definition is a subset of *female youth* aged 15-24.

Men are males aged 15 years old or above, whether married or unmarried. Within this definition is a subset of *male youth* aged 15-24.

Violence against women (VAW) is “any act of gender-based violence that results in, or is likely to result in, physical, sexual, or psychological harm or suffering to women, including threats of such acts, coercion, or arbitrary deprivation of liberty, whether occurring in public or private life.”⁹ “Violence against women shall be understood to encompass, but not be limited, to the following:

1. Physical, sexual, and psychological violence occurring in the family, including battering, sexual abuse of female children in the household, dowry-related violence, marital rape, female genital mutilation, and other traditional practices harmful to women, non-spousal violence, and violence related to exploitation;
2. Physical, sexual, and psychological violence occurring within the general community, including rape, sexual abuse, sexual harassment, and intimidation at work, in educational institutions, and elsewhere, trafficking in women, and forced prostitution;
3. Physical, sexual, and psychological violence perpetrated or condoned by the State, wherever it occurs.”¹⁰

Domestic violence (DV) takes place between intimate partners as well as between family members (for example, mothers-in-law and daughters-in-law, brothers and sisters, fathers and daughters). Domestic violence may include physical, sexual, and psychological abuse, as well as “emotional” or “financial” violence or controlling behavior, depending on how different acts and behaviors are defined as causing harm to the safety, health or well-being of a victim. DV may occur within heterosexual or LGBT relationships.

Gender-based violence (GBV) is an overall term for any harm that is perpetrated against a person’s will and that results from power inequities that are based on gender roles. Globally, gender-based violence has a greater negative impact on women and girls; thus, the term is often used interchangeably with violence against women (VAW). This mixing of terminology can cause confusion and result in a failure to pay attention to GBV against men and boys.

9. United Nations Declaration on the Elimination of Violence Against Women of 1993 (A/RES/48/104) adopted by the General Assembly.

10. Beijing Platform of Action of 1995.

Intimate partner violence (IPV) occurs between intimate partners who may or may not be cohabitating, and the relationship need not involve sexual activities. It includes current or former spouses (legal and common-law), and non-marital partners (boyfriend, girlfriend, same-sex partner, dating partner).

Child maltreatment is defined as all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power.¹¹ Four types of child maltreatment include: physical abuse; sexual abuse; emotional and psychological abuse; and neglect.

Physical abuse of a child is defined as the intentional use of physical force against a child that results in, or has a high likelihood of resulting in, harm for the child's health, survival, development or dignity. This includes hitting, beating, kicking, shaking, biting, strangling, scalding, burning, poisoning and suffocating. Much physical violence against children in the home is inflicted with the object of punishment.

Sexual abuse of a child is the involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared, or else that violates the laws or social taboos of society. Children can be sexually abused by both adults and other children who are, by virtue of their age or stage of development, in a position of responsibility, trust or power over the victim.

Emotional and psychological abuse of a child involves isolated incidents, as well as a pattern of failure over time on the part of a parent or caregiver to provide a developmentally appropriate and supportive environment. Acts in this category may have a high probability of damaging the child's physical or mental health, or physical, mental, spiritual, moral or social development. Abuse of this type includes: the restriction of movement; patterns of belittling, blaming, threatening, frightening, discriminating against or ridiculing; and other non-physical forms of rejection or hostile treatment.

Neglect of a child includes isolated incidents, as well as a pattern of failure over time on the part of a parent or other family member to provide for the development and well-being of the child, where the parent is in a position to do so, in one or more of the following areas: health, education, emotional development, nutrition, shelter and safe living conditions. The parents of neglected children are not necessarily poor; they may equally be financially well-off.

*Elder abuse*¹² is either an act of commission or of omission (neglect), either intentional or unintentional that results in unnecessary suffering, injury or pain, the loss or violation of human rights, and a decreased quality of life for an older person. The abuse may be physical, psychological (involving emotional or verbal aggression), or may involve financial or other material maltreatment. Whether the behavior is termed abusive, neglectful or exploitative most often depends on how frequently the mistreatment occurs, its duration, severity and consequences, and above all, the cultural context.

Sources: Study of the Secretary-General (2006), Ending Violence Against Women: From Words to Action; WHO (2006), Preventing Child Maltreatment: A Guide to Taking Action and Generating Evidence; and others as noted.

11. Report of the consultation on child abuse prevention, 29–31 March 1999. Geneva, World Health Organization, 1999 (document WHO/HSC/PVI/99.1). Krug EG et al., eds. World report on violence and health. Geneva, World Health Organization, 2002.

12. WHO World Report on Violence and Health 2002.

IV. BY THE NUMBERS: AVAILABLE STATISTICS ON DV IN THE E&E REGION

OVERVIEW OF DATA AND DATA CHALLENGES

Since the 2006 DV report was published, many countries have passed domestic violence legislation, and 10 have undertaken comprehensive national domestic violence surveys.¹³ Of these, Armenia, Azerbaijan, Georgia, Moldova and Ukraine undertook surveys in 2005, 2008-2009, 2005, 2005, and 2007, respectively. They were able to complete and release data from the demographic health survey (DHS) with the optional domestic violence module and thus provide some comparative data on a regional and worldwide basis.. Four of the countries (not Georgia) included men in their DHS, though mostly from the perspective of an actual or potential perpetrator rather than a victim.

Nine other nationwide DV surveys were conducted in the region by government or NGOs¹⁴: Albania 2007-2008*, Armenia 2008* and 2010*, Belarus 2008* (not reviewed), Bosnia and Herzegovina 2004-2005*(not reviewed), Georgia 2011*, Kosovo 2008*, Republic of Macedonia 2007*, and Moldova 2010* (in Moldovan language only). A Macedonian NGO also conducted a DV study of Roma women in 2010, comparing the results to the 2007 national study.

Three countries – Montenegro, Russia, and Serbia – have neither conducted national DV research nor a DV module as part of a DHS. The most recent national DV data in Montenegro is a small survey conducted in 2003 of a representative sample of 500 women by a researcher working with the SOS Hotline Podgorica (OSI, 2007). In Russia, the only sources of survey data are mostly small studies on a particular topic (e.g., IPV and alcohol misuse). The largest dataset for a survey was a 2007* DV survey in St. Petersburg conducted on women patients of general practitioners. The Serbia and Montenegro DHS 2003* that was part of the WHO Multi-Country DV study only surveyed women in Belgrade. Serbia reportedly has already prepared a questionnaire for a nationwide DV survey that has yet to be implemented.

Domestic violence data is notoriously difficult to confirm and compare. Because of the personal nature of the crime and traditional notions of the family as sacrosanct and impenetrable by outsiders, DV is underreported at every level. Victims are hesitant to report what has happened to them due to internal and external reasons. Internally, they may believe that the violence is an inherent part of being a woman or their age or marital status; that it is shameful and/or deserved due to some of their own failings; and that the violence is without recourse (so why bother to do anything about it), or in worst cases, will result in an escalation if fought against. Externally, victims are often pressured by community norms and expectations of not “airing family business” and do not have knowledge of where to seek help, or may have bad experiences with trying to do so.

As elsewhere in the world, there are still significant gaps in information on the scope and nature of domestic violence in the Europe and Eurasia region, in terms of the lack of national data in several countries, and the reliability and comparability of existing data.

DATA RELIABILITY AND COMPARABILITY

Comparing prevalence data on violence against women worldwide also presents tremendous challenges due to the lack of standardized methods to derive the prevalence figures (Alhabib et al, 2010, analyzing 134 DV studies). Even within the World Health Organization (WHO) multi-country study (Garcia-Moreno et

13. Two studies were not reviewed for this report: a study from Belarus conducted in conjunction with UNFPA (unclear whether the government is not permitting distribution) and a study from Bosnia and Herzegovina that was conducted by the Criminal Justice Faculty at the University of Sarajevo (only available for purchase overseas).

14. An * indicates the year when data was collected, not when report was published.

al., 2006), reported lifetime prevalence of physical or sexual violence, or both, varied from 15 to 71 percent among the 10 countries (which included Serbia, though only a sample from Belgrade was used).

Although 10 of the 13 countries in the E&E region have conducted national DV surveys (or completed DHS DV modules), data reliability within the parameters of each survey (and whether the parameters capture potentially differing realities within minority communities as compared to the majority communities), and data comparability across countries and even within sub-regions are both an issue. Even DHS surveys have limited DV data to compare because the DV module is an add-on to a survey focused on women's health, which has a limited number of questions, and the typical cohort is limited to married women of reproductive age (thus excluding unmarried women and older women, and men).

A multitude of factors affect how reliable and comparable the available DV survey data are:

- *Who conducts the survey.* Advantages and disadvantages can be found to either government or an NGO conducting a DV survey. Potentially, respondents may feel uncomfortable being candid about their experiences with a certain type of survey, and the question formulation might become politicized or biased by some perspective with either a government or NGO survey.
- *Data collectors.* The skills and sensitivity of data collectors can greatly affect the outcome of a survey. Training and enforcement of confidentiality standards and protocols are critical elements in undertaking DV surveys.
- *Sampling.* The DHS and other national surveys usually apply internationally approved standards for sampling. However, other surveys often use different approaches to sampling.
- *Inclusion of men.* Only a couple of surveys included men, but the questions were mostly focused on the victimization of women and not parallel in nature (i.e., victim-related questions for women and perpetrator-related questions for men, rather than both types of questions for both women and men), missing an opportunity for more comparable analysis. Also, women's reports on the characteristics and actions of men provide secondhand data, which should, at a minimum be compared with information provided directly by men.¹⁵
- *Inclusion of children and youth.* The sampling approach only rarely includes male youth, or a focus on youth issues. It is also uncommon for children to be surveyed; only the Albania DV survey included a small sample of children with roughly equal numbers of boys and girls aged 10 to 14.
- *Violence perpetrated by those other than a spouse.* The comparability of data on non-spousal violence is potentially compromised due to inadequate follow-up questions to analyze the impact of violence perpetrated by different family members.
- *Adequate numbers for cross-tabulation to be relevant.* Care needs to be taken in working with data sets to ensure that statistically relevant numbers form the basis of any cross-tabulation (i.e., sub-analysis of responses by age, location, etc.).
- *Adequate numbers for sub-questions to be relevant.* Similar to cross-tabulation, if follow-on questions such as those for respondents who experienced violence are asked, a larger sample of respondents is required to generate statistically significant findings.
- *Non-response rate and the interpretation of it.* The total of those who refuse to be interviewed is sometimes referred to as "dark numbers." A high non-response rate can distort a survey sample and may indicate a wide variety of issues (e.g., inadequate confidentiality, lack of trust,

15. The accuracy of first-hand and second-hand information could vary depending on the motivation of the respondent to be truthful or not.

disinterest, lack of time, and so on). The issue of non-response should be adequately investigated to know the relevance to the validity of the rest of the data. The Albania INSTAT 2009 survey, for example, had a high non-response rate of 23 to 26 percent, including on questions about physical violence in a marriage or an intimate relationship. The Kosovo 2008 survey noted that even one-on-one, respondents were not comfortable answering questions about family violence, so they first asked general questions about rates of violence in their village or city or what violence they had seen outside their own families (Farnsworth & Qosaj-Mustafa, 2008).

DATA GAPS

The following data gaps were identified during the course of this research:

Men. The lack of information on men is a glaring gap in data. Men, young and old, are rarely surveyed as victims, perpetrators, or as part of public opinion. DV data often comes from the national DHS, which historically has only surveyed women. Though men are now being included in some surveys, it is generally in a secondary role as potential perpetrator. Even questions in other non-DHS surveys are rarely designed to probe the full nature of men's experiences with and attitudes toward domestic violence, in parallel to what is asked of women. In countries with recent or ongoing conflicts, and in those with pervasive hazing during regular military service, little is known about the impact of unresolved post-traumatic stress disorder (PTSD) and war trauma on men as DV perpetrators and victims.

Child abuse. In most countries, detailed child abuse data is not collected. This includes current or past abuse of direct victims as well as those who have witnessed abuse in the family. The Albania INSTAT 2009 study included the most data on physical violence, but was limited to children aged 10 to 14. Because men and boys are not usually included among DHS respondents, almost no information exists from them on child abuse.

Other family member perpetrators. Violence by family members other than spouses, such as parents/step-parents, brothers/sisters, sons/daughters (and including extended family, e.g., in-laws, uncles, etc.), has not been largely unexplored. Typically, only one question (from the DHS DV module) asks for information about perpetrators of lifetime physical violence experienced by women respondents.

Elder abuse. The typical DV survey has focused on women "of reproductive ages 15 to 49" so little research exists on abuse experienced by older women and men. Some new initiatives have been exploring elder abuse in Europe, but not yet into the E&E region. However, the research is only on abuse of older women; issues of abuse of older men have not been similarly studied.

Young people. In general, unmarried youth and adolescents/children under the age of 15 are not represented in these data since most national studies are focused on IPV and even more specifically on spousal abuse. In countries where premarital partnering is common, unmarried youth and adolescent data are also relevant as patterns of abuse in early relationships can be repeated.

Unmarried women/men. Another area not studied is abuse of (or possibly by) unmarried women/men who continue to live at home after the age when the community norm is to be married, which may signify a new trend in the region. With the economic collapse and increased gendered outmigration (especially men seeking employment abroad), prospects for marriage have dimmed for many young people and considering existing housing pressures, especially in the cities, the added financial stress and close living quarters may increase the likelihood and/or severity of family violence.

LGBT issues. Data on LGBT violence, including family violence against LGBT members and IPV within LGBT relationships, are limited worldwide. This issue will likely be difficult to study, especially in more conservative communities, but lessons have already been learned in the West (especially the U.S., Canada, and Australia) in how to research these issues ethically and successfully (Ristock, 2011; Nowinski & Bowen, 2012; Kostermann, 2007; Stieglitz, 2010; Stotzer, 2009; Lhomand, 2006).

DOMESTIC VIOLENCE STUDIES

Table I includes: (a) stand-alone domestic violence surveys that have a national or “large” data set, and (b) other surveys that include a DV module or DV questions. A few smaller studies are included that report the only recent data available in that country or that are referenced in DV databases or reports (even if the study is of questionable reliability).

As noted earlier, three countries in the region have not conducted a nationwide survey on DV: Montenegro, Russia, and Serbia. Of those, only Russia does not even have a DHS or UNICEF dataset from which to analyze DV questions on prevalence. Moldova’s DV survey is only available in Moldovan, limiting its accessibility to those who know that language. The Bosnia and Herzegovina survey was not accessed since it is only available for purchase overseas.

Data on DV seems particularly hard to come by from Russia and especially Belarus. The authoritarian regime in Belarus seems hesitant not only to gather, but also to release information on the subject of DV. Although selected results from a UNFPA supported national study conducted in 2008 have been presented publicly, the report has not been made available to the public. Also, when contacted, the university department that supposedly conducted the study denied having done so. The 2005 Belarus report that is part of the multi-country UNICEF MICS did not include any data gathered on the question of tolerance for wife beating. And, the country page for Belarus in the UN Secretary-General’s database on violence against women includes a reference to a law that is purported to address DV, but notes that the government did not make the law available for review.

TABLE I

Domestic Violence Studies and Selected Studies with DV Module/Questions

EUROPE

Country	Study/Data Year	Coverage	Women	Men	Children
Albania	INSTAT Albania 2007-2008	National	N=2590, ages 15-49		N=991 B/G 10-14
Albania	DHS 2008-09 (no DV module, only women's empowerment questions)	National	N=7584, ages 15-49	N=3013, ages 15-49	
Albania	Burazeri 2009	Tirana Med Students	N=2009 (72.9%)	N=747	
Albania	UNICEF MICS 2005	National	N=5091, ages 15-49		
Bosnia & Herzegovina	UNICEF MICS 2006	National	N=4890, ages 15-49 Women 15-49		
Bosnia & Herzegovina	Dedovic/Sarajevo University, 2004-2005 [only based on abstract]	National	N=1100		
Kosovo	Farnsworth & Qosaj-Mustafa 2008	National	N=636, ages 18+	N=620, ages 18+	
Republic of Macedonia	ESE 2007	National	N=1432, ages 18-65		
Republic of Macedonia	Mangskau 2010	Skopje -5 Roma communities	N=200, ages 16-65		
Republic of Macedonia	UNICEF MICS 2005	National	N=7397, ages 15-49		
Montenegro	UNICEF MICS 2005	National	N=2258, ages 15-49		
Montenegro	Radulovic 2003	National	N= 500 Women		
Serbia	UNICEF MICS 2010	National	N=5385, ages 15-49	N=1583, ages 15-29	
Serbia	UNICEF MICS 2005	National	N=7516, ages 15-49		
Serbia	DHS 2003 (last DV module)	Belgrade	N=1456, ages 15-49		

EURASIA

Country	Study/Data Year	Coverage	Women	Men	Children
Armenia	“Proactive Society” Human Rights NGO/OSCE 2010	National	N=1571, ages 14+	N=1124, Ages 14+	
Armenia	NSS/UNFPA 2008	National	N=2749, ages 15-59		
Armenia	WRC 2007	National	N=1006, ages 18-75 partner/married		
Armenia	DHS 2005	National	N=6566, ages 15-49	N=1447, ages 15-49	
Azerbaijan	DHS 2006	National	N=8444, ages 15-49	N=2558, ages 15-49	
Belarus	UNFPA 2008 [original report unavailable, only articles about findings]	National	N=512, ages 18-60	N=488, ages 18-60	
Belarus	UNICEF MICS 2005 (no wife beating question)	National	N=5895, ages 15-49		
Georgia	UNFPA 2011	National	N=2391, ages 15-49		
Georgia	RHS 2005	National	N=6376 (4505) Women 15-44 (ever-married)		
Georgia	UNICEF MICS 2005	National	N=9847, ages 15-49		
Moldova	UN Moldova, NBS 2010 [only in Romanian]	National	N=1116, ages 15-65		
Moldova	DHS 2005	National	N=7440, ages 15-49	N=2508, ages 15-49	
Russian Federation*	Zhan, et al 2008-2009 (IPV and HIV study)	St. Petersburg STI clinic patients	N=154, ages 18+	N=286, ages 18+	
Russian Federation*	Zhan, et al 2008-2009 (IPV and alcohol misuse study)	St. Petersburg STI clinic patients	N=192, ages 18+	N=286, ages 18+	
Russian Federation*	Lokhmatkina, et al 2007	St. Petersburg GP patients	N=1232, ages 16-70		
Russian Federation*	UNFPA 2006	Street Survey: Moscow, Samara, Tula, Dubna	N=175, ages 25-45	N=175, ages 25-45	
Ukraine	DHS 2007	National	N=6841, ages 15-49	N=3178, ages 15-49	
Ukraine	UNICEF MICS	National	N=6164, ages 15-49		

* Due to the lack of nationwide studies, smaller studies that were identified are included here.

PREVALENCE OF PHYSICAL VIOLENCE AGAINST A WIFE OR INTIMATE PARTNER

Table 2 below contains data on prevalence of physical violence against a wife or intimate partner. Unfortunately, the percentages are NOT comparable due to differences in question formulation, definitions, optional responses, and tabulation.

TABLE 2

Prevalence Rate of Physical Violence Against a Spouse or Intimate Partner in E&E Region

(Female respondents only unless otherwise indicated as M for men and W for women)

EUROPE

Country	Physical IPV – Ever Experienced	Physical IPV – Previous 12 Months	Source
Albania	31.2%	23.8% or more ¹⁶	INSTAT Albania, 2009
Bosnia & Herzegovina	[20%]	*	Dedovic/Sarajevo University, 2004-2005 [based on abstract]
Kosovo ¹⁷	18% W/M	1.3% W/M	Farnsworth & Qosaj-Mustafa 2008
Republic of Macedonia	17.7%	*	ESE 2007
Republic of Macedonia	56.5%	*	Mangskau 2010 (Roma only)
Montenegro	*	*	No recent national DV prevalence statistics ¹⁸
Serbia	22.8% W experienced 11.6% W initiated physical IPV against M	3.2%	DHS 2003 (Belgrade only)

EURASIA

Country	Physical IPV – Ever Experienced	Physical IPV – Previous 12 Months	Source
Azerbaijan	13.3%	7.7%	DHS 2006
Belarus	11.3% W, 6.5% M	*	UNFPA 2008
Georgia	6.9% (9.1% W ever-married or w/IP)	*	UNFPA 2011
Georgia	5.2%	*	Caucasus Women's Research and Consulting Network 2006 (referenced in IPS/ Minn Avocates, 2006)
Georgia	4.8% (ever-married)	1.6%	Georgia RHS 2005
Moldova	39.7%	8.9%	UN Moldova, NBS 2010
Moldova	24.1%	1-20% for each specific type	DHS 2005
Russian Federation	33.8%	6.4%	Lokhmatkina, et al 2007
Ukraine	12.7% W, 8.4% M report committed violence 6.6% M by current/most recent partner, 10.9% W^ report committed violence	10.4% W, 7.3% M report committed violence 10.2% W^ report committed violence against their husband/partner	Ukraine DHS 2007

¹⁶Ever-married women who committed physical violence against husband/partner when he is not already beating or physically hurting them. The highest rate is among those whose husbands got drunk often.

16. The report only gives percentages for each type of physical violence which range up to 23.8 percent for “throws or pushes you,” so the aggregate rate of women victims from all types of physical violence likely exceeds 23.8 percent.

17. Percentages refer to physical violence perpetrated by any family member not just husband/partner.

18. One-quarter of married women surveyed in Montenegro in 2003 reported that their husband beat them. One-fifth were thrown out of the house once or several times (Radulovic 2003).

Most of the DV surveys found that women who are poor, unemployed, and/or with low education were more likely to be victims of physical IPV. Physical violence against pregnant women was identified in the national surveys of Azerbaijan (4.3 percent), Belarus (9.5 percent), Georgia (2.7 percent), Kosovo¹⁹, Moldova²⁰, Serbia (3 percent) and Ukraine (3.7 percent).

The issue of men as victims of IPV was touched upon in one of the Armenia surveys; female victims reported “fighting back” against their assailants. In particular, 17.8 percent of women said they had fought back once or twice, less than one percent said several or many times. The non-response rate to the question included 2.5 percent who said they “did not know” and 2.6 percent who refused to answer (NSS/UNFPA, 2011). Similarly, the Georgia survey asked women if they “fought back against physical violence.” Of the respondents, 63.4 percent answered that they never had, 15.4 percent said once or twice, 10.6 percent said several times, and 8.1 percent many times (Georgia UNFPA, 2011).

PREVALENCE OF OTHER TYPES OF VIOLENCE AGAINST A SPOUSE OR INTIMATE PARTNER – SEXUAL, PSYCHOLOGICAL, EMOTIONAL, ECONOMIC

Table 3 contains prevalence rates for other types of violence against a spouse or intimate partner in the region, primarily sexual, psychological, emotional and economic abuse. The data are **not** comparable because of differing variables in the surveys (differences in definitions and questions, characteristics of respondents, whether only spousal violence or also IPV or family violence). The results are put in table form for ease of reading. However, the original terminology used in the report regarding – for example “psychological” or “emotional” violence, and “spousal” or “intimate partner (IP)” or “domestic” violence – is used in the table as a reminder that definitions differ by survey.

Many surveys indicated that sexual violence is a taboo subject, for example in Serbia and Republic of Macedonia, and therefore particularly underreported. Sexual violence is also a risk factor for STIs including HIV. Armenian women subjected to IPV reported two or more times higher rates of STIs than those not subjected to IPV (NSS/UNFPA 2011), and the Albania DV survey results revealed that sexually abused women were three times as likely to report that their partner restricts or refuses to use contraceptives (INSTAT, 2009).

Psychological violence identified in Kosovo included women (11.8 percent), and to a lesser extent men (5.7 percent), who were pressured by husbands, in-laws or other family members to have more children than they wanted or to have only male children (Farnsworth & Qosaj-Mustafa, 2008). Son preference by a partner in Armenia was 46.5 percent compared to 12.3 percent for a daughter; violence-prone men who had a son preference were 1.5 times as likely to commit IPV compared to those without the preference (NSS/UNFPA, 2011). In parts of Azerbaijan, son preference can lead to forced abortions not only by partners, but also by in-laws (Somach, 2004).

19. Physical violence against pregnant women was noted as a problem, but without data on physical violence disaggregated from other types of violence (Farnsworth, 2008).

20. According to a recent survey, 6.6 percent of Moldovan women who experienced physical violence from a husband/life partner since the age of 15 who suffered a miscarriage as a result (UN Moldova, NBS 2010).

TABLE 3

Prevalence Rate of Other Types of Violence Against a Spouse or Intimate Partner in E&E Region: Sexual, Psychological, Emotional, Economic
(DV includes violence by other family members and respondents are female unless indicated as M for men and W for women.)

EUROPE

Country	Prevalence rate and type of violence	Source
Albania	50.6% emotional IPV ever experienced 39.1% psychological IPV ever experienced 12.7% sexual violence ever experienced	INSTAT Albania, 2009
Bosnia & Herzegovina	*	[possibly Dedovic/Sarajevo University, 2004-2005]
Kosovo	W/M: 30% psychological DV ever experienced (approx. twice as many women as men) W: 3.5% sexual DV ever experienced M: 1.3% sexual DV ever experienced W: 13.7% economic violence ever experienced M: 15.1% economic violence ever experienced	Farnsworth & Qosaj-Mustafa, 2008
Republic of Macedonia	56.4% psychological DV 10.6% sexual DV	ESE 2007
Republic of Macedonia	58% psychological IPV 10.0% sexual IPV (only forced intercourse)	Mangskau, 2010 (Roma Study)
Montenegro	*	No recent ²¹ national DV prevalence statistics
Serbia	6.3% ever-partnered W sexual IPV experienced, 1.1 in past 12 mos. 33.3% ever-partnered W emotional abuse ever experienced at least one act by IP, 11.1% in past 12 mos. 31.2% ever-partnered W controlling behavior ever experienced at least one act by IP	2003 DHS (Belgrade only)

21. One-third threatened with beating, one-sixth threatened with murder, 20 percent control tactics, 25 percent forced sex, 14 percent threatened with kidnapping children (6 percent reported children actually kidnapped) (Radulovic, 2003).

EURASIA

16

Country	Prevalence rate and type of violence	Source
Armenia	3.3% sexual violence by IP; 25% at least type of psychological by IP 61.7% controlling behavior of at least one type by IPV 7.4% gave up or refuses job because partner did not want them to work, 8.7% partner took earnings/savings against their will	UNFPA 2011
Armenia	M/W ²² subjected to DV: 44.8% threats or intimidation, 5.6% sexual violence, 15.1% strict limitation of financial resources, 16% strict limitation of the freedom of movement	“Proactive Society” Human Rights NGO/OSCE, 2010
Azerbaijan	3.7% W ever experienced sexual violence	DHS 2006
Belarus	W: “four out of five” psychological violence in the family, 22.4% economic IPV, 13.1% sexual IPV M: 79.7% psychological IPV, 12.5% economic IPV, 5.7% sexual IPV	UNFPA 2008
Georgia	3.9% sexual violence (64% married, 37% unmarried) 14.3% emotional violence, 35.9% controlling behavior	UNFPA 2011
Georgia	15.4% verbal IPV ever experienced, 8.8% s verbal IPV in last year 1.5% sexual IPV ever experienced, 0.3% sexual IPV in last year	Georgia RHS 2005
Moldova	59.4% psychological violence ever experienced, 25.7% in past 12 months 54.9% psychological violence directed toward social isolation, 36.9% in past 12 months 10.6% economic violence, 4.2% in past 12 months 18.6% sexual violence, 4.1% in past 12 months	UN Moldova, NBS 2010
Moldova	23% spousal emotional abuse ever experienced, 4.1% spousal sexual violence ever experienced	DHS 2005
Russian Federation	41.3% spousal emotional abuse ever experienced 22.9% spousal harassment ever experienced	Lokhmatkina, et al 2007
Ukraine	W: 22.4% ever experienced spousal emotional abuse, 20.2% in past 12 months M: 18% ever committed spousal emotional abuse, 17.4% in past 12 mos. W: 3.3% ever experienced spousal sexual abuse, 2.2% in past 12 mos. M: 0.9% committed spousal sexual abuse, 0.4% in past 12 months	Macro Intl 2008

22. The report does not provide data disaggregated by sex on this question.

LIFETIME VIOLENCE

Although most DV surveys focus on spousal abuse or the expanded notion of intimate partner violence (which includes unmarried couples and dating violence), the demographic and health surveys and those patterned after that model include a question about “lifetime violence.” This question often, but not always, has a limitation of “since 15 years old,” and may be followed up with a question about the perpetrator(s). Since the questions are not specific to violence within the family or intimate relationship, the prevalence percentages include community violence (i.e., not domestic violence). Other surveys asked about “childhood violence,” which also includes both DV and community violence.

Table 4 contains data on the prevalence rate of lifetime physical violence or just childhood physical violence, depending on the survey question. The data are **not** comparable due to differences in the question formulation, possible responses, and tabulation of results (including whether men’s and women’s responses are disaggregated in the survey report). As might be expected where the perpetrators are identified, the survey data does indicate that the overwhelming majority of lifetime violence occurs within the family. From the limited data on men, the situation differs for males in that a larger percentage of violence is perpetrated by those outside the family, such as teachers, police, etc., as compared to the perpetrators of violence against women.

Although most of the perpetrators of DV against women are partners/spouses, looking at lifetime violence also reveals a lot of violence perpetrated by mothers and stepmothers, as well as fathers and stepfathers. The Ukraine DHS included men as respondents and asked about whether they had been victims of physical violence. Unlike the women’s experiences, much of the reported violence was perpetrated outside the home, on the street. The second highest category of perpetrators for men were police or a soldier (19.7 percent), which may reflect some of the notorious military hazing, though only three percent of the violence occurred in military barracks (Ukraine DHS, 2007).

TABLE 4

Prevalence Rate of Childhood OR Lifetime Physical Violence Since 15 Years Old in E&E Region

EUROPE

Country	Age Range and Sex of Respondents	Physical Violence – Ever Experienced	Perpetrator(s)	Source
Albania	*	No aggregate figure in report	Mother/step-mother 13.8%; father/stepfather 13.4%; sister/brother 9.7%; 2% by mother-in-law or father-in-law	INSTAT Albania, 2009
Bosnia & Herzegovina	*	*	*	[possibly Dedovic/Sarajevo University, 2004-2005]
Kosovo [^]	Women and Men >18	46% Women, 39.6% Men Childhood only: 14.2% Women, 19% Men	*	Farnsworth & Qosaj-Mustafa 2008
Republic of Macedonia	*	*	*	No appropriate tabulations found in reports
Montenegro	*	*	*	No recent national data
Serbia [^]	Women 15-49	9.6% non-partner	36% fathers, 22% female family members, 20% boyfriends	DHS 2003 (Belgrade only)

EURASIA

Country	Age Range and Sex of Respondents	Physical Violence – Ever Experienced	Perpetrator(s)	Source
Armenia	Women & Men >14	59.6% “DV in lifetime”+ 38.4% “DV in past 2 years”+	Men respondents: father (45.8%), brother/sister (26.2%), offspring (18.3%) and mother (slightly more than for women) Women respondents: present or former husband, but also parent-in-law (12.9%), offspring (13.1), or mother (almost equal to men)	NGO/OSCE
Armenia	Women 15-59	2.3% non-IPV physical violence, 0.1% non-IPV forced sex, 9.2% sexual abuse under 15 years old	*	UNFPA 2011
Armenia	Married Women 18-75	12% severe physical abuse (including forced sex) 27% moderate physical abuse 66% psychological abuse	Severe physical abuse: 90% husbands, 10% mothers-in-law Moderate physical abuse: 70% husbands, 30% mothers-in-law	WRC 2007

Country	Age Range and Sex of Respondents	Physical Violence – Ever Experienced	Perpetrator(s)	Source
Azerbaijan[^]	Women 15-49	13.3% ever since 15 years old, 7.7% in past 12 months	50.2% current or 18.5% former husband/partner, 10.6% father/stepfather, 23.8% mother/stepmother, 9.2% sister/brother, 1.6% mother-in-law, less than 2% other family members	DHS 2006
Belarus	Women and Men 18-60	12.5% Women, 14.1% Men	*	[UNFPA 2008]
Georgia	Women 15-49	2% non-IPV [^] 6.5% sexual abuse [^] (based on sad face, not direct question)	Family member or stranger	UNFPA 2011
Georgia	Women 15-44	14.4% experienced parental physical abuse as a child	*	Georgia RHS 2005
Moldova[^]	Women 15-65	5.9% by other than a husband or lifetime partner	58.1% father/step-father, 43.8% mother/stepmother, 31.3% brother/sister, 15.7% other family members, 7.1% mother-in-law, 5.6% intimate partner	UN Moldova, NBS 2010
Moldova[^]	Women 15-49	26.6% lifetime, 12.6% past 12 months	68.7% husband, 4.7% former husband/IP, 4.3% former boyfriend, 7.3% mother or stepmother, 13.7% father or stepfather, 3.5% sister or brother, 2.6% other blood relative, less than 1%: in-laws, current boyfriend, daughter or son	DHS 2005
Russian Federation	*	*	*	No national data
Ukraine[^]	Women 15-49	16.9% ever, 8.8% in past 12 months	32% current husband/IP, 50.9% former husband/IP, 14.6% father/step-father, 5.5% former boyfriend, 4.0% sister/brother, 3.7% mother/step-mother, 1% or less: current boyfriend, in-laws, daughter/son	UKRAINE DHS 2007
Ukraine[^]	Men 15-49	35.3% ever experienced other than current spouse, 5.2% in past 12 months other than current spouse	6.9% father/stepfather, 3.8% mother/stepmother, 1.5% sister/brother, 1% or less: in-laws, former wife/partner, current/former girlfriend [19.7% by police or soldier – not DV]	UKRAINE DHS 2007

[^] includes violence other than domestic violence

+ disaggregated numbers by sex not included in report, except regarding perpetrators.

ATTITUDES TOWARD SPOUSAL VIOLENCE

In the E&E region, attitudes about wife beating and the inability to refuse sex with a spouse vary greatly, and are **not** fully comparable due to differences in the questions used and response options offered for each of the two questions. The responses given in the three Georgia surveys are an example of how different the results can be from survey to survey even within the same country (e.g., the percentage of women who agreed that wife beating is sometimes justified varied from 6.9 to 34.1 percent depending on the survey). Assuming a basic level of reliability of the data, more people believe wife beating to be justified in Albania and Republic of Macedonia among the European countries, and in all three of the Caucasus countries and Moldova in Eurasia. Among Roma living in Roma settlements in Serbia, and presumably in the other countries in the region, more people believe wife beating is justified than among the population as a whole.

TABLE 5

Tolerance for Wife Beating and Inability to Refuse Sexual Intercourse with Husband in E&E Region^A

EUROPE

Country	Wife Beating (%) Women	Wife Beating (%) Men	Cannot Refuse Sex (%) Women	Cannot Refuse Sex (%) Men	Source
Albania	29.8	36.4	7.5	8.8	DHS 2008-2009
Albania	29.8				UNICEF MICS 2005
Bosnia & Herzegovina	2.9	*	*	*	UNICEF MICS 2006
Kosovo	22.3	17.0	70.5 ²³	63 ²⁴	Farnsworth & Qosaj-Mustafa 2008
Republic of Macedonia	28.3 ²⁵	*	*	*	ESE 2007
Republic of Macedonia	20.7	*	*	*	UNICEF MICS 2005-2006
Montenegro	11	*	*	*	UNICEF MICS 2005
Serbia	2.9/20.1 ²⁶	6.6/31.4 ²⁷	*	*	UNICEF MICS 2010
Serbia	6.2 /35.5 ²⁸	*	*	*	UNICEF MICS 2005
Serbia	6.2	*	1.0		DHS 2003 (Belgrade only)

23. Kosovo: Percentage who agree with the statement “Sexual intercourse can never be violence if it happens between two adults who are married.”

24. Ibid.

25. Republic of Macedonia: According to the survey report, only 25.2 percent of women stated that they did not accept any situation or circumstance that can justify physical punishment of women by their husbands; this would seem to indicate that 74.8 percent of women agreed with at least one reason.

26. Percentage of all women in Serbia (including Roma) as compared to the percentage for Roma women in Roma settlements.

27. The age cohort is different from the women so it is not comparable. 31.4 percent of Roma men in Roma settlements age 15-29 agree with at least one reason.

28. Percentage of all women in Serbia (including Roma) as compared to the percentage for Roma women in Roma settlements.

EURASIA

Country	Wife Beating (%) Women	Wife Beating (%) Men	Cannot Refuse Sex (%) Women	Cannot Refuse Sex (%) Men	Source
Armenia	22.1	*	*	*	DHS 2005
Armenia		*	*	*	WRC 2007 ²⁹
Azerbaijan	49	56.9	14.8	13.3	Macro Intl 2008
Belarus	*	*	*	*	No available statistics
Georgia	34.1		[16.0 ³⁰]		UNFPA 2011 [bracketed due to different question formulation from "standard questions" ³¹]
Georgia	29.7	*	*	*	Georgia RHS 2005
Georgia	6.9	*	*	*	UNICEF MICS 2005
Moldova	20.8	21.7	6.8	6.5	DHS 2005
Russian Federation	7.4 ³¹	18.6 ³²	*	*	Moscow Health Survey 2004
Ukraine	3.6	11.1	2.0	5.2	DHS 2008
Ukraine	5.0	*	*	*	UNICEF, MICS 2005

[^] "Standard questions" from DHS and some other studies: (1) respondents indicate at least one reason for justifying wife beating or (2) do not agree with any specified reasons (knows husband has an STI, has intercourse with another woman, or is tired or not in the mood) to refuse sexual intercourse with her husband. However, questions often vary from country to country, and survey to survey.

In 17 of the 41 countries participating in the World Values Survey 2010, a total of 25 percent or more people agreed with at least one reason to justify wife beating (UN Women, 2012).

DOMESTIC VIOLENCE AGAINST CHILDREN

UNICEF has conducted studies on the prevalence of child abuse, not only that which occurs within families, but also in other settings such as schools. Additional sources of data include police reporting and other local and national statistics that are not readily available without specific inquiries or when required for human rights treaty reporting.

The Convention on the Rights of the Child (CRC), adopted by the UN General Assembly, has been interpreted as leaving "no room for justification of violent or other cruel or degrading forms of discipline."³³ Violent child discipline can be either physical or psychological in nature, both of which are relevant to child's rights and childhood outcomes. Violent psychological discipline involves the use of guilt, humiliation, withdrawal of love, or emotional manipulation to control a child (UNICEF, 2010).

Violence against children (VAC) not only includes permanent or serious visible physical injury, but often takes place within the context of discipline that is physical, cruel or humiliating punishment. Other forms include psychological violence (such as insults, name-calling, isolation, rejection, threats, emotional indifference and belittling that can be detrimental to a child's psychological development and well-being), neglect, and sexual violence. Frequent witnessing of domestic violence can also affect a child's well-being, personal development and social interaction in childhood and adulthood. IPV increases the risk of

29. Nearly all respondents agreed "a man should never hit his wife" although they agreed with justifications for physical force (65 percent being unfaithful, 51 percent neglecting children, 42 percent disobeying husband, 31 percent going out without telling and 28 percent arguing, 20 percent refusing sex, 13 percent not completing housework adequately). Only 22 percent said it is "ok for husband to forbid his wife to work," but 61 percent agreed "it is important for a man to show his wife who is boss."

30. Percentage of women who believe that it is the wife's obligation to have sex with her husband even if she doesn't feel like it.

31. Russian Federation: Percentage who agree that "a man has a good reason to hit his wife if he finds out she has been unfaithful."

32. Ibid.

33. Committee on the Rights of the Child, General Comment No. 8.

violence against children in a household (UN Study on Violence Against Children, 2006). Annex B contains further information on susceptibility and risk factors associated with child abuse.

The Multiple Indicator Cluster Surveys (MICS), UNICEF's international household survey initiative, asked respondents about specific violent disciplinary practices used with their children ages 2-14: shook him/her; shouted, yelled at or screamed at him/her; spanked, hit or slapped him/her with bare hand; hit him/her on the bottom or elsewhere on the body with something like a belt, hairbrush, stick or other hard object; called him/her dumb, lazy or another name like that; hit or slapped him/her on the face, hand or ears; hit or slapped him/her on the hand, arm or legs; beat him/her up with an implement (hit over and over as hard as one could). According to data from the UNICEF MICS Survey in 2005-2006, which included most of the E&E countries, corporal punishment (i.e., physical punishment) is still widely used in the region. (See Table 6 for results.)

TABLE 6

Percentage of children aged 2-14 who experienced any violent discipline (in the past month) by sex of child and male-female ratio, by country, 2005-2006 (2010 figures for Serbia) in E&E Region

EUROPE

A. Psychological aggression

Country	Boys (%)	Girls (%)	Boys/Girls
Albania	12	12	1.0
Bosnia & Herzegovina	31	26	1.2
Kosovo	*	*	*
Republic of Macedonia	63	58	1.1
Montenegro	58	54	1.1
Serbia ³⁴	64	64	1.0

B. Physical punishment

Country	Boys (%)	Girls (%)	Boys/ Girls
Albania	54	46	1.2
Bosnia & Herzegovina	26	22	1.2
Kosovo	*	*	*
Republic of Macedonia	61	55	1.1
Montenegro	48	41	1.2
Serbia ³⁵	57	53	1.1

34. According to the 2005 MICS for Serbia, the overall percentage of children 2-14 who experience severe physical punishment is three times higher for Roma in Roma settlements than the rest of children in Serbia (20.6 percent compared to 6.7 percent) (UNICEF 2005). The 2010 Serbia MICS showed a decrease in severe physical punishment overall (6.1 percent) and for Roma within Roma settlements (1.6 percent). The 2005 Serbia MICS data reveals a gender difference in that boys are more likely than girls to experience severe physical punishment (8.4 boys / 5.4 girls); further disaggregation in 2010 reveals the gender differences in the nationwide numbers (2.4 boys / 0.7 girls) much more significant than those for the Roma Settlements (6.6 boys / 5.5 girls).

35. According to the 2005 MICS for Serbia, the overall percentage of children 2-14 who experience severe physical punishment is three times higher for Roma in Roma settlements than the rest of children in Serbia (20.6 percent compared to 6.7 percent) (UNICEF 2005). The 2010 Serbia MICS showed a decrease in severe physical punishment overall (6.1 percent) and for Roma within Roma settlements (1.6 percent). The 2005 Serbia MICS data reveals a gender difference in that boys are more likely than girls to experience severe physical punishment (8.4 boys / 5.4 girls); further disaggregation in 2010 reveals the gender differences in the nationwide numbers (2.4 boys / 0.7 girls) much more significant than those for the Roma Settlements (6.6 boys / 5.5 girls).

C. Severe physical punishment

Country	Boys (%)	Girls (%)	Boys/ Girls
Albania	11	8	1.3
Bosnia & Herzegovina	3	4	0.7
Kosovo	*	*	*
Republic of Macedonia	20	13	1.6
Montenegro	8	4	2.1
Serbia ³⁶	9	6	1.4

EURASIA**A. Psychological aggression**

Country	Boys (%)	Girls (%)	Boys/Girls
Azerbaijan	77	70	1.1
Belarus	82	75	1.1
Georgia	62	56	1.1
Moldova	*	*	*
Russian Federation	*	*	*
Ukraine	71	60	1.2

B. Physical punishment

Country	Boys (%)	Girls (%)	Boys/Girls
Azerbaijan	52	45	1.2
Belarus	55	46	1.2
Georgia	53	46	1.1
Moldova	*	*	*
Russian Federation	*	*	*
Ukraine	41	32	1.3

C. Severe physical punishment

Country	Boys (%)	Girls (%)	Boys/Girls
Azerbaijan	19	15	1.2
Belarus	2	2	1.3
Georgia	23	17	1.3
Moldova	*	*	*
Russian Federation	*	*	*
Ukraine	2	2	1.0

36. According to the 2005 MICS for Serbia, the overall percentage of children 2-14 who experience severe physical punishment is three times higher for Roma in Roma settlements than the rest of children in Serbia (20.6 percent compared to 6.7 percent) (UNICEF 2005). The 2010 Serbia MICS showed a decrease in severe physical punishment overall (6.1 percent) and for Roma within Roma settlements (1.6 percent). The 2005 Serbia MICS data reveals a gender difference in that boys are more likely than girls to experience severe physical punishment (8.4 boys / 5.4 girls); further disaggregation in 2010 reveals the gender differences in the nationwide numbers (2.4 boys / 0.7 girls) much more significant than those for the Roma Settlements (6.6 boys / 5.5 girls).

Source: UNICEF 2010 (Table 12, Page 37). Note: it is not clear why there is a difference in the percentages from Table 12 in the cumulative report (included in Table 6 above) and the Child Discipline tables in the national reports, except to assume that the researchers chose to use responses to different questions in preparing the reports.

Regarding gender differences worldwide, the MICS survey data showed no to slight differences in the prevalence of violent child discipline of boys and girls, with boys experiencing more severe physical punishment and girls more psychological aggression. Ukraine had the biggest differences among the low- and middle-income countries surveyed with an 11 percent difference between physical punishment of boys and girls. Republic of Macedonia, Azerbaijan and Georgia have the highest rates of the harshest discipline, with approximately one of every five boys and one of every six or seven girls experiencing severe physical punishment, and an overall pattern of high numbers for psychological and physical punishment as well.

The MICS research also showed that rates of physical punishment are higher than the percentage of mothers/primary caregivers who believe that physical punishment is necessary. This difference may be due to the fact that others in the household are meting out punishment even if the mother/primary caregiver does not support it. The high rates of dissonance between a mother's belief about the "necessity of physical punishment in childrearing" and the reported practice of using physical punishment – 45 percent in Albania, 30 percent Azerbaijan, 35 percent Georgia, 37 percent Montenegro, 47 percent Republic of Macedonia, 44 percent Serbia, and 20 percent Ukraine – would seem to warrant a closer look at whether there is an issue of terminology or language (or translation) to understand better the reported differences between attitudes and actual practices of child abuse.³⁷

Based on UNICEF statistics for the region, disabled children are more likely than children without disabilities to be subjected to violence in the family in most countries (UNICEF childinfo.org website, UNICEF 2009). Moreover, a recent unpublished UNICEF study concluded that the proportion of disabled children who are institutionalized in CEE/CIS is higher than in any other region, with an estimated 800,000 children in institutions throughout the region. The same study noted that a child with a disability is 17 time more likely to be institutionalized than a child who has no disability (UNICEF 2009). Other reports have shown that children in institutions are also more likely to experience various forms of violence (Global Initiative to End All Corporal Punishment of Children country reports).³⁸

37. A peer-reviewed article analyzing the differences in 34 low- and middle-income countries, including ones in the E&E region, also concluded that further data collection and analysis are needed to fully understand why physical punishment is used regardless of the caregiver's belief about its necessity as a basis for a programmatic response to the practice (Cappa & Khan 2011).

38. The following USAID reports provide relevant information: *Transitions towards an Inclusive Future: Vocational Skills Development and Employment Options for Persons with Disabilities in Europe & Eurasia*, October 2009; *The Prevalence of Disability in Europe & Eurasia*, September 2009; *The Job that Remains: An Overview of USAID Child Welfare Reform Efforts in Europe and Eurasia* June 2009; *A Strategic Approach to Characterizing the Status and Progress of Child Welfare Reform in CEE/CIS Countries*, July 2008; *An Analysis and Strategic Approach to Monitoring the Status and Progress of Child Welfare Reform in 21 CEE/CIS Countries*, November 2007; *USAID and Child Welfare Reform in Romania Challenges, Successes, and Legacy*, June 2006; *Promising Practices in Community-Based Social Services in CEE/CIS/Baltics*, October 2006; and *Emerging Practices in Community-Based Services for Vulnerable Groups: A Study of Social Services Delivery Systems in Europe and Eurasia*, June 2006. These documents can be found at <http://socialtransitions.kdid.org/library>.

More detailed data from the E&E region on violence against children include:

Albania: The INSTAT 2009 survey results show a very high rate (57.7 percent) of physical violence against children, with higher rates for boys than for girls:

TABLE 7 (A-C)

Albania Physical Violence Against Children 10-14: Types of Violence, Perpetrators, Help-Seeking Behavior of Abused Children

A. TYPES OF VIOLENCE

Type of Violence N=970	Boys (%)	Girls (%)
Physical violence overall	66.7	51.1
Hit with objects	14.6	11.6
Slapped, punched, kicked	66.1	49.9
Burnt with cigarettes N=4		
Threatened with weapon N=4		

B. PERPETRATORS

Perpetrator N=634	Boys (%)	Girls (%)
Father/step-father	52.0	38.2
Mother/step-mother	69.1	72.2
Sister/brother	34.7	42.4
Grandparent	5.5	5.9
Close family	4.3	4.2
Other family	1.7	2.8

C. HELP-SEEKING BEHAVIOR OF ABUSED CHILDREN

Help-Seeking N=634	Boys (%)	Girls (%)
All types of violence	48.0	60.4

Source: INSTAT Albania 2009. Note: percentages are based on total responses given and do not reflect missing responses.

According to the Albania DHS 2008-2009, punishment of children ages 2 to 14 is 22 percent non-violent, 68 percent psychological, 58 percent minor physical punishment, and 14 percent severe physical punishment. Severe physical punishment is more likely associated with living in a rural area, low educational attainment of the mother, and low household wealth.

A 2006 study involving 1,500 children, 1,500 parents and 1,500 teachers in eight districts of Albania found a high prevalence of corporal punishment in both homes and schools. Common forms of violence included pulling children's ears (experienced by 60.1 percent of children at least once at home within the last year, and 38.5 percent of children in school within the last year), pinching (55.7 percent at home, 36.9 percent at school), hitting with an object (53 percent at home, 51.8 percent at school), and smacking with an open hand on the body (52.6 percent at home, 34.3 percent at school) and head (49.2 percent at home, 35.6 percent at school). Other reported forms of violence included being punched in the head (7.6 percent of children at home), grabbed by the throat (12.2 percent at home, 9.6 percent at school) and bitten (19.1 percent at home, 12.8 percent at school). Over a quarter of children (27.7 percent) had been bruised by violence at home, 24.5 percent had been made to bleed, 21.9 percent had been made dizzy, and 7.9 percent had lost consciousness. Reported forms of violence in social care institutions (relevant because of the high rate of institutionalization of so-called "social orphans" by their parents) included being kicked (78.9 percent), smacked in the head (68.4 percent), hit with an object (68.4 percent), punched on the body (66.7 percent), grabbed by the throat (35.2 percent), and punched in the head (25 percent); 44.5 percent of children in institutions had been made to bleed by corporal

punishment, 42.2 percent had been made dizzy, and 16.7 percent had lost consciousness (Global Initiative to End All Corporal Punishment of Children website, citing Tamo, 2006).

Belarus. A UNICEF 2008 nationwide study on violence against children in the family found approximately one in ten parents use threats, intimidation and physical punishment of children. One in five children lack adequate security, emotional closeness, parental custody, and care. Girls are more likely the “target” of aggression in the family (physical and psychological abuse and inadequate care), while boys have more problems among friends and peers on the street. The perpetrator of violence was most often the father and/or mother, but half as likely a sibling or another adult living with the children. The peak of physical violence in the family was at 12 to 14 years of age.

Kosovo. In the Farnsworth & Qosaj-Mustafa 2008 study, 19 percent of all men and 14.2 percent of all women experienced physical violence in their childhood. Those who experienced less harsh disciplinary methods were those with more education and with younger parents, which shows the dynamic is likely changing.

Moldova. A 2007 survey conducted by the Ministry of Social Protection, Family and Child and the Ministry of Education and Youth, with the support of UNICEF Moldova, found that 21 percent of Moldovan parents think their children “are frequently exposed to serious forms of violence by their parents” (Zaporajan-Pirgari, 2011). However, 40 percent say that spanking is an effective and justifiable corrective measure. In addition, 20 percent of parents said family doctors, social assistants and police officers are reluctant to help abused children. In a 2009 NGO survey in Transnistria (with support of UNIFEM Moldova), 45.3 percent of respondents believed that children comprise the majority of DV victims (as compared to 44.5 percent who believed women are the majority of DV victims).

According to the Moldova Ministry of Labor, Social Protection and Family, (as reported in the 2010 U.S. Department of State Human Rights Report for Moldova), 25 percent of children were beaten by their parents, 20 percent subjected to parental verbal abuse, and 15 percent lacked proper food and care. Approximately 10 percent of parents admitted abusing their children emotionally and physically.

Montenegro. The NGO SOS Hotline Nikšić reported that in the first four months of 2010, 40 children directly sought help, and more than 500 children were among their clients in the previous eight years. More than 500 child clients confirmed that the perpetrator abused the entire family (SOS Hotline Nikšić website). According to the 2003 Radulovic study of 500 married women in Podgorica, 13 percent of the women stated that their children were exposed to physical violence and 17 percent to psychological violence. Further, 43 percent of the abused women who called SOS Hotline Podgorica reported that their children were also in danger (OSI, 2007).

EARLY MARRIAGE AND SPOUSAL AGE DIFFERENCE

An estimated 2.2 million women and girls in the E&E region were married before the age of 18 (UNICEF, 2009). Early marriage compromises a girl’s development and her formal education is usually abandoned. Young brides can be extremely isolated, often removed to their husband’s family and community and denied contact with their peers and their own relatives. According to a recent report by UNICEF, married girls in the E&E region are usually required to perform the bulk of domestic work in their households. Their relative youth and powerlessness make them more vulnerable to both domestic violence and sexual abuse, including nonconsensual sex with their husbands. They are unlikely to be protected by a condom and are therefore increasingly at risk of contracting STIs, including HIV (UNICEF, 2009).

UNICEF has identified early marriage and a spousal age difference of 10 years or greater as potential risk factors for a number of issues, including domestic violence. The percentage of 20 to 24 year olds who are currently married to significantly older spouses can indicate current trends in this regard. Early marriage and large age differences between spouses have both been correlated to poverty and to low levels of education.

Table 8 shows the total percentage of surveyed ever-married women aged 20 to 49 years old who were married before 18 years old. The highest rates of early marriage are in Moldova and Georgia, arguably two of the poorest countries in the region, and among the Roma minority in the Balkans (comparative percentages show that Roma women are 4 to 7 times more likely to be married before 18 years old compared to the total population of women in Republic of Macedonia and Serbia). The other two Caucasus countries of Armenia and Azerbaijan also have rates at 10 percent and above, as do Republic of Macedonia and Bosnia and Herzegovina in the Balkans and Ukraine among the Eurasian countries.

Nearly one in five young women in Albania, Georgia and Montenegro has a significantly older husband or partner, compared to lower percentages in other countries in the region where data are available.

TABLE 8

Percentage of women aged 20 to 49 who were married before 18 years old, and Percentage of women currently married/in union aged 20-24 whose husband or partner is 10+ years older, by country, 2005-2006 (and 2010 figures for Serbia) in E&E Region

EUROPE

Country and Source	Women 20-49 married before 18 years old	Married women 20-24 whose husband/partner is 10+ years older
Albania (MICS 2005) (DHS 2008-2009)	7.8 10	19.9
Bosnia & Herzegovina (MICS 2006)	10.1	10.8 (19.4 for 15-19 year olds) ³⁹
Kosovo	*	*
Republic of Macedonia (MICS 2005)	12 (48.6 ⁴⁰)	10
Montenegro (MICS 2005)	6.8	17.4
Serbia⁴¹ (MICS 2010) (MICS 2005)	7.7 (53.7 [†]) 8.4 (45.9 [†])	13.7 (26.3 for 15-19 year olds)

EURASIA

Country and Source	Women 20-49 married before 18 years old	Married women 20-24 whose husband/partner is 10+ years older
Azerbaijan (DHS 2006)	12	*
Belarus (MICS 2005)	6.5	8.2
Georgia (MICS 2005)	17.7 ⁴²	20.4 for 15-19 year olds. 11.6 for 20-24 year olds
Moldova (DHS 2005)	19	*

39. In FBiH, 23.2 percent of young married women aged 15 to 19 are married to a partner 10 or more years older, as are 14.0 percent in the RS; young married women aged 20 to 24 is 6.7 percent in the FBiH and 18.7 percent in the RS.

40. This percent applies to respondents who were ethnic Roma women.

41. According to the 2005 MICS for Serbia, the overall percentage of children ages 2 to 14 who experience severe physical punishment is three times higher for Roma in Roma settlements than the rest of children in Serbia (20.6 percent compared to 6.7 percent) (UNICEF, 2005). The 2010 Serbia MICS showed a decrease in severe physical punishment overall (6.1 percent) and for Roma within Roma settlements (1.6 percent) (UNICEF, 2010). The 2005 Serbia MICS data reveals a gender difference in that boys are more likely than girls to experience severe physical punishment (8.4 boys / 5.4 girls); further disaggregation in 2010 reveals the gender differences in the nationwide numbers (2.4 boys / 0.7 girls) much more significant than those for the Roma Settlements (6.6 boys / 5.5 girls).

42. In Georgia, women are more likely to have an early marriage if they are living in Kvemo Kartli (4.5 percent married before age 15 and 25.3 percent married before age 18), less educated (4 percent married before age 15 and 32.5 percent married before age 18) and if the ethnic identity of household head is Azerbaijani (6.1 percent married before age 15 and 31.3 percent married before age 18).

Country and Source	Women 20-49 married before 18 years old	Married women 20-24 whose husband/partner is 10+ years older
Russian Federation	*	*
Ukraine (DHS 2007)	10.5	7.1

† The percentages in parentheses applies to respondents who were ethnic Roma women living in Roma settlements.

A 2007 news report indicated that early marriage is increasing in Azerbaijan, resulting in an increase of minors as DV victims (May 24, 2007 article at www.demaz.org). Women are blamed for sterility, even though there is a widespread infertility problem for men due to environmental problems. The report also noted that men living in Russia come home and marry young girls from poor families even though early marriage is technically a crime under Article 152-153 of the Criminal Code. To avoid blatantly breaking the law, they marry in a religious ceremony that has no legal validity, thus leaving the woman's rights unprotected. The practice of bride kidnapping is mentioned in Amnesty International reporting on Georgia as a cultural pattern of VAW still being reported in that country (Amnesty International, 2006).

CHILDREN WITNESSING DOMESTIC VIOLENCE

Worldwide, an estimated 133 to 275 million children witness DV annually, 900,000 to 3.6 million in the E&E countries (UNICEF and The Body Shop International Plc., 2006). A strong relationship has been identified between intimate partner violence and violence against children (Krug, 2002, citing multiple studies). And witnessing abuse as a child is a factor in whether a child will be abused or become an abuser as an adult (Heise, 1999).

SELECTED SURVEY DATA FROM THE E&E REGION

Albania. According to the *INSTAT 2009*, 17.4 percent of the children surveyed reported having seen or heard violence between parents. Of the 146 children who witnessed such acts, only 23.6 percent told anyone. When asked about the impact of DV on children in the home, 51 percent of women did not answer; only 7.9 percent answered yes (3.9 percent said the children were hurt or injured).

According to results of a survey of the entire student population (93 percent) at Medical Faculty in Tirana (n=2756), two of the factors associated with DV identified in Albanian research on children witnessing parental violence were the disempowerment of the husband and empowerment of the wife (Burazeri, 2009). Over one in four (26.7 percent) of the students witnessed father-to-mother physical violence with 1.3 percent reporting its frequency as "very often." Higher rates of physical DV were reported when the father was disadvantaged socioeconomically and/or the mother was socioeconomically empowered (i.e., educational and employment advantage compared with their husbands), irrespective of family income and origin. The father's disadvantage and the mother's advantage were independently related to increased risk for witnessing father-to-mother physical violence in this transitional patriarchal society. The results may point to use of male-female DV as a means for enforcement of gender hierarchies. For example, men's rural origin also was found to be a significant determinant of spousal physical violence. This is probably due to cultural norms in rural areas of Albania and other western Balkan countries that 'justify' a man's right to exert control over his wife and the weaker sanctions against violent behavior (Burazeri, 2006 and Burazeri, 2005).

Armenia. According to the WRC 2007 Survey, 40 percent of abused women said their child witnessed their abuse. Respondents to the NSS/UNFPA 2011 Survey exemplified the perpetuation of the cycle of violence by children who witnessed violence in the home. Women whose mothers were abused had more abusive partners than those whose mothers were not beaten. And, male intimate partners whose mothers were beaten were almost ten times more likely to be physically abusive toward women than those whose mothers were not beaten.

Belarus. Although the report itself seems to be unpublished, results reported in a UNFPA news release about the Belarus 2008 DV Survey stated that 27.9 percent of women and 24.8 percent of men raised in a two-parent home witnessed parental physical abuse. Those who witnessed the abuse were nearly twice as likely to be victims of spousal physical, sexual and economic violence as were those who did not witness abuse between their parents (32.9 percent compared to 18.1 percent for physical violence; 17.5 percent compared to 9.7 percent for sexual violence; and 30.1 percent compared to 18.4 percent for economic violence).

Georgia. According to the Georgia Reproductive Health Survey 2005, 6.9 percent of women surveyed witnessed parental physical abuse as a child. Those who witnessed parental violence were twice as likely to experience physical IPV and three times as likely to experience psychological IPV.

Ukraine. According to the Ukraine Demographic and Health Survey 2007, women with a history of parental violence (father beating the mother) are much more likely to experience some type of spousal abuse (41 percent compared to 18 percent for those without a history of parental violence). Similarly, men with a family history of violence were twice as likely as those without such history to commit spousal violence (33 percent compared to 15 percent).

DATING VIOLENCE

Data on dating violence is tangentially available in DV surveys that ask about perpetrators of lifetime violence and where responses include boyfriends/girlfriends. For example, as noted in Table 4, a current or former boyfriend was the perpetrator of physical violence reported by women in Moldova (4.3 percent), Serbia (20 percent), and Ukraine (5.5 percent).

Very little specific research has been conducted on dating violence in the E&E region. Russian students at several universities participated in the International Dating Violence Study.⁴³ Analysis from that data set, which was quite small and self-selected, was controversial in its findings that (1) more female university students than males perpetrated IPV, and (2) the association between binge drinking and IPV was stronger for females than males. The study suggests that the relatively higher rates for women-perpetrated IPV could be affected by the threat of expulsion from university that Russian men face for IPV perpetration, which would immediately lead to enlistment in the Russian army (Lysova, 2008).

RUSSIA: Vodka, Binge Drinking and IPV (Lysova, 2008). Studies have linked alcohol use and IPV in Russian marriages, including 60 to 75 percent of male-perpetrated homicides in one study. The cultural tradition in Russia is to drink large quantities of alcohol, technically referred to as binge drinking, in private and semiprivate settings which are less regulated than public settings. Distilled spirits, in the form of vodka, are the preferred drink in Russia which leads to quicker intoxication than, for example, beer or wine.

Given the strong connection between alcohol use and IPV, alcohol use among children and youth in Russia is also very problematic. The mean age of onset for beer drinking is 12 years old, for wine 15 years old, and for vodka 16 years old (citing Sheregy & Arefiev, 2003). Overall, 81.8 percent of Russians ages 12-22 usually consume alcohol and 26.5 percent abuse alcohol (citing Arefiev, 2002). Young people consume a lot of alcohol in one sitting. Of 1703 students in nine universities in three Russian cities (Moscow, Velikiy Novgorod, and Ufa), only 1.3 percent of female and 1.4 percent of male students reported that they do not consume alcohol at all (compared to Poland, for example, where almost half of the female and one-fifth of male college students reported that they do not drink; and the United States where about one-fifth of female and male college students also do not drink).

43. The initial sample was small at 602 Russian students at four universities in three cities (Vladivostok, Barnaul and St. Petersburg (State University and Ministry of Internal Affairs). For the analysis, the researcher reduced the sample to 500.

Russian women are consuming alcohol at rates comparable to men, especially among the young. For example, 80 to 94 percent of female high school students consume alcohol, and in big cities more girls than boys report consuming alcohol (citing Egorov & Shaidukova, 2005). In general, 33.1 percent of young men and 20.1 percent of young women consume alcohol every day or once every two days (citing Sheregy et al., 2001).

OTHER DOMESTIC VIOLENCE: MEN, IN-LAWS, ELDER ABUSE, LGBT ISSUES

Violence Against Men. A main source of information on VAW is the DHS surveys, which included male respondents as noted in the tables above. Although the purpose of the questions is mainly to confirm prevalence rates of spousal violence against women, the responses also show spousal violence and other forms of DV against men. Moreover, with enhanced national reporting systems on domestic violence, disaggregated data now should be able to show the percentages of perpetrators and victims by sex, and often by minor or adult status as well. The impact of war trauma and other conflict-related factors for men is not measured in any of the DV studies, except indirectly where men are respondents and they answer the question about who perpetrated any lifetime physical violence.

In-Law Violence. In the E&E region, in-law violence has been anecdotally reported mostly in more “traditional” communities where the mother-in-law wields considerable power over the daughter-in-law (e.g., in Kosovo), which may degenerate into abuse in certain circumstances. Arguably, abuse of daughters-in-law by mothers-in-law is part of a cycle of violence that often involves patriarchal power structures behind it.⁴⁴ The prevalence in the E&E region is only briefly touched upon in the lifetime of violence questions in the DHS module and sometimes in more specific questions in national surveys. In 2006 and 2007, the Kosovo Police Service recorded 25 cases of father-in-law abuse and 66 cases of mother-in-law abuse against a *nuse* (new wife). In the Kosovo national DV survey, 14 women reported abuse from a father-in-law and 27 women (and one man) reported abuse from a mother-in-law; and there were two cases of violence against new husbands (Farnsworth & Qosaj-Mustafa, 2008). The survey also noted that *nuses* are “always” subjected to psychological violence, and that physical violence is seldom reported.

Elder Abuse. The topic of elder abuse has come to the fore in the EU, where multi-country research has confirmed the issue is significant (Nagele et al, 2010; DeDonder et al, 2011). The studies highlighted the increased vulnerability of abused older women who are less likely to report violence and less likely to leave abusive situations than are younger women. Elder abuse is a hidden problem because most DV research has concentrated on women of reproductive age as an add-on module to a national DHS. Unfortunately, national DV surveys have largely followed the DHS model in designing the target respondent pool. Thus, the information on the prevalence of the elder abuse is largely anecdotal and comes from DV service providers, including shelters, and DV research that is not age-limited. Elder abuse of men is almost a completely missing topic of research worldwide. According to the Belarus nationwide DV study which included women and men up to 60 years old, women aged 30-39 experienced the highest rates of physical and sexual abuse, and even women in the older age group were more likely to be victims than were younger women (aged 18-29) (UNFPA, 2008).

A study conducted in Barnaul, Russia noted that perpetrators of violence against women and men over 50 years old were children and grandchildren, or their respective partners (Amnesty International, 2005). Other Russian researchers, noting the lack of information on elder abuse, commented that it

44. The only specific study on the issue was from India and it includes an analysis of the power play by some newlywed women who abuse their mother-in-laws, a situation contrary to the more typical scenario of a mother-in-law abusing her daughter-in-law (Gangoli & Rew 2010).

is considered less significant than other forms of abuse and a matter of pity and compassion, but not considered for legal or public action. Such abuse may include financial abuse such as expropriating money and property, psychological abuse, or purposeful neglect or physical violence. It was further noted that in the Eastern mentality, “patience and family solidarity are the most valuable dignities of older people, so they would never report even abuse and cruelty by children/son” (Fastenko & Timofeeva, 2004). In Russia, the dynamics of elder abuse are also affected by the 14-year gender gap in life expectancy, which leaves large numbers of widows in poverty and dependent on family for support, and high rates of alcoholism which, as noted earlier, is associated with IPV by both women and men.

LGBT Issues. Every country in the E&E region has decriminalized homosexual acts (IGLA, 2012), however, discrimination against lesbian, gay, bisexual and transgender youth and adults persists within the community and families in which LGBT individuals live (e.g., Russia—Petrov & Kirichenko, 2008; Armenia—Carroll & Quinn, 2009; Georgia—Quinn, 2007; Azerbaijan—Van der Veur, 2007; CEE health—Quinn, 2006). Research in the region has been limited mostly to issues of rights and discrimination, including a regional study on access to health care (Quinn, 2006), with some anecdotal information about coming out to family and family rejection (Takács, 2006; and see country analyses above).

Even though there are no studies in the region on LGBT community and domestic violence, research conducted elsewhere has identified two key areas of concern. First, LGBT youth are more likely to suffer violence by their own families when they are suspected or revealed to be LGBT (especially transgender youth) (Stieglitz, 2009; Stotzer, 2010). Moreover, the level of resilience of transgender youth is associated with family support, so rejection by the family increases the likelihood of depression and suicidality. The Parliamentary Assembly of the Council of Europe has recognized the “significant human rights dimension” of the social exclusion of LGBT youth that puts them at a higher risk of drug abuse, depression, and suicidality when compared to heterosexual youth (Takács, 2006; Council of Europe Parliamentary Assembly, 2008). Second, IPV occurs within a percentage of LGBT relationships but, due to the lack of family and community support, its victims are even less likely to report the abuse or seek assistance due to shame and/or fear of being “outed” in the process of getting help (Kostermann, 2007; Reid, 2012).

HELP-SEEKING BEHAVIOR

Data on help-seeking and reporting of DV, especially to the police or other service providers is an indication of how invisible the crime of DV is within official statistics. Table 9 contains data from women about their own reporting of physical violence by an intimate partner or husband. Again, these data are **not** comparable because of the different ways the question was asked, options for responses, and methods for tabulation of percentages. However, it provides a general notion of how underreported DV is. Unfortunately, reporting data in surveys is almost exclusively of female victims.

The survey data shows a high rate of underreporting of violence, not only to the police, but also other helping professionals, confirming that official data from law enforcement, other government, and non-governmental sources reflects just a small percentage of the actual magnitude of DV.

TABLE 9

Help-Seeking by Women Who Were Physically Abused by an Intimate Partner or Husband in E&E Region†

EUROPE

Country	Told No One/ Never Sought Help (%)	Police [^] (%)	Other Professional: Health, Social Worker, Lawyer, NGO [^] (%)	Family/ In-laws [^] (%)	Friend/ Neighbor [^] (%)	Source
Albania	73-83 ⁴⁵	1.5	1.5 med/ 3.1 legal/ 5.7 judge/ .5 soc serv	90.7/34	9.3	INSTAT Albania, 2009
Bosnia & Herzegovina	*	*	*	*	*	[possibly Dedovic/Sarajevo University, 2004- 2005]
Kosovo	“nearly 40%”	“few”	“few”	“approx 40%”	16.7	Farnsworth & Qosaj-Mustafa 2008
Republic of Macedonia	18.8	20.7	18.7	38/12.3	13.148/2.6	ESE 2007
Republic of Macedonia		6.1	7 med, 3.5 soc serv, 12.3 legal			Mangskau, 2010
Montenegro	*	*	*	*	*	
Serbia	27	5	4 med	28 parents, 26 siblings	53	DHS 2003 (Belgrade only)

EURASIA

Country	Told No One/ Never Sought Help (%)	Police [^] (%)	Other Professional: Health, Social Worker, Lawyer, NGO [^] (%)	Family/ In-laws [^] (%)	Friend/ Neighbor [^] (%)	Source
Armenia	45.1	6.8				Proactive Society 2010
Armenia	71	6				WRC 2007
Azerbaijan	42.9 told no one/ 57.5 never sought help	2.1	.5 med, .1 legal, .3 soc serv	12.2/ 6.3	1.4	INSTAT & ICF Macro 2010
Belarus	53.2W, 94M	*	10.3W & 3.6M – med	*	*	UNFPA 2008
Belarus	35	4-5				Belarusian Association of Social Workers, nd (stopvaw.org)
Georgia	27.8	2	1.9 ⁴⁶	47.5 ⁴⁷	31.2/9.8	UNFPA 2011
Georgia	20.5	4.7	3.6	70.1/ 29.9	50.3	DHS 2005
Moldova	27.5	26.0	7.8 med, 11.9 others	65.3 parents, 35.6 other relatives	25.0/12.4	UN Moldova, NBS 2010

45. Data are presented by types of abuse; 80 percent of physically battered women did not help.

46. Georgia: 1.9 doctor/health worker, 3.2 priest, 1 NGO/women's organization; 47.5 parents, 22.4 brother or sister, 5.8 aunt or uncle, 8.9 children

47. Ibid.

Russian Federation	*	*	*	*	*	
Ukraine	15.5 told no one/ 44.0 never sought help	32.1	2.6 med/2.9 lawyer/3.0 soc serv	68.9/43.7	28.4	DHS 2008

† Female respondents only unless otherwise indicated. Other abbreviations: med = medical, soc serv = social services

^ To whom violence was reported – as a percentage of those who told someone

The following are some of the main reasons for not reporting physical DV that female victims gave, or that researchers concluded indirectly from responses to attitudinal questions (citations are examples and are not exhaustive of all the surveys reviewed):

- Acceptance of violence as normal within a relationship (e.g., Serbia DHS 2003).
- Belief that DV is a private matter and should be settled within the family, and not with outsiders, including, for example, three-quarters of Georgians surveyed (e.g., Georgia UNFPA 2011). Concern was also expressed in the Georgia survey about giving the family a bad name (UNFPA, 2011) and in the Armenia survey about sparing a relative from facing criminal liability (“Proactive Society” NGO/OSCE, 2011).
- Taboo/shame/embarrassment/stigma (e.g., Armenia: WRC 2007, Proactive Society 2010; Georgia: NSS/UNFPA 2011; Kosovo: Farnsworth & Qosaj-Mustafa 2008; Republic of Macedonia: ESE 2007, Mangskau, 2010; Moldova: UN Moldova, NBS 2010).
- Distrust of institutions, especially law enforcement, regarding their attitude and/or capacity to help (Armenia: NSS/UNFPA 2008, Proactive Society 2010). Roma are particularly distrustful of institutions due to the historical legacy of discrimination that persists today (Mangskau, 2010; Shabanovska & Shaban, 2009).
- Lack of knowledge that DV is a crime or where to go to seek help (e.g., ESE 2007, Mangskau 2010, Farnsworth 2008). In the national Georgia survey, 34 percent of women said that wife beating is justified and not a violation of the law (UNFPA, 2011). And, only 42.2 percent of Moldovan women surveyed knew of the existence of a law against domestic violence (UN Moldova, NBS 2010).

Those who did seek help usually did so for a variety of reasons, including they could no longer endure the abuse, were badly injured, their children were suffering, or their partners had threatened to kill them or threatened or hit the children (e.g., Serbia DHS, 2003; Georgia UNFPA, 2011). Only 19.9 percent of abused Armenian women left a violent partner. Many returned because they did not want to leave the children (44.5 percent), for the sake of the family/children (33.3 percent), thought their partners would change (21.5 percent), or forgave him (10.7 percent) (NSS/UNFPA, 2008). Similarly, Georgian women who left home reported returning home because they did not want to leave children (36.6 percent), for sake of the family/children (31.5 percent), their partners asked them to come back (26.8 percent), love for their partners (16.5 percent), they forgave their partners (16.3 percent), or their families said to return (12.6 percent) (Georgia UNFPA, 2011).

Annex D contains a country-by-country collection of NGO statistics and official government data on police reporting and cases filed, hotline calls, and some other victim services data. The information is obviously non-exhaustive, and is gathered from a wide variety of sources, including direct government releases, research reports, human rights reports, internet accessible media articles, and so on.

The main highlight of the information is that reporting of DV is increasing annually by almost every measure used (police reports, cases filed, hotline calls, requests for help, assistance provided). However, the seemingly random type and quality of information available at the national level highlights the need

for better DV data collection and reporting. Improved VAW data was the topic of a 2009 Balkans experts meeting in Sarajevo (Experts Meeting Report, 2009) and a comprehensive UNIFEM-funded report on Southeastern Europe (Sudderth, 2010). Unfortunately, by focusing on VAW, the issue of violence against men and children was not addressed.

With improved data collection and disaggregation of data at the government level, however, information is increasingly available not only on women as victims, but on men as well. Additional work is needed not only to collect, but also to report data with more disaggregation such as age of the victim and perpetrator, and relationship (if any) to each other. An example of what more comprehensive analysis of police data can yield is the results of police research on family violence in nine municipalities in Montenegro:

- Victims: 260 females (79 percent of the cases, including wives abused by husbands, mothers abused by sons, sisters abused by brothers, daughters by fathers, daughters-in-law abused by fathers-in-law), 37 males (11 percent of the cases, mostly parents of delinquent or drug-using children), and 31 children (9 percent of the cases).
- Perpetrators: 95.7 percent male, 3.66 percent drug users, and almost 20 percent used alcohol when committing violence (Open Society Institute Network Women’s Program VAW Monitoring Program, 2007).

V. FACTORS RELATED TO DOMESTIC VIOLENCE

THE ECOLOGICAL MODEL

The ecological model for understanding violence looks at the interplay of factors at the societal, community, relationship and individual level and how they impact the likelihood of violence.

FIGURE I

Diagram of the Ecological Model for Understanding Violence



Source: Heise 1998

Research on domestic violence has shown several factors at the societal, community, relationship, and individual level that increase the likelihood a man⁴⁸ will abuse his partner:

48. The ecological model for understanding violence has been adapted to child maltreatment (see Annex B), and could also be adapted for other groups such as the likelihood that a woman will abuse her partner, or for men and women in LGBT relationships.

At the societal level, gender roles are rigidly defined and enforced and the concept of masculinity is linked to toughness, male honor, or dominance. The prevailing culture tolerates physical punishment of women and children, accepts violence as a means to settle interpersonal disputes, and perpetuates the notion that men “own” women.

At the community level, women are isolated with reduced mobility and lack of social support. Male peer groups condone and legitimize men’s violence.

At the level of the family and relationship, the male controls wealth and decision-making within the family and marital conflict is frequent.

At the individual level, the male was abused as a child or witnessed marital violence in the home, had an absent or rejecting father, or frequently uses alcohol. Research has also shown that a woman who has witnessed her father abusing her mother is more likely to be a victim of abuse herself.

History of witnessing or experiencing parental physical abuse is a strong predictor of being in an abusive relationship as an adult. Childhood exposure to family violence is linked to emotional and behavioral problems during childhood (Edleson, 1999; Kolbo & Blakely, 1996), child and adolescent violent behaviors (Song et al., 1998), and physical abuse during adulthood (Hotelling & Sugarman, 1986).

FACTORS SPECIFIC TO THE E&E REGION

As noted in the 2006 DV Report, factors associated with poverty, economic and political transition, and conflict in the region have helped to perpetuate domestic violence in the E&E region. These interrelated factors include: poor and overcrowded living conditions, unemployment, changing gender roles, increased stress, conflict-related psychological trauma, alcohol and drug abuse, arranged and forced marriage, and a “retraditionalization” of gender norms based on patriarchal values.

Patriarchal traditions. Societal patriarchal traditions play a stronger role in some E&E countries, such as in the Caucasus, than in others. Although women’s movements in most countries have worked to promote gender equality, the many conflicts in the region have also rolled back some of the progress made by the women’s movements. This struggle among certain segments of society to return to patriarchal traditions is especially true in the countries of the former Yugoslavia, and also in other conflict areas (for example, Chechnya, Ingushetia, and Dagestan in the North Caucasus region of Russia; Georgia and the breakaway states of Abkhazia and South Ossetia; the Nagorno-Karabakh region, which affects Armenia and Azerbaijan; and the Transnistria region of Moldova – see Human Rights Watch, 2011; Shahnazarian, 2010; Chiarenza, 2006). Economic upheaval has resulted in changing gender roles as many men have lost their traditional status as family breadwinner with unemployment, exacerbating stress, frustration, substance abuse, and aggression (Somach, 2011). The shift of a woman to the primary provider can lead to abuse by partners who feel badly about not fulfilling the expected male role (Nikolić-Ristanović & Dokmanović, 2006).

Impact of war and conflict. In the many countries in the region that have experienced conflicts, and even those that have abusive conditions during military service, the issue of unresolved PTSD and war trauma is an exacerbating factor for family violence. Untreated psychological trauma triggered by violence against men, including the largely underreported issue of sexual abuse perpetrated during the wars in the Former Yugoslavia, often results in internalized and externalized violence – such as the self-destructive behaviors of suicide, substance abuse, and violent behavior against others including family members (Somach, 2011). Also during conflict, war propaganda, such as in Serbia, promoted hyper-masculine and hyper-feminized views of men and women, encouraging “the war-orientated, retrograde patriarchy and the prostitution and commodification of women” (Kronja, 2004), thus helping to create the climate of violence needed to fund and recruit the war effort. Other contributing factors of violence in conflict areas are reintegration of former combatants to home communities, ex-soldiers’ use of

weapons, and changing family/gender dynamics due to long separations (Nikolić-Ristanović and Dokmanović, 2006). Sexual violence perpetrated against women and girls (whether the result of a war tactic or an outcome of increased violence and lawlessness in general) is viewed as a source of shame and a threat to family honor in some cultures in the region, leading to subsequent family violence – psychological and even physical – against the victims for years to come (e.g., 90 percent of those raped during the war in Kosovo said they received no family support, which is identified as a type of psychological violence – Farnsworth & Qosaj-Mustafa, 2008).

Marginalized minorities. Minority status, which is often accompanied by multifaceted marginalization (being a woman, being poor, speaking a first language other than “national” language, etc.), is associated with an increased risk of being a victim of violence. Roma women are among the most disadvantaged throughout the region and experience multiple forms of discrimination, which intensifies the impact of other factors. For example, early marriage is prevalent among Roma in Serbia and Republic of Macedonia. Research on Roma women in Montenegro noted that Roma women are regarded as possessions of male members of the family; that Roma girls are kept home from school to care for younger brothers and sisters; forced to marry at a very young age, and after marriage become the property of her husband (OSCE, 2007).

Culturally specific family traditions. Some culturally specific family traditions increase the risk of different forms of domestic violence. Examples of cultural traditions that can perpetuate violence include: arranged marriages and marriages to men more than 10 years older in Albania and Georgia, cousin marriage in Azerbaijan, early marriage among Roma in Serbia and Republic of Macedonia, and son preference in the Caucasus (especially in parts of Azerbaijan near the Iranian border where sex-selected abortions have been reported).⁴⁹ Also, where extended families live together, for example in the house of the husband’s parents as is common in parts of the Balkans, the power and control dynamics can more easily lead to domestic violence of the lowest status family members such as a new wife. Bridal abductions have also been reported in Dagestan (Russia), with is estimated by activists monitoring the practice to be several thousand per year based on one local NGO registering 180 cases in 2008 (ANNA, 2010).

Alcoholism. The region has a strong history of alcohol use and abuse, especially in the countries of the former Soviet Union. Alcohol use disorders exceed 10 percent of men in Belarus (11 percent), Moldova (14 percent), and the Russian Federation (16 percent), and 5 percent in Bosnia and Herzegovina and Georgia, and is growing among women, especially in Ukraine and Russia (based on 2004 data, WHO 2011). According to data from the Albania DV survey, alcohol use doubled the likelihood of physical and sexual IPV and led to more injuries (INSTAT, 2009). Nearly one-third of physically abused Armenian women blamed alcohol use for the violence perpetrated against them (WRC, 2007). Alcohol use has been linked to IPV in Russian marriages, including 60 to 75 percent of male-perpetrated homicides (Lysova, 2008). Results of a Russian study on alcohol and IPV among clients at an STI clinic also showed a significant association between alcohol misuse and violence. In that study, the women were slightly more likely to perpetrate IPV than were the men, but the female victims were more likely to be injured than were male victims (Zhan, 2011).

Tolerance and Shame of DV. Cultural norms and attitudes toward family relations contribute to a lack of recognition of some types of violence, and the predictable underreporting of family violence overall. See Attitudes Toward Spousal Violence section of this report for data on attitudes on different types of violence (justification for wife beating and the ability of a woman to refuse sexual intercourse with her husband), and Domestic Violence Against Children section of this report on the use of abusive forms of child discipline. Attitudes about telling others about incidents of domestic violence and seeking help – as

49. See Domestic Violence Against Children section of this report for early marriage and spousal age difference; Somach, 2004; and current confirming information at http://www.gender-az.org/index_en.shtml?id_doc=174; Comai, 2011 [Gendercide in South Caucasus.

discussed in Help-seeking Behavior – also help to perpetuate DV by signaling to abusers that they can act with impunity.

Weakness in Legal Structure. The weak rule of law, lack of implementation of the legal structure, and pervasive corruption in many countries in the region contribute to an environment where few victims seek help outside their own families and friends, not even turning to medical or social service providers for assistance. Among those who do seek help, few report violence to authorities, largely due to a lack of confidence in the attitudes, skills and procedures of the relevant authorities that would be required to hold perpetrators accountable and to address their needs (see Help-seeking Behavior.)

Housing Issues. The lack of adequate housing in many countries in the region, which has been exacerbated by the financial crises, can increase the likelihood of domestic violence. Young couples who cannot afford their own apartments or houses continue to live with one or the other set of parents. Overcrowded housing conditions contribute to family stress and forces closer contact between perpetrators and victims. In countries like Russia and Ukraine, this has resulted in divorced couples continuing to live together due to an inability to find an affordable housing alternative (Surtees & Somach, 2008). The lack of affordable housing (“affordable” defined as being within the financial means of someone with a limited income) in many places in the E&E region means that DV victims often do not have the opportunity to leave an abusive spouse, especially if children are involved. Overcrowding may also limit the ability of families to provide a place for victims to stay even for a brief period away from a perpetrator.

Looking at a wide range of factors related to gender equality arguably may offer insights into the relative risk of DV within a given country. However, efforts to do so have yielded less than reliable results, due to their reliance on *de jure* standards (e.g., the OECD Social Institutions and Gender Index). Most E&E countries have a long tradition of gender equality in the law with weak implementation in practice.

VI. LEGAL ENVIRONMENT

DOMESTIC VIOLENCE LAWS

Ten of the 13 countries have specific DV laws, albeit at various levels of implementation and effectiveness of protection mechanisms. Armenia, Belarus, and Russia still rely on other legal provisions, such as in their Criminal Codes (e.g., through use of assault, battery, or homicide provisions), to respond to cases of domestic violence. Table 10 below contains information on the laws relevant to DV in each country.

The Council of Europe (CoE) established the Convention on Preventing and Combating Violence Against Women and Domestic Violence (www.coe.int/violence) which opened for signature on April 11, 2011. The European approach toward domestic violence, as described in the treaty is “4 Ps”: protection, prosecution, prevention, and policies. It provides a comprehensive framework, policies and measures for the protection of and assistance to all victims of violence against women and domestic violence. The convention primarily focuses on women and girls, but the preamble does note that men can be victims. And, the non-discrimination clause of the Treaty states that implementation “in particular measures to protect the rights of victims, shall be secured without discrimination on any ground”, including sex, gender, sexual orientation and gender identity among the possible grounds for discrimination. To date, five of the 13 countries in the E&E region have signed the treaty: Albania on 12/19/2011; Montenegro 5/11/2011; Serbia 4/4/2012 (with a reservation on certain jurisdictional issues); Republic of Macedonia 7/8/2011; and Ukraine 11/7/2011.

TABLE 10
Domestic Violence Laws

EUROPE

Country	Primary Law(s)	Year	Other Legal Provisions
Albania	Law on Measures against Violence in Family Relations	2006	DV can be prosecuted under general crime of assault in the Criminal Code – serious intentional injury (Article 88), non-serious injury (Art 89), other intentional harm (Art 90), interruption of a woman’s pregnancy w/o consent (Art 93) (stopvaw.org)
Bosnia and Herzegovina	Criminal Codes of the Federation of BiH and RS	2002	Book of rules on the implementation of protection measures within the Ministry of interior authority RS (2006)
	Laws on Protection from Domestic Violence in both entities (FBiH and RS)	2005	Book of rules on the implementation of the protection measure of mandatory psychosocial treatment for perpetrators of DV – FBiH (2006)
	Law on Gender Equality	2003	DRAFT Law on Protection from Domestic Violence (2008)
Kosovo	Article 153 of the Provisional Criminal Code	2004	
	Law on Protection against Domestic Violence	2010	
Republic of Macedonia	Criminal Code of 1996, amended in 2004	2004	Amendments to Law on Social Protection (Law No. 65/04) (2004) Systematization Act of 2006
	Law on Family 2004 and its amendments in 2006-2008	2004-2008	Rulebook on the implementation and monitoring of protection measures (2007) Standard Operating Procedures on acting of the police in cases of family violence (2009) DRAFT Law on Social Protection and Social Security (2011) DRAFT Joint protocol for treatment of victims of domestic violence (2011)
Montenegro	Article 222 of the Criminal Code of the Republic of Montenegro as amended in 2004	2004	DRAFT Law on Domestic Violence Protection 2008
		2006	DRAFT Law on Free Legal Advice 2008
Serbia	Article 194 of the Criminal Code (Official Gazette of the RS. No. 85/2005)	2005	Family Law (Official Gazette of the RS. No. 18/2005)

EURASIA

Country	Primary Law(s)	Year	Other Legal Provisions
Azerbaijan	Law on Prevention of Domestic Violence	2010	
Belarus	Law ‘On the foundations of activities for preventing crimes’ ⁵⁰	2009	DRAFT legislation on DV (2004)
Georgia	Law on Elimination of Domestic Violence, Protection of and Assistance of the Victims of DV	2006	
Moldova	Law No. 45-XVI of 2007 on	2007	Law No. 547 of 2003 on Social Assistance

50. Information on the law was provided to the UN by the Government of Belarus but a copy of the law was not available for review to confirm that it criminalizes DV.

Country	Primary Law(s)	Year	Other Legal Provisions
	Preventing and Combating Family Violence [reportedly not applicable to Transnistria so there is no DV law there]		Law No. 436-XVI of 2006 on the Local Public Administration Model Regulations for the Rehabilitation Center for Victims of Violence (2010) Law No. 167 of 2010 on the amendment and supplementing of certain legislative acts in the field of domestic violence NOTE: No DV law in Transnistria, but reportedly one is being developed (Zaporojan-Pirgari, 2011)
Russian Federation	No specific provisions in Criminal Code, Article 117 only standard provisions: typically Article 117 (torment) or 112 (intentional grave harm), 114 (intentional minor harm), 115 (beating), 119 (threat of homicide or grave harm)		Order No. 564-st of the Federal Agency for Technical Regulation and Metrology on the approval of the national standard dated 27 December 2007 [related to social services for female victims of physical or psychological violence, among others]
Ukraine	Domestic Violence (Prevention) Act of 2001, and amendments	2001, 2009	

Source: The UN Secretary-General's database on violence against women (sgdatabase.unwomen.org) and Ortiz-Barreda et.al 2011. Russian Federation information: ANNA report, 2010.

Example of Implementation of Ukraine's DV Law. Ukraine was the first country in the region to pass a DV law in 2001, the implementation of which was recently scrutinized by human rights NGO in a 10-year Monitoring Report (Bandurka et al., 2011). Some progress noted:

- Amendments to the law in 2009 eliminated the practice of issuing warnings for provocative behavior (previously a means to threaten victims or discourage them from reporting DV), increased procedural oversight for receiving and investigating DV complaints, and authorized the creation of a system of correctional programs for DV perpetrators. The data in the report show the fivefold drop in warnings in 2010.
- Ukraine became the 17th member of CoE to sign Convention on preventing and combating VAW and DV in November, 2011.
- Annual court data shows the steady increase in the number of administrative penalties for DV cases.

The report utilized available data to analyze gaps in service provision, such as the increasing number of family violence perpetrators recorded in Sevastopol from 2005-2010 (annual numbers of 456, 527, 625, 816, 895, 1047) to the lack of family violence victims registered at the Sevastopol Medical Center which should have treated their injuries.

SELECTED LEGAL ISSUES

Marital Rape. The UN Progress of the World's Women 2011-2012 report notes that of the 13 E&E countries, only Montenegro, Moldova, Serbia, and Republic of Macedonia have laws criminalizing marital rape. General rape laws could be used to prosecute a spouse, except where the law makes an explicit exemption for spouses. However, internationally-accepted model DV laws explicitly criminalize marital rape, without qualifications, for example by "providing that sexual assault provisions apply 'irrespective of the nature of the relationship' between the perpetrator and the complainant, or stating that 'no marriage or other relationship shall constitute a defence to a charge of sexual assault under the legislation'" (UN DESA-DAW 2009a, 26).

Protection Orders. Most of the E&E countries have DV laws that provide for orders of protection: Albania, Azerbaijan, Bosnia and Herzegovina (not a national law, but two differing processes in FBiH and RS), Georgia, Kosovo, Republic of Macedonia, Moldova, and Ukraine. However, analyses on the effectiveness of protective orders have shown them to be rarely sought or issued, and mostly ineffective even when issued (e.g., Sudderth, 2010). Problems include delays in process to get a protection order issued, refusal or inability to implement, and blurred lines between victim protection and sanctioning perpetrators to the detriment of victims (i.e., fines that hurt the entire household, including the victim). Also, as the OSCE has noted in Bosnia and Herzegovina, removal of the perpetrator from the home is rarely issued, and when issued not implemented. One problem is that many couples live in a common household owned by the perpetrator's parents (OSCE, 2009), and another is that property is usually owned and controlled by men. Other problems noted by the OSCE in Kosovo are the lack of adequate specificity in the protection orders and confusion over the role of the courts in reconciliation between the victim and perpetrator (OSCE, 2012).

Requirement of a Victim Complaint. In many countries, criminal DV cases still require a victim's complaint and cannot be filed or continued independently by a prosecutor. Thus, when a victim withdraws the complaint, voluntarily or otherwise, the criminal case ends. This requirement can exacerbate the violence inflicted on victims since the perpetrators know that the victim's action or inaction is directly responsible for the sanctions he/she faces under the law.

Propiska (residency permit/registration). The problem of local registration requirements for various government services, including shelter, health, and other social services, still lingers in many places in the region, if not as *propiska per se*, then as some form of a residency requirement. This requirement is viewed as a dangerous impediment to the freedom of movement for DV victims, who cannot receive services or even secure their own housing or schooling for their children in a new location without it (Misner-Pollard, 2009). Examples include the Kyiv shelter supported by the local municipality and the only government-sponsored DV shelter in Moscow, which require a local residency permit for admission (Surtees & Somach, 2008; U.S. DOS, 2010 [Ukraine]; Immigration and Refugee Board of Canada, 2009 [Russia]).

CHILD ABUSE

The UN Convention on the Rights of the Child (and accompanying documents) is the main legal instrument on child abuse. As noted above, violence against children includes both physical and psychological forms of abuse. See Annex C for analysis of national laws in E&E countries on corporal punishment of children.

Among E&E countries, only Ukraine (since 2004) and Moldova (since 2008) have a law against corporal punishment of children in all settings (home, schools, and penal systems – both as a sentence and as a disciplinary measure, and in alternative care settings⁵¹). Based on the Universal Periodic Review by the UN Human Rights Council, Armenia, Azerbaijan, and Serbia have accepted recommendations on corporal punishment of children, but Albania, and Georgia rejected recommendations made by the Treaty body (Global Initiative to End All Corporal Punishment of Children Global Report 2011 – endcorporalpunishment.org).

51. Such as foster care or in an orphanage.

DV and Discrimination Against LGBT People. A non-discrimination clause in a country's DV law that includes sexual orientation, such as is required by the EU and contained in the Council of Europe's Treaty on VAW and DV, would form the legal basis for overcoming any discrimination against LGBT victims. However, the cultural hurdles of reporting violence within a DV context, coupled with the reality of limited overstretched services already struggling to overcome strong patriarchal biases against "traditional" victims makes this issue even less likely to be addressed for LGBT individuals for the foreseeable future. At a minimum, however, definitions of domestic violence and reporting of such should not be limited to a woman/wife victim and man/husband perpetrator stereotype.

VII. POLICIES, STRATEGIES, PROGRAMS AND INSTITUTIONAL MECHANISMS

Now that most of the countries have passed an initial DV law, one of the consistent complaints about the legal situation regarding the state response to DV in the E&E region is the lack of implementation. Annex D contains a non-exhaustive list of policies, strategies, programs, and institutional mechanisms for combating DV in the E&E region. The information is mostly from the UN Secretary-General's database on violence against women, but also from other research reports, human rights reports and relevant websites (e.g., <http://www.stopvaw.org>). The information has not been confirmed, or analyzed to ascertain the level of implementation of a structure or policy. Typically, countries have established a national strategy, action plan or program for combating domestic violence. Specific policies, programs and institutional mechanisms may include gender commissions, enumerated responsibilities of line ministries related to DV, special sections or DV units for example of the police, technical assistance and training for front-line staff to respond to victims' needs, data collection and reporting requirements, and so on.

VIII. DOMESTIC VIOLENCE PROTECTION AND PREVENTION

OVERVIEW OF DV PROTECTION SERVICES

Victims of domestic violence need a variety of services⁵², including: (a) temporary shelter; (b) hotlines and help lines; (c) medical care and assistance; (d) psychological and psychiatric assistance; (e) education assistance and vocational training; (f) economic opportunities; (g) job placement and income generation; (h) humanitarian assistance; (i) housing assistance; (j) family mediation and counseling services; (k) witness protection and security services; and (l) specialized assistance to minors. Services may be residential or nonresidential, provided by government entities or NGOs.

The availability and quality of protection services varies greatly by country, region and city within the E&E countries. As noted in the 2006 DV report, most of the services available in the E&E region are dependent on donor funding though the situation may be changing as countries increase their activities to implement DV legislation. Overall, few services are available for DV survivors, especially outside of capital cities where government services and women's rights advocacy groups (and NGO DV service providers) are concentrated.

Table 11 provides a list of shelters for victims of domestic violence in each of the E&E countries. The information in this section is based on the most recent surveys, research reports, and readily available articles, as well as the contents of the country pages of the UN Secretary-General's database on violence against women. The country information contained herein is not exhaustive, nor have the

52. Adapted from Surtees & Somach 2008 and UN 2006 (UN Secretary-General, 2006 [Study on VAW]).

services been confirmed as still operational. The activities and interventions are primarily focused on women as victims and potential victims of IPV, mostly spousal abuse. Very little is included about violence against children or men in the family, violence perpetrated by those other than the husband, or violence within LGBT relationships.

TABLE II

Shelters for Victims of Domestic Violence in the E&E Region*

EUROPE

Country	Government/ NGO	Number	Location	Total Capacity
Albania	NGO	6	Tirana, Elbasan, Vlora, Shkodra, Pogradec, Gjirokaster	14, 14, 20, others 10-12
Albania	Government	2	Tirana and Vatra	70-75
Bosnia and Herzegovina	NGO	9	FBiH (6) RS (3) Sarajevo, Tuzla, Mostar (2) Bihać, Zenica, Modriča, Prijedor & Banja Luka	120
Kosovo	NGO	7	Pristina, Prizren, Peć/Pejë, Gjiilan/Gnjilane and Mitrovica	
Republic of Macedonia	NGO	3	Skopje	
Republic of Macedonia	Government	7 (connected to the Social Work Centers)	Skopje, Kočani, Strumica, Bitola, Ohrid, Kumanovo and Prilep	
Montenegro	NGO	2	Podgorica, Nikšić	
Serbia		9 safe houses	Belgrade (2)	

EURASIA

Country	Government/ NGO	Number	Location	Total Capacity
Azerbaijan	NGO	2	Baku	10 +unknown
Belarus	NGO		SOS Women's Shelter	6 rooms
Georgia	NGO	2	Tbilisi and Akhaltsikhe	17
Georgia	Government	2 (DV victims at TIP shelters)	Tbilisi and Gori Tbilisi and Batumi	19 +21
Moldova	NGO	1 "Casa Marioarei" Shelter	Chisinau	24 women
Moldova	Government	1 Assistance and Protection Centre(TIP shelter) also DV victims 6 Maternal Centers	Chisinau Balti, Cahul, Causeni, Drochia, Chisinau (2)	 50 couples (mother/child)
Russian Federation	Government	12	Moscow Petrozavodsk & Karelia Sortavala & Karelia Saratov Izhevsk Polyarnye Zori Syktyvkar Blagovschensk St. Petersburg (3)	35 beds 10 beds 5 beds 30 beds 18 or 24 beds 2 beds 10 beds 6 beds 6 to 17 beds

Country	Government/ NGO	Number	Location	Total Capacity
Russian Federation	NGO	11	Pskov	10 beds
			Klin, Moscow Region	5 beds
			Khimki, Moscow Region	5 beds
			Stupino, Moscow Region	2 beds
			Dmitrov, Moscow Region	11 beds
			Arzamas, Nizhni Novgorod Region	8 beds
			Bogdanovich, Sverdlovsk Region	15 beds
			Bol'shaya Lipovitsa, Tambov Region	30 beds
			Pionerskiy, Kaliningrad Region	20 beds
			Samara	Details on spaces not available
			Murmansk	Details on spaces not available
Ukraine	Government	13 temporary shelters by State Social Services for Family, Children and Youth, and 3 shelters created by local governments: 2 government shelters	Kyiv city	
		1 local government shelter	Kyiv	
		1 each	Donetsk, Zhytomyr, Uzhgorod, Zaporizhia, Ivano-Frankivsk, Kyiv oblast, Lugansk, Lviv, Mykolayiv, Sevastopol, Ternopol, Khmelnytskyi and Chernivtsi	
Ukraine	NGO		Vinnytsia, Donetsk, Zhytomyr, Odesa, Chernihiv, Poltava, Sumy and Khmelnytskyi oblasts	

* Based on available information in human rights reports and through internet sources, but not otherwise confirmed.

Men, and boys over a certain age, are often procedurally excluded from shelter services due to concerns for security of the women staying there. An exception is the government crisis shelters found in Ukraine. In those facilities, a combination of people in need are given shelter within the same compound, including DV and TIP victims, homeless individuals and families, victims of natural disasters, and ex-prisoners. The combination raises serious security questions. In general, mixing services for diverse populations requires care (Surtees & Somach, 2008).

As noted in the section on the legal environment, many DV victims have trouble accessing services if they do not have a legal residency permit (*propiska*) to show a service provider. Government service providers, especially at the local level, are more likely not to provide services to someone without the appropriate *propiska* – even if the requirement has technically been removed as in Russia, for example – and NGO service providers rarely do. This can contribute to underutilization of government services if they are not located close enough to where a victim is, and overcrowding of NGO services that have fewer restrictions on access.

Some of the NGOs in the E&E region have started programs for perpetrators on their own and some DV laws have provisions requiring the establishment of such programs. The efforts are mostly nascent at this point and have raised many issues of safety and appropriateness of some of the same service providers working with both victims and perpetrators (based on NGO websites and personal interviews).

See Annex E for a country-by-country collection of illustrative NGO statistics and official government DV data on police complaints, court proceedings, hotline calls and other victim services data.⁵³

PREVENTION MEASURES, INCLUDING PUBLIC AWARENESS AND OUTREACH

In general, some progress has been made in awareness-raising and training related to implementing new laws and protocols. Much more work is still needed, and implementation, even where laws and institutions exist, is lacking. Aside from some White Ribbon Campaign activities and some fledgling non-mandatory perpetrator programs, little is being done to engage men in reducing violence or to work with perpetrators, who are overwhelmingly male. Overall, the survey research confirmed that there is still a need to raise awareness about what domestic violence is and that it is against the law. This is especially true among marginalized minorities such as the Roma.⁵⁴

Because alcohol is an exacerbating factor for IPV and alcohol use disorders are so prevalent in the region, DV prevention services include alcohol treatment and rehabilitation and self-help such as Alcoholics Anonymous, and even Al Anon and Alateen services for friends and families. Where DV is a taboo issue, these services can be a good entry point. Both AA and Al Anon have chapters and meetings in the E&E region. Injecting drug users (IDUs) are feeding the HIV epidemic in the E&E region, and there is a strong linkage between the two and IPV. In particular, men and women who experienced any IPV are more likely to use drugs through injection than those who have not, male perpetrators are more likely to have multiple sexual partners than non-perpetrators, and female victims are more likely to engage in inconsistent condom use than women who are not victims (Zhan, 2012). Thus, substance abuse treatment programs can be considered as DV prevention as well.

Annex F contains examples of DV prevention activities from every country in the region.⁵⁵

53. The information is obviously non-exhaustive, and is gathered from a wide variety of sources, including direct government releases, research reports, human rights reports, internet accessible media articles, and so on. The information has not otherwise been confirmed as accurate and current.

54. In Republic of Macedonia, only 5.5 percent of Romani women reported being aware that DV is against the law, compared to 35.3 percent of the overall population (Mangskau, 2010).

55. The information is primarily gathered from the UN Secretary's database on violence against women, and other available information in human rights reports and through internet sources, but not otherwise confirmed.

IX. RECOMMENDATIONS

The global economic crisis has increased both the stress on and the vulnerability of families, exacerbating whatever violence already exists and limiting opportunities to escape for those who desire to do so. Moreover, weak national economies have put pressures on funding for social programs, including those to provide protection and assistance to DV victims and their families, to respond to perpetrators, to raise awareness, and to promote non-violent interpersonal relations. In most countries, NGOs continue to depend on unreliable and inconsistent international funding for the limited core DV services that do exist. Therefore, whatever funding USAID provides toward combating DV should be strategic not only in filling critical programming needs, but also in promoting longer-term sustainability of efforts that should yield measurable results in the future. Consistent with the *U.S. Strategy to Prevent and Respond to Gender-based Violence Globally* (USG GBV Strategy), DV prevention and response activities should be mainstreamed and integrated across sectors. As noted in the *Toolkit for Integrating Domestic Violence Activities into Programming in Europe and Eurasia* (DV Toolkit), the E&E region has active women's organizations that provide needed DV services, but "the State's obligation to respond to violations of citizens' rights remains critical" and USAID can play a key role in fostering mechanisms for cooperation among civil society and government to promote sustainable approaches toward combating DV.

STRATEGIC RECOMMENDATIONS

Rethink strategic approaches to combating domestic violence. USAID's strategic planning process should focus on cross-cutting multi-sectoral approaches to combat DV. The short-term, one-off small projects and/or single sector approach toward the problem is not effective except as a short-term stop-gap measure.

Expand the focus of DV programming beyond VAW. The research gaps show blind points in the overall understanding of the problem, including violence perpetrated against men throughout their lifetime, violence perpetrated by family members other than a spouse or intimate partner, and the hidden issue of elder abuse.

Utilize local expertise and on-the-ground knowledge of DV realities in a given country and community. Due to the still-taboo and stigmatized nature of how DV is viewed, any intervention needs to be planned strategically to not only respect local sensitivities, but to work with local reformers who can help identify pathways to change.

Work toward harmonization of DV response efforts with European standards. Since the E&E countries are members of the Council of Europe, care should be taken to ensure that approaches to DV interventions are strategically designed to move countries toward harmonization with the standards to which they already are or soon will be held (i.e., the new CoE Convention on Preventing and Combating Violence Against Women and Domestic Violence).

Encourage sub-regional coordination. Especially among countries with similar cultural traditions and legal and administrative systems, short sub-regional study tours to visit successful programs and workshops for those working on specific aspects of DV services (e.g., health care providers) or prevention activities targeted at specific groups (e.g., those designing DV awareness raising campaigns for youth) will likely yield more immediately useful information and on-going collaboration than larger conferences. Efforts should be made to be inclusive by providing adequate translation and interpretation services not only for formal presentations, but discussion and informal networking sessions.

Promote sustainability through involvement of government actors in partnership with NGOs. As noted in the DV Toolkit recommendations, efforts to combat domestic violence must involve government stakeholders, especially the police, the judiciary, social services and health care workers to be sustainable in the long-term. Therefore, USAID funding should be strategic in encouraging through

program design the commitment of government financial or in-kind contributions that will increase over time. Evidence of the commitment can be in the form of a past history of providing such support (with plans to continue), collaborative funding applications, memoranda of understanding, and so on.

PROGRAMMATIC RECOMMENDATIONS

A useful framework for designing projects that comprehensively address DV is the “three Ps” – preventing domestic violence from occurring or escalating, providing protection to survivors of DV and their children, and prosecuting the DV perpetrators (Guidance Note 15: Gender & Domestic Violence, USAID, 2012 [Gender Analysis Toolkit]). However, as detailed in the DV Toolkit, DV programs also can be interwoven into programs throughout any USAID portfolio. Below are additional recommendations (except as referenced) on how USAID programs can most effectively address domestic violence issues in the E&E region. Consistent with the USG GBV Strategy, USAID’s Policy on Gender Equality and Female Empowerment and the relevant indicators designated to address GBV,⁵⁶ programmatic recommendations include: (i) gap-filling research, (ii) legal reform efforts, (iii) wide range of DV/GBV services, and (iv) prevention activities designed to change attitudes about the acceptability of DV (and other forms of GBV).

GENERAL

Use a victim-centered approach. All activities that address DV should focus on the needs of victims and survivors. It is paramount that the rights, safety and confidentiality of victims not be compromised (Duban, 2009 [DV Toolkit]).

Support local activists/programs/champions. USAID should support efforts by experienced and committed activists to maintain ongoing programs with a good track record for providing consistent DV services, data collection, and prevention activities.

Support add-on DV module/questions for national surveys.⁵⁷ As a matter of policy, USAID-funded health and public opinion (and other) surveys should include DV questions, especially in countries without usable current national data sets. Efforts should be made as well to encourage other upcoming and ongoing surveys funded by the national government and/or other donors to include a DV module or add-on questions. For national efforts, USAID could fund the addition of DV questions or a module (with a reciprocal demand that analysis and reporting be included in the normal course of the survey reporting).

Look for additional data analysis opportunities. Existing national datasets should be analyzed for additional issue identification, such as for violence perpetrated by other family members. These efforts should be made in coordination with the national and local experts, activists and service providers to identify thorny issues that would benefit from additional data to know how to address them. The

56. See USAID, 2012 (policy and cross-cutting indicators documents). GBV indicators include:

Number of laws, policies or procedures drafted, proposed, or adopted with USG assistance designed to improve prevention of or response to gender-based violence at the regional, national, or local level.

Number of people reached by a USG-funded intervention providing GBV services (e.g., health, legal, psycho-social counseling, shelters, hotlines, other).

Percentage of target population that views gender-based violence as less acceptable after participating in or being exposed to USG programming.

57. Priority for DV research funding should be given to countries where there is no national DV baseline data or no current national DV data. Ideally, DV surveys should be conducted every five years (consistent with DHS and MICS timeframes) and utilize comparable questions throughout the region. Additional questions can be added for cultural context and clarification as needed. To the greatest extent possible, data tables and supplementary text should also be presented in reports in a comparable manner, with clear and easily accessible definitions of the denominator for every number presented.

availability of DV reporting and service provision data disaggregated by age would be an important first step in measuring the scope of the problem of elder abuse in the region.

Support gap-filling research. See the data gap section at the beginning of Section III (By the Numbers) for more information regarding the lack of research about men, child abuse, other family members, elder abuse, young people (i.e., dating violence), unmarried women/men, and LGBT issues. Specific gap filling research recommendations include:

- The impact of unresolved post-traumatic stress disorder (PTSD) and war trauma on men as DV perpetrators and victims should be studied in countries with recent or ongoing conflicts, and in those with pervasive hazing during regular military service.
- It would be useful to understand why child caregivers continue to mete out physical punishment at high rates despite reporting that they do not believe it is necessary (as identified in UNICEF MICS).
- Violence by family members other than spouses, such as parents/step-parents, brothers/sisters, sons/daughters (and including extended family, e.g., in-laws, uncles, etc.) should be explored.
- The question of child abuse should be included in any survey of men/boys.
- Research on elder abuse has focused on older women; issues of abuse of older men should also be considered.
- When possible, surveys should look for ways to explore the issue of LGBT violence, including family violence against LGBT members and IPV within LGBT relationships.

SPECIFIC RECOMMENDATIONS ON LEGAL ENVIRONMENT, DV SERVICES AND PREVENTION ACTIVITIES

Integrate DV issues within rule of law (ROL) strengthening activities. A major issue in the E&E region, as elsewhere in the world, is the lack of recourse for victims of domestic violence. The weak rule of law system, ineffective or incomplete implementation mechanisms, and corruption by influence and money, coupled with a natural bias against outside intervention in “family affairs” results in domestic violence perpetrators, even more than for other crimes, being able to act with impunity. The lack of transparency within police, prosecutors, and the judiciary, and the continuing need to improve data collection and reporting systems make it difficult to even measure the effects on those who do seek help.

Examples of how USAID ROL activities could integrate DV issues include:

- Providing technical assistance in drafting laws criminalizing DV (where there is none) or establishing implementation mechanisms through legal reform activities;
- Providing representation for DV victims in various civil and criminal proceedings through legal clinics and social advocates programs;
- Using examples of DV cases to raise awareness about the relevant legal provisions and increase sensitivity to the issue in judicial and prosecutor ethics and technical training;
- Improving DV data collection and sharing of relevant DV information (such as between criminal, magistrate and family courts) within court administration and automation activities; and
- Following the issue of DV case reporting, procedures and outcomes through court monitoring and watchdog activities.

Collaborate to strengthen quality and availability of protection services. The comprehensive range of DV victim services that should be provided by national and local governments and NGOs within any given E&E country is listed below. Within each category are recommendations on how USAID programming might support and strengthen needed services within a particular country portfolio of activities. Services need to be coordinated among public and private stakeholders in the *social services, health (physical and mental), legal, police/prosecutor, judiciary, education, business, employment, and emergency/humanitarian sectors*:

- *Shelter.* DV victims may need one or more nights “cooling off period” or a longer stay. Frequently, minor children accompany victims. DV shelters are typically set up exclusively for female victims, have a 30- to 90-day limit, and age limits on minor children of victims (which are typically lower for boys). Efforts should be made to provide safe and appropriate shelter services to meet the needs of different categories of DV victims. Care should be taken in mixing services for different categories of DV victims and for others (e.g., TIP victims or families in financial crisis) receiving services along with DV victims (Surtees & Somach, 2008). DG programs can offer different types of support to the provision of shelter for DV victims, such as by encouraging local governments to budget adequately and to provide in-kind support (rent-free use of buildings, low- or no-cost public utility services, etc.) for shelter options for DV victims, reducing barriers for DV victims to access shelter (e.g., residency or other requirements), providing technical assistance to develop shelter protocols to appropriately and adequately respond to the needs of different types of DV victims (including women, children, and men victims, children of victims, etc.).
- *Hotlines and helplines.* DV victims need ready access to information and support systems for victims. Since many victims are hesitant to seek help or may have restrictions on their movement, advice lines need to preserve privacy and confidentiality and provide information and referrals free of charge. Ideally, there should be at least one widely publicized 24-hour toll-free national emergency telephone line that provides information, advocacy, support and crisis counseling from trained staff or volunteers. Similar to the provision of shelter, USAID programming can provide technical assistance to national and local governments and NGOs to establish and consistently maintain a national hotline and helplines for DV victims. Media programs can help publicize the numbers and educate the public about available services.
- *Medical care and assistance.* DV victims have a range of medical needs. When properly trained, medical personnel can play an important role in identifying victims and referring them to other services. To provide quality care, health professionals should be sensitized and trained in how to work with different victims and maintain confidentiality and safety. Health care funding rarely extends beyond crisis treatment to include recovery and ongoing assistance to victims with holistic coverage. USAID health programming should, wherever possible, include or add on technical assistance in developing DV protocols and training health professionals in how to identify and treat DV victims sensitively, and how to interact with law enforcement to provide the necessary forensic evidence for DV cases.
- *Psychological and psychiatric assistance.* Group counseling and peer support groups have been helpful models for DV victims. Similar to medical care and assistance, USAID health programming and DG programming working with NGOs should encourage access for DV victims to appropriate psychological counseling, and psychiatric assistance as needed.
- *Legal assistance.* Lawyers may provide assistance with document preparation and legal representation in court to DV victims. Social workers may be able to assist with administrative forms related to personal status and accessing government assistance, but specialized lawyers are usually needed to handle criminal law and some civil issues. DV victims are often married

and have children; therefore, they face a range of family law issues related to child custody, divorce, alimony and child support, and division of property that require formal legal assistance. USAID rule of law programming should promote increased access to free legal assistance to victims of DV, including not only counseling, but also assistance in preparation of legal documents, and representation in court (for DV and DV related cases such as divorce and child custody), and support during police and court proceedings (e.g., by social advocates as permitted by law).

- *Educational assistance and vocational training.* Formal education should be available to DV victims within mainstream education programs. The provision of non-formal education and vocational opportunities could be dovetailed with services for socially vulnerable groups in general. The skills which are of value for domestic violence victims are consistent with those for a wide range of clients. The integration of these services into state programs and social services, whether provided by NGOs or government agencies, has the added advantage of mitigating the risk of stigma and discrimination because individuals are not identified as victims of violence. USAID-supported education and vocational training programs should be encouraged to be accessible to victims of violence and sensitive to the additional barriers such students will likely face. This will likely require special technical assistance and training for service providers.
- *Economic opportunities, job placement, and income-generation activities.* Job placement support, how to write a resume or succeed at a job interview are important for economic empowerment of DV victims. DV victims need to be prepared to promote their reentry into the job market if, for example, they have limited previous work experience. A key issue for income-generation activities will be risk analysis. Risk analyses are needed for DV victims to obtain a realistic assessment of particularities, such as whether a DV victim will have control over the use of the funds, especially if the victim is still living with the abuser. Similar to education and vocational training, USAID economic development programs should be accessible and sensitive to DV victims.
- *Humanitarian assistance.* Basic humanitarian assistance includes food, clothing, and toiletries and can be important both in cases of financial abuse and where the victim has chosen to leave the abuser. Such programs, including for IDPs or other special groups should include a category for DV victims (and their children) whose financial needs will likely need to be evaluated independently of the abuser.
- *Housing assistance.* Access to subsidized housing is important for DV victims. Most do not own their own homes (or cannot safely return to their homes), and the cost of renting is prohibitive with most wages unable to cover the cost of living independently. Victims often need a place to stay as they establish financial independence. Subsidized housing to all socially vulnerable groups is, in principle, an important means of assisting DV victims and one which does not single them out as victims of crime. However, in the E&E region, the demand for housing and the breadth of social vulnerability are so great that governments often do not have the resources to provide such housing. USAID local governance programs that address work on budget and community support issues should help sensitize local policy makers about the specific needs of DV victims (and their children).
- *Family mediation and counseling services.* For some DV victims, a return to the family is unfeasible and unadvisable. However, in other cases, with family mediation and counseling, it may be possible to support a victim's return to the family. Where this is safe and the victim desires it, appropriate support must be provided. Skills required to conduct family mediation and counseling services for DV victims include sensitivity to the victim's decision regarding family reunification. Confidentiality and the privacy of victims must be safeguarded when undertaking family mediation and counseling. To the extent USAID social services or legal reform programming (such as family court-mandated

mediation) is involved with mediation and counseling services, special training should be provided on the issues for and needs of DV victims.

- *Witness protection and security services.* To the extent that DV victims serve as witnesses, the general witness protection programs available in some E&E countries would be able to serve their needs. A limited number of victims of DV require relocation away from their home community for security and protection reasons. Such relocations may be in-country using a network of service providers to find an appropriate relocation. USAID programming addressing the need for witness protection (such as in TIP cases), should also consider the needs of victims of very violent DV abusers who may require similar protection.
- *Specialized assistance to minors.* Minors, whether they are victims of DV or accompanying a family member who is a victim, require assistance by professionals with child-specific skills and training. Within a child protection framework, attention must be paid to different profiles of minor victims, their experiences, and their needs, as well as what variables are most relevant in determining what constitutes the “best interests of the child.” USAID programming in the child protection area should include not only children as direct victims of different types of family violence, but also children of adult victims who may require specific assistance relevant to what they have witnessed.
- *Services for “non-traditional” victims.* Service providers are generally not equipped to deal with victims other than women, such as male victims, either youth or adult, older victims, or LGBT victims. Special training on sensitivity and relevant skills, as well as adaptations of protocols will likely be necessary to adequately meet the differing needs of these victims. USAID civil society or human rights programming should seek to identify local LGBT advocates who could sensitize and assist service providers in this regard.

Support prevention activities targeting: (1) potential and past perpetrators and (2) the general public. Alcohol treatment, anger management, and other programs for perpetrators should be developed and made available on both a voluntary and court-ordered basis. Survey results in most E&E countries also indicate a continuing need to raise public awareness about DV. Media campaigns and training to encourage widespread dissemination of information on DV (such as on DV laws and victim services) should be implemented. Successful models such as the 16 Days of Activism Against Gender Violence⁵⁸ and the White Ribbon Campaign⁵⁹ can be adapted to the national context, and successful local initiatives to raise awareness among various target groups (men, young women and men, elderly, adolescents and children, etc.) can be replicated across the region as appropriate.

58. United Nations Entity for Gender Equality and the Empowerment of Women, 16 Days of Activism Against Gender Violence <http://www.unwomen.org/infocus/16-days-of-activism-against-gender-violence/>

59. White Ribbon <http://www.whiteribbon.ca/>

ANNEX A

RESOURCE LIST

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ANNEX B

SUSCEPTIBILITY AND RISK FACTORS

No single factor on its own can explain why some individuals behave violently towards children or why child maltreatment appears to be more prevalent in certain communities than in others. As with other forms of violence, child maltreatment is best understood by analyzing the complex interaction of a number of factors at different levels – an understanding that is vital for dealing effectively with the problem of child maltreatment.

The first level of the model, that of the *individual*, deals with biological variables such as age and sex, together with factors of personal history that can influence an individual's susceptibility to child maltreatment.

The *relationship* level examines an individual's close social relationships – for instance, with family members or friends – that influence the individual's risk of both perpetrating and suffering maltreatment.

Factors at the *community* level relate to the settings in which social relationships take place – such as neighborhoods, workplaces and schools – and the particular characteristics of those settings that can contribute to child maltreatment.

Societal factors involve the underlying conditions of society that influence maltreatment – such as social norms that encourage the harsh physical punishment of children, economic inequalities and the absence of social welfare safety nets.

Although more research is required to understand fully the dynamics of these factors at all levels of the ecological model and across different cultures, there already exists a substantial body of knowledge about what can increase susceptibility to child maltreatment.

Factors that increase susceptibility to child maltreatment are known as risk factors, and those decreasing susceptibility are referred to as protective factors. The risk factors listed below are not necessarily by themselves diagnostic of child maltreatment wherever they are detected. However, in places where resources are limited, children and families identified as having *several* of these factors should have priority for receiving services.

INDIVIDUAL FACTORS

RISK FACTORS IN PARENTS AND CAREGIVERS

Increased risk of child maltreatment is associated with the presence of certain factors in the parent or other family member. These include the parent or caregiver who:

- has difficulty bonding with a newborn child – as a result, for example, of a difficult pregnancy, birth complications or disappointment with the baby;
- does not show nurturing characteristics towards the child;
- was maltreated as a child;
- displays a lack of awareness of child development or has unrealistic expectations that prevent understanding the child's needs and behaviors – for instance, interpreting the child's perceived misbehavior as intentional, rather than as a stage in its development;
- responds to perceived misbehavior with inappropriate, excessive or violent punishment or actions;
- approves of physical punishment as a means of disciplining children, or believes in its effectiveness;
- uses physical punishment to discipline children;

- suffers from physical or mental health problems or cognitive impairment that interfere with the ability to parent;
- shows a lack of self-control when upset or angry;
- misuses alcohol or drugs, including during pregnancy, so that the ability to care for the child is affected;
- is involved in criminal activity that adversely affects the relationship between parent and child;
- is socially isolated;
- is depressed or exhibits feelings of low self-esteem or inadequacy – feelings that may be reinforced by being unable to fully meet the needs of the child or family;
- exhibits poor parenting skills as a result of young age or lack of education; and
- experiences financial difficulties.

RISK FACTORS IN THE CHILD

Saying that certain risk factors are related to the child does not mean that the child is responsible for the maltreatment it suffers, but rather that it may be more difficult to parent because it:

- was an unwanted baby or failed to fulfill the parent's expectations or wishes – in terms, for instance, of its sex, appearance, temperament or congenital anomalies;
- is an infant with high needs – one, for instance, who was born prematurely, cries constantly, is mentally or physically disabled, or has a chronic illness;
- cries persistently and cannot be easily soothed or comforted;
- has physical features, such as facial abnormalities, that the parent has an aversion to and reacts to by withdrawing from the child;
- shows symptoms of mental ill-health;
- demonstrates personality or temperament traits that are perceived by the parent as problematic – such as hyperactivity or impulsivity;
- is one child out of a multiple birth which has taxed the parent's ability to support the child;
- has a sibling or siblings – possibly close in age – who are demanding of parental attention; and
- is a child that either exhibits or is exposed to dangerous behavior problems – such as intimate partner violence, criminal behavior, self-abusive behavior, abuse towards animals, or persistent aggression with peers.

RELATIONSHIP FACTORS

The composition of families may vary greatly according to their own unique circumstances and to the norms of the local society. In many communities, the “traditional” nuclear family of a married mother and father with children may not be the norm. Families may be led by single mothers, single fathers, same-gender couples, siblings or elders. Risk factors for child maltreatment that may apply to relationships with family, friends, intimate partners and peers include:

- lack of parent–child attachment and failure to bond;
- physical, developmental or mental health problems of a family member;

- family breakdown – such as problems with a marriage or intimate relationship – that results in child or adult mental ill health, unhappiness, loneliness, tension or disputes over custody;
- violence in the family, between parenting partners, between children or between parenting partners and children;
- gender roles and roles in intimate relationships, including marriage, that are disrespectful of one or more persons in the household;
- being isolated in the community;
- lack of a support network to assist with stressful or difficult situations in a relationship;
- breakdown of support in child rearing from the extended family;
- discrimination against the family because of ethnicity, nationality, religion, gender, age, sexual orientation, disability or lifestyle; and
- involvement in criminal or violent activities in the community.

COMMUNITY FACTORS

Characteristics of community environments that are associated with an increased risk of child maltreatment include:

- tolerance of violence;
- gender and social inequality in the community;
- lack of or inadequate housing;
- lack of services to support families and institutions and to meet specialized needs; high levels of unemployment;
- poverty;
- harmful levels of lead or other toxins in the environment;
- transient neighborhoods;
- the easy availability of alcohol;
- a local drug trade; and
- inadequate policies and programs within institutions that make the occurrence of child maltreatment more likely.

SOCIETAL FACTORS

Factors in a society that can contribute to the incidence of child maltreatment include:

- social, economic, health and education policies that lead to poor living standards, or to socioeconomic inequality or instability;
- social and cultural norms that promote or glorify violence towards others, including physical punishment – as depicted in the media, in popular music and in video games;
- social and cultural norms that demand rigid gender roles for males and females;

- social and cultural norms that diminish the status of the child in parent–child relationships; and
- the existence of child pornography, child prostitution and child labor.

PROTECTIVE FACTORS

In the same way that there are factors that increase the susceptibility of children and families to child maltreatment, there are also factors that may offer a protective effect.

Unfortunately, there has been very little systematic research on these protective factors and they are not well understood. Research to date has focused mainly on resilience factors – that is, factors that lessen the impact of child maltreatment on a victim. Factors that appear to facilitate resilience include:

- secure attachment of the infant to the adult family member;
- high levels of paternal care during childhood;
- lack of associating with delinquent or substance-abusing peers;
- a warm and supportive relationship with a non-offending parent; and
- a lack of abuse-related stress.

Little is known about what factors protect families and children against new instances of child maltreatment. A few studies have shown that living in communities with strong social cohesion has a protective effect and can reduce the risk of violence, even when other family risk factors are present.

Based on the current understanding of early child development, the risk factors for child maltreatment and evidence of the effectiveness of certain prevention strategies, it is clear that stable family units can be a powerful source of protection for children.

Good parenting, strong attachment between parents and children, and positive nonphysical disciplinary techniques are likely to be protective factors. These apparently protective elements should be encouraged, especially in communities with low existing levels of social cohesion.

ANNEX C

LEGALITY OF CORPORAL PUNISHMENT OF CHILDREN IN THE HOME

Global Initiative to End All Corporal Punishment of Children – Excerpts from country reports

ALBANIA

Corporal punishment is lawful in the home. Provisions against violence and abuse in the Constitution (1998), the Criminal Code (1995), the Family Code (2003) and the Law “On Measures Against Violence in Family Relations” (2006) are not interpreted as prohibiting all corporal punishment in childrearing. The Criminal Code was amended in 2008 by Law No. 9859 with the insertion of article 124b:

“Physical or psychological abuse of the child by the person who is obliged to care for him/her is punishable by imprisonment from three months to two years....”

This prohibits only corporal punishment which reaches the threshold of “abuse” and is not interpreted as prohibiting all corporal punishment in childrearing.

In September 2008, government and parliamentary representatives signed the Council of Europe’s petition against corporal punishment. In June 2010, a draft “Law On Child’s Rights Protection”, intended to harmonize domestic legislation with international standards, was passed by the Council of Ministers and as at November 2010 was due to be submitted to parliament. We have no details of the provisions in the draft law. During the Universal Periodic Review of Albania in 2009 the Government rejected recommendations to prohibit all corporal punishment of children (4 January 2010, A/HRC/13/16, Report of the Working Group, paras. 70(1) and 70(2)).

ARMENIA

Corporal punishment is lawful in the home. The Family Code (2004) states in article 53:

“The ways of children’s rearing should exclude ignorant, cruel, violent attitude towards them, humiliating human dignity, offence or exploitation...”

Article 9 of the Rights of the Child Act (1996) states that children have a right to protection from all forms of violence and that no person, including parents, must inflict violence on the child or punishment which affects the child’s dignity, and article 22 protects the child’s right to honor and dignity. But these provisions and others in the Criminal Code (2003) and the Constitution (1995) are not interpreted as prohibiting all corporal punishment in childrearing.

In 2010, the Government stated that it planned to analyse legislation relating to children with a view to harmonizing domestic law with international standards. In the same year, the Government accepted the recommendations to prohibit corporal punishment of children made during its Universal Periodic Review by the Human Rights Council.

AZERBAIJAN

Corporal punishment is lawful in the home. Provisions against violence and abuse in the Criminal Code, the Family Code, the Administrative Offences Act, the Law on the Rights of the Child, the Law on Prevention of Domestic Violence (2010) and the Constitution are not interpreted as prohibiting corporal punishment in childrearing.

Ms. Hyra Husseyanova, Chair of the State Committee for Family, Women and Children's Affairs, has signed up to the Council of Europe campaign against corporal punishment. In accepting the recommendations made during the Universal Periodic Review in 2009 to prohibit all corporal punishment of children, the Government stated that draft amendments to the Criminal Code

and the Administrative Offences Code address cruel treatment of children (10 June 2009, A/HRC/11/20/Add.1, Report of the Working Group: Addendum). As at December 2011, a draft Law on Protection of Children against All Forms of Corporal Punishment was being discussed by the Government.

BOSNIA AND HERZEGOVINA

Corporal punishment is unlawful in the home in the Republic of Srpska but lawful in the Federation of Bosnia and Herzegovina and the District of Brcko. In the Republic of Srpska, article 97(1) of the RS Family Law (2008) states:

“Parents and other family members shall not subject a child to degrading treatments, mental and physical punishment nor abuse....”

In the Federation of Bosnia and Herzegovina, the FBH Criminal Code (2003), the FBH Law on Protection from Domestic Violence (2005) and the FBH Family Law (2005) prohibit violence in the family but do not explicitly prohibit all corporal punishment in childrearing. Similarly, in the District of Brcko, the BD Criminal Code (2004) and the BD Family Law (2007) prohibit domestic violence but do not explicitly prohibit all corporal punishment of children. As at December 2010 the BD Law on Protection from Domestic Violence was in the process of being adopted.

Mr. Haris Silajdzic, Chairman of the Presidency of Bosnia and Herzegovina, signed up to the Council of Europe’s campaign against corporal punishment.

GEORGIA

Corporal punishment is lawful in the home. Provisions against violence and abuse in the Civil Code (1997), the Code of Administrative Offences, the Criminal Code (1999), the Law on Education (1997), the Law on the Elimination of Domestic Violence (2006) and the Constitution (1995) are not interpreted as prohibiting all corporal punishment in childrearing.

In September 2008, the Minister for Education and Science, Mr. Giorgi Nodia, signed the Council of Europe’s petition against all corporal punishment of children. To our knowledge there have been no moves towards law reform to achieve full prohibition.

REPUBLIC OF MACEDONIA

Corporal punishment is lawful in the home. Provisions against violence and abuse in the Law on Protection of Children (2000), the Criminal Code (2004), the Family Law (2004) and the Constitution (1991) are not interpreted as prohibiting all corporal punishment in childrearing.

Mr. Gjorgje Ivanov, President of the Republic, has signed up to the Council of Europe campaign against corporal punishment of children. To our knowledge, there have been no moves towards law reform to achieve prohibition.

MONTENEGRO

Corporal punishment is lawful in the home. There is no legal defense for its use enshrined in law but provisions against violence and abuse in the Criminal Code (2004), the Family Act (2007), the Charter on Human and Minority Rights and Civil Liberties (2003) and the Law on Family Violence Protection (2010) are not interpreted as prohibiting all corporal punishment in childrearing.

In 2008, the Deputy Minister of Justice Mr. Lukas Redziniak signed the Council of Europe petition against all corporal punishment of children. To our knowledge, there have been no moves towards law reform to achieve prohibition.

REPUBLIC OF MOLDOVA

Corporal punishment is prohibited in the home. In 2008, the Family Code (2001) was amended to confirm the right of the child “to be protected against abuse, including corporal punishment by his parents or persons who replace them” (article 53). Article 62 of the Code states that the methods chosen by parents in educating their children “will exclude abusive behavior, insults and ill-treatments of all types, discrimination, psychological and physical violence, corporal punishments [etc.]”.

RUSSIAN FEDERATION

Corporal punishment is lawful in the home. Article 65 of the Family Code (1995) states (unofficial translation):

“... In exercising their parental rights, parents have no right to harm the physical and mental health of children, their moral development. Ways of raising children should exclude dismissive, cruel, degrading treatment, abuse or exploitation of children.”

However, this and other provisions against violence and abuse in the Act on basic guarantees of children’s rights in the Russian Federation (1998), the Criminal Code (1996), the Administrative Offences Code (2001), the Law on Custody and Guardianship (2008) and the Constitution (1993) are not interpreted as prohibiting all corporal punishment in childrearing.

Former President of the USSR, Mr. Mihail Gorbachev, and Ombudsperson for Children (Izhevsk), Ms Olga Pishkova, have signed the Council of Europe campaign against corporal punishment of children but to our knowledge there have been no moves towards law reform on the issue.

SERBIA

Corporal punishment is lawful in the home. Provisions against violence and abuse in the Criminal Code (2005), the Misdemeanors Act (2007) and the Constitution (2006) are not interpreted as prohibiting all corporal punishment in childrearing. The Serbian Family Law (2005) states (article 72(2)):

“Parents may not subject the child to humiliating actions and punishments which insult the child’s human dignity and have the duty to protect the child from such actions taken by other persons.”

But there is no explicit prohibition of all corporal punishment.

The Government stated its commitment to prohibition in 2007. In 2008, the Ministry of Social Policy and the Council for Child Rights adopted a National Strategy for the Prevention and Protection of Children Against Violence which included the aim of abolishing corporal punishment of children; plans were made for drafting amendments to the Family Act, and Minister for Education Mr. Zarko Obradovic signed the Council of Europe petition against all corporal punishment of children. In accepting the recommendations at the Universal Periodic Review in the same year (see below), the Government again stated its intention to prohibit corporal punishment of children; in 2011, a Working Party developed a Draft Law on the Rights of the Child which includes provisions to prohibit all corporal punishment; as at January 2012 this is under discussion.

UKRAINE

Corporal punishment is prohibited in the home. Article 150(7) of the Family Code (2002), explicitly prohibits all corporal punishment of children by parents: “Physical punishment of the child by the parents, as well as other inhuman or degrading treatment or punishment are prohibited.”

ANNEX D

POLICIES, STRATEGIES, PROGRAMS, AND INSTITUTIONAL MECHANISMS FOR COMBATING DV IN THE E&E REGION

Below is a non-exhaustive list of policies, strategies, programs, and institutional mechanisms for combating DV in the E&E region. The information has not been confirmed or analyzed to ascertain the level of implementation of a structure or policy.

ANNEX D, TABLE I

Policies, Strategies, Programs, and Institutional Mechanisms for Combating DV in the E&E Region

EUROPE

Country	Mechanisms
Albania	<ul style="list-style-type: none"> National Strategy on Gender Equality and Domestic Violence (2007-2010) Sector on Measures against Domestic Violence 2008, part of the Directorate of Equal Opportunities Policies (DEOP)
Bosnia & Herzegovina	<ul style="list-style-type: none"> National Strategic Plan for Preventing and Combating Family Violence in Bosnia and Herzegovina (2009-2011) Project “Preventing and Combating Gender Based Violence in Bosnia and Herzegovina” -2009 Special program for the employment of women in the Federation of BiH (2009) (special target group is victims of VAW registered in the Employment Offices) Strategy for Preventing Domestic Violence in the Federation of Bosnia and Herzegovina 2009-2010 (funding to Gender Center of FBIH to implement) fgenderc.com.ba Strategy to Combat Domestic Violence in the Republika Srpska (2009-2013) (funding to Gender Center of RS to implement) National Action Plan for Gender Equality/Women (2006) (implemented by the Gender Equality Agency of BiH – including DV) Agency for Gender Equality of Bosnia and Herzegovina (2004) Gender Commissions - 2002 – 2004 (Parliamentary committee) (including VAW) Gender Centers of Bosnia and Herzegovina Manual entitled “Preventing and Combating DV in the RS” is first unified multi-sectoral collaboration of all stakeholders. During implementation of the Strategy to Combat DV – Gender Centre of the RS
Kosovo	<ul style="list-style-type: none"> Agency for Gender Equality for policy decisions with respect to women’s rights Kosovo Police DV Unit, and a corresponding unit in each region. Police have a DV Unit as part of its General Advisory Board established in 2004. Ministry of Labor and Social Welfare – special sections to deal with family violence and sometimes supports DV shelter. (Stop VAW)

Country	Mechanisms
Republic of Macedonia	<ul style="list-style-type: none"> • Annual budget dedicated to violence against women 2011 to cover the activities of the MOI and Ministry of Labor and Social Policy in the areas of prevention, detection and proving of the criminal acts and misdemeanors that address VAW • Joint project entitled "Strengthening the National Capacities for Prevention of Domestic Violence (2008-2010)" (w/UNDP) • National Strategy on Protection against Domestic Violence (2008-2011) • National Action Plan on Gender Equality (2007-2012) (including DV as one of 10 strategic areas) • Ministry of Interior – 2011 -receives DV complaints, acts on them, documents injuries, initiates criminal procedures; works with NGOs and supports prevention efforts. MOI Section for Analytics and Research – DV data on victim and perpetrator and criminal proceedings, if any. • Ministry of Labor and Social Policy – 2011 - 30 Social Work Centers (SWCs) and several shelters. 6 shelters in Republic of Macedonia, financed by MLSP (organizational units of SWCs). MLSP cooperates with Ombudsmen, NGOs and MINOP group under the auspices of the OHCHR Office in Skopje. SWCs provide quarterly reports in DB since 2005 • Ministry of Health – 2010 - w/WHO training of 1500 health workers: doctors, nurses, emergency unit doctors, gynecologists and psychological health workers • National Coordinative Body and Coordination bodies in each ministry - 2008 • Department for Equal Opportunities – 2007 - replaces Unit for Promotion of Gender Equality established in 1997. Has Unit for GE and Unit for Prevention and Protection against any kind of discrimination
Montenegro	<ul style="list-style-type: none"> • Action Plan for the Achievement of Gender Equality in Montenegro (2008-2012) • Unit Podgorica domestic violence unit – 2007 - Specialized police/court(s)/prosecutor(s)/team of 3 officers/inspectors in charge of DV within the Police Directorate – Unit Podgorica • National Program on Violence Prevention (2003-2006)
Serbia	<ul style="list-style-type: none"> • Creating an effective and sustainable system for providing free legal aid 2008-2011 MOJ UNDP. 33 organizations covering almost entire territory – for poor and socially vulnerable groups – refugees, disabled, Roma, DV victims, etc. First round of funding to 26 organizations with 4600 users • National Strategy for Improving the Position of Women and Promotion of Gender Equality (2008—2014) includes VAW • [Autonomous Province of Vojvodina] Strategy for the Protection Against Domestic Violence and Other Forms of Gender-Based Violence 2008-2012 – mentions sexual orientation • National Millennium Development Goals of the Republic of Serbia – including VAW in 4th goal (by 2015) system to protect women • Strategy for Improving the Position of Individuals with Disabilities, 2006 – including VAW • Social Welfare Development Strategy, 2005 -Inclusion of violence against women in other national plan/strategy – developing a network of community services with coordination (including for victims of violence) – social welfare employees (protecting children, adults, elderly), developing emergency intervention services

EURASIA

Country	Mechanisms
Armenia	<ul style="list-style-type: none"> Armenia's implementation of the "Combating Gender-based Violence in the South Caucasus" project 2008 – 2011 (UNFPA – 3 Caucasus countries) training, etc. Gender and Politics project component on the prevention of domestic violence, 2004-2008 National Program to Improve the Status of Women and to Enhance Their Role in Society in the Republic of Armenia, 2004-2010 (TIP and VAW generally) Inter-departmental Working Group to draft a law on domestic violence - 2007 Police working group to prevent violence against women and domestic violence – 2006
Azerbaijan	<ul style="list-style-type: none"> "XXI century without violence against women" project - 2008 (DV & early marriage) Azerbaijan's implementation of the Regional Combating Gender-Based Violence in the South Caucasus Project - 2008 National Plan of Action on Family and Women's Problems 2008-2012(DV & early marriage) The "Complex Program of the Republic on combating domestic violence in democratic society" - 2007 National Plan of Action on protection of human rights 2006 (including VAW)
Belarus	<ul style="list-style-type: none"> National Action Plan for Gender Equality 2008-2010 (including VAW generally) National Action Plan for promoting gender equality in 2008-2010 (including VAW/DV/TIP)
Georgia	<ul style="list-style-type: none"> Action Plan of Measures to be Implemented to Combat Domestic Violence and Protect Domestic Violence Victims 2009-2010 – including National Referral Mechanism Action Plan on Prevention of Domestic Violence and Protection of Victims of Domestic Violence 2009-2011
Moldova	<ul style="list-style-type: none"> National Program on Gender Equality Insurance (2010-2015) – including DV Participation of the Ministry of Labor, Social Protection and Family to the drafting of the Council of Europe Convention to Prevent and Combat Domestic Violence and Violence Against Women 2009 - 2010 National Development Strategy (2008-2011) including DV Project "Protection and Empowerment of Victims of Human Trafficking and Domestic Violence" (2008-2011) – UNDP, UNFPA, IOM & OSCE National budget allocated towards domestic violence and trafficking in human beings 2006-2011 – funding through the MLSP&F for centers National Strategy on Sexual Reproductive Health (2005-2015) - includes a chapter on prevention and management of DV and sexual abuse Inter-Ministerial Coordination Council – 2010 – Ministry of Labor, Social Protection and Family established w/ rep of central authorities, civil society and other interested parties Social Assistance and Family Protection Sections/Departments – 2010 – to implement policies on preventing DV and social assistance to victims and perpetrators Equal Opportunities and Violence Prevention Policy Department – 2009 – monitoring, drafting legislation, analytical studies, etc. Ministry of Labor, Social Protection and Family – 2009 – primary responsibility for development and promotion of policies to prevent DV and for the provision of social service Coordinating Group in the Field – 2008 – started in May 2008 – had 9 meetings in 2009 to improve policy framework to prevent and combat DV

Country	Mechanisms
Russian Federation	<ul style="list-style-type: none"> • National Strategy on Equal Rights and Equal Opportunities for Men and Women in the Russian Federation, 2006 – including VAW section • Krasnodar Territory departmental program on the prevention of domestic violence, entitled “No to Violence” - ongoing since 2005 – coordination, sharing of experience, interdepartmental cooperation, partnerships with civil society, awareness raising, etc. • Labor and Social Welfare Committee of Saint Petersburg coordination council for the prevention of violence in the family and in related social institutions- 2008 – including executive bodies, law enforcement, heads of state institutions and representatives from local government and NGOs
Ukraine	<ul style="list-style-type: none"> • National Plan of Action under the "Stop Violence!" Platform of Action (2008-2015) • State family support program 2007-2010 – included VAW • State program for the promotion of sexual equality in Ukrainian society up to 2010 – 2006-2010 – including “violence against women and men” • National plan of actions on the improvement of position of women and assistance to introduction of gender equality in society (2001-2005) – only focused on women and children • Civil servants responsible for the conduct of measures to prevent domestic violence – 2011 – pursuant to Article 3 of the DV (Prevention) Act of 2001

Sources: UN Secretary-General’s database on violence against women, multiple other sources including stopvaw.org

ANNEX E

COUNTRY-BY-COUNTRY LIST OF DV SERVICES

Below is a country-by-country collection of NGO statistics and official government DV data on police complaints, court proceedings, hotline calls and other **victim services and outcomes** (e.g., results of court proceedings). As noted earlier, the information is non-exhaustive, and is gathered from a wide variety of sources, including direct government releases, research reports, human rights reports, internet accessible media articles, and so on. The information has not otherwise been confirmed as accurate and current.

EUROPE

ALBANIA

Cases of DV registered: 1,998 in 2010, an increase from 1,217 cases in 2009 (“Domestic Violence in Albania” OWPSEE/OBC 11/16/2011, citing Ministry of Labor statistics (Balcani e Caucaso, 2011). The Center for Legal Civic Initiatives (CLCI) reports for June 2009-June 2010: 406 warrants of protection in Tirana Court (116 withdrawn, 162 closed because claimant did not appear in court). By November 2010, there were only 128 decisions in DV cases, with 97 admissions (Response to Information Requests from Immigration Board of Canada).

DV Reporting (Excerpts from Amnesty International, 2010).

Since the introduction of the Domestic Violence Law, there has been a significant increase in reported incidents of domestic violence. In 2007 the police reportedly received 274 reports of family violence after the law came into force in June.

Comparable figures exist for the first nine months of each subsequent year: between January and September 2008, police registered 614 reports. By September 2009, some 993 cases had been reported. By September 2008, for example, over 502 out of 993 reports of domestic violence were received by Tirana police. However, women in other towns, including Shkodër, Pogradec, Vlorë, and Tropojë are reporting domestic violence in increasing numbers. Many of these complaints are made by women who have been subjected to domestic violence for many years, but only now have the courage and confidence to report it, believing that something may be done to help them.

This new confidence is in part due to action taken by the State Police, under the Ministry of the Interior. In August 2007 the Director of the State Police reportedly ordered all police officers to investigate carefully every report of domestic violence.

Subsequently, in November 2007, the first specialist unit dealing with domestic violence and the protection of children was established within the Tirana police force.

In Tirana, a Co-operation Agreement has also been signed between the police and two NGOs – the Counseling Centre for Women and Girls and the Centre for Civic Legal Initiatives (CCLI). This ensures, among other things, that women who make complaints to the police are referred to the CCLI for free legal representation in petitioning for protection orders, and that they receive appropriate counseling and referrals from the Counseling Centre. Specialist police units for the protection of children and domestic violence were established by the end of 2008 in other major urban centers and police districts, but in rural areas the implementation of the law, and information about its provisions, are patchy.

Protection orders. In 2010, there were 1,230 requests for protection orders compared to 841 in 2009 (Osservatorio Balcani e Caucaso, 2011, November). In 2010, the Tirana District Court received

538 petitions for protection orders, but issued only 129. Women withdraw requests because of social and economic pressures and absence of free legal aid.

Because statistics are not broken down by petitioner, the following statistics also include petitions made, for example, by women petitioning for protection from their in-laws, or fathers and mothers petitioning for protection from violent sons. According to press reports of official figures, in the first nine months of 2008, 253 petitions were filed, 168 in Tirana and 71 in Durrës. According to the Ministry of Justice, almost half were for emergency protection orders. In 2009 the police initiated 740 protection orders (494 of which were filed in Tirana). According to Tirana District Court statistics on petitions for protection orders from 1 January 2009 to 31 December 2009, out of a total of 494 petitions, 127 (25 per cent) were granted; 310 were dropped; 29 were refused, and 28 proceedings were not concluded (Amnesty International, 2010).

Cases of organizations and centers offering assistance to DV victims: 7,799 cases in all areas except Tirana from 2000-2005, and 9,405 cases during the same period in Tirana (Study entitled “Violence in the family – current situation” by the Ministry of Labor, Social Affairs and Equal Opportunities in cooperation with the Center of Gender Alliance for Development).

DV Shelters (Excerpts from Information Requests from Immigration Board of Canada) <http://www.unhcr.org/refworld/docid/4f5f216a2.html>. The Albanian government operates a national shelter for victims of domestic violence, opened in Tirana in April 2011, which can accommodate approximately 30 to 35 women and children (up to the age of 14). “The Executive Director of the Vatra Psycho-Social Centre said that the national shelter can accommodate up to 40 people per day and that there is no time limit for how long they can stay at the shelter.” Sources report that there are NGO-operated shelters in Tirana, Elbasan, Vlora, and Gjirokaster for victims of domestic violence.

In correspondence with the Research Directorate, the Vatra executive director explained that her organization operates a shelter, which can accommodate up to 20 people, and provides other services in Vlora for victims of domestic violence. The Executive Director also indicated that the shelter in Tirana, the Centre for Women and Girls, can accommodate up to 14 people. She added that whether they have a protection order, both of these shelters provide services and accommodation for victims of domestic violence. She also noted that the “Hena e Re” shelter in Elbasan has the capacity to house 14 people, but requires the women seeking refuge to have a protection order against the perpetrator. The UN project officer indicated that the NGO-operated shelters can accommodate 10 to 12 women and children.

Several sources indicate that the number of shelters in Albania is inadequate. In a telephone interview with the Research Directorate, a faculty member at the School of Public Health and Health Services, George Washington University (GWU), who completed field work on domestic violence in Albania, explained that some organizations help victims who are in an emergency find a safe place to stay through informal networking. Similarly, AI reports that in Durrës, some NGO employees, lawyers, or police officers provide temporary accommodation to victims in their own homes because of a lack of other options.

NGOs providing services to victims of domestic violence rely on funding from donors. The GWU faculty member explained that these NGOs have “limited and tenuous funding” and that, after a woman has filed for a protection order, they are limited in how they can help. An example of this is found in the AI report, which indicates that between July 2009 and January 2010, a funding shortage meant that the NGO-operated shelter in Tirana could provide shelter to only a few victims who were in an emergency situation. Albanian NGOs indicate that, according to the law, the government should provide funding to NGOs that offer legal and psycho-social support to victims of domestic violence; however, as of June 2010, the funding had not been implemented.

DV Services (Excerpts from Amnesty International, 2010).

The Ministry of Health first promised in January 2008 to prioritize policies to enable medical professionals and health care workers to identify and register cases of domestic violence, and to provide specialized services. In both 2008 and 2009, however, health clinics nationwide registered only some 100 cases. According to local NGOs, few health centers had capacity to provide the required medical assistance; most failed to make referrals to other support services or complete the required documentation. This meant that women were not given the necessary medical reports for use as evidence in court hearings for protection orders. Similarly, local government social welfare departments have largely failed to set up social services structures required under the law. These include installing regional 24-hour toll-free telephone lines (so far only established in Elbasan) with links to local police, medical emergency units and NGOs; and establishing social and rehabilitation centers for victims and perpetrators. According to an Elbasan NGO, “Social services always come back to us, the NGOs, and we fill the gap instead of them.”

Meanwhile, NGOs have taken the lead in coordinating the development of services at a local level. Funded by the UN Development Fund for Women, the Network Against Gender-Based Violence and Trafficking has established a pilot referral system in Berat, Pogradec, Shkodër, Rrëshen and Vlorë. These “Councils against Domestic Violence” include government representatives, police, district prosecutors, court officials, health and education organizations, employment offices, and NGOs, who also provide training to relevant professionals. Between September 2008 and December 2009, 204 cases (91% women and girls) in these five areas were referred to the appropriate bodies.

The project has also reached women who were previously unlikely to report violence: some 76 percent of referrals were rural women, 50 percent were unemployed. One or two municipalities have given NGOs small grants to assist their work with victims of domestic violence, but such funding is limited and further assistance, including the provision of shelters, is needed.

DV Service Providers (OSCE, 2007):**NON-PROFIT ORGANIZATIONS****TIRANA****Refleksione Association**

Address: Rr. e Elbasanit, Pallatet Fratari,
Tërshana 2, Kati i I-rë, Shk.2,
PO Box 2412/1
Tiranë
Phone/fax: 04 340433/4
Email: refleksione@icc-al.org

Counselling Centre for Women and Girls

Address: Rr. Sami Frashëri, Pall.9, Shk.5
PO Box 2416/1, Tiranë
Phone: 04 233408
Email: qkgv@albnet.net

Center for Civic Legal Initiatives

Address: Rr. Vaso Pasha, Pall.12, Shk.1, Ap.1,
Tiranë
Phone/fax: 04 241914
Email: avokatore@albmail.com

Human Rights in Democracy Centre

Address: PO Box, 2901
Tiranë
Phone/fax: 04 230084
Email: aprroni@yahoo.com; hrcd@interalb.net

DURRËS**Social Center for Women and Girls**

Address: Lagjja 11, Rr. Baki Çelmeta (pranë
Restorant “Pranverës”)
Durrës
Phone/fax: 05223815
Email: shoqataegrave@yahoo.com

ELBASAN**Women’s Forum in Elbasan**

Address: Lagjja 5 Maji, Rr. Fetah Ekmeciu,
Pall.450/1
Elbasan
Phone/fax: 0545 5509, 0545 40051
Email: forumi_gruaselbasan@yahoo.com

Useful to Albanian Women Association

Address: Lagjja 5 Maji, pranë ish-Parkut të Mallrave
Elbasan
Mobile: 0692066599
Email: manajb@yahoo.it

Woman to Woman

Address: Rr. Marlin Barleti, sipër Kristalit, përballë Kinema Millenium
Shkodër
Phone: 022 4 1154, 022 4 5234
Email: gtg@adanet.com.al

Woman's Center "Hapat e Lehtë"

Address: Rr. Branko Kadia, Lagjja 3 Heronjtë, Nr.57
Shkodër
Phone: 022 44022
Email: qendragruashk@yahoo.com

"The Door" Association

Address: Lagjja Naim Gjylbegu Rruga Bujar Bishanaku
Shkodër
Phone: 022 43729
Email: thedoor@infothedoor.com

Refleksione Association Shkodra

Address: Rr. Marlin Barleti, Lagjja Ndoc Madhi, Pall. 166
Shkodër
Phone: 022 48444
Email: refleksioneshk@albnet.net

KUKËS

Women Counseling and Social Service Center

Address: Lagjja 2, prapa Hotel Gjallicës
Kukës
Phone: 024 24278
Mobile: 0692244911
Email: wcckukes@yahoo.com

BERAT

Women Centre "Kristal"

Address: Pallati i Kulturës "Margarita Tutulani"
Berat
Phone: 032 31 004
Email: qkgv@yahoo.com

Social Support for Women

Address: Lagjja Llukan Prifti
Kuçovë
Mobile 0692296445
Email: teftansgk@yahoo.com

KORÇA

Korça Women Association

Address: Bulevardi Republika, Pall. 3, A.1,
Korçë
Phone: 082 43 563
Email: korcawomen@yahoo.com

Me-the Woman Association

Address: Rr. Rreshit Çollaku
Pogradec
Phone: 083 22 140
Fax: 083 25104
Email: une_gruaja@yahoo.com

Refleksione Association Pogradec

Address: Rr. Rreshit Çollaku, Lagjja 1,
Pogradec
Phone: 063 22 115
Email: refleksioneipo@albnet.net

WOMEN'S SHELTERS

TIRANA

Shelter for Women and Girls

Tiranë
Phone: 04 261885

VLORA

Hearth Psycho-Social Center (VATRA)

Address: Rr. Vlorë-Skelë, Pallati i Bankës Italo-Shqiptare, Kati i III-të
Vlorë
Phone/fax: 033 24078, 033 28048
Email: qvtra@iccc-a.org, qvatra2abcom-al.com

GJIROKASTRA**Gjirokastra Community Center**

Address: Lagjja 18 Shtatori

Pranë Universitetit “E.Çabej”

Gjirokastër

Phone: 08468866

Mobile: 0692059427

Email: idrizi_bardha@yahoo.com

Women’s NGO list with contact information: http://www.stopvaw.org/Women_s_NGOs2.html
(last updated October 16, 2006)

BOSNIA AND HERZEGOVINA

DV Cases (European Union Police Mission in BiH): 2010: 331 cases – 164 official reports to Cantonal Prosecutor, one was an offense report, 19 were sent to the prosecutor to take a decision whether a criminal act and 147 warnings were issued. Victims: five women to safe house, 17 women, three men, two children slightly injured, one man severely injured and six protective measures. It is not known if any victims withdrew their cases.

ANNEX E, TABLE I

Number of DV Cases in Bosnia and Herzegovina

	2004	2005	2006	2007	2008	2009	2010
# of DV Cases	227	278	303	242	322	223	331

Criminal DV cases (Strategy for prevention and combat against domestic violence in Bosnia and Herzegovina for period of 2009 – 2011).

Federation of Bosnia and Herzegovina: [On the basis of data submitted by ten cantonal Police Offices regarding Article 222 of the Criminal Code of the Federation of Bosnia and Herzegovina (CC FBiH), there were 781 criminal reports filled, 414 indictments raised, 257 verdicts and 284 ongoing proceedings. In 712 cases women and in 66 cases men were identified as victims.

On the basis of the analysis of data submitted by 26 Municipal Councils (MCs) it is noticeable that these courts have received 399 law suits regarding Article 222 of the CC FBiH, whereby 323 cases have been processed, 177 final judgments issued, 73 first instance judgments issued and 161 ongoing proceedings. On the basis of data submitted by the MoI FBiH, in 2007 there were 1093 criminal reports filled for domestic violence (Article 222 of the CC FBiH) and 647 reports submitted to the competent PO.]

Republika Srpska:

The district Police Offices (DPOs) in RS have submitted data on violation of the Criminal Code of the Republika Srpska (CC RS) for 2006. There were no criminal reports filed for violation of Article 162 “Infringement of the Equality of Individuals”. There were 554 cases of violation of Article 208 “domestic violence,” 524 perpetrated by men and 11 perpetrated by women. In 105 cases the victims were men, out of which 84 boys, and 525 female victims, out of which 105 girls. There were 379 indictments raised and 233 verdicts. In 457 cases the suspects were men

and in 6 women. There were 297 verdicts against men and 4 against women. In 273 cases the victims were female and in 22 cases male.⁶⁰

On the basis of the information provided by the DPOs in RS for 2007 there were 301 cases reported. There were 209 indictments raised and 181 verdicts. There were 5 decisions dismissing the indictment, 5 acquitting verdicts, and 181 guilty verdicts. There were 12 prison sentences imposed, 13 fines and 146 suspended sentences. On the basis of data provided by basic courts of RS for 2006 there were 338 cases regarding Article 208 of the CC RS, and 250 guilty verdicts with 233 suspended sentences. In 2007 total number of cases was 415 and 220 verdicts. The data regarding the Law on Protection from Domestic Violence indicate that 130 cases have been completed in 2007 and in 40 cases protection measures have been imposed. The District Courts in RS have processed 2 cases of domestic violence and have pronounced 2 guilty verdicts. With regard to the Law on Protection from Domestic Violence in RS there was one guilty verdict with fine imposed.

The Public Security Centers in Banja Luka, Bijeljina, Doboj, Istočno Sarajevo and Trebinje have submitted data for 2006 with 537 cases of domestic violence recorded, out of which 277 perpetrated by men and 12 by women. In 231 cases the victims were female and 39 male. In 2007 there were 464 cases reported, with men being victims in 121 cases and 445 women victims. Especially worrisome is that in 37 cases victims were boys and in 48 cases girls.

Brčko District Bosnia and Herzegovina: [In this period there were 130 cases of domestic violence reported in Brčko District and all have been processed.]

Safe Houses (Strategy for prevention and combat against domestic violence in Bosnia and Herzegovina for period of 2009 – 2011 except as noted).

The following are the NGOs in FBiH which run the safe houses: association „Žena BiH“ Mostar, women’s association „Mirjam“ Mostar, association „Žene sa Une“ Bihać, „Fondacija lokalne demokratije“ Sarajevo, citizen’s association „Medica“ Zenica and women’s association „Vive Žene“ Tuzla. In the abovementioned safe houses 265 women victims of domestic violence have been placed in 2007, out of which 41.5 percent were accommodated in the safe house run by the Fondacije lokalne demokratije, Sarajevo.

The Foundation of Local Democracy in Sarajevo safe house recently marked its tenth anniversary; over the 10 years it accommodated 1,169 beneficiaries – 408 women, 587 children and 174 girls (Osservatorio Balcani e Caucaso, 2011 February). “Half the beneficiaries stayed in the safe house for up to 30 days, while it took more time for the rest of the victims' rehabilitation. When it comes to young girls, who are often victims of sexual abuse or incest, they usually stay longer in the safe house” (Osservatorio Balcani e Caucaso, 2011 February).

There are currently three safe houses in Republika Srpska which are meeting the standards foreseen by the law and bylaws, with the capacity to accommodate 57 persons (Banja Luka: 21, Modriča: 16 and Prijedor: 20). The Strategy for Combating Domestic Violence shall determine future models and capacity to protect victims of domestic violence, having in mind the “7500-10000 inhabitants, one safe house” requirement set by the recommendation of the CoE.

The funding is regulated by Article 4 of the Law on Protection from Domestic Violence in RS, which foresees that 70 percent of funding is provided by the entity and 30 percent by local community. The funds from the municipal/city budget are transferred to the SWC in the place of

60. The difference in data regarding the number of cases of domestic violence in FBiH and RS is justified by the fact that domestic violence cases are recorded at the different level of prosecution of cases.

permanent residence of the victim which further transfers the funds to the safe house in which the victim is placed. The funds from the entity's budget are transferred to the safe houses directly.

The following are the NGOs in RS which run the safe houses: „Budućnost“, Modriča, „Udružene žene“, Banja Luka and „Fondacija za obrazovanje, razvoj i socijalnu zaštitu djece“, Prijedor.

DV allocations (Strategy for prevention and combat against domestic violence in Bosnia and Herzegovina for period of 2009 – 2011).

At the end of 2003 the Government of RS has approved 70,000 KM from the budget reserves for financing the establishment of the safe house in Banja Luka and in 2004 the „Ženski centar“ Trebinje has received 70,000 KM for purchase of the facility for the safe house in Trebinje. The Ministry of Family, Youth and Sports of RS has donated from its own budget the amounts of 10,000 KM each to citizen's associations „Budućnost“ Modriča and „Udružene žene“ Banja Luka for the safe houses. From the budget of the Action Plan for Combating Domestic Violence in 2007 and 2008 a grant in the amount of 100,000 KM has been approved for financing safe houses in Banja Luka and Modriča.

The Government of FBiH has budgeted 200,000 KM for the implementation of the Law on Protection from Domestic Violence. These funds shall be distributed in accordance with the program of the Gender Center of FBiH in the following manner: „Fondacija lokalne demokratije“ Sarajevo (37,500 KM), Association "Žene sa Une" Bihać 35,000 KM, Prihvatilište za žene i djecu u nevolji "Mirjam" Mostara – 37,500 KM, and 30,000 KM each to associations "Žena BiH" - Mostar, "Medica Zenica" - Zenica and "Vive žene" Tuzla (Ibid).

Helplines (Excerpts from the Strategy for prevention and combat against domestic violence in Bosnia and Herzegovina for period of 2009 – 2011).

The Gender Center of FBiH has established a SOS telephone line number 1265 for assistance to the victims of domestic violence in FBiH. This project has been developed in partnership with SWC Jajce, Fondacija lokalne demokratije, Sarajevo, citizen's association "Medica" - Zenica, women's association "Vive Žene" - Tuzla, association "Žena BiH" - Mostar and association "Žene sa Une" - Bihać. The Gender Center of FBiH has made an agreement with all telephone services providers in Bosnia and Herzegovina that these phone calls are free of charge.

In June 2005 the Gender Center of RS and four NGOs from RS have signed a MoU for establishing a unique SOS telephone line number 1264 for the entire territory of RS. In accordance with the information provided by the following NGOs which run this telephone line: „Udružene žene“ Banja Luka, „Budućnost“ Modriča, women's organization „Lara“ Bijeljina and „Ženski centar“ Trebinje, in the first five months of 2005 (from its opening to the end of 2005) there were 1019 DV calls. In 2006 there were 2657 calls. In 70 cases the victims were male and in 2587 female- in 88% of cases of age between 19 and 60. Two years after its opening there were 1973 calls registered, out of which 1941 by female victims and 32 by male.

In the Annex of the MoU from November 2007 the services on this telephone line are also provided by NGO „Fondacija za obrazovanje, razvoj i socijalnu zaštitu djece“ Prijedor. The data on received telephone calls for 2007 indicate that there was an increase in the number of calls to 3513 calls, 3456 by female (98%) and 149 by male (2%) victims.

According to Osservatorio Balcani e Caucaso (2011), "In the period between January and October 2009, a total of 1572 victims of violence called the SOS phone line in the RS. "During the same period, a total of 2120 victims of violence called the SOS phone line in the FBiH".

Women’s NGOs list with contact information: http://www.stopvaw.org/Women_s_NGOs9.html (last updated October 10, 2004)

KOSOVO DV Cases.

According to data from the Kosovo Police's Human Rights Department, there were 9,772 police-documented cases of domestic violence between 2002 and 2009 - over 1,000 episodes per year in a country with a population well below 2 million, according to the most recent census. Out of those cases, almost 80 percent of victims are women and nine perpetrators out of ten are men. In over half the cases, violence against women was also associated with violence against children. (“Hidden Violence in Kosovo” Gradari, 2011).

In 2011, there were 1,042 reported victims of DV according to the police, a 10 percent increase over 2010. While two-thirds of the victims were women, the number of men victims is increasing (“Rising family violence worries Kosovo experts” SETimes.com, 2/20/2012).

Between January and November 2010, police reported 636 victims of domestic violence. Between January and December, the Centers for Protection of Women and Children in Pristina and Mitrovica provided assistance to 182 victims of domestic and sexual violence. From January through June, the Justice Ministry's victim advocate and assistance unit was involved in 313 domestic violence cases. Convictions for domestic violence were rare, and sentences ranged from judicial reprimands to imprisonment (U.S. Department of State, 2011).

ANNEX E, TABLE 2

Number of Domestic Violence Cases Reported by Year According to Various Sources⁶¹

Source	2002	2003	2004	2005	2006	2007	2008	Total
KPS	1273	1251	1318	1370	1371	1077		7660
VAAD		314	414	592	703	645	(Jun) 252	2920
MLSW/DSW			223	380	438	170	(Jun) 92	1303

Source: Farnsworth, 2008. Kosovo Police Service (KPS), Victim Advocacy and Assistance Division (VAAD) of the Ministry of Justice, and Ministry of Labor and Social Welfare (MLSW) Department of Social Welfare (DSW)

DV arrests and Protection Orders (Farnsworth & Qosaj-Mustafa, 2008). “From 2005 to 2007, KPS arrested suspects in only 30 percent of cases, and courts ordered protection orders in only 9.2 percent of cases.” The first response to DV reports is to remove women and sometimes children from homes and place them in shelters while perpetrators remain at home. “In the 39 cases investigated by the Ombudsperson Institution, victims withdrew six requests for issuance of protection orders.”

DV Services. The Ministry of Labor and Social Welfare's protection for families section had a unit dedicated solely to dealing with family violence. The ministry provided some financial support to NGOs running shelters for domestic violence victims, which also accommodated some trafficking victims. The ministry also provided social services through social welfare centers. Several domestic and international NGOs pursued activities to assist women (U.S. Department of State, 2011).

The Kosovo Law on Family and Social Services has not been implemented fully. The institution responsible for its implementation, the Ministry of Labor and Social Welfare (MLSW), has had limited capacity in human and financial resources to exercise fully the law as well offer assistance

61. Since institutions often assist the same people, the totals from all institutions should not be added together.

and protection to victims of domestic violence. Therefore, MLSW is using non-governmental organizations' (NGOs) services for shelter provision to victims, but limited funding is provided to these NGOs. MLSW covers only 50 percent of the expenses of shelters not including staff or operational costs. Existing legal aid legislation in Kosovo does not foresee explicitly victims of domestic violence as a category eligible for free legal counsel and representation. Victim Advocates are foreseen to safeguard rights of victims but currently lack full capacity to do so. Neither health centers nor health professionals have recorded officially cases of domestic violence or reported the crime.

The Victim Advocacy and Assistance Division (VAAD) of the Ministry of Justice, Municipal Centers for Social Work (CSW) of the MLSW, and DV Units of the Kosovo Police Service (KPS) are the key institutions that respond to cases of DV in Kosovo.

Better national and municipal coordination mechanisms are needed to improve multi-disciplinary response in assisting and protecting victims of domestic violence. Currently there is no effective information or support service for victims of domestic violence. The VAAD helpline functions sporadically, and police response to emergency calls is often slow. The institutional data collection and analysis of domestic violence reports has been irregular, ad hoc, and uncoordinated. The lack of data analysis and monitoring can affect the readiness of authorities to handle domestic violence cases and allocation of resources for addressing domestic violence (Farnsworth, 2008).

One of the most serious obstacles to protecting victims of violence or persons who report domestic violence cases is a lack of financial support from the government. No official witness protection system exists for witnesses or victims of violent crimes committed in domestic relationships. The only government-run shelter, the Interim Security Facility (ISF), deals only with "high-risk" cases that are usually related to trafficking or politically important (e.g., inter-ethnic violence). The level of risk is decided by KPS prior to bringing the victim to the shelter. At present, adult victims and their children considered low or medium risk are taken to one of six non-governmental shelters located in Prishtina, Gjilan, Mitrovica, Gjakova, Peja, or Prizren. Children are taken to Hope and Homes for Children, a recently localized non-governmental shelter located in Prishtina; its other location in Prizren was forced to close in December 2007 due to a lack of funds. Kosovo applicable law allows for social service provision to be offered by non-governmental organizations (NGOs) if licensed by MLSW. All shelters provide safe housing, food, clothes, toiletries, basic healthcare, counseling, legal advice, skills training, awareness-raising on various topics, and educational opportunities. Some help clients secure employment upon leaving the shelter. NGO shelters have also raised awareness about domestic violence in their communities as well as filled gaps unmet by institutions. As of 2007, shelters assisting victims of domestic and other forms of gender-based violence had housed more than 2,491 clients in need of social protection (Farnsworth, 2008).

Although the government, including KPS, VAs and CSWs, relies heavily on the services shelters provide to victims and their children, all shelters have struggled financially.

Due to a lack of funding for basic operational costs, some shelters have closed periodically, leaving victims including children unprotected and in one instance sleeping at the local police station (Farnsworth, 2008).

Coordination of DV services (Excerpt from Farnsworth & Qosaj-Mustafa, 2008).

Despite the lack of overall institutional response, institutions and organizations dealing with domestic violence have taken some initiative to clarify roles and responsibilities at the municipal level. KPS, CSWs, VAAD, and shelters have formed informal networks, which meet three to twelve times a year, depending on the group.¹²⁶ In Gjilan, Peja, and Prizren the meetings were organized by the shelters, while in Prishtina and Mitrovica the Domestic Violence Unit of KPS organized meetings. During meetings, stakeholders coordinated their efforts, further clarified roles and responsibilities, discussed ways to improve cooperation, and resolved problems. The groups have been a positive step toward improving institutional coordination. Further, shelters began efforts to establish a Coalition against Sexual and Domestic Violence in 2007, an informal network for coordinating prevention activities and working to protect victims through a coordinated approach. The initiative involved the shelters establishing their own standards for operation; in addition to the standards they must follow in order to maintain their license as service providers from MLSW. Shelters also created a joint database for case management, tracking the demographics of cases assisted, and monitoring the impact of violence on clients' health.

See Chapter 6, *Legal and Institutional Gaps in Addressing Domestic Violence* of the 2008 Kosovo DV survey, *Security Begins at Home* (Farnsworth, 2008) for a comprehensive analysis of DV services and identified gaps.

Women's NGOs list with contact information: http://www.stopvaw.org/Women_s_NGOs15.html
(last updated September 20, 2004)

REPUBLIC OF MACEDONIA**ANNEX E, TABLE 3**

Annual Reports on Domestic Violence from Ministry of Labor and Social Protection Information
(*category not in report)

Subject	2006	2007	2008	2009
Newly recorded cases	775	677	614	751
Work on old cases	34	*	*	*
Resolved cases	67	*	*	*
Withdrawn reports	8	*	*	*
Ethnic affiliation				
Macedonian	399	531	470	561
Albanian	69	64	72	89
Roma	59	79	56	81
Other	34	39	16	20
Not Declared	215	*	*	*
Age/Gender Structure				
Adult Women	703	591	528	612
Adult Men	33	52	69	97
Minors	39	34	17	42
Reported by				
SOS (hotline)	66	*	*	*
Social Work Centers	441+12	*	*	*
Ministry of Interior	151	*	*	*
Health care organization	151	*	*	*
Another institution or person	30	*	*	*
Intervention				
Psycho-social intervention	768+36	*	614	751

Subject	2006	2007	2008	2009
Legal aid	218+4	*	*	411
Referral to a relevant institution	41	*	*	*
Police intervention	21	*	*	*
Cases filed with the court	49	*	60	*
Filed draft protection measures				101
Pronounced measures	26	*	47	79
Social assistance	2	*	7	*
One-off pecuniary benefit	67	*	18	*
Exercised right to health care	2	*	*	*
Other interventions	55	*	*	*
Placement in a shelter	115	*	29	28
Women	60	*	*	*
Children	55	*	*	*
Types of violence				
Physical Violence (W/M)	*	*	*	402
Women/Men	*	*	*	305W/7M
Psychological Violence	*	*	*	327
Women/Men	*	*	*	237W/90M
Economic Violence	*	*	*	18
Women/Men	*	*	*	18W

DV complaints to police (stopvaw.org). In 2006, police registered 2,650 DV complaints (resulting in 258 criminal cases and 965 misdemeanors), down from 3,750 complaints (resulting in 215 criminal cases and 1,202 misdemeanors) in 2005. According to a Macedonian delegate to the UN Human Rights Committee, 132 people were indicted in 2006, 89 were convicted under the criminal code and 16 went to prison.

Assistance to DV Victims (ESE 2007). Centers for Social Work – 839 requests for help for the period June 2005 to June 2006: 93.1 percent women victims, 6.9 percent were men. Psychological intervention: 839 (all) clients. Legal aid: 625. Police notification: 405. Medical care: 275. Continuation of children's education: 103. Accommodation: 68. Temporary protection: 58.

DV database (Excerpt from Georgievski, 2011).

Existing statistics focus on sheer numbers and lack qualitative indicators of domestic and other gender-based violence, future trends, causes of violence, etc. The Joint Programme⁶² in 2011 will focus on the creation of a unified national database, hopefully in cooperation with the National Office of Statistics, with the aim of bringing these the figures into use for national policies regarding the population. The actual task of creation of the database with information collected by the NGOs will be carried out by the newly created Macedonian Network Against Gender-Based and Domestic Violence. The 21 organizations involved in the network signed the founding documents in the last week of 2010. The Network is backed by a UNIFEM grant and will operate according to principles of solidarity and transparency, amongst its goals it includes having a greater influence on national policies, advocating for the inclusion of gender-sensitive preventive programs in the education system and collecting data on services offered by NGOs to victims of domestic violence. "The network will focus on lobbying activities and the

62. The UN System in Republic of Macedonia set up the Joint Programme for Strengthening of National Capacities, which coordinates the funding and activities of five UN agencies in Republic of Macedonia (UNDP, UNFPA, UNICEF, UNIFEM, WHO), matched with the corresponding Government ministry.

development of programs that will later be offered for implementation to other organizations and entities,” says Elena Dimuševska from the Macedonia Women’s Rights Centre, the Coordinator of the Network.

Shelter services and women’s organizations (Excerpt from Mangskau, 2010).

The Government provides shelter services for victims of domestic violence, an obligation that is regulated by law. The Ministry of Labor and Social Policy (MLSP) allocates funds to support state shelters and the operation of a National SOS line. This hotline is managed by the Organization of women-Skopje and is linked to six shelters administered by the Department of Labor and Social Welfare. The SOS line and the organization Crisis Center Hope have the capacity for sheltering women up to approximately 72 hours. Shelter services are provided by other nongovernmental organizations, including one in Skopje. Furthermore, in addition to the national SOS line, several help lines are operated by NGOs in various towns throughout Republic of Macedonia. Some NGO shelters are equipped to care for women with small children, provide free legal aid, and counseling. However, it is quite problematical that the NGOs which provide SOS lines and other forms of assistance may or may not be active depending on sporadic donor funding. The largest of the governmentally sponsored shelters is in the capital, Skopje, and has a capacity for 20 persons. These centers are required to provide necessary shelter for domestic violence victims for a maximum of six months, as well as counseling, meals, childcare, basic hygiene maintenance, and cultural activities. While the MLSP estimates that governmental shelters meet the minimal standards, the centers for social work stress that they lack space, equipment, vehicles, computers, capacity, human resources, and trained staff. The Law on Social Protection established 27 centers for social work, public entities that typically cover one or more municipalities in Republic of Macedonia.

Amendments to the Family Law also included specifications regarding the measures centers are obligated to take for the protection and assistance of victims. Center professionals are required to initiate these procedures even in cases where it is requested by a member of the family or when domestic violence is suspected. In addition to psycho-social intervention, legal aid, notification of police, medical care, accommodation, initiation of court procedure and temporary protection measures, centers for social work must also provide: legal representation, counseling, and the means for children to continue regularly attending school. These centers are also obliged to monitor the implementation of protection measures ordered by the court, including submitting proposals for a change in the order as necessary.

Although certain public provisions are in place for domestic violence victims, gaps in services exist. Obstacles that undermine implementation of these measures include lack of equipment, trained staff, and technical resources. State shelters are not open during weekends or on the working days after 16.30. Additionally, nongovernmental and nonprofit organizations play a critical role in providing victim services, but are funded almost entirely by international organizations that provide financial support on a short-term basis. Thus, it is difficult for NGO shelters to maintain sufficient resources and minimal standards.

Health services (Excerpt from Mangskau, 2010)

[Under the Health Insurance Law], domestic violence victims should be guaranteed health insurance. However, complications occur when a victim does not have the appropriate personal documentation. This obstacle can be mitigated by social institutions, including the SOS line, shelters, and centers for social care, through which victims should have a right to health care, regardless of documentation. Nonetheless, representatives from shelters and centers for social care assert that it is very difficult for victims to move through the health system free of charge, regardless of their legal entitlements, especially without certain documents.

Legal aid (Excerpt from Mangskau, 2010).

As regulated by the Family Law, victims of domestic violence are to receive free legal aid and legal representation through the assistance of the centers for social work. Recent 2008 amendments to the Family Law stipulate that a victim of violence can apply for a temporary measure of protection directly to the court or through the centers for social work. Additionally, the protection order request may be submitted by victim's family members, undertaken by a center for social work or directly ordered by a court. These temporary protection measures include a broad range of enactments, from restraining orders to obligatory financing of the costs of violence incurred to the victim.

Women's NGOs list with contact information: http://www.stopvaw.org/Women_s_NGOs6.html
(last updated September 16, 2004)

MONTENEGRO

DV cases (reported by Police Department of Montenegro). "In 2010, police filed 385 reports of DV, in which 79.6 percent of the victims were women, 94 percent of the perpetrators were men, of which 31 percent had previously been reported for similar offences" (Osservatorio Balcani e Caucaso, 2011 December) In 2009: A total of 938 claims of assault on women – 445 of them based on Article 220 of Criminal Code (the DV law). The 938 figure is the sum of 790 processed claims, 148 unprocessed claims. There has been an increase in DV cases from 2007 to 2008: psychological violence against women – 11 cases in 2008, 27 in 2007; physical violence against women 98 cases 2008, 81 in 2007. There was also an increase in DV reporting: 282 reports 2008 and 429 in 2007. And, there was an increase in criminal charges: 150 brought in 2008 and 256 in 2007. Women victims: 167 in 2008 and 256 in 2007. Men victims: 5 cases in 2008 of men reporting women's violence and 10 in 2007 (the report noted there are "some women bullies").

Hotline calls (from SOS Hotline Nikšić). In 2009, 614 calls were received from 91 women victims of violence – 62 received free legal assistance and 53 went through group or individual psychology counseling. In 2008, 36 women and 52 children were placed in Crisis Centre, 91 cases (women victims of violence), 614 calls to hotline from 91 women (62 legal assistance, 53 group and individual counseling). In the first four months of 2010, 40 children directly sought help, more than 500 children of clients in previous eight years – 505 children confirmed that the offender abused entire family.

Shelters (Excerpt from Open Society Institute Network Women's Program VAW Monitoring Program, 2007: Section 5, Available Services).

In Montenegro (with a population of 675,000) there are two shelters for women and children victims of violence, one shelter for women victims of trafficking, and one NGO offering placement to single mothers and mothers with illegitimate children. All of them are operating in Podgorica, the capital of Montenegro, except for one in the North. All services provided to clients are offered free of charge. The number of spots available depends on the size of the shelter, and it ranges from six to 27 beds.

Women's Safe House, Podgorica was established in 1999 as the first shelter for victims of domestic violence in Montenegro. Beside temporary placement this organization provides victims with medical, psychological, social, and legal help, assistance in finding a job, placement in hospitals or other institutions, or placement in some other shelter outside of Montenegro. The Women's Safe House has ten rooms that accommodate 24–27 persons. It is approximately 500m² in size, with a large garden and yard, two garages that have been converted into storehouses. Women can be placed on waiting lists, but not in the case when her life or her children's life may be in danger; in this case, two attics can be used that accommodate 6–7

persons. Donors include USAID, Kvinna till Kvinna, Geneva Global Fund, Ecumenical Women Fund, Norway Government, etc. There is no state funding for the operation.

Women's Safe House "Nora" was established in 2001 in Nikšić. Besides accommodation this NGO offers psychological, legal, medical, and social help for women and children victims of violence. The house has three bedrooms or six beds on 75m². In 2005 there were a total of 67 women who were placed in the house from several hours to several days. The longest stay was three months. All services are offered free of charge and are provided by volunteers trained for work with survivors of violence. The organization is funded by domestic and international donors.

Hotlines and related DV services (Excerpt from Open Society Institute Network Women's Program VAW Monitoring Program, 2007: Section 5, Available Services).

As one of the first NGOs in Montenegro and the first women's NGO, the SOS Hotline for Women and Children Victims of Violence, Podgorica was established in February 1997. Since then it has been actively working on the promotion of women and children's human rights and on the prevention and elimination of violence against women and children. The mission of the Hotline is to eliminate all types of violence and discrimination against women and children through educational programs, to provide help and support to victims of violence, to cooperate with government institutions, and to initiate legal reforms and adequate enforcement of laws in practice. Since 1999 – with help and training provided by activists/trainers of SOS Hotline Podgorica – other SOS hotlines have been established in other towns – Center for girls in Podgorica, SOS Nikšić, Bar, Ulcinj, Berane, Pljevlja, Rozaje, Plav, and Bijelo Polje. On January 19, 2001 the Network of SOS Hotlines was created due to an awareness of the need for mutual support in achieving common aims and goals. This network is operating on the territory of Montenegro. Currently [2007], there are nine hotlines in operation. All organizations within the network are autonomous independent groups that deal with the problem of violence against women and children, and they work according to the principles of women's solidarity and a feminist approach to violence. Permanent activities of the hotlines include: a) an SOS hotline for women and children victims of violence which operates every day from 5 p.m. to 9 p.m.; b) mediation between victims of violence and government institutions such as courts, social services, and the Ministry of Interior; c) free legal, psychological, and pedagogical help; d) realization of scientific research projects; e) raising public awareness on the forms and prevalence of violence against women, children, and the elderly; and f) organization and implementation of educational trainings. All services to clients are offered free-of-charge but clients unfortunately must pay phone costs when calling the hotline. Organizations are primarily funded by foreign donors.

Women's NGO list with contact information:

http://www.stopvaw.org/Womens_NGOs_Montenegro.html [no date given from when last updated].

SERBIA

DV cases (Excerpt from Milovanovic, 2010). "In 2008, there were 7,666 victims of domestic violence, 32 percent more than in 2007," said Labor and Social Policy Minister Rasim Ljajic. "In 70 percent of the cases, the victims are women and female children. In half the cases, the problem is linked to alcoholism in the family."

"According to Women against Violence Network, 24 women (two of them minors) were killed in the first seven months of 2010 and, in almost 80 percent of the cases, the suspects were the victim's husband, partner, father, or son" (U.S. Department of State, 2010).

DV services (Excerpts from U.S. State Department, 2010). The Autonomous Women's Center reported that on average 1,000 women per year sought their help...The few official agencies dedicated

to coping with family violence had inadequate resources. The NGO community played the primary role in combating violence against women. NGOs operated shelters for female victims of violence, and the government continued to provide financial support to safe houses for victims of family violence throughout the country. Osvit, a Nis-based NGO, operated a Romani-language telephone hotline for female victims of domestic violence or abuse.

Shelters (Excerpt from Osservatorio Balcani e Caucaso, 2011 May).

{There is a] lack of [a] sufficient [number of] shelters for women victims of domestic violence, a significant number of which were shut down and decommissioned over the past several months. Although there is a positive example of Vojvodina, where almost every municipality has a shelter facility operating under the auspices of the local Social Work Centre...Central Serbia offers just half a dozen or so such facilities - three in Belgrade and one in Leskovac. Fenomena has been working to establish its own safe house in Kraljevo. The safe-house was initially planned to be completed and running by the end of this 2011, but the earthquake that hit Kraljevo [November 2010] redirected the authorities' attention to emergency relief. With the support Fenomena receives from the Serbian Chamber of Commerce, the works are expected to start by the end of the year and Fenomena's safe-house should be up-and-running in two years' time. At the moment [5/19/2011], the women from Kraljevo have to go to shelters in Belgrade and Kragujevac but they often hesitate because of their children and families back at home in Kraljevo. Moreover, social work centers have very complicated admission procedures, requiring witness statements, etc., thus it is quite difficult for women to seek shelter there.

Coordinated community response (Excerpt from Osservatorio Balcani e Caucaso, 2011 May)

[In Vojvodina, a Memorandum of Understanding was signed in May, 2011] among all the players involved in domestic violence: the community center, a family planning unit, the police, the courts, the hospital emergency unit and some schools. The training activities for these partners will continue within the SEENet II Programme, a vast program of decentralized Italo-Balkan cooperation.

EURASIA

ARMENIA

DV Cases (Excerpt from U.S. State Department, 2011).

Referring to data analyzed by the Police Information Center, the Prosecutor General's Office reported 392 cases of domestic violence were registered in the country during the year, which included not only spousal abuse but also violence perpetrated by any family member. These included 229 cases of battery; 104 cases of infliction of willful light damage to health; 25 cases of threats to murder, to inflict heavy damage to one's health, or to destroy property; 22 cases of infliction of willful medium damage to health; six cases of infliction of heavy damage to health, two of which led to the death of the victim; one case of torture; and five murders or attempted murders.

Results of Police Reporting (Women's Resource Center, 2008). DV response is mainly the duty of neighborhood inspectors of the Public Order Management Department and the Juvenile Delinquency Department. Of the 6 percent of women who said they reported DV to the police, in 8 out of 10 cases, the abuser was released after he signed a statement that he would not repeat the abuse. Trust in police: 39 percent said not trustworthy at all, 15 percent said somewhat not trustworthy.

DV Services. “There were two NGO-operated shelters, in Yerevan and Gyumri, offering victims of domestic violence refuge and other assistance, including psychological and legal counseling. The NGO running the Yerevan shelter, the Women’s Resource Center, also operated a hotline. Both shelters’ operations depended upon private donors; the government did not provide them funding” (U.S.

Department of State, 2011). According to 2009 data from the Women's Resource Center: 42 beneficiaries (15 women, 27 children) sought shelter when they were forced to abandon home.

DV Success stories: http://www.stopvaw.org/Domestic_Violence4.html

ANNEX E, TABLE 4

Structures Dealing with VAW

(http://www.stopvaw.org/Domestic_Violence4.html, last updated October 2008)

Name	Email	Phone
Ajakits	ajakits@shirak.am	+374 312 3-45-04, (+374 10) 53-17-70
Armenian Caritas	caritasarm@gyumri.am, caryl@web.am	374-312-37201, (+ 374-10) 26-20-34
Armenian Red Cross Society	arcs-pm@redcross.am	+37410 53-86-03
Department for Children's Rights Protection at Municipality of Yerevan	http://www.yerevan.am/	
Department of Migration and Refugees by the RA Government	migration@dolphin.am	(+374-10) 22-58-65
Hope and Help	hopehelp@web.am	374-10-531770 , 374-91-205147
International Organization for Migration	iom@iom.am, iom@arminco.com	(+ 374-10) 54-33-65, (+ 374-10) 58-56-92
Open Society Institute Assistance Foundation-Armenia	info@osi.am	(374-10) 533862, 536758
OSCE	blanka.hancilova@osce.org	(+ 374-10) 54-58-45
RA Prosecutor General Office's Department for Crimes against the Individual	info@genpro.am	(+ 374-10) 51- 16- 50
State Interagency Commission against Trafficking in Persons by the Ministry of Foreign Affairs of the RA	d.aghajanyan@mfa.am	(+374-10) 54-40-41 ext. 303
UNDP	nune.harutyunyan@undp.org	(+ 374-10) 56-60-73, (+ 374-10) 52-86-74
UNICEF	navetisyan@unicef.org	(+ 374-10) 56-60-73
UNIFEM	ilona.ter-minasyan@yndp.org	(+ 374-10) 56-60-73 (ext. 228)
Women's Issues Division of the Family, Women and Children Issues Department of the Ministry of Labor and Social Issues of the RA	arminet@mss.am	(+374-10) 56-53-63
Women's Rights Center	wrcarm@arminco.com	374-10-532281

AZERAIJAN

DV Services (Women's Crisis Center reports). Between November 21, 2001 and December 1, 2007, 10, 734 women visited the first Women's Crisis Center (WCC) in Azerbaijan and 6,113 women called

the Center's hotline. During that time, the Baku-based WCC provided the following DV services: 5,137 persons referred to a lawyer, 861 written appeals to the police (more than 1,000 other written appeals to other government entities), 1,918 gynecologist consultations, and 3,679 psychological consultations.

There were no government-sponsored programs for victims of rape or domestic violence. The WCC, operated by the Institute for Peace and Democracy, provided free medical, psychological, and legal assistance to women. The center also worked on a number of projects funded by international donors to combat gender-based violence and trafficking in persons in the Caucasus region. Representatives of the institute regularly appeared on popular television talk shows to discuss women's issues (U.S. Department of State, 2011).

In 2011, the government of Azerbaijan bulldozed the home of Leyla Yunus, which housed the only shelter in Azerbaijan, the Women's Crisis Center in December 2011. The WCC offices moved with Ms. Yunus to her apartment which is also been the subject of some harassment and a suspicious break-in. Two other human rights organizations are collocated there: Institute of Peace and Democracy and Azerbaijan Campaign to Ban Landmines (emails from IPD and news reports).

Women's NGO list with contact information: http://www.stopvaw.org/Women_s_NGOs7.html
(last update August 10, 2004)

BELARUS

DV cases. The prosecutor general announced that the number of domestic crimes increased by 4.4 percent to 3,111 during 2010 (U.S. Department of State, 2010). From January to October 2008, a registered 2500 offenses were committed in the domestic sphere, and 72 percent of them were criminal offenses (stopvaw.org). This number includes 199 cases of murder and 361 cases of deliberate infliction of serious bodily harm to a family member. The telephone hotline of the Ministry of the Internal Affairs receives as many as 200 telephone calls daily from victims of family abuse.

DV shelter. The SOS Children's Villages Crisis Center for Women launched in the city of Mogilev in August 2010 with six rooms. It offers psychological and legal counseling, therapy, and help finding a job or arranging school for children, and works with children to understand that DV is neither normal nor acceptable. Between the time it opened and October 2011, it provided sanctuary for 240 children and 125 mothers (<http://www.sos-usa.org/newsroom/press-releases/pages/sos-women's-shelter-in-belarus-declares-war-on-domestic-violence.aspx>).

Crisis centers. "Belarus has as few as 17 crisis centers for the whole country" (stopvaw.org quoting Tatiana Gaplichnik, coordinator of the UN programs in Belarus).

Government Social Services (excerpt from AI, 2006)

The Ministry of Labor and Social Welfare runs a system of Territorial Centers for Social Assistance to the Population (Territorial Centers). The first centers were set up in 1998 and there are currently 156 in different parts of the country. The Territorial Centers offer a wide range of social services, including assessing and dispensing financial aid to low income families and individuals, providing legal and psychological counseling, care of the elderly and child welfare. When Amnesty International representatives visited the Territorial Centre in Mazyr, the staff were conducting a survey of low income families throughout the district and grappling with the problem of how to help a family whose only source of income, their two cows, had died.

A ministerial resolution on the setting up of crisis centers for women within the Territorial Centers was passed in 2000. The resolution proposed that the crisis centers offer social, medical, psychological and legal advice and the possibility of setting up temporary shelters where women could stay for up to two months. There was no statutory requirement to set up such

centers and therefore the existence of shelters depends totally on the interest and motivation of individual staff and on support from local authorities.

In Mazyr, all the elements have come together to make it possible for a women's crisis center to be set up. Galina Dubina, the Director of the Territorial Centre, is highly energetic and motivated. She is supported by the Chairwoman of the local council of deputies, and in 2000 she set up the women's crisis center. The Territorial Centre employs 62 people, five of whom work in the women's crisis center – a director, an educational psychologist, a psychologist and a social worker. The annual budget for all the work of the Territorial Centre in Mazyr, including the crisis center, is US\$46,000. Territorial Centers are encouraged to seek funding from local sponsors.

The women's crisis center runs a telephone hotline and offers counseling and legal support to victims of trafficking and domestic violence. The staff have good relations with the police and will accompany women to their local police station to report cases of domestic violence. They also produce and distribute informational material, which includes information about domestic violence, and conduct awareness raising activities in schools and places of employment. The contact details of the crisis center are widely advertised and women who call are offered a first consultation and then psychological counseling and legal advice.

Unfortunately, the crisis center in Mazyr is one of only three such centers in the country that offer specialized support to women – the other two are in Smorgon and Pinsk. Amnesty International was informed shortly before the completion of this report that a decision was made by the Ministry of Labor and Social Welfare in July 2006 to set up women's crisis centers in all Territorial Centers, but at the time of writing the decision had not yet been published.

NGOs working on DV (excerpt from AI, 2006)

A number of NGOs are making a valuable contribution to providing support for women, but the difficult environment created by state controls on their activities limit their effectiveness. By contrast the state has welcomed NGO contribution to the fight against trafficking and has been willing to allow external funding for activities relating to protection and prevention

Women's NGO list: http://www.stopvaw.org/Women_s_NGOs8.html (last updated June, 2009)

GEORGIA

DV cases. According to the Ministry of Interior (MOI), there were 358 criminal DV cases: 313 women and 45 men victims, and 320 men and 38 women offenders (Ministry of Economic Development, Department of Statistics, 2008 [Women and Men of Georgia]). In 2007, police registered 2388 cases of domestic violence, for which 493 protection orders were issued (Sumbadze, 2008 [Gender and Society: Georgia]). The MOI reported 757 cases recorded since 2006 when the DV law was adopted, all but 71 perpetrated by a man (IPRW article, 26 March 2010 <http://iwpr.net/report-news/georgia-combating-violence-home>)).

DV services (NGO UN UPR Report, 2010).

The Law provided that provisions regarding establishment of shelters for the victims of domestic violence would enter into force in January 2008⁶³, which has not been the case. Currently, there exist only four NGO-run shelters in the country that are unable to meet increasing demand on shelter and social services. The Government of Georgia has established the Interagency Council on the Measures to Eliminate Domestic Violence, on 28 December 2008. The main responsibility

63. According to the Domestic Violence Law, Chapter VII, article 22 of the Law, article 8 with regard to social service, articles 17, 18, and 19 with regard to the establishment and functioning of shelters for domestic violence victims, and article 20 about the establishment of rehabilitation centers for the perpetrators should have entered into force from 1 January 2008.

of the Council is to support the implementation of the Domestic Violence Law. The Council, in close collaboration with the State Fund for Protection and Assistance of (Statutory) Victims of Human Trafficking and Domestic Violence⁶⁴ and assistance from international development organizations, especially Sida and UNIFEM, is in the process of establishing two shelters and a nation-wide hotline for the victims/survivors of domestic violence. The establishment of state supported shelter and a hotline for victims of domestic and sexual violence has been prioritized also in the Georgia Joint Needs Assessment of August 2008 events.⁶⁵

Preparing highly qualified social workers is of no less significance. According to the 2007-2008 Action Plan on Measures for Fighting Violence in the Family and Protecting the Violence Victims (Action 2), determining temporary status for social workers and legitimizing their activities was considered. However, the mentioned activity was not undertaken and was postponed into the 2009-2010 Domestic Violence National Action Plan, with Ministry of Labor, Health and Social Affairs and Interdepartmental Council put being in charge of this activity. NGOs prepared a university module for social workers “Basic Gender Issues and Fighting against Domestic Violence”, which was piloted with practicing social workers in 2009 and was agreed with the Ministry of Labor, Health and Social Affairs and since the academic year 2010-2011 been introduced as an optional course for bachelor and master students of Tbilisi State University.⁶⁶

According to the Article 20 of the law, rehabilitations centers for perpetrators of domestic violence were to start operation after 1 January, 2008, which did not happen. After the amendments on 28 December 2009, their establishment was postponed until 1 July, 2015. Thus, violence perpetrator does not go through rehabilitation (Article 20 of the law on domestic violence did not take effect) and women victims of violence still stay confronted to the perpetrators. Except for that, stereotypes prevailing in the society lead to problems in applying to law-enforcement mechanisms. Victims/survivors of violence, the majority of whom are women fear that violence perpetrator, being shunned by society and exposure of the family secrets, which is indicated by the less number of applications to court compared with the police applications to affirm the issuing of preventive warrants. The above-mentioned fact reveals that legal measures for the protection of victims are not sufficient and do not adequately correspond with the objective reality.

NGOs providing DV services. NGO Anti-violence Network of Georgia operating since 2003, Sakhli Advice Center for Women (Tbilisi), Centre for Protection of Constitutional Rights, Caucasus Women’s Research and Consulting Network, Georgian Association for Psychosocial Aid “Ndoba”, Georgian Young Lawyers Association, Union “Saphari”, Women’s Centre, Women’s Information Center.

MOLDOVA DV cases.

According to the Ministry of the Interior, from January to November 2010, 1,997 DV cases were reported (U.S. Department of State, 2010). However, also according to the MIA, 20.86 percent of cases of DV examined by court for administrative offenses were quashed due to an amicable settlement of the matter. The small share of criminal cases in domestic violence is due to victims dropping charges, while the law enforcement bodies neglect the real reasons behind

64. The Fund has been assigned by the government to work on domestic violence issues on the eve of 2009, for the time being it is in the process of changing its decree and title to reflect the new mandate.

65. The United Nations, the World Bank, Georgia Joint Needs Assessment, October 9, 2008, 107.

66. “Interdepartmental and Societal Measures for eliminating Family Violence in Georgia”- project implemented with the assistance of the UN Trust Fund for Eliminating Violence against Women

such decisions. Although the Criminal Code provides that the victim's consent is not required for the prosecution of offenses that resulted in serious injury, the law enforcement bodies would do that rarely in cases of domestic violence. (Zaporajan-Pirgari, 2011).

DV calls to police. Number of police calls for DV rose in 2009 and represent 10 percent of calls – 4806 “domestic troublemakers” were supervised by police in 2009 (Zaporajan-Pirgari, 2011).

Hotline calls. The NGO La Strada operates the national hotline and referral point for protection and assistance services, and also undertakes prevention activities such as information campaigns and youth activities. According to La Strada, the majority of national hotline callers were women – DV by husbands (66 percent), former husbands (10 percent), partners (8 percent), children (6 percent), as well as other family members. Most are in a financially bad situation, although 15 percent come from well-off families. A common feature is that victims were raised in violent families – and either witnessed or were themselves victims of DV in their primary family.

Services for victims (excerpts from Zaporajan-Pirgari, 2011)

The Law on Preventing and Combating Domestic Violence provides for the creation of services to protect victims of domestic violence, but because of limited budget resources such centers have not yet been created by the authorities. Today it is the nongovernmental organizations that administer most of the assistance to women affected by domestic violence and these activities rely heavily on the support of donors. These organizations provide physiological, social, economic and legal counseling and medical assistance, but few of them can afford to offer shelter as well. These centers are few in number, have limited human and material resources, and are located almost exclusively in urban areas. The main organizations of this kind are: The “Casa Marioarei” Shelter in Chisinau, the MLSPF Assistance and Protection Centre in Chisinau (formerly run by IOM), the Maternal Center from Chisinau, the Centre for Psycho-Social Assistance “Amicul” in Chisinau; the Assistance and Protection Centre for Victims of Violence in Balti; the Information and Counselling Center for Victims of Violence in Cahul; the Maternal Centre “Ariadna” in Drochia; the Maternal Centre “Incredere” in Cahul; the Maternal Center “Pro Familia” in Causeni.

“Casa Marioarei” Shelter in Chisinau – accepts women from all over Moldova and has a capacity of 24 women with a 30 days period of residence. The shelter first opened in 2004 and provides housing, psychological and legal assistance, social and medical assistance. This organization also provides mediation as method of working with the aggressors, which raises concerns regarding victim safety and protection.

Assistance and Protection Centre in Chisinau formerly run by IOM and currently is funded by IOM – was established in 2001 as an emergency assistance shelter for trafficking victims. In 2007 the Government has provided for free of charge a new dwelling facility for the Center and since 2008 it has been established as a public institution, by Government decision. More recently the Center also offers assistance to domestic violence victims. The following services are offered by the Center: temporary accommodation, psychological and social assistance, medical and legal assistance. In 2009 the Center has provided assistance to 130 beneficiaries, of which 22 were victims of domestic violence. The reintegration and assistance plan ranges from procurement of food and clothes for children, reparation and refurbishment of the house where the beneficiary returns upon leaving the Centre, to vocational training courses, assistance in employment, etc. The costs are covered by the IOM.

There are 5 Maternal Centers in Moldova that provide psychological, social and medication assistance: Maternal Center “Alternativa” from Balti provides accommodation for up to 6 months for mothers with children up to 10 years old from socially vulnerable families as well as

pregnant women and has a capacity of 7 couples. The Maternal Center “Incredere” from Cahul provides accommodation for up to 6 months for mothers with children up to 3 years old as well as pregnant women and has a capacity of 10 couples. The Maternal Center “Pro-Familia” from Causeni provides accommodation for up to 3 months for mothers with children up to 3 years old as well as pregnant women and has a capacity of 10 couples, and also provides legal assistance. The Maternal Center “Ariadna” from Drochia provides accommodation for up to 6 months to mothers as well as pregnant women; it has a capacity of 10 couples, and also provides legal assistance and life-skills programs. The Maternal Center from Chisinau provides accommodation for up to 6 months for mothers with children up to 7 years old or pregnant women, it has a capacity of 5 couples. The Maternal Center within the Placement and Rehabilitation Center for Children in Chisinau, provides accommodation for up to 6 months, it has a capacity of 8 couples. It should be noted that the accommodation capacity of the Maternal Centers is quite limited – between 2 and 10 couples (mother and child) and only women with children can be accommodated. Additionally, women are requested to provide different documents upon placement, which makes this process quite long.

The Regulation on the establishment and functioning of rehabilitation centers for victims of domestic violence has been adopted by the Government in February 2010. It establishes that the rehabilitation centers may be created by public authorities as well as private and NGOs, it establishes that the primary objective of the center is to provide free of charge assistance to victims of domestic violence as well as their children, ranging from accommodation, psychological, medical, legal assistance, as well as reintegration assistance.

Perpetrator programs (excerpt from Zaporajan-Pirgari, 2011)

Services for perpetrators are ad-hoc and depend on availability of donors’ funds. There are ongoing negotiations over the creation of a center for domestic violence perpetrators in Drochia. This initiative is led by the NGO „Artemida” and is supported by the MLSPP, the District Council of Drochia and international organizations (UNFPA and UNDP). At the moment of this report (May 2011) this service has not yet been established.

Legal Services (excerpts from Zaporajan-Pirgari, 2011)

According to the Domestic Violence Law, victims of domestic violence should be offered free of charge legal assistance, however this is currently not enforced. There are very few organizations that provide free of charge legal counseling (the Law that guarantees free of charge legal assistance on civil matters will enter into force in 2012). The existent legal services are concentrated in urban areas (Chisinau, Balti, Causeni, Cahul) and there is limited access for beneficiaries from rural areas. As a result to the insufficient coverage of legal services for victims of domestic violence, UNFPA supported the creation of a network of legal consultants in the project target areas, working with domestic violence cases, particularly. This network includes now 7 lawyers from Căușeni, Anenii Noi, Rezina, Vulcănești, Șodănești, Balti and Drochia, which deliver legal services to victims of domestic violence. These lawyers operate within Legal Clinics or offices of public law lawyers. Upon completion of the Project in 2011, the sustainability of this network is hard to estimate. The underdeveloped legal services for victims of domestic violence are a current gap in the victim assistance and protection system.

UNFPA supports trainings, supervision, procurement of equipment, furniture and literature for the community social assistants, in order to enforce the capacity of Multidisciplinary Teams in 5 districts of the country (Aneni Noi, Rezina, Soldanești, Vulcănești and Grigoriopol) in preventing

and addressing cases of domestic violence through provision of primary counseling, social legal and medical services to subjects of domestic violence.⁶⁷

National Referral System (Zaporajan-Pirgari, 2011). According to data from the Ministry of Social Protection and Family, in 2009 the National Referral System (NRS) helped to assist 441 persons, including 308 at-risk cases (primarily cases of domestic violence). In total, since the NRS was launched in 2006 and until December 2009, the number of beneficiaries amounted to 874, including 292 victims and 582 prevention cases (the majority are DV cases).

Women's NGOs list with contact information: http://www.stopvaw.org/Women_s_NGOs18.html (last updated December, 2011)

RUSSIA

DV crimes and perpetrators. In 2008, according to a Ministry of Interior representative: every fourth family has violence, two-thirds of the homicides are DV, 14000 women [the same number quoted repeatedly since a 1999 CEDAW report] die each year at hands of husbands or other relatives in domestic disputes (not counting other ones attributed to other causes or not reported to police), up to 40 percent of all serious violent crimes are within families. In Perm, for example, 70 percent all homicides occur in home. Russian women suffer three times the abuse in the family as from strangers. As of December 2008, according to MIA information, there were 212,700 domestic offenders on file with police (whose offenses were committed on the grounds of drunkenness). The trend is an increase in FV against women 2002-2006 household crimes increased one and a half times (ANNA Report, 2011). According to a 2005 Amnesty International report, there were no records of complaints of DV by migrant women or women of particular ethnic backgrounds, including Caucasian (Amnesty International, 2005).

Legal analysis on DV. The most comprehensive legal analysis of the situation for domestic violence victims in any country is a 2009 law journal article on Russia. Barriers: no DV law, law enforcement indifference, no protection order or restraining order framework, lack of prosecution, lenient sentencing, severe housing shortage, lack of shelters (only 5 in 2006 according to UN Special Rapporteur on VAW), residency registration (*propiska*) still enforced locally even though officially banned, inadequate response of health care (DV in Russia Law Review Article, 2009). There is no DV law, nor a system for protective orders. Therefore, law enforcement applies personal attitudes, stereotypes and prejudices (ANNA Report, 2011). According to the UN Special Rapporteur in 2006, the Russian Duma has considered 50 draft versions of a domestic violence law, but none has been adopted (Fastenko & Timofeeva, 2004).

DV services. Social rehabilitation for victims of domestic violence is carried out by social services agencies which should be operational in all constituencies of the Russian Federation. As of January 1, 2008 there were 3,363 establishments (in 1999 there were 2,240, in 2002 there were 3,059). The activity of such establishments is regulated by the Federal Law No. 195-FZ of 10 December 1995 (as amended on 10 and 25 July 2002, 10 January 2003 and 22 August 2004), entitled "On the fundamentals of Social Services for the Populace in the Russian Federation." Domestic violence is mentioned in this law ("conflicts and abuse in the family") as one of the definitions of "difficult life situations".

However, the concept of a "social services" establishment includes not only specialized crisis centers and social shelters, but rather a wide range of agencies: social assistance centers for family and children; centers for psychological and pedagogical assistance to the population; centers for emergency telephone psychological assistance; social rehabilitation centers for

67. Activities carried out as part of the Project titled "Protection and Empowerment of Victims of Human Trafficking and Domestic Violence", implemented by UNFPA, UNDP, IOM and OSCE.

juveniles; social shelters for children and adolescents; centers for children left without parental care; rehabilitation centers for children and adolescents with limited abilities; integrated centers for social services to the population; crisis centers for women; crisis centers for men, etc. Thus, there is a vast range of clients of social protection agencies and women victims of violence are only a small part. Indeed of 3,363 such institutions, only 23 are shelters that offer specialized assistance to women who are victims of domestic violence, representing just 0.5 percent of the total number. Some of these combine the extension of assistance to victims of domestic violence with helping other categories of women – underage mothers, for example, as is the case of the crisis center of St. Petersburg, which also houses the center "Little Mom." As a positive example, the State Crisis center "Lubava" (town of Klin) can be cited, where they have set up very efficient operations specifically for female victims of domestic violence (RU ANNA Report, 2011).

The main activities of the NGOs dealing with violence against women are the following: direct or telephone counseling for women suffering from different forms of violence; providing women with legal assistance (upon request); organizing support groups for women suffering from violence; and planning and undertaking public awareness activities. The funding for NGOs mainly comes from international foundations. State support occurs occasionally through short-term small grants.⁶⁸ Information about the proportion of state support at national level is not available. Due to the lack of funding and government support 18 NGOs working in the field of violence against women were closed in 2005. Among them was the Lana Crisis Center (Nizhniy Tagil), one of the founders of the women's movement in Russia. All the other women's NGOs are also in a critical situation (OSI, 2007).

Below is the list of the main NGOs working in the field of violence against women in Russia with the names of their leaders included (OSI, 2007).

- ANNA Center for the Prevention of Violence, Moscow (Marina Pisklakova).
- Syostri (Sisters) Sexual Assault Recovery Center, Moscow (Maria Mokhova).
- Alexandra Center for Psychological and Legal Aid, St. Petersburg (Larisa Korneva).
- Women's Alliance, Barnaul (Natalia Sereda).
- Ekaterina Crisis Center for Women, Yekaterinburg (Lyudmina Ermakova).
- Irkutsk Crisis Center for Women, Irkutsk (Lyudmina Svistunova).
- Tyoply Dom Center, Izhevsk (Nadezhda Koksharova).
- Priyut Crisis Center, Murmansk (Maria Shtyleva).
- Nika Crisis Center, Naberezhniye Chelni (Natalia Kivokurtseva).
- Chisty Mir Center, Novokuznetsk (Olga Pak).
- Social Women's Center, Pskov (Natalia Vasilyeva).
- Regional Resource Center, Rostov-on-Don (Elena Zolotilova).
- Artemida Regional NGO Women's Club, Ula-Ude, Buryatiya (Irina Matveycheva).
- Sodeistviye Women's Center, Chelyabinsk (Tatiana Lotz).

68. An example is the one-year grant for 2006 allocated by the Moscow Committee on Family and Youth to the ANNA Center, Moscow. The grant provides about three percent of ANNA's total yearly budget.

- Mosti Miloserdniya Crisis Center, Arkhangelsk (Olga Liapounova).
- Anastasia Crisis Center for Women and Children, Vladivostok (Natalia Lokhmatkina).
- Fatima Crisis Center, Kazan' (Venera Ibragimova).
- Crisis Center, Perm (Mr. Vasily Vyuzhanin).
- Crisis Center for Women, Saratov (Irina Khaldeeva).

Crisis centers have struggled in Russia, with only 36 crisis centers responding to a survey sent in 2008—2009 to the 200 identified in a directory of women's crisis centers created by Moscow-based crisis/national resource center ANNA (Johnson & Saarinen, 2011) (see list below). Follow-up phone communication confirmed that many crisis centers had closed. Although all still focus on DV, half of the centers also focus on sexual assault and one-third also focus on trafficking in persons.

ANNEX E, TABLE 5

Crisis Centers in Russia

Federal district	Name of organization	City or town
Central	Regional NGO "ANNA-National center for prevention of violence"	Moscow
Central	Non-commercial partnership "Center for family-Ariadna"	Rybinsk
Central	Interregional social organization "Center for Women's Support"	Smolensk
NW	Department of crisis psychological rehabilitation at the Apatity, Center for Social Services for the Population	Apatity
NW	Regional NGO "Bridges of Mercy"	Arkhangelsk
NW	Regional NGO "Crisis Center Nadezhda"	Arkhangelsk
NW	"Crisis center for social, psychological, and legal support for victims of trafficking-Alla"	Murmansk
NW	NGO "Murmansk Crisis Center for Women-Priiut [Shelter]"	Murmansk
NW	Department of aid to women in difficult life situation "Istoki"	Petrozavodsk
NW	Department of crisis psychological rehabilitation at the Center for Social Services for the Population	Poliarnye Zori
NW	Northwestern Crisis service of the Pskov region public association "Independent Social Women's Center"	Pskov
NW	Saint Petersburg state institution "Crisis center of assistance to women"	St. Petersburg
NW	"Institute of Non-discriminative Gender Interrelations-Crisis Center for Women"	St. Petersburg
NW	Department for urgent assistance to women in difficult life situations (Petrogradskii district)	St. Petersburg
NW	Department for assistance to women in difficult life situations (Nevskii district)	St. Petersburg
NW	State agencya*	St. Petersburg
NW	Department for assistance to women in difficult life situations (Frunzenskii district)	St. Petersburg
NW	Department for assistance to women in difficult life situations (Kirovskii district)	St. Petersburg
NW	Department for assistance to women in difficult life situations (Kalininskii district)	St. Petersburg
NW	State agencya*	St. Petersburg
NW	Complex center of social services for population (Kurortnyi district)	St. Petersburg
NW	Severomorsk town NGO "Crisis Center Severyanka"	Severomorsk
NW	Crisis office for women of a municipal institution "Center of diagnostics and counseling"	Severodvinsk
NW	"Crisis center for women-Raida"	Sykt'yvkar
NW	Sortavala complex center for social services for the population (Assistance department)	Sortavala
Volga	Municipal institution "Center of social assistance to family and children," Department for assistance to women (including the shelter)/NGO "Support center for women's initiatives "Teplyi dom"***	Izhevsk
Volga	Center for social help to family and children, rehabilitation-crisis department	Saratov
Volga	Autonomous non-profit organization "Open Alternative"	Tol'iatti

Federal district	Name of organization	City or town
Southern	NGO*	
Southern	NGO "Regional resource center for prevention of violence"	Rostov-on-Don
Siberian	Irkutsk city independent organization "Crisis center for women"	Irkutsk
Siberian	"Crisis Center for women and their families exposed to violence-Verba"	Krasnoyarsk
Siberian	Project "Family service" to support families in difficult life situations	Novosibirsk
Siberian	Sayansk town NGO "Crisis Center for assistance to women"	Sayansk
Siberian	Regional public organization "Women's Club "Artemida"	Ulan-Ude
Far East	Department for assistance to women in difficult life situations	Blagoveschensk

Note: Crisis centers that are nongovernmental are shaded. The remaining crisis centers are either local (municipal) or regional agencies. We summarize these as "governmental."

* Responding crisis center did not give permission for its name to be listed.

** This center is both a governmental agency and an NGO. Because the NGO was registered later and on the basis of the municipal crisis center, it was coded as a governmental agency.

The questionnaires suggest that by 2009, the women's crisis center movement was suffering, despite some valiant efforts of activists and staff, as a result of the changes in the international and national environments over the last few years. The valiant efforts have meant that many of the enduring crisis centers remained quite active in providing services, keeping in touch with the media, and networking with local organizations. Not merely Potemkin villages, the crisis centers continued their commitment to providing help to victims, even providing shelter space, albeit limited numbers of beds with short time limits, but remarkable, given Russian housing regulations. Despite concern about mission drift in women's organizations in Russia more broadly, most centers were still primarily focused on domestic violence. Their personnel were receiving training from reputable sources. It is an important accomplishment of the violence against women movement that in the era in which Russia has committed more resources to social services, some of this money went to women's crisis centers and addressing domestic violence.

Despite these efforts, examining the health of individual crisis centers shows that the movement is in retrenchment, especially when the biases in the sample toward northwestern Russia, governmental crisis centers, are taken into account. Most NGOs were operating on a shoestring budget, suggesting a dire future for NGO crisis centers in terms of their capacity and viability, especially if foreign funding continues to diminish. Further, NGO crisis centers were more likely to be doing the important advocacy part of a social movement. They were more likely to be the most politicized; lobbying policymakers was left to NGOs. NGOs were more likely to conduct public awareness campaigns. NGOs' reliance on volunteers and their work with students shows their attempts, albeit small, at building a constituency to support the effort in the future. In sum, the segment of the movement that has been doing the transformational work of the movement is the least viable (excerpt from conclusion of Johnson & Saarinen, 2011).

Intervention programs for the perpetrators

There are no intervention programs for the perpetrators which are accessible in a systematic and regulated way. There is only one example currently available, the government Center of Social and Psychological Assistance for Families in the city of Arzamas, Nizhniy Novgorod region. The Center counsels perpetrators under administrative arrest (these are men who abuse wives, partners, children, or elderly mothers). An administrative arrest shall be imposed by a judge under Article 3.9 of the Administrative Code on Administrative Arrest. The center has been running this program under a contract on interagency cooperation with the Department of Interior of the City. According to the center expert, however, the effectiveness of this counseling work is not high (statistical data on this work was not available) (OSI, 2007).

UKRAINE

DV complaints. “During the first 6 months 2011, the Ministry of Family, Youth, and Sports, the Ministry of Internal Affairs, and their regional offices recorded 53,785 complaints of domestic violence, including 48,097 allegations of violence against women, and 5,265 reported incidents of violence against men” (U.S. Department of State, 2011).

FV Perpetrators Registered. “Every year, the number of people registered for family violence at the internal affairs agencies is increasing...[though] the number of minors has decreased in absolute numbers and in percentage” (Bandurka, et al., 2011).

ANNEX E, TABLE 6

Family Violence Perpetrators Registered in Ukraine

Number	2005	2006	2007	2008	2009	2010	6 mo. 2011
# of men	72194	74571	77664	76325	85680	94399	97260
# of women	10638	9284	9098	8760	7190	7227	7212
Total # registered for family violence	84155	85178	87831	85085	93327	101652	104472
Number of minors registered for family violence	1323	1323	1069	575	457	507	420

Source: Bandurka, et al., 2011

DV perpetrators and protection orders. “Police issued 76,100 warnings and 3,700 protective orders related to domestic violence in the first nine months of [2011]” (U.S. State Department, 2012). DV also makes up a large percentage of Ukraine’s overall crime (stopvaw.org). The statistical data of the MIA on the introduction of protection orders (“protective warrants”) and administrative responsibility for violation (“non-fulfillment”):

ANNEX E, TABLE 7

DV Perpetrators and Protection Orders in Ukraine

Year	Total # registered	# registered in the current period	# of protective warrants (protection orders)	# of administrative protocols under Article 173-2 for non-fulfillment of protective warrant
2004	81957	56777	8380	3703
2005	84155	59733	7566	2452
2006	85178	63624	6359	3214
2007	87831	65042	5830	3126
2008	85085	66119	6394	1505
2009	93327	72945	6551	1604
2010	102133	81135	6684	No data
6 mos. of 2011	104892	44088	2706	No data

Source: Bandurka, et al., 2011

DV cases considered by courts and penalties. Based on the statistical reporting of the MIA, the table below shows the administrative penalties for family violence.

ANNEX E, TABLE 8

Administrative Penalties for Family Violence in Ukraine

Year	Total # registered	# of administrative protocols drawn up by Article 173-2	# of decisions adopted by courts	Warning	Fine	Corrective labor	Administrative arrest	Public works	Exempt from administrative responsibility
2004	81957	82413	81339	8012	60491	1195	11366	-	275
2005	84155	83347	80176	7157	61737	349	10615	-	318
2006	85178	88909	82784	5822	66873	375	9334	-	380
2007	87831	94724	88296	5554	72080	412	9718	-	532
2008	85085	98891	90556	5104	74169	350	10342	-	591
2009	93327	112734	102232	3304	83687	230	14289	-	722
2010	102133	121065	105590	797	59332	102	10730	-	858
6 mos. of 2011	104892	66270	54644	795	29890	262	4465	2079	462

Source: Bandurka, et al., 2011

Hotline calls. According to the Ministry of Internal Affairs, there were over 102,000 family violence calls in 2010 (Bandurka, et al., 2011).

DV shelters.

The law requires the government to operate a shelter in every major city, but in practice it did not, in part due to the lack of municipal funding. According to the Ministry for Family, Youth and Sports, there were 21 centers for social-psychological assistance and 9 centers for medical and social rehabilitation in 19 oblasts, Crimea, and the cities of Kyiv and Sevastopol, which had capacity for 342 persons. During the first nine months of the year, these centers provided assistance to 1,194 persons, of whom 91 adults and 96 children had been victims of domestic violence. NGOs operated additional centers for domestic violence victims in Vinnytsia, Donetsk, Zhytomyr, Odesa, Chernihiv, Poltava, Sumy and Khmelnytskyi oblasts (U.S. Department of State, 2011).

Crisis Centers (Excerpts from Bandurka, et al., 2011).

Article 8 of the DV Law does not envisage mandatory establishment of crisis centers. According to the Law, such centers are established by local state administrations by submission of the specially authorized executive body on prevention of family violence in accordance with social needs of the region. However, in what way should the needs of the region be defined, is not determined either in the Law or in subordinate normative legal acts.

Not in all regions of Ukraine the crisis centers are established and operate, but in most regions there are other establishments which provide assistance to victims of family violence. Such establishments are financed both from oblast and local budgets, and from international funds. The data on the number of submissions of the specially authorized executive body on prevention of family violence according to the needs of the region were missing in the information provided by representatives of the Ministry of Ukraine on Family, Youth and Sports.

Those establishments are not specialized (for provision of assistance to victims of family violence only). Their clients may include: persons returning from places of imprisonment; persons from among orphaned children and children deprived of parental custody; persons who suffered from trafficking in human beings; families and persons whose difficult life circumstances are caused by the natural disaster or catastrophe, etc. And each of those categories requires an individual approach in providing them with the necessary assistance.

According to the model statute, only persons below 35 years of age or those with minor children can become clients of those centers. As of providing assistance to seniors who suffered from family violence or who are in danger of family violence, this problem is not settled in Ukraine at the moment.

According to statistics from Ukraine's Ministry of Internal Affairs, 317 victims of family violence were referred to specialized institutions for rehabilitation for 2010 and 114 victims for the first half of 2011. At the same time, 3,673 perpetrators of family violence were referred to crisis centers for a “corrective program” in 2010 and 2,047 perpetrators in the first half of 2011 (Bandurka et al., 2011).

Centers for medical and social rehabilitation of victims of family violence (Excerpts from Bandurka et al., 2011).

Article 9 of the DV Law limits the term of stay of victims of family violence in the centers of medical and social rehabilitation for victims of family violence. The victims may stay there during the time necessary for their medical treatment and psychosocial rehabilitation. Optionally, outpatient treatment and psychosocial rehabilitation may be taken.

The Order of the Ministry of Health of Ukraine “About the staffing norms and model staff lists of health-care institutions” (including further alterations and amendments) of 23.02.2000 No. 33 does not stipulate staffing norms of centers of medical and social rehabilitation of victims of family violence as such. The monitoring showed that centers of medical and social rehabilitation of victims of family violence do not provide the Ministry of Health of Ukraine with the information about the amount of work they conducted for generalized purposes.

In some oblasts of Ukraine there are other establishments providing socio-psychological assistance. In the absence of the center of medical and social rehabilitation of victims of family violence, assistance to the victims of family violence is provided by centers of socio-psychological assistance and by territorial health care establishments of level II (central district and municipal hospitals) and level III (oblast and oblast children's hospitals) in the general order.

Information about a real number of centers of medical and social rehabilitation of victims of family violence varies. For instance, according to information received from the Ministry of Ukraine on Family, Youth and Sports, 16 centers of medical and social rehabilitation work at the health care establishments. And letters from the oblast departments of health give grounds for the conclusion that centers of medical and social rehabilitation of victims of family violence established according to this Law, operate only in the city of Sevastopol, and the Kirovograd and Kherson Oblast.

According to the answer from Sevastopol City division of Public Health, from 2004 until 2011 there were no victims of family violence in Sevastopol Medical Centre.

However, below are the statistics of the MIA of Ukraine on the number of people who were registered for physical family violence in the city of Sevastopol from 2004 to 2010, which raises the question of whether victims of family violence have been informed about the existence of the center.

ANNEX E, TABLE 9

Number of People Registered for Physical Family Violence in the City of Sevastopol from 2004 to 2010

Number	2004	2005	2006	2007	2008	2009	2010
# registered for physical violence	456	584	527	625	816	895	1047

Source: Bandurka, et al., 2011

DV health costs. “According to the Donetsk Regional League of Business and Professional Women, domestic violence annually resulted in 100,000 days of care at in-patient hospital facilities, 30,000 trauma unit cases, and 40,000 doctor visits” (U.S. State Department, 2011).

Women’s NGO list with contact information: http://www.stopvaw.org/Women_s_NGOs27.html
(last updated, July 17, 2009)

ANNEX F

EXAMPLES OF DV PREVENTION ACTIVITIES IN THE E&E REGION

ANNEX F, TABLE I

Examples of Domestic Violence Prevention Activities in the E&E Region*

EUROPE

Country	Activity
Albania	<ul style="list-style-type: none"> • 16 days of activism against gender violence (2011) • "Violence against women, not only a family problem" training for police officers (2008) • Training for teachers on gender equality and violence against women (2008) • Year against domestic violence (2008) • "Violence kills if you are silent! - You react as well and say stop to Domestic violence" (2007) • Training of police regarding violence against women in the family (2006)
Bosnia & Herzegovina	<ul style="list-style-type: none"> • 16 days of activism against gender violence (2010–2011) • Speech of the Minister of Human Rights and Refugees on Domestic Violence (2010) • Speech of the Prime Minister of Republika Srpska on Domestic Violence (2010) • Gender Center of RS Campaign "Men, Stop Family Violence" (2009) • Training for judges and prosecutors on the application of procedures for the imposition of protective measures (2009) • Campaign "Family Without Violence" organized by the Gender Center of Republika Srpska (2008) • Gender Center of FBiH Campaign "Happy Family, Prosperous Society" (2008–2010) • Campaign "Stop Family Violence" organized by the Agency for Gender Equality of Bosnia and Herzegovina (2007)
Kosovo	<ul style="list-style-type: none"> • "Don't Hide It Anymore" OSCE domestic violence prevention campaign (2012) • 16 days of activism against gender violence (2011) — including three gender-related documentaries • 16 days of activism against gender violence (2010)
Republic of Macedonia	<ul style="list-style-type: none"> • 16 days of activism for protection against violence against women (2011) • Rehabilitation of perpetrators (2011) — MLSP and WHO project counseling violent offenders • Multi-sector training of professionals working on domestic violence for 300 professionals from social welfare centers, healthcare, police, NGOs, justice bodies (2011) • Training on violence against women in the Ministry of Interior (2011) • Inclusion of gender equality in education curricula (2010) • UNDP training of professionals on prevention and protection against domestic violence for 50 police, social welfare centers and local self-government (2010) • Campaign against domestic violence (2008–2009) • 16 days campaign (2007) • Training of professionals on "work with victims of domestic violence" for – 400 professionals from police, social welfare centers, health care institutions, civil sector and local self-government (2007–2009) • Campaign against domestic violence (2006) • Training of professionals on "Establishing good practices for work with victims of domestic violence" for 80 professionals of police, social welfare centers, health care facilities, courts and associations of citizens (2005–2006)

Country	Activity
Montenegro	<ul style="list-style-type: none"> • 16 days of activism against gender violence (2007–08, 2010–11)
Serbia	<ul style="list-style-type: none"> • 16 days of activism against gender violence (2009–2011) • UNIFEM Gender Equality Training Directorate: 12 training sessions for public officers working in public administration (2008) • National Conference on Combating Violence against Women (2007) • Speech of the President of the Republic of Serbia, Boris Tadic, upon the opening of the National Conference on Combating Violence against Women (2007)

EURASIA

Country	Activity
Azerbaijan	<ul style="list-style-type: none"> • Planned capacity building for service providers (2009) • Lectures in schools Sajida Abdulvahabova, the director of the Union for Research on Women Problems, Professor of Baku State University (2008) • Public Awareness Raising Campaign on Violence against Women (2008–2009) • Joint Advocacy Campaign on Gender (2007) • Comprehensive Advocacy Campaign to Eliminate Gender Stereotypes, and the Month of Activism against Gender-Based Violence (2006) • Television clips addressing violence against women (2006)
Belarus	<ul style="list-style-type: none"> • Training for health specialists working on violence against women (2009) • Informational materials produced by the regional centers for social services (2008) — on VAW in general • 16 days of activism to end violence against women (2006–2008) • "Domestic violence does not have to be a part of your life" awareness raising campaign (2006) • "Family without violence teams (2006–2007) Specialized police/court(s)/prosecutor(s)
Georgia	<ul style="list-style-type: none"> • 16 days of activism against gender violence (2011) • Project SHiEld: Enhancing prevention and response to domestic violence in Georgia (2009–2011) • Interagency Council for Prevention of Domestic Violence, convened by the Ministry of Labor, Healthcare and Social Protection, Ministry of Interior with interested NGOs and international organizations (2010)
Moldova	<ul style="list-style-type: none"> • Psychological services for perpetrators pilot in Anenii Noi by an NGO providing psychological services to perpetrators who are alcohol abusers. Funded by UNDP and UNFPA (2010) • Trainings of judiciary professionals on domestic violence (50 professionals in Sept 2009 and 25 in 2010) • Training for judges/courts, lawyers/students of law, police, prosecutors • Speech of Ms. Valentina Buliga, Chair of the Parliament's Social Protection, Healthcare and Family Commission on DV in support of law that was then passed (2008) • "16 days of activities against gender based violence" Campaign (2005–2010) • State University of Moldova Curriculum on Gender Education and Domestic Violence including chapter of DV (2003) • Master's level curriculum on DV implemented in the State University of Moldova Department on Psychology and Education Sciences (2009)

Country	Activity
Russian Federation	<ul style="list-style-type: none"> • Training of staff from clinics and women's health clinics (2008) • Ministry of the Interior (MIA) and Council of Europe Training of 150 teachers at MIA educational institutions on violence prevention. Also topic of violence upgraded at MOI's educational institutions in criminology, criminal law, family law, etc. (2008) • Tula Oblast 10 day campaign in November "Let's Stop Violence against Women and Children" (2008) • Statement of L. N. Glebov, State Secretary/Deputy Minister of Health and Social Development of the Russian Federation (2006)
Ukraine	<ul style="list-style-type: none"> • Engagement of men against gender-based violence (2009) • Inclusion of the issue of domestic violence in the school curricula as optional secondary school subject on the issues of social diversity and equality (2009-present) • Voluntary intervention programs for offenders in Kyiv (2009–2011) • "Stop Violence!" campaign (2008–2011) • Engagement of Ukraine in the UN worldwide campaign to end violence against women (2008) • Pan-European Campaign regional initiative "Parliaments united in combating domestic violence against women" (2006–2007)

* Primarily based on the UN Secretary-General's database on violence against women, and other available information in human rights reports and through internet sources, but not otherwise confirmed.

