

Summary of adopted GREVIO reports relevant for Perpetrator Programmes (PP) for domestic and gender-based violence

Information from GREVIO reports collected from the [Council of Europe website](#)

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ALBANIA

Date of Signature: 19 December 2011

Date of Ratification: 4 February 2013

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STATE REPORT

The programs on perpetrators are almost entirely new in Albania and in a limited and insufficient number. Such a situation is reflected also in the National Strategy for Gender Equality and Reduction of Gender Based Violence and Domestic violence.

Issues related to the programs on perpetrators include:

- Various models applied by various service providers and not all of them in line with the requirements and specificities of such programs. Sometimes there are merely special sessions provided to perpetrators that cannot be considered complete;
- In some instances, sessions are provided by professionals, but not all of them are specifically trained to work with perpetrators (especially during the provision of mediation or counselling of couples);
- Efforts have been made to cooperate with programs on women, or to work both with the victim and the perpetrator, but again more efforts, greater knowledge, resources and activities are needed for capacity building.
- Recognition, standardization and certification of services to perpetrators as a necessity for the enforcement of the Law on Domestic Violence;
- Psychological, psychiatric and medical treatment of more serious cases, in accordance with a coordinated referral system between the providers of rehabilitation services and the state structures;
- Financial support by state structures for services delivered by the civil society organizations.

Positive models:

- The counselling line for men and boys has been established (more similar to a specialized service) which is functioning as an entirely new service. Such an experience will facilitate the adoption and implementation of the requirements of the Convention for this kind of service, defining it as a priority not only for this center, but for all the service providers that may begin/continue working with perpetrators. The program has started to operate in 2014 and is managed by the Advisory Center for Women and Girls (an Albanian NPO). The staff of this project is made up of male counsellors trained in cooperation with various international organizations specialized in this area. There is a growing interest and increased number of phone calls by men who are not ordered by the Court to follow a program at this center.
- Furthermore, the office —For Boys and Men has been set up (founded by the association Gruaja tek Gruaja – Women to Women, Shkodra, in 2014), however the growing number of cases and their complexity, the social factors, the demographic distribution of cases, the complexity and difficulties in addressing the urgent needs of the victims of domestic violence

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have brought about the need to resort to an holistic approach in the work for the psychological rehabilitation of perpetrators of domestic violence. Besides being a multi-disciplinary approach, it needs to be consistent, multilateral and comprehensive.

- The outcomes of the performance monitoring of this program will inform a better policy of expansion and more effective implementation of this service across the country.
- The steps taken through specific campaigns devoted to men and boys, such as the campaign BASHKOHU (UNiTE), the campaign He for She, or the existence of a national action plan for men, the special program for perpetrators, etc., are positive and need to continue and be strengthened.
- The outcomes need to be regularly monitored in order to have a clear view of the actions undertaken in order to achieve better results.

Irrespective of all efforts made and piloted models of working with perpetrators, it is very important to set up and consolidate a strong movement of men and boys. Also it is necessary to take new initiatives to initiate special programs for perpetrators.

Some service providers have begun working with perpetrators because some victims/survivors have demanded this. Some others have started this work because it is one of the requirements of the Law on Domestic Violence. All the actors involved in piloting the models of programs for perpetrators declare that they are aware of the importance of starting a serious intervention in this respect. The models used so far need to be improved and consolidated, and then to be extended to various municipalities of the country.

The situation regarding service providers for perpetrators is as follows:

- Nine service providers delivering programs for perpetrators. In five of them, referral to programs for perpetrators is voluntary, for one service provider, referral to programs for perpetrators is compulsory, while for four others, referral to programs for perpetrators is both voluntary and compulsory, depending on the situation.
- Eight service providers (of 9) deliver support services to women spouses of the perpetrators who have access to their services, such as counselling and legal representation, anger management, building of healthy relations with the spouse, health services (gynaecological, family planning, test and counselling for HIV/AIDS or SST, services related to abortion, etc.); counselling to face the issue of domestic violence, information on legislation and their rights, referral to employment offices, or services linked with mental health problems.
- Five service providers have worked together with the victims and perpetrators, providing therapy to couples, family counselling and psychological support for women and children, particularly during the follow up of proceedings in the court, the prosecutor's office, or the bailiff's offices.

Support Programs for Sexual Offenders

Sexual offenders are treated generally like all the other offenders. The programs are mentioned in the above point.

EVALUATION REPORT BY GREVIO

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Support programmes for perpetrators of domestic violence have only recently been introduced in Albania. At present, such programmes are provided only by a few NGOs, and not by any public institution. Their development remains therefore embryonic, both in terms of the number of available services and of geographical coverage. Existing programmes appear to follow different approaches which are not always in line with prevailing best practices. This concerns in particular the recourse to family therapy/counselling and mediation. Based on available information and having regard to the extremely low number of reported cases of sexual violence, GREVIO finds that there are no treatment programmes devoted specifically to sex offenders, and aimed at preventing them from re-offending. In light of the above, GREVIO expresses its satisfaction with respect to the objective of the on-going National Strategy on Gender Equality of increasing by 30 % the number of (punished) perpetrators of gender-based violence/domestic violence having benefited from targeted rehabilitation programmes. GREVIO stresses the need for such programmes to comply with internationally accepted minimum standards, which include, as a paramount objective, the safety for women and children. Considering that convicted perpetrators represent only a minority of those concerned, GREVIO further recalls that both voluntary perpetrator programmes and programmes mandated by courts should be ensured, and that in any case, the latter should not be used as an alternative to punitive sanctions. It takes note in this regard of the apparent low propensity of courts to make use of the provision of Article 10 of the LDV where by protective measures can require perpetrators to follow rehabilitation programmes. Further, staff deployed to dispense such programmes should be properly trained. Training might include an exchange of good practice with existing services such as the “Counselling line for men and boys” which operates on the grounds of an effective co-operation with the courts, probation service and prison administration. GREVIO encourages the authorities to:

- a. Increase the number of available perpetrator programmes aimed at teaching perpetrators of domestic violence to adopt non-violent behaviour in interpersonal relationships, with a view to preventing further violence and changing violent behavioural patterns;
- b. Set up and/or encourage the setting-up and support treatment programmes for perpetrators of sexual assault and rape, with a view to minimising recidivism. In doing so, the authorities should ensure that the safety of, support for and the human rights of victims are of primary concern and that, where appropriate, these programmes are set up and implemented in close co-ordination with specialist support services for victims, having due regard to recognised relevant standards.

GOVERNMENT COMMENTS TO THE GREVIO REPORT

No references to article 16

RECOMMENDATIONS BY THE COMMITTEE

The Committee welcomes the measures taken and progress achieved by the Albanian authorities in implementing the Convention and notes in particular:

- Efforts to promote awareness around violence against women by linking the issues of gender equality and violence against women, and by involving men and boys as actors of change in combating stereotypes and rejecting all forms of violence;

However, the Committee does not mention other specific recommendations regarding perpetrator programmes.

ADDITIONAL INFORMATION – SHADOW REPORTS

- **Contribution from the Women’s Association “Refleksione”**

Lack of financial resources to provide for an extensive and comprehensive specialized support services for survivors of domestic violence ranging from emergency support and emergency centers/shelters on site, specialized legal and psycho-social counselling on site, counselling for perpetrators and children as witnesses of domestic violence, transportation to safe accommodation, long-term rehabilitation services including psycho-emotional support, vocational training, employment programs and opportunities to ensure victims’ economic independence and strengthening. The establishment of the specialized support services could pave the way for Albania to implement the Istanbul Convention.

- **Contribution from Awen (Albanian Women Empowerment Network)**

Setting up treatment programmes for perpetrators of domestic violence and for sex offenders Article 16 of the CoE Convention requires the set-up of perpetrators programmes as a specialist service against domestic violence. It requires from the Parties to set up or support programmes aimed at teaching perpetrators of domestic violence to adopt non-violent behaviour in interpersonal relationships with a view to preventing further violence and changing violent behavioural patterns. Also, Parties shall ensure that the safety of, support for and the human rights of victims are of primary concern and that, where appropriate, these programmes are set up and implemented in close co-ordination with specialist support services for victims. In Albania, the work with perpetrators is a recent initiative. Some service providers have initiated the work with perpetrators because the survivors have requested/suggested it, while others because it has been requested by the legislation. An example of such programme are the Office for Men and boys in Shkodra-which has started as an initiative of the organization Woman to Woman, Shkodra a local NGO and the Counselling Line for Men & Boys which started in 2015 and managed by Counselling Line for Women & Girls, another local NGO. The staff of both organizations is composed of men counsellors who, in September 2014, were the first group of men to receive certificates as qualified counsellors for this service. There is a growing interest to participate in the program even by men who are not obliged by the court.

Initially mentioned in the National Strategy for Gender Equality and Reduction of Gender-Based Violence, the perpetrators’ programmes were set up log time afterwards and are yet very limited and insufficient. Different service providers have tried different approaches and models, consisting mainly in family counselling and mediation. However, not all of them are in line with the requirement and specifics defined for such programmes. These programmes exist only in Tirana and, as stated by the Director himself, a lot has to be done to consolidate the programme and reach a higher number of men and boys perpetrators of domestic violence.

ANDORRA

Date of Signature: 22 February 2013

Date of Ratification: 22 April 2014

Date of entry into force: 1 August 2014

STATE REPORT

[Only available in French]

Please provide information on the measures taken to set up or support programmes targeting perpetrators of domestic violence within the meaning of article 16, paragraph 1. In particular, please provide information on:

1. the total number of existing programmes, their geographical distribution and the institution/entity/body responsible for their implementation (prison administration, probation service, NGOs, others), whether they are mandatory or voluntary, as well as the number of perpetrators registered each year; Law 1/2015 establishes an intervention and treatment program for male perpetrators of violence against women. Access to the program may be by own initiative or by judicial resolution. The implementation of the program was in 2017 and at the national level because Andorra is a country with a territorial surface of 468 km.
2. The measures taken within the framework of these programs to ensure that the safety, support and human rights of women victims are a priority and that their implementation is carried out in close coordination with specialized support services for women victims;
This program has been designed as a protection measure for women victims of violence and for this reason; the program depends on the Service of Integral Assistance to Women Victims of Gender Violence. The assistance to male aggressors becomes a different space from the one for victims.
The necessary coordination between the people responsible for the follow-up will be carried out to guarantee the safety of the women victims and, if necessary, of the dependent children.
3. The way in which a gender-based understanding of violence against women has been included in these programs;
The Equality Policy Unit has approved the draft program of assistance for the promotion of non-violent relationships. The psycho-educational and pro-feminist approach has been selected for the treatment of gender-based violence. The intervention with male aggressors can be individual or group. The subjects treated in the program, although it is possible to adapt it to the circumstances of each case, are:
 - Presentation of the group, motivation and objectives of the treatment.
 - Taking responsibility and defense mechanisms.
 - Introduction to the concept of violence and modalities.
 - Control and power relations.
 - Identification and expression of emotions.
 - Cognitive distortions and irrational beliefs.
 - Empathy with the victim.
 - Relationship skills and communication.
 - Parental responsibility.
 - Sexuality
 - Preparation for reintegration and post-treatment.
 - Evaluation and completion of sessions.

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4. Funding sources and amounts for these programs;
This program depends on the Equality Policy Unit. As already mentioned, the implementation started in 2017 and the funding resources are integrated in the annual budget of this Unit. In the 2016 budget, two professionals (men) were hired. These professionals are a social worker and a psychologist.
5. Measures taken to evaluate their impact.
The evaluation of the program is carried out through quantitative and qualitative questionnaires. These questionnaires are designed to measure the implementation and achievement of the objectives set out in the individual work plan.

Please provide information on the measures taken to set up or support programmes targeted at sexual offenders within the meaning of Article 16(2).

The prevention, intervention and treatment program referred to in the previous paragraph also responds to this obligation of the Convention. However, the Courts have the jurisdiction to establish as an ancillary measure the monitoring of the program. During the 2014-2015 periods, judicial diversions are made, if necessary, to private psychologists.

EVALUATION REPORT BY GREVIO

Preventive intervention and treatment programmes (Article 16)

Programmes for perpetrators of domestic violence

Since 2018, the Equality Policies Unit has provided a programme for perpetrators aimed at promoting non-violent relationships. The programme was set up in response to an obligation in Article 19 of Law No. 1/2015 and is funded from the Equality Policies Unit's budget. It follows a cognitive behavioural approach and includes a strong gender perspective. It is run by a psychologist and a social worker, both of whom are trained in working with victims and perpetrators of gender-based violence. The programme lasts for nine months in the case of voluntary participation and six months if ordered by a court, and is divided into 14 modules, including the presumption of responsibility and defence mechanisms, control and power relations, and parenting. The first sessions in the programme involve a risk assessment during which factors such as histories of violence and/or criminal offending, violence in the perpetrators' own families, access to weapons and alcohol or drug addiction are reviewed. Since the launch of the programme, eight men have taken part voluntarily and nine by court order.

GREVIO welcomes the introduction of the programme to promote non-violent relationships as an essential aspect of an integrated response to violence against women that takes account of the relationship between victims, perpetrators, children and their wider social environment. GREVIO also notes with interest that the programme is also aimed at boys who reproduce violent patterns of behaviour to which they were exposed or of which they were direct victims. With regard to the various forms of violence against women, the programme is suited equally to dealing with physical violence and with psychological, sexual and economic violence between intimate partners or in the domestic sphere.

At the time of GREVIO's evaluation, ad hoc arrangements were required to enable inmates to leave Andorra prison temporarily and attend the programme sessions, pending the signature of a cooperation agreement to formalise the rollout of the programme in prison. Co-operation between

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the service in charge of the programme and the other agencies dealing with victims and their children is ensured and involves, in particular, social services, child protection services, the SAVVG, health services and judicial services. In the latter case, exchanges with the High Council for Justice, which is in charge of organising training for judges and prosecutors, have raised justice professionals' awareness of the importance of promoting access by perpetrators to the treatment programme. GREVIO considers that this is an aspect which could be strengthened, just as it is important to raise the programme's profile among the general public, with a view to enabling more perpetrators of violence to take part, whether voluntarily or by court order. In this connection, it is also important to open up the programme to co-operation with specialist victim support NGOs. In the long term, it will also be necessary regularly to evaluate the activities carried out so as to determine their impact; in particular through scientific studies and the collection of statistics on participation and reoffending rates with a view to ascertaining whether the programme meets the intended preventive objectives.

GREVIO invites the authorities:

- a. to take steps to increase the potential of the programme for perpetrators of domestic violence as preventive tools, in particular by publicising information about the availability of the programme more widely among both the general public and professionals who may recommend and/or order attendance by perpetrators.
- b. to ensure that these programmes adopt an integrated approach, in close collaboration with specialist women's associations;
- c. to assess existing programmes to determine their short-term and long-term impact, in particular by means of scientifically-designed studies of the results and a compilation of statistics on participation and reoffending rates to show whether the programmes have met the intended preventive objective.

Programmes for sex offenders

Apart from in cases of domestic violence, the evaluation procedure did not identify any treatment programmes in Andorra designed to prevent reoffending among sex offenders, as required under Article 16, paragraph 2, of the convention. 86. GREVIO strongly encourages the Andorran authorities to take steps to comply with the requirements of Article 16, paragraph 2, of the convention concerning the establishment of treatment programmes for sex offenders.

ADDITIONAL INFORMATION – SHADOW REPORTS

- Action féministe Andorre

[Only available in French]

- Association "Stop Violències Andorra"

The government has not established programs for sexual offenders. And if there is any program or protocol in place it is not public domain, neither the association has been contacted for collaboration.

AUSTRIA

Date of Signature: 11 May 2011

Date of Ratification: 14 November 2013

Date of entry into force: 1 August 2014

STATE REPORT

Working with offenders of domestic violence

Men's counselling centres, men's centres and the Neustart association use a variety of approaches to work with violent men.

Extensive efforts have been made in recent years to establish nationwide programmes for working with offenders which focus on victim protection.

Federal working group "Victim protection-oriented work with offenders" (BAG)

A core element of this initiative was the setting up of the federal working group in 2012 which includes men's counselling centres (focussing on victim protection), the Neustart association and victim protection centres. The group's activities are funded jointly by the Ministries of Social and Women's Affairs (7,000 euro each in 2014 and 2015). Key achievements so far include:

- Mapping the existing national programmes for working with offenders including methodical approach, whether victim protection is the priority or not.
- Approval of a cooperation agreement between the Neustart association and victim protection facilities (violence protection centres, women's shelters) in cases where work with offenders is linked to criminal proceedings.
- Developments of standards for victim protection-oriented work with offenders (although these have not yet been completed).

Working group on "Federal implementation of victim protection-oriented work with offenders"

In 2015 the IMAG "Protecting women against violence" set up the working group on "Federal implementation of victim protection-oriented work with offenders", whose principal aim is to ensure nationwide implementation of such programmes in accordance with mandatory standards.

Direct dialogue with threatening individuals

"Gefährderansprachen" (direct dialogue with threatening individuals) can be provided as a direct police intervention by specially trained police officers, who make the offender aware of their actions and their (legal) consequences, particularly in the event of any further crime. This aims to encourage offenders not to commit any further crimes and to seek professional assistance of their own accord (e.g. therapy).

Victim protection-oriented work with offenders

The training programme for victim protection is structured around three elements: offender training by a men's counselling centre or the Neustart association, the support programme for (ex-) partners through a violence protection centre or women's shelter, and cooperation between both types of

establishments, as well as their links to other elements of the intervention system. Work on gender socialization and violence in sexual relationships is included in the intervention strategies of victim protection-oriented work with offenders.

Men's counselling centres

The "oldest" programme for victim protection-oriented work with offenders was established in 1999 by the Men's Counselling Centre Vienna together with the Domestic Abuse Intervention Centre Vienna (IST Vienna). Around one-third of participants in the anti-violence programme by the Men's Counselling Centre Vienna are referred through the judicial system (diversion programmes, suspended sentences with compulsory anti-violence training, parole, requirement from the guardianship court).

The costs of the IST Vienna are funded as part of the mandate from the Ministries of the Interior and Women's Affairs (see Chapter 3.4). The costs for the Men's Counselling Centre Vienna are funded by the Ministries of the Interior, Justice (10,000 euro each in 2014 and 2015), Family and Social Affairs, although this funding is not guaranteed for the long term.

The Association for Men's and Gender Issues Graz supports between 50-60 men each year, with around 20 of these in long-term intervention programmes. Anti-violence group training is held in Graz with around 10-15 participants each year taking part over a long period. In Styrian regions training is also held on an individual basis, with around 5-10 long-term participants each year.

The "Man"agement Association for violence prevention (Verein Man(n)agement-Verein zur Gewaltprävention (MVG) in Klagenfurt also carries out victim protection-oriented work with offenders.

Neustart

The Neustart association offers victim protection-oriented work with offenders on behalf of the Federal Ministry of Justice, in connection with criminal proceedings. Clients are referred to Neustart partly through judicial orders (probation, electronically monitored house arrest) and partly on a voluntary basis (help for ex-prisoners). Cooperation with victim support organisations is based on the agreement already mentioned between Neustart and victim support organisations (violence protection centres and women's shelters).

Work with offenders – sexual violence

Neustart

Sex offenders are subject to mandatory care supervision by the Neustart organisation. On average there are around 600 sex offenders under supervision.

Men's counselling centres

Several men's counselling centres in Austria also work with sex offenders, such as the Association for Men and Gender Issues Graz, which supervises self-referring clients as well as those referred by another body.

In Austria, support and behavioural change programmes exist both for domestic violence perpetrators and for sex offenders.

1. Programmes for perpetrators of domestic violence.

For domestic violence perpetrators, programmes are available from two different sources: men's and other counselling centres such as the Association for Men's and Gender Issues Graz, the Men's Counselling Centre Vienna and the Domestic Violence Intervention Centre Vienna on the one hand and the Austrian probation service Neustart on the other hand. While Neustart deals almost exclusively with convicted domestic violence offenders who were court-ordered to attend such a programme, attendance of the programmes run by the counselling centres is more mixed, including men participating on both a voluntary and a mandatory basis. In terms of attendance rates, in 2015 Neustart ran 34 anti-violence programmes with a total of 334 perpetrators.

An issue which has received a significant amount of attention since the entry into force of the Convention is that of introducing systematic victim-orientation into all programmes to ensure the safety and human rights of the women involved a gendered understanding of domestic violence and close co-operation with women's support services. A working group on this issue has been set up to map existing programmes and their principles of operation and to develop national standards for victim-orientation and protection. Work on these standards has not yet been completed, but a co-operation between Neustart and some women's support services has been formally agreed. This is an important step, as women's services in support of women whose partners or spouses, current or former, are attending a perpetrator programme at Neustart are now regularly informed of progress and of the level of co-operation of the attendees and are provided with any other information that might be important to ensure the women's safety. An important caveat in this regard, however, is that the consent of the perpetrator is required in order for this exchange of information to take place. While GREVIO recognises the importance of data protection, GREVIO is concerned that, in essence, this means that concerns for data protection of perpetrators take priority over concerns for the safety of victims of domestic violence and their children.

Another concern GREVIO would like to raise in relation to domestic violence perpetrator programmes is the fact that their attendance is largely dependent on the rates of conviction for domestic violence offences. As most attendees are ordered to attend a perpetrator programme in connection with a criminal conviction, and conviction rates for domestic violence are very low (see Chapter VI on Prosecution), this means that only a small percentage of perpetrators actually attend. GREVIO considers that more efforts should be undertaken to ensure wider attendance.

Recalling the obligation contained in Article 16, paragraphs 1 and 3, in particular as regards the emphasis on the safety of victims of domestic violence, GREVIO encourages the Austrian authorities to:

- a. Reinforce the efforts underway to ensure the systematic victim-orientation of all perpetrator programmes;
- b. Use all available means to ensure wider attendance of programmes for domestic violence perpetrators.

2. Programmes for sex offenders

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While incidents of sexual violence committed as part of a cycle of domestic abuse are addressed in domestic violence perpetrator programmes, perpetrators of all other sexual offences benefit from specific support programmes for sex offenders run by the Austrian probation service Neustart. These are one-on-one counselling sessions with a trained social worker from Neustart in which perpetrators are court-ordered to participate, often as part of a range of orders for measures such as anti-violence trainings and alcohol addiction recovery programmes. Counselling sessions are frequent and intense and carried out in close co-operation with the courts. Data provided in the Austrian state report indicate that on average Neustart works with around 600 perpetrators of sexual offences annually. Some of the men's counselling centres also offer sex offender programmes for self-referral or referral by other bodies such as courts, youth welfare offices or the law enforcement agencies.

GOVERNMENT COMMENTS TO THE GREVIO REPORT

Preventive intervention and treatment programmes (Article 16)

Recalling the obligation contained in Article 16, paragraphs 1 and 3, in particular as regards the emphasis on the safety of victims of domestic violence, GREVIO encourages the Austrian authorities to reinforce the efforts underway to ensure the systematic victim-orientation of all perpetrator programmes (proposal 23a, paragraph 86). Austria acknowledges the need for victim-orientation of perpetrator programmes and recognises the implementation of nationwide victim-oriented perpetrator programmes as an important tool for the prevention of (further) domestic violence.

Based on legal provisions (Code of Criminal Procedure), obligatory victim-oriented perpetrator programmes can be ordered by the court / prosecutor and are financed by the Ministry of Justice. They are offered exclusively by the probation service "Neustart".

Since perpetrator programmes are, at least to some extent, also a form of treatment –be it psychiatric treatment, psychological counselling or a form of psychotherapy –they still require consent by the perpetrator as a prerequisite. Compulsory treatment is possible only within narrow constitutional limits.

Nevertheless, Austria recognises the importance of court orders for the participation in perpetrator programmes and the respective awareness among judges and social workers of the Child and Youth Support Agencies.

Voluntary perpetrator programmes are offered by a variety of agencies. Continued efforts are made to provide the necessary budgetary means to offer nationwide victim-oriented perpetrator programmes as well as shared standards.

Recalling the obligation contained in Article 16, paragraphs 1 and 3, in particular as regards the emphasis on the safety of victims of domestic violence, GREVIO encourages the Austrian authorities to use all available means to ensure wider attendance of programmes for domestic violence perpetrators (proposal 23b, paragraph 86).

RECOMMENDATIONS ADOPTED BY THE COMMITTEE

No references to article 16

ADDITIONAL INFORMATION – SHADOW REPORTS

- **Austrian NGO-Shadow Report To Grevio**

In Austria, there are mainly two different types of organizations that carry out activities and work with perpetrators of domestic violence. Firstly, there are programs run by counselling centres that focus on supporting men, or organizations that provide comprehensive counselling services (such as family counselling centres and other related institutions). They all operate at the regional/provincial level. In addition, there is the Austrian national probation service (“Neustart”) which is run by an NGO that works on behalf of the Ministry of Justice; the work of Neustart is based on the law on probation, and covers a great variety of services, including alternative sanction measures and restorative justice measures, such as victim-offender mediation.

In 2011, the Domestic Violence Intervention Centre Vienna, which, together with the above-mentioned Men’s Centre, runs a program focusing on perpetrators, initiated by the National Working Group on victim-safety oriented work with perpetrators of gender based violence. The working group is comprised of experts from NGOs from all Austrian provinces who are working with perpetrators, as well as experts from specialized women’s support services. The expert group is recognized and funded by the federal government with a small grant of €5,000, in order to coordinate meetings.

The aim of the working group is to establish and implement standards for the work with perpetrators that comply with the Istanbul Convention: to ensure that the safety of and the human rights of victims are of primary concern in the work with perpetrators; to ensure that a gendered understanding is applied; and that activities are carried out in close coordination with women’s support services. The working group has already achieved important progress:

- A mapping of programs was carried out which included the analyses of data collection in this sector.
- A protocol of cooperation was established between the national probation service⁵² and specialist support services for women victims of violence,⁵³ agreeing that in every case of probation in domestic violence cases, that the probation service would work together with the specialist victim’s support services to ensure the victim’s safety and adequate support.
- Standards and guidelines for victim-safety oriented work with perpetrators were developed and presented to the inter-ministerial working group responsible for the implementation of the national action plan on violence against women. The standards are based on a gendered understanding of domestic violence.

Challenges

Despite progress that has been made since the Istanbul Convention entered into force, there continues to be gaps in the area of work with perpetrators that remain a concern:

Lack of accountability of the criminal justice system and lack of referrals to perpetrator programs

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The most concerning problem is that currently very few perpetrators are referred to programs which focus on working with perpetrators. According to the mapping carried out by the BAG OTA, this has to do with a concerning lack of accountability of the justice system: even if violence is reported, the majority of cases of violence against women are not sanctioned, as data of the Ministry of Justice from 2013 shows.

This lack of accountability of the criminal justice system is very problematic, because it conveys the message that violence against women is not taken very seriously (see also sections on Article 5 and Article 49). It also has a very problematic effect on the work with perpetrators, since few perpetrators are referred to perpetrator programs. This means that in the Austrian criminal justice system, which is not only repressive but foresees that sanctions are combined with measures of rehabilitation such as working with probation officers, probation time and other possibilities, these modern measures are hardly applied in cases of gender-based violence. A concrete example is that probation services would be ready to offer specialist trainings to perpetrators as part of probation. However, only in two provinces such trainings take place, because very few perpetrators are ordered by the criminal justice system to join a probation program. It is estimated that currently not even 1% of perpetrators in the reported cases of gender violence are mandated to attend perpetrator programs.

Lack of victim-safety oriented programs for perpetrators and lack of funding

The afore-mentioned mapping shows that currently only two (Vienna and Graz) out of 11 programs for perpetrators in Austria work in close cooperation with specialized women's support services. Working with perpetrators addresses safety for women and justice, and thus falls under the competence of the federal government. The first such program, the Anti-Violence Program Vienna, established in 1999, receives some federal funding, but still does not have secure funding and is in danger of being shut down every year. It is not known how much funding is currently spent on programs for work with perpetrators.

Lack of data

The National Working group BAG OTA has found during the mapping research that currently, there is no comparable national data on work with perpetrators in Austria. Therefore, the question in the questionnaire – number of places and number of perpetrators enrolled annually – cannot currently be answered. Data from the year 2015 concerning the oldest program draws the following picture: 158 perpetrators were in contact with the program, 23 (14.6%) completed the program, 74 (46.8%) did not start or dropped out, 61 (38.6%) are still in the program.

Programs for sex offenders

Domestic violence often implies acts of sexual violence and abuse. Thus sexual violence is included as a form of violence in programs for domestic violence perpetrators. Special programmes for sex offenders exist in Austria.

Recommendations

- Effective measures must be taken, including through ministerial decrees and mandatory training for judges and other relevant personnel during their basic training, to ensure that gender-based violence against women is effectively prosecuted, punished and that – where

appropriate – perpetrators are referred to anti-violence programs which fulfil the standards of the Istanbul Convention.

- Adequate and sustainable (long-term) funding must be provided to establish victim-safety oriented programs for perpetrators in all nine provinces of Austria, and programs which fulfil the standards of the Istanbul Convention should be funded.
- The financial support for the work of the national expert groups needs to be continued and increased to ensure that standards can be further developed and implemented and comparable national data can be collected and provided annually.
- The following minimum data should be collected on the national level using the same categories in order to make the data comparable:
 - Number of victim-safety oriented places of perpetrator programs
 - Number of perpetrators enrolled and number of completers
 - Number of victims supported by women's support services with whom the program cooperates
 - Age and gender of perpetrator
 - Age and gender of victim
 - Relationship of the perpetrator to the victim ◦ Form of violence against women
 - Geographical location

BELGIUM

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STATE REPORT

[Only available in French]

A study on the treatment of perpetrators of domestic violence in Belgium started in 2016 in order to provide an overview of treatment programmes, how they are structured and organised, who and how they can be used, and how they can be organised in the future in an optimal way in relation to international guidelines. It makes the following observations.

31 initiatives meeting the criterion "specific treatment programme for perpetrators of domestic violence" were identified. They can be subdivided into three different categories: (1) initiatives that, as part of the activities of an organisation (which deals with a broader theme), are created as a project, method or strand that specifically focuses on the target group of perpetrators of partner violence, (2) initiatives that are not part of the activities of a broader organisation, but are an autonomous initiative that focuses on perpetrators of partner violence, and (3) initiatives that take the form of in-depth collaboration between several organisations.

Belgium has treatment programmes within the judicial framework but also extra-judicial provision on a voluntary basis. In 2015, just under 2600 people received treatment within the described Belgian offer. 700 authors can be treated simultaneously. The assistance provided to these persons is mainly

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characterised by a strong structural (permanent) collaboration with the judiciary and the assistance sector. Initiatives that do not have their own offer of assistance for authors generally refer these persons to other initiatives of which they are aware.

The programmes are very varied, but some common outlines can be observed. Only the initiatives focused on case coordination do not intervene directly themselves. The other initiatives generally offer individual treatment at the level of the author. Group treatment (with several perpetrators) is more common in programmes that focus more broadly on VIF and partner violence. Most treatments are organised on an outpatient basis. The most common assistance is to provide information and counselling, followed by therapy and referral. Initiatives do not usually offer legal aid.

CAW supports the victims but also accompanies all those affected by VIF in order to create security, stop the violence and prevent it from happening again. The target group includes perpetrators and victims as well as couples. The focus is on risk assessment, identification of indicators, creating safety through, for example, time-outs, understanding the cycle of violence and special care.

Initiatives focusing on case co-ordination are aimed at a wider audience, while other initiatives focus more on the perpetrator and often involve the victim as well. Stopping or reducing the acts of violence is the most common reason for deciding that a case can be successfully closed. No grounds for refusal based on gender or type of relationship are applied. The minimum age to participate in a programme is usually 18.

In Flanders, several projects focus on accompanying perpetrators of VIF within the framework of the Global Plan, the content of which differs locally, but also within the framework of national training projects such as Dader in zicht, Slachtoffer in Beeld and the Leerprojecten voor Daders van Seksueel Geweld (learning projects for perpetrators of sexual violence). Accompaniment is tailor-made and can take the form of individual consultations or group meetings. Only a House of Justice can refer perpetrators to this form of support. The project 'herstelgericht werken met daders en slachtoffers van familiaal geweld' (working with perpetrators and victims of domestic violence for their recovery) of CAW Boom-Mechelen-Lier vzw was subsidised in 2018. This project focuses on crisis intervention and follow-up. Touché vzw also received a subsidy for the project 'Het beste uit spanning' (Making the best of tensions), which enables people who have been confronted with violence to give a positive meaning to their experience by helping others. However, this project is aimed at a wider audience than VIF.

The non-profit organisation Moderator enables victims and perpetrators and their relatives to talk to each other in a climate of trust. This mediation service is subsidised by Flanders. A mediator creates a safe space to talk about the facts and their consequences. If necessary, he or she helps to notify the court of the outcome of the mediation. Mediation is free of charge and available in all judicial districts. The not-for-profit association acted as a mediator in 403 cases of offences between family members between 2016 and 2018 (160 cases in 2016, 135 in 2017 and 108 in 2018). In 2017-2018, it focused strongly on "tandem mediation" in VIF cases, where the parties are immediately brought together and systematically work with two mediators in security. The association has also focused on strengthening cooperation and consultation with partners in the context of VIF cases. It is thus more involved in the collaboration with the VIF and in the chain approach, in which the tandem method can also take place.

Non-detained litigants receiving support from the Maisons de Justice in the context of implementing a judicial or administrative decision are referred by the legal assistants to the support services in order

to implement the conditions imposed. The Maisons de justice collaborate in this context with various organisations that offer reintegration and recidivism prevention services to those subject to the law.

Flanders has a plan to increase the accessibility of assistance and services for non-prisoners sentenced to a sentence. The aim is to make maximum use of ordinary assistance services, and a number of legislative and budgetary initiatives have been prepared to this end to allow for more extensive funding of assistance to persons subject to trial.

The French Community has adopted the decree of 13 October 2016 on the approval and subsidisation of partners providing assistance to litigants. Applications for the approval of services providing assistance to individuals and meeting space services are currently being examined. Several services intended to provide information and assistance to victims on the one hand and to make perpetrators of domestic violence accountable on the other are structurally funded, such as Praxis, the Centre for the Prevention of Conjugal and Family Violence, SOS Viol, etc. An inventory of awareness or training sessions on partner violence offered to prisoners in prison was carried out in 2016.

Care programmes for sexual offenders (Article 16)

Three cooperation agreements on the guidance and treatment of sexual offenders (AICS) in Belgium aim to enforce and apply the law, prevent recidivism and promote the (re)integration of AICS into society while avoiding stigmatisation. These agreements were evaluated in 2011 by the FPS Justice.

Therapeutic follow-up is managed by three regional support centres (in Flanders, the Walloon Region and Brussels) working with approved specialist teams. These teams are defined as multidisciplinary extra-penitentiary teams specialised in the problems of AICS. The support centres are the centres providing support to multidisciplinary teams specialised in the guidance or treatment of AICS mainly outside the prison environment.

Specialised teams provide processing and give opinions (except in Brussels where the Support Centre gives opinions), for example for the courts of enforcement of sentences. The treatment agreement between the person concerned, the judicial assistant at the Maison de Justice and the person in charge allows the latter to inform the justice system in the event of absence from the sessions or in the event of unilateral cessation of guidance by the person concerned.

The cooperation agreements provide for the installation of specialised psychosocial teams (or Psychosocial Service, SPS), in penitentiary establishments and social defence establishments or sections organised at federal level. The priority mission of the SPS is psychosocial advice, as a reference element in early release procedures such as electronic monitoring or conditional release, both for convicted persons and for internees in a social defence establishment or section.

With regard to outpatient monitoring, judicial assistants are responsible for guiding and monitoring the conditions imposed on the early release of prisoners or internees, persons under probationary conditions and persons sentenced to an autonomous work or probation sentence. They are responsible for investigations and social guidance imposed by the competent authorities. They motivate and support the person concerned in his or her reintegration into society.

The skills and experience acquired by the support centres enable them to act as consultants to specialised centres that request them. They thus play a supporting role both in the guidance and

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treatment of individual cases and in the overall approach and scientific methodology. They can also offer specific training.

In Wallonia, 65 Mental Health Services (SSM) are accredited and are open to the general public. In 2016, 1,281 AICS were taken care of in the specialised SSMs or specialised health teams (ESS), 890 people were followed up and 391 new requests were followed up. 41 new requests were refused or redirected. In 2017, 1,309 AICS were taken care of, 920 people being followed up and 389 new requests having been followed up. 22 new applications were refused or redirected.

The pilot project COSA (Cirkels voor Ondersteuning, Samenwerking en Aanspreekbaarheid) aims to reintegrate conditionally released AICS who are therefore following a treatment and support under a judicial warrant and avoid their recidivism. This project relies on a network of volunteers and professionals. The risk of recidivism increases when AICS find themselves socially isolated. Participants in this project are trained to immediately detect any signs of re-offending behaviour. This project continues on the Dutch-speaking side by complementing the classical treatment and reintegration of those AICS who are at high risk of relapse. Professionals and volunteers work together to form a circle around an AICS released after a prison sentence or via an alternative sanction. The circles are accompanied by a professional coordinator who coaches the volunteers and regulates the collaboration between the circles. Victims do not actively participate in the circles. However, one of the tasks of the volunteer is to talk to the professional about the facts and the victims. The victim's situation and experiences are therefore discussed during the interviews.

In addition, Flanders has committed itself to check to what extent the general offer to the AICS can be streamlined, based on the recommendations of the evaluation report on cooperation agreements. The steering committee active within the framework of the agreement has drawn up a concept note with recommendations to streamline this offer. The Flemish Agency for People with Disabilities (VAPH) has created a residential offer for (presumed) disabled persons in residential care. Regulations are being drawn up to provide them with specific reception facilities, for example by facilitating the transfer of interned people with disabilities from prison and forensic psychiatry to mainstream care for people with disabilities, including the specific offer for perpetrators of transgressive sexual behaviour available through the Leerproject voor Daders van Seksueel Geweld (LDSG). An individual offer is offered there in the form of a learning and guidance process imposed on the AICS. The offence is seen as an opportunity to change the behaviour of the AICS through awareness, understanding, empowerment and attitude change. The project has evolved over the years from a training programme to a greater focus on the care of AICS.

EVALUATION REPORT BY GREVIO

Preventive intervention and treatment programmes (Article 16)

Programmes for perpetrators of domestic violence

Two studies have been carried out, from which it is possible to form a fairly accurate assessment of programmes for perpetrators of domestic violence in Belgium: the first focuses on the different types of therapeutic interventions for perpetrators of violence between partners and their efficacy (2016-

2018) while the second study looks at the profile of perpetrators of violence between partners (2017-2018). According to the first study, 31 schemes aimed exclusively or partially at perpetrators of domestic violence exist in Belgium and are accessible via 48 locations in Belgium, run by two types of structures on the Dutch-speaking side (the Mental Health Centres or CGGs and the Centres for General Welfare or CAWs) and one major provider on the French-speaking side (Praxis, a non-profit-making association). It appears, however, that the schemes are under-funded and unevenly accessible across the country.

In the judicial field, it would seem that preventive intervention and treatment programmes aimed at changing perpetrators' attitudes and behaviour in order to prevent reoffending are rarely deployed as a complement to criminal conviction, but are instead used as an alternative to conviction. This raises questions about the dissuasive nature of the criminal law response. While a criminal justice response is not the only response to be pursued in cases of violence against women and must be part of a comprehensive and integrated approach, GREVIO reiterates the importance of holding perpetrators accountable for criminal acts, in line with states' obligations under the European Convention on Human Rights to ensure effective investigation and prosecution and to impose appropriate sanctions in cases of serious violations of the victim's human rights.

In the extrajudicial context, there is a strong trend towards "tandem mediation", as noted in the state report. GREVIO wishes to reiterate the need for continued vigilance with regard to the use of mediation in cases of gender-based violence, which by definition is characterised by a relationship of domination and control. An evaluation to ensure that victims have given their free and informed consent, with attention being paid to the gender dimension of violence against women, must remain a prerequisite for mediation, otherwise there is a high risk of secondary victimisation.

Programmes for sex offenders

Since the late 1990s, agreements aimed at establishing programmes for sex offenders have been concluded between the federal government and the Walloon Region, the Flemish Community and COCOF, and these agreements were evaluated in 2011 by the Federal Public Service for Justice. Three regional support centres exist in Flanders, the Walloon Region and Brussels, and work with multidisciplinary teams specialising in the "guidance and treatment of sex offenders (AICS)", mainly outside prison. At the same time, there is an extensive network of specialist psychosocial teams in prisons and "social defence" institutions or sections organised at federal level, as well as other networks of services which operate across the French Community and in Flanders.

While the care and follow-up of perpetrators of domestic violence and sexual violence appears to be relatively well organised in Belgium, doubts remain as to whether programmes incorporate a uniform gender-based approach and whether there is close collaboration with associations providing support for women victims.

GREVIO strongly encourages the Belgian authorities to:

- a. ensure that the programmes for the care and social and judicial follow-up of perpetrators of domestic violence and sexual violence incorporate a uniform gendered approach and deconstruction of sexist stereotypes and are based on close collaboration with support services for women victims;

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- b. determine more precisely under what circumstances it is appropriate to encourage interventions with perpetrators of domestic violence as an alternative to conviction rather than as a complement to conviction, in view of the impact on re-offending and the impact on the safety, support and fundamental rights of women and girls;
- c. limit recourse to mediation combined with accountability training for perpetrators of violence to situations where it is possible to ensure that the victims have given their free and informed consent, in line with the suggestions and proposals made in this report with regard to the measures taken to give effect to Article 48 of the Istanbul Convention;
- d. evaluate existing programmes to determine their impact in the short and long term, including through scientifically designed surveys and the compilation of statistics on participation rates and re-offending rates, making it possible to assess whether the programmes have served their preventive purpose;
- e. provide adequate funding to improve the accessibility of programmes for perpetrators of violence and to ensure support over a sufficiently long period to achieve the objective of non-recidivism.

GOVERNMENT COMMENTS TO THE GREVIO REPORT

No references to Article 16.

ADDITIONAL INFORMATION – SHADOW REPORTS

- **Report from an NGO Coalition "Together against Violence"** [only available in French]

Evaluation of Perpetrator-focused Programs

BACKGROUND

It should be pointed out, first of all, that apart from programs focused on perpetrators of domestic violence, there are no programs for perpetrators/perpetrators of other forms of violence.

In French-speaking Belgium, Praxis, Prélude, Rescue and Services d'aide aux justiciables offer programs for perpetrators of domestic violence. Praxis vzw offers accountability groups for perpetrators of conjugal and intra-family violence, either on a mandate from Justice (FWB grant) or on a voluntary basis (RW and COCOF grant). Volunteers make up 33% of Praxis' files. In Wallonia in 2015, 219 non-judicialized perpetrators of violence benefited from Praxis' support. In 2016, Praxis accompanied 190 "volunteer" perpetrators. In Flanders, programs for perpetrators of domestic violence are sometimes voluntary; sometimes they are imposed by a judicial measure (carried out by the Centers for General Welfare (CAW) or by the Mental Health Centers).

The association Centre d'Appui Bruxellois (CAB), subsidized by the Federal Public Service Justice, intervenes within the framework of the cooperation agreement between Justice, Health and Personal Assistance concerning the guidance and treatment of sexual offenders residing in Brussels. It provides support to professionals in the judicial, penitentiary, health and personal assistance sectors. It is

responsible for the evaluation and referral of sexual offenders to the most appropriate specialized team for their guidance or treatment. In 2017, the CAB received 176 new mandates, including 126 new court cases, twice as many as the previous year. The number of active files in 2017 is 410, an increase of 38% over the previous year. 235 perpetrators of sexual offenses were processed during 2017. These rising figures are likely to increase further in the coming years, especially as recent legislative changes have added new sexual offences to the Penal Code and have broadened the scope of the probationary measure. The CAB does not propose treatment of perpetrators, but redirects to other services that do not apply a uniform approach.

REVIEWS

There are not enough author-oriented programs and little information circulates about them; the content and impact of the programs are not evaluated, only numbers and statistics are observed. The content and impact of the programs are not evaluated, only figures and statistics are observed. In addition, the interpretation of violence does not seem to be the same in all the services providing assistance to those subject to legal proceedings. Authors who do not respect their follow-up obligations are not sanctioned.

The services that take care of (non-judicial) authors are not uniformly accessible throughout the territory. In order to improve the geographical coverage of the Walloon territory, Praxis has extended its offer to the Province of Luxembourg as of September 2017.

In the last three years, there has been a decrease in the number of cases coming to the associations specializing in the issue of domestic violence. The causes are said to be a lack of staff in the area of police misconduct, a less rigorous application of circular COL 4/2016, as well as more convictions to a labor sentence for these crimes, measures that do not allow for a real awareness of the perpetrators of their acts. It does not seem that clear guidelines are established in this area and the choice of referral to a program depends very much on the magistrate. The magistrate is insufficiently sensitized and not easily accessible when attempts are made to do so.

Ultimately, civil society fears that it will unravel work done with perpetrators that is long-term, integrates recidivism prevention, and is part of the process of accountability and change. In the current conditions, the lack of funding risks shortening the duration of treatment in order to be able to ensure that the authors are taken care of.

On the Flemish side, the lack of a comprehensive policy regarding perpetrators of intra-family violence relegates this area to local subsidies. Flemish programs for perpetrators are often not relevant and are very limited. There are no offers for allophones, perpetrators with disabilities, etc. Perpetrators with a dual diagnosis (apart from the possibility of internment, which is the case for most perpetrators of domestic violence) are very difficult to place. Until recently, French-speaking perpetrators of violence living in the Brussels periphery (part of Flanders) were referred to Praxis Brussels, without funding for their care, due to a lack of agreement between the communities. This support had to be suspended at the beginning of 2018.

RECOMMENDATIONS

- Develop a treatment system for perpetrators of all forms of violence against women, based on empirical research, integrating an accountability approach, evaluated regularly and covering the entire territory, regardless of the perpetrator's linguistic affiliation; Put

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in place a follow-up mechanism that is integrated into the measure itself and that obliges perpetrators to contact the organization that took care of them to see if there has been a recurrence and if the perpetrators want to talk about it; Increase the accessibility of programs for perpetrators, especially in the rural context and for allophone perpetrators;

- Put in place a follow-up mechanism that is integrated into the measure itself and that obliges the perpetrators to contact the organization that took care of them to see if there has been a recurrence and if the perpetrators want to talk about it;
- Increase the accessibility of programs for authors, especially in the rural context and for allophone authors;
- Guarantee an accompaniment long enough (currently 45 hours spread over 6 months) to maintain the quality and the objective of non-recurrence;
- Flanders needs to develop a thorough and elaborate policy specifically concerning perpetrators of intra-family violence.

- **Report from CAW Brussels (Centrum voor Algemeen Welzijnswerk Brussel)**

No references to article 16

- **GAMS_INTACT_End FGM EU - Shadow Report**

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No references to article 16

- **Contribution from "Medecins du monde" - in French only**

No references to article 16

- **Contribution from the Belgian Disability Forum - in French only**

No references to article 16

DENMARK

Date of Signature: 11 October 2013

Date of Ratification: 23 April 2014

Date of entry into force: 1 August 2014

STATE REPORT

Support programmes for perpetrators of domestic violence

Dialogue against Violence is an NGO which runs several programs that provide support and assistance to families affected by domestic violence. The NGO is primarily financed by the Government (26 million DKK in 2016-2019). The funding is provided for a project offering therapeutic treatment to perpetrators of domestic violence as well as their partners and children. Treatment is voluntary, free of charge and is performed by psychologists and psycho-therapists.

Furthermore, Dialogue against Violence has a special program aimed at young people between 16 and 24 years of age who are perpetrators of partnership violence (not state funded). The program includes anonymous chat and telephone counselling and therapeutic counselling. Dialogue against Violence has offices in Copenhagen, Aarhus and Odense as well as three satellite offices in Aalborg, Kolding and Rønne.

In addition, Dialogue against Violence cooperates with the Danish Prison and Probation Service in order to provide a cognitive based therapeutic program for male and female in-mates or person's on probation specifically aimed at addressing the issue of violence in intimate relations, including coping mechanisms and how to eliminate violence within intimate relations. Participation is voluntary, however, it is possible for the Prison and Probation Service to make participation in the program a condition for probation. Approximately 100 perpetrators have participated in the program since its introduction in 2012. The program is offered nationwide.

Furthermore, cooperation between Dialogue against Violence, the National Organisation of Women's Shelters in Denmark and women's shelters with the purpose of providing information to violent men on the treatment provided by Dialogue against Violence. Dialogue against Violence draws up a systematic risk assessment of the abused partner and assesses if the abused partner needs to be referred to a women's shelter. Dialogue against Violence also cooperates with individual woman shelters.

Dialogue against Violence has since 2002 systematically collected socio-demographic data via an electronic questionnaire. Everyone entering treatment fills out an initial and final questionnaire, which makes it possible to describe the target group in detail and assess the effect of treatment.

An evaluation was published in 2011 by the National Board of Social Services on treatment facilities for men who are perpetrators of violence. The evaluation covered i.a. treatment provided by Dialogue against Violence, as Dialogue against Violence had treated 442 men in the period 2009 to 2010.

In addition, over the past years private organisations dealing with counselling of men with a violent behaviour in intimate relations temporarily have been funded by the Government, including modern treatment programs where perpetrators, victims and their children receive help and treatment with a specific focus on the security of the victims and the children. The treatment contains predefined/mandatory modules in combination with specific treatment offers, which meet the individual family's needs.

Support programmes for perpetrators of sexual offences

The Danish Prison and Probation Service offers general treatment programmes for sexual perpetrators as a supplement or an alternative to imprisonment aimed at preventing perpetrators from re-offending. The treatment may be combined with programmes targeting e.g. domestic violence and anger management.

In Denmark, the treatment of sexual perpetrators can be divided into three main groups:

- Treatment for sexual perpetrators who receive prison sentences, the so called Referral scheme (as a supplement to sentences of imprisonment);
- Treatment for sexual perpetrators who receive suspended sentences, the so called Treatment scheme (as an alternative to imprisonment);
- Treatment for sexual perpetrators with long term sentences.

The treatment is to a great extend well geographically distributed. All the treatment programmes for sexual perpetrators are based on voluntary participation.

The referral scheme

The target group is perpetrators who are sentenced to imprisonment from 30 days and typically up to 4 years. Under this scheme, perpetrators with sentences of more than three months imprisonment begin serving their sentences at the referral unit in the Herstedvester Institution. Perpetrators serving a shorter imprisonment will only be placed at the referral unit if they have an obvious need for treatment which will be determined based on a paper screening of the case.

The referral unit in Herstedvester Institution has a capacity of 18 and annually about 100 enrolments. The stay at the referral unit lasts typically from 4 to 6 weeks. During that time, the treatment staff at the unit will attempt to motivate the inmates to engage in psychiatric/sexological treatment.

Treatment is given by psychiatrists, psychologists, nurses and social workers with expert knowledge in this field in special psychiatric/sexological units at three hospitals placed respectively in Copenhagen, Middelfart and Aarhus.

If the perpetrator is found suited and motivated for treatment, the relevant perpetrator will normally be transferred to one of the 2 semi-open units in the Danish prisons (Møgelkær State Prison and Holsbjergvej) which are exclusively for sexual perpetrators. A psychologist is employed in each of the units, who is responsible for motivating inmates for and during treatment and assisting the staff through advice, guidance and supervision to better equip the staff to handle this group of inmates. Many sexual perpetrators are alcoholics and therefore, treatment for alcohol abuse –or other types of substance abuse –is also offered.

Møgelkær State Prison has capacity for 30 inmates and the numbers of persons annually enrolled are approximately 45-50 inmates.

The treatment scheme

The Treatment scheme is an alternative that can be given to unconditional imprisonment. Accordingly, the perpetrator is imposed a suspended sentence with conditions to participate in psychiatric/sexological treatment for 2 years. The treatment takes place in one of the three special hospital units mentioned above. The perpetrator must be supervised by the Probation Service during the whole period in order to check whether the required conditions are met.

The target group is sexual perpetrators who would otherwise have been sentenced to imprisonment for a period from 4-6 months to around 18 months. Various conditions must be met for a person to be comprised by this scheme. The offence must not include violence or duress. In addition, the persons involved must not be compulsive pedophiles. The perpetrator must be suited and motivated for treatment, must plead guilty in full or in part to the charges and must express a need for the treatment. Moreover, the risk that the perpetrator will relapse into sexual offences during the period of treatment must be limited. Any previous convictions for sexual offences may be seen as an argument against suitability and may thus be unfavourable to the perpetrator's chances of becoming comprised by the scheme.

Approximately 50-60 persons are annually enrolled in the treatment schemes.

Treatment of sexual perpetrators with long sentences

The vast majority of sexual perpetrators with sentences of more than 4-5 years will begin serving their sentences in the Herstedvester Institution, where they are offered psychological/psychiatric treatment. At a later stage, they may be transferred to a semi-open unit with the possibility to participate in the treatment as an outpatient. In very few cases every year, sexual perpetrators receive medical libido-suppressing treatment (medical castration) combined with psychotherapy. Medical libido-suppressing treatment is only offered where all other options have been exhausted or are deemed insufficient to counter the risk of relapse into sexual offences and only to perpetrators of repeated or very serious sexual offences, who are deemed to be at risk of relapsing into the same type of offences. In accordance with standard medical/ethical principles in Denmark, the treatment is voluntary and is initiated only after informed consent in writing has been gained. Also the case must have been submitted to the Medico-Legal Council.

Other treatment programs

Besides traditional psychiatric and psychological treatment, Herstedvester Institution provides a range of different treatment programmes that will be offered to the perpetrators, individually, according to their mental, social and addiction issues. This program includes anger management and other programmes focusing on dialogue and reflection. Finally, there are possibilities for entering programmes concerning substance abuse and addiction.

The capacity at Herstedvester Prison is in total 138 (including the referral unit), and the number of sexual perpetrators varies. As of 29 September 2016 perpetrators are serving sentences of more than 4 years for sexual crimes. Few are sex perpetrators who have perpetrated against their spouse or the like.

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Furthermore, the Government helps fund special support provided to children and young people who have committed sexual offences against another child. The purpose is to help the child to stop this kind of behaviour and prevent the continuation of the behaviour to continue as the child grows up. 7 million DKK a year has been allocated to the project.

EVALUATION REPORT BY GREVIO

The current provider of domestic violence perpetrator programmes in Denmark is “Dialogue against Violence”, which operates as one of the six departments of the Askov Foundation, a well-established NGO that works for and with vulnerable members of the Danish society. The treatment programmes offered by Dialogue against Violence are primarily funded by the Danish Government, the Danish Prison and Probation Service and the Municipality of Copenhagen. While it used to focus exclusively on male perpetrators of domestic violence, it now also offers programmes for female perpetrators of domestic violence, who make up around 10% of their clients. Another NGO provider called “Alternative to Violence” based in Roskilde has, in the past, offered treatment programmes for male perpetrators based on the Norwegian model of “Alternative to Violence” but has recently significantly scaled down its operations due to lack of funding.

Dialogue against Violence offers treatment programmes for three different groups of perpetrators. These include convicted perpetrators of violence or other crimes, self-referred perpetrators and families to which counselling has been recommended by the Municipality of Copenhagen (with the aim of preventing latent family conflicts from escalating into violence). All work with self-referred perpetrators is free-of-charge and anonymous Partners and children can also be offered counselling. The funding provided by the Danish Government for self-referrals covers work with around 100 perpetrators a year, and the waiting list is long, suggesting the need for more places.

In view of the 2000 women housed by shelters in Denmark every year, the 100 places available for voluntary participation suggest that many domestic violence perpetrators do not find their way to a perpetrator programme. This calls for more pathways for referrals and the development of incentive schemes to be explored by the relevant administrative entities (municipalities, State Administration or other social services), and for the overall number of perpetrator programmes to be increased.

Co-operation between shelters, perpetrator programmes and the municipality has been raised as a concern by some shelters, as they see their efforts at ensuring safety undermined by lack of communication about a perpetrator’s progress or attendance rates. The close co-operation of perpetrator programmes with specialist support services as envisaged by the Istanbul Convention is an important element in ensuring that the safety of, support for and the human rights of victims are of primary concern in the work with perpetrators. Close co-operation would also greatly enhance opportunities to offer or propose treatment to abusive partners.

Another concern GREVIO would like to raise is the low number of around 100 perpetrators annually that are required to attend a domestic violence perpetrator programme as part of a suspended sentence, a conditional release, or following a screening in prison. Although conviction rates for domestic violence or any other offences are not known, the number of physical assaults (Article 244 of the Danish Criminal Code) reported to the law enforcement agencies by women in 2015 is as high as 3297, and that of intimidation (Article 266 of the Danish Criminal Code) as high as 1323. Although

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only an indication, these numbers suggest a significant number of violent men who are not being referred to perpetrator programmes.

On the basis of the above, GREVIO considers that more efforts should be undertaken to ensure wider levels of attendance in perpetrator programmes. The importance of effective perpetrator programmes in addition to any criminal sanction cannot be understated, nor can their relevance for (further) prevention. This is all the more true in the face of the data collected by Dialogue against Violence which shows that 74% of their clients experienced violence in their childhood and 33% grew up with abuse in the home.

GREVIO encourages the Danish authorities to expand significantly the number of programmes to ensure that all types of perpetrators receive appropriate treatment. This would imply the design of approaches that focus on achieving behavioural change of the perpetrator to adopt non-violent behaviour. Such programmes need to ensure the safety of, support for and the human rights of victims and must be set up in close co-ordination with specialist support services for victims, such as women's shelters and counselling centres and based on multi-agency co-operation. Furthermore, GREVIO encourages the Danish authorities to use all available means to ensure such programmes are widely attended.

Programmes for sex offenders

In Denmark, programmes for sex offenders are offered by the Danish Prison and Probation Service and are usually linked to a conviction. Herstedvester Institution is a special institution offering treatment for sexual violence perpetrators serving prison sentences of short and long duration. The initial treatment at Herstedvester Institution is of 4-6 weeks' duration and may be complemented by treatment for other issues such as substance abuse, anger management and also domestic violence. Perpetrators who are found to be suited and motivated for further treatment can be transferred to a semi-open unit in one of the two Danish prisons that are exclusively reserved for sex offenders (Møgelkær State Prison and Holsbjergvej).

As an alternative to imprisonment, sex offenders may receive a suspended sentence on the condition of their participation in a two-year psychiatric treatment programme. Various conditions must be met, such as a guilty plea, the absence of violence in committing the act and its liability to a prison sentence of around 6-18 months.

GOVERNMENT COMMENTS TO THE GREVIO REPORT

No references to article 16

RECOMMENDATIONS BY THE COMMITTEE

The Committee welcomes the measures taken and progress achieved by the Danish authorities in implementing the Convention and notes in particular:

- the high level of training and professionalism of staff at specialist support services, including domestic violence shelters, perpetrator programmes and specialist support services such as the rape and sexual assault centres, stalking services and others; and

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- the continuing commitment to evidence-based policy-making on the basis of public research initiatives and evaluations of legislation, policies and professional practice.

However, the Committee does not mention other specific recommendations regarding perpetrator programs.

ADDITIONAL INFORMATION - SHADOW REPORTS

- Contribution from the Danish Women's Council (Kvinderaadet)

No references to article 16 / perpetrator programmes

- Contribution from the Danish Institute of Human Rights to GREVIO

No references to article 16 / perpetrator programmes

- Contribution from the Network for psychopathy and stalking-affected

No references to article 16 / perpetrator programmes

FINLAND

Date of Signature: 11 May 2011

Date of Ratification: 17 April 2015

Date of entry into force: 1 August 2015

STATE REPORT

Support programmes for perpetrators of domestic violence

The Criminal Sanctions Agency, which is subordinate to the Ministry of Justice, maintains rehabilitative programmes in prisons and a small part thereof concentrate especially on breaking the spiral of violent behaviour. Most of them are various substance abuse rehabilitation programmes. According to statistics of the Criminal Sanctions Agency, annually 6-13 % of the prisoners participate in one of the programmes. There is no exact information on the number of prisoners who participated in said programmes meant for breaking the spiral of violent behaviour; of the community sanctions customers, a few dozen participated annually in programmes other than those handling substance abuse or traffic.

The criminal sanctions field uses the MOVE programme (talking about intimate partner violence) with male prisoners. The purpose of the programme is to help a person to recognise violent behaviour in a relationship and its consequences, to urge the person to discuss the matter and to problematize it as well as to seek help.

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'Unbeatables' is a rehabilitative group programme that aims at motivating a person to stop using violence. In the programme, men are motivated towards a non-violent life and to the handling of violence after release by providing them with information on possibilities for further treatment. The programmes help men to identify their twisted belief systems and to change them through different kinds of exercises and group discussions and the role model given by the instructors towards respecting and appreciating women. The goal is to support men in dismantling their rigid and repressive expectations and in creating more flexible and respectful attitudes towards women.

The programmes for perpetrators in the administrative field of the Ministry of Social Affairs and Health are mainly financed through the Funding Centre for Social Welfare and Health Organisations, STEA. The most established service providers also receive funding from the municipalities to the residents of which they provide services. This has partially led to the situation that these programmes are available mainly in connection with the largest cities. Eight of the ten largest cities in Finland provide these perpetrator programmes. In addition, programmes are available at least in five mid-size cities. Services are not available at all in the rural areas. The services have also concentrated in southern Finland. The funding of said programmes from STEA has been very consistent and therefore there have not been interruptions in the provision of the programmes even if funding is always applied for a set period. The services are free-of-charge to the customer; only one service provider is presumably collecting some kind of a fee from the customer.

The services are provided by 14 actors with an organisational background and they belong to six different umbrella organisations. One of them is specialised in females (Maria-Akatemia), the others mainly for males. The umbrella organisations are: Lyömätön Linja Espoossa ry, the Federation of Mother and Child Homes and Shelters (Jussi work), Viola -Free from Violence, the Crisis Center Mobile, Tampereen Setlementti ry and Maria Akatemia.

Participation in all the programmes aiming at breaking the spiral of violent behaviour is voluntary in Finland. Perpetrators cannot be forced to participate in rehabilitative programmes even as part of a sentence. According to data from 2016, some 1200 perpetrators of violence participated in voluntary treatment programmes.

The programmes for perpetrators available in Finland do not follow the same systematic model. Each organisation has created its own model independently and the service providers who operate under the same umbrella organisation may provide slightly different programmes. The programmes have one common denominator: they are at least to some extent based on cognitive-behavioural methods where the emphasis is on the operating models learned by the customer and non-violent behaviour is the learning target. Some describe their methods as dialogical, some as integrated. Uniform quality standards or a service promise is being drafted for the Jussi work of the Federation of Mother and Child Homes and Shelter, available in ten municipalities.

The most common educational background of the workers of the programmes is a degree in psychology. Most of the programmes aim at ending violent behaviour and recognising high-risk situations. The systematic risk assessment method is, however, used only by some of the service providers. Most of them meet or hear the victim of violence at some stage of the programme but only a few at the beginning, middle and end of the programme. Most of the organisations also provide services for the victims so that the victim angle is taken into account one way or another. One example is safety planning, which is made within most of the programmes.

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Approximately half of the service providers say that they knowingly recognise and dismantle the gender-based stereotypes of men and women and gender-linked power patterns. It is, however, more common to work around the perpetrators' own violence experiences and the attitudes of the perpetrator towards violence. Anger management is handled in almost all programmes. However, as the programmes for perpetrators do not yet have national quality standards, understanding the gender-linked mechanisms of violence is not required.

The impact assessment of the programmes for perpetrators has so far mainly been based on the self-assessment of the service providers. An external assessment has been conducted of a few programmes. The organisations have monitored the shares of customers who have completed the programmes as well as conducted customer surveys. A typical way is also to prepare an annual report, where the number of customers and the results are reviewed to the extent that they are available. Slightly less than half said that they conduct a follow-up monitoring of the situation of their customers. Most of the service providers also measure the improvement of safety experienced by the spouse. The most typical method used was self-assessment by the customer regarding changes as well as, less frequently, an interview of the spouse.

In areas where services and programmes for perpetrators of violence exist, the police, together with its cooperation partners, direct the perpetrators of domestic violence towards actors who offer guidance and help to non-violent behaviour in personal relationships.

Some organisations have concentrated especially on reducing violence by men. For example, Lyömätön Linja is an activity model for men specialised in intimate partner violence and domestic violence. Any man who has resorted to psychological or physical violence against his dating partner, spouse, child or other close person may seek as customer there to, as well as any man who is afraid that he might resort to violence or who wishes to evaluate his own or his family's need for help.

The goal of Lyömätön Linja is that the customer better understands his own actions, the causes for his actions as well as learns to find operating models that are an alternative to violent behaviour.

The work is based on individual meetings, which are supplemented with couples' meetings and groups, where necessary. In addition to work with the customers, also publications and internet lectures relating to intimate partner violence are available as well as consultation and training in, for example, the following topics:

- Uncontrollable rage
- Fear of the use of violence
- Breaking of objects or directing other threatening behaviour in your vicinity
- Threatening or hurting a close person verbally
- Acts of violence directed at a close person: holding, pushing, pulling, slapping, punching, strangling, preventing from leaving, etc.
- Challenges linked to the raising of children: concern for one's own enragement, rough treatment of the child or the effects of adult fights on children
- The need to exercise control over a close person repeatedly
- Enhanced jealousy.

Also some other organisations work with perpetrators of violence. For example, the Federation of Mother and Child Homes and Shelters has carried out such work in several locations already for over

20 years and it drafted quality criteria for work against violence in 2009. These quality criteria are utilised also in the perpetrator programmes of the implementation plan of the Convention.

Support programmes for sex offenders

Since 1998, a treatment programme for sex offenders sentenced to unconditional imprisonment has been in use in the prison service. It is based on the English Sex Offender Treatment Programme: Core Programme (SOTP). In Finland, the programme is called STOP and it was first launched in Kuopio Prison but it was transferred to Riihimäki Prison in 2007. The aim of the programme is to decrease recidivism and it is based on voluntariness. Prisoners whose risk of recidivism is assessed to be at a medium or high level are selected to the programme. The aim is, for example, to recognise and process the thought and activity models relating to sex offences, to acquire cognitive and experiential awareness of the detriment caused to the victims and to learn and practice the skills and ways of a life without crime. Although the programme is only used in Riihimäki Prison, prisoners from all closed prisons are referred thereto. The prisoners live in their own wards and participate in 3-5 sessions weekly. The total length of the programme is approximately 8 months. Annually less than 20 prisoners participate in the programme.

The Uusi Suunta, New Direction, programme is meant for those imprisoned sex offenders who do not meet the selection criteria of the Stop programme or for sex offenders who serve their sentences in freedom (those sentenced to community sanctions). The programme is also suitable for the rehabilitation of so-called potential sex offenders. The programme may also be used in civilian life. The topics of the programme are: what happened or talking about the act, why did it happen and what was behind it as well as, finally, what needs to be done so that it will not happen again. The programme is implemented as a series of 16 sessions so that sessions are held 1-2 times weekly. The programme is used both in closed and open prisons and in community sanctions offices.

A potential sex offender means a person who has not committed a sex offence but who is worried about his own favourable attitude towards sex offences and wishes to participate in preventive rehabilitation.

There are some post-release or pre-offence therapy services available. One service provider is the Sexpo foundation, which receives customers in Helsinki; another is Tampereen Setlementtiry, which concentrates on helping victims but has also offered therapy for a few individual perpetrators, as well as Oulun Setlementtiry. The services function so that different actors have cooperated in the SERI network in Oulu or in the SERIE network in Helsinki in order to help the perpetrators and to guide them to therapy. Municipalities have granted individual financial commitments to finance them.

Save the Children maintains the Otan vastuun, My responsibility -website, which is a self-treatment website for those with a sexual interest in children.

Kriminaalihuollon tukisäätiö Krits maintains the Portti vapauteen, Gateway to Freedom, internet portal for released prisoners. After their release, sex offenders have access to some peer support and helplines, such as the Legal Advice telephone and Lyömätön Linja.

According to Finnish aid workers; the sex offenders do not easily seek help from actors who have adopted the role of helping the victims. That is why, for example, Setlementti Tamperery has helped only individual perpetrators; more often they have sought the services of the Sexpo foundation, which

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has year-long traditions in helping the perpetrators of sex offences. The guidance to services usually takes place through the SERIE network or public mental health services.

The therapy services and preventive programmes for perpetrators of sexual violence are small in number in Finland so they can be tailored in accordance with the individual situation. The typical work method is to dismantle distorted thinking patterns, which are linked, for example, to the circumstances of the sex offences and the distorted perception of the roles of men and women.

Helping sex offenders has been based on individual financial commitments from municipalities. Funding has also been sought for separate projects, such as the SERITA project in Oulu and the VÄLITÄ project in Tampere, with which it has been possible to develop the help for perpetrators. The project funding has been granted by STEA.

The Police, in cooperation with their partners, also direct sex offenders to treatment programmes which aim at reducing recidivism.

EVALUATION REPORT BY GREVIO

In Finland, domestic violence perpetrator programmes exist in custodial and non-custodial settings. The Criminal Sanctions Agency offers rehabilitation programmes for convicted offenders which contain elements to address violent behaviour. All programmes are voluntary in nature, as courts in Finland cannot order perpetrators to attend behavioural change programmes. It is unclear what measures, if any, are taken to ensure attendance and motivation. In the absence of data it is difficult to assess their impact. In order to increase the evidence base of such programmes, their effects should be scientifically evaluated. In non-custodial settings, all domestic violence perpetrator programmes are run by civil society. NGOs such as Lyömätön Linja in Espoo, the Federation of Mother and Child Homes and Shelters, Viola –Free from Violence, the Crisis Centre Mobile and Tampere Settlementioffer voluntary programmes. Most are funded by the Ministry of Social Affairs and Health through the Funding Centre for Social Welfare and Health Organisation (STEA). All programmes are offered exclusively in urban areas and mainly in southern Finland. Most programmes aim at behavioural change with a view to ending violent behaviour and are implemented by trained psychotherapists. However, no uniform standards exist and the level of quality varies, as does the extent to which these programmes apply a gendered perspective, focus on the safety and human rights of the victims and co-operate with women's specialist services which offer support, safety and empowerment to victims.

In 2016, 1200 domestic violence perpetrators participated in programmes, which GREVIO welcomes. It is unclear, however, whether standard referral pathways exist and how attendance is promoted. Some police officers seem to actively encourage abusers to make contact with domestic violence perpetrator programmes, and a high percentage of participation in the programmes run by Lyömätön Linjain Espoo is at the perpetrator's own initiative. Some efforts are made by the NGO sector, in co-operation with the Uusimaa Community Sanctions Office, to link criminal convictions with these programmes by enabling convicted offenders to participate in individual counselling sessions of the perpetrator programmes as part of their community service –on a voluntary basis.

GREVIO welcomes the Finnish authorities' recognition of the need to introduce national quality standards for domestic violence perpetrator programmes and it notes with appreciation that the development of such standards on the basis of work done by the Federation of Mother and Child

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Homes and Shelters features among the measures listed in the Action Plan for the Istanbul Convention (2018-2021). GREVIO is hopeful that the process of adopting and implementing national standards will also lead to the identification of pathways to wider attendance of such programmes.

GREVIO notes the need to ensure more standardised approaches and strongly encourages the Finnish authorities to adopt and implement uniform standards which place at their centre the safety of, support for and human rights of victims by co-operating closely with specialist support services for victims as required by Article 16, paragraph 3, of the Istanbul Convention. GREVIO further strongly encourages the Finnish authorities to use all available means to ensure that such programmes are widely attended, including by incorporating them into the criminal justice system, including the probation service, as a tool to reduce recidivism. The authorities are encouraged to initiate scientific outcome studies (evaluation) of the programmes to assess, among other aspects, the risk of re-offending, in order to ensure higher levels of safety and protection for victims.

Programmes for sex offenders

For more than 20 years, the prison service in Finland has been working with convicted sex offenders on the basis of the English Sex Offender Treatment Programme (SOTP). Around 20 convicted sex offenders attend these programmes annually. As a voluntary programme, it aims to reduce the risk of re-offending by recognising and processing the thought and activity models relating to sex offences. Its duration is approximately eight months with 3-5 sessions per week. A different programme exists for convicted sex offenders at a lower risk of re-offending. Consisting of 16 sessions, it is available within and outside prison.

Support, treatment and counselling are also offered in non-custodial settings for anyone at risk of (re-)offending. The Sexpo Foundation, for example, offers long-term counselling and therapy for adults who self-identify as being at risk of committing sexual offences, as do Lyömätön Linjain Espoo and Tampere Setlementti, which also offer domestic violence perpetrator programmes. Online support tools also exist, as well as a legal advice telephone helpline. GREVIO welcomes the availability of support programmes for sex offenders.

GOVERNMENT COMMENTS TO THE GREVIO REPORT

No references to article 16

RECOMMENDATIONS BY THE COMMITTEE

No references to article 16

ADDITIONAL INFORMATION – SHADOW REPORTS

- **Contribution by the Finnish League for Human Rights and the End FGM European Network**

No references to article 16

- **NGO Parallel Report on the implementation of the Istanbul Convention**

Preventive intervention and treatment programmes

Services for the perpetrators of domestic violence are voluntarily, and they are mainly provided by NGOs funded by Veikkaus. Unfortunately, the funding is insufficient for fulfilling Article 16 of the Convention. Most of the actors providing services for perpetrators also provide victim support, but about a third of them do not contact the perpetrators' partners (or victims) due to insufficient funding. Both the victim and the perpetrator should be provided support simultaneously.

Recommendations

To fulfil Article 16, women of minority groups require a separate programme where the needs of different minorities (e.g. women having committed crimes, women with disabilities, women with long-term illnesses, Romani and Sami women, immigrant women, and women of gender and sexual minorities) are described and where recommendations and guidelines for preventing violence are given. Especially the support for the disabled women and girls whose self-determination has been limited due to their disabilities or who need special support for communication (e.g. plain language) should be taken into account in the recommendations.

The police should systematically refer perpetrators to support services.

Work done with the perpetrators should be equally accessible throughout the whole country, which would promote the ending of violence and the safety of the victims.

- **Report submitted by Amnesty International**

No references to article 16

- **Report of the Non-Discrimination Ombudsman to the Parliament**

No references to article 16

- **Contribution by the Human Rights Centre (NHRI)**

No references to article 16

FRANCE

Date of Signature: 11 May 2011

Date of Ratification: 4 July 2014

Date of entry into force: 1 November 2014

STATE REPORT

No information on programs for perpetrators.

EVALUATION REPORT BY GREVIO

Preventive intervention and treatment programmes (Article 16)

Awareness and accountability courses for perpetrators of domestic violence were introduced by Article 50 of Law No.2014-873 of 4 August 2014 on substantive equality between women and men. The objective of these programmes is to raise awareness among perpetrators as to the relevance of their acts and their direct and indirect consequences for victims. Admission to these programmes may result from an individual request by the perpetrator or from a judicial injunction in the pre- or post-trial phases. There are 32 NGOs that offer and run awareness courses, and they are part of the Fédération Nationale des Associations et des Centres de prise en Charge d'Auteurs de Violences conjugales & Familiales (National federation of organisations and centres supporting authors of domestic and family violence) (FNACAV) operating at national level.

However, there are several obstacles to the implementation of this system. The effectiveness of these programmes is negatively impacted by the lack of guidelines coherently framing them in accordance with the principles of safety, support and respect for the victim's human rights. The programmes vary throughout the country in terms of approach, duration and type of participants. Some programmes last only three or four days, which is likely not to be enough to change the behaviour of perpetrators. Moreover, the use of this type of mechanism is not systematic and is not always structured within an inter-institutional response involving victim-protection services. The lack of statistics on participation rates and recidivism rates hinders evaluation of the impact of this mechanism. In addition, the preventive value of awareness courses is not fully understood, and in practice, perpetrators rarely request such a service on their own initiative. Scientific studies identifying the main difficulties and good practices would make it possible to set up a more structured framework for such programmes.

Perpetrators of domestic violence may also be required to follow preventive intervention programmes following an injunction of remedial care imposed in the event of a conviction as part of socio-judicial follow-up. Perpetrators sentenced to an injunction of remedial care may participate in individual or collective therapies provided by healthcare professionals. They may also participate, in a complementary way, in discussion groups run by the Penitentiary Insertion and Probation Services (SPIP), which are responsible for penitentiary administration at the departmental level. These focus groups are part of efforts to prevent recidivism, by helping people to recognise situations at risk of re-offending and to put in place strategies to avoid them.

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GREVIO encourages the authorities to:

- a. further develop accountability/awareness programmes, ensuring that these programmes operate within an integrated approach, in close collaboration with specialist women's organisations, and ensure that sufficient financial resources are allocated to them;
- b. evaluate existing programmes to determine their short-and long-term impact, including through scientifically-designed outcome studies and the development of statistics on attendance rates and recidivism rates which may verify whether programmes have reached the intended preventive aim;
- c. ensure that professionals involved in the procedures for applying and following up on these programmes, and in particular judges, receive adequate training;
- d. ensure the development of appropriate guidelines that would enable harmonising the modalities for the implementation of accountability courses based on common minimum standards, in line with the principles of the Istanbul Convention and recognised good practices in terms of respect for the principles of safety, support and respect for the human rights of the victim and the children concerned.

Sexual offenders may be ordered to accept treatment, in addition to the penalty, following a psychiatric assessment which concludes that therapeutic intervention is necessary. These interventions take place both in and out of prison. In the prison environment, there are 22 institutions specialising in this type of programme throughout the country. A protocol between the Ministries of Health and Justice dating from 2011 defines the conditions for the treatment of perpetrators of violence. The Regional resource centres for working with sexual violence perpetrators (CRIAVS) act as a network for the professionals concerned in support of an effective application of the system. A recent report by the CRIAVS federation points to shortcomings in the implementation of these programmes, which tend to favour a medicalised approach to violence, to the detriment of a gender perspective.

GREVIO encourages the French authorities to continue to set up and evaluate programmes for perpetrators of sexual offences, ensuring that a common approach to their treatment is developed that takes into account the gender dimension of violence against women, its causes and consequences, in accordance with the principles of the Istanbul Convention and recognised good practices.

GOVERNMENT COMMENTS TO THE GREVIO REPORT

No comments on perpetrator programmes

RECOMMENDATIONS BY THE COMMITTEE

No references to article 16

ADDITIONAL INFORMATION – SHADOW REPORTS

only available in French

- Contribution from "COFRADE" (in French)

No references to article 16

- Contribution from "CLEF - Coordination française pour le Lobby Européen des Femmes" (in French)

No references to article 16

- Contribution from "Equipop.org", "Excision parlons-en !" and "End FGM European Network"

no references to article 16

- Contribution from "LdH - Ligue des droits de l'Homme" (in French)

- Contribution from 11 joint NGOs (in French)

no references to article 16

ITALY

Date of Signature: 27 September 2012

Date of ratification: 10 September 2013

Date of entry into force: 1 August 2014

STATE REPORT

Programs for GBV & Domestic Violence Perpetrators, Abusive Men, and Sex Offenders

As a way of examples, the former Higher Institute of Penitentiary Studies signed an MoU in 2014, with Latium Psychologists Association for a research on the perpetrators of domestic violence. In 2016, the Directorate General of the Penitentiary Administration Department for Training (Ministry of Justice) took the ownership of the research, to evaluate the social dangerousness and to develop reintegration's modalities of violent persons. The relevant project includes: Training; Collection of information on perpetrators; Meeting with perpetrators; Treatment programs to reduce recidivism; Experimentation of a psychological group process; Intervention and verification. For additional information on the issue covered by the present Item, please kindly refer to information under Part IV below, concerning the services provided at a territorial level.

Regions

At a regional and provincial level, mention has to be made of the following:

Abruzzi

The services are intended for women; and there is appropriately trained female staff only; the perpetrators of violence do not access them; and family mediation does not apply.

Emilia Romagna Region

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Emilia Romagna Region has been co-financing since 2011 the "Liberiamoci della Violenza" Centre, which is the first public facility in Italy managed by Modena USL (standing for, Local Health-Care Unit) that accompanies the abusive men/men perpetrators of violence against women in a pathway to change.

- At this Centre, there are three psychologists under the coordination of a sociologist. Since the opening, on June 30, 2014, this Centre has registered 381 contacts, including 129 men asking for information or an appointment, and 54 women asking for their husbands/partners to access it. 87 men underwent at least one access/evaluation, of whom 53 performed or are taking a therapeutic pathway.
- Most of men met (79%) are Italians, aged 20 - 65. They are workers, artisans, small entrepreneurs, bankers, teachers, employees, retired, unemployed.
- 198 asked for information.
- 24 completed the treatment;
- 10 dropouts (meaning interruption after an interview, only);
- 15 cancellations or not presented at the first appointment;
- 14 excluded for lack of motivation or other.

The majority of men who access the Centre are married; hold a high school diploma; and have children. 44% of men have been reported by their partner.

The protection and support activity is carried out in the regional territory mainly by the existing anti-violence centres and shelters.

Piedmont

In order to support activities for women victims of violence, concerning awareness-raising and training in the field of prevention and fight against gender-based violence, as well as pilot actions for the perpetrators of violence, the criteria for the allocation of regional funding, amounting to €156,000.00, have been approved by DGR No. 20-2463, dated November 23, 2015.

Autonomous Province of Trento

In accordance with Provincial Act No. 6/2010, all the services of counselling, treatment and reception for women in situations of violence and their children have been fully financed. In the two-year period 2014-2015, €2,297,621.33 were earmarked for this purpose. For the realization of the psycho-educational pathway for the treatment of perpetrators of violence, this Province allocated resources amounting to 18.430.00 Euros in the two-year period 2014-2015.

NATIONAL STRATEGIC PLAN ON MALE VIOLENCE AGAINST WOMEN 2017-2020

Intervention priorities for the Prevention route:

To activate treatment programmes for male perpetrators of violence and crimes relating to male violence against women.

On the basis of art. 16 of the IC, the Plan also intends to work in a relatively new area in Italy, that of interventions for male perpetrators of violence (both those that have been convicted and are imprisoned, and those who commit domestic violence), aimed at supporting non-violent behaviour in their interpersonal relationships, with a view to preventing further violence, in particular for sexual violence, stalking and violence within the family.

The priorities of the Prevention route therefore respond to the need for:

- Reinforcing preventive measures against further violence through re-education paths for male perpetrators of violence and of crimes connected with male violence against women.

The Ministry also intends to continue its commitment to inter-disciplinary training for prison officers on the topics of male violence against women, optimising the exchange of knowledge and experience gained in violence referral centres and in programmes for male perpetrators of violence.

Priority 1.4. Activate interventions programmes for male perpetrators or potential male perpetrators of violence and offences relating to male violence against women.

The Department for Equal Opportunities, consistently with the recommendations contained in article 16 of the IC, will reserve specific resources to support prevention and treatment programmes for men who are already or are potential perpetrators of violence, also to prevent any repeat offence, to encourage the adoption of non-violent conduct in interpersonal relationships. Eligibility criteria will be established for accessing funding for public services and private associations. Like all other specialist and general services, these projects and programmes will be included in the qualitative quantitative mapping carried out by the Department for Equal Opportunities and by CNR-IRPPS and in the field studies aimed at establishing goals, type and content of the paths offered, identifying the skills and professional characteristics of workers and the results achieved in terms of quality and quantity.

In this realm of undertaking, the Ministry of Justice will concentrate on drawing up a national intervention protocol and on identifying the most effective models for treatment for detainees, in addition to training for workers directly involved in applying them. Connections and synergies with the local territory and with subjects outside the Administration will be consolidated and developed. To this end, positive experiences enacted and experimented in the Prison Administration and in other European countries will be used as references.

Specific attention will be paid to the treatment of perpetrators of sexual and/or gender violence from the moment they enter the system to the moment they are released. With reference to the treatment of minors who commit sexual crimes, the Ministry of Justice will continue in implementing its own treatment programmes within consolidated protocols, using a personalised educational project that will be verified in both the short and mid-term.

Priority 2.1. Acceptance

As anticipated, the Department for Equal Opportunities will provide constant qualitative and quantitative mapping: A) of specialist services (violence referral centres and sheltered housing) and of programmes for male perpetrators of violence, in order to guarantee quality compared to the public funding provided, B) of general services, to check reliability, reception capacity and networking with specialist services.

With regard to the assessment and management of the risk of relapses for persons imprisoned for crimes of violence against women, the Ministry for Justice will undertake to:

- increase the inter-departmental steering committee as a structure with the tasks of researching, studying and coordinating data processing, verification of initiatives and identification of best practices in the country. The strategic goal is the definition of intervention protocols for risk assessment and the identification of the most suitable treatment for said perpetrators;

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- update guidelines for the recovery and reintroduction of male perpetrators of violence, as set out in annex G to the extraordinary Plan as per the Decree Law 93/2013;
- promote agreements with regional administrations and local bodies for dedicated actions and interventions for prisoners who are perpetrators of violence

EVALUATION REPORT BY GREVIO

Preventive intervention and treatment programmes (Article 16)

In Italy, the main national network implementing perpetrator programmes is Relive. Relive numbers 24 member organisations, concentrated mostly in northern and central Italy. The network's main aim is to improve women's and children's safety in cases of domestic violence by promoting co-ordinated work with perpetrators which fulfil internationally accepted quality standards and follow a gender-sensitive perspective. The network is actively engaged in fostering knowledge and raising awareness about the relevance of work with perpetrators within a comprehensive and co-ordinated approach against domestic violence. Programmes implement a psycho-educational and cognitive behavioural approach led by multidisciplinary teams. Most of them are integrated into a wider multiagency network linking law-enforcement agencies, women's support services, and probation and social services. They focus on the violent behaviour of perpetrators and support violent men in taking responsibility for this behaviour and changing their attitudes towards violence.

Relive has developed consolidated guidelines for perpetrator programmes and supports newly established programmes to reach baseline standards through practice exchange and training. In December 2018, it formalised an accreditation process that allows perpetrator programmes, after three years of affiliate membership, to apply for full membership provided they fulfil the applicable standards and meet the accreditation criteria. To assess the efficacy of its interventions, Relive applies the IMPACT toolkit which is part of the evaluation system recommended by the WWP European Network.

GREVIO welcomes the example offered by Relive as a network of perpetrator programmes solidly anchored to internationally recognised best practices and mindful of the requirements of the Istanbul Convention.

Several perpetrator programmes are run by entities not affiliated to Relive. In Emilia-Romagna, these programmes—the Centres LDV or Let us break free from violence—are based on a public-private partnership. They have been set up within and are financed by the health-care system and follow the operating standards promoted by Relive. Other programmes are managed by private entities and do not necessarily follow a standard approach. This reflects the fact that apart from a few very broadly framed principles, such as those which were spelt out in the second NAP, there are no stringent standards endorsed by the authorities which would apply to these programmes. Consequently, public funds earmarked for perpetrator programmes have not consistently benefited programmes possessing the requisite knowledge and experience and applying a harmonised approach in line with the requirements of the Istanbul Convention.

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Law No. 119/2013 introduced several legislative changes aimed at encouraging responsible institutions, namely enforcement agencies and courts, to promote perpetrator programmes. One such change is that which sets forth the duty of law-enforcement officials who issue a warning for acts of domestic violence to inform the perpetrator about the opportunity to attend a programme. It would appear; however, that the relevant provision of this law is not systematically applied and the low rate of issuance of the administrative sanction of warnings in domestic violence cases reduces considerably the number of possible referrals to perpetrator programmes. Law No. 119/2013 further introduced the requirement that prosecutors and judges take into consideration the attendance of a perpetrator programme for the purposes of amending or revoking security measures issued during criminal proceedings. However, the application of the relevant provision of this law is undercut by the tendency not to refer indicted perpetrators to a programme during the initial stages of the proceedings, thus not allowing them enough time to complete a programme and become entitled to the benefit of this provision. Other situations in which statutory agencies may resort to perpetrator programmes with a view to preventing acts of gender-based violence or their repetition include (without limitation): the issuance of warnings in cases of stalking in pursuance of Law No. 11/2009; the adoption of emergency barring and protection/restraining orders; and judicial proceedings to determine custody and visitation rights in cases of children witnessing or experiencing domestic violence.

The limited role that statutory agencies play in promoting perpetrator programmes transpires from data provided in Relive's shadow report on these programmes. Most men attending their programmes (approximately 45%) are self-referred. A smaller proportion (39%) of perpetrators joining the programmes do so following a non-mandatory referral by the judicial system, most of them only after being sentenced for gender-based violence and through the collaboration of probation services. The report further notes that a wider use of perpetrator programmes would be possible if Italian laws allowed statutory agencies to impose an obligation for the perpetrator to attend, in accordance with the practice followed in several other countries.

Another way of enhancing the potential of perpetrator programmes to serve as a preventive tool would be to ensure their alliance with a structured co-ordinated response to violence against women and to train the various agencies involved in this response on the purpose and the ways of referring perpetrators, as well as on how to identify perpetrators and distinguish instances of violence from cases of mere conflict. During its evaluation visit, GREVIO visited the perpetrator programme run by the CIPM in Milan. The centre, which is part of the network Relive, has concluded several co-operation protocols with local authorities and the district court in Milan and operates as part of a co-ordinated network involving judges, law-enforcement officials and probation services. It works towards improving the efficiency of the criminal justice system by engaging with perpetrators at different levels (prior to the commission of a qualified criminal offence, during criminal proceedings and after a conviction has been handed down by a court).

There are only a few treatment programmes aimed at preventing sex offenders from reoffending in Italy. One is that run by CIPM based on an agreement with the City Council of Milan. The programme offers treatment to convicted sexual offenders both inside the jail of Bollate and S. Vittore and as an outpatient treatment once the offenders are released from jail. The treatment follows a criminological approach, which draws from the Good Lives and the Circles of Support and Accountability models. Other programmes include those run by the prison in Florence Solliciano together with the association CAM and the recently initiated EU-funded CONSCIOUS project carried out by the prison in Frosinone. Moreover, GREVIO was informed that one of the novelties introduced by Law No. 69 of 19 July 2019 is

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the possibility for convicts of sexual crimes against children to access treatment programmes while serving their prison term.

GREVIO takes positive note of the authorities' ongoing endeavours to achieve a comprehensive picture of the number and distribution of available perpetrator programmes within the framework of the mapping exercise conducted by the CNR. It welcomes further the indication in the third NAP on gender-based violence (priority 1.4) that the authorities are taking action towards remedying the issues identified during the evaluation procedure, namely by promoting standard intervention models, introducing eligibility criteria for accessing funding and encouraging synergies between statutory agencies and perpetrator programmes. GREVIO would stress the need for such measures to be underpinned by the understanding that perpetrator programmes cannot work in isolation from specialist services for victims, in accordance with recognised best practices. This is essential to fulfil the requirement of Article 18 of the convention that measures to protect and support victims of gender-based violence be based on an integrated approach that is mindful of the relationship between victims, perpetrators, children and their wider social environment and that aim to avoid secondary victimisation.

Bearing in mind the need for perpetrator programmes to form an integral part of institutions' multiagency response to violence against women, GREVIO strongly encourages the Italian authorities to:

- a. promote the use by all entities running programmes for perpetrators of domestic violence of clear minimum standards and ensure the evaluation of such programmes to determine their short-and long-term impact, including through the development of statistics on perpetrators who have attended them and through scientifically designed outcome studies, in line with the principles of the Istanbul Convention and recognised best national and international practices;
- b. take measures to ensure that only those programmes that are in the position to comply with the requirements of the Istanbul Convention and recognised best national and international practices receive public funding;
- c. expand the number of available programmes for domestic violence perpetrators and sex offenders, including by diversifying the sources of their funding;
- d. promote the attendance of perpetrator programmes both by mandatory and voluntary referral, by ensuring a more consistent application of existing mechanisms intended to encourage their use and by considering introducing the ability for statutory agencies to impose upon the perpetrator an obligation to attend such programmes; while ensuring that perpetrator programmes uphold the principle of perpetrators' accountability for acts of violence and work in close co-operation with women's specialist services to ensure victims are adequately informed and protected.

GOVERNMENT COMMENTS TO THE GREVIO REPORT

No references to article 16.

RECOMMENDATIONS BY THE COMMITTEE

No comments on perpetrator programmes.

ADDITIONAL INFORMATION – SHADOW REPORTS

SHADOW REPORT OF WOMEN'S NGOS

The Italian Situation And Critical Issues

Article 5, letter g of law 119/2013, states the need to adopt programmes for rehabilitating perpetrators. The 2015-2017 Plan indicates the Guidelines to be used for "rehabilitating/reinserting men who have perpetrated acts of violence". We recommend that services aimed at perpetrators operate within anti-violence networks for women. At the same time, family mediation must be ruled out, and rehabilitation work must be carried out along with work to reintegrate offenders once outside. In addition, with the implementation of article 4, par. 5-bis of law 119/2013 concerning warnings, the Chief of Police is obliged to identify Centres for perpetrators which the offender can approach. These Guidelines are general and do not set out any local programming or controls/certification of the quality of the measures. In practice, each Centre/service (there are more private than public) has set itself up independently, based on the cultural and therapeutic approach of the professionals concerned. At times they adopt programmes already tried and tested in other countries for reference, using funds that are generally of a modest entity provided by the authorities (regions and councils).

Before proceeding, it is important to remember that in Italy today, judgments passed for the forms of violence covered by the I.C. almost always involve suspended sentences. Only rarely do sentences affect visiting rights to children. By the end of 2015, a total of 33 Centres had been registered in Italy, and in 2016 the number had already risen to 44, clearly demonstrating the demand in the areas concerned. Of these Centres, 17 (divided between founding Centres and members) joined the Relive network, having adopted its goals, internal organisation and set-up. Many Centres state that their primary objective is the safety of women and minors, and that they work alongside local service networks of which the Anti-violence Centres are a part. Not all have a programme for assessing the results of the path followed, and as a result it is difficult to assess the impact they have and how effective they are. The Centres are not distributed evenly throughout Italy, and there is a considerable prevalence in the north and centre of Italy. There are no minimum operating requirements, and there is a lack of comparison between the methods adopted and the results obtained. Nor has the "integrated approach" between the local anti-violence Network and the local anti-violence Centre been defined. No judicial regulations have been set out to establish the obligation of sentenced perpetrators to participate in specialist services. The above-mentioned regulation stating that specialist services must be indicated in warnings issued to men is completely disregarded, not least owing to the absence of a list of the Centres for men. Centres working with perpetrators generally lack any planning, regulation and coordination on a national level, and have insufficient funding to allow them to become effective prevention tools and play a more inclusive role in anti-violence strategies. There is not enough information as regards application of the regulation introduced by law 119/2013 in the code of criminal procedure, which states that when the person under investigation positively undergoes a programme for abusers, the prosecutor and judge are informed so they can take this into account when potentially amending the measure being applied. It is vital to provide training and information to the forces of law and order, and define the regulations/methods of linking the perpetrator of the violence with the judicial system. The same applies for prisons where measures aimed at sex offenders and violent offenders are relatively rare, in spite of the fact that there are some

which are outstanding (such as the project for sex offenders run by Bollate prison in Milan, organised and run by CIPM-the Italian Centre for the Promotion of Mediation).

RECOMMENDATIONS

1. Drafting a qualitative/quantitative map—as stipulated in the 2017-2020 Plan of the Centres in Italy as a matter of urgency, noting the methods adopted and figures on activities conducted and results. It is necessary to increase activities for analysing the risk of repeat offending in order to establish effective strategies to prevent new violence from occurring.
2. As regards Centres/services for men convicted of mistreatment, it is advisable to draft Guidelines whose main purpose is to ensure the safety of women and minors and adopt an integrated approach with the local Anti-violence Centre. It must be obligatory for staff to undergo training in line with the objectives pursued by the centres.

- **Contribution from AIDOS and End FGM**

No reference to article 16

- **Contribution from BeFree**

No reference to article 16

- **Report from the Italian Forum for Disability**

No reference to article 16

- **Contribution from Relive**

<https://rm.coe.int/edited-version-2-italy-grevio-shadow-report-on-perpetrator-programs-an/168090e007>

- **Contribution from UNIRE**

No references to article 16

MALTA

Date of Signature: 21 May 2012

Date of Ratification: 29 July 2014

Date of entry into force: 1 November 2014

STATE REPORT

Work with offenders –Domestic violence

The Managing Abusive Behaviour (MAB) service, run by the FSWS, currently consists of three main services. The Domestic Abuse Intervention Programme (DAIP) (previously known as Men's Services) which was set up in 1994, and at that time only targeted male perpetrators. In 2015, the National Audit

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Office (NAO) recommended a service for women who engage in abusive behaviour which led to the Women Who Use Force (WWUF) service being set up. Lastly, the Child to Parent Violence (CPV) Service was set up in 2017. During 2017 and 2018, the MAB service was made up of one coordinator, one part-time social worker and four contracted group facilitators who are all provided with support and supervision on a regular basis.

Services for male perpetrators

The DAIP aims to assist male perpetrators who are abusive in intimate relationships to become aware of, understand and take responsibility for their behaviour with the aim of initiating behavioural change. This is done through a group programme which spans over 28 weeks. Prior to being accepted into the programme, perpetrators hold individual sessions with a professional who will assess their suitability for the group. The service also liaises with the Domestic Violence Unit (DVU) to provide a feedback loop regarding the progress of the perpetrator. The service users are also provided with a social work service when required. Following the group programme, the participants are also encouraged to receive continued support through an open support group. Support on an individual basis is also provided in times of crises. In 2017, six of the initial twelve participants completed the programme which started in 2016. In 2018, six of the initial twelve participants completed the programme that started in 2017.

Women Who Use Force

This service was set up in 2015 and was constructed on the belief that some women can resort to using force within an intimate relationship because they feel the need to gain short term control on specific abusive relationship dynamics. The assistance was meant to be provided within a group setting following a thorough assessment of the situation; however, this has not taken place since there were never enough persons to initiate a group. In fact, in 2017, the service received only four referrals and only one woman was assessed and confirmed as eligible for the service. In 2018, there was only one referral, but the referred client decided not to use the service.

Child to Parent Violence Services

This service was launched in late 2017 and started operating in January 2018 and targets child to parent violence (CPV). Since its inception it has received fourteen referrals which required in-depth interventions where the aspect of CPV is concerned. Other cases which require less targeted intervention are then followed-up by other services including, but not exclusively, the DVU. Work targeting CPV, which is mainly concerned with the aspects of secondary and tertiary prevention, is deemed necessary since it tries to target possible intergenerational transmission of violence or the repetition of experienced or witnessed behaviour.

These services are considered as a continuum of service aimed at ensuring the safety and well-being of the victims, mostly women and children. Therefore, they ensure that the work with perpetrators continues to meet the needs of the victims and the children involved. The MAB service receives voluntary as well as court mandated referrals. When necessary it consults and refers to other services, such as Psychological Services of FSWS, other services within FSWS or Mental Health Services. With respect to court mandated cases, liaison is conducted with services, departments and entities including the DPP and the Court. Given the size of the island, the geographical distribution can be considered of good coverage since the services are rendered in the centre of Malta.

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In 2017, the MAB service handled a total of 111 cases and 119 cases in 2018. Furthermore in 2017 and 2018, the MAB service received 39 and 34 new referrals and re-contacts respectively.

As explained above, these services are viewed as part of a continuum of services aimed at keeping women and children safe from DV. This work is therefore conducted alongside the services offered to victims and children who witness domestic violence, namely the Domestic Violence Hub (which was officially launched in 2019 but all its planning and organisation took place in 2018) and the DVU. The coordination between units has been ongoing since their inception, and the services for perpetrators and those for victims are run by the same service area leader. This means that when male perpetrators are undertaking the DAIP, their partners/spouses are invited to attend support groups aimed at ensuring consistency and continuity in the provision of protection and safety of the women and children involved.

During the group sessions as part of MAB, themes such as patriarchy, misogyny and gender roles are addressed. The aspect of fathering is also discussed, however within a group setting, in-depth work on this area is not possible therefore whenever more work with the client on this is required, the men – and when it is safe, the couple – are referred to services which deal with parenting and familial aspects in more depth, such as Positive Parenting, Co-Parenting, Family Therapy, and Home-Based Therapy offered by FSWS. This is done following an in-depth assessment, which does not only assess the eligibility for these services, but also the safety and well-being of the victims and their children. This is also done in collaboration with the DVU. This measure is also considered as a form of prevention which enhances the aspect of protection. This is because men are not only being challenged in terms of their abusive beliefs, behaviour and attitude but are also challenged to become responsible fathers who meet the best interests of their children.

The MAB programme also tackles attitudes and beliefs that impact the context of domestic violence. For instance, aspects of gender inequality are outlined. These components are essential in combating violence against women and DV. This is a challenging aspect since the work entails challenging dominant discourses, cultural attitudes, prejudice and stereotypes which continue to shed light on victim blaming and gender inequality. Thus, the importance of working with different services on a micro and meso level, as well as interventions on a macro level – that is policy and legal framework – remain a priority.

These programmes are funded by the Government through the budget for the FSWS. Regarding the impact of these programmes, currently every programme is evaluated by the person receiving the service, as well as by the feedback from the partner/spouse concerned. Where formal evaluation is concerned, throughout 2018, the service has been working on a strategy which aims at meeting the emerging needs of victims and children. This strategy includes the services for perpetrators, which is an integral part of the continuum of services. In view of this, once this strategy is implemented the service will be evaluated.

Within the DPP, The Psychology Unit consists of two forensic psychologists who are primarily tasked with carrying out assessments and offering interventions to offenders currently under supervision. The unit receives referrals through the Court, the Parole Board or directly through the probation officers. Once referred, offenders undergo a psychological assessment, in order to determine their psychological needs. Through the assessment, offenders might be directed towards a programme. As part of its services, the unit offers an anger management programme and a sex offender programme (discussed in Section 3.6 of this report). The Anger Management programme targets

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community-based offenders aged 16 years and over. This programme is specifically designed to deal with anger management issues and consists of 9-12 sessions lasting approximately 90 minutes each.

Sessions are offered on a one-to-one basis. Following the referral, candidates are assessed for problematic anger by the psychologists delivering the interventions. Candidates who do not score at pathological or clinical levels of anger are directed to more appropriate interventions. Those offenders with severe learning difficulties, who are currently unstable, or have acute dependency/substance misuse issues may not be deemed suitable to follow the programme.

Work with offenders –Sexual violence

The Community-based Sex Offender Intervention Programme, also run by the DPP, has adopted a modular approach to addressing sexual offending behaviour in offenders aged 16 years and over. An initial in-depth assessment of sexual offenders who are referred to the Psychology Unit is conducted to identify the needs of the offender. Following this, the results of an assessment would help determine which modules the client would benefit from most. Sessions are then offered on a one-to-one basis. All offenders currently being followed by the DPP, for a sexual offence, will be considered eligible for screening. Those offenders, who suffer severe learning difficulties, are currently considered unstable or have an acute dependency/substance misuse issue, may not be deemed eligible for the programme.

EVALUATION REPORT BY GREVIO

Preventive intervention and treatment programmes (Article 16)

Programmes for perpetrators of domestic violence

Domestic violence perpetrator programmes in Malta exist only in non-custodial settings. In addition to the programme targeting male perpetrators, named the Domestic Abuse Intervention Programme (DAIP), managed by the Managing Abusive Behaviour service (MAB) of Agenzija Appogg, the DAIP also includes a programme targeting women who use force. This programme is based on the belief that some women can resort to using force within an intimate relationship to gain short-term control of abusive relationship dynamics. This service, however, has not been operational due to the insufficient number of users considered eligible for the programme. A programme targeting child to parent violence is also run by the same service.

The DAIP programme aims to assist men who are abusive in intimate relationships to become aware of, understand and take responsibility for their behaviour. The programme lasts 28 weeks and covers topics such as gender equality, patriarchy, misogyny, gender roles and fathering. Following the group programme, the participants are also encouraged to receive continued support through a support group. This service liaises with the Domestic Violence Unit of Agenzija Appogg, the main service provider in the area of domestic violence, so that in parallel victims can attend support groups and otherwise be supported and protected with their children. The DAIP programme is offered in the central island of Malta only.

The statistics provided by the authorities indicate that 107 and 119 men were registered with the MAB service in 2017 and 2018 respectively. GREVIO notes that only one full-time social worker and three

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facilitators manage this programme and that an increase in human resources would be required. Although the DAIP programme is attended both on a voluntary basis and through court referrals or referrals from the Department of Probation and Parole (DPP), GREVIO has been informed by the authorities that most cases are self-referrals and notes with concern that there have been only 11 court-mandated referrals in the last three years. Even where the perpetrator has been referred by the court, it appears that no measures are taken if the perpetrator refuses to submit to the programme, which GREVIO notes with concern. GREVIO welcomes that the current National Strategy and Action plan includes the measure to strengthen the perpetrator programme and an increase in referrals; however, the implementation of this measure clearly needs to be strengthened.

According to the state report, every programme is evaluated by the person receiving the service, as well as by feedback provided by partners/spouses. A general, scientific evaluation of the impact of the DAIP programme has thus not been carried out. The authorities have referred to plans to draw up a strategy for the MAB services, as well as an evaluation of their impact thereafter.

GREVIO strongly encourages Malta to introduce perpetrator programmes in custodial settings. It further strongly encourages the Maltese authorities to use all available means to ensure that perpetrator programmes are widely attended, including by incorporating them into the criminal justice system as a tool to reduce recidivism and to ensure attendance also by convicted perpetrators in prison. The authorities are also encouraged to increase the human resources within the DAIP programme and initiate scientific outcome studies (evaluation) of the programmes to assess, among other aspects, the risk of reoffending, in order to ensure higher levels of safety and protection for victims.

Programmes for sex offenders

The DPP runs the Community-based Sex Offender Intervention Programme for convicted offenders aged 16 years and over. After an initial in-depth assessment of the sexual offenders has been conducted to identify their specific needs, individual sessions are then offered. All sexual offenders that are followed by the DPP are considered eligible for the programme, except if they have severe learning difficulties, are considered “unstable” or have acute drug dependency issues. No information has been made available by the authorities on the number of perpetrators who have benefited from this programme.

GOVERNMENT COMMENTS TO THE GREVIO REPORT

Malta is committed towards implementing GREVIO’s recommendation. In fact, the Care and Reintegration Unit within CSA has strengthened its human resources and all new inmates are being assessed upon induction. A care plan is subsequently drafted for each and every inmate. A tailor-made programme of interventions, as part of the care plan, is devised for the respective inmate. The care plan, therefore, might include an anger management programme or more specific domestic violence interventions. Each care plan is discussed with the respective inmate, who is encouraged to follow the care plan. Adherence or otherwise affects their sentence plan. More recently, assessments for domestic violence (SARA and DASH) have been introduced under the supervision of a Principal Psychologist. Such assessments and the subsequent interventions will be evaluated.

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RECOMMENDATIONS BY THE COMMITTEE

No references to Article 16

ADDITIONAL INFORMATION – SHADOW REPORTS

- **NGO report**

No information on perpetrator programmes.

MONACO

Date of Signature: 20 September 2012

Date of Ratification: 7 October 2014

Date of entry into force: 1 February 2015

STATE REPORT

only available in French

Implementation of article 16 of the Convention (Preventive intervention and treatment programmes):

In view of the number of cases in this area, which remains low in the Principality of Monaco, the establishment of a programme could not be compared to those drawn up in large States. However, measures focusing on the perpetrators of violence have been taken, including legal measures for the treatment of perpetrators, such as provisions on the order for care.

In order to implement the provisions on the care order (Articles 2 and 34 of Act No. 1.382 of 20 July 2011), the shifts of psychiatrists working at the Remand Prison have been increased. Since 1 July 2012, within the framework of a new agreement between the prison administration and the psychiatric service of the Princess Grace Hospital Centre, a weekly consultation has been provided as opposed to two per month previously. One of the monthly consultations provided by psychiatrists at the Remand Prison is more specifically dedicated to sex offenders.

EVALUATION REPORT BY GREVIO

Preventive intervention and treatment programmes (Article 16)

The state report highlights the new system of treatment orders introduced by Law No. 1.382. Treatment orders are seen as an alternative sentence or additional to a custodial sentence, the application of which is subject to the consent of the perpetrator of the offence in question. Failure or refusal to comply with the obligations laid down in the treatment order may be subject to criminal penalties, depending on the particular circumstances of the case. However, the judicial services point out that the system has its limits, in particular the fact that it is conditional upon a prior medical expert opinion.

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The Monegasque report also states that a convicted person given a suspended sentence and placed on probation may be subject to certain supervision and support measures to promote their reintegration into society, in particular their family and occupational rehabilitation. These measures include the obligation to undergo treatment or medical care, including hospitalisation for the purposes of detoxification.

While the above information relates to measures that apply where the perpetrators of violence are convicted by a court, GREVIO emphasises the value of providing preventive intervention and treatment programmes which the perpetrators themselves could choose to attend independently of any court proceedings. GREVIO finds it regrettable that courses to promote responsible behaviour cannot be imposed, irrespective of the penalties handed down, nor can they be suggested by the prosecution or the law enforcement agencies as soon as the victim files a complaint. The services likely to be in contact with the perpetrators, such as health-care professionals and social workers could also suggest a referral.

GREVIO urges the authorities to take the necessary measures to encourage or require perpetrators of violence to attend programmes fostering responsible behaviour in order to combat any reoccurrence of acts of psychological, physical, sexual or economic violence, including in the domestic environment. Where necessary, such programmes could be made available through co-operation with other countries.

GOVERNMENT COMMENTS TO THE GREVIO REPORT

No comments on perpetrator programmes.

RECOMMENDATIONS BY THE COMMITTEE

The Committee recommends that the Government of Monaco take measures to implement the further conclusions of GREVIO's baseline evaluation report.

ADDITIONAL INFORMATION

No shadow reports yet

MONTENEGRO

Date of signature: 11 May 2011

Date of ratification: 22 April 2013

Date of entry into force: 1 August 2014

STATE REPORT

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In accordance with Article 16 of the Istanbul Convention, with the aim of preventing re-commission of the criminal offences, in the previous period within the Sector for Treatment of the Correctional Facility, several workshops were conducted on the topic "Violence and types of violence", assertive communication and control of aggressive behaviour in the Sector for Juveniles, and in Separate Sector of Correctional Facility Podgorica, and those workshops were a result of their personal initiative and acquired professional titles and achievements.

Action Plan for implementation of the strategy for execution of criminal sanctions for the period of 2017-2021 in order to raise the quality of the treatment of prisoners recognized the obligation of making special rehabilitation programme for certain categories of prisoners such as addicts, perpetrators of violent and sexual offences, people with mental disorders, etc., and the implementation of training of officials in the Department for treatment on the implementation of specific programmes.

EVALUATION REPORT BY GREVIO

In Montenegro, programmes for perpetrators of domestic violence have been set up following the adoption of the LDVP. This law mandates misdemeanour judges to order a perpetrator of domestic violence as defined in the LDVP to attend mandatory addiction treatment (Article 20, paragraph 4) or mandatory psycho-social therapy (Article 20, paragraph 5). The focus of all relevant institutions has since been on the mandatory addiction treatment programmes which are intended for perpetrators of violence who have acted under the influence of alcohol, drugs or psychotropic substances. Detailed rules on the implementation of such programmes were developed by the Ministry of Health in April 2012. These programmes are hospital-based and are administered either for in-or out patients. Victims must be informed when perpetrators are discharged and follow-up visits are paid by the hospital staff soon after. The approach these programmes seem to take is one of medical treatment of addiction and mental health issues –with much less focus on addressing the violent behaviour as such. They do not seem to focus on achieving behavioural change in perpetrators of domestic violence by emphasising the need to take responsibility for their violent behaviour but seem to suggest that overcoming addiction and mental health issues will, in and of itself, put an end to the violence.

Although defined as a priority in both the previous and the current strategy on protection from violence, psycho-social therapy for perpetrators of domestic violence as envisaged by the LDVP has not yet become available. As a result, orders to attend perpetrator programmes seem to have only been issued with regard to perpetrators of domestic violence with addiction or mental health issues. This situation reinforces the unfortunate perception that domestic violence is caused by substance abuse or mental health problems. To comply with Article 16 of the Istanbul Convention, GREVIO points to the urgent need to set up adequate perpetrator programmes that incorporate the core elements set out in the Explanatory Report to Article 16 of the Istanbul Convention. Among these is the need to ensure that programmes encourage perpetrators to take responsibility for their actions and examine their attitudes and beliefs towards women. A core principle of perpetrator programmes is their close co-operation with women's specialist support services. To protect women from further violence and avoid giving victims a false sense of security, priority consideration must be given to the needs and safety of victims, including their human rights.

The existing hospital-based perpetrator programmes in Montenegro lack respect for some or all of the above core elements and need to be revised to ensure greater attention is paid towards changing a

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perpetrator's attitudes and beliefs regarding gender roles, women and power. They must also pay greater attention to the safety of women and children, especially where they still live with the abuser.

According to information received during the evaluation visit to Montenegro, work is underway to introduce a different type of programme for domestic violence perpetrators. The first voluntary group-based perpetrator programme will soon become operational at the guidance clinic in Nikšić. This programme is based on a Norwegian model and will include risk assessment and other safeguards for victims. For further guidance on the essential principles of domestic violence perpetrator programmes, GREVIO points to the collection of papers on the Istanbul Convention, one of which addresses what works in setting up domestic and sexual violence perpetrator programmes.

GREVIO strongly encourages the Montenegrin authorities to move away from perpetrator programmes based exclusively on medical treatment for substance abuse and mental health problems and to set up mandatory psycho-social treatment programmes as required by Article 20, paragraph 5 and Article 25 of the LDVP. Moreover, GREVIO encourages the Montenegrin authorities to expand their work in also setting up voluntary perpetrator programmes and to ensure that all programmes are in line with the core elements as set out in the Explanatory Report to Article 16 of the Istanbul Convention.

Programmes for sex offenders

Sex offender programmes seem to exist for convicted offenders serving a prison term. No information as to the nature of such programmes or their attendance rates was provided.

GOVERNMENT COMMENTS TO THE GREVIO REPORT

Programmes for perpetrators of domestic violence

Persons deprived of their liberty with psychiatric and psychosomatic disorders at the recommendation and instructions of doctors may be placed in hospitals with psychiatric wards, the Clinic for psychiatry of the Clinical Center of Montenegro and the Special Hospital in Dobrota. Health care practitioners and healthcare providers in providing health services are obliged to treat these and other patients in accordance with the Protocol on the actions of health workers and healthcare associates towards patients, as well as arrested patients receiving medical treatment, without any form of discrimination, i.e. coercive, forcible or inhumane behaviour. Psychiatric patients under the observation may not be placed in inhumane manner, and the accommodation is made exclusively on the basis of a psychiatrist's report, whereas forcible placement is possible only in situation in which a patient is expressing the aggression at the level that may endanger his own life, or that aggression can cause negative consequences for the environment and community, which, of course, must be supported by a psychiatric report that it is an extremely aggressive person.

RECOMMENDATIONS BY THE COMMITTEE

No references to article 16.

ADDITIONAL INFORMATION – SHADOW REPORTS

- Contribution on the [Implementation of Montenegro's Domestic Violence Legislation](#) by : Women's rights Center, The advocates for human rights and SOS Hotline for Women and Children Victims of Violence Nikšić.

PERPETRATOR TREATMENT REMEDIES IN AN ORDER FOR PROTECTION

Addiction treatment measures are ineffective, yet judges continue to order them

Article 24 of the LDVP authorizes misdemeanour judges to issue an order for addiction treatment if the abuser “commits violence under the influence of alcohol, addictive substances or psychotropic substances, and where due to such addiction there is a risk of reoffending.” Such orders “may last for as long as there is need for treatment, limited to one year.” The LDVP directs the MoH to promulgate a more detailed description of the enforcement of such orders.

Overall, misdemeanour judges order substance addiction treatment infrequently, but their issuance varies regionally. According to the Ministry for Human and Minority Rights, of 247 OFPs issued in 2014, 22 were for mandatory treatment for alcoholism and 2 were for mandatory drug addiction treatment. At the regional level, the frequency of these orders varies. Approximately half of all OFPs issued from 2013 through mid-2015 were for alcohol treatment in one region, while addiction treatment constituted just 10 percent of all OFPS in another region. The MoJ identified the lack of incentives for offender cooperation as one reason for the low use of these measures.

The misdemeanour court may prolong the order “if reasons for measures imposing [it] still exist, but no longer than for [a] period of two years.” Misdemeanour judges in only one jurisdiction, however, reported cooperation with health care providers to inform the court about treatments’ progress and whether it should be continued.

Neither inpatient nor outpatient treatment are effective measures to protect victims. Even judges who commonly order addiction treatment acknowledge that treatment is ineffective. One judge admitted, “[f]or medical treatment of alcohol, they almost never get cured or treated and they continue to drink.” An interviewee recalled a case where a man came for his court-ordered treatment: “He stated, ‘Oh great, I get my rest there. I will go there. Just don’t punish me with a fine.’ Did he reoffend? Of course. Always.” When he returned from treatment, the domestic violence continued. He fractured his wife’s arm and was subsequently criminally charged. In one case, the offender was addicted to drugs and ordered to undergo addiction treatment. The offender beat his wife, causing bruises. Their older son began modeling his father’s behavior and acting aggressively toward his younger brother. The first misdemeanor order for treatment lasted three months. The offender continued to commit acts of domestic violence, and with each new act of violence during the treatment, the police brought the offender to his psychologist. According to the CSW worker, “it went on for years.”

One NGO employee suggested that the only treatment that is somewhat effective is to confine the offender in a closed institution, adding:

[T]hat’s the only way to really protect the victim. . . . But the problem is that many judges don’t understand the phenomenon of family violence, and then sometimes they [are] taught that alcoholism or addiction is the cause of violence. By default, they think that somebody who is obsessively jealous or who is an alcohol addict has some psychological, mental illness, or something like that.

Indeed, as described earlier, some misdemeanour judges view substance abuse as a cause of domestic violence, and therefore favor the protective measure of addiction treatment.

But judges are also aware of the limited spaces and facilities available, particularly for inpatient treatment. Only seven health centers report having the personnel to execute the measures. The Kotor psychiatry hospital is the only facility that provides mandatory addiction treatment under the LDVP, and it has conducted such treatment in five cases since 2010. One judge recalled how a colleague tried to send one person to an inpatient facility with only nine beds. The center responded they would make an exception this time, but that the judge should not send more people because they would be rejected. Another court ordered two offenders for treatment but the treatment facility had no open spaces. While the offenders waited to be admitted, they committed domestic violence again.

The alternative, outpatient addiction treatment, does not promote victim safety, either. Under Article 32 of the LDVP, a person must notify a misdemeanour court, the police, prosecutor, or CSW if that person “is informed during the discharge of his affairs that [the] abuser does not comply with the order of protection.” Instead of communicating with the misdemeanour court or pursuing criminal charges for repeat violence, police officers merely return offenders to treatment. In one case, the judge ordered two months of addiction treatment, during which the offender continued to commit domestic violence, hitting his wife and pulling her hair to drag her out of the house. In response to this continuing violence, the police returned him to treatment.

Numerous barriers render psycho-social therapy an ineffective remedy for victim protection and perpetrator behaviour change

Article 25 of the LDVP states that “[m]andatory psycho-social therapy may be issued to [the] abuser to eliminate the cause of violent behaviour and reform [the] abuser; and to diminish or eliminate risk of reoffending.” Psycho-social therapy may last “for as long as reasons for which it was ordered are present,” but no longer than six months. The misdemeanour court may prolong the order “if reasons for measures imposing [it] still exist, but no longer than for [a] period of two years.”

While efforts to change the behaviour of the batterer have been successful in some countries, they are based on research and best practices that focus on keeping victims safe and holding offenders accountable for their criminal conduct. In Montenegro, adequate policies and facilities to administer these programs are largely absent. As with addiction treatment, only seven health centers have the capacity to execute the measures. An NGO reported that, as a result, “[e]veryone treats it as [an] additional duty but [they] don’t get paid extra.” Interviews revealed there are no effective regulations directing the creation, structure, and implementation of psycho-social therapy. An NGO worker explained the means to implement the measure are limited because the MoH and Ministry of Social Welfare have yet to provide the experts and venue to conduct the treatment. Consequently, an interviewee reported that “[h]ealth institutions are not providing the treatment.”

The MoH promulgated rules of procedure for psycho-social therapy under the LDVP. The regulation calls for each mental health center to establish a four-person team, consisting of a psychiatrist, a psychologist, a nurse, and a social worker, to implement the measure. NGO staff expressed sharp criticism, however, of the regulations. In September 2014, a working group concluded the regulations “cannot be implemented successfully” because they are too short and lack sufficient guidance. The group further found that the regulations do not provide any methodology for the treatment, including recommended duration, information on training, procedures for monitoring, or methods for

institutional cooperation. Interviewees expressed concern over these issues and even surmised that “maybe it’s better not to have it than to have it done wrong.”

While some misdemeanour judges continue to order psycho-social therapy, even with the knowledge it cannot be implemented, overall, judges avoid this remedy. According to the Ministry for Human and Minority Rights, of 247 OFPs issued in 2014, only two were for mandatory psycho-social therapy. Given these concerns, an NGO worker expressed relief that judges are not issuing these measures, asking “Why should they issue something when it’s obvious it’s not going to be implemented?”

Misdemeanour judges generally do not order psycho-social therapy because there are no programs for perpetrators. Some judges view the protective measure as simply “impossible” because the rules have not been implemented. According to an NGO, misdemeanour courts received a ministry directive not to issue orders for psycho-social therapy as institutions are not yet ready to implement the measure. As the interviewee explained, “they do not order it, because they know there is no team.”

Existing psycho-social therapy programs do not meet best practice standards

Despite the dearth of regulations, qualified therapists, and trainings, interviews revealed that handful of psycho-social treatment programs are attempting to function. These limited programs do not meet the best practice standards for effective perpetrator programs. Instead, they function as ad hoc therapy sessions without any connection to criminal justice or victim services. One interviewee explained, “What they provide is maybe [a] general remark, but not something which we can say for sure that some individual session with a psychologist or something like that.” Moreover, they lack oversight, monitoring, and accountability. As a result, they do not fulfil the purpose of this protective measure to protect victims and change perpetrator behavior.

First, the programs lack protocols to prioritize and protect the needs of victims. When asked whether there are measures to ensure victim safety while the perpetrator undergoes psycho-social therapy, an MoH representative responded, “Of course. If the victim is not safe, she should contact the police.”

Second, there is no system-wide structure for the process, and as a result, treatment programs vary widely. Medical providers charged with administering LDVP psycho-social therapy explained that each judge determines the therapy’s duration and frequency. But neither courts nor the regulations dictate the length of each therapy session, leaving the timing largely unstructured. One such provider admitted that for each monthly treatment, they might only allocate 20 minutes for a session. He explained, “The time of our exam is limited, and we must comply with that because we have many patients.” Other medical providers provided what they call psycho-social therapy on an ad hoc basis. In addition, a treatment period of six months is far too short to ensure that the offender’s behaviour has changed. Providers who currently administer the therapy report that the treatment does “[n]ot sufficiently” change the offender’s behaviour, and the therapy program needs stronger substantive content.

Third, systems actors lack training on psycho-social treatment. Misdemeanour judges need training to provide guidance about best practice standards and effective court monitoring of offender participation in therapy programs. Some judges view psycho-social treatment as an appropriate protective measure for people with mental disorders, “[b]ecause they had a mental disorder, they are not responsible.” Research, however, does not support the theory that mental illness causes domestic violence. Researchers have found that batterers’ behaviour is inconsistent with profiles of mental

illness. For example, batterers often only attack their intimate partners, whereas people who suffer from mental illnesses such as schizophrenia often do not limit their violence to their intimate partners. Medical professionals who provide opinions to misdemeanour courts may reinforce judges' misperceptions that domestic violence is actually the product of psychiatric disorders.

Finally, there is no protocol to monitor and report compliance with the psycho-social therapy. As with orders for addiction treatment, the court must provide the OFP "to the body or institution in charge of enforcing orders in accordance with the law governing treatment and rehabilitation of addicts to psychoactive substances . . . and persons with other behavioral disorders." And as with other protective orders, a person must notify a misdemeanour court, the police, prosecutor, or the CSW if that person "is informed during the discharge of his affairs that [the] abuser does not comply with the order of protection." Medical providers submit reports to the misdemeanour court after the offender appears for each monthly therapy session. According to the MoH, these providers must inform the police if the offender does not comply with the order for psycho-social therapy. But medical providers explained that if the offender does not appear for therapy, they do not notify the court on their own initiative. They explained, "The court monitors that, and if there were no monthly reports, they contact us and we give our response whether they came or not." They also did not identify a process to notify the misdemeanour court if the offender appears for therapy but does not cooperate. Yet, providers should be able to inform courts of an offender who does not cooperate in a therapy session. Without properly trained professionals and without an effective monitoring system, there is a danger that offenders will manipulate the system and enter into psycho-social therapy to avoid punishment. Until these issues are addressed, this protective measure will remain a remedy for victims that exists only on paper.

Recommended Best Practice Standards for Batterer Intervention Programs

The Advocates for Human Rights report on Recommendations for Effective Batterer Intervention Programs in Central & Eastern Europe and the Former Soviet Union describes essential elements of an effective government intervention program for batterers and makes recommendations for developing and reviewing batterer intervention program in countries around the world.

Increasingly, laws are calling for programs into which to direct aggressors or the perpetrators of domestic violence in addition to or in place of jail. The direction of these programs has begun to take various forms and follow different models. Some of these efforts have evolved into formal programs, called Batterer Intervention Programs (BIPs) or perpetrator programs that are designed to end batterers' use of violence by changing their underlying beliefs. Other responses have focused primarily or solely on treating batterers or psychological problems or working with both the batterer and the victim to address relationship dynamics.

Both research and recognized best practices support formal programs that prioritize two goals: victim safety and offender accountability. Offender programs, the Duluth Model of batterer programs being a well-known example, are usually victim-centered, court-mandated programs. They are typically grounded in the understanding that domestic violence is a form of violence against women that stems from the historically unequal power relations between women and men. Maintaining victim safety is the program's first priority. The goal of the offender program is to end the violence by holding offenders accountable to accept responsibility and modify their underlying beliefs of entitlement. Stand-alone counseling approaches, on the other hand, typically focus on addressing a batterer's

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mental health, substance abuse, or relationship dynamics. Under the counseling approaches, ending the violence is a by-product of solving the underlying psychological or relationship problem.

The Advocates has identified five essential elements of an effective program based on this human rights framework.

- 1) Be part of an overall human rights–based system response. First and foremost, batterer programs should not exist in isolation. Instead, they should be part of an existing system’s overall response to domestic violence. At a minimum, that system should include criminal sanctions for batterers, civil remedies for victims, prevention strategies, and protective measures including shelters and other services for victims. The various organizations that are part of the domestic violence response should coordinate their efforts to ensure the overall system is working effectively. Furthermore, the various parts of the system should share a common theory of domestic violence grounded in a human rights analysis with mechanisms to create systems change when necessary. A shared philosophy across system actors as well as perpetrator programs is necessary to create consistent program responses. The reality is that not every country has a functioning, coordinated system within which a batterer program can effectively operate. In such situations, priority should be focused on improving the systems’ overall response before expecting batterer programs to function.
- 2) Maintain formal links to the criminal justice system and victim advocacy. An effective batterer program, as any intervention based on best practices, will emphasize accountability while prioritizing victim safety. To meet these goals, an effective batterer program will maintain formal links to the criminal justice system and victim services through the coordinated system response. The link to the criminal justice system promotes accountability and compliance with a program by ensuring consequences for offenders’ use of violence and failure to comply with the terms of the program. The batterer program’s links to victim advocacy groups facilitates focusing on the victim’s needs and providing her with necessary information to allow her to make decisions that improve her safety and the safety of her children. Systems must hold offenders accountable for their use of violence, and the system itself must be accountable to victims.
- 3) Avoid dangerous practices. While counseling approaches can provide important services, they should not be a substitute for an offender program that is based on a gendered understanding of power and control dynamics in a relationship and adequately tied to the criminal justice system. Counseling approaches, used alone, do not hold batterers accountable and do not focus on changing their underlying beliefs that validate the use of violence in the first place. While some counseling approach techniques could serve as a supplement to an offender program, focusing solely on these techniques can be dangerous because they avoid addressing the real causes of battering and become another means for the batterer to control his partner. In addition, batterers may in fact retaliate with more violence in response to the counseling.
- 4) Make referrals. The truth is that many batterers need other services, including treatment for substance abuse or past trauma. It is harmful to victims, however, to assume abusers must be healthy before they can be expected to stop battering their partners. Domestic violence is not caused by substance abuse or mental illness. As such, substance abuse or mental health treatment does not “cure” domestic violence. In cases where batterers need mental health services or substance abuse treatment, they should receive referrals as a supplement—never a substitute—to an offender program.

- 5) Conduct ongoing risk assessment and risk management by well-trained practitioners. Accurate risk assessment may help protect victims by identifying which batterers are most likely to reoffend and risk management techniques can apply increased accountability and supervision to dangerous offenders. However, accurate risk assessment or categorization of types of domestic violence can be very difficult, and incorrectly assessing risk can prove fatal for victims. Moreover, if risk management is not reliable and ongoing, victims may be lulled into a false sense of security, exposing them to greater risk. Facilitators of batterer programs and system stakeholders at all levels should be well-trained in conducting ongoing risk assessment and risk management.

- **Contribution on the Implementation of the Istanbul Convention in Montenegro by : Women's Rights Centre, Women's Safe House, SOS Hotline for Women and Children Victims of Violence Nikšić and SOS Hotline for Women and Children Victims of Violence Podgorica**

Article16: Preventive intervention and treatment programs

The Law on Domestic Violence Protection provides for five orders of protection out of which two relate to the mandatory psycho-social therapy of abusers and mandatory addiction treatment.

Mandatory addiction treatment implies alcohol addiction, drug addiction and treatment in the psychiatric institution. Imposition of these orders from 2013 onwards drastically decreases since „the mandatory addiction treatment is difficult to implement due to the excess capacity in specialized hospital for psychiatry in Kotor”. In 2016, a total of 36 treatments from alcohol and drug addiction were imposed, however, they mainly prescribe ambulatory care, which deprives of sense the purpose of this measure, particularly taking into account that, on the level of health institutions, there is no record on the number of persons who applied for this kind of treatment. Also, there are no data that any health institution actually implemented this kind of measure or reported a failure to implement.

Mandatory psycho-social treatment, as a fifth order of protection pursuant to the Law on Domestic Violence Protection, is rarely imposed, since the health system does not provide for adequate conditions for implementation of this order of protection. According to the data from the Ministry of Health, based on the reports by health institutions, since 2014 a total of 10 orders of protection were imposed and therapy was implemented only in 3 institutions, including only 8 perpetrators of violence, whereas 2 perpetrators did not report in, which the court was informed about. The therapy was implemented in health institutions on a primary level of health care, within which the Center for mental health is organized. Most primary health care institutions do not have expert teams for implementation of mandatory psycho-social therapy.

The Minister of Labor and Social Welfare adopted a Rulebook on detailed implementation of mandatory psycho-social therapy, but there is no information on the effects thereof. It is important to emphasize that even though Ministry of Labor and Social Welfare adopted the Rulebook, its implementation mostly depends on the health institutions which are under the competence of the Ministry of Health.

Shortcomings:

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Data found by SOS Phone Podgorica, through the monitoring survey which comprised the period from 2014 to 2016 indicate that the Primary Health Care Podgorica recorded no cases of this measure in 2014, 2015 and 2016, nor it had recorded cases of domestic violence and violence against women.

Besides, not even four years following the adoption of the Rulebook on detailed implementation of mandatory psycho-social therapy, the measure is not being implemented.

The Rulebook provides for the place of implementation of order of protection and the composition of the expert team, however, the programs of psycho-social therapy, the measure is not being implemented.

The Rulebook provides for the place of implementation of order of protection and the composition of the expert team, however, the programs of psycho-social therapy for perpetrator of violence are not feasible since the Rulebook does not have a methodology, types, duration and models of treatment. The survey "Learn, decide, let go of violence" (originally: Nauči, odluči, nasilje isključi) identified limited understanding and insufficient communication between state bodies, as well as the lack of differentiation between addiction and violence treatment which results in this measure being non-implemented, even though 7 years have passed since the Law on Domestic Violence Protection has been passed, and 4 years since the Rulebook has been adopted.

It also identified the lack of capacity and misconnections between state institutions to adequately begin with the implementation of this measure. The Rulebook provides for educated expert team to be formed for implementation of the psycho-social treatment by competent health institution, and that the team is comprised of the experts in the field of psychiatry, a psychologist, social worker and a nurse. The survey showed that not a single primary health care in Montenegro formed such a team, whereas the institutions and organizations dealing with the issues of domestic violence did not have information about the Court of misdemeanour authority ever imposed this order of protection.

One of the measures for urgent protection of the victim and prevention of further violence is a police order of removal from place of residence or other premises. In 2016, police officers have, in line with the Article 28 of the Law on Domestic Violence Protection, in 28 cases ordered the abuser to leave residence or other premises or prohibit his return to residence or other premises. In 2015, this has been ordered in 24 cases, and in 2014 in 22 cases, out of which 18 were ordered in Security Center Nikšić, and 2 times in Security Center Pljevlja and 2 times in Security Center Kotor. Based on the available data, it can be said that the number of these orders is insignificant in relation to the registered number of cases of violence (on average 1400 for 2015 and 2016). Also, it is obvious that this order of protection was applied only in three town/security centers, which means that the application of orders of protection envisaged by the Law under the competence of the police did not see the light of the day in practice.

Recommendations

- Educate professional for the work with perpetrators, to be directed to the safety of the victims and to cooperate with specialized women support services and judiciary, in order to avoid further risks for victims. The training needs to imply information on gender based violence, its causes, risks and consequences, rights of the victims, risks incurred on children.
- Appoint and educate responsible persons in all local health institutions, social work centers, courts and police.

- Establish a precise and comprehensive manner of reporting between health institutions that implement the therapy and CSW with judiciary.
- Collect further data on national level: number of positions in the therapy for perpetrators which is directed to the safety of victims, number of perpetrators which have been registered, number of victims who are supported by women support service with which the program cooperates, age and gender of a perpetrator, age and gender of the victim, their relationship, manner of violence against women, town.

NETHERLANDS

Date of Signature: 14 November 2012

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STATE REPORT

Preventive intervention and treatment programmes

Rehabilitation

An intervention called Termination of Relational Violence is offered from the probation service to perpetrators of domestic violence. This behavioural intervention is available nationwide. The intervention can be offered in a group or individually. The intervention is mainly based on the 'What works principles'. For most perpetrators of domestic violence who participate in the intervention, it is part of their sentence. The (ex-)partner is also involved in the intervention. Part of 'Termination of Relational Violence' is to show the perpetrators the reasons for their violence, how they can recognise the warning signs earlier in themselves, how they can avoid situations that lead to the behaviour and how they can control themselves better in future. Learning social skills is also part of the training. Also discussed is what domestic violence means and how the way women are placed in society and within the family in which the perpetrator grew up can have an impact on the perpetrator's thoughts and actions.

Another intervention offered by the probation service is the Dutch version of the Canadian programme Caring Dads. Participants can participate in this intervention as part of their sentence or voluntarily. It focuses specifically on the role and responsibility as a father and educator. The special feature in the approach is the focus on the recovery of paternity through confrontations with views of the men on upbringing, the children and the partner which stand in the way of this recovery. Caring Dads combines elements of paternity (family role, knowledge and skills) with the recognition of the (earlier) abuse and taking responsibility to improve the safety and well-being of the child. The needs and pace of the child are the leading factors. The programme consists of 17 two-hour weekly group sessions in which the men carry out interim homework assignments. The programme also includes a part devoted to contact with the mother. The theme that having a non-violent, respectful and co-parenting supportive relationship with the mother of the children belongs to good paternity is extensively discussed. An entire session and multiple exercises are devoted to the need for a respectful and supportive

relationship with the mother. Fathers are encouraged to reflect on the messages they give their children through the relationship they have with the mother of the children.

Both interventions are subsidised by the Ministry of Justice and Security.

Custodial Institutions Agency

On behalf of the Minister of Justice and Security, the Custodial Institutions Agency carries out penalties and measures involving deprivation of liberty imposed by the court. The Custodial Institutions Agency is responsible for the daily care of offenders and works with them in many ways to prepare them for their return to society. The Custodial Institutions Agency has two implementation divisions within the organisation, namely Prison System/Temporary Custody and Forensic Care/Juvenile Detention Centres.

Prison System and Temporary Custody

Adult offenders are placed within the prison system to enforce the punishment or measure imposed by the judge. Foreign nationals are placed in temporary custody pending their deportation to the country of origin.

In the prison system and the detention of foreign nationals, the domestic violence and child abuse reporting code intervenes to remove the (imminent) violence in case of observance or suspicion of relational violence. Specific interventions and programmes for the perpetrators of relational violence do not exist within the Prison System and Temporary Custody departments.

Forensic Care and Juvenile Detention Centres

Forensic Care consists of Forensic Psychiatric Centres, Forensic Psychiatric Clinics and Forensic Psychiatric Departments where litigants subject to the imposition of a hospital order are treated. Forensic care other than treatment of patients detained under a hospital order is also offered. The Forensic Care and Juvenile Detention Centres are devoted to treatment of forensic patients and the orthopedagogical processes for young people. The scope of these facilities is broader than merely the implementation of the imposed punishment and reintegration into society. As a result, these facilities have broader intervention options within the framework of relational violence.

The Quality Forensic Care programme has the treatment module aimed at perpetrators of relational violence. This module is available for all forensic care providers to use for their treatment. Furthermore, all forensic outpatient clinics have treatment programmes for perpetrators of relational violence. The Custodial Institutions Agency does not prescribe which programme they must offer. This is left to the expertise of professionals. They are expected to use scientific insights in structuring the treatments.

Sex offenders

There is a preventive approach with regard to (potential) perpetrators of sexual abuse of children (the 'Stop it now' programme) at the Online Centre of Expertise on Child Sexual Abuse funded by the Ministries of Justice and Security and Health, Welfare and Sport. This programme focuses specifically on people with paedophilic feelings.

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There are no specific interventions or programmes for perpetrators of domestic violence who are in the prison system. The probation service offers a programme called “Termination of Relational Violence”, which is usually part of the sentence of a perpetrator. An additional probation service programme called “Caring Dads” includes a module on contact with the mother. It aims to show that non-violent, respectful contact and supportive co-parenting with the child’s mother are all parts of good paternity and fathers are expected to reflect on the messages they give their children through the relationship they have with the child’s mother. There are additional programmes for those under forensic care as a result of mental health disorders. The aim of these programmes is to work towards behavioural change in perpetrators on the basis of accepting responsibility for their acts.

There does appear to be considerable work done with perpetrators by Safe Home and the local neighbourhood teams in the community with the intention of preventing and stopping violence. These organisations work with perpetrators and the family towards a plan to stop violence. A specific programme, BORG, is designed for both perpetrators and victims (current or former partners) and is intended to deal with low to moderate risk of repetition. Additionally, there are several organisations that work with perpetrators of domestic violence including some active in mental health-care provision and some as part of a family plan. Particular examples include De Waag, a centre for outpatient forensic mental health care in Utrecht and Dok. GREVIO recalls that in any work with domestic violence perpetrators the safety of, support for and the human rights of victims must be of primary concern.

Research shows, however, that in practice it has been extremely difficult to reach perpetrators of partner violence and child abuse and motivate them to change their behaviour. The same research also identifies potential failings of adopting a gender-neutral approach. It is unclear whether standard referral pathways exist and how attendance is promoted.

Moreover, GREVIO received repeated reports that the primary difficulty for women in the system is that domestic violence is seen as an issue between two parties rather than gender-based violence perpetrated against women. Most programmes seem to operate on a gender-neutral understanding of domestic violence. GREVIO is concerned that this approach risks failing to change gender inequality, which may therefore fail to have an emancipatory effect.

GREVIO strongly encourages the Dutch authorities to:

- i) ensure that all perpetrator programmes, including those outside of the prison and probation service, aim to teach perpetrators non-violent behaviour in interpersonal relationships by accepting responsibility for their acts and to ensure that the safety of, support for and the human rights of victims are of primary concern and that programmes are set up and implemented in close co-ordination with specialist support services for victims;
- ii) evaluate the success of programmes for perpetrators of domestic violence, in particular the impact of the gender-neutral approach on rates of violence and recidivism; and to
- iii) use all available means to ensure that such programmes are widely attended, including by incorporating them into the criminal justice system, including the probation service, as a tool to reduce recidivism.

Programmes for sex offenders

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The Dutch sentencing system prioritises reducing reoffending. There is a system of retrospective retributive penalties on the one hand and prospective, preventive measures on the other. The safety element of a sentence is imposed either in addition to a penalty or instead of it and is intended to safeguard society from future harm. In some cases courts can order offenders to undertake treatment.

While in prison, most sex offenders are placed in departments that provide specific structure and support and which offers scope for observation of sex offenders in order to determine or re-assess risk factors. For sex offenders with diagnosed mental health issues, programmes exist to teach healthy sexual relationships and intimacy. In addition, cognitive behaviour therapy interventions exist and are embedded in clinical treatment in particular for young sex offenders (aged 12-24). In addition, the Netherlands employs the COSA programme, which has been found to have reduced recidivism rates in the United Kingdom and Canada and has had a very high rate of success in the Netherlands –only one relapse in 130 people on the scheme since 2009. It aims to prevent recidivism by developing a community volunteer model in conjunction with professionals to provide support, guidance and assistance and prevent social isolation among sex offenders. It is offered to those who have already completed treatment and is long-term and voluntary.

GOVERNMENT COMMENTS TO THE GREVIO REPORT

No references to article 16

RECOMMENDATIONS BY THE COMMITTEE

No references to article 16

ADDITIONAL INFORMATION – SHADOW REPORTS

- **Joint Shadow Report produced by Pharos, FSAN and the End FGM European Network**

no references to article 16

- **Shadow Report on behalf of the Dutch CEDAW Network**

no references to article 16

- **Shadow Report of ATRIA for GREVIO**

no references to article 16

PORTUGAL

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Date of entry into force: 1 August 2014

STATE REPORT

The Directorate-General for Reintegration and Prison Services (DGRSP) has a rehabilitation program for domestic violence perpetrators (PAVD), which could be described as follows:

- PAVD is a structured intervention, based on an ecological model with a strong cognitive-behavioural orientation, addressed to defendants/convicted persons under Article 152 of the Criminal Code - Domestic Violence whenever the offender (male) maintains or has maintained a relationship with the female victim. It is applied by the courts and executed by the DGRSP, aiming at promoting in the perpetrators the awareness and assumption of responsibility for violent behaviour and the use of alternative strategies in order to reduce criminal recidivism.
- PAVD can be applied in the context of any sentence or judicial measure that is executed in the community, with a minimum duration of 18 months, protection orders, provisional suspension of the criminal proceeding, suspension of execution of the penalty, as an accessory penalty or attached to the electronic surveillance system (electronic bracelet).

PAVD is composed by the following phases:

- Phase 0 - Risk assessment: essential for determining whether defendants meet the criteria for integration and are responsive to this intervention.
- Phase 1 - Stabilization: Individual case management using motivational techniques.
- Phase 2 - Psycho-educational Approach: Group intervention (20 structured sessions) in which issues associated with conjugal violence are addressed.
- Phase 3 - Relapse Prevention: Individual follow-up aimed at consolidating the learning process aimed at preventing criminal recidivism. The PAVD is a multimodal program that works as a whole and in a sequential way, and it is not feasible for the accused to pass the stage without fulfilling his/her antecedent.

Results obtained:

- During the years 2015 and 2016, the PAVD was applied to 10,3% and 9,9% of the individuals followed by the Probation Officers for the crime of domestic violence "against spouses or similar to spouses";
- At the end of 2016, a total of 1,809 individuals were integrated into the PAVD, or had already completed it. Of these, the majority are in compliance with a suspension of execution of the imprisonment measure (53% with the so-called Proof Regime and 11% with imposition of rules of conduct), followed by situations of provisional suspension of the criminal proceeding (35%). Only 1% is within the scope of a measure of constraint;
- Most of the individuals comply with the frequency of the Program under a judicial measure with a duration of 18 months, followed by measures between 2 years and 2 ½ years;
- Of the individuals in the PAVD, for whom data is available on the criminal record, 62,8% are primary, 11% have a criminal record for domestic violence, 6,1% have facts connected with interpersonal violence and other acts. It is also verified that 20.1% have antecedents for crimes other than domestic violence;
- On 1 January 2016, 814 individuals in the PAVD were followed up by the Probation Officers, who completed the year to follow 841 PAVD (27 individuals);

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- In 2016, at the national level, a total of 402 new penalties/measures were initiated with an obligation to frequency PAVD;
- During 2016, according to the methodology of the PAVD, a total of 1,142 individuals with a judicial obligation to attend the Program were interviewed;
- Of the individuals still integrated in the PAVD, 66% are in Phase 1 of the Program, 18% in Phase 2 and 16% is in the last Phase;
- In 2016, 26 Psycho-educational groups (with 228 individuals) were concluded, and another 15 groups were formed that include 162 defendants / convicted persons who continued to 2017.

The program also includes procedures for intervention with victims/partners with the dual purpose of assessing the risk of recidivism of the perpetrator and providing them with a victim support centre framework. In parallel to all phases of the Program is the judicial follow-up of the sentence or measure applied (sending periodic reports to the court), the work articulated with the community network (police, victim support centre, etc.).

The program's theoretical rationale is based on a complex perspective of conjugal violence as a dysfunctional relational pattern resulting from "(...) interaction between individual variables (e.g. dysfunctional beliefs about "myself" and others), dysfunctional interpersonal attitudes or strategies (e.g., Aggressive behaviour, control, humiliation and limitation of the freedom of the other) and cultural beliefs and gender stereotypes that function as instrumental beliefs". The assumption of this perspective determines the Program's focus on changing certain behaviours, a set of cultural and social beliefs, but also a series of representations of the individual on himself/herself, such as, in this case, early maladaptive schemes.

This programme is financed by annual state budget.

The PAVD Program was externally evaluated by a university entity - CESPU (Cooperativa de Ensino Superior, Politécnico e Universitário, CRL Instituto Superior de Ciências da Saúde-Norte, Instituto de Investigação e Formação Avançada em Ciências e Tecnologias da Saúde / Cooperative of Higher Education, Polytechnic and University, CRL Institute of Sciences of the Health-North, Institute of Research and Advanced Formation in Sciences and Technologies of the Health).

Programmes for sexual offenders

The DGRSP develops a rehabilitation program for sex offenders, which could be described as follows:

- Technical intervention program aimed at prisoners convicted by the commission of sexual crimes, including crimes against freedom and sexual self-determination, is composed of a common core of motivational intervention, consisting of 14 sessions, and two lines of intervention differentiated and specific to the current criminal typology, Namely for perpetrators of crimes against sexual freedom and another for perpetrators of crimes against sexual self-determination of the victim, with 30 sessions each, which means that in total the program consists of 44 sessions;
- It is a cognitive-behavioural program that uses the dynamics of groups as privileged technique and seeks to detect which intellectual mechanism contributed or facilitated the commission of crimes that, in certain cases, hinder the rationality of human ethics;
- After an initial evaluation phase, where all personal dimensions are questioned, from personality characteristics, cognitive abilities, history and personal antecedents, socio-familial framework, employment conditions, among others, and after the holistic knowledge of that subject, the problem / deficit areas are then equalized and prioritized in order of needs, guiding the technical intervention for its restoration.

Results obtained: In 2016, a total of 69 inmates attended and 4 programs were developed inside prisons. This programme is financed by annual state budget. An impact assessment project is being

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developed by a university institution, which will retrieve the empirical evaluation data already collected through the intrinsic methodologies of the program and will evaluate the recidivism of all the recruits who attended the program.

EVALUATION REPORT BY GREVIO

The first programme for domestic violence perpetrators to be developed in Portugal is the PAVD (rehabilitation programme for domestic violence perpetrators), which is administered by Portugal's Directorate General for Reintegration and Prisons Services (the DGRSP). The programme applies by court decision to individuals indicted or convicted of the crime of domestic violence. The programme has a minimum duration of 18 months and incorporates a risk assessment aimed at ensuring the safety of the victim throughout the various stages of the programme. It includes both individual and group sessions and is designed to make the perpetrator accept responsibility for his violent behaviour. A pilot project is underway, aimed at expanding the PAVD from the community to the prison context.

While the centrality of the concern for the victim's safety is to be commended, other aspects of the programme are a source of concern. Under the applicable rules, participation in the PAVD can be court-ordered, either as 1) a protection order (urgent coercive measure); 2) a precondition for the provisional suspension of criminal proceedings or the suspension of a penalty of imprisonment; or 3) as an accessory penalty. According to the state report, the most frequent setting in which the programme applies is either the provisional suspension of criminal proceedings (35% of cases) or the suspension of the execution of a prison term (53% of cases). GREVIO considers that care should be taken to avoid any situation where the articulation between the perpetrator programme and the criminal proceedings might run counter to the requirement that such programmes should not replace prosecution, conviction or sentencing. GREVIO refers in this respect to the considerations developed further in this report regarding suspended proceedings.

Another minimum standard applying to perpetrator programmes is that they should work in close co-operation with women's support services. This is crucial to ensure that women's services supporting victims whose partners or spouses, current or former, are attending a perpetrator programme, are regularly informed of progress and of the level of co-operation of the attendees and are provided with any information that might be important to ensure the women's safety. GREVIO has been informed about the existence of specific protocols supporting interagency co-operation between the DGRSP and the APAV, as well as other relevant public institutions. It finds, however, that there is far less evidence of any such systematic co-operation with women's support organisations, in particular women's NGOs.

Initial steps have been taken to introduce perpetrator programmes which are available on a voluntary basis. This initiative is carried out by the Family Violence Service of the University Hospital Centre of Coimbra. The authorities have informed GREVIO that they plan to link such programmes to the victims' support services offered by the Adult Violence Prevention Teams under the National Health Plan on Gender, Violence and Life Cycle. In developing new programmes and further expanding existing ones, GREVIO finds that there is a need for the authorities to oversee that such programmes follow a consistent intervention model, grounded on the principles advocated by the Istanbul Convention and recognised best practices, and to evaluate thoroughly their effectiveness in terms of preventing further violence and avoiding re-victimisation. GREVIO is of the opinion that the CIG could play an active role in this respect, especially in ensuring that the programmes incorporate a gendered understanding of violence against women and an approach based on the respect for the safety and human rights of the

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victim.³⁰Such a role would complement the CIG's involvement in promoting measures to expand the existing array of available programmes for offenders, as outlined in the strategic area No. 3 of the V NAP. GREVIO notes with appreciation the authorities' efforts under this plan to develop intervention programmes for young perpetrators as an effective measure to prevent future adult violence.

GREVIO urges the Portuguese authorities to:

- a. ensure that the interplay between perpetrator programmes and criminal proceedings does not work against the principle of victims' access to fair and just legal processes;
- b. strengthen these programmes' working relations with women's support services for victims, in particular women's NGOs, to ensure victims are adequately informed and protected;
- c. expand the number and types of available programmes and promote their attendance both by mandatory and voluntary referral;
- d. develop common minimum standards applying to perpetrator programmes, in line with the principles of the Istanbul Convention and recognised best practices, and base any evaluation of their efficacy on such standards.

Convicted perpetrators of sexual offences benefit from specific support programmes for sex offenders run by the DGRSP inside prisons. Data provided in the Portuguese state report indicate that in 2016 the DGRSP worked with a total of 69 inmates. Efforts are underway to consolidate such programmes and expand them to a community context. In pursuing such an aim, GREVIO stresses the importance of ensuring that they comply with identified best practices and are embedded in a gendered understanding of violence against women.

GOVERNMENT COMMENTS TO THE GREVIO REPORT

No references to article 16

RECOMMENDATIONS BY THE COMMITTEE

The Committee recommends that the Government of Portugal take the following measures identified in GREVIO's report¹ for immediate action to:

- Ensure that the interplay between perpetrator programmes and criminal proceedings does not work against the principle of victims' access to fair and just legal processes, while ensuring that such programmes are aligned with the principles of the Istanbul Convention and recognised best practices.

ADDITIONAL INFORMATION – SHADOW REPORTS

- **Contribution by the Association of Women's against Violence (Associação de Mulheres Contra a Violência - AMCV), the Portuguese Platform for Women's Rights (Plataforma Portuguesa para os Direitos das Mulheres - PpDM) and the National branch of the European Women's Lobby Observatory on Violence against Women**

Prevention intervention and treatment programs – Perpetrators and sex offender programs (Article 16)

There is no coherent and articulated national strategy on perpetrators programmes. Besides the official PAVD programme there are some other initiatives from the academia and psychiatric hospitals with no links between them. The intervention models are all different and the medium and long-term outcomes are not known neither the impact on the safety and security of victims and the re-incidence of the crime.

Moreover, most offender programmes and in particularly the official PAVD don't have a coherent and articulated work with the support services for victims/survivors of domestic violence and specifically with the women's rights NGO support and advocacy services for women survivors of gender-based violence and domestic violence. In which concerns sexual offender's programs the information is not known at all, especially for the NGO supporting victims/survivor of sexual violence. Besides that, from the information given by the Portuguese State report, is a matter of concern that the rehabilitation programmes of sex offenders are not approaching the addiction dimension of sexual violence.

Nevertheless, support programmes for perpetrators of domestic violence are usually mandatory within the provisional suspension of the criminal proceedings (happening when the case is being investigated and this is a way to suspend temporarily the investigation and not to condemn perpetrators due to the nature of the domestic violence crime, mainly occurring within intimate partnership) and when perpetrators have been convicted to prison but the sentence has been suspended. This practice does not contribute to the victim's empowerment or their safety. In our perspective, it is a clear sign that the crime of domestic violence is not taken seriously by the judiciary and by the all society. And it worries us that the funding for this program is coming directly from the annual State budget as mentioned in the Portuguese State report, particularly when several components of the support to victims of domestic violence (for instance, victim's transportation, emergency accommodations and shelters, victim-support services, tele-assistance for domestic violence victims and victims empowerment) are being funded through the social gambling available amount (that, for instance, varies monthly). We can also mention the lack of information about the progress of the Program and scientific information and evaluation on the impact of it.

- Contribution from The Portuguese Association of Women in Legal Careers

No references to article 16

- Contribution from End FGM and Associacao para o Planeamento da Familia

No references to article 16

SERBIA

Date of Signature: 4 April 2012

Date of Ratification: 21 November 2013

Date of entry into force: 1 August 2014

STATE REPORT

Perpetrator programmes

As one of the measures to prevent the repetition of violence, the National Strategy for Protection of Women against Domestic and Intimate Partner Violence (2011) stipulates assuring conditions in the social welfare system for the implementation of programs for perpetrators. The following principles must be observed in order to work with men perpetrators of violence: safety of victims, cooperation with services that support women and intervention programmes, gender understanding of violence, and sole responsibility of the perpetrator. In addition, it is mandatory to reassess the risk for the victim, to exclude the possibility to make it compulsory for women victims of violence to participate in such programs, and to focus on the safety of victims and their children.

Working with perpetrators takes place in the marriage and family counselling centres that operate within centres for social welfare. It mostly follows the program "Treatment of Perpetrators in Partnership Violence", which was developed and piloted within the project "Combat against Sexual and Gender Based Violence" (2009-2011). The Program is based on the Norwegian model of working with perpetrators, developed by the Centre "Alternative to Violence", which is grounded in feminist theory and includes both individual and group therapy. The experts from this Centre have trained employees in eight centres for social welfare on how to implement this program. As the professional working in depth on a specific case of violence, the case manager is the one who usually proposes to work with the perpetrator. Participation in this program is voluntary. Certain perpetrators participate in the program in order to meet the measures imposed by the public prosecutor who applied the principle of opportunity. In the domestic law, public prosecutors have the possibility to postpone criminal prosecution, under condition that the suspect undergoes a psychosocial treatment (see more in Section V). There is no aggregated data on the number of cases of violence against women in which this principle of opportunity was applied. Similarly, there is no data on the number of cases in which the defendant accepted to undergo the psychosocial treatment as the condition to postpone the criminal procedure, or data on the number of cases in which the principle of opportunity was applied with success.

In the reporting period, there is no data or research on the measures implemented against perpetrators of violence who are undergoing the psychosocial treatment, with the aim to assure safety, support, and protection of human rights of victims. In reports from centres for social welfare, there is only aggregated data on provided psychosocial treatment services, and therefore, the number of GBV perpetrators who received this type of service is unknown. In the reporting period, the programs for GBV perpetrators were also implemented in the correctional facilities of the Directorate of the Enforcement of Criminal Sanctions. However, there are no specialized programs for persons convicted for domestic violence and sexual crimes, but for each convict, an individual program is prepared, adapted to his needs, capacities and risk assessment. The individual programs for persons convicted for domestic and sexual violence include all or some of the following topics: 1) adopting and improving socially acceptable behaviour and reducing the frequency of aggressive behaviour; 2) developing, improving and adopting the social skills of constructive problem solving; 3) managing one's emotions and behaviour; 4) strengthening self-control and constructive response to frustration; 5) improving family relationships and adopting non-violent models of interactions within the family; 6) reducing aggressive or manipulative elements in communication; 7) strengthening of the feeling of personal value and developing responsibility for one's own behaviour; 8) education on addiction

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diseases and increasing motivation for maintaining abstinence; 9) family group therapy aiming to increase one's functionality as a partner and a parent rooted in gender equality and non-violent approach to family development issues; 10) systematic psychological family therapy; 11) specialised programs for anger control, anger management and aggression; and 12) programs for post-prison reception and support for reintegration into society. These programs are implemented through group and individual counselling sessions with convicts, as well as through educational workshops and direct activities. Participation is voluntary. According to data from the Directorate of the Enforcement of Criminal Sanctions, in 2014, 180 convicts participated in the programs for perpetrators of domestic and sexual violence, while in 2015, there were 207 participants. The perpetrators can also access the services of the association Crisis Centre for Men, founded in 2012. This association provides services of specialised psychosocial treatment of men perpetrators of violence in intimate partner relationships, as well as training and supervision for professionals who implement these treatments, and research services about the phenomenon of violence. The association operates in line with the gender equality values, and non-violent and constructive partner and family relationships. The services are provided by therapists and psychological counsellors with many years of experience in identifying and preventing domestic violence and providing protection to victims. The work with the perpetrators is based on the model developed by the Norwegian centre "Alternative to Violence".

Programs for sexual offenders

There are no special programs for sexual offenders aiming to prevent the repetition of the criminal offence. In the correction facilities, there are individualised programs for persons convicted for crimes of sexual nature. When it comes to perpetrators of sexual violence against children, the Law on Special Measures for the Prevention of Criminal Offences against Sexual Freedoms of Minors from 2013 foresees the possibility to rule special measures against such persons, which are implemented after the completion of the prison sentence. Among these measures, there are mandatory visits to professional counselling offices and institutions (more on this in Section V). There is no aggregated data on the number of sexual offenders against whom such measures were imposed, or other data on the manner of enforcement and effects of these measures

EVALUATION REPORT BY GREVIO

Programmes for perpetrators of domestic violence.

In the past 10 years, efforts have been made in Serbia to establish work with perpetrators of domestic violence, but difficulties in securing sustainable funding and the absence of legal requirements have resulted in fragmented delivery.

The National Strategy for the Prevention and Elimination of Violence against Women in the family and in Intimate Partner Relationships (2011-2015) required centres for social welfare to engage in work with domestic violence perpetrators, which several have done. A programme run by UNDP from 2009 to 2011 allowed for the training of 120 employees of centres for social welfare across Serbia on the basis of standards developed by Alternative to Violence Norway. A small number of NGOs is also offering perpetrator programmes based on the same standards and the National Network for Treatment of Perpetrators of Domestic Violence (OPNA) was formed to unite all providers of work with perpetrators of domestic violence.

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However, the project-based nature of the work undertaken by the municipality-run programmes led to its termination in most cases. In 2016, centres for social welfare in only four cities continued to offer work with perpetrators, either as part of a programme or because of committed individuals. It is unclear if this number has increased since.

Participation in the remaining programmes seems to be mostly voluntary, for example through encouragement from marriage and family counsellors in the centres for social welfare. At the same time, perpetrators of domestic violence may be ordered to attend these or other types of treatment programmes by the prosecutor's office in deferral of prosecution. Formal requirements exist for such a step (see Chapter V, B, Criminal law, section 10) and the perpetrator's consent must be assured. The type of treatment ordered may vary. In Belgrade, for example, perpetrators are usually ordered to undergo psycho-social treatment at the Belgrade Institute of Mental Health.

Although a system of accreditation by the Institute for Social Protection exists, the approaches seem to vary among the existing programmes. Some use marriage and family counselling methodologies, while others use anger management techniques. It is unclear to what extent these programmes are embedded in a comprehensive response to domestic violence. Co-operation with women's specialist support services offered by NGOs is limited and outcomes are only measured where perpetrators are ordered to attend a programme by the prosecution service.

GREVIO notes with concern that in as far as voluntary attendance of perpetrator programmes in a non-custodial setting is concerned, the number of referrals to such programmes seems to depend on the level of co-operation among the different agencies and services at local level. Moreover, the funding made available to the existing programmes is minimal and their sustainability not guaranteed. To comply with Article 16 of the Istanbul Convention, GREVIO points to the urgent need to set up well-resourced and adequate perpetrator programmes that incorporate the core elements set out in the Explanatory Report to Article 16 of the Istanbul Convention. Among these is the need to ensure that programmes encourage perpetrators to take responsibility for their actions and examine their attitudes and beliefs towards women. To protect women from further violence and avoid giving victims a false sense of security, priority consideration must be given to the needs and safety of victims, including their human rights. A core principle of perpetrator programmes is thus their close co-operation with women's specialist support services.

For convicted perpetrators of domestic violence within custodial settings in Serbia, individual programmes can be drawn up to address their respective needs. The available modules include, for example, learning techniques for non-violent behaviour in the family, anger management and control to reduce aggressive behaviour. In a more recent development, modules for behavioural change programmes for convicted perpetrators of domestic violence have been developed for roll-out across several prisons in Serbia starting in 2020. These modules may be added on to rehabilitation programmes addressing alcohol and drug abuse or may be administered separately. GREVIO welcomes these new developments and is hopeful that they will be made available to a large number of convicted offenders.

GREVIO strongly encourages the Serbian authorities to ensure:

- a. the adequate resourcing of existing domestic violence perpetrator programmes in order to ensure the continuation of their work in a sustainable manner, in particular those in non-custodial settings;

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- b. an increase in the number of voluntary domestic violence perpetrator programmes;
- c. that all programmes implement uniform standards which place at their centre the safety of, support for and the human rights of victims by co-operating closely with specialist support services for victims as required by Article 16, paragraph 3, of the Istanbul Convention;
- d. that such programmes are widely attended, including by incorporating them into the criminal justice system, including the probation service, or by introducing incentive schemes, as a tool to reduce recidivism.

GREVIO further encourages the Serbian authorities to initiate scientific outcome studies (evaluations) of the programmes to assess, among other things, the risk of reoffending, in order to ensure higher levels of safety and protection for victims.

Programmes for sex offenders

Work with sex offenders within custodial settings takes the form of individually drawn-up programmes based on the needs of the perpetrator. In 2015, a total of 207 convicted perpetrators of domestic and/or sexual violence took part in such programmes.

Moreover, convicted perpetrators of sexual offences against children can be ordered to abide by certain measures upon release, including mandatory counselling and supervision, as prescribed by the Law on Special Measures for the Prevention of Criminal Offences against Sexual Freedoms of Minors.

GOVERNMENT COMMENTS TO THE GREVIO REPORT

No reference to article 16

RECOMMENDATIONS BY THE COMMITTEE

No specific reference to article 16, or programs for perpetrators.

ADDITIONAL INFORMATION – SHADOW REPORTS

- Contribution from protector of Citizens of the Republic of Serbia

No reference to article 16

- Contribution from Independent AWC's

Although the program of work with family of domestic violence perpetrators has been implemented since 2011, and since 2015 the “Network for Treatment of Perpetrators of Domestic Violence” has operated, the main problem is that the largest number of professionals who implement it work at the same time in centres for social work, and have an exclusive public authority to conduct needs assessments, develop service plans, refer to other providers, and evaluate the effects of services provided by other providers, leading them to a potential conflict of interest. This is confirmed by the opinion of the Commissioner for the Protection of Equality, following the complaint by Autonomous Women’s Centre on behalf of a woman victim of violence. Institutes of delayed prosecution are also

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used for referring to treatment, although in these cases the process of compulsory alternative dispute resolution is prohibited. No organization or professional working with perpetrators of violence has ever contacted Autonomous Women's Centre for cooperation, either in connection with the concrete case or with any other question.

The "pilot program" of the work with perpetrators of violence started in 2011 in centers for social work in Belgrade, Nis and Kragujevac (educating 16 professionals), taking over the program from the Norwegian organization Alternative to Violence (which conducted initial training). Training for professionals implementing the program was accredited by the Republic Institute for Social Protection in 2012. During 2015, by signing an agreement among eight centers for social work (Kragujevac, Nis, Kruševac, Čačak, Novi Sad, Subotica, Leskovac and Belgrade) and one citizen association ("Crisis Center for Men", Belgrade, whose members are all employed at the City Center for Social Work, Belgrade) the "Network for Treatment of Perpetrators of Domestic Violence" was established. Most of the activities were the result of a five-year project to prevent domestic violence supported by the United Nations Development Program (UNDP) in Serbia. The Network states that "at present, in Serbia there are 115 educated professionals working with perpetrators of intimate partner violence". From the point of view of Autonomous Women's Center, the problem with this group of professionals is that most of them are employed in centers for social work working among other things on the assessments for the needs of the court and other state bodies, which put these professionals in a potential conflict of interest. The service is still not licensed, so there are no data on which criteria and what types of perpetrators are referred to the service. From the point of view of Autonomous Women's Center, disputable is the fact that the centers for social work (CSW) are the body that sends and approves services to social protection beneficiaries, while the providers of this service are from the same system. Although the current Law on Social Protection (2011) allows additional work of CSW employees (after working hours and within other organizational units), the fact that CSW professionals exclusively carry out evaluation and planning services, referrals to other providers and assessment of the effects of services provided by others providers, leads them to a potential conflict of interest. Upon a complaint of Autonomous Women's Center, the Commissioner for the Protection of Equality found multiple discrimination against a woman with an experience of intimate partner violence, based on her personal characteristics of gender and nationality, and as a result of negligence in providing services to the woman victim of violence.

The Commissioner found that employees of the City Center for Social Work, Belgrade - Zvezdara Department, the woman had addressed to, favoured the perpetrator of violence (the woman's former partner), who was provided the psychosocial treatment, while consistently refusing to examine the woman's security, her reports of violence and her vulnerability, threatening her that she would be criminally responsible (for false reporting), that her child would be taken from her (and placed in a foster family) and that she should no longer address them. In the same case, the ministry in charge of supervising the work of CSW identified negligence in the actions of professionals, which they ignored, since they continued with treatment of the perpetrator although the reports said that he was being violent while treatment was ongoing. The CSW supervisor in this case was the legal representative of the nongovernmental organization "Crisis Center for Men".

The problem is also that the referral to treatment was also carried out on the basis of the institute of delayed prosecution from the Criminal Procedure Code (which should not have happened from August 2014 onwards, due to the prohibition of mandatory alternative dispute resolution processes (Article 48 of the Convention) and upon the instructions of the Republic Public Prosecutor's Office, and yet it

happened, for example, in BPPD Kragirovac). Representatives of the “Network for Treatment of Perpetrator of Domestic Violence” promote the treatment “as a ticket for lasting change”, saying that it is successful in stopping violence and preventing its recurrence in 60-80% of cases. A careful statistical data analysis shows that this is not true. Although the Convention states that the establishment and implementation of these programs should be in close cooperation with specialist victim support services, we do not have the information as to whether such cooperation is taking place. From the beginning of their work, as well as during the project that was implemented in 2016/2017 members of the “Network” never addressed Autonomous Women’s Center, either in connection with the concrete case or with any other question. In the mentioned case, the professionals in charge and treatment leaders completely ignored the opinion of AWC (also submitted in writing at a case conference realized on the initiative of AWC).

-Contribution from ATINA and document to competent authorities

No references to article 16

-Contribution from Association of Roma Novi Bečej

No references to article 16

- Contribution from SOS Vojvodina

Article 16– Preventive intervention and treatment programmes

Convention requirements

- 1) Parties shall take the necessary legislative or other measures to set up or support programmes aimed at teaching perpetrators of domestic violence to adopt non-violent behaviour in interpersonal relationships with a view to preventing further violence and changing violent behavioural patterns.
- 2) Parties shall take the necessary legislative or other measures to set up or support treatment programmes aimed at preventing perpetrators, in particular sex offenders, from re-offending.)
- 3) In taking the measures referred to in paragraphs 1 and 2, Parties shall ensure that the safety of, support for and the human rights of victims are of primary concern and that, where appropriate, these programmes are set up and implemented in close coordination with specialist support services for victims.

Situation regarding implementation

The programmes for work with perpetrators are not sufficiently developed in Serbia. Through a project supported by UNDP, 120 experts from the network of centers for social work were trained through an accredited programme for work with perpetrators.

These programmes aren’t implemented in all centers for social work. However, representatives of centers often state they conduct work with perpetrators through other counselling services for families, which is not in line with the standards of work with perpetrators and cannot be taken as an adequate programme for this type of work.

Among non-governmental organizations there was very little initiative so far. Men's Crisis Center, an NGO formed in 2012, conducted activities directed towards perpetrators of violence which represents an adapted version of the Norwegian programme Alternative to Violence. In 2015, the national network for treatment of perpetrators of domestic violence (OPNA) was established with the aim to ensure further development of programmes for work with perpetrators of violence and continually promote the work and networking of service providers.

The network consists of 11 organizations from 8 cities in Serbia, mainly Centers for Social Work (Nis, Krusevac, Novi Sad, Subotica, Leskovac, Kragujevac, Beograd and several citizens' associations (Men's Crisis Center, IAN, Ideas). However, these are all seed initiatives not yet grown into a systemic development of this type of social protection service.

Challenges

Treatments established so far are mainly realized by state institutions, while non-governmental organizations haven't secured financial support from the state to systemically develop these types of programmes. The majority of existing treatments are based on conducting ten meetings with the perpetrators, which doesn't allow for an adequate treatment process. There is also the question of motivation of perpetrators for enrolling in the programmes, which can be a manipulation in order to gain new control over the situation. Allocation of adequate financial support for the protection of women and children who suffered violence is still not implemented, so there is a risk that developing parallel programmes for perpetrators will subsequently decrease the funding for victim support therefore making these programmes competitive instead of complementary.

Recommendations

- 1) It is necessary to establish programmes for work with perpetrators which would be more comprehensive and foresee continued observation of the family and the effectiveness of the treatment.
- 2) It is necessary to guarantee the safety of the victim and ensure support during these treatments.
- 3) Programmes for work with perpetrators should cover all forms of violence, including all forms of sexual violence, not only rape.

-Contribution from Femplatz and MDRI-S

No reference to article 16

- Contribution from Fenomena Women against Violence Network

Actions missing / Regression noticed

Unknown data on perpetrators programs beneficiaries / NO programs for sex offenders.

SPAIN

Date of Signature: 11 May 2011

Date of Ratification: 10 April 2014

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STATE REPORT

PROGRAMMES FOR PERPETRATORS OF DOMESTIC VIOLENCE:

In accordance with the information provided by the Secretariat General of Prisons (Ministry of the Interior), there are two programmes in the application of custodial sentences that respond to article 16.1 of the Convention and which are aimed at persons sent to prison for crimes of gender violence or domestic violence. These programmes are voluntary for the inmates and are offered by the state prison administration in the geographical areas that it has responsibility for. The number of places is adapted to the demand and the need in each prison. They are run by prison staff, but this does not prevent external entities from collaborating in giving the courses in many cases. They can be run in the prison itself or outside, in cases where the inmate is allowed out for good behaviour.

- Intervention programme for aggressors in cases of gender violence (PRIA): aimed at men sentenced to prison for violence against their partner or ex-partner. The data about the inmates and centres where these have been implemented in the last two years are shown below:

	No. of inmates registered	No. of inmate participants (*)	No. of prisons
2016	739	1073	50
2017	794	1048	49

(*) Annual registrations plus inmates continuing the previous year's programme

Approximately 120 men convicted for gender violence, who are on day release or in semi-liberty, across the whole country, take part every year in this open programme.

- Intervention programme for violent behaviour (PICOVI): this is aimed at people (men or women) convicted for a crime resulting from violent conduct towards a victim and for whom there are no other more specific intervention programmes, including violence in personal relationships and, therefore, in the context of the family. The data about the different types of violence is not collected separately, so the number of persons convicted for domestic violence who take part in this programme is not known.

There are two programmes in the area of application of alternative punishments and measures that respond to article 16.1. Both of these are run by the Management Services for Alternative Punishments and Measures that exist in all parts of the country where the General State Administration is responsible and the number of places is set according to the needs at the time. They are mandatory programmes for inmates sentenced to an alternative to prison for acts of gender or domestic violence, so they must be completed. Should they not be taken or are abandoned, the courts are informed so that a custodial sentence can be imposed.

- Intervention programme for aggressors in cases of gender violence (PRIA-MA): aimed at men sentenced to prison for violence against their partner or ex-partner.

Men condemned who have taken part in the programme*	
In 2016	In 2017
7659	8156

*This is the total number; to see the data broken down by Autonomous Communities, see Annex 5.

Meeting Programme (Programa Encuentro): this is aimed at men and women convicted for domestic violence (except for gender violence in the terms of Organic Law 1/2004). It covers three types of violence in the family: a) violence by women towards their partners or ex-partners; b) violence against parents: adult children towards their parents; c) violence against children: abuse of children or adolescents.

Condemned persons who have taken part in the programme*					
In 2016			In 2017		
MEN	WOMEN	TOTAL	MEN	WOMEN	TOTAL
131	101	232	117	107	224

*This is the total number; to see the data broken down by Autonomous Communities, see Annex 5.

Interventions with persons convicted in alternative punishments and measures are made with special attention to situations of risk for the victim. If the existence of any imminent risk for third parties is detected during the course of the intervention, the State law-enforcement agencies are informed with the highest priority. The courts responsible for enforcement are also informed at the same time of any possible breaches in the victim's restraining orders that may occur on the part of the offender.

All programmes have a gender focus, integrating the gender perspective as a cross-cutting element. Specifically, the PRIA / PRIA-MA programme was designed to take the principles of the Risk-Need-Responsivity model and the Good Lives model into account, with a therapeutic cognitive-behavioural approach that includes elements of the gender perspective. The goal is to eliminate the sexist beliefs of the participants by including aspects of equality education and by emphasising the influence that inequality between men and women has in gender-based violence. It also incorporates the notion of new male roles, so that participants consider the advantages of a new idea of masculinity and of the roles played by women and men in a relationship. The gender focus is also part of the design of the Meetings programme, because the family setting is a context for personal development in which intimate relations can be directly or indirectly shaped by this cultural and psychological dimension of human beings. Specifically: in most cases of violence by women against male partners or ex-partners, this violence is a reaction against a situation of abuse; between 80 and 90% of victims of intergenerational violence are women; etc.

As regards the financing of the programmes, in general they are run with the resources of the prison administration itself, by professionals of the prison service using materials provided by the

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administration, making it impossible to specify the budget and/or annual cost of these programmes or to separate them from the other intervention programmes carried out in the prison system. There are also entities from the third or voluntary sector that collaborate in setting up these programmes, financed by annual state subsidies. In the field of alternative punishments and measures, the sum of €281,000 is assigned to these entities for carrying out these programmes, and they represent a major part of the interventions made with men convicted for crimes of gender violence.

In the area of custodial sentences, the evaluation of the intervention programme with gender violence aggressors was carried out by professors of the Psychology Department of the Complutense University of Madrid. It consisted of a comparison of the results of psychological assessment tests completed before and after treatment. In the area of alternative punishments and measures, the effectiveness of the intervention programme with male aggressors of gender-based violence was assessed at national level with a sample of 770 convicts (studies published in 2012 and 2017). This effectiveness is calculated at two different points: one year after the sample convicts have completed therapy, and again five years later. The assessment aims to measure the changes due to therapy (per and post treatment) and to analyse reoffending rates, with attention focused on new police reports. The results obtained reveal a significant therapeutic change after the intervention in those taking treatment: their attitudes were less sexist and they displayed less jealousy and emotional abuse of their partners, their relationships were less conflictive, with more empathy in general, less anger and better control of their anger, after completing the treatment. One year after the intervention and therapeutic treatment, the police had received no new reports about 95.4% of the participants in the programme for alleged gender violence offences, and after five years 93.2% of them had still not been reported to the police. For its part, the Meetings programme added an assessment protocol consisting of a semi-structured interview and psychometric questionnaires that professionals can use before and after the intervention to measure any therapeutic changes.

PROGRAMMES FOR SEX OFFENDERS:

According to the information provided by the Secretariat General for Prisons (Ministry of the Interior), there is a treatment programme for sex offenders included as part of the application of custodial sentences. These programmes are voluntary for the inmates and are offered by the state prison administration in the geographical areas that it has responsibility for. The number of places is adapted to the demand and the need in each prison. They can be run in the prison itself or outside, in cases where the inmate is allowed out for good behaviour.

- **Sexual Assault Control Programme (PCAS)**, this is equally aimed at men convicted of sexually assaulting adults and those who abuse children. The data about the inmates and centres where these programmes have been implemented in the last two years are shown below:

	No. of inmates registered	No. of inmate participants (*)	No. of prisons
In 2016	193	419	39
In 2017	239	441	38

(*) Annual registrations plus inmates continuing the previous year's programme

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Approximately 100 men sent to prison for sexual assault offences, who are on day release or in semi-liberty, across the whole country, take part every year in this open programme.

There are two programmes in the area of alternative punishments and measures that respond to the indications of article 16.2. They are mandatory programmes for inmates sentenced to an alternative to prison, so they must be completed. Should they be abandoned, the courts are informed so that a custodial sentence can be imposed.-Sexual Assault Control Programme (PCAS), this is equally aimed at men convicted of sexually assaulting adults and those who abuse children.

Men convicted who have taken part in the PCAS* programme	
In 2016	In 2017
288	267

*This is the total number; to see the data broken down by Autonomous Communities, see Annex 5.

- **Off-line Programme (Programa Fuera de Red)** is an intervention for online child sex offenders. It is aimed at persons convicted of the offence of possessing and/or distributing child pornography and subject to an alternative measure treatment programme. All those convicted of this offence are men.

Convicted persons who have taken part in the Off-line programme (all are men)	
In 2016	In 2017
57	154

*This is the total number; to see the data broken down by Autonomous Communities, see Annex 5.

Special attention in any intervention in the framework of these programmes is paid to situations of risk for the victim, in accordance with the content of the previous section (III.E).

The current programme for controlling sexual assault (PCAS) adds the gender perspective to its approach in the unit dealing with cognitive distortion. A working group is currently being set up to integrate this perspective fully in the programme for sex offenders in 2019, to comply with the State Pact against Gender-based Violence. The Off-line programme does not include gender perspective in its methodology.

Concerning the financing of these programmes, the details in the previous section (III.E) should be taken into account.

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As regards the evaluation of the PCAS programme implemented in prisons, it was carried out by professors belonging to the Psychology Department of Barcelona University. It consisted of a comparison of the results of psychological assessment tests completed before and after treatment. The development of this programme in the area of alternative punishments and measures includes an assessment protocol consisting of a semi-structured interview and psychometric questionnaires that professionals can use before and after the intervention to measure any therapeutic changes. However, no assessment has been developed at national level to evaluate the effectiveness of this programme through reoffending rates of the persons convicted. The Off-line programme includes an assessment protocol consisting of a semi-structured interview and psychometric questionnaires that professionals can use before and after the intervention to measure any therapeutic changes. However, no assessment has been developed at national level to evaluate the effectiveness of this programme through reoffending rates of the persons convicted.

EVALUATION REPORT BY GREVIO

Preventive intervention and treatment programmes (Article 16)

Programmes for perpetrators of domestic violence

In Spain, various voluntary and compulsory domestic violence perpetrator programmes exist. The General Secretariat of Penitentiary Institutions (SGPI) of the Ministry of Interior is in charge of the implementation of two custodial and non-custodial programmes dedicated to male perpetrators of intimate partner violence against women. These programmes apply to the whole territory except Catalonia, which retains its autonomous competence in the penitentiary sphere. Moreover, other voluntary community programmes are directly run by civil society organisations outside of the penitentiary and judicial systems.

Article 42 of Organic Law 1/2004 on Integrated Measures against Gender Violence contains the legal basis for the Penitentiary Administration to provide programmes for anyone sentenced for intimate partner violence against women. These voluntary programmes were initiated in the early 2000s and were harmonised to become the programme called “PRIA” in 2010. PRIA is executed by the SGPI’s Division of Treatment and Prison Management and was run in 49 custodial centres in 2017. Divided into 25 group sessions over a period of six months, it offers cognitive-behavioural intervention from a gender perspective coupled with a risk-assessment procedure. In 2018, it was attended by nearly 500 of the 3 940 men convicted for intimate partner violence against women. Professionals of the Division of Treatment and Prison Management are expected to encourage inmates’ participation through day-to-day interaction and to create individual pathways to attendance – a seemingly efficient approach resulting in voluntary enrolment of the majority of inmates. In 2010, concerns were raised over the elevated dropout rates, as one third of inmates enrolled in PRIA programmes did not complete them then. Voluntary dropout, prison release and prison transfer were given as the main reasons for non-completion. According to the authorities, the effectiveness of these programmes has increased in more recent times. GREVIO recalls that maximising programme completion is one element that can foster effective intervention. This can be achieved through more careful initial screening procedures to assess motivational factors as well as activities encouraging men’s attendance and willingness to take responsibility for their violent acts. Furthermore, GREVIO emphasises the need to evaluate the effectiveness of such programmes.

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In addition to programmes in custodial settings, the court-mandated perpetrator programme PRIA-MA was developed in 2010 as a form of alternative sentencing. It is run through collaboration agreements between the SGPI's Punishment and Alternative Measures Management Service and NGOs or social services (see below). This 10-month programme includes both group and individual sessions based on a socio-cognitive and a gender-sensitive approach and contains a risk assessment procedure. In 2015, it was updated to include a more transversal gender perspective. With regard to recidivism, a study has demonstrated that only 6.8% of participants in PRIA-MA reoffended in the five years following the end of the programme. However, GREVIO notes that less than one third of perpetrators of intimate partner violence sentenced to an alternative to prison were ordered by a judge to attend PRIA-MA, while the vast majority were sentenced to some form of community service. While this may also require perpetrators to participate in re-education programmes, including in sex education programmes, which GREVIO welcomes, it is unknown to what extent perpetrators of the different forms of violence covered by the Istanbul Convention are court-ordered to attend such re-education programmes.

Moreover, GREVIO notes that from 2010 to 2019, 28 collaboration agreements were signed between SPGI and civil society organisations to ensure the implementation of PRIA-MA programmes, either by the social services of the different penitentiary institutions and/or civil society organisations directly. These include agreements with (women's) NGOs, faith-based organisations and universities, operating on a wide variety of principles and mandates. The specific selection criteria applied by SPGI remain unclear. GREVIO thus recalls that these programmes require trained facilitators who understand the gendered nature of domestic violence and possess the skills to deal with a wide variety of perpetrators.

GREVIO notes with satisfaction that in order to ensure the homogenous implementation of programmes across the different regions, the Alternative Sanction and Measures Committee composed of relevant actors running PRIA-MA has been set up. However, disparities remain among the different regions concerning the number of perpetrators attending PRIA-MA. The State Pact against Gender Violence (Measure 127) seems to intend to address these by calling for the expansion of gender-sensitive programmes for perpetrators of domestic violence, the improvement of co-operation among relevant judicial and penitentiary entities, and the need to reinforce training for professionals running these programmes.

Additional programmes exist, such as the court-ordered programme ENCUENTRO, which is part of an alternative sentencing regime for domestic violence offences, such as intergenerational violence and domestic violence committed by a woman, including same-sex partner violence against LGBTI women. Moreover, the voluntary custodial programme PICOVI is dedicated to people convicted of any violent behaviour, including domestic violence. Very few community-based programmes for perpetrators of domestic violence exist that would allow abusive men to participate on a voluntary basis. The reasons therefore seem to be mainly financial, with little funding made available for this type of preventive work.

Finally, GREVIO notes with concern that very few of the above programmes seem to incorporate the notion of ensuring the safety of, support for and the human rights of victims as a primary concern, nor do they seem to be implemented in close co-ordination with specialist women's support services, as required by Article 16, paragraph 3, of the Istanbul Convention.

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Welcoming the varied types of domestic violence perpetrator programmes in existence in Spain GREVIO strongly encourages the Spanish authorities to work towards greater compliance with Article 16, paragraph 3, of the Istanbul Convention by ensuring a wider implementation of all custodial and non-custodial domestic violence perpetrator programmes, in close co-operation with women's specialist support services, and by ensuring the evaluation of all programmes in use in line with standard methodological rules in order to assess their impact.

Programmes for sex offenders

In Spain, the Sexual Assault Control Programme (PCAS), set up in 2006, serves as both a custodial and non-custodial programme for perpetrators of sexual violence against women and children. According to the Spanish authorities, in 2017, 441 male inmates and 267 men convicted of alternative sentences attended the PCAS. This programme is based on a socio-cognitive approach, encouraging sex offenders to take responsibility for their actions and aiming to reduce recidivism. It also includes a risk-assessment procedure. The duration of the programme varies from six months to two years, depending on the estimated risk of reoffending. Research has found that the recidivism rate of sex offenders attending PCAS was around 4%. The current PCAS includes a gender perspective only in one of its modules dealing with "cognitive distortion". GREVIO recalls the need to ensure that programmes for sex offenders comply with identified best practices embedded in a gendered understanding of violence against women. GREVIO thus welcomes the setting up of a working group mandated to mainstream a gender perspective into all modules of the Sexual Assault Control Programme.

At regional and local levels, other programmes for sex offenders have been established. In the Community of Madrid, the Programme of Educational and Therapeutic Treatment for Juvenile Sex Offenders was set up to favour the reintegration of juvenile sex offenders. In Barcelona, the pilot programme "Circle of Support and Accountability" aims to avoid recidivism among recently released sex offenders through a multi-agency approach. It consists of a group of volunteers under professional supervision who support the social reintegration of sex offenders. The programme allows for exchange of information between relevant agencies such as law enforcement and health services.

GREVIO encourages the Spanish authorities to pursue their efforts to introduce a gender perspective throughout all modules of the Sexual Assault Control Programme and to ensure a common approach to the implementation of all programmes in accordance with the principles of the Istanbul Convention and recognised good practices.

GOVERNMENT COMMENTS TO THE GREVIO REPORT

No references to Article 16.

ADDITIONAL INFORMATION – SHADOW REPORTS

- Spanish Istanbul Shadow Platform

In 2016, 3.395 men went to prison for GV crimes. Since 2012 it has been the third reason for imprisonment, and 26.190 (88%) were condemned to alternative measures different to incarceration. Judgements that do not include incarceration are on the increase and the number of perpetrators that

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are having counselling have decreased. The availability of these therapies is compulsory in prisons according to Art 42 of OAGV and is optional for the courts according to Art 35. They intend to eliminate the exclusively punitive nature of these convictions, to improve their self-esteem and control, to reduce the recidivism (estimated at 20%) and thus protect the direct or indirect victims and their children and relatives. There are three types of programs:

- Re-training in prison facilities of inmates condemned for GV against their partner or former partner. In most prison facilities, there is a weekly group session of one year's duration. In order to re-insert perpetrators of sexual aggression there are courses on how to "live without Violence" and to prepare for exit permits, inadequate when confronted with beliefs such as "children also want sexual relations", "even if a woman is forced, she surely enjoys it".
- Alternative therapies or suspension of prison judgments. If the judgement is under 2 years of imprisonment and the perpetrator has no prior convictions, the courts will send him to a psychological group or individual therapy from 10 months to a year, which is recognized by the State Penitentiary Institutions (in Catalonia by the Department of Justice of the Catalanian Government) so they can learn to control impulses, reduce their anger and learn how to empathize with women. In 2016, 7.659 men enrolled into the intervention program for perpetrators (called PRIA-MA). 29% of the 26.190 had been sentenced to alternatives measures to prison (in 2015 there were 8.135 registered, 33% of the 24.681 who were condemned). Only 358 (4,7%) enrolled by court order and to avoid prison. The social services of the Penitentiary institutions manage approx. 50 services of their own and have agreements with universities, NGO, Autonomous Regions Governments and Professional Schools of Psychology (several including training for professionals). In the State Pact against Gender Violence, Spain's Senate proposed to create enough to cover needs, to make it compulsory and to ensure therapists training.
- Volunteer programs for non-incarcerated perpetrators of violence depend on local authorities, Autonomous Regions, NGO's and others. They are not directly associated with the judicial system. They are workshops for men who admit being violent, but are not forced by any judgement or judicial order. There is no data on the participants. There is no evaluation data, there is an estimated high rate of dropout or rejection. Feminist organizations ask that resources for the victims do not depend on the perpetrator's attendance. In general social services and in those specialized in the elderly, disability, migrants or children, there are no state or regional protocols for prevention, intervention or referral to specialized services in GV (Art 18.2 and 20.2). There is a significant lack of data on detections and on professional training in GV.

- **Joint Shadow Report on FGM by End FGM European Network, Medicos del Mundo, Save a girl**
– **Save a generation and UNAF (Union de asociaciones familiares)**

No references to article 16

SWEDEN

Signed: 11 May 2011

Ratified: 1 July 2014

Entry into force: 1 November 2014

STATE REPORT

Support programmes for perpetrators

According to the Social Services Act (2001:453), social services on the municipal level have the overarching responsibility for the welfare of people within their territory. For convicted criminals, however, the Government in its authority instruction confers the responsibility for treatment of offenders nationwide to the Swedish Prison and Probation Service (KV) for as long as offenders are in their custody.

In this context, a diversity of programs for perpetrators of violence and sexual offenders are offered both on the national, regional and local levels across Sweden. In addition to the Swedish Prison and Probation Service, some are run directly by social services and others are offered by civil society. All programs are voluntary in nature but depending on the context, there are incentives to undergo treatment. Incentives can for example be linked to financial support and in cases where treatment is assessed to constitute a risk reducing measure, there can also be a possibility for special release. The Swedish Prison and Probation Service and the forensic care also offer therapy (compulsory or voluntary depending on the context). Examples include psychodynamic or cognitive behavioural therapy.

The Swedish Prison and Probation Service offer different treatment programs for convicted individuals to reduce the risk of relapse. Two nationwide treatment programs are currently offered to perpetrators convicted for violence against women or sexual offences. A third programme is under development. The treatment programs are run by KV employees both in prisons and at the offices of probation. All treatment programs have passed a scientific review and a specialised KV HQ unit provides training of trainers and capacity development for KV staff to ensure consistent and high quality of all treatment programs.

Various operations across the country work with perpetrators of intimate partner violence that do not serve an ongoing sentence. In a pre-study in 2011, the National Board of Health and Welfare (SoS) identified 63 such operations. The Nordic Countries Overview of Work with Perpetrators of Intimate Partner Violence 2017, commissioned by the Nordic Council of Ministers, found that most programs are of limited size and scope, and are mainly present in urban areas. Many municipalities collaborate to provide programs and the majority of the programs include a gendered understanding as part of the design.

The annual publication of how the social services on the municipal level are working with these issues, “Öppna jämförelser” (“Open comparisons”) (<http://www.socialstyrelsen.se/oppnajokforelser/valdinararelationer>), referred to under section 2E of the report, has a dedicated section for data on measures for safety and support. In 2016, these for example showed that 70 percent of municipalities’ social service personnel had received training to work with intimate partner violence including with perpetrators. A government committee of inquiry (ToR 2017:26) appointed in 2017 and expected to deliver its findings in June 2018, is currently mapping and reviewing the experience of prevention programs for relapse aimed at men who are not in custody

and will recommend how such services can be strengthened. Both the Swedish Prison and Probation Service and the National Board of Health and Welfare in collaboration with social services and a number of civil society organisations have developed measures for safety and support for victims. The degree to which these measures are being implemented, as well as the models for doing so, vary greatly between regions. However, since the introduction of these measures, the National Board of Health and Welfare has noted an increased awareness of how to interview victims of violence and that risk assessments are more uniform across the country. In addition to evaluations conducted in conjunction with specific measures or programmes, the Swedish Prison and Probation Service has an in-house research department which evaluates the impact of the authority's permanent treatment programs. The National Board of Health and Welfare (SoS) commissions reviews and evaluations of treatment measures. The Swedish National Council for Crime Prevention (Brå) also evaluates the various aspects of programs under the Swedish Prison and Probation Service (KV) as well as crime prevention efforts by other actors including the municipalities nationwide. Likewise, The County Administrative Boards evaluate various ongoing aspects of support programmes.

Support programmes for sex offenders

As mentioned under 3E, the Swedish Prison and Probation Service (KV) offers a specialised program for convicted sex offenders entitled "relationships and cohabitation". The program, which targets adult men, is provided as individual-and/or group therapy according to the perpetrators risk and response assessment. Currently, the program is offered at all six correctional institutions where male sex offenders serve sentences. The program is also held in offices of probation, nationwide, both as an ordinary program and as a booster for those who have previously undergone treatment in prison. Adult women sex offenders are offered individual therapy as this is a more rare conviction.

Sex offenders convicted to forensic psychiatric care are given therapy in the form of individual counselling, in accordance with an individual care plan based on the patient's needs and problems.

Support programs for youth can be given as juvenile care in form of non-institutional care, as 24/7 care with placement in a family home or in a youth home (HVB), or as closed juvenile care. The care given to the youth in the closed juvenile care, which can be the result of a conviction of sexual assault, is tailored for the individual and provided in a special youth home.

For individuals who are not convicted for sexual offences but who themselves identify a need for care, the Centre for Andrology and Sexual Medicine (CASM) at the Karolinska Hospital has a nation based operation and offers treatment to prevent sexual crimes. The Centre provides emergency treatment of persons at imminent risk of committing acts of sexual abuse. The unit is linked with the helpline PrevenTell for men with sexual abuse problem.

Child and Adolescent Psychiatry, so called BUP clinics, offer help to children that act sexually against others and are in a need of professional counselling. Referrals can for example be made from the school student care functions, the health care system or directly from parents. There are two special BUP clinics in Sweden that accept children and youth that have sexual behavioural problems for assessment and treatment. For boys and young men between ages 12 to 21, there are treatment programmes in non-institutional settings which are referred to as an integrative approach. The approach consists of the treatment program "relationships and cohabitation", individual therapy and a program entitled "identity and sexuality". Girls who act in a sexual manner towards children or have been convicted for sexual crimes are placed in youth homes for youth with a mix of problems.

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One private actor in Sweden has since year 2005 been specialising in children and youth with sexual abuse problems. The goal is for the child or youth to prevent itself from committing sexual assaults. The actor works nationally.

Several NGOs work with victims for sexual abuse in Sweden and a number of NGOs offer services for perpetrators of sexual offences.

EVALUATION REPORT BY GREVIO

In Sweden, a wide variety of domestic violence perpetrator programmes exists both in custodial and non-custodial settings. The Swedish Prison and Probation Service run accredited programmes for convicted offenders and those on probation, whereas municipalities and civil society organisations run programmes for non-convicted perpetrators. All are voluntary in nature, but participation may impact positively on an offender's risk assessment prior to release, on decisions around special or early release or on custody and visitation decisions. The nature and extent to which providers of perpetrator programmes actively reach out to domestic violence perpetrators varies, as do other important factors such as the quality of programmes, their level of co-operation with women's specialist services and their size and spread across the country.

The different programmes run by the Swedish Prison and Probation Service include the Integrated Domestic Abuse Programme (IDAP) which is specifically designed to work with male perpetrators of intimate partner violence. Five prisons across Sweden offer such programmes and annually 250-350 convicted offenders complete them. The IDAP programmes are fully accredited and regularly evaluated, and are generally considered to be effective. Firmly rooted in a gendered understanding of domestic violence, they systematically feature a "partner-contact person" responsible for co-operation and communication with the victim. Women who have benefited from such support generally report high levels of satisfaction and a greater sense of safety.

All 290 municipalities in Sweden are under a legal obligation to organise a response to domestic violence, and many municipalities actively do so by offering domestic violence perpetrator programmes. The quality of these interventions seems to vary greatly, ranging from programmes run by specifically trained social workers and psychologists in close co-operation with the local women's services to less structured and less specialist interventions, which are often carried out in isolation. Overall, however, the systematic co-operation and information sharing with women's specialist support services seems to be the exception rather than the norm.

Although broad guidelines have been issued by the National Board of Health and Welfare for work with domestic violence perpetrators, no uniform standards exist. With as many as 63 providers of perpetrator programmes or interventions, the need for greater harmonisation of standards is evident. A review commissioned by the Swedish Government is currently under way to map the existence and experience of such programmes in non-custodial settings with a view to strengthening these. GREVIO welcomes such efforts and recalls the importance of ensuring harmonised standards for any work with perpetrators which place the safety of, support for and the human rights of victims at the centre by co-operating closely with specialist support services for victims.

Domestic violence perpetrator programmes in Sweden are more and more frequently confronted with perpetrators with belief systems based on the notion of family "honour". GREVIO notes with interest

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the attempts made to incorporate modules that address such belief systems as potentially being an underlying driver for violence in intimate relationships.

GREVIO welcomes the emphasis placed on preventing recidivism by working with domestic violence perpetrators. It notes, however, the need to ensure more standardised approaches and strongly encourages the Swedish authorities at all levels of government, including at the local level, to work towards uniform standards which place the safety of, support for and the human rights of victims at the centre by co-operating closely with specialist support services for victims as required by Article 16, paragraph 3 of the Istanbul Convention.

Programmes for sex offenders

In Sweden, support programmes for sex offenders of all age groups exist throughout the country. The programme Relationships and Cohabitation (Relation och Samlevnad (ROS)) for convicted adult male sex offenders is offered in all six correctional institutions in which sex offenders are held. It is also available across Sweden in the framework of probation, as a large number of crime sentences in Sweden involve probation in one form or another. The focus of the Swedish criminal justice system lies on treatment and rehabilitation of offenders rather than punishment, and this applies also to sex offenders. Every year, around 200 perpetrators complete the programme while serving a sentence. An initial evaluation has shown that completion of the programme seems to lower the rate of recidivism. Other custodial institutions such as forensic psychiatric care and juvenile detention centres also offer individual treatment for sex offenders.

Support, treatment and counselling is also offered in non-custodial settings for anyone at risk of offending. The Centre for Andrology, Sexual and Transgender Medicine (ANOVA, formerly known as CASM) at the Karolinska University Hospital, for example, offers treatment for adults across the country who self-identify as at risk of committing sexual offences. The Child and Adolescent Psychiatry Clinics (BUP clinics) offer similar services to children and adolescents with sexual behavioural problems as a preventive measure. Referrals can be made by school support staff, health care staff or parents. Moreover, the Karolinska University Hospital/ANOVA operates an anonymous national telephone helpline (PrevenTell) for men prone to committing sexual offences. GREVIO welcomes the availability of diverse support programmes for sex offenders and notes with appreciation the emphasis placed on low-threshold preventive counselling and support.

GOVERNMENT COMMENTS TO THE GREVIO REPORT

No reference to article 16

RECOMMENDATIONS BY THE COMMITTEE

No reference to article 16

ADDITIONAL INFORMATION – SHADOW REPORTS

- **Contribution from IOSDE**

No references to article 16

TURKEY

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STATE REPORT

Perpetrator oriented programs

Comprehensive works are conducted for perpetrators of domestic violence by various Ministries. "Support Services for Perpetrators" were identified in the scope of Articles 26 and 27 of Law No. 6284. VPMCs are responsible for preparing a detailed social research report on a person upon judge decision and a report on effects of the measure on the person upon authorities' request, guiding the person to education and rehabilitation programs, guide the person for examination or treatment at any health organization, and directing the person to vocational courses. There is a provision envisaging that injunctions related to rehabilitation and health services for the perpetrators shall be carried out by the relevant departments of the Ministry of Health and coordination shall be ensured by VPMCs.

In this scope, it was envisaged to establish "Emergency Psycho-Social Support Centers" in the hospitals for rehabilitation services for perpetrators with the "Cooperation Protocol on Combating Violence against Women" signed between MoFSP and the Ministry of Health and activities are still ongoing. In case that the person with rehabilitation injunction does not come for treatment, the case is reported to the Court by the Ministry of Health. Such cases are subjected to coercive imprisonment and criminal proceedings under the relevant Laws if necessary. In accordance with the preventive injunction orders issued under the Law No. 6284 within the Ministry of Health, 6,070 injunction orders were delivered to the Directorates and necessary guidance was given to 861 applicants in 2016.

Women victims of violence are informed about utilization of program by the perpetrator and the purpose of the program. The woman is called at regular intervals as agreed and asked if any support is needed. Support is provided so that she can make healthier decisions about her relationships with the man. One of the basic principles is that the woman's judgment is always respected. If the man leaves the program, she is informed. In addition, violence can lead to various psychological problems on women. Besides referral to relevant departments of the hospitals, it is possible to make referral to the Community Mental Health Centers, which also provide various social activities and occupational therapies.

Pilot study of the project, which was developed to implement the "Awareness Program on Anger Control and Violence" for the persons with injunction orders under the Law No. 6284, was carried out in VPMC under the Provincial Directorate in Ankara. A total of 103 men who committed violence against their wives and were ordered to receive anger control trainings in the scope of court injunction orders were identified as priority target group in Ankara in 2012-2014. 14 male and 10 female professionals that work in Ankara Provincial Directorate of Family and Social Policies and affiliated

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organizations and will take part in the project were trained within the subject for 9 days. Preliminary interviews were carried out by the female professionals with the wives of perpetrators and social stories were listened. In addition, interview plans are prepared for perpetrators whose injunction orders are maintaining and individual interviews are arranged with the perpetrators by receiving counseling service from Hacettepe University Social Work Department. Perpetrators are offered guidance about recognition of emotions, behavior evaluation, power control and legal processes in individual interviews.

In the scope of "Project on Combating Domestic Violence" a report including basic information that may be needed by relevant professionals during work for perpetrators was prepared as a guideline.

Assessment, Profile Tools and Rehabilitation Programs Project (APTR) was carried out in the scope of establishment of a well-defined, well-structured and individualized enforcement service including the development of a fully functional system to ensure the rehabilitation, treatment and recuperation of prisoners with different criminal backgrounds and ensure that the staff of the penal institutions deliver services in accordance with EU standards. In the scope of APTR project, 15 new intervention programs were developed for prisoners in penal institutions and also, an intervention program was developed for prisoners who committed domestic violence. The overall goals of this program, which is a mandatory group intervention program and applied to male prisoners, are to change negative behaviours by making them examine their deep-rooted attitudes and reactions and help them eliminate any violent behaviour against the partner. Training activities on implementation of this program, which the psychologists and social workers working in all the penal institutions attend, were organized for total 450 psychologists and social workers within 2017.

Regulation on Treatment and Other Liabilities to be applied to Convicts of Crimes against Sexual Immunity was published and entered into force on 26/07/2016. In our legislation, regulation on treatments and liabilities in this scope is mentioned in 108th article with the title of "Execution regime and probation measures special to stalker and certain perpetrators" of Law No. 5275 on Execution of Penal and Security Measures. It was ruled that convicts of crimes against sexual impunity shall be under obligation during execution of penalty and in case of release on probation, pursuant to the relevant regulation. Rules and procedures on setting and implementation of obligations of persons sentenced to imprisonment for "sexual assault" defined in second paragraph of 102th Article, "sexual abuse of children" defined in the 103th Article and "sexual intercourse with a minor" defined in second and third paragraphs of the 104th Article of Turkish Criminal Code as well as medical treatment and recovery programs were regulated with "Regulation on Treatment and Other Liabilities to be Applied to Convicts of Crimes Against Sexual Immunity".

APTR also developed a Sexual Desire Controlled Intervention Program. This program aims to reduce the possibility of commission of new sexual crimes through different techniques and appropriate intervention methods. It is a group intervention program which aims to provide psycho-training to convicts for sexual intercourse with right partners without violence, should be implemented by experts, provided to 8-10 persons, lasts for 9-12 months depending on group dynamics and designed as 2 hour-session per day a week. It is planned that the implementation of this program, on which psychologists and social workers working in all penal institutions receive training, will be started in 2017.

In scope of the Project on Improvement of Mental Health and Addiction Services in the Penal Institutions conducted by the Ministry of Justice, an individual intervention plan is formulated for

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convicts and prisoners with sexual crime and necessary interventions are conducted by psychologists and social workers. In addition, the Anger Control Intervention Program is administered to convicts and detainees on remand in Penal Institutions by psychologists and social workers. 4,229 people participated in 390 anger control programs deployed in 2016.

There are programs which aim to provide anger control and prevent drug addiction and criminal behaviour within probation training and improvement activities. Each program can be conducted with participation of people from all criminal groups including violence against women and domestic violence. Furthermore, awareness-raising activities on issues such as family communication, parental attitudes, stress management and empathy are maintained in the seminar works. Workshops are also held in cooperation with other public institutions and organizations in the related seminars.

8,155 convicts participated in 778 seminars held in the field of domestic violence, family communication, family life skills and family law in 2016. In the scope of Awareness Program on Smoking, Alcohol and Substance Addiction which can be utilized by perpetrators of domestic violence, 122.978 sessions were offered in 2016 and 172.266 convicts participated in these sessions. In the scope of the Anger Control Program, 122.978 sessions were offered and 7798 convicts participated in these sessions within 2016. In scope of the Intervention Program on Change for Life, 28,689 sessions were offered and 25.771 convicts participated in these programs.

In the scope of probation services under the Regulation on Probation Services, improvement activities are conducted by probation experts with regard of needs of convicts by considering risks of suspects and convicts if deemed necessary as a result of risk and need assessment or in case that the court orders guidance activities. The convict with probation is obliged to comply with and endure the summons and probation plan, liabilities determined in the scope of improvement activities, execution rules and warnings and proposals of probation personnel.

EVALUATION REPORT BY GREVIO

Programmes for perpetrators of domestic violence

In pursuance of Article 28 of the Implementing Regulation of Law No. 6284, participation in preventive intervention programmes is one of the court-ordered measures that family judges can impose upon domestic violence perpetrators. Such programmes are hospital-based and are carried out under the terms of a co-operation protocol between the MoFSP and the Ministry of Health, and have led to the establishment of “emergency psycho-social support centres” in hospitals. Health-care professionals are under the obligation to report any failure to attend the programme, which exposes the perpetrator to criminal proceedings. Şöנים have a co-ordinating role in the implementation of preventive intervention programmes. They refer perpetrators to the dedicated support centres, monitor their implementation and liaise with the victim who is kept informed of the perpetrator’s attendance. Until now, preventive intervention programmes have been available within the limited scope of a pilot project carried out by the Şönimof Ankara in co-operation with the Social Work Department of the Hacettepe University.

Based on available information, GREVIO finds that in Turkey preventive intervention programmes for domestic violence offenders revolve mainly around the principles of anger management and self-control, whereas their primary focus should be on the need for perpetrators to take responsibility for

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their actions and question their attitudes and beliefs towards women. Courts and health-care institutions mandated to decide on these measures and their implementation tend to equate them to medical treatment for psychological disorders or problems of addiction. This approach overlooks the fact that violent behaviour is not an illness and is first and foremost anti-social and criminal behaviour. While some perpetrators might also have mental health problems in the medical sense, and therefore need medical treatment, the majority of violent men are not psychiatric cases. This raises the question of whether health centres offer the proper setting to work with perpetrators of violence and whether health-care professionals are the right professionals to handle their preventive intervention programmes. Moreover, during the evaluation procedure, GREVIO was apprised of the difficulties faced by health centres in coping with the responsibility of dealing with perpetrators, which they do not view as their core business and which aggravates their already heavy workload of delivering health services to patients.

GREVIO further notes that preventive intervention programmes tend to be part of a wider package of services, including education and vocational courses, designed to rehabilitate men. The authorities should be cautious not to devise programmes which focus predominantly on men's well-being and, in so doing, fail to challenge men's perception of violence against women and to address its underlying gender and power dynamics. For the same reasons, the plan reported in BIANET's shadow report to establish a centre for perpetrators under emergency barring orders, where they would receive anger management training together with access to sports facilities, life coaches and psychological support to ease their condition, cannot be seen to respond to the requirements of Article 16 of the convention.

Figures provided by the authorities show that only a small fraction of domestic violence offenders are referred to treatment programmes. Moreover, the low number of domestic violence offenders who follow treatment programmes out of the total number of court orders enjoining their participation would indicate that more than 85% of offenders refuse or otherwise fail to attend them. Data provided in the state report regarding the numbers of imprisonment terms delivered as a consequence of the violation of any measure taken under Law No. 6284 clearly indicate that failure to attend treatment programmes is not systematically sanctioned, contrary to what is foreseen in the law.

Mandatory treatment programmes are also organised for convicts serving a prison term or on probation. However, such programmes serve offenders from different criminal backgrounds and are not specifically tailored to meet the needs of perpetrators of domestic violence and violence against women. Furthermore, based on data provided by the authorities regarding the number of sessions offered and the rate of participation, it would appear that such programmes also concentrate predominantly on anger control and the treatment of addictions.

In light of the above, GREVIO finds that the authorities should do more to develop preventive intervention and treatment programmes that are more widely available to domestic violence offenders, including on the basis of self-referral. To comply with Article 16 of the Istanbul Convention, GREVIO points to the urgent need to set up adequate perpetrator programmes that incorporate the core elements set out in the Explanatory Report to Article 16 of the Istanbul Convention. Among these is the need to ensure any such programmes co-operate closely with women's support services, law-enforcement agencies, the judiciary, probation services and child protection and social welfare offices. To avoid giving victims a false sense of security, priority consideration must be given to the needs and safety of victims, including their human rights. The authorities should also reconsider their choice to give the health sector the prime responsibility for conducting preventive intervention programmes in

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pursuance of Law No. 6284. A stronger role should be given to social workers in probation services and men's centres. Programmes for convicted perpetrators should be established, not only for convicts serving prison time, but also in cases of suspended sentences. Such programmes should be mandated in addition to, and not instead of, criminal sanctions, and aim at helping perpetrators to change their behaviour as well as attitudes that lead to violence against women and domestic violence, such as the belief that it is the man's right to exercise power and control over women and girls. GREVIO further submits that the development of such programmes could be seen as complementing Turkey's policies in support of families where individual rights are respected and women's right to live a life free of violence is upheld.

GREVIO encourages the Turkish authorities to:

- a. further develop voluntary and court-ordered programmes—within both criminal and civil proceedings—that (1) focus on achieving behavioural change of the perpetrator to adopt non-violent behaviour; (2) ensure that the safety of victims, their support and their human rights are of primary concern; (3) work in close co-ordination with specialist support services for victims, such as women's shelters and counselling centres, based on multi-agency co-operation;
- b. expand significantly the number of such programmes to ensure that domestic violence perpetrators receive appropriate treatment;
- c. use all available means to ensure such programmes are widely attended;
- d. ensure that personnel administering such programmes receive adequate training that incorporates a gendered understanding of violence and the need to deconstruct sexist stereotypes;
- e. take measures to monitor perpetrator programmes and evaluate their impact, based, inter alia, on feedback from the victim.

Programmes for sex offenders

Mandatory programmes for sex offenders while in prison have been introduced by recent legislation, which has drawn heavy criticism from women's groups and legal and medical professionals for foreseeing compulsory pharmacological treatment. Having in mind the need for such programmes to follow a human rights-based approach that is respectful both of the human rights of the victim and those of the offender, GREVIO shares the concerns expressed by other human rights monitoring bodies regarding the need to obtain the free and informed consent of the person concerned prior to the commencement of an anti-androgen treatment, it being understood that consent can be withdrawn at any time.

With this important proviso, GREVIO acknowledges that the drafters of the Istanbul Convention left it up to the parties to decide how to devise sex-offender treatment programmes that aim at minimising recidivism and successfully reintegrating perpetrators into the community. In doing so, parties should take due account of best practices developed internationally that call for a multi-layered approach and a combination of different therapies where, for instance, the use of hormonal drugs that reduce sexual drive is paired with cognitive behavioural therapy.

GREVIO takes due note of the variety of intervention methods and techniques developed under the different projects mentioned in Turkey's state report. These would appear, however, to fall along the same lines as observed above for domestic violence treatment programmes in viewing sexual violence

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as an issue related to mental health or addictions. Above all, GREVIO cautions against looking at sexual violence only from the angle of the offender's inability to control his libido, without considering that sexual violence, just as any form of violence against women, is a means to exercise power and domination over women and their bodies.

GREVIO encourages the authorities to develop treatment programmes for sex offenders which take due account of best practices developed internationally, while guaranteeing a human rights-based approach.

GOVERNMENT COMMENTS TO THE GREVIO REPORT

Psychological support is provided for women who are subject to violence and their children throughout the country in order to overcome such feelings as hopelessness, unworthiness, guilt and fear that come out after exposure to violence and in order to ensure that they make a healthy choice on their new life styles. There is cooperation with the Public Education Centres under the Directorates of National Education and the Provincial Directorates of Turkish Employment Agency so as to ensure that women get a job or learn a profession. Moreover, women and children are supported in such areas as security, counselling, medical support, financial support, professional training courses, group works, crèche support for children, social, artistic and sportive activities etc. by referring them to relevant institutions through professional endeavours to solve women's problems.

The efforts continue to improve and promote the pilot scheme which is carried out for the perpetrator by Ankara ŞÖNİM and elaborated in the state report. Especially within framework of the cooperation protocol with the Ministry of Health and of the activity included in the 3rd National Action Plan on Combating Violence Against Women, the establishment of psycho-social support centres and building their capacity in order to implement rehabilitation and support programs for perpetrators of violence for whom preventive order is issued as per the Law No. 6284 is among the priority subjects in the next period. It is planned to ensure that said centres are in sufficient number, easily accessible and have the capacity to provide the rehabilitation and treatment of individuals with different needs and that said centres will be expanded considering the criteria that the staff responsible for the development and implementation of said programs are regularly trained.

Sexual Offender Programmes

In accordance with Article 1 of the Law No.5275 on the Execution of Penalties and Security Measures no cruel, inhuman, degrading and humiliating treatment can be made during the execution of penalty and security measures. In accordance with Article 2 of said Law, the main objective of the penalty and security measures is to ensure the prevention at general and specific level, to strengthen the elements which prevent the convict from committing a crime again, to protect the society against crimes, to encourage the convicts to socialize again, to ease their adaptation to a productive lifestyle respectful to the laws, order and social rules.

It is regulated that the judge of execution shall rule one or more of the following treatments or liabilities regarding those who are sentenced to imprisonment due to a sexual assault crime defined in Article 108/9 of the Law, in Paragraph 2 of Article 102 of the Turkish Criminal Code, due to sexual abuse of children defined in Article 103 and due to sexual intercourse with a minor defined in Paragraph 2 and 3 of Article 104 during the execution of the penalty or, provided that they are on

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probation, within the period of inspection. These may include subsection to medical treatment, participation in treatment programmes, prohibition from residing in the same residential or work area as the victim of the crime, prohibition from getting close in the places where the victim is, prohibition from working in an environment which requires being together with children and prohibition from carrying out an activity which requires obligation to care and watch children.

The procedures regarding said measures are regulated in "The Regulation on Treatment and Other Obligations Applied on the Convicts of Crimes Committed against Sexual Inviolability". The implementation of the paragraph of the article of the Regulation which is subjected to criticism was halted by higher judicial body.

The infrastructure and legislative efforts aimed at rehabilitating perpetrators of sexual offense and at ensuring their transformation continue by ensuring inclusion of relevant disciplines and taking into consideration the remarks and critics.

On the other hand, as stated in the State Report, the efforts regarding the perpetrators continue within scope of the cooperation protocol signed between the Ministry of Health and the Ministry of Family, Labour and Social Services in 2015. Moreover, the activity which aims to establish and increase the capacity of support centers in order to implement rehabilitation and support programs for perpetrators of violence for whom preventive order is issued pursuant to the Law No. 6284 in the 3rd National Action Plan on Combating Violence Against Women.

RECOMMENDATIONS BY THE COMMITTEE

No reference to article 16

ADDITIONAL INFORMATION – SHADOW REPORTS

- Contribution from Bianet (Independent Communication Network)

Preventive program against perpetrators haven't been planned in a way that that the perpetrators take the responsibility of their actions and review and change their prejudices towards women. According to a coverage in May 2014, a center consisting of health and sports units would be opened by the MFSP for men who receive emergency barring order and have no place to stay. The report included information that those who were sent to the facility could stay for 10 days for free, let off steam through walking and running programs, receive anger management training by life coaches and be provided rehabilitation and psychological support. Primary goal of opening these facilities was to provide a place for the perpetrators who were left homeless to stay. No regulation was prescribed concerning the qualifications of the staff to provide this service. Turkey doesn't have any programs that aim to transform gender perception of the perpetrators and to prevent violence from being repeated.

- Contribution from Kasav (The Foundation of Support and Training for the Women in Healthcare)

No references to article 16

- Contribution from Rainbow Istanbul Women's Associations Platform (GIKAP)

No references to article 16

- Contribution from the Istanbul Convention Monitoring Platform

Preventative intervention and treatment programmes

It is evident that the programmes which have been aimed at perpetrators of violence are not geared towards perpetrators taking responsibility for their actions and changing their notions and behaviour towards women, thus they do not result in preventing their perpetration of violence. There is no such programme for perpetrators of sexual violence. Yet in 2016 the number of indicted persons for alleged crimes against sexual inviolability is 35,155 and the number of people who have committed sexual offences and are either detained or convicted is 15,226 according to the figures of the Ministry of Justice Directorate General of Prisons and Detention Houses dated 1 April 2016. Measures for preventive intervention are therefore urgently needed. Yet, proposals and investigations made at policy level go no further than reducing sexual violence to a “hormonal” problem and drafting legislation for such antihuman-rights solutions as chemical castration. The regulation for “the treatment and other obligations for those convicted of sexual crimes” prepared by the Ministry of Justice which came into effect on 26 July 2016 mirrors this view point and continues to ignore the fact that sexual crimes are a means of establishing domination over women and approaches them as illnesses which should be treated.

According to the information obtained from the MoFSP officials, the only program conducted against domestic violence perpetrators is the program which has been running in Ankara for the past 3 years managed by the Ankara Provincial Directorate of Family and Social Policies in accordance with Law No. 6284, for those perpetrators who have been seen fit to partake in “anger management” classes. This program is carried out by only two male social workers in a group workshop format. Until today, nearly 300 male perpetrators participated in this program. Not only has there been no civil society contribution to this venture, but there has been no forthcoming report, statement, declaration type information sharing for the benefit of civil society. There is no other such example of this kind of undertaking anywhere other than Ankara. Also, as far as we are aware no precautions have been taken in these programmes to prevent the creation of an unfounded sense of security instead of prioritizing women’s safety and human rights. On the other hand, perpetrators being seen as becoming “victims” due to the restraining and protection orders that prohibits the perpetrators entering the residence of women, and various projects proposals have come from official authorities to open living spaces with sports and health facilities especially for those who have been displaced from their places of abode.

Recommendations

- Considering the diverse needs of women and men, trainings on gender awareness and VAW targeting only men should be included and widespread in vocational training and in formal and informal education. These trainings must be planned and implemented with participation of independent women’s organizations.
- Non-violent communication and non-violent conflict resolution methods should be included in educational curriculum, starting from pre-school education.
- Effective participation of independent women’s organizations should be involved to the preparation of rehabilitation and treatment programs focusing on perpetrators. These programs must at certain periods be re-assessed utilising both independent impact assessments and the feedback from women.

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- **Contribution from KADEM (Women and Democracy Association)**

No reference to article 16