

The European Network of Work with Perpetrators'

2016 Mapping Report on:

Building and strengthening partnerships in work with perpetrators to prevent violence against women and children.

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Background to Report

Report History

The informal and formal work of The European Network for Work with Perpetrators (WWP EN) has always had, as a central principle, the need for the safety of victims (women and children) in working with perpetrators. Before the Network was formalised, in the 2009 “Guidelines to develop standards”, from the WWP Project funded by the European Commission's Daphne II Programme, the stated main goal “of the work with male perpetrators is to increase the safety of the victims of violence. Perpetrator programmes must give priority to the safety of the women partners and their children at every level of the programme.”

This questionnaire was developed from the ones used in the above-mentioned WWP Project and the subsequent questionnaire (also developed from this first project) as used in the Daphne III “IMPACT: Evaluation of European Perpetrator Programmes” project. This survey has asked for more details in areas of the work with women/victims/partners and asked specifically about relationships between the specialised women's support sector and perpetrator programmes. It was rolled out to map WWP EN members' responses to these aspects of our work, although it was also offered to non-members.

This is now a strengthened concept in Europe, with the convention on preventing and combating violence against women and domestic violence, also called the Istanbul Convention (IC), which was adopted by the Council of Europe Committee of Ministers on 7 April 2011. Article 16 of this is on the “Preventive intervention and treatment programmes”, point 3 of this declares that “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 co-ordination with specialist support services for victims.”

To reflect its existing goals and priorities, plus combine these with those of the IC, which WWP EN promotes in all of its work, the workplan contains the action of “Building and strengthening partnerships in work with perpetrators to prevent violence against women and children”. The “safety of, support for and the human rights of victims” should be prioritised in the work with perpetrators, not only as an abstract principle, but for every single victim concerned, which, in turn, should make work with perpetrators more effective in preventing violence and protecting victims.

WWP EN has set up a working group consisting of 6 people from WWP EN member organisations, comprising of Associazione Senza Violenza (Italy), Bulgarian Gender Research Foundation, Gruaja tek Gruaja (Albania), Safe Lives (UK), Unizon (Sweden) and Women Against Violence Europe (WAVE) / Wiener Interventionsstelle

gegen Gewalt in der Familie (Austria). These work and meet, in person and via skype, to implement the workplan, which is as follows. There are two steps to the plan: firstly, in 2016, there is the mapping of programmes' work on this subject; secondly, in 2017, the guidance report on how to concretely implement the above outlined aim based on the Istanbul Convention as well as seminars on how to build partnerships between perpetrator programmes and victims' support services will be provided.

Implementation

The questionnaire was designed and implemented through <https://www.soscisurvey.de>, a free online resource for non-profit organisations, from which we were able to download the results into an Excel format. A separate word questionnaire was developed for those members unable to access the online platform and a different word format again for umbrella or larger organisations.

The survey went live on 6th September 2016 and was accessible 90 for days until the 5th December 2016, after one extension of the survey period.

Respondent Demographics

This paper contains the results of the mapping exercise conducted. A total of 28 organisations responded, 25 are members of WWP EN and 3 are not. These organisations come from 18 different European countries. Given that WWP EN has 41 members from 22 countries, this translates to 60% of member organisations who sent in responses from 82% of the countries we cover. This is an excellent response rate that reflects the commitment of our members to contribute to the ongoing research around and development of perpetrator work and victim safety and positive working partnerships in Europe.

Please note that, for most of the questions, more than one answer could be ticked, and that it was not compulsory for organisations to answer the questions, which means that the numbers to responses vary throughout the questionnaire. Further, WWP EN has a wide variety of organisations as members, taking in, amongst others, specialised women's support services, single site perpetrator programmes (which also vary, they may cover a town or a whole country), umbrella organisations and organisations with several branches. This means that not all the questions are relevant for every respondent and experiences, and therefore these results, may not be directly relatable between different services. Where relevant and possible, we have referenced the responses to the relevant survey questions in the "Outcome

Measurement in European Perpetrator Programmes: A Survey. Working paper 1 from the Daphne III project “IMPACT: Evaluation of European Perpetrator Programmes.” by Heinrich Geldschläger, Oriol Ginés, David Nax & Álvaro Ponce. However, the previous survey covered many more organisations (a total of 134 responses), which means that the results are not directly comparable, but are presented out of information/interest.

As the numbers are not high, the respondents’ results are mostly offered in numbers rather than percentages, unless the percentages are meaningful and explain or highlight a certain issue. These numbers are often presented in brackets (...) after the corresponding response/issue.

Terminology

The following terminology was used in the questionnaire, to make it easy to fill out:

- “Domestic violence (DV)” - for the abuse by intimate partners.
- “Perpetrator” or “man” – those using the above abuse.
- “Victim” or “woman” – those experiencing the above abuse.
- Partner or ex-partner – for women whose partners are on a perpetrator programme.

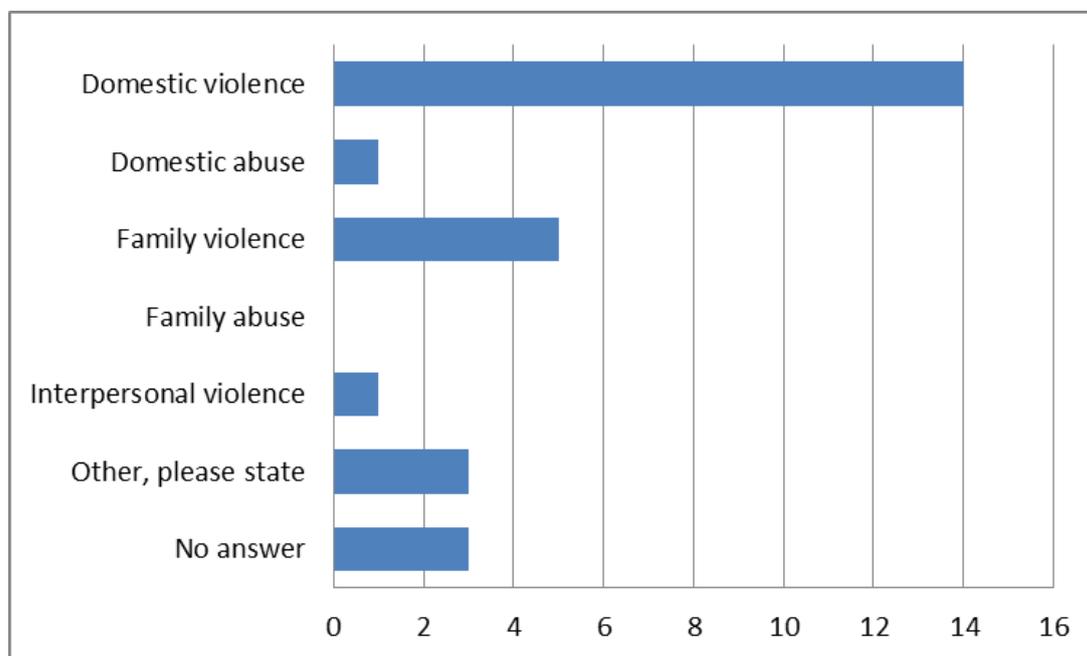
Further terminology used in this document is as follows:

- Pp(s) – perpetrator programme(s).
- WSS – women’s specialised support (service/organisation/sector – as specified in the text).

Questionnaire Results

Section 1: Context

1.1 What term do you use to describe the abuse or violence you work with?



Looking at the results of the answers collected through the questionnaire, it emerges that the term most frequently used by organisations in their work to describe abuse or violence is “*Domestic violence*”, 14 respondents out of 27. 5 respondents answered that they use the term “*Family violence*”, 1 respondent stated that they use the term Domestic Abuse, and 1 organisation mentioned the term “*Interpersonal Violence*”. At the same time there were also three other organisations that used different terms, such as “*Violence within the family and other intimate relationships (often also as DV); Gender based violence; Men's violence against women (MVAW)*”.

1.2 What is the national definition of domestic violence (DV) in your country?

Interesting information was received from the analysis of the answers to the question regarding national definitions of domestic violence. The majority of the organisations from different countries, totally **14 different countries**, reported that there is a national agreement regarding this. In general the definition is clearly stated in laws or national strategies and some countries have adopted theirs from the Istanbul Convention or the UN. It is noted that in almost all definitions, the forms of domestic violence mentioned are the same or similar and include use or threats of physical, psychological, verbal sexual and/or economical violence, incidents of coercive or

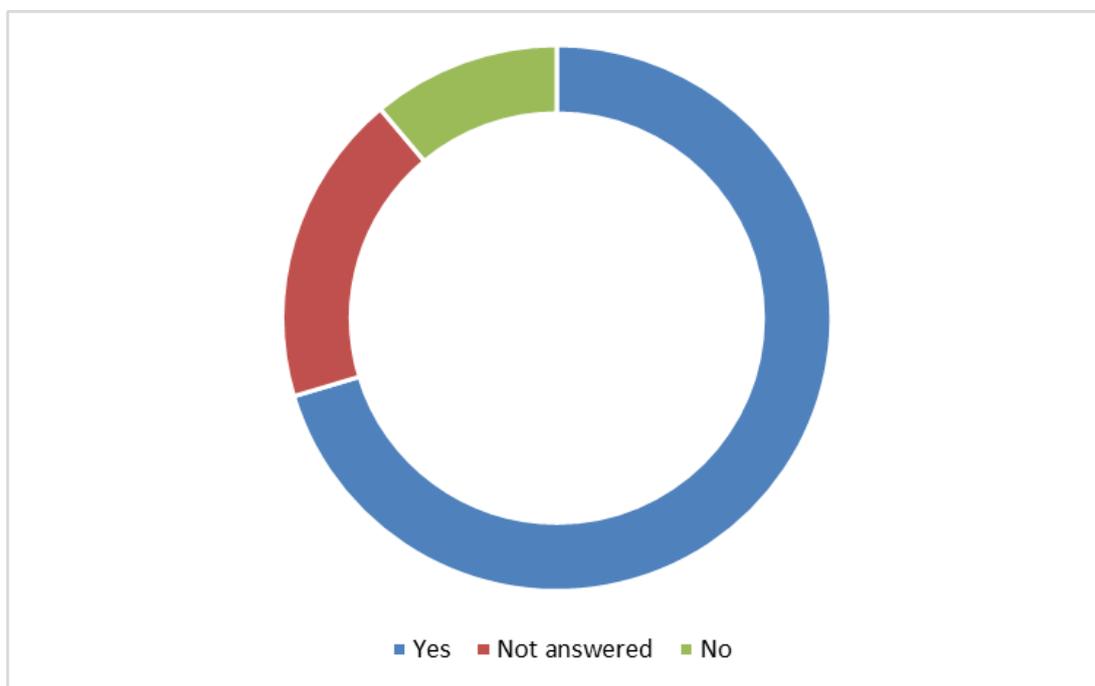
controlling behaviour and restriction of freedom of one member of the family towards another/others in the family relations, intimate relations, current or dissolved marital status. There are also some specifics, in Bulgaria for example, the law states that *“Any act of domestic violence committed in the presence of a child is considered as psychological and emotional violence against the child”*.

In **Croatia**, domestic violence is regarded as *every form of physical, psychological, sexual or economic violence in the family*. In **Finland**, there is a national definition, which targets *violence within the family and other intimate relationships*. In **Switzerland** the definition of domestic violence is implied within a *current or dissolved familial, marital (or similar) relationship use or threaten of physical, sexual, verbal, psychological, economical or other acts of violence*. In **Albania**, domestic violence is defined in the *“Law on Measures against Violence in the Family Relations”* as any act or omission of one person against another, resulting in violation of the physical, moral, psychological, sexual, social and economic integrity of violence committed between persons who are or used to be in a family relation. In **Cyprus** there is a similar agreed definition *‘Violence means any act, omission or behaviour which causes physical, sexual or mental injury to any member of the family by another member of the family and includes violence used for the purpose of having sexual intercourse without the consent of the victim as well as of restricting its freedom’*. In **Poland** violence is defined as a *“Single or repeated wilful action or omission that violates the law or the personal interests of family members, in particular expose these people to the danger of loss of life, health and violate their dignity, physical integrity, freedom, including sexual, causing damage to their health physical or mental, as well as causing suffering and moral damage to people affected by violence”*. In the **UK** there is a cross government definition of domestic violence and abuse defined as *“Any incident of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been intimate partners or family members regardless of gender or sexuality”*. Other countries such as **Belgium and Italy** have adopted the definition of domestic violence as stated in the Istanbul Convention, whereas **Spain** uses the definition of gender based violence by intimate partners as defined by United Nations. In **Ireland** violence is comprehensively described in the national strategy on domestic, sexual and gender-based violence, violence in intimate relationships is also covered by a wide range of offences under the Non-Fatal Offences against the Person Act, 1997. In **Bulgaria**, domestic violence and violence against a child is defined in the Law on Protection from DV as *any act of physical, sexual, psychological, emotional or economic violence, and the attempt of such violence, forced restriction of private life, personal freedom and personal rights, committed between persons who are in kinship relations, who are or were in a family relationship or in factual marital cohabitation*. In **Sweden**, domestic violence is defined as *a behaviour pattern that includes everything from a subtle action to a serious crime. More specifically it is*

everything from mockery to rape or severe threats. It is often a combination of physical, sexual (sexualized) and psychological violence.

On the other hand, some answers from the questionnaire reveal that in **Austria** various definitions are used in relation to domestic or interpersonal violence, whereas respondents from **Russia, Norway, Bosnia & Herzegovina** and **Czech Republic** have not reported an agreed national definition.

1.3 Does your organisation work to this?

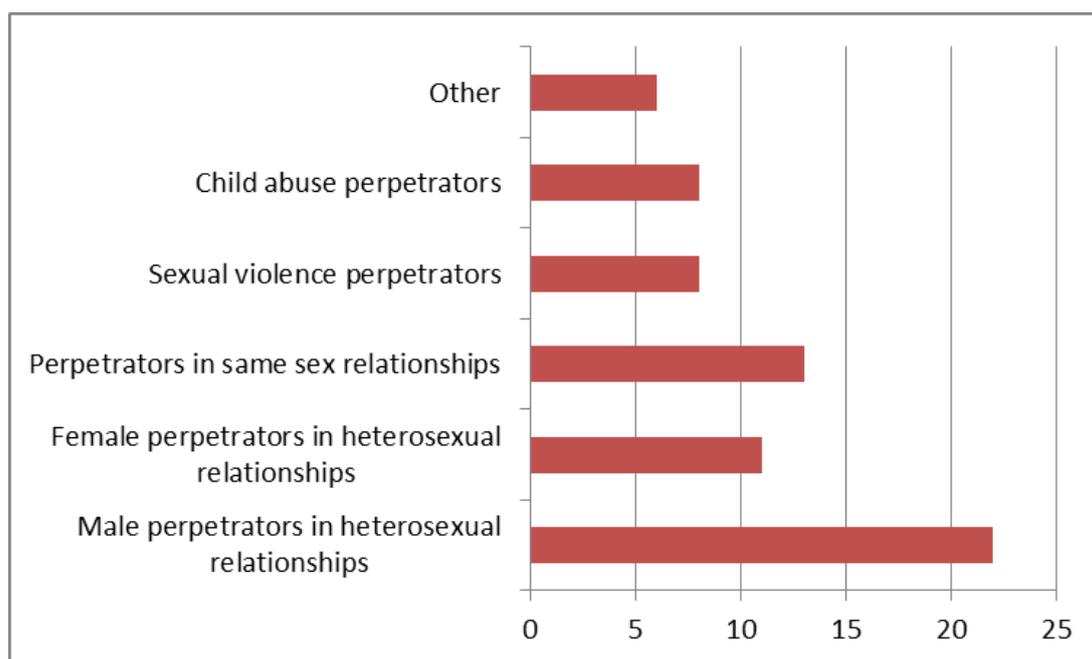


70% of the respondent organisations said that their work is in line with their country's national definition of domestic violence. 2 organisations added in the explanatory sections additional topics in their field of work, such as incidents of *“humiliation by the strong person to weaker”* and *“any attempt to impose one's own will on the other person”*.

1.4 Which services does your organisation provide in the field of DV?

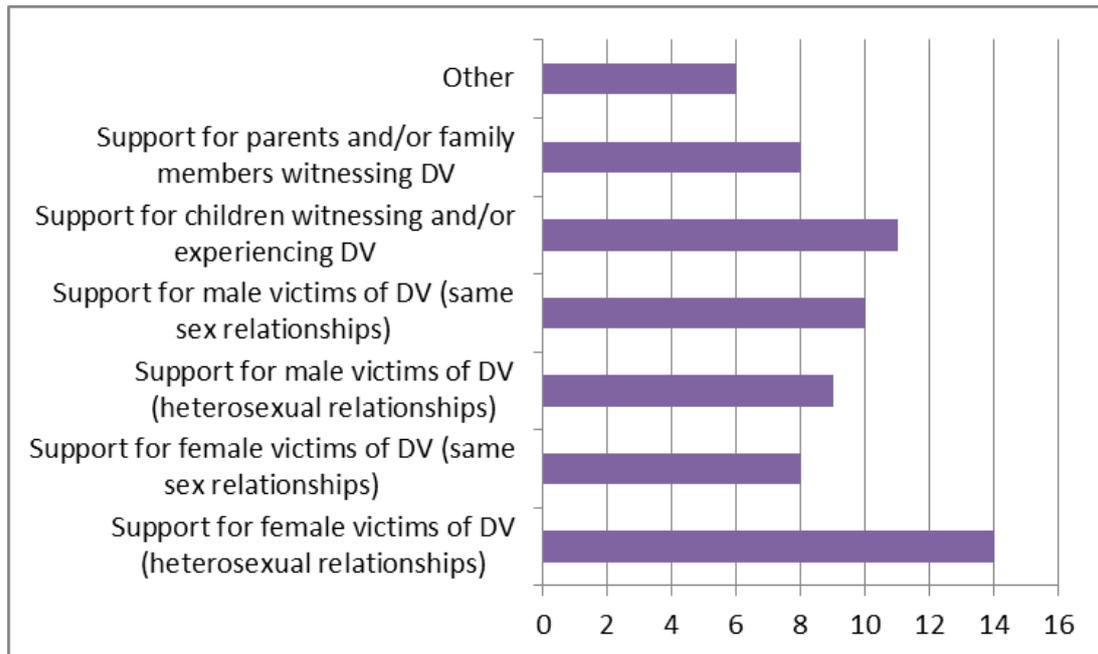
The table below gives a picture of the perpetrator service focus of the respondent organisations, where it can be seen that the majority of organisations (22, only 3 did not appear to answer this question) offer services for male perpetrators in heterosexual relationships, with other kinds of perpetrators (female in heterosexual (11), same sex (13), sexual violence and child abuse (both 8)) being offered services. The pattern of responses appears to echo the responses to the Daphne III

IMPACT survey. It should be noted that 6 organisations answered that they also offer services for other types of perpetrators, including: “perpetrators in all family relationships (brother, sister, mother)”; “male perpetrators from the age of 14, sexual/physical/psychological violence against any victim”; “children to parent violence”; “therapeutic treatment for men (and women) who use violence in intimate relationships”.



One organisation mentioned that one of their work areas focused on so-called honour-related violence.

The majority of the organisations also ticked the options of offering services to victims or those experiencing domestic violence as displayed in the tables below.



A large variety of services are offered to those affected by domestic violence, the largest number was for services offered to female victims (14), then the next number being for children witnessing or experiencing DV (11). Some organisations supported male victims (in same sex or heterosexual relationships) and female victims in same sex relationships. Some also supported family or parents. In the “other” category, services mentioned: so-called honour-related violence victims; that victims are usually referred onto “*victim protection centres*”; second tier support to DV programmes or other professional organisations; 2 services mentioned helping young people using aggression and violence or offering helplines.

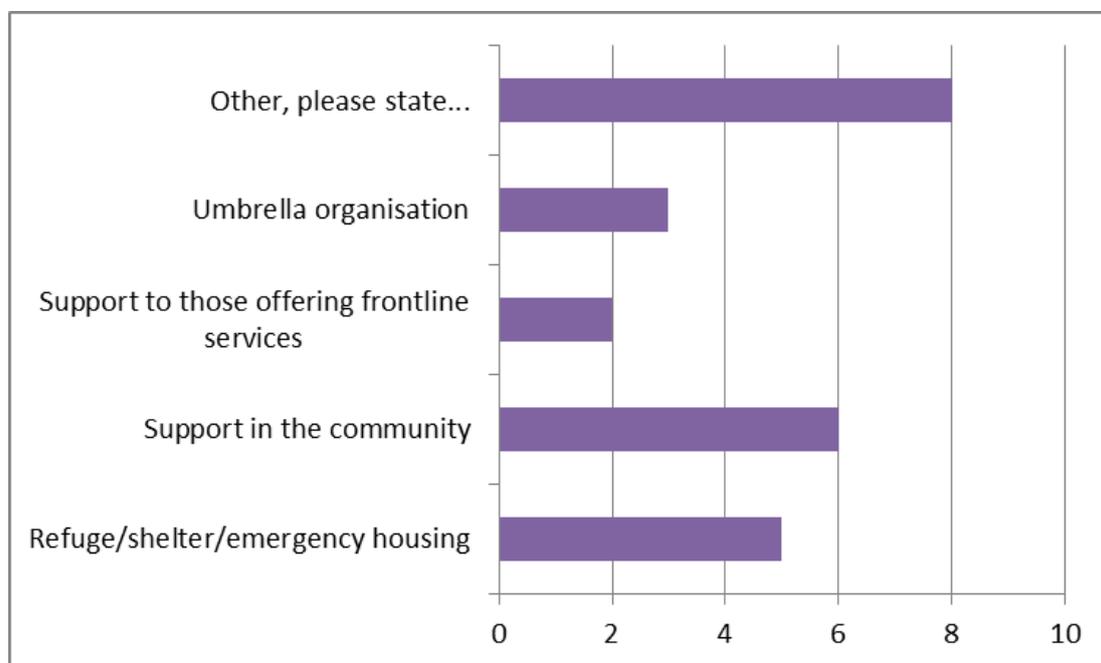
Section 2: Services offered to victims/women

2.1 What kind of specialised support services do you offer to women/victims?

Services offered to women/victims are very diverse, with slightly more organisations are offering direct frontline support than are offering second tier support or who are umbrella set ups. The most number of “ticks” were made in the “other” box. Other replies were: (psychological) counselling services or “*therapeutic treatment* (4); Family Justice Centre (2); helpline (1); pro-active support (1); “*legal counseling, legal assistance, legal representation*” (1) and “*consultative center*”.

2 of the answers from umbrella services were specific in what they offered as further to the services listed, “*Training, seminars, events, newsletter, research, development of specific areas of work, service standards and accreditations*” and “*members offer*

psychological support to victims of MVAW (male violence against women) via chat/hotline”.



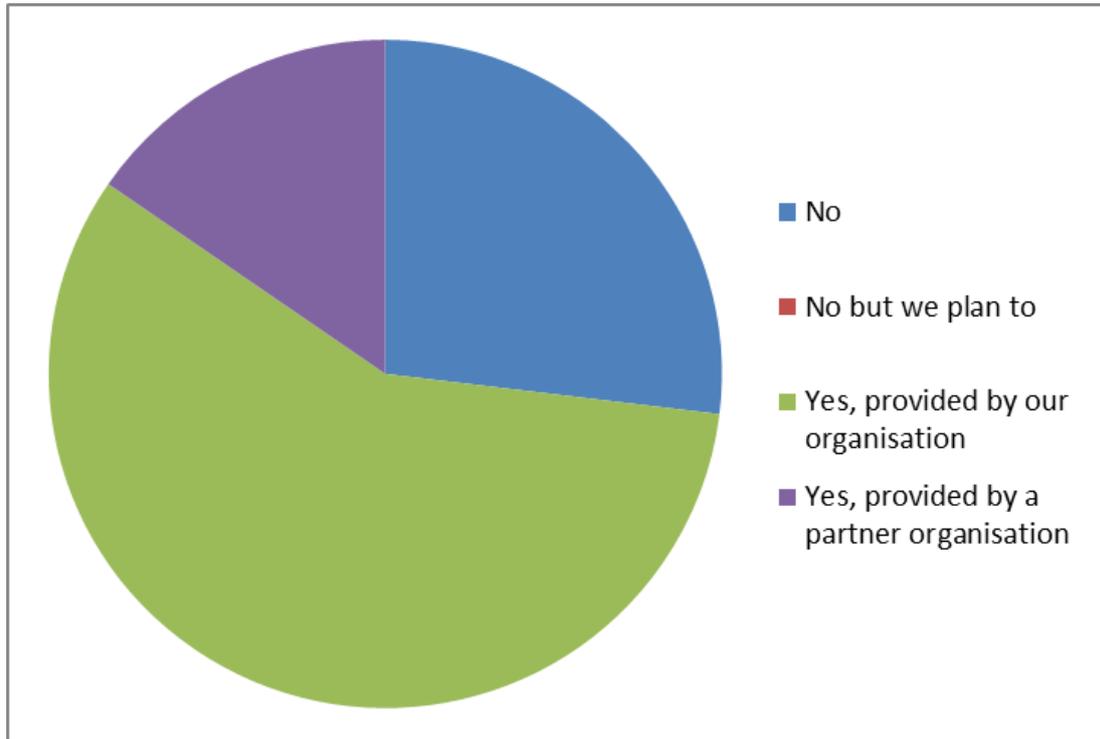
2.2 When was the service/were the services set up?

Not all members answered this question, of those who did (13 responses), the earliest service was set up in 1989 with the latest in 2015. 3 services had set up before 2000 and the rest said they had set up since 2000.

Sometimes services had more than one start date for different services, for example, one respondent said that they had set up a “Consultative centre – 2004” and a “Crisis centre 2015”. Another had set up helpline and counselling services in 1990 and a shelter in 1998. One umbrella organisation was set up in 2010, whose earliest member had started in 1989, with most members having started between 1999 and 2006.

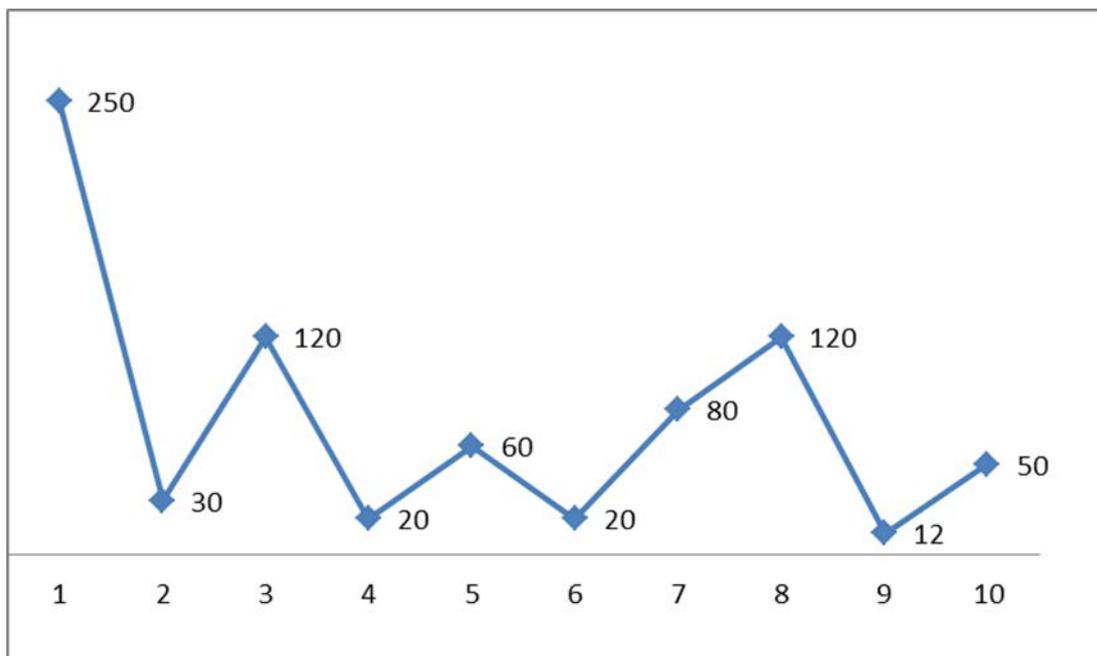
2.3 Does your programme offer a support service for the partner/ex-partner of men on a perpetrator programme? If so, what was the date it was set up?

26 respondents answered this question, 7 do not offer any partner support, 15 do (offered by themselves) and 4 stated that a partner organisation offers these. Although not comparable with the Daphne III IMPACT survey, it may suggest that the level of partner support is increasing or that WWP EN members are particularly keen to do so.



7 services specified dates when these services were set up, which varied from “pre-existing” to 2001 and 2015. This would suggest that partner services have generally been set up after generic women’s services.

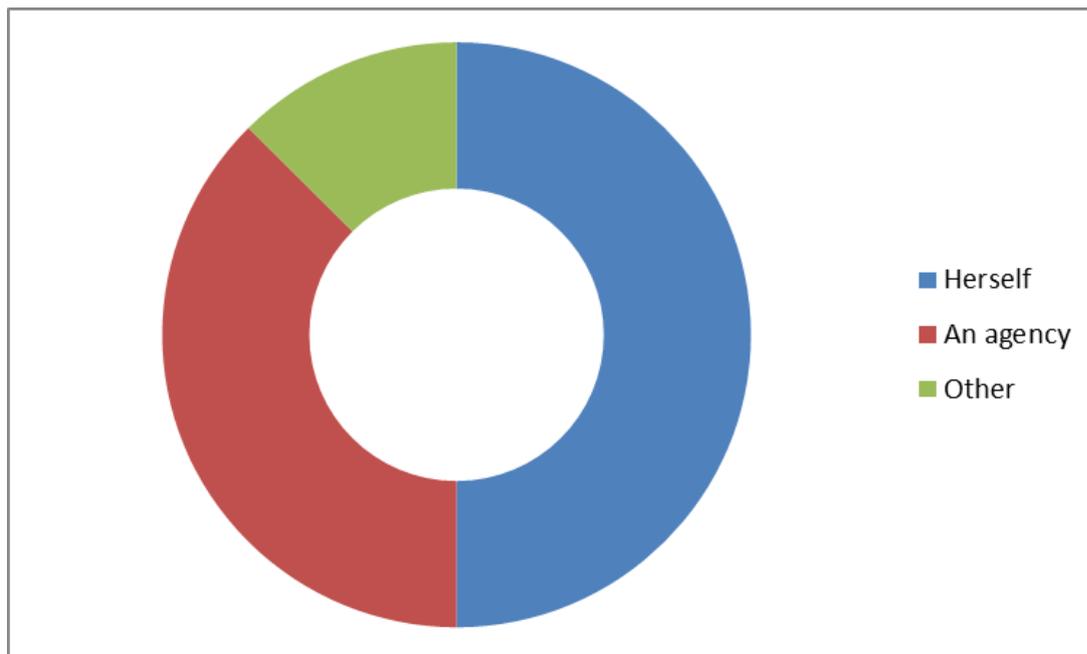
2.4 How many (ex)partners are contacted per year?



As can be seen by the graph below, the numbers of partners contacted each year varies greatly, at an annual average of 82.5. This variance is probably because our

member organisations differ greatly in set up (from single ones to large member organisations), whilst some may cover one small town and others a while country or wider.

2.5 Who refers the partner?

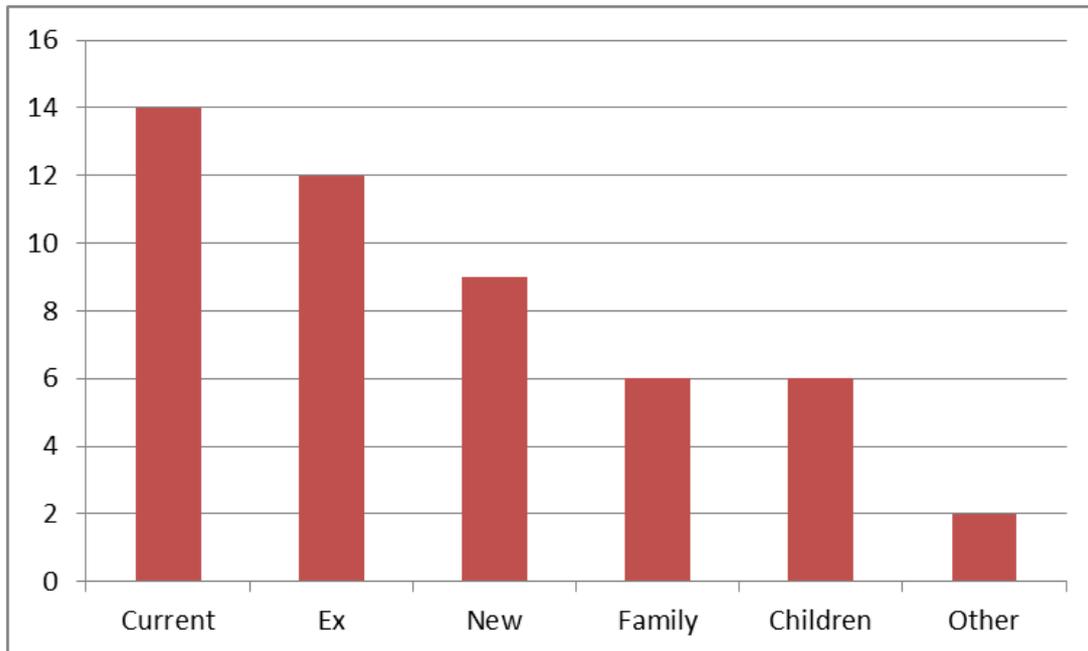


Agencies had partner referrals in a variety of ways, 8 said the partner referred herself, 6 received referrals by an agency and 2 who stated “other” pro-actively contacted them, for example, “*for a man to attend the programme he must give the contact details of this partner and our partner support service makes contact then*”.

2.6 Who do you offer services to?

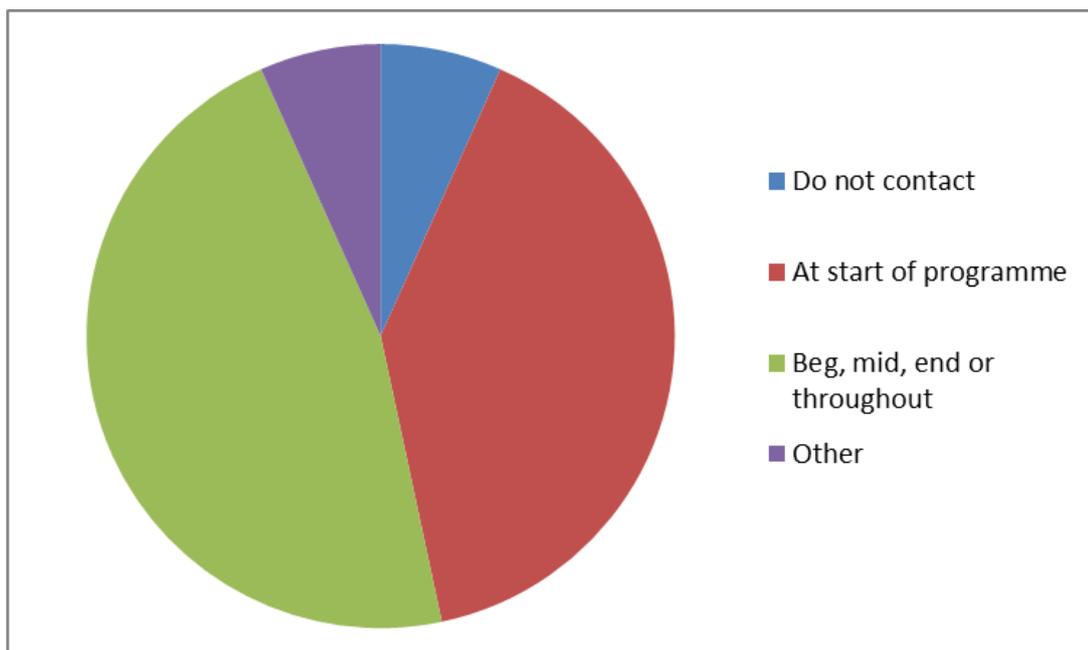
Most agencies (the 15 who responded) stated that they supported current (14), ex (12) and new (9) partners, with this downward pattern in numbers, over current to new, replicating to some extent the findings in the Daphne III IMPACT survey.

6 agencies support family and children affected by the abuse, so this is to a slightly lesser extent. “Other” responses were: “*Children are referred to a partner service*” and “*various*”.



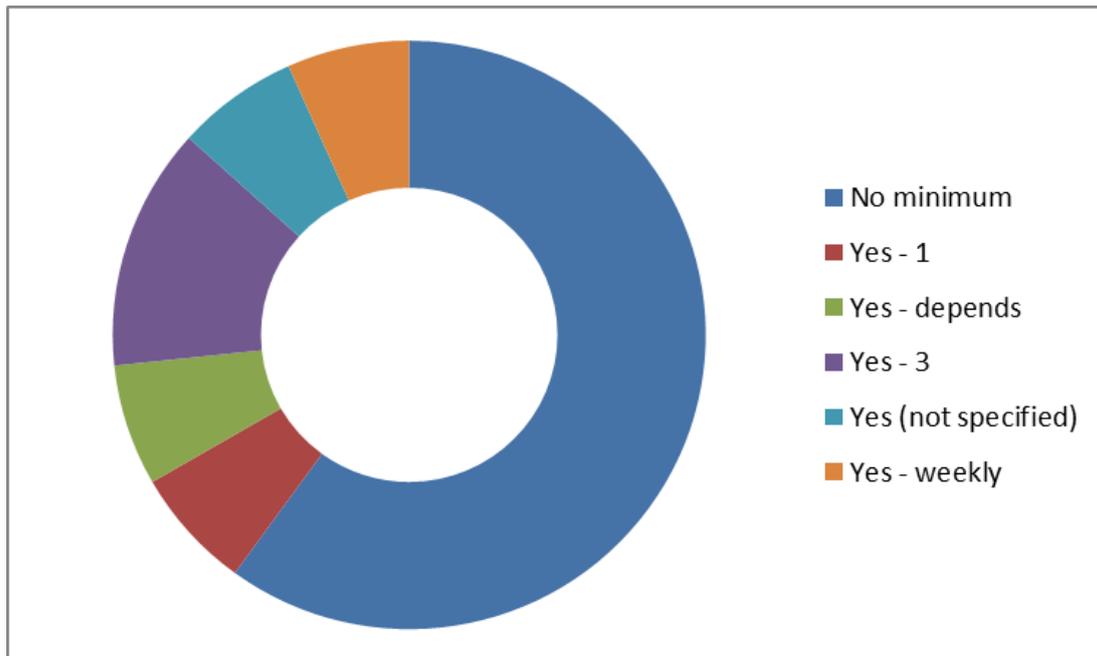
2.7 Do you contact the partner/ex-partner?

Most of the services responded that they contacted the partner, 7 stated that they do this beginning, idle and end or throughout the programme, 6 contacted her at the start of his programme. Only 1 respondent said they did not contact the partner. Another ticked “other” and stated that partner contact is done at the request of an agency or the partner herself.



2.8 Is there a number of minimum contacts required?

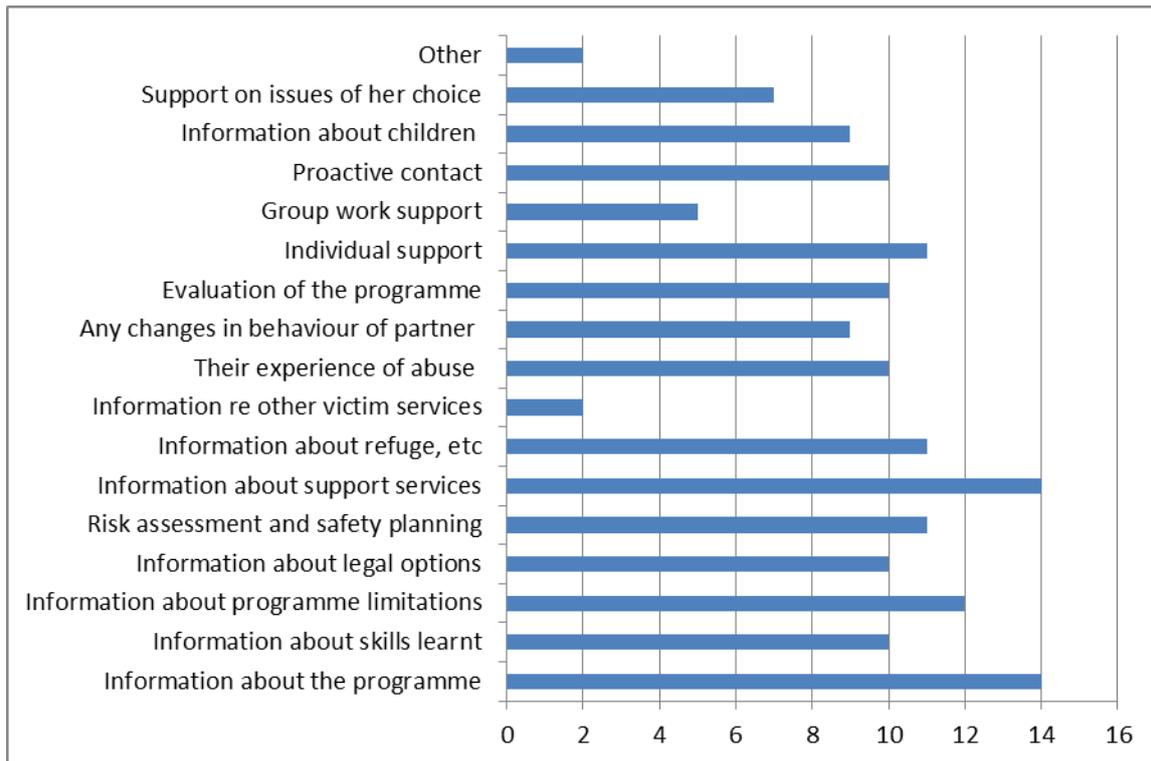
Most respondents said there was no minimum number of contacts (9). Others had a variety of responses: 1 said that there was 1 minimum contact required; 2 stated that 3 contacts were; 1 said that it depends; 1 did not specify a set number of contacts; and 1 said “*we aim for weekly contact but this it depends on the woman's wishes*”.



2.9 What kind of service is offered to partner / ex-partner?

Respondents had a great variety of responses to this item. More than one box could be ticked so we received a great many answers, which is very encouraging in terms of suggesting that respondents are offering a variety of services, and are flexible in the delivery of these, to partners. On average, 6.6 different services were offered to (ex)partners. The most common answers were information about support services and information about the programme (both 14). Nearing this were information about programme limitations (12), risk assessment and safety planning, information about refuge and individual support were also close in terms of service offered (all 11). The following all were offered by 10 services: information about skills learnt and about legal options, pro-active contact, evaluation of the programme, their experiences of abuse. 9 said they offered/asked about information about children and any changes in their partner’s behaviour, with 7 offering support on issues of her choice. Group work support (5) and information about other victim services, as opposed to those already listed, (2), were offered to a lesser extent. 2 ticked other, one specified, “*We refer women to the local support service and sometimes we provide the counselling ourselves*”.

Although the results are not directly comparable, this seems to be a similar picture from the Daphne III IMPACT survey, with higher levels of individual support and risk assessment/safety planning and slightly lower levels of group work support. That 10 out of 14 offered pro-active contact is higher percentage than in the IMPACT survey (which may tentatively suggest that this is becoming more widespread), but, as stated earlier, numbers are not necessarily comparable.



2.10 Is the partner / ex-partner informed in situations where you believe that risk is high and warned about this?

14 services answered this question, all stated “yes”. They qualified this as follows:

5 answered in “*high*”, “*immediate*” or “*perceived*” risk situations.

2 referred to when risk “*emerges*” or is “*assessed*” in the counselling or work with her partner.

2 took a whole team approach as follows:

“as we work with a whole team towards all the family members we try to take into account all situations but also changes in situations, risks,...”

“We assess the cases together in our team, e.g. when life is at risk, or there is high risk that client might use violence against children”.

1 stated that they contact if, *“if violence has occurred, we contact the victim protection centre that works with the ex-/partner”*.

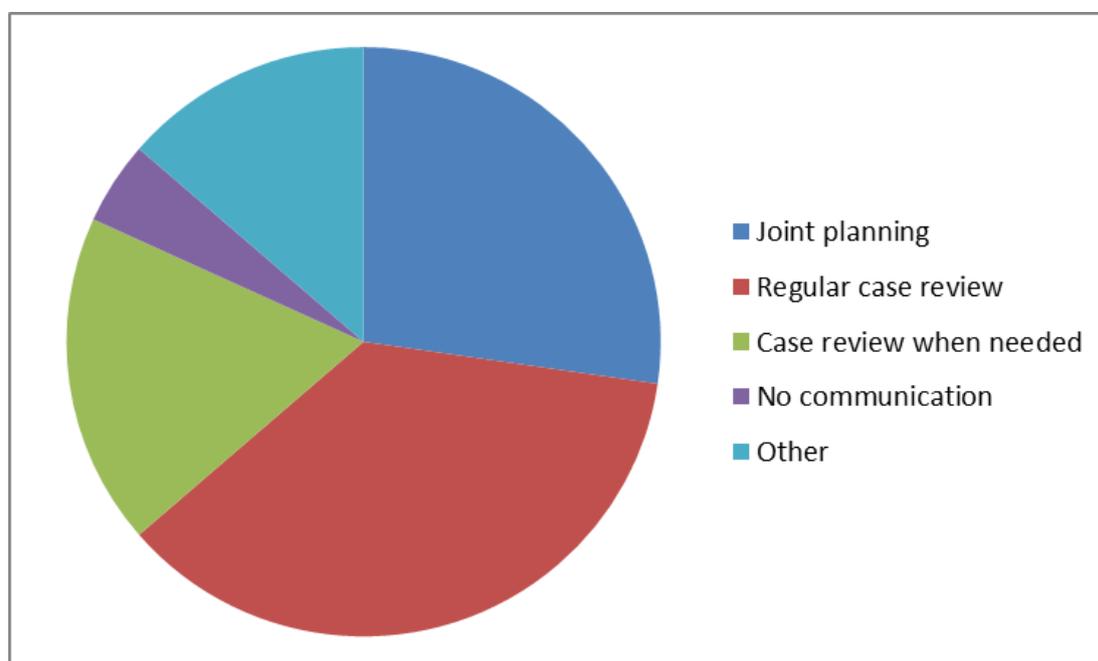
! said that they contact, *“When the perpetrator gives up (interrupts) his participation in the program or when his is excluded from the program. And regularly on the program.”*

1 membership/umbrella organisation stated that it *“varies from one local association to the other”*.

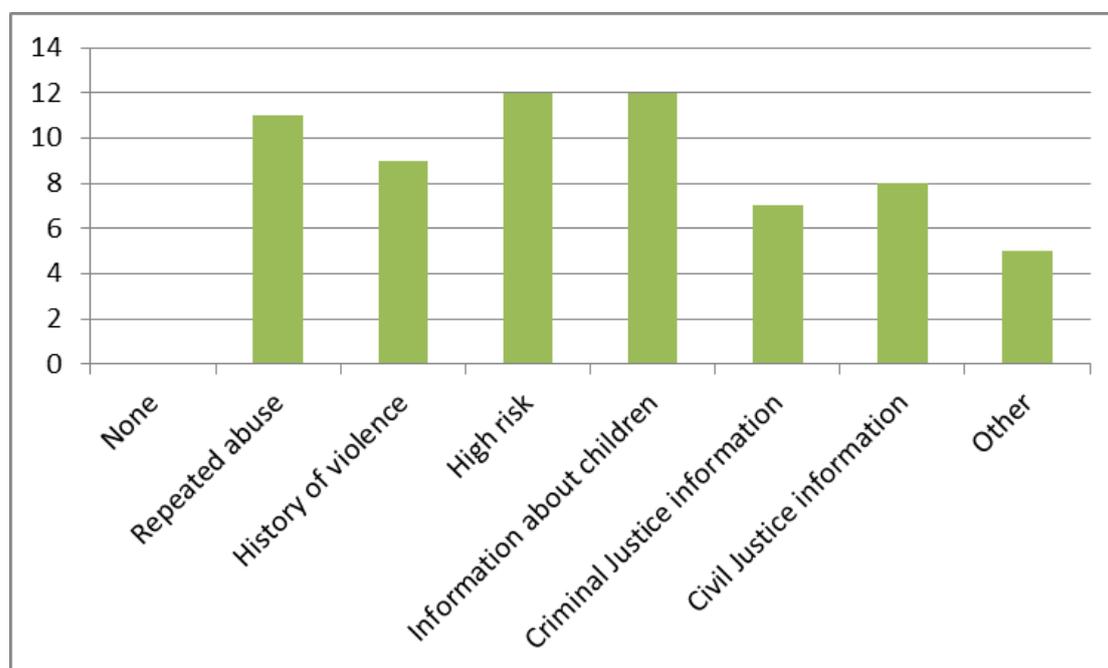
2.11 What is the communication between the victim support service and perpetrator programme?

Joint planning (6) and regular case reviews (8) were the most popular forms of communication, with case reviews when needed the next (4). Only 1 respondent stated that there was no communication. “Other” included: *“Occasional non structured communication”* and *“The local victim support service is quite new, so the cooperation is still in the making”*.

Please refer to graph on following page.



2.12 What kind of information is shared?



14 services responded to this question. On average, information is shared in 3 situations, which would indicate a good level of communication. High risk situations, information about children both come in at 12, which were the highest level, with repeated abuse by the client as the next at 11. The other issues shared were: history of violence (9); information from civil (8) and criminal (7) justice systems. “Other” included:

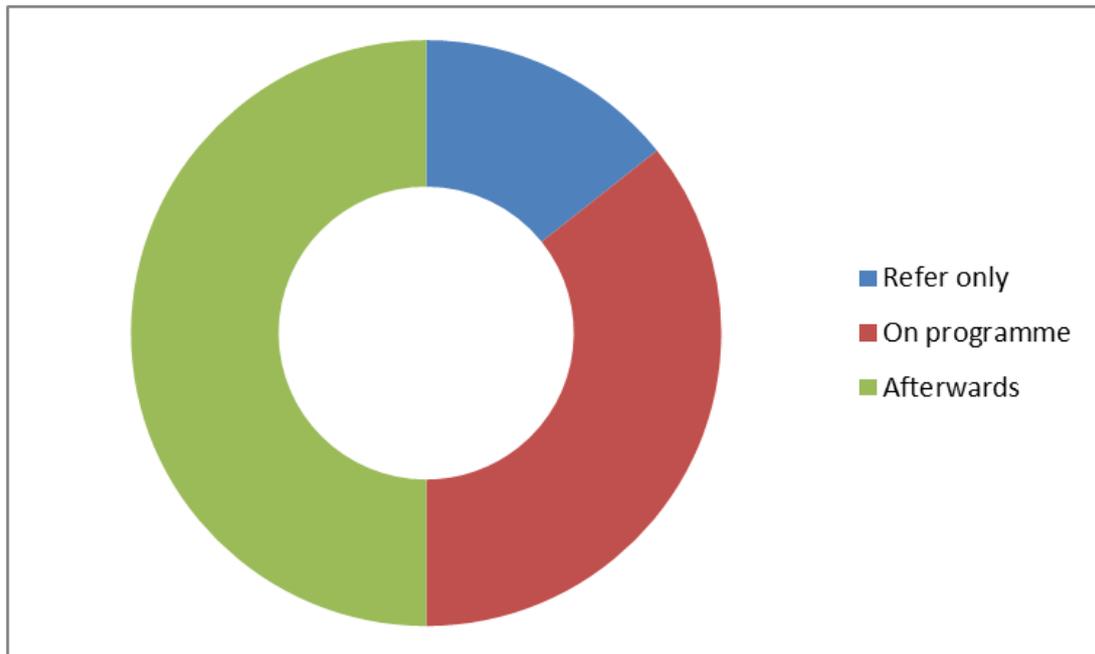
“There is an attempt to find a working protocol for sharing information”;

“all information needed to set up a costume-tailored plan of action”.

2.13 How long will you support for?

14 services answered this question: 2 programmes refer on for partner support; 5 supported partners for the length of the programme and 7 offered this after the men’s programme had ended. The questions asked in this questionnaire were worded very differently to the previous questionnaires, so no tentative comparisons can be made.

Please refer to next page for graph.



Section 3: Victim safety

3.1 Do you use a risk assessment instrument?

23 answered this question. 1 said they did not use a tool, 5 assessed risk but did not use a tool, and 17 said they used a tool to do this. The tools listed were many and varied and explanations to acronyms are not always available: DASH (domestic abuse, stalking and 'honour'-based violence); Duluth model; FREDA (Fairness, Respect, Equality, Dignity, Autonomy); SARA (Spousal Assault Risk Assessment); ODARA (Ontario Domestic Assault Risk Assessment); PATRIARCH (Assessment of Risk for Honour Based Violence); DAT; PCL-R (Psychopathy Checklist—revised); VRS and VRS:SO (Violence Risk Scale and Sexual Offender Version); DyRiAS (Dynamic Risk Assessment Systems) and CORE-OM2 (CORE Outcome Measurement on the level of psychological distress).

There was a mix of approaches as specified in the explanatory comments asked for:

Regular interviews were mentioned several times:

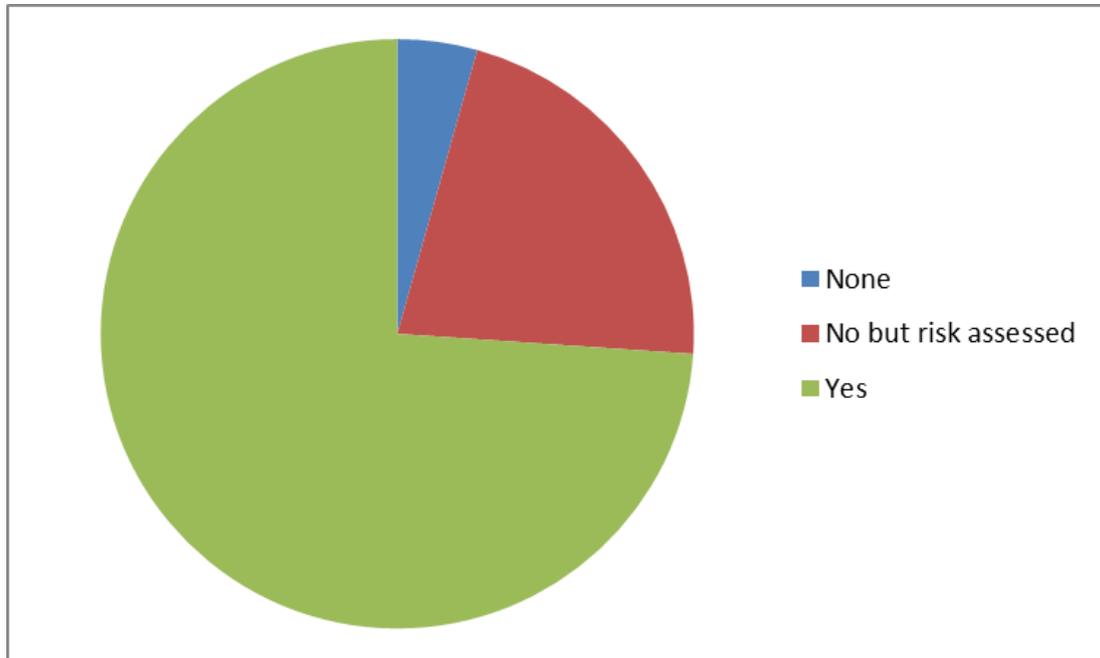
“We examine risk as it arises with each individual entering our programme”.

As were interviews specifically with victims:

“We use specific risk assessment forms for victims in emergency shelter, risk assessment interviews for victims in the service center.”

“we work on a larger risks assesment tool to be filled in together with the survivors”

“During the intake procedure we do interview with the victims and risk assessment is a part of the interview. When needed we make a security plan with her.”



Some mentioned that they used risk tools as a basis for interviewing:

“semi-standardized interview with questions from RA instruments”.

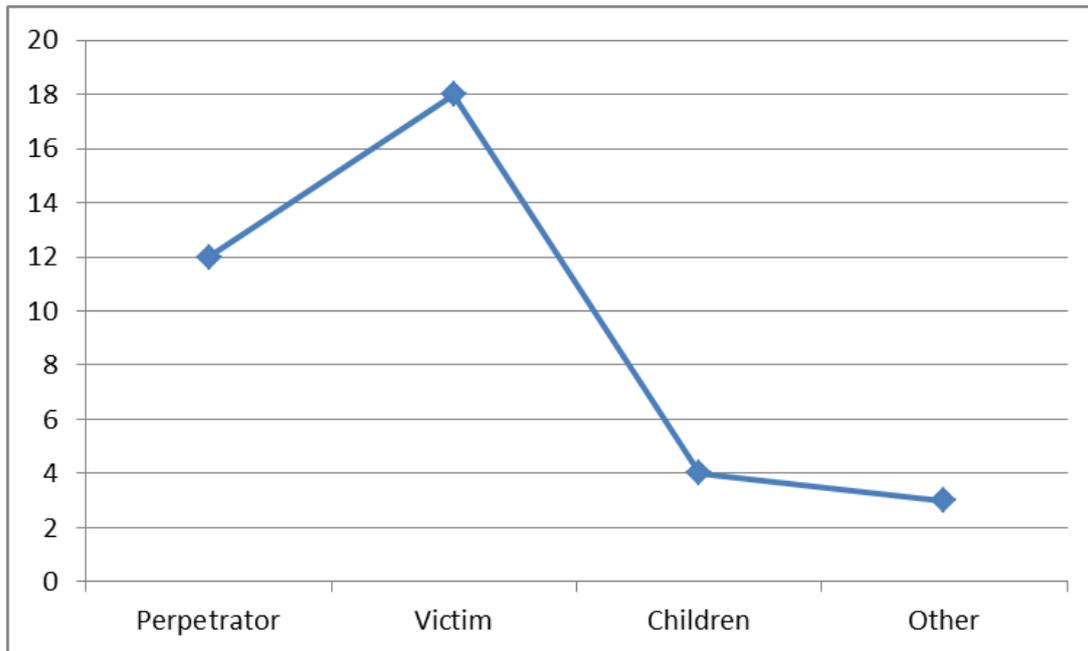
Some used their own questionnaires:

“Self made questionnaire + Abuse Index (Goodman & Fallon, 1995)”.

The answers suggest that assessment of risk factors is more widespread through programmes than identified by previous surveys, and that many organisations are using a mixture of risk tools and professional judgment.

3.2 With whom do you assess risk?

Most organisations who answered this question consulted an average of 1.8 (nearly 2) sources, i.e. victim 18 and perpetrator 12. Others asked for information from other agencies and professionals, and 1 agency asked for information from ex-partners where possible.



3.3 How is victim safety assessed? By whom and how often?

This question was presented as an open answer to participants. As such, the results are not comparable with each other.

Nearly all respondents said that they assessed risk on a continual basis. Some said that this was done at every meeting with the victim, others on a weekly or monthly basis. In some specific situations, it was done at the beginning and end of an intervention, this could be related to the perpetrator's or victim's intervention.

"It's the first goal, and basis of the plan of action."

The majority of respondents stated that the service working with the victim assessed the victim's risk, this was the counsellor, therapist, psychologist, partner service or other relevant service. Sometimes the response depended on the service the victim was offered, or who was working with them. 2 examples follow:

"If the victim is at the local victim support service, they do the assessment. If victim is at our service, we do the assessment. The risk is assessed all the time in the conversations during the counselling."

"for victims accommodated at the emergency shelter, we use standard forms for risk assessment and victim safety. the assessment is made twice, in the beginning and before the victims leave the shelter."

5 said that they assessed risk with both the perpetrator and the victim, some then shared the information between the victim and perpetrator services, for example, as follows:

“this is continued as part of weekly contact between partner support worker and men's group facilitator and on to monthly risk management meeting with Risk/Case Manager”

1 organisation stated they assessed victim safety with the perpetrator:

“Victim safety is assessed during therapy of perpetrators by therapist, usually once a month”

5 organisations mentioned an inter-agency response, with referring agencies, police, social workers and shelters being the most likely to be consulted or asked for input. For example:

“Generally speaking it varies. Risk assessment usually performed when a victim gets in contact with social services or shelters. It can be performed by police, social services or shelters”

3.4 How do you check risk and the response to this?

Again, this was an open answer, and all agencies said that they had what was along the lines of the following answer:

“continuous active screening for risk”.

Some mentioned the details they might look for, for example:

“We pay attention to some aspects, like high level of anger and aggressive acts towards the women”.

Some specifically mentioned the following: use of assessment or risk instruments; asking or picking up information from face to face work with clients (perpetrators or victims).

In terms of response, respondents appeared to tailor the response to the situation, which is to say that the responses were varied and they generally referred to action or safety plans or protocols being implemented. Accessing shelter accommodation as an option to high risk situations was referred to several times, for example:

“There are several different ways to mitigate risk, one of those ways is reallocation of the victim if necessary.”

Most referred to the sharing of this information between the different services for perpetrators and victims (e.g. case management), and some referred to situations where they may involve a wider team or inter-agency response.

“we check all risk factors and build the safety plan with the victim. in high risk cases we ask for the intervention of the Ad hoc team.”

“If the victim reports she is unsafe, we inform the police, persecutor, probation officers and other services.”

3.5 What happens with the information (above)?

This was presented as a very open question and was answered in a large variety of ways. 3 stated that it was shared with the client, 4 said that they informed other agencies 3 it informed case management situations or meetings and 2 said that it was stored safely.

Some said that they shared the information with the victim, some with the perpetrator. Mostly, respondents appeared to be stating that the response to this was very situation-specific.

“The counsellors have the permission to talk openly about the family’s´ situation. Specific themes can be raised in individual counselling based on the assessments. Of course the safety comes first, so not everything can be raised.”

“If risk is high the judicial system is alerted”.

4 responses referred directly to confidentiality and their practice and protocol around this, which differed from response to response (this may be influenced by country laws as well as organisational ethics) for example:

“It may be shared with other authorities only in case of written approval from victims.”
And *“We keep it confidential as most of the time it contains protected data”* or
“Police, probation officer, persecutor or other services act due to their power.”

3.6 What measures do you have in place to address the safety of women/victims?

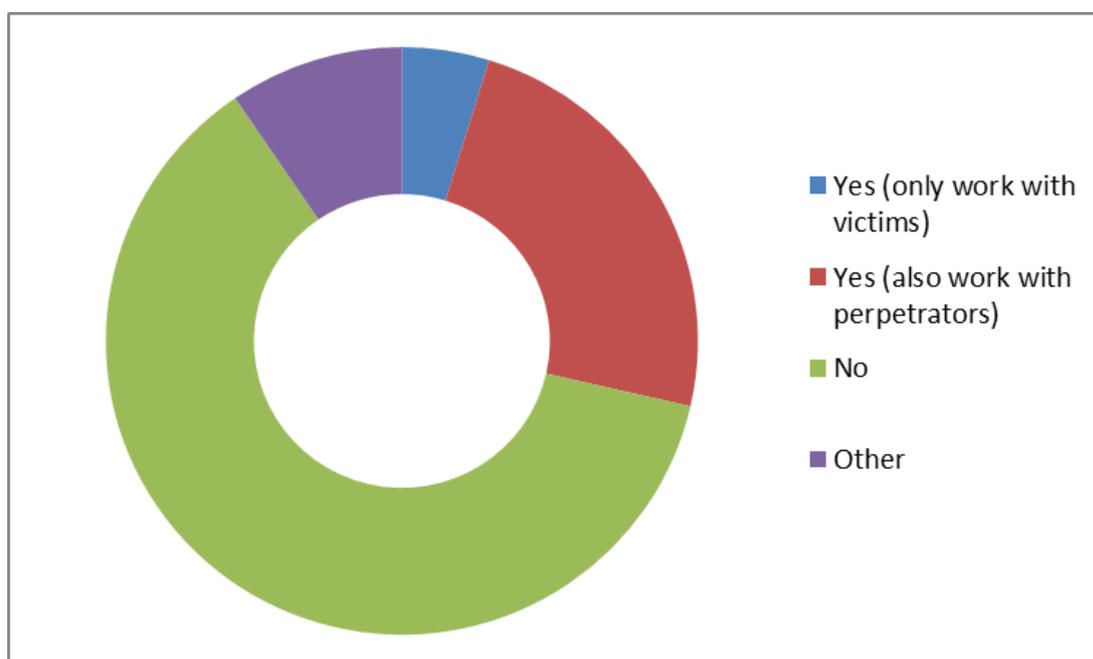
Respondents wrote about a large variety of measures at their disposal. For umbrella organisations or those with several branches, guidelines were given and as well as use of an outcome measurement tool.

Other responses were as follows:

- Referral to shelter accommodation (8)
- Police (7)
- Barring/protection/restraining orders (6, including detention of perpetrator (1))
- Referral to victim's or womens' services, including in house (5)
- Criminal justice system (4)
- Social/welfare/children's services (4)
- Risk/case management or information sharing (3)
- Custody or supervised contact (1)
- Legal information referral (1)
- Psychologist referral (1)
- Safety plan (1)
- Services for parents in the home (1).

Section 4: Partnership work

4.1 Does your agency define itself as a victims'/women's specialised support (WSS) organisation?



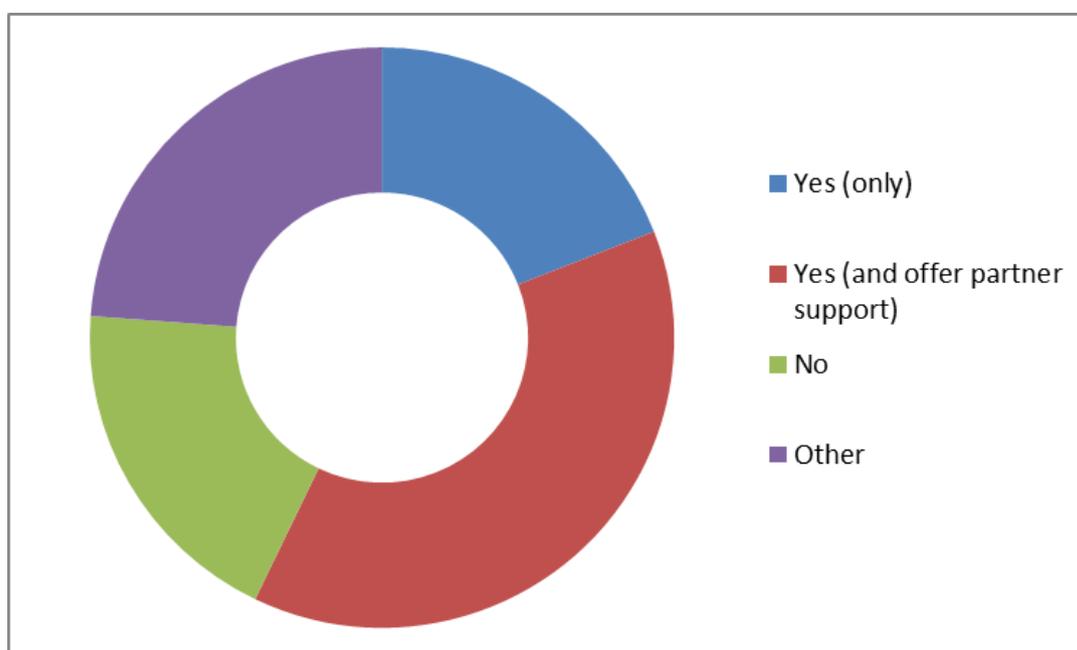
WWP EN has a very broad membership base, further the respondents to this questionnaire (including 3 non-members) also seem to reflect this. WWP EN has a policy of encouraging and including victim services to join, plus prioritising their involvement in some pieces of work, such as the design and implementation of this survey.

21 respondents answered this question. Responses showed a varied picture. 1 said they only offered services to victims. 5 were victim focussed services who also offered perpetrator programmes, 13 did not identify as a specialised women's support service, and 2 stated "other". Of these:

"we work with all family members (large definition, every person involved in the family), involving women's aid, children's support, perpetrator program,..."

"We offer support to victims, run two shelters for victims, have a helpline and offer support to perpetrators".

4.2 Does your agency define itself as a perpetrator programme (Pp)?



When programmes were asked if they defined themselves as Pps, we also received 21 answers. 4 stated they were only Pps, 8 offered Pp and a partner support service, 4 stated that they were not Pps and 5 said "other". Some of these were covered by response to the previous question, 3 of these answers were as follows:

"we offer a perpetrator programme in cooperation with victim protection centre; we offer common clearing contacts in certain cases with women's shelter, man and victim";

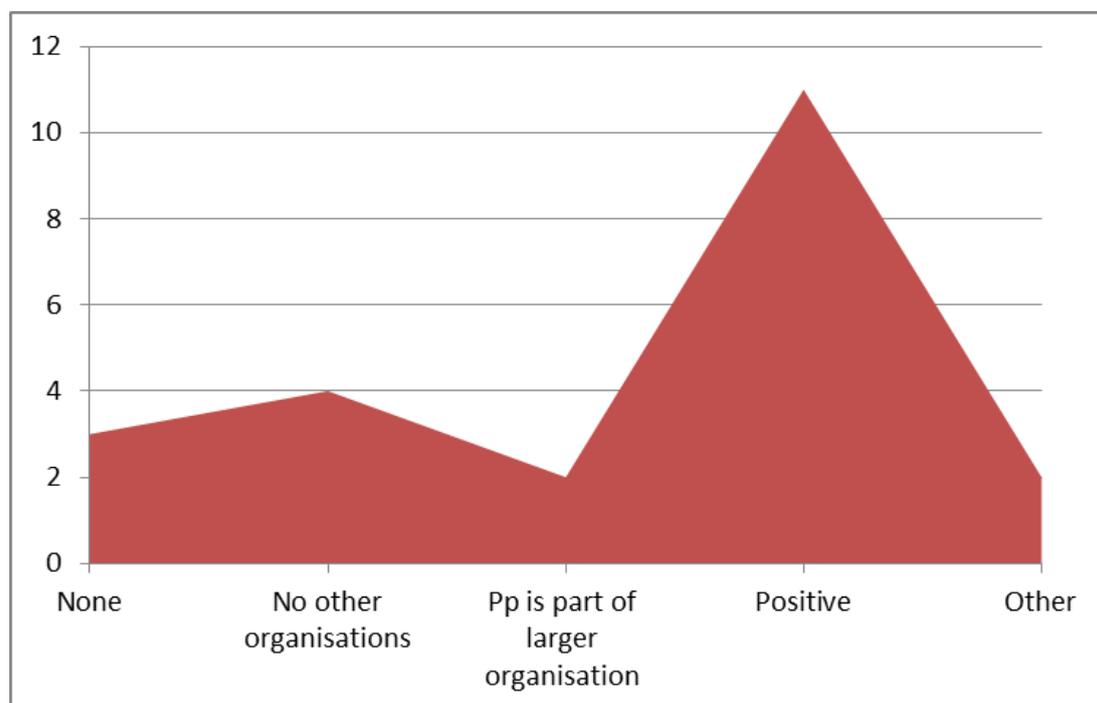
"We offer perpetrators programme or facilitator for collaboration with public institutions.";

"organisation which promotes perpetrator work and programmes".

4.3 Do you have (other) Pps in your locality/geographical area? And:

4.4 Do you have links with these organisations, if so what is the nature of them?

20 organisations responded to this question, 3 said there were none, 4 that they were the only one offering this service in their locality, 2 stated that the Pp is part of a larger organisation (which they run) and 2 stated “other”, which were as follows: that they had “no time” for contact (1) and good international contacts (1). Half of the respondents said that they had other Pps in their locality and that they had a positive relationship with them.



This was achieved through a large variety of collaborative activities; arrangements covered various meetings and liaisons, sharing of information, case management and risk assessment, common data analysis and mutual referrals. Examples as follows:

“we are the national organisation which promotes the networking of those local organisation” with “several organisation engaged in the management committee of our organisation; people ready to be active in small projects” (national umbrella organisation);

“generally good coordination though limited because of limited resources / time” (Pp with partner support);

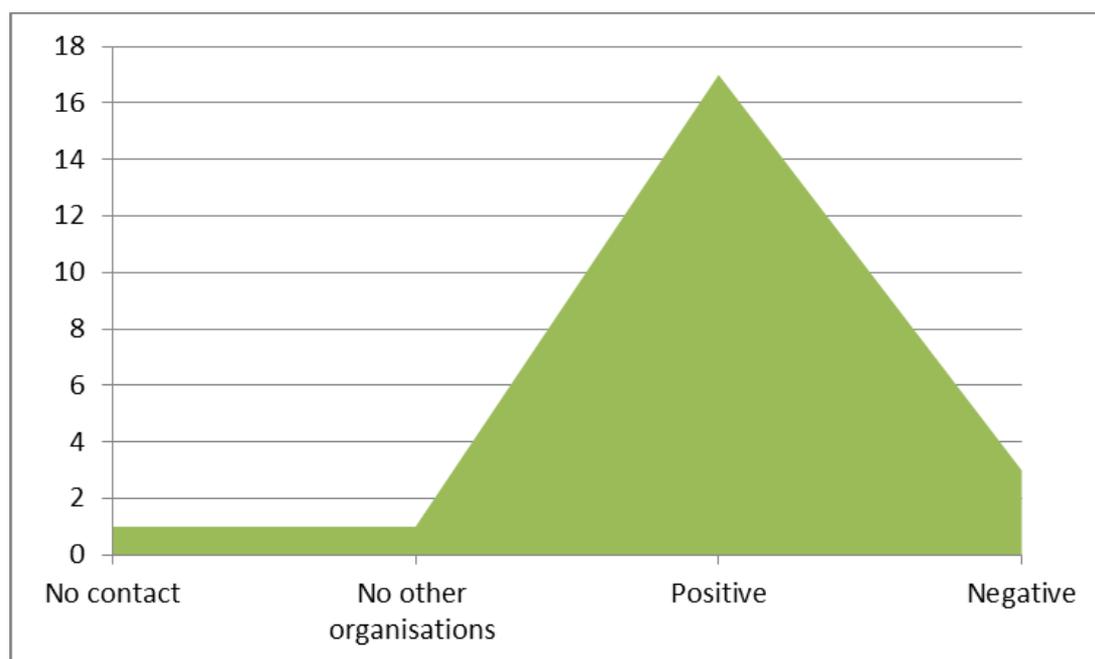
“We exchange experience between our organizations. We are united in the Alliance for Protection from GBV.” (Pp with partner support);

“We sit together on the National DVIP Committee” (Pp with partner support);

“We have contacts with the same organisations working with perpetrators in other counties.” (Pp).

4.5 Do you have (other) domestic violence/womens’ organisations in your locality/geographical area? And:

4.6 Do you have links with these organisations, if so what is the nature of them?



21 organisations answered this question. 1 said they had no contact with WSS services, 1 said there were no others in the area, 3 stated that relationships were negative. One appeared to suggest that they felt the relationship only needed time to become positive:

“The victims’ service is quite new and the cooperation doesn’t yet work as smooth as it could, the cooperation is still on its making” (Pp with partner support)

The other 2 outlined the difficulties faced:

“We are trying to develop protocols of collaborating in a formally positive but actually hostile relationship” (Pp)

“Unfortunately the links are not only positive as”... (the other umbrella organisation) ... “do not have the same approach to work against MVAW (male violence against women) when it comes to involvement of men into this work and providing men with necessary help/treatment.” (umbrella WSS service)

17 stated that relationships were positive, of these many mentioned the areas of collaboration referred to in 4.5 and 4.6.

“The organisation we collaborate with offers women’s services.” (Pp)

Some organisations had a different quality of relationship with different WSS sectors/services:

“These organisations provide Partner Support locally however there is little contact with the national umbrella organisations” (Pp with partner support)

Others mentioned active partnership projects or activities:

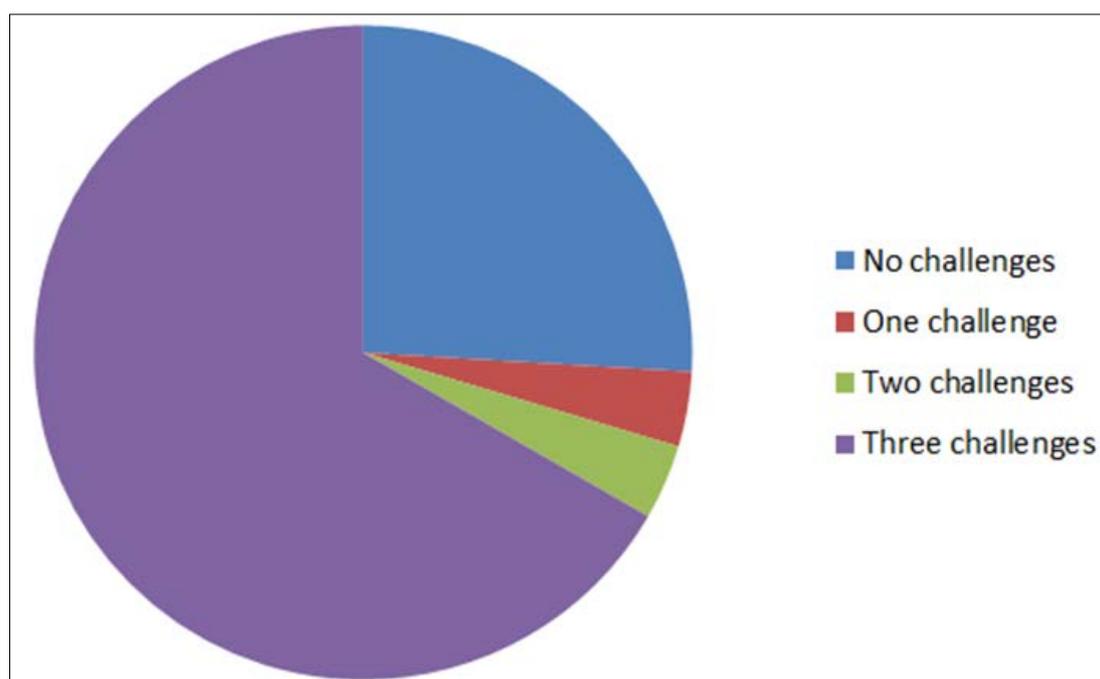
“we have partnership projects with many of these and regular meetings” (umbrella organisation)

“organize joint awareness raising and lobbying activities” (WSS organisation offering Pp)

Section 5: Finally...

5.1 What are the top 3 challenges for your service?

Not all the organisations that answered the questionnaire, indicated the main challenges they are facing in their work. Among 27 organisations 18 indicated 3 challenges, one organisation indicated 2 challenges, one more indicated only one challenge and 7 organisations did not answer the question on challenges at all.



Despite the differences between the organisations, their backgrounds, experiences, socio-economic situation in the countries where they are located and operate, the challenges they are facing are quite similar.

Thus, 16 out of 27 organisations indicated **the lack of resources/money** as one of the main challenges in their work. It is important to mention that the organisations are not only concerned about the lack of funding in general but particularly stress on the lack of sustainable/continuous funding.

Lack of support from and cooperation with governmental services and authorities was indicated as one of the main challenges by 7 organisations. For instance, both in Spain and in Bulgaria member organisations experience misunderstandings in relations with child protection services. In Albania the lack of state supported services and shelters for victims of DV is alarming.

“Corruption of the law executive and law institutions, and indifference of public services to support actively and efficiently the cases of victims and children”.

Albania

5 organisations point out that **cooperation with other NGOs, including women’s support groups and/or partner support services is not developed or not developed enough** (for example, Spain, Sweden, Italy).

For 4 organisations **the laws and legal development** in the countries where they operate constitute one of the main challenges. There are different aspects of this issue. In Russia, for example, there is still no law on DV (at the time of the survey/report) while in Sweden there is a tendency to gender neutral approach to DV, especially in the work of state and municipal authorities that is reflected in their reports and other legal paperwork. Member organisations from Croatia highlighted the importance of ratification of Istanbul Convention in the country.

WWP EN’s member organisation from the UK experiences other issues related to legal development in the country: *“The increasing privatisation of public services and the resultant competition that has an impact on survival of smaller organisations and the quality of provision”.*

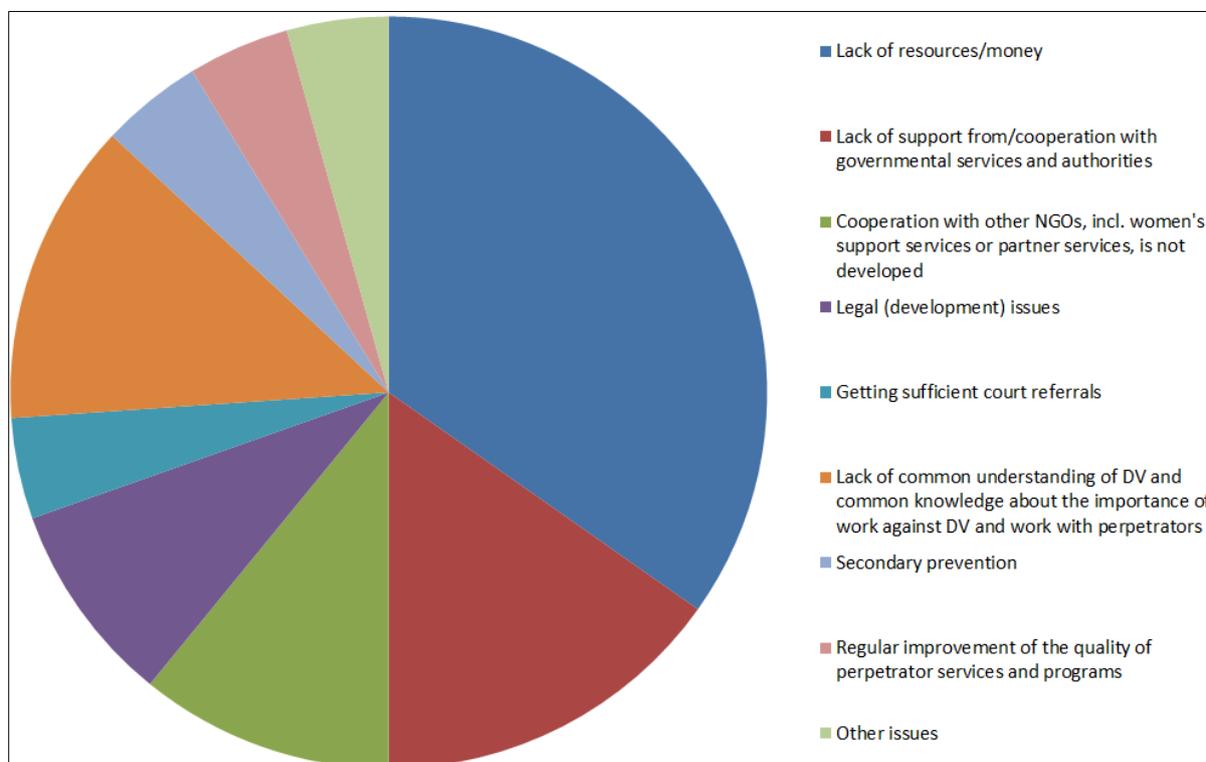
Another important challenge to be mentioned is **getting sufficient court referrals**. 2 member organisations – from Ireland and Italy – listed it as one of the top three challenges.

“The common attitude to DV: it is not my problem/this does not concern me”.

Finland

Lack of common understanding of DV and common knowledge about the importance of work

against DV and work with perpetrators is pointed out as one of the main challenges by 6 organisations.



As one of the member organisations from Finland points out, there is a lack of acknowledgement of importance of DV work; the member organisation in Switzerland indicates a need for new projects *“in order to better promote the use of perpetrator work”*.

Authorities and public services also lack knowledge on DV. Thus, the member organisation from Czech Republic points out that, while they focus on different kinds and different intensity of violence, *“from very inconspicuous signs to dangerous forms of violence”*, the police only get involved in cases of highly escalated violence.

Secondary prevention is listed as one of the main challenges by 2 organisations. One of WWP EN’s member organisation from Italy, for instance, sees a challenge in preventing violence from happening again. Another member organisation from Czech Republic sees violent people as a *“solution”* meaning that effective and responsible work with perpetrators of violence can result in a positive development in the society and stimulate the reduction of relapses.

No one mentioned primary prevention as an important challenge, although, some may see this as crucial for our work towards elimination of violence against women/DV. It may be that this is seen as a development that comes after tackling the violence (tertiary prevention) and preventing further violence

(secondary prevention), and in the current European climate of austerity, is just too high up on a wish list.

2 organisations indicate ***regular improvement of the quality of DV work*** as an important challenge. For example, an organisation from Croatia highlights the necessity of refining and improvement of treatment programs and development of new treatment programmes for different categories of perpetrators of violence. In Austria there is also a need for keeping the work up to date with new evidence based practice and research as well as *“keeping the standard of exchange with a growing number of staff”*.

There were other challenges that were mentioned and that were not included in the listed earlier categories. Among these challenges are the following:

- difficult work conditions and stress that the staff experience (Belgium);
- migration, socio-economic problems, housing, etc.

Generally speaking, considering work with DV as “project work” rather than “institutional and societal change work”, appears to be the case, possibly even a trend in many European countries. It could be that the lack of sustainable/continuous funding is one of the outcomes of this, organisations have to constantly develop new projects and initiatives in order to remind the society of the importance of the subject and to access “new” funding streams to try to remain in business. The sector also seems to suffer from being an area of work that is a) not funded in the first instance, b) one of the first to be cut financially or c) withdrawn completely in some countries. Some organisations are either not able to launch themselves into existence or are not surviving in the current financial climate.

As work with DV, particularly as a specialist area of knowledge and/or work, is not seen as important enough and does not get prioritised, it remains an issue that is “tagged” or “added” onto other more “mainstream” ones. This could also account for many of the other challenges faced by the respondents to the questionnaire.

This is very unfortunate because work with DV is not a project, on the contrary, it is an important aspect of reaching a gender equal society that is free from violence. As it states in the Istanbul Convention, we should be:

“Aspiring to create a Europe free from violence against women and domestic violence.”

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