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CONSCIOUS

An inter-systemic model for preventing reoffending by perpetrators guilty of sexual abuse and domestic violence

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D 4.3 Mapping Report	
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Deliverable 4.3. Mapping report of social, health, and judicial systems at the EU level with respect to Gender-based Violence and the treatment of perpetrators.	
Asbtract	This report includes a mapping of the main aspects of the social, health and judicial systems at the European Union with respect to GVB and the perpetrators' treatment. It reviews the national definition of domestic violence, the role of the human rights and the practical implementation of the perpetrators' programmes. Information about the partnership between perpetrators programs and victims' services in different EU countries is also included, as it is regarded as a crucial aspect. Finally, the main guiding principles of the perpetrators' programmes and some examples of best practices are emphasized.
Keywords	perpetrators' treatment, social, health, judicial system, best practices, cooperation with victims' services

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D 4.3. Mapping Report

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In this Report we will present the results of mapping social, health, cultural, and judicial systems at EU level, with respect to gender-based violence and domestic violence, and the treatment of

perpetrators. The participating countries in this report are the following: Albania, Austria, Belgium, Bosnia & Herzegovina, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Finland, France, Germany, Iceland, Ireland, Italy, Latvia, Lithuania, Luxemburg, the Netherlands, Norway, Poland, Portugal, Romania, Russia, Serbia, Slovakia, Slovenia, Spain, Sweden, Switzerland, United Kingdom.

A special focus is placed on Italy in this report, and some neighbouring countries such as Croatia and Bulgaria. This is the case for section 1.3 and 1.4 because Croatia and Bulgaria are the countries that answered these sections in more detail.

This report has been elaborated by analysing the results of several surveys in which WWP EN has taken part during the last years. Therefore, results of the different surveys have been united in this final report. For this reason, each section contains different number of participants.

The first part of the report will include results of the mapping of social, health, cultural, and judicial systems at the UE level with respect to GBV and the treatment of perpetrators for the different participating countries presented all together in each section.

The second part of this report will include examples of best practices collected in those countries.

Before drawing on the results it is important to remark the prevalence of gender-based violence in Europe, a recent survey has found the following results (FRA, 2014):

Drawing on the survey responses, some of the key findings show that:

- 33% of women have experienced physical and/or sexual violence since the age of 15. That corresponds to 62 million women.
- 22% have experienced physical and/or sexual violence by a partner.
- 5% of all women have been raped. Almost one in 10 women who have experienced sexual violence by a non-partner, indicate that more than one perpetrator was involved in the most serious incident.
- 43% have experienced some form of psychological violence by either a current or a previous partner, such as public humiliation; forbidding a woman to leave the house or locking her up; forcing her to watch pornography; and threats of violence.
- 33% have childhood experiences of physical or sexual violence at the hands of an adult. 12% had childhood experiences of sexual violence, of which half were from men they did not know. These forms of abuse typically involve an adult exposing their genitals or touching the child's genitals or breasts.
- 18% of women have experienced stalking since the age of 15 and 5% in the 12 months prior to the interview. This corresponds to 9 million women. 21% of women who have experienced stalking said that it lasted for over 2 years.
- 11% of women have experienced inappropriate advances on social websites or have been subjected to sexually explicit emails or text (SMS) messages. 20% of young women (18-29) have been victims of such cyberharassment.
- 55% of women have experienced some form of sexual harassment. 32% of all victims of sexual harassment said the perpetrator was a boss, colleague or customer.
- 67% did not report the most serious incident of partner violence to the police or any other organisation.

1. Results of the mapping of social, health, cultural, and judicial systems at the EU level with respect to GBV and the treatment of perpetrators

1.1. National definition of domestic violence (DV) in some European countries

The majority of 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 willful 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 Unites 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.

1.2. Role of Human Rights Standards in main notions and definitions of GBV

The main notions and definitions on VAW, GBV and Domestic violence are based on the definitions and notions contained in regional standards and universal standards of Human Rights and against VAW: the Istanbul convention and other CoE standards and documents, the CEDAW Convention, the EU standards.

In the following Table it can be seen the countries that have signed and ratified the Istanbul convention.

Table 1. Countries engagement with Istanbul Convection (Council of Europe, 2019)

	Signature	Ratification	Entry into Force
Albania	19/12/2011	04/02/2013	01/08/2014
Andorra	22/02/2013	22/04/2014	01/08/2014
Armenia	18/01/2018		
Austria	11/05/2011	14/11/2013	01/08/2014
Azerbaijan			
Belgium	11/09/2012	14/03/2016	01/07/2016
Bosnia and Herzegovina	08/03/2013	07/11/2013	01/08/2014
Bulgaria	21/04/2016		
Croatia	22/01/2013	12/06/2018	01/10/2018
Cyprus	16/06/2015	10/11/2017	01/03/2018
Czech Republic	02/05/2016		
Denmark	11/10/2013	23/04/2014	01/08/2014
Estonia	02/12/2014	26/10/2017	01/02/2018
Finland	11/05/2011	17/04/2015	01/08/2015
France	11/05/2011	04/07/2014	01/11/2014
Georgia	19/06/2014	19/05/2017	01/09/2017
Germany	11/05/2011	12/10/2017	01/02/2018
Greece	11/05/2011	18/06/2018	01/10/2018
Hungary	14/03/2014		
Iceland	11/05/2011	26/04/2018	01/08/2018
Ireland	05/11/2015	08/03/2019	01/07/2019
Italy	27/09/2012	10/09/2013	01/08/2014
Latvia	18/05/2016		
Liechtenstein	10/11/2016		
Lithuania	07/06/2013		
Luxembourg	11/05/2011	07/08/2018	01/12/2018
Malta	21/05/2012	29/07/2014	01/11/2014
Monaco	20/09/2012	07/10/2014	01/02/2015
Montenegro	11/05/2011	22/04/2013	01/08/2014
Netherlands	14/11/2012	18/11/2015	01/03/2016
North Macedonia	08/07/2011	23/03/2018	01/07/2018
Norway	07/07/2011	05/07/2017	01/11/2017
Poland	18/12/2012	27/04/2015	01/08/2015
Portugal	11/05/2011	05/02/2013	01/08/2014
Republic of Moldova	06/02/2017		
Romania	27/06/2014	23/05/2016	01/09/2016
Russian Federation			
San Marino	30/04/2014	28/01/2016	01/05/2016
Serbia	04/04/2012	21/11/2013	01/08/2014

Slovak Republic	11/05/2011		
Slovenia	08/09/2011	05/02/2015	01/06/2015
Spain	11/05/2011	10/04/2014	01/08/2014
Sweden	11/05/2011	01/07/2014	01/11/2014
Switzerland	11/09/2013	14/12/2017	01/04/2018
Turkey	11/05/2011	14/03/2012	01/08/2014
Ukraine	07/11/2011		
United Kingdom	08/06/2012		

In Italy references and connections to the Istanbul Convention are strong whereas less strong are the links in Croatia which ratified relatively recently the IC and the formal reference is not existent for Bulgaria where a painful process of rejection of the IC took place.

Despite the fact that Bulgaria has only signed the IC, there is agreement, like in the other countries about the main definitions given and among the NGOs and other operators from partner countries on these terms. It is translated in practice also in the work on programmes for protection of victims and programmes for treatment of perpetrators of violence. Therefore, the provisions of the Istanbul Convention on the work with perpetrators of domestic violence (Art.16) as a form of prevention and also as part of the services related to those for victims of violence make part of the common denominator of work on these issues. It is equally valid also for the case of Bulgaria where these programmes, as well as in the other countries, started and are developing according to the principles of the Convention.

1.3. Legislative and policy solutions in the different countries

This question has just been answered by three countries: Italy, Croatia, and Bulgaria.

In Italy, the principles above were enshrined in the **Law No. 77 of 27 June 2013** afterwards converted in the **Law No. 119 of 15 October 2013** (Conversion into law, with amendments, of **Law Decree No. 93 of 14 August 2013**, about Urgent measures about safety and to combat gender violence, as well as in the area of civil protection and external administration of provinces), currently in force. It affirms that the support for and the human rights of victims, are of primary concern.

The **Extraordinary Action Plan against Sexual and Gender-based Violence/ 2015- 2017/**, promotes the development and set up, throughout national territory, of actions, based on methodologies consolidated and coherent with specific guidelines, aimed to rehabilitate and support perpetrators of violence behaviors within close relationships, in order to promote their rehabilitation and limit reoffending. The plan provides for territorial agreements and protocols, which may provide coordination procedures between the integrated network formed by the centers supporting women on their paths out of violence and treatment centers for male perpetrators. Training courses for perpetrators may be carried out in the context of formalized collaborations between the centers for male perpetrators and the network of support services for women, through conventions or protocols which provide for procedures for sharing / collecting information and evaluating the effectiveness of the measures to be taken.

The National strategic plan on men's violence against women 2017-2020 was elaborated by the Department for Equal Opportunities of the Presidency of the Council of Ministers with a mixed working group with the involved Ministries, of the Conference of Regions, of ANCI (National Association of Italian Municipalities), of Police Forces, of trade unions and of women's associations. The strategic plan is aimed also at preventing recidivism, in particular for sex crimes, stalking and violence in the family through treatment of male perpetrators. As objectives are mentioned allocation of specific resources and definition of purposes, methodology and contents of the programmes, with a definition of the professional profiles of the providers, as well as qualitative and quantitative results. It is provided that the Ministry of Justice will draft a

national intervention protocol to identify the most effective treatment methods for incarcerated perpetrators of gender-based and sexual violence in the whole stay in the institution, from admission to release.

In Croatia,

According to the **Law on Protection against Domestic Violence** (Official Gazette No. 70/17, in force since 1st of January 2018), domestic violence is physical violence; bodily punishment or other forms of humiliating treatment towards children; psychological violence which caused the victim an insult to her dignity or anxiety; sexual harassment; economic violence as a prohibition or disabling of the use of joint or personal property, disposing of personal income or property gained by personal work or inheritance, disabling employment, deprivation of resources for the maintenance of the common household and child care; neglecting the needs of a person with a disability or an elderly person that causes her anxiety or insults her dignity and thereby causes her physical or mental suffering.

One of the main novelties of the law is that for the first time people with disabilities and older persons stand out as a particularly vulnerable group, and violence against them is defined as a special form of violence.

We note that there is an Act on the Lifelong Partnership of Persons of the Same Sex (Official Gazette No. 92/14), which lays down the principles on which a life partnership is based, which include equality, mutual respect and dignity, mutual assistance and respect for life partners. The law prohibits any form of violence, as well as any form of discrimination, direct and indirect, based on the established life partnership, sexual orientation and gender identity.

Domestic violence in Croatia is **regulated by the misdemeanor and criminal legislation, in 2015 the criminal offense of "Domestic Violence" was reintroduced, which significantly influenced positively the prosecution.** By transposing the EU Directive 2012/29 establishing minimum standards on the rights, support and protection of victims of crime, in line with the Council of Europe Convention on the **Prevention and Combating of Violence against Women and Domestic Violence, ratified by Croatia**, the rights of victims of domestic violence are more comprehensively regulated.

According to the Law on Protection against domestic violence misdemeanor sanctions for protection against family violence include protective measures, fines, imprisonment and other misdemeanor sanctions prescribed by the law governing offenses. The purpose of misdemeanor sanctions is to protect family members exposed to violence, respect for the legal system, and to prevent re-perpetration of family violence through appropriate sanctioning of offenders.

The court may impose the following protective measures on the perpetrator of domestic violence, except the safeguards prescribed by the Misdemeanor Act:

1. **compulsory psychosocial treatment**
2. prohibition of approaching, harassment or spying of the victim
3. relocation from the common household
4. compulsory treatment of addiction.

The protective measure of compulsory psychosocial treatment may be imposed on a perpetrator of family violence to eliminate his or her violent behavior or if there is a danger that he or she might be able to repeat violent behavior in the family. The measure may be determined for a period of at least six months.

In accordance with the **Criminal Code of Croatia**, several security measures can be imposed- compulsory psychiatric treatment, compulsory treatment of addiction, **compulsory psychosocial treatment**, prohibition of performing certain duties or activities, ban for usage of motor vehicles, the prohibition of approaching, harassment and detention, removal from the common household, prohibition of access to the Internet and safeguarding full punishment of imprisonment. **The security measure of psycho- social treatment may be pronounced on a perpetrator who committed a criminal offense with the characteristic of violence, if there is a**

risk of doing the same or similar offense. The measure shall be **executed in an institution for the enforcement of a prison sentence or a health institution, or a legal entity or a natural person specializing in the removal of violent behavior.** The measure may be prescribed for up to 2 years.

The protective measure of psycho- social treatment for perpetrators of domestic violence is pronounced on the basis of the **Law on Protection against Domestic Violence** (Official Gazette No. 70/17) and is conducted in accordance with the provisions of the Ordinance on the implementation of the protective measure of compulsory psycho-social treatment (Official Gazette 116/18). **The purpose of psycho-social treatment for perpetrators is to prevent further violent behavior of the perpetrator by achieving positive changes in his behavior and to encourage perpetrators to become aware of their violent behavior, to recognize their responsibility and to adopt forms of non- violent behavior.** The treatment is carried out in health facilities and with authorized legal or natural persons specializing in the removal of violent behavior. The psycho- social treatment is conducted in health facilities for violent perpetrators who have a positive psychiatric history.

In Bulgaria,

The definition of domestic violence and the respective roles of competent authorities for protection of the victims are given in the civil **Law on Protection from Domestic Violence from 2005/LPDV/ and the Regulation on the Implementation of the Law on Protection from Domestic Violence from 2010.**

The law comprises protection against almost all forms of interpersonal violence/ IPV/- married persons, formerly married persons, persons in factual cohabitation and persons having a child in common, except in cases of persons in just close intimate relationship. It regulates the measures for protection of victims of domestic violence and the procedure of their implementation, with focus on the rights of the abused person. The law is gender neutral and does not offer specific protection against GBV and VAW. The Law on Protection from Domestic Violence /LPDV/ creates a remedy for victims of domestic violence in Bulgaria, allowing them to apply for protection before the regional court.

The Law defines domestic violence as any act of physical, sexual, psychological, emotional or economic violence, as well as the attempt of such violence, forced restriction of privacy, personal freedom and personal rights committed against persons who are in relationship, who are or have been in a family relationship or de facto marital cohabitation. Any domestic violence committed in the presence of the child is considered as a mental and emotional abuse.

Any person affected from domestic violence can seek protection under this law when the violence is committed by:

1. spouse or former spouse;
2. a person, who is or has been a in de facto marital cohabitation;
3. person with whom they have a child;
4. ascending;
5. descending;
6. person, with whom there is kinship under lateral line up to the fourth degree included.;
7. person, with whom there is or has been in affinity up to the third degree;
8. guardian, trustee or adoptive parent;
9. ascendant or descendant of the person, with whom they are in a de facto marital cohabitation;
10. a person with whom a parent is or has been in a de facto marital cohabitation.

The procedure for issuing the order for protection may be established at the request of: 1. the injured person, if above 14 years of age or placed under partial guardianship; 2. brother, sister or a person who is in kinship in a straight line with the victim; 3. guardian of the victim; 4. Director of Directorate "Social assistance " when the victim is a minor, is placed under guardianship or is with disabilities. The complaint is submitted in writing and contains a

declaration/ affidavit by the victim on the violence committed, if he/she submits the action himself/herself. It is submitted within one month of the domestic violence act.

The judge may order one or more of the measures for protection against domestic violence provided in the LPDV, which are the following:

1. oblige the perpetrator to refrain from committing domestic violence;
2. the removal of the offender from the jointly occupied dwelling for a period determined by the court;
3. ban the offender from approaching the victim, housing, workplaces and places for social contacts and leisure of the victim under terms and conditions determined by the court
4. determining temporarily the domicile of the child at the parent who is victim or the parent who has not committed violence under terms and conditions determined by the court, if it does not contradict the interests of the child. This measure is not taken when there are pending legal cases between parents for custody, for determining the residence of the child or the regime of personal relationships.
5. obliging the perpetrator of violence to attend specialized programs;
6. directing victims to rehabilitation programs.

Measures under paragraphs 2, 3 and 4 are imposed for a period of three to up to 18 months.

According to the LPDV, the NGOs which propose services for protection of victims of violence and/ or implement the specialized programmes for perpetrators inform the court in the region they provider services in about their programmes under the law.

Protection orders are subject to immediate execution. The control over the execution of the prohibition for committing domestic violence, removing the perpetrator from the co-habited home and the prohibition of approaching the victim and the places he/she visits is entrusted with police authorities. In case of a violation, the police arrests the perpetrator and notifies immediately the prosecutor's office. The violation of domestic violence protection orders is criminalized.

In conclusion, there is legislative basis for the services for treatment of perpetrators of violence in the three countries studied. The measure is prescribed by law and obligatory when mandated by the court in Croatia and Bulgaria. There are more explicit requirements for the professionals dealing with the programmes in Italy and Croatia, while in Bulgaria these services are entrusted predominantly within NGOs dealing with protection from DV. There are no clear protocols and methodological guidelines for these programmes in the three countries.

1.4. Practical implementation of the programmes for treatment of perpetrators-cooperation mechanisms, agreements, protocols. Professional requirements, funding. Relations with NGOs dealing with victims' protection. Monitoring.

In what refers to the referrals, results indicate that most perpetrator programmes work with self-referred as well as agency-referred men. A portion of programmes exclude some kind of referrals or are concentrating on a certain kind of referral (22% of the programmes work with court-mandated men only; 19% do not work with court-referred men at all; Geldschläger et al., 2014, p. 12). Many programmes have a focus on court-referred men or self-referred (respectively referred by other agencies) men – but the majority of programmes work with various kinds of referrals (Geldschläger, Ginés & Ponce, 2014). Almost all programs (95%) have some kind of intake procedure: from one initial contact to longer individual counselling or assessment phases during the intake phase. The majority of the programmes can apply some kind of inclusion/exclusion criteria, based on the intake procedure (e.g. three thirds name “alcohol/substance abuse” and “mental disorders” as excluding conditions). This means that the majority of the programmes can make statements about characteristics of their clients regarding certain behavioural and psychological characteristics. As far as outcome measurements are concerned, 81% of the programmes say that they measure the outcomes in some way (p. 33).

The most important sources of information are the clients themselves (94% of those who said that they measured their outcomes), facilitators (63%), and ex-/partners (60%), but also other services (54%), police/court reports (43%) and victim support services (32%) were included. Follow-ups were reported by two thirds of the programmes.

In some countries, like the UK, where this seems to be common, and others where it may not be common (e.g. France, Switzerland). Regarding the men on the programmes, the most frequent outcomes that were measured were the following: Non-Violence / decrease of violence, attitudes and beliefs, client's communication skills, and decrease in risk of violence. Psychological aspects, fathering and quality of life were measured as well, by between half to two thirds of the programmes. The most important dimensions that the ex-/partners were asked about were: Violence, feelings of safety, decrease in risk of violence, children's safety, quality of life, man's attitudes, man's communication skills, man's fathering skills. All in all, there is a high variability of methods how to measure outcomes of perpetrator programmes (Geldschläger, Ginés & Ponce, 2014).

In what follows, results from three specific countries will be analysed in more detail (as for the project interest): Italy, Croatia, and Bulgaria.

In Italy,

According to the above mentioned plans, Cabina di regia nazionale (a National Steering Committee in charge of political planning, coordination, monitoring and verification), appoints to the **Regions and Autonomous Provinces the task of implementing a territorial governance plan**, in order to guarantee the application of a standardized and simplified system and maintain the coordination of all the entities involved in the relevant territory. The purpose is to create a network of the various entities that, in various ways, work to prevent and combat male violence against women: these networks are to be formalized through specific institutional memoranda of understanding: these protocols must be inspired by the principle of private-public partnership and, therefore, all relevant entities must be fully involved.

Territorial anti-violence networks which must guarantee "the operational connection and the collaboration between all the general and specialized services operating in the field of prevention, protection and combating of male violence against women (antiviolence centers, women's shelters, local social and health services, law enforcement agencies, judiciary, hospitals, other institutional subjects and qualified subjects of the third sector, labor services)".

It is a positive trend that in Italy the objective of programmes for perpetrators encompasses male violence more broadly, it is about the role of man in the society. This has the aim to influence deeply-rooted cultural models based on patriarchy and the supremacy of a man over a woman.

The Centers / programmes for male perpetrators of violence are not specifically indicated as part of the "anti-violence territorial networks" and, although it is clear the need for a connection / collaboration between the subjects operating in the field of prevention and combating violence, no specific references are made to any collaboration between anti-violence centers and / or services that operate with special programmes.

There are good practices at regional level in Italy, like the Region of Emilia-Romagna, Puglia, Campania, Lazio, Tuscany.

In the Regional Law of Emilia –Romagna No. 6 of 27 June 2014 ("Framework law to support gender equality and combat gender discriminations)it is stated: "The Region, in order to promote the achievement of gender equality as a tool to prevent violence against women, promotes, also in cooperation with local health districts, specific and experimental projects and services for men perpetrators, with the aim to give them different ways to act in their close relationships without using violence". The document goes into detail about intervention goals, preconditions to work with perpetrators, risk assessment, staff training and methodology. **Cooperation with**

services specialized in the support of women and children is identified as a necessary precondition to work with perpetrators.

The role of antiviolence centres in Italy is a very good practice, these centres representing the first entity that historically started dealing with the phenomenon of male violence against women in a structured and organized manner. The centres initiated and lead by women's organizations make an important part of territorial coordination mechanisms and provide information for shadow reports to international and regional mechanisms, namely the recent Shadow Report to GREVIO. The latter identifies also gaps in the implementation, monitoring and control of efficiency of the programmes for perpetrators.

The antiviolence centres share the ideology and objectives of the specialized centres for treatment of perpetrators of domestic and gender-based violence. C.A.M. is the first Italian Center that considered the implementation of specialized programs. It was established in 2009 in the city of Florence and its local branches in Ferrara, Rome, Monteleone, Olbia, Sassari, Cremona, Pistoia and Montecatini. It works through first telephone contact, individual assessment, psycho-educational and follow-up groups, phone contacts with partners victims of violence. It also carries out training and raising-awareness activities, clinical supervision, consultations, and publications on the theme. The Mission of C.A.M., as provided by its Charter, is "...to foster the counter, actions and prevention concerning violence against women and children, through the implementation of treatment programs addressing men perpetrators of violence in close relationships, with a particular focus on fatherhood".

RELIVE – Relazioni Libere dalle Violenze [Relationships free from violence, Ed.] is a national association born in 2014, which formalized the collaboration between the first 9 Italian Centers for perpetrators of domestic violence, in order to "create and promote a national network to combat gender violence, particularly violence against women". In particular, Relive has the aim to "foster and implement programmes to prevent domestic violence and to support and treat perpetrators, **working in close cooperation and collaboration with victims services.** Relive association has currently 21 Centers across various Italian regions.

There are "**National Guidelines for treatment programmes for men perpetrators of violence against women in close relationships**", which are written by founding Centers and entirely recall the previous Guidelines of Italian Coordination of Treatment Centers for Perpetrators, inspired in turn by European Guidelines of "Work with Perpetrators of Domestic Violence in Europe – WWP". As a methodological suggestion to be noted- **inclusion, as experts, of representatives from women support services in the executive and advisory boards of perpetrators' programmes.**

Concerning statistics, in the period September - November 2018, the IRPPS-CNR (National Research Council-Institute for Research on Population and Social Policies) carried out a **survey on centers and services against violence, including centers for perpetrators operating in Italy.** The survey reached a total of 59 centers, which altogether provide 76 "access points" (branches) in Italy.

In 2017, a total of 726 men joined the programmes: 56% of them were in a stable relationship; 72% were fathers to minor children; 76% of them had a stable employment ; 71% were Italian. Furthermore, only 39% of them were detainees, 7% were in the care of mental health services and 13% of addiction services.

The majority of the centers offer free services, including telephone helpline, individual and group psychotherapy, parenting support, orientation to local services.

Finally, we underline two last important aspects that are derived from the Conscious project in the Italian context. First, currently there is a new public service for perpetrators activated by ASL Frosinone thanks to the Conscious Project. Conscious model provide two treatments service in the 2 prisons of Frosinone and Cassino and the public service in ASL. In Italy, health public service usually is not in charge of this kind of treatment. Moreover, recently, the prison of Frosinone asked to provide the treatment also for the sex offenders, clearly showing that Conscious is answering both to the system and territorial's needs. Second, since during the Conscious project,

ASL will design the plan for the social integration of the perpetrators (D 4.4), implementing restorative justice path, the project plans to set up a long last cooperation with the European Forum for Restorative Justice. The Forum aims to help establish and develop victim-offender mediation and other restorative justice practices. The Forum will be invited to attend the final conference in a focused session about the role of civil society (circles of Support and Accountability) in the fight against Violence. The Circles help to prevent further victims of sexual abuse as they help those who have caused sexual harm to take responsibility for their actions and to make positive changes in their lives.

In Croatia,

The Government of the Republic of Croatia adopted the **Rules of procedure in cases of Domestic Violence (2008)**. The Protocol contains a set of precise measures on the treatment and co-operation of competent authorities (police, social welfare centers, educational and health institutions and judicial bodies) involved in the detection and suppression of violence and the provision of assistance and protection to a person exposed to any form of violence in the families. The Protocol pays special attention to the procedure of the competent authorities towards children victims of violence or witnesses of domestic violence.

The Government of the Republic of Croatia passed also the **Rules of procedure in case of Sexual Violence in 2012**, and this Protocol was implemented in the year 2018. The protocol has been developed to provide immediate, sympathetic, gender and culturally sensitive comprehensive assistance and support from all competent institutions.

Psycho- social treatment of perpetrators is carried out with legal or natural persons with whom the ministry responsible for judicial affairs has concluded a contract on the implementation of protective measures for compulsory psycho-social treatment. Psycho- social treatment provided by legal and physical persons is carried out by a psychiatrist, psychologist, social pedagogist and social worker with at least three years of working experience in the profession and additional training for working with perpetrators of violence, in accordance with the **Standards for the Implementation of the Mandatory Psycho- social Treatment Measures**. The legal entity with which the ministry responsible for judicial affairs shall enter into contract has to have adequate space (individual and group work room, waiting room and sanitary node), which must meet the minimum sanitary-technical and hygienic conditions.

In the Republic of Croatia, the courts imposed a total of 14,932 protective measures in the period from January 2012 - June 2016. Most of them were protective measures of compulsory treatment against addiction and the prohibition of approaching the victim of violence, then come the protective measures of compulsory psycho-social treatment, and protective measures of removal from the apartment. Despite the fact the measure of treatment of perpetrators is imposed often, the problem is the lack of physical and legal persons involved in the implementation of the above mentioned treatment.

In 2018, the total number of treatment providers was 45, of which legal person who provided the treatment were 9 and physical persons were 36. It is worrying that some counties still do not have treatment providers. **Since May 2009, Home "Duga-Zagreb" has been approved** for the implementation of psycho- social treatment of domestic violence offenders. This institution carries out the psychosocial treatment of the perpetrator of domestic violence at a separate location of the institution, with the financial support of the City of Zagreb (City Office for Social Welfare and Persons with Disabilities) and in cooperation with the State Attorney's Office and the competent courts.

The situation with **women's NGOs in Croatia** is reported to be not so favourable, the organisations being with limited financial resources, limited number of functioning NGOs and capacity to provide services for victims. Regular state support is missing, as well as cooperation with institutions. of stereotypes by feminist and women's is a lack of political expression and the lack of will to recognize the role and importance of NGOs in combating violence against women.

Therefore, they **are not regarded as reliable current partners of those providing specialized treatment of perpetrators.**

In terms of statistics from the Criminal Directorate for the year 2017, psycho- social treatment was conducted with 474 persons, out of which 103 were women. In the **organisation „ Duga- Zagreb“** from 2009 till 15 March 2019 the number of perpetrators involved in the treatment has been 1272. The average age of the perpetrators was 38.96, of which the oldest was 81, and the youngest 15 years.

Regarding the effectiveness of the treatment, 11.4% of perpetrators successfully completed the treatment and completely adopted non-violent patterns, 22.1% successfully completed the treatment and partially adopted non-violent forms, while 2.9% regularly attended, but did not sufficiently adopt non-violent patterns of behavior.

In Bulgaria,

The new regulation of social services is in process and it will affect in a short term also the specialized services for victims of violence, also in relation to programmes for treatment of perpetrators. According to the existing principles which will be confirmed also in the near future, in order for the services to have support from the state budget, they have to be planned and claimed by the municipalities from the state budget as needed for the community. If allocated, they are called “delegated social services delivered in the community”.

The women’s **NGOs from the Alliance for Protection from GBV** are among the major providers of services for victims of violence – integrated counseling services for victims and their children, crises centres for victims of violence and their children, the latter being supported through the state budget, to the extent possible. The programmes for perpetrators are not mentioned explicitly as a social service but can be comprised, where existent, into the counseling centres managed by respective organizations. They are regulated in the civil legislation related to protection against domestic violence as one of the mandatory measures for protection against domestic violence, as mentioned above.

In spite of all services of NGOs available to victims of violence, there is still lack of coherent policies and commitment to regular and adequate funding of activities aimed at prevention and protection from violence. The NGOs bear the burden of providing services and other activities for prevention and protection without having the regular support of the state and municipalities. Therefore services are missing in many places and they have been under-funded.

The women’s NGOs **are initiators and the most reliable elements of the mechanisms for coordinated response** to DV and GBV, which are not existing formally in most places but are based on the existing relations and cooperation with institutions. The coordination mechanisms have not been formalized and followed in practice. In different towns and cities the coordination is at different level and this is reflected also in the implementation of programmes for perpetrators.

The women’s NGOs from the Alliance are working on **harmonization of the concept, methodology and protocols for the programmes for perpetrators of DV.** A special telephone number for first contact and consultation is under way.

The programmes for perpetrators of DV are mentioned as a priority in the National programmes for prevention and protection from DV and **are supported partially and on a project basis by the State budget through the Ministry of Justice.**

The **main positive trends** in the field are:

- The programmes for work with perpetrators in Bulgaria are closely connected with the services for protection of victims of DV and GBV. The main operators of the programme are women’s NGOs dealing with these services. - The Ministry of Justice supports financially partially the programmes for perpetrators of violence on a project basis.
- The methodology and the services provided for perpetrators of violence make part of the programme for training of different specialists under the Academy for Prevention of Violence, established by the Alliance.

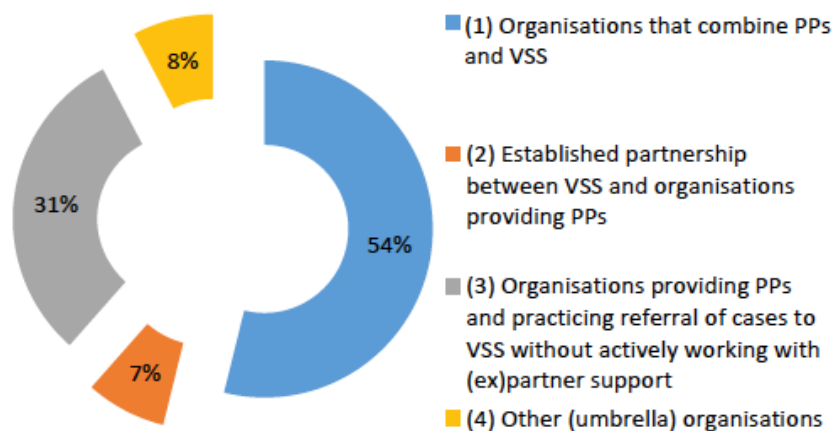
1.5. Partnerships between perpetrator programmes and specialist women’s support sector.

In terms of cooperation between perpetrators’ programmes and victim’s services the results of the survey indicate that almost all programmes (98%) in the survey collaborate with some kind of network partner, among the most important: social services; police; victim protection; criminal courts; alcohol and substance abuse treatment services. Moreover, 75% of the programmes say that they are part of an inter-institutional alliance against domestic violence, and a part of the programmes offer support for victims within their organisation. Thus, it is concluded that the programmes in the survey are following a “system approach” to a quite high degree (Geldschläger, Ginés & Ponce, 2014).

The results showed different types of partnership patterns (see Graphic 1):

- a) PPs established through the initiative of women’s organizations.
The Men’s centres were initiated as projects of the bigger women’s organisations, and developed into semi-autonomous or autonomous centres offering specific PPs.
- b) Different programs - both VSS and PPs – exist within the same organization.
This is a very common model and is encountered in both women’s organisations and men’s centres.
- c) Established partnership between VSS and organisations providing PPs.
Separate programmes cooperating through the referral of the cases.

Graphic 1. Types of Partnership Patterns between perpetrator programmes and specialist women’s support sector



1.6. Treatment for perpetrators: main guiding principles

First, it is important to remark the fact that, around two thirds of the programmes apply group work (eventually mixed with other kinds of intervention); individual counselling is also frequent but group work is the predominant way of intervention. Other approaches are less frequent (e.g. couple counselling, mediation).

Concerning the “dose” of treatment, there is a lot of variation across programmes, with the majority of programmes in the area of 14 to 52 sessions, and 14 to 52 weeks duration. Concerning the working approach of the programmes for their concrete work with perpetrators, most programmes are in the area of Cognitive-Behavioural Therapy (CBT) and a psycho-educational approach. Together with combinations of CBT, psycho-educational or a Duluth-like approach, two thirds to three fourths of the programmes have such a basis. For the US, Gondolf (2012) speaks of two major categories of approaches in the field of work with perpetrators: c-

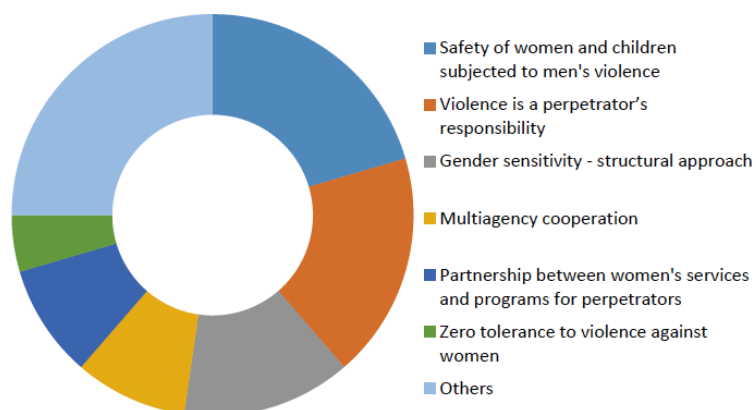
behavioural and psychodynamic approaches (respectively the “new psychology”-approach), each approach being very diversified in itself. In the European case, we see a variety of approaches, sometimes combining elements from different approaches (Geldschläger, Ginés & Ponce, 2014).

In what follows the main guiding principles stated by programmes will be summarized.

The majority of programmes emphasised safety of **women and children subjected to men’s violence as being one of the main guiding principles of their work (see Graphic 2)**. For instance, Move Ireland sees victim safety and “wellbeing of women and their children, who have experienced violence and abuse” as a core aim of the organisation. Placing victim safety at the centre does not only mean effective risk assessment and safety planning, support, and protection of women and children, it also means securing and prioritising funding for VSS both on the organisational level and on municipal/state level. Thus, Unizon (Sweden) underlines that “if resources are limited the funding for support work for women and children should be given the first priority”. By highlighting the importance of victims’ safety, the member organisations show that it should not be forgotten in perpetrator work or in the public discourse on men’s violence against women and children (MVAW).

Many programmes stated that **violence is a perpetrator’s responsibility**, and the PPs need to challenge the perpetrators to take responsibility for their abusive behaviours and to develop non-abusive relationships based on mutual respect. They consider the question of responsibility as a core question of the perpetrator work that goes hand in hand with the issue of victims’ safety.

Graphic 2. Main guiding principles



In this regard the Caledonian System (Scotland) brings up an example of men’s violence against children arguing that, while attempting to meeting the needs of children affected by men’s abuse, the focus should be on the perpetrator’s – father’s – responsibility instead of the mother’s failure to protect.

If the focus on the father and his responsibility is missing, the wrong message is given and the problem of violence is not addressed. As the Association of Citizens “Buducnost” (Bosnia and Herzegovina) puts it, “the perpetrator should adopt self-control of behaviour, take responsibility and understand that he has a problem, acquire the skills of non-violent problem-solving and change the beliefs that lead him to violence”. Unizon (Sweden) emphasises the role and importance of language – how we talk about MVAW and how MVAW is pictured in the public debate. Neutral language (“violent homes”, “family drama”, “domestic dispute”, etc.) and focus on victims instead of perpetrators (“One in four girls experience sexual abuse”) shift the focus from perpetrators making them “invisible”.

Gender sensitivity is the third main guiding principles in work with perpetrators against violence. MVAW is a structural problem and a gendered issue – it is a form of discrimination of women in society. Thus, according to the Crises Center Mobile in co-operation with Psychotherapy Training and Research Centre, University of Jyväskylä (Finland), “the way we think about ourselves and others in a gendered way have a definite impact on how we behave and understand others’ behaviour and intentions”. With that in mind they connect gendered

identity constructions and violence behaviour in their PP. Men of 21st century – M21 (Russia) sees the main cause of violence in gender stereotyping and undermining of the role of women, and therefore the work with gender stereotypes is an important component of their PP. Moreover, a gender sensitivity and equal approach is not only important for the organisations' core work with the target groups (women and children subjected to men's violence, perpetrators); it is central for their organisational culture, systems, staff policies and work methodologies.

Multiagency cooperation for the effective work with DV is the following main guiding principle emphasised by programmes. MVAW is a structural problem of the society, and systematic work on different levels, including legal framework, preventive and protection measures, is a key to tackle MVAW. Creating strong links with other non-governmental organisations working with survivors of violence and perpetrators, with health services providers, probation services, police and other local authorities help develop a better environment for tackling the issue of MVAW. Moreover, as MEND (Ireland) points out, "it helps (them) know what (their) place is in the response to domestic violence". As a result, they do not "take on more than (they) can handle".

Partnership between women's services and programs for perpetrators is seen the fifth most important principle in addressing DV. Cooperation between PPs and women's and children's services is considered highly important in order to ensure victims' safety as well as to achieve an integrated approach to cases of DV. Thus, Men of 21st century – M21 (Russia) points out the importance of conducting risk evaluations in a constant contact with a counsellor from a crisis centre for women that works with victims. In Austria, where the Domestic Violence Intervention Center works in partnership and close cooperation with the Men's Centre, the work of the PP and the women's specialised support services (WSS) is always presented together which reflects the accountable way of their cooperation making WSS more visible. A partnership is crucial as it shows that perpetrator organisations respect specialist women's organisations as equal partners and value their expertise concerning forms of violence against women, women's oppression and discrimination and concerning the principles of safety and empowerment.

Zero tolerance to VAW as the last main guiding principles stated. As the Association of Citizens "Buducnost" "Our goal is to stop the violence, not to (Bosnia and Herzegovina) puts it, a clear and unequivocally expressed political will and engagement of the entire society in (Russia) prevention and reaction on gender-based violence (GBV) are of a crucial importance its citizens' rights and freedoms.

Among other guiding principles named by the respondents are the following:

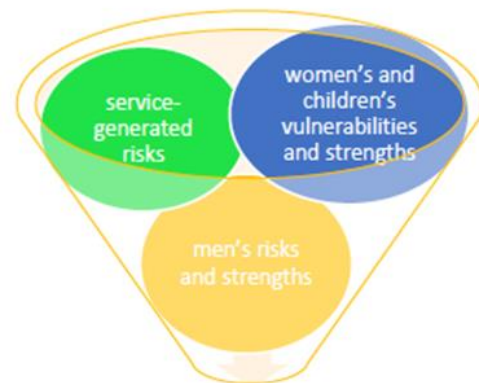
- fighting against violence of any kind (not only men's violence against women);
- minimising negative effects of war and building peace;
- counsellor neutrality;
- mutual respect;
- client-centred approach with focus on client's individual needs and rights;
- partnership between women and men in addressing MVAW;
- non-discrimination and mutual respect between counsellor and client;
- minimum standards for programs addressing perpetrators;
- integrated approach with counselling, advocacy and decision making at hand for survivors of violence;
- psychotherapeutic approach;
- prevention of DV.

2. Examples of best practices

2.1. Partnerships between perpetrator programmes and specialist women's support sector.

- **PPs established through the initiative of women's organisations.**
 - a) Association of Citizens "Buducnost" (Bosnia and Herzegovina): Men's centre cooperation with the women's counselling centre and the safe house for victims of DV. Both services develop joint follow-up visits to the house of the couple when the woman decides to return to her abusive husband.
 - b) Albania: Case management sharing. The cooperation is based on the coordination of service provisions for perpetrators and victims.
 - c) Men of 21st century – M21 (Russia): The cooperation between PPs and VSS is based on different approaches:
 - Share the clients referring (perpetrators & victims) to each other and when possible work on cases together sharing information and evaluating risk and performances;
 - They support each other on capacity building and sharing knowhow:
 - M21 seeks the crisis centre's expertise on how to motivate M21's clients while the Crisis Centre for Women needs M21's help and advice in regard to risk evaluation.
 - Crisis centre "tell (M21) about feelings and emotional experiences of victims which (M21) discusses with (their) clients".
 - Cooperation is based on joint activities to enhance the visibility of the problem of DV, development of joint projects, trainings as well as methodological materials & standards
- **Different programmes - both VSS and PPs – exist within the same organisation.**
 - a) Association NAIA (Bulgaria): supports victims of DV providing social, psychological and legal assistance as well as applying the programme for work with perpetrator of DV. The partnership work between the two programmes is implemented through the development of couple's therapy when the case demands it or when it is required by other institutions to work with the whole family (especially when children are involved).
 - b) Caledonian System (Scotland): fully integrates services for men, women and children. The three parts of the services are managed within the same structure. Any system of domestic abuse intervention needs to address three distinct clusters of factors (see Graphic 2):
 - men's risks and strengths – through men's PP to assess and address men's risks and to build on their strengths;
 - women's and children's vulnerabilities and strengths – through women and children services to aim to understand and address women's and children's vulnerabilities and increase their strengths; and
 - service-generated risks – through effective protocols for multi-agency working.

Graphic 3. Service Integration Caledonian System



The system is at its most effective where all the three clusters are addressed through the integrated services.

The integration occurs at many levels:

1. The funding of the different services all comes from the Scottish Government;
 2. The workers are managed through the same line management structure;
 3. In most areas women's workers share an office space with men's workers;
 4. Men's workers and women's workers meet formally to discuss all families they are working with on a regular basis;
 5. Information given by women informs the work with men based on a very clear practice in relation to confidentiality and safety. The WSS provides:
 - safety-planning,
 - support and advocacy services to women being subjected to violence.
 - women feedback on progress made by the men or absence of any progress, as well as on the developments in their own lives, especially in terms of their access to justice, autonomy, rehabilitation/recovery and safety.
- **Established partnership between VSS and organisations providing PPs – Separate programmes cooperating through the referral of the cases.**
- a) Anti-Violence programme in Vienna (Austria) is carried out in partnership between the Domestic Violence Intervention centre and Men's Centre, which means, "that the programme is run together and the decisions are carried out jointly".
 - b) Domestic Violence Intervention Centre (Austria): principle that "partnership does not exist without equality". The Anti-Violence programme is carried out in partnership and together with the Men's Centre that means that:
 - The programme is managed together by both centres and
 - Both decide together on admission to – and termination of – the programme.
 - The programme is presented together by the Domestic Violence Intervention Centre and Men's Centre in order to make the partnership approach visible and avoid the devaluation of women's work.

2.2. Victim safety work

➤ **The approach of the organisations that combine PPs and VSS**

It can be generally referred to as being victim-centred which means that safety of women and children suffering from men's violence, their concerns and needs are the first priority in all work plans, actions and measures of these organisations.

For instance, the Association of Citizens "Buducnost" (Bosnia and Herzegovina) have developed complex and structured work in order to guarantee safety of women and children. Their shelter is equipped with video cameras and security guards watch the shelter at night. Moreover, the organisation has well-established and efficient cooperation with the police.

In Croatia, The home for juvenile and victims of domestic violence "Duga Zagreb" provides individual support to victims of DV while their perpetrators are enrolled in PPs. The main focus of this work with victims is risk assessment and safety planning.

SPAVO (Cyprus) also offers shelters, face-to-face counselling and a 24/7 helpline. Women's and children's safety is always "at the forefront of case planning, decision making and intervention" in the organisation. As well as the counselling and psychotherapy provided for women and children, the women receive help with job seeking, search for accommodation and new schools for their children.

MOVE Ireland prioritises direct contact and open cooperation with victims. They carry out safety planning together with victims and, at the same time, they focus on outlining and explaining the dynamics of DV that can be empowering for women and can help them better understand what they have been through, and who is responsible for violence.

The Association NAIA (Bulgaria) provides support to victims of DV through social, psychological and legal assistance. NAIA points out the importance of inter-sectoral/multiagency cooperation, especially when it comes to children's safety.

In Albania, the organisation Woman to Woman develops individual safety plans for victims in each and every case they deal with. The safety plan includes risk analysis, general circumstances

of women's life as well as future safety plans. "A victim safety plan is not limited only to reducing physical violence, but also help ensure basic human need, medical care, emotional wellbeing, social integration".

➤ **Established partnership between VSS and organisations providing PPs,**

Domestic Violence Intervention Center (Austria) represents the established partnership between VSS and organisations providing PPs, and their approach to victim safety work is similar to the one described above. At the same time they underline that, "safety of survivors means more than risk assessment and safety planning". Primarily, it means providing support to survivors, empowering them and giving them "tools" to be able to live a life independent from their perpetrators. Similarly to SPAVO (Cyprus) the Domestic Violence Intervention Center/Anti-Violence Programme (Austria) works a lot with psychological support and empowerment of women and children subjected to men's violence, financial and legal support, employment, housing, residence status, etc.

➤ **Organisations providing PPs and practicing referral of cases to VSS**

When it comes to the organisations providing PPs and practicing referral of cases to VSS, the main starting point in their victim safety work is perpetrators' responsibility for violence.

Crises Center Mobile in co-operation with Psychotherapy Training and Research Centre, University of Jyväskylä (Finland) starts their programme with an individual session for offenders in the Crises Center Mobile. Victims are being contacted by the crises centre workers and offered wither individual or group meetings. While men are enrolled in the PP, their partners are interviewed in the beginning of the programme, then once after half a year as well

as at the end of the PP. All interviews are conducted by the Psychotherapy Training and Research Centre. Two-year follow-up interviews are then conducted both with the victims and the offenders. The important thing to note here is that informing the victim about the nature of violence, as well as the PP that her offender is enrolled in, takes the burden of responsibility for violence from the victim.

By addressing perpetrators and defining their responsibility for violence through counselling Men of 21st century – M21 (Russia) aims at stopping violence so that women and children can live in safety without "a constant sense of fear and anxiety".

Diaconia of the ECCB – The Centre of Christian help in Prague (Czech Republic) underlines that perpetrators of DV must be held accountable for their behaviour. They provide long-term psychotherapy to perpetrators as it takes a long time to motivate them to accept their responsibility for violence, and they see that this long-term work leads to more significant results.

As the largest national association for women shelters and crisis centers in Sweden, Unizon works a lot to ensure high level of safety for women and children coming in contact with its member organisations. Thus, Unizon regularly organises trainings in risk assessment and victim safety planning for the local member organisations' personnel and volunteers. A certain sum of money is allocated in Unizon's budget each year for a so-called "Crisis Management Fund" so that the local member organisations can apply for urgent funding in cases of emergency. Moreover, one of the goals of Unizon's advocacy work, on both national and regional levels, is to make authorities prioritise the safety of women and children subjected to men's violence.

FJC Antwerp (Belgium)'s work on safety planning is done during direct contact with the victims. They also provide intensive case management when the risks to women's and children's lives or safety is high.

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