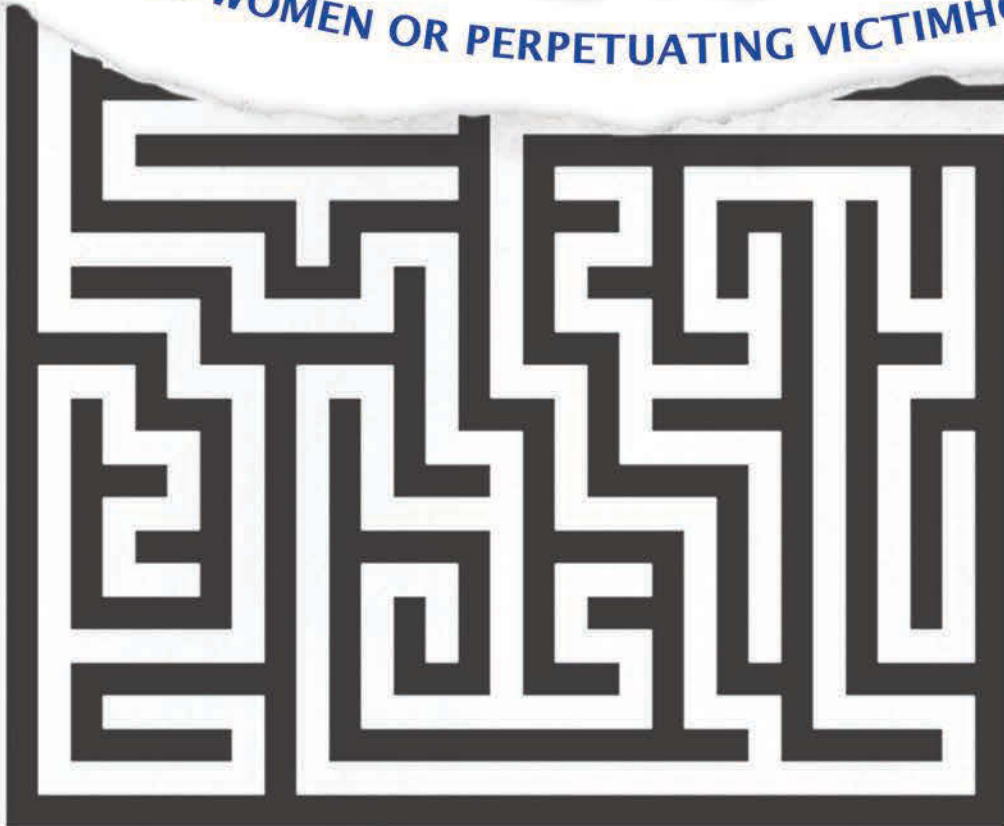


EMPOWERING WOMEN OR PERPETUATING VICTIMHOOD



**MINORITY ETHNIC AND ROMA WOMEN'S EXPERIENCES
OF DOMESTIC VIOLENCE POLICY AND SERVICE PROVISION**



Empowering Women or Perpetuating Victimhood: Minority Ethnic and Roma Women's Experiences of Domestic Violence Policy and Service Provision

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**Empowering Women or Perpetuating Victimhood:
Minority Ethnic and Roma Women's Experiences of
Domestic Violence Policy and Service Provision**

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The organisations and people who provided support for the research are listed in Annex II.

The European Union's DAPHNE programme aims to prevent and combat all forms of violence against children, young people and women. It also aims to protect victims and groups at risk to attain a high level of physical and mental health protection, well-being and social cohesion throughout the European Union. It takes as its basis the view that such violence is not acceptable and is a violation of human rights..

Regrettably, there is still a need for such a programme as this report clearly demonstrates. Looking at the experience of women from ethnic minority and Roma backgrounds in both the UK and Hungary, the report shows how stereotyping and racism contribute to women not being able to access adequate protection: that protection often focuses on the judicial route alone and does not fully address the needs of women and their children to establish their lives independently. Expert, more specialised services are important in supporting women who may be particularly vulnerable due to their immigration status or community attitudes. However, there is also a need for better training, both to raise awareness more generally as well as to provide specific support within a coherent and consistent policy framework.

This report works from the individual experience through to policy recommendations for the national and EU levels. In a time of budget stringency, when domestic violence is only too likely to increase as economic pressure mounts within households, it is even more important to work on prevention and to ensure that the services provided are as effective and supportive as possible. This excellent report should be read and acted upon by all service providers.

Jean Lambert MEP

INTRODUCTION

1.1 Project Background

This report presents the findings of research funded by the European Commission's Daphne Programme. This research is part of a larger set of interconnected activities, which functioned at four levels:

Undertaking research to map national policies and legislation on Domestic Violence (DV) in order to identify similarities and differences between the two partner countries, the UK and Hungary. The scope of the research was extended to include a mapping of Polish and Bulgarian DV legislation;

Collecting and analysing data relating to the direct experiences of survivors, in order to identify gaps in service delivery;

Developing and piloting training modules for service delivery agencies working directly with, or likely to come into contact with, survivors of DV;

Proposing recommendations based on project activities which will contribute to raising awareness of DV issues through different mediums such as publications, partner websites and a final conference. The main objective of the research is to identify gaps in national and international legislative frameworks and policies in addressing the needs of minority ethnic and Roma women experiencing DV, and the barriers facing them in accessing help and support.

The research covers primary data collection in United Kingdom (UK) and Hungary and desk research into Bulgaria and Poland, in order to provide a comparative understanding of the development of DV policies and services in these countries. Effectiveness of policies and services is evaluated by analysing the experiences of DV survivors from minority ethnic and Roma communities.

The report is based on the premise that violence against women (VAW), including DV, is a form of gender inequality. While being a consequence of historical inequalities between men and women, it also 'serves to reinforce discrimination, preventing women from exercising their rights and freedoms on a basis of

equality with men' (Amnesty International, 2004). Violence in the family, gendered socialisation processes, the gender pay gap, racism, essentialist stereotypes of particular groups, Islamophobia (especially since 9/11), heterosexism, and the gendered impact of particular immigration policies are interconnected, and inform minority ethnic and Roma women's experience of and responses to violence. Due to this intersection of multiple inequalities, minority ethnic and Roma women's experiences of DV is exacerbated compared to that of white women (Corsi et al., 2008).

International human rights documents reaffirm that all human rights - civil, cultural, economic, political and social, including the right to development - are universal, indivisible, interdependent and interrelated.¹ The barriers and discrimination which marginalises particular groups can only be tackled by recognising, (i) the intersectional nature of minority ethnic and Roma women's experiences of violence, and (ii) that the strategies to eliminate all forms of violence and inequalities are part of, and connected to, the struggle to eradicate VAW.

"Many women face additional barriers to the enjoyment of their human rights because of such factors as their race, language, ethnicity, culture, religion, disability or socio-economic class or because they are indigenous people, migrants, including women migrant workers, displaced women or refugees. They may also be disadvantaged and marginalised by a general lack of knowledge and recognition of their human rights as well as by the obstacles they meet in gaining access to information and recourse mechanisms in cases of violation of their rights."

(Beijing Platform for Action, para. 226)

¹United Nations, (1993), World Conference on Human Rights, Vienna, 14-25 June 1993, Vienna Declaration and Programme of Action, A/CONF.157/23; Beijing Declaration and Platform for Action, Fourth World Conference on Women, 15 September 1995, A/CONF.177/20 (1995) and A/CONF.177/20/Add.1 (1995).

The report is outlined as follows:

Chapter 1 provides an introduction to the report with a discussion on the definitions of key concepts including DV, VAW, minority ethnic women and multiple discrimination.

Chapter 2 analyses regional and international mechanisms including the United Nations, Council of Europe and EU in relation to women's rights, equality and discrimination and protection mechanisms for women experiencing violence. Policies aimed at eliminating discrimination against minority ethnic women are also discussed in this section.

Chapter 3 presents an overview of legislation and policies on VAW, including DV, in Bulgaria, Poland, Hungary and the UK. This section concludes with a comparative assessment of the VAW legislation and policies in these countries, and a discussion on the impact of EU legislation on the development of these policies.

Chapter 4 provides an analysis of the fieldwork findings in the UK. The themes include forms of violence experienced by the research participants, their contacts with statutory agencies and voluntary organizations, and the barriers facing minority ethnic women in getting the help they need.

Chapter 5 outlines the main findings of the field research carried out in Hungary with Roma women experiencing DV. It provides an analysis of the issues facing Roma women in accessing help, and the experiences of frontline officers in responding to DV survivors and implementing laws and policies.

Chapter 6 concludes the report with a discussion of general findings, as well as policy and service recommendations addressed to the EU, the UK Government and the Hungarian Government.

1.2 Conceptual Framework

1.2.1 Definition of Domestic Violence and Violence Against Women

This research conceptualises DV within the VAW framework. The definition of VAW adopted in this research is based on the UN's definition:

*"The term "VAW" means any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life." It includes "physical, sexual and psychological violence occurring in the family, including battering, sexual abuse of female children in the household, dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence and violence related to exploitation."*²

DV can take a variety of forms and includes not only specific acts of violence but can form an ongoing pattern of controlling behaviours, what has been termed 'coercive control' (Stark, 2007). Early definitions of DV focused on violence by intimates – partners or ex-partners. Following criticism from transnational feminists and minority ethnic women's organisations, the definition of DV has been expanded to incorporate abuse within a range of non-cohabiting relationships, including extended family, and those resident in the same household (United Nations, 2008). In accordance with this definition, in this research, DV is understood as a gender specific phenomenon whereby violence by partners, husbands and other family members is addressed.

Analysis of early statistics on DV often concluded that no class, race or nationality of women were exempt from it, in an attempt to emphasise commonality in women's experience of gender-based violence and to make the case for feminist solidarity. Over the past two decades, transnational feminists have increasingly questioned this assumption of commonality and emphasised the need to also recognise the diversity in

²Beijing Declaration and Platform for Action, U.N. Fourth World Conference on Women, U.N. Doc. A/CONF.177/20 (1995) & A/CONF.177/20/Add.1 (1995).

women's experience of violence, in the state's responses to this violence, and in women's ability to access help and support (Mama, 1990). It is only recently that individual countries in the West and the UN have responded to campaigning by minority women's groups and included specific forms of violence in their definitions of VAW, such as forced marriage, so-called 'honour' based violence and female genital mutilation (FGM).

Though the recognition of the particular forms of violence faced by diverse groups of women worldwide is a welcome step forward, there remain several problems with the recent expansion in the UN's definition of VAW. The UN's formulation of the term 'harmful traditional practices' is criticised by Winter et al. (2002: 72) for its underlying assumption that the "metropolitan centres of the West contain no 'traditions' or 'culture' harmful to women, and that the violence which does exist there is idiosyncratic and individualized rather than culturally condoned."

1.2.2 Minority Ethnic Women and Multiple Discrimination

There is no recognised Europe-wide definition of ethnic minorities or minorities in general. However 'minority ethnic communities' have been defined as people who do not belong to the ethnic majority (Corsi et al., 2008). Being defined as the 'other' to the majority is not simply based on the categories of race, ethnicity, religion or language, but on the social and economic structures and relations which marginalise particular communities. This research focuses on how categories of race, ethnicity, religion, language or culture influence one's access to services and enjoyment of rights.

Within particular communities there are internal differentiations of class, status, educational attainments, religion, which belie any attempt to categorise them in homogeneous terms. Specific histories of the minority communities such as that of migration or colonialism also shape their experiences.

As discussed earlier, the UN definition of VAW, and the approaches of particular countries have sought to understand minority ethnic and Roma

women's experiences of DV with regard to notions of culture and religion. Such essentialist monocausal explanations lead to stereotyping of entire communities, and perpetuate racist attitudes towards particular communities – attitudes which make it harder for women to access services. As Sokoloff and Dupont (2005) point out, "although culture is crucial to understanding and combating DV, we cannot rest on simplistic notions of culture". They argue that "rather we must address how different communities' cultural experiences of violence are mediated through structural forms of oppression such as racism, colonialism, economic exploitation, heterosexism and the like."

Research documents how women from ethnic minorities experience a greater risk of social exclusion and poverty than ethnic majority women, especially in accessing employment, education, health and social services. These women also face greater discrimination than both men within their communities, and women outside their communities (Corsi et al., 2008). This inequality and discrimination also characterizes the DV experiences of minority ethnic and Roma women in Hungary and in the UK. In order to address these multiple forms of discrimination and inequality, an intersectional analysis is employed in this research.³

Intersectionality differs from the additive model of oppression, which presents minority ethnic women as subject to racial and gendered double discrimination (Brah and Phoenix, 2004). Intersectionality refers to the manner in which structural inequalities including gender, race, class, immigration status, etc. converge to create qualitatively different experiences of subordination for particular groups of women (Crenshaw, 1991). Their experience of oppression is not the sum of its parts, as implied by the concept of 'double discrimination': the oppressions are simultaneous and interconnected (Crenshaw, 1991).

³The concept of 'intersectionality' was first used by Kimberlé Crenshaw (1991), and became the basis of many discussions addressing multiple discrimination faced by minority ethnic women.⁴The research is restricted to England and Wales.

1.3 The Research Design and Methodology

This project employed two investigation methods: desk research and field research.

Desk research included a literature review and analysis of relevant legislation and policies in regional and international mechanisms, namely the United Nations, EU and Council of Europe. At individual country level, four member states of the EU - Bulgaria, Hungary, Poland and the UK⁴ - were included in the research to gain an understanding of the dynamics affecting the development of DV policies in different EU member states. The research in Hungary and in the UK was more comprehensive than that in Poland and in Bulgaria, which were included to provide a wider context for the field research. Although most of the EU member states ratified international conventions regarding VAW, and enacted laws and policies in this respect, there are still serious discrepancies at the legislative and implementation levels. The UK being an established EU country, Hungary and the Poland first accession countries (since 2004) and Bulgaria a second round accession country (since 2007), this research aims to assess the VAW legislation in these countries and the impact of the EU on the development of their legislation and policies. In addition to the legislation and policy documents, a review of other relevant research and articles on the issue was carried out.

Field research was undertaken in Hungary and in the UK, where the partner organisations are located. The aim of the field research was to document and analyse DV experiences of minority ethnic and Roma women, their patterns of help seeking and the barriers facing their access to DV support services. Depending on the sample group and the context of the countries, different methods were used in Hungary and in the UK. In both countries, qualitative research methods, including in-depth interviews and focus groups, were employed with a total of 100 minority ethnic and Roma women.

⁴The research is restricted to England and Wales.

DOMESTIC VIOLENCE LEGISLATION AND POLICIES IN REGIONAL AND INTERNATIONAL CONTEXT

Over the past two decades, the international community has taken unprecedented steps to address VAW. This section examines the developments in the United Nations, EU and Council of Europe on the protection of women from violence, and member states' international obligations in prevention of VAW. The standards set through these international mechanisms provide a useful model for national systems, where significant differences remain in the approaches towards the problem of VAW. This section will also provide an overview of the specific provisions on protection of minority ethnic and Roma women's rights at the international level.

2.1 United Nations (UN)

2.1.1 Introduction

The recognition that DV is a human rights violation under international law is an outcome of decades of work by women's rights activists around the world. Despite being one of the most pervasive and prevalent human rights violations, with severe consequences for the lives of women and children (Krug et al., 2002), it is only since the beginning of the 1990s that the issue has started to be addressed comprehensively at regional and international level, and has begun to be mainstreamed into the global human rights agenda. The silence on VAW, and more broadly on women's rights on the international arena, is closely linked to the absence of a gendered approach in international decision making processes (Hearn and McKie, 2008). Gendered roles in society and invisibility of the issue due to lack of reporting and support mechanisms also contributed to this silence. Consequently, women's issues were located in the private sphere, perceived as

domestic or cultural issues, and excluded from general human rights documents. Charlesworth attributes this neglect to a perception of women's rights as a distinct issue in contrast to men's rights, which have been perceived as a generic issue (Charlesworth, 1995; also see, Chinkin, 1995).

Though mainstream human rights policy documents are now written in gender-neutral language, critics argue that they have continued to ignore the application of human rights norms to women, citing the presumptions and omissions about gender that inform the processes of policy formation and implementation (Beasley and Thomas, 1994; Charlesworth, 1993; Hearn and McKie, 2008). This is mainly because the historical, structural and institutional conditions of women's subordination have not been taken into account in the policy process. Thus, where gender neutral human rights standards may be sufficient for the exercise of men's rights, these standards have not enabled women to exercise their rights due to the structural discrimination against women and gendered imbalance of power (Beasley and Thomas, 1994; Charlesworth, 1993; Hearn and McKie, 2008). Particularly, specific groups of women such as those from minority ethnic and Roma communities, refugee and migrant women, and LGBT women face further difficulties and discrimination which prevent them from enjoying their internationally recognized rights. Women's groups and campaigners have advocated the need to have separate mechanisms and treaties for promotion of women's rights, and for the rights of particular groups of women.

Table I Key UN Human Rights Documents on Elimination of VAW

Date	Name	Description	Ratification
1948	Universal Declaration of Human Rights (UDHR) A/RES/217 A (III)	Non-binding UDHR is the first document which sets forth basic human rights to which all people are entitled.	
1965	International Convention on the Elimination of All Forms of Racial Discrimination (ICERD) A/RES/20/2106	Binding ICERD is an international treaty designed to protect individuals from discrimination based on race. The treaty does not make explicit reference to women, but it is a core international text for the protection of women who suffer from discrimination based on their race and gender.	173 countries including Bulgaria, Poland, Hungary and the UK ratified this.
1966	International Covenant on Civil and Political Rights (ICCPR) A/RES/21/2200	Binding ICCPR is an international treaty which sets forth the civil and political rights of individuals, including the right to life, freedom of religion, freedom of speech, freedom of assembly, electoral rights and rights to due process and a fair trial. Article 3 of the ICCPR requires States parties to ensure the equal right of men and women to the enjoyment of all civil and political rights provided for in the Covenant.	166 countries including Bulgaria, Poland, Hungary and the UK ratified this.
1966	International Covenant on Economic, Social and Cultural Rights (ICESCR) A/RES/21/2200	Binding ICESCR is an international treaty which sets forth basic economic, social and cultural rights including labour rights and rights to health, education, and an adequate standard of living. Article 3 of the ICESCR requires States parties to ensure equality of men and women in the enjoyment of all human rights is enshrined in the treaty.	160 countries including Bulgaria, Poland, Hungary and the UK ratified this.
1967	Declaration on the Elimination of Discrimination against Women A/RES/2263 (XXII)	Non-binding DEDAW is a declaration adopted by UN General Assembly outlining basic rights of women. DEDAW is an important precursor to the CEDAW.	
1975	1st UN World Conference on Women, Mexico City, 19 June-2 July 1975	Gender equality and elimination of gender discrimination constituted a key issue at this conference. It led to the establishment of the International Research and Training Institute for the Advancement of Women (INSTRAW) and the United Nations Development Fund for Women (UNIFEM). As a result of this conference, 1975 was announced as the international Women's Year, which paved the way for the UN Decade for Women between 1975 and 1985.	

Date	Name	Description	Ratification
1979	<p>Convention on the Elimination of All Forms of Discrimination Against Women A/RES/34/180</p>	<p>Binding CEDAW is an international treaty adopted by the United Nations General Assembly. The Convention addresses all forms of discrimination against women, which it defines to include “any distinction, exclusion or restriction made on the basis of sex . . . in the political, economic, social, cultural, civil or any other field.”</p>	<p>186 countries including Bulgaria, Poland, Hungary and the UK ratified this.</p>
	<p>General Recommendations to CEDAW</p>	<p>Non-binding The CEDAW does not directly address VAW. In 1989 and 1992, the general recommendations 12 and 19 were adopted which calls the States parties to prevent and investigate VAW; to prosecute and punish perpetrators; and to ensure access to remedies, as well as support and services for victims.</p>	<p>147 countries including Bulgaria, Poland, Hungary and the UK ratified this.</p>
1984	<p>International Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment A/RES/38/119</p>	<p>Binding Convention against torture is an international human rights instrument which commits States parties to prevent any acts of torture under their jurisdiction and to take effective measures. Binding</p>	
1989	<p>Convention on the Rights of the Child (ICRC) A/RES/44/25.</p>	<p>ICRC is an international human rights instrument which sets forth the civil, political, economic, social, and cultural rights of children. Article 19 obliges the States parties to take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation.</p>	<p>193 countries including Bulgaria, Poland, Hungary and the UK ratified this.</p>
1993	<p>Vienna Declaration and Programme of Action from the World Conference on Human Rights</p>	<p>Non-binding In the Vienna Declaration and Programme of Action, governments declared that the United Nations system and Member States should work towards the elimination of VAW in public and private life; of all forms of sexual harassment, exploitation and trafficking in women; of gender bias in the administration of justice; and of any conflicts arising between the rights of women and the harmful effects of certain traditional or customary practices,</p>	

Date	Name	Description	Ratification
1993	Declaration on the Elimination of Violence against Women (DEVAW) A/RES/48/104	<p>Non-binding</p> <p>DEVAW is the first international human rights instrument to exclusively and explicitly address the issue of VAW. It affirms that VAW violates, impairs or nullifies women’s human rights and their exercise of fundamental freedoms.</p>	
1995	Beijing Declaration and Platform of Action from the 4th World Conference on Women’s Rights (1995)	<p>Non-binding</p> <p>The Platform for Action reaffirms the fundamental principal that the rights of women and girls are an “inalienable, integral and indivisible part of universal human rights.” The Platform for Action also calls upon governments to take action to address several critical areas of concern including VAW. It also requires all governments to develop strategies or national plans of action with which to implement the Platform locally.</p>	
1999	Optional Protocol to Convention on the Elimination of All Forms of Discrimination against Women A/RES/54/4	<p>Binding</p> <p>The Optional Protocol allows individuals and groups to bring petitions to the CEDAW Committee concerning alleged violations of the Women’s Convention. It also allows the Committee to conduct inquiries into grave or systematic violations of the rights of women as spelled out in the Convention.</p>	99 countries including Bulgaria, Poland, Hungary and the UK ratified this.
2006	Convention on the Rights of Persons with Disabilities (CRPD)	<p>Binding</p> <p>CRPD is an international human rights instrument which aims to protect the rights and dignity of persons with disabilities. The Convention acknowledges that women and girls with disabilities are often at greater risk, both within and outside the home of violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation and it calls the States parties take measures to ensure full and equal enjoyment by them of all human rights and fundamental freedoms (Article 6).</p>	94 countries including Hungary and the UK ratified it. Bulgaria and Poland signed but have not ratified this yet.

2.1.2 Monitoring of Compliance with International Obligations

While there has been considerable progress in drafting international legal instruments dealing specifically with women's rights, implementation of these instruments have not been effective for a variety of reasons, including lack of resources, and lack of decision-making and implementation power, particularly until the 1990s.

A significant step has since been taken to change this with the establishment of a composite UN entity bringing together the mandates and assets of existing UN bodies working on women's rights. It is hoped that this new body, United Nations Women, will be stronger and more effective with increased decision-making power, increased budget and resources.⁶ One of the most important monitoring mechanisms is the CEDAW Committee which has examined over 400 reports since its establishment in 1982. According to the UN Division for Advancement of Women, 89 states currently have some legislative provision on VAW, including 60 States with specific DV laws, and a growing number of countries have instituted national plans of action to end VAW. The CEDAW Committee has also made recommendations for states to amend and strengthen their laws, to ratify international instruments, to introduce institutions and mechanisms for the implementation of laws, and for provision of support and services for victims/survivors. However, lack of compliance in practice remains a major concern.

This lack of compliance indicates that international human rights legislation itself is not at present sufficient for the eradication of VAW. The effectiveness of this legislation particularly depends on cooperation with grassroots women's movements, NGOs and local networks which play a crucial role in lobbying governments and pressurising them to implement the law. As Montoya argues, "with increased strength, not only do local advocates provide the information and monitoring necessary for international organisations to remain engaged, but these groups can also serve as a policy filter" (Montoya, 2009).

⁵United Nations, (1992), General Recommendation 19: VAW, Committee on the Elimination of Discrimination Against Women, 11th Sess., U.N. Doc. A/47/38

⁶United Nations Women (UN Women) is a newly created entity to oversee all of the UN's programmes aimed at promoting women's rights and full participation in global affairs. For further information please see, [http://www.un.org/apps/news/story.asp?NewsID=35224&Cr=gender&Cr1](http://www.un.org/apps/news/story.asp?NewsID=35224&Cr=gender&Cr1;); <http://www.un.org/apps/news/story.asp?Cr=women&Cr1=&NewsID=35912>

Brief History of Women's Rights at the UN

1946 Commission on the Status of Women

The Commission on the Status of Women (CSW), established in 1946, is an intergovernmental body which formulates and oversees policies to ensure advancement of women. Though marginalised within the UN, its focus has been on women's political rights, equality within marriage, women's economic rights, and from late 1980s, on VAW.

1979 Declaration and Convention on the Elimination of All Forms of Discrimination Against Women

Women's rights with regards to non-discrimination were first included in an international human rights framework with the adoption of the Declaration of Elimination of Discrimination Against Women (DEDAW) and the Convention on Elimination of All Forms of Discrimination Against Women (CEDAW). CEDAW, drafted in 1979, is the first document that reinforced the understanding that women's rights are human rights. It extended the coverage of DEDAW by including discrimination against women in all spheres of public and private life. Another main reason for CEDAW representing a breakthrough is that it is legally binding for member states, who have to present periodic reports on the policies aimed at improving women's status and the elimination of discrimination against women. With the adoption of the Optional Protocol to CEDAW, a Committee on Elimination of All Forms of Discrimination Against Women was formed, which monitors and enforces states' implementation of their duties to protect and enhance women's rights.

1975 - 1985 UN Decade for Women

Alongside international declarations and conventions, women's rights and particularly VAW has been addressed in various meetings and conferences at the UN level, with the first World Conference on Women held in Mexico in 1975. The Conference, held in Copenhagen in 1980, adopted a resolution on "battered women and violence in the family" and referred to violence in the home in its final report. The Nairobi Conference in 1985 explicitly acknowledged VAW as a serious obstacle to women's attainment of equality, development and peace.

1989-1992 General Recommendations to CEDAW

There was no explicit reference to VAW in CEDAW. This shortcoming was later corrected with the adoption of General Recommendation 12 in 1989 and General Recommendation 19 in 1992 by the Committee on the Elimination of Discrimination Against Women which monitors the implementation of CEDAW. General Recommendation 19 states that “discrimination includes gender-based violence” and that “gender-based violence is a form of discrimination that seriously inhibits women’s ability to enjoy rights and freedoms on a basis of equality with men.”⁵ Following that, the Committee recommended that governments include VAW in their reports, as part of their obligations under the CEDAW.

1992 Declaration on Violence Against Women (DEVAW)

In 1992, with the CSW’s establishment of a special working group to draft a declaration on VAW, and with United Nations World Conference on Human Rights held in Vienna in 1993, considerable progress had been made in urging governments to take the necessary steps towards the elimination of VAW. Following this, the UN adopted a declaration specifically addressing VAW, namely the Declaration on the Elimination of VAW (DEVAW) in 1993. In 1994 Commission on Human Rights appointed a **Special Rapporteur on VAW** to seek and receive information on VAW, its causes and consequences, to carry out field missions and to make recommendations for national, regional and international reforms (Coomaraswamy, 1994).

1995 Beijing Conference

The Beijing Conference in 1995 marked a shift towards a holistic and comprehensive approach to women’s rights with the adoption of a Declaration and a Platform of Action by 189 member states. The Beijing Declaration and Platform of Action reiterated the duties of states in the promotion of women’s rights and reaffirmed the decisions taken in the **1993 Vienna World Conference on Human Rights**, that the human rights of women are an inalienable, integral and indivisible part of universal human rights. Going beyond that positive affirmation of equality rights found in earlier world conferences on women, the Beijing Conference specifically identified and condemned violations of those rights and demanded accountability for such violations (Gaer, 2009).

2.2 European Legislation on Violence Against Women

2.2.1 Introduction

The issue of VAW has been addressed at EU level through non-binding recommendations, resolutions and campaigns.

The fundamental human rights mechanism in Europe is the European Convention on Human Rights (ECHR) which sets out fundamental human rights and freedoms. The convention guarantees equal enjoyment of the rights without discrimination (Article 14) on any ground such as sex, race, colour, language, religion, political or other opinion, national or social origin, association with a national minority, property, birth or other status. The states have a positive duty to ensure enjoyment of the rights, protection of human dignity, physical and moral integrity.

Alongside international institutions, regional mechanisms also have a significant role to play in shaping the policies of member states. This section examines the instruments and mechanisms developed by the EU and Council of Europe (CoE) on VAW.

2.2.2 Council of Europe

The main gap at the European level with regards to VAW is the lack of a legally binding convention or treaty. As a response to the pressure from women’s groups, the Council of Europe has intensified its efforts in recent years towards a legally binding convention on VAW.

The Council of Europe addressed VAW explicitly in its **3rd European Ministerial Conference on Equality Between Men and Women** in 1993. At the conference, a working group was formed to create a Plan of Action to combat VAW, which paved the way for various resolutions on VAW in the following years. The most significant and comprehensive resolution adopted by the Committee of Ministers is the **Recommendation Rec (2002) 5 on the Protection of Women Against Violence**, which calls upon the member states to ensure that women’s rights are guaranteed in national law, to exercise due diligence to prevent and punish acts of violence, to encourage participation of men in combating VAW, and to promote research into this issue.

Following the 3rd Summit of the Heads of State and Government of the Council of Europe in 2005⁷, a task force was established to evaluate the progress of different countries against the above aims. In April 2009, the Council of Europe set up the **Ad Hoc Committee on Preventing and Combating VAW and DV (CAHVIO)** to draft a convention on preventing and combating VAW and DV. Recently, in February 2010, the Committee completed the first reading of the Draft Convention.

In its first meeting, the Ad hoc Committee decided to add a fourth aspect to the “three Ps” structure (‘Prevent, Prosecute, Punish’), which highlighted the importance of integrated, holistic and coordinated ‘Policies’. It also emphasised that special needs of particularly vulnerable victims such as migrant, disabled or pregnant women, should be adequately responded to. The Committee emphasises transnational cooperation and suggests an extra-territorial application of the Convention so that victims who are not in the territory of the Parties may also benefit from the protection it offers.⁸

2.2.3 The European Union

The EU has mainly addressed VAW through non-binding initiatives such as campaigns, resolutions and recommendations. For example, in response to the increasing pressure from women’s groups in the 1980s, the EU developed policies on sexual harassment and violence (Williams, 2003). This is closely related to the fact that the EU’s general mandate has been primarily concerned with the economic policies of the member states, and its effect on social policy has remained largely indirect. The EU’s involvement in gender issues has mainly been limited to employment policy.⁹ In terms of gender equality, the EU has adopted thirteen legally binding directives for equal treatment between men and women mainly in the areas of employment, pay and social security, as well as for access to goods and services.¹⁰

In recent decades, it has been possible to observe a move towards wider coverage of VAW, as manifested in the conditions new member states and candidate countries are expected to meet (European Commission, 2002), which has provided opportunities for the women’s movement to lobby for a more proactive position

on VAW (Montoya, 2009). The European Women’s Lobby – the largest network of women’s organisations in Europe – has also been active in shaping the policies of the EU, Council of Europe and UN, and in monitoring the measures against VAW.

The **Lisbon Treaty**, which came into force in 2009 and amended the Treaty on EU, is crucial in its framing of gender equality as a key value and objective of the EU. Gender mainstreaming is obligatory for member states and for the EU, and is to be applied to all policies. Provisions in the Lisbon Treaty on human rights in general, and on gender equality in particular, will also provide a legal basis for member states to act against VAW.

In 2006, the European Commission adopted a **Roadmap for Equality Between Women and Men 2006 - 2010** in which eradication of VAW is identified as one of the six priority areas for EU action on gender equality. The EU has also adopted **EU Guidelines on VAW and Girls and Combating All Forms of Discrimination Against Them in 2008**. In the same year, a **Preparatory Action for Standardisation of National Legislation on Gender Violence and Violence Against Children** was initiated with the aim of mapping, analysing and comparing the VAW legislation and implementation in member states, and to assess the need for a specific EU level instrument. Through this Preparatory Action, the European Parliament asked the Commission to start a process of EU-level harmonisation of legislation against gender violence by proposing provisions to combat and reduce gender violence within the EU.

Following the Preparatory Action, in 2009, the European Parliament adopted a resolution on the elimination of VAW, urging the Council and the Commission to establish a clear legal basis for combating all forms of VAW. The resolution called on the Commission to draw up a more coherent EU policy plan to combat all forms of VAW.

One area of relative success has been the EU’s provision of resources and support for capacity building in member states. The Daphne funding programme has been the EU’s primary mechanism for this, aiming to

⁷Council of Europe, Ministers’ Deputies, CM Documents, CM(2005)80 final 17 May 2005, Action Plan accessible at http://www.coe.int/t/dcr/summit/20050517_plan_action_en.asp

⁸Please see the meeting reports of the Council of Europe, Ad Hoc Committee on preventing and combating VAW and DV (CAHVIO), available at http://www.coe.int/t/dghl/standardsetting/violence/documents_en.asp

⁹The EC Treaty, signed by the six founding countries of the European Economic Community (EEC) in Rome in 1957, enshrined the right to equal pay for equal work for men and women. However the first gender equality directive was adopted in 1975 (Council Directive 175/117/EEC).

¹⁰Beijing + 15: The Platform for Action and the EU Report from the Swedish Presidency of the Council of the EU (2009)

tackle violence against children and young people by taking preventative measures and providing support and protection for victims and groups at risk. Started in 1997, the programme has been providing financial support and capacity building services to NGOs and other organisations. Programmes like Daphne have crucial potential, and can provide important resources as well as the incentive and opportunity for establishing ties across national boundaries in a way that may contribute to increased transnational advocacy and, thus, increased domestic capacity (Montoya, 2009).

Acknowledging the EU's recent efforts to prioritise VAW in the agendas of member states, it must be noted that the lack of enforcement mechanisms prevents a consistent approach across EU nations. As the European Women's Lobby notes, "the fragmented way in which VAW is addressed at EU level is leading to a de-politicisation of the issue" (European Women's Lobby, 2010). There is therefore an urgent need for a legally binding document at the European level, which can then help establish a consistent approach at both regional and international level. In developing such a directive, wide consultation with civil society organisations representative of different women's groups in EU member states is crucial for a comprehensive directive. However, as noted earlier, legal directives are a necessary but far from sufficient condition for the realisation of women's rights.

2.3 Minority Ethnic and Roma Women's Rights in the Context of Regional and International Legislation

As outlined above, there have been significant improvements with regards to the recognition of women's human rights over the last two decades. The assertion that women's rights are human rights has emphasised the gendered nature of the basic human rights framework. However, these successes remain inadequate in protecting the rights of minority ethnic, migrant, refugee, Roma and lesbian, bisexual or trans women. Just as it was argued that specific protection mechanisms are required for women as a social group, it can be argued that generic legislation aimed at securing women's rights does not recognise the specific forms of discrimination that different groups of women such as minority ethnic and Roma women are subjected to. While all women experience the consequences of gender inequality, some women face further barriers owing to the intersection of several factors including discrimination, racism and less

favourable socio-economic status. These differences have not always been reflected in the development of policies at national and international levels, nor within mainstream women's movement, though there is increasing debate (Verloo, 2006).

The UN, Council of Europe and the EU have started to address multiple discrimination against women in various resolutions and recommendations. It must be noted that there is still far to go, as these different forms of discrimination require different measures, approaches, services and research.

Multiple discrimination against minority ethnic and Roma women has found reflection in the international agenda particularly in **United Nations World Conference Against Racism, Racial Discrimination, Xenophobia and Related Intolerance** held in Durban, South Africa in 2001. The Durban Declaration and Platform of Action includes various references to multiple discrimination against women. It states that "The combined effects of racism and gender discrimination on migrant, immigrant, indigenous, minority and marginalised women, in particular, around the world has had devastating consequences for their full enjoyment of equality and fundamental human rights in both the public and private spheres. Discrimination based on ethnicity, race, religion etc. is embedded in the State and social structures and decreases the rights and remedies available to women and increases women's vulnerability to violence and abuse... For instance, victims of DV who belong to marginalised ethnic or racial groups encounter additional obstacles in addition to the physical and psychological harm that affects all battered women (which makes it difficult to break the "cycle" of violence)." The importance of the concept of multiple discrimination has also been recognised in the UN Commission on Human Rights' resolution on the human rights of women, in which recognition of "the importance of examining the intersection of multiple forms of discrimination, including their root causes from a gender perspective"¹¹ is emphasised

The Beijing Platform for Action refers to existing barriers to full equality and advancement faced by refugee and displaced women, as well as immigrant and migrant women¹². In its General Recommendation 25, the CEDAW Committee recognises the differential impact of multiple forms of discrimination on particular

¹¹United Nations General Assembly, Resolution E/CN.4/2002/L.59

groups of women, and reiterates the need for states to take temporary special measures to eliminate this discrimination.

Discrimination against minority ethnic and Roma women is also referred to by the **Committee for Elimination of Racial Discrimination in its General Comment 28**, which focuses on gendered aspects of racial discrimination. Emphasis is placed on the disadvantages, obstacles and difficulties women face in the full exercise and enjoyment of their civil, political, economic, social and cultural rights on grounds of race, colour, descent, or national or ethnic origin¹³. In addition, The **Commission on the Status of Women** organized a panel on 'Gender and all forms of discrimination' at its 45th session in 2001 (Verloo, 2006).

The European Parliament, in its non-binding **2009 Resolution on VAW**, also calls on the member states "to have due regard for the specific circumstances of certain categories of women who are particularly vulnerable to violence, such as women belonging to minorities, female immigrants, female refugees, women living in poverty in rural or isolated communities, women in prison or other institutions, girls, homosexual women, women with disabilities, and older women". It also includes particular references to human rights abuses against Roma women.¹⁴

The Parliamentary Assembly of the Council of Europe, in its report dated July 2009, calls on member states and Committee of Ministers to take into account specific needs of migrant women when drafting a Convention on VAW. Acknowledging the additional difficulties that migrant women face, it calls on member states to ensure that all women, including migrant women, living within their territories have access in law and in practice to the

relevant victim protection and rehabilitation facilities. It also calls on member states to improve the legal status of migrant women who have joined their spouses through family reunion, to provide suitable assistance (including psychological and rehabilitation assistance) and protection services (including interpreting services), to adopt action plans and active policies addressing the specific needs of migrant women and the prevention of VAW in migrant communities, to increase support to NGOs that assist DV survivors and to promote integrated and coordinated policies to build migrant women's capacities.¹⁵

The **EU's anti discrimination legislation** can also be used as an important tool to advocate the rights of minority ethnic and Roma women especially with regards to protection against VAW. While the **Race Equality Directive** covers discrimination in various areas, the **Sex Discrimination Directive** is restricted. In 2008, the European Commission proposed new anti-discrimination legislation in order to address those gaps in existing legislation which prohibit discrimination on the grounds of religion or belief, age, disability and sexual orientation. However as the European Women's Lobby points out, multiple discrimination falls beyond the scope of this legislation (European Women's Lobby, 2001, p. 8).

Despite these references in regional and international human rights mechanisms, there continues to be a lack of coherent policy and action planning in response to the differing needs of minority ethnic and Roma women. An intersectional approach can form the basis for a politics which respects diversity and difference, whilst seeking a common ground for rights (Williams, 2003).

¹² Beijing Platform of Action, para 46.

¹³ Committee for Elimination of Racial Discrimination in its General Comment 28, CRD/56/Misc21/Rev3

¹⁴ European Parliament resolution of 26 November 2009 on the elimination of VAW, para. 28, Council of Europe, Rec(2002)5 para. 59

¹⁵ Council of Europe, Parliamentary Assembly report, Migrant women: at particular risk from DV, 15 July 2009.

Women's Rights are Human Rights

VAW constitutes violation of the fundamental rights and freedoms including:

- The right to life (UDHR, Article 3; ICCPR, Article 6)
- The right to equality (UDHR, Article 1; ICCPR, Article 26.)
- The right to liberty and security of person (UDHR, Article 3; ICCPR, Article 9; ECHR, Article 5)
- The right to equal protection under the law (UDHR, Article 7;
- The right to be free from all forms of discrimination (UDHR Article 2; ECHR Article 14);
- The right to the highest standard attainable of physical and mental health (ICESC Article 12);
- The right not to be subjected to torture, or other cruel, inhuman or degrading treatment or punishment (UDHR, Art. 3, Art. 5, Art. 6, Art. 7; ICCPR, Art. 6, Art. 7; European Convention, Art. 2, Art. 3, Art. 5)

2.4 States' Responsibilities under International Human Rights Law

Due Diligence

"...human rights, imposes three types or levels of obligations on States parties: the obligations to respect, protect and fulfil. In turn, the obligation to fulfil contains obligations to facilitate, provide and promote. The obligation to respect requires States to refrain from interfering directly or indirectly with the enjoyment of the right to health. The obligation to protect requires States to take measures that prevent third parties from interfering with article 12 guarantees. Finally, the obligation to fulfil requires States to adopt appropriate legislative, administrative, budgetary, judicial, promotional and other measures towards the full realization of the right to health."¹⁶

States are obliged to protect people against violation of their rights not only by state entities but also by private persons or entities. This obligation is based on an understanding of VAW as a violation of human rights, not as an individual crime. Therefore, it is the state's responsibility to exercise **due diligence** to prevent occurrence of such violations, to investigate and, in accordance with national legislation, punish acts of VAW, whether those acts are perpetrated by the state or by private persons.¹⁷ This obligation has been reiterated in Article 4 of DEVAW.

The CEDAW Committee made these recommendations on measures states should take to provide effective protection of women against violence, including:

- (i) effective legal measures, including penal sanctions, civil remedies and compensatory provisions to protect women against all kinds of violence, including violence and abuse in the family, sexual assault and sexual harassment in the workplace;
- (ii) preventive measures, including public information and education programmes to change attitudes concerning the roles and status of men and women;
- (iii) protective measures, including refuges, counselling, rehabilitation action and support services for women who are experiencing violence or who are at risk of violence.

Thus, the existence of a legal system criminalising and providing sanctions for domestic assault would not in itself be sufficient under the first requirement; the government would have to "effectively ensure" that incidents of DV are actually investigated and punished. Whether the state undertakes its duties seriously can be evaluated through case-by-case analysis of the actions of both state agencies and private actors.

Going beyond the criminal justice system, the second due diligence requirement encompasses the obligation to both provide and enforce sufficient remedies to survivors of private violence (Coomaraswamy, 1996). DEVAW urges states to work to ensure that all women subjected to violence, and their children, receive "specialized assistance, health and social services, facilities and programs as well as support structures, and should take all other appropriate measures to promote their safety and physical and psychological rehabilitation."

The third requirement under due diligence addresses the broader socio-cultural and ideological basis of VAW: states' duty to prevent VAW is not limited to the actions directly related to VAW. Article 5 of CEDAW calls states to take all appropriate measures "to modify the social and cultural patterns of conduct of men and women, with a view to achieving the elimination of prejudices and customary and all other practices which are based on the idea of the inferiority or the superiority of either of the sexes or on stereotyped roles of men and women." This requirement draws attention to the importance of long-term preventative work and education – aspects of anti-violence agenda that have hitherto received little attention from member states, including the UK.

In cases where such discrimination has occurred, states can be held accountable and are required to pay compensation. In a landmark judgment in the case of *Turkey vs. Opuz* in 2009, European Court of Human Rights decided that Turkey not only breached its obligations on the Right to life and the Right to be free from torture, but also by failing to protect the applicant, it breached the non-discrimination principle. This judgment is particularly important in reminding the states of their positive duty to protect women from violence.

Exercising due diligence requires states to introduce specific measures such as investigation, prosecution, protection and prevention.

¹⁶The Committee on Economic, Social and Cultural Rights adopted this approach in its recent general recommendations on food, education, health and water. For this quote, please see General Comment 14, para. 33

¹⁷United Nations Declaration on Elimination of VAW, Article 4

DOMESTIC VIOLENCE LEGISLATION AND POLICIES IN FOUR EU COUNTRIES: UK, HUNGARY, BULGARIA AND POLAND

United Kingdom has been a member of the EU since 1973. Hungary and Poland are among the first accession countries (2004) while Bulgaria became a member of the EU comparatively recently (2007). This section outlines DV policies and legislation in the UK, Hungary, Bulgaria, and Poland, the compliance of this legislation with international conventions and laws, and examines the impact of grassroots organisations working on this issue. A comparative discussion will enable an assessment of EU's impact on the development of these policies. The section on Hungary and the UK is wider in scope in order to provide a background for the field research conducted in both countries as part of this project.

3.1. UNITED KINGDOM

The UK government has made significant progress in developing policies for prevention of DV over the last decade. Tackling VAW was set as one of the priority areas for the previous Labour government,¹⁸ and was made possible by three decades of women's activism on VAW (Hague and Bridge, 2008; Hague and Mullender, 2006; Hester, 2005).

3.1.1 Compliance with International Obligations

The UK has signed almost all international Treaties and Conventions regarding human rights and non-discrimination, including CEDAW and DEVAW.¹⁹ As a member of EU and Council of Europe, it is also party to the various Directives and Conventions at European level, including the ECHR. As required by these pieces of regional and international legislation, the UK is bound by international obligations to protect women from violence, to exercise due diligence in the prevention of violence, and to ensure women's 'right to live in dignity'. Articles 2 and 3 of the Human Rights Act 1998 also oblige the public authorities to protect people's 'right to life' and their 'right to freedom from torture and degrading treatment'. However, UK holds several reservations to international human rights instruments, which

constitute a big barrier to UK's full compliance with equality and human rights legislation. Many of these reservations are related to UK immigration policy. However, the organisation 'Justice' argues against this reservation on the basis that human rights treaties, including CEDAW, do not confer a right to immigration per se. The article subject to reservation rather requires that men and women should have the same rights.²⁰ This reservation, therefore, represents a breach of equality and non-discrimination principle.

3.1.2 National Strategy and Action Plans on Domestic Violence

The Labour government's early responses to VAW were inconsistent and often lacking in coherence. The consultation paper **Safety and Justice** (Home Office, 2003) referred only to DV, and represented a step back from the earlier policy document **Living Without Fear** - adopted in 1999 - in which the government addressed the broader issue of VAW and acknowledged the need for integrated measures against it. The move back to a narrower understanding of DV in **Safety and Justice** can be interpreted as a retrogressive step, and an attempt to de-gender DV (Howe, 2006).

The Labour government also published various action and delivery plans designed to tackle sexual violence and DV, including the **National DV Delivery Plan** and **Cross Government Action Plan on Sexual Violence and Abuse**. These action plans have been led by an Inter-Ministerial Group, set up in 2003, and are regularly monitored. In 2008, the government published an action plan to tackle violent crime, entitled **Saving Lives, Reducing Harm, Protecting the Public 2008 - 2011**, which includes specific actions on DV and sexual violence. Although various measures have been identified for the prevention of violence - including improvement of early identification and service provision - they mainly focus on criminal justice responses to DV.

Kelly identifies the shifting terms that were being utilised in policy documents as a key problem in the

¹⁸At the time of writing this report, the Coalition government had not announced its action plan to tackle VAW. Hence the focus of this report remains on recent policy developments until mid 2010.

¹⁹The government has not yet ratified the UN International Convention on

the Protection of the Rights of All Migrant Workers and Members of Their Families 1990.

²⁰Justice, Review of the UK's Reservations to International Human Rights Treaty Obligations, accessible at www.justice.org.uk/images/pdfs/reservations.pdf

Labour government's approach to gender violence - 'VAW', 'DV' and 'sexual violence' – in the absence of using VAW as a framework with which to make connections between various forms of gender violence, which can render specific forms of VAW a 'core part of our understanding and responses' to VAW (Kelly, 2005). Over the last decade, women's groups in the UK have campaigned for a national strategy that is grounded in such a structural and contextual understanding of VAW.

Their campaigns, particularly the **End VAW Network**, and repeated calls by the CEDAW Committee in 1999 and in 2008, culminated in the adoption of a national strategy **Together We Can End VAW and Girls** in 2009. Adoption of this strategy addressed three gaps in the government's previous approach to VAW. Firstly, this strategy recognised the gendered nature of VAW. Secondly, it also recognised the need to take an integrated approach to diverse forms of VAW, rather than situating forms of violence experienced by minority ethnic women within cultural contexts, and then developing separate laws and policies on them. Thirdly, this strategy also referred to the need for an integrated and coordinated approach towards VAW through 'Prevention, Provision and Protection'. It outlined the government's plans for early intervention and prevention by incorporating DV awareness as part of a national curriculum for early ages that explores healthy relationships.

One significant shortcoming of this strategy is its narrow understanding of violence as experienced by minority ethnic women - only particular forms of violence such as forced marriages and so-called 'honour' based crimes are referred to. There is no reference to multiple intersectional discrimination or barriers faced by minority ethnic women, which in turn contribute to their increased vulnerability. As such, this strategy does not reflect the diversity of women's experiences, nor does it set out specific measures for groups of women marginalised on the grounds of race, ethnicity, religion or belief, disability, age or sexual orientation. This strategy also does little to recognise the role of specialist services in meeting women's diverse needs. Despite its recognition of the need for prevention, the strategy has also been criticised for its continued emphasis on criminal justice responses to VAW.

²¹The first legislation was 1976 DV and Matrimonial Proceedings Act. 1977 Housing Act has also included provisions for emergency accommodation for women experiencing violence.

3.1.3 Civil and Criminal Justice Responses to Domestic Violence

While in recent years, there has been some increasing emphasis on prevention and the improvement of support services, the UK government's initiatives to tackle VAW have historically centered on criminal justice responses - law enforcement, policing and prosecution.

The UK government has taken specific legislative measures aimed at eliminating DV in both criminal and civil legislative frameworks since 1970s, when the first acts were introduced for protection of women experiencing violence.²¹ The acts, which provide protection to women against violence include the Family Law Act (1996), Sex Offenders Act (1997), Youth Justice and Criminal Evidence Act (1999), the Sexual Offences Act (2003), the Female Genital Mutilation Act (2003), the DV, Crime and Victims Act 2004 and the Forced Marriage (Civil Protection) Act (2007). Rape within marriage was eventually criminalised in 1991.

There is no specific offence of DV in criminal law, but specific acts of DV such as harassment and assault are criminal offences in various pieces of legislation. Although the Protection from Harassment Act actually covers offences such as threats and fear of violence, Women's Aid points out that "this 'incident-focused' approach does not adequately address many aspects of ongoing coercive, abusive and threatening behaviour, and often ignores the psychological effects and harm that this can cause".²² Case law on DV has partially addressed this shortcoming including psychiatric injury – such as fear, distress or panic – under the interpretation of 'actual bodily harm' (Crown Prosecution Service, 2009).

Civil remedies against DV, such as restraining orders, are mainly regulated by the **Family Law Act 1996**, which aimed to address the limitations of civil remedies in previous acts. Non-molestation orders and occupation injunction orders are available in Part IV of the act. The introduction of the concept of 'associated persons' has broadened the applicability of the law to people in family or intimate relationships, which includes married, cohabitating couples or relatives. A non-molestation order prohibits a person from molesting a person 'associated' to him or her. An

²²Women's Aid Federation of England, Protection under Criminal Law accessed at <http://www.womensaid.org.uk/domestic-violence-articles.asp?itemid=1401&itemTitle=Protection+under+criminal+law§ion=00010001002200070001§ionTitle=Articles%3A+criminal+law>

occupation order can exclude a person from a defined area, prohibit or restrict their right to occupy the home, and can enforce the applicant's right to remain in the home. It is also possible for the court to make emergency non-molestation or occupation orders if considered necessary, if for instance there is a risk of significant harm.

The other main legislative mechanism for DV in the UK is the **DV Crime and Victims' Act 2004**, which has brought about significant changes and improvements with regards to tackling DV. Breach of a non-molestation order was made a criminal offence punishable by up to five years' imprisonment on indictment. Cohabiting same-sex couples were also given the same access to non-molestation and occupation orders as heterosexual couples, as well as those couples who have never cohabited or been married. Common assault was made an arrestable offence, adding it to the list of offences for which a police officer may make an arrest without a warrant. Although the act addressed the main proposals set out in the government consultation paper **Safety and Justice**, it has been criticised for not taking into account the cumulative pattern of abusive behaviour, elements of which may not constitute a criminal offence (Harwin, 2006; Paradine and Wilkinson 2004). This was partly addressed in the **Protection from Harassment Act 1997**. This includes two criminal offences: that of criminal harassment, and a more serious offence involving fear of violence. Those who are not eligible to benefit from protection orders under the above mentioned laws can apply for protection under this act.

There is scope for existing protection mechanisms to be extended with the introduction of **Crime and Security Act 2010**. Two new measures for protection against DV are proposed, DV Protection Notices (DVPN) and DV Protection Orders (DVPO), which mainly aim to provide emergency protection for DV survivors in addition to the existing injunction orders. DVPN is a notice issued by the police officer (not below the rank of superintendent) after attending a domestic incident in which they have reasonable grounds to believe that violence or threat of violence has occurred, and that it is necessary to protect the victim. As in the non-molestation order, power of arrest can be attached to DVPN. It lasts for 48 hours, after which the police needs to apply to the court for DVPO. Although the victim's opinion is taken into

account, the police officer can decide to issue the notice without the victim's consent. Before the new mechanism comes into force, a pilot scheme will be implemented. Although this new mechanism might provide protection to women who cannot apply for an injunction order for various reasons such as fear, family pressure or other barriers, it also raises serious concerns if applied without taking into account the specific circumstances of the survivor and any potential consequences for the survivor.

Increased protection in criminal law does not necessarily lead to increased protection of women in society. Fawcett Society argues that women continue to be marginalised in a criminal justice system designed by men for men (Fawcett Society, 2009). In addition, legal aid is a particular area of concern for DV survivors. Rights of Women states that access to legal advice was a major problem for women, either because they were not eligible to receive legal aid or, more frequently, because they could not access a solicitor in their area. Injunctive relief is needed immediately, but often women have to wait two weeks for an appointment to receive this (Fawcett Society, 2009; Rights of Women, 2010).

Research also indicates that a lack of information regarding the legal system and existing remedies, a lack of trust in criminal justice agencies, and a fear of discrimination and racism severely limits minority ethnic women's use of the legal system (Fekete, 2006).

3.1.4 Government Initiatives on Specific Forms of Violence Against Women

The UK government has addressed different forms of VAW such as forced marriage, so-called 'honour' based crimes and female genital mutilation (FGM) in various pieces of legislation, policies, action plans and delivery plans. However, as in the case of the UN's recognition of specific forms of VAW, the UK government has also conceptualised and located these forms of VAW within the culture of particular communities. Such an approach prevents an intersectional understanding of various forms of VAW, enables racist responses to VAW that target particular communities, whilst at the same time takes attention away from the socio-cultural basis of mainstream forms of VAW. By contributing to stereotypes about, and stigmatising of, particular communities, such approaches also add to the multiple and intersecting inequalities faced by minority ethnic

women. Research documents the stereotypes held by service providers about the forms and prevalence of DV associated with specific communities (Batsleer et al., 2002) - responses which serve to inhibit minority women's access to services.

The Home Office and Foreign and Commonwealth Office launched a joint **Forced Marriage Unit** in 2005 to develop policy, co-ordinate projects and give practical advice to people at risk of being forced into a marriage. The Unit dealt with more than 1,300 cases during the first three quarters of 2008 – an increase of 79% on 2007. In response to a consultation on introducing a new criminal offence of Forced Marriage, minority women's groups emphasised the need to focus on preventative measures rather than on criminalization. **The Forced Marriage (Civil Protection) Act 2007**, which came into force in 2008, introduced injunctive relief in the form of restraining orders to protect women at risk of forced marriage. Breach of restraining order is a criminal offence.

Understanding forced marriages and so-called 'honour' based violence within the context of culture or religion of migrant communities has led to the coupling of these forms of VAW to the agenda of immigration control. This is demonstrated in the increase in the minimum age at which a British national can sponsor a person from overseas to come to the UK for marriage, from 16 to 18 years in 2003, to 21 in 2008. Research commissioned by the Home Office to examine the potential impact of this change (Hester et al., 2006) argued that this would be discriminatory towards particular groups, detrimental to the human rights of young people, would not prevent forced marriage since this affects people of all ages, and that it was a disproportionate response which would penalise those with genuine marriages. However, the government went ahead with this change, a move that is a part of larger trend in Europe of tightening immigration rules and using the incidence of suspected or actual forced marriage as a criterion of integration (Chantler et al., 2009; Gangoli et al., 2009).

The Female Genital Mutilation Act 2003 also shows the ineffectiveness of a criminalisation approach. The act repealed previous legislation, and made it an offence for UK nationals or permanent residents to carry out FGM abroad or to aid, abet, counsel or procure the carrying out of FGM abroad, even in countries where the practice is legal. There have

been no prosecutions under this law. This reiterates the ineffectiveness of law in bringing about a change in gendered inequalities in the absence of a holistic approach that prioritises education and protection, as well as prevention. The expertise of minority ethnic women's organisations needs to be central to any such campaigning and preventative work.

Another issue that disproportionately affects minority ethnic women facing DV, and one which the UK government has been less inclined to act upon, is that of the discriminatory impact of its immigration policies. Women who enter the UK as wives or fiancées of resident partners acquire their visa on a two-year probationary period, after which they can apply for indefinite leave to remain (ILR) with the endorsement of their husband. During this two-year period they are not entitled to receive public funds, known as the No Recourse to Public Funds (NRPF) requirement. This rule creates dependency on the partner, and has forced many women experiencing DV to remain in abusive relationships, as they cannot access refuge spaces which are funded through housing benefit which they do not receive. Following campaigns by women's organisations such as Southall Black Sisters, the government introduced the DV Rule/Immigration Concession which allows women who experience DV within the two-year period to apply for ILR provided that they could prove DV with police reports, court orders, medical evidence or a support letter from agencies. However, the bar on accessing public funds remains, which puts this concession out of reach for most women who are rendered homeless should they decide to leave the abusive relationship (Anitha, 2008, Amnesty International and Southall Black sisters, 2008). Recently, the government initiated a pilot scheme, the Sojourner Project, which funds refuges to support victims of DV with NRPF while they make a fast-track claim for ILR under the DV Rule/Immigration Concession. Survivors can be funded within the period of their ILR application. Although this is a significant step, it is far from meeting the needs of women with NRPF.

3.1.5 Protection under the Equality Act

The new Equality Act received royal assent in April 2010 and is expected to come into force in 2011.²³ The Act aims to bring together and improve patchy and inconsistent equality legislation, and replaces Gender, Race and Disability Equality Duties and

²³ The new government has not yet announced its timetable.

other instruments on equalities. Clause 14 titled Dual Discrimination enables claims for discrimination on the basis of two grounds such as gender and race, or disability and gender (Government Equalities Office, 2009). Although the act lacks reference to indirect discrimination, these provisions must be seen as a step forward and will provide greater protection for minority ethnic women who suffer discrimination based on intersecting inequalities. However, it is disappointing that the government considers it too complicated and burdensome to allow claims on three or more different discrimination grounds.

Both Gender and Race Equality Duties impose a duty on public authorities in carrying out their functions to have due regard to the need to eliminate unlawful gender or racial discrimination and harassment, to promote equality of opportunity between men and women and to promote good relations between people of different racial groups. When the Gender Equality Duty came into force in 2007, women's organisations hoped that it would address gendered inequalities more effectively. However, a misconception of equality as always requiring the identical treatment of men and women, and minority ethnic women and white women, irrespective of different needs, led to the redirection of funds from women-only services to generic service provision (Fawcett Society, 2009). This gender-neutrality was noted with concern by the CEDAW Committee in its 2008 report on the UK. Since the introduction of the Gender Equality Duty in 2007, some women-only organisations have been asked by local authorities to widen their provision to include men (Coy et al, 2007). Similarly, Race Equality Duty was used to challenge specialist service provision for minority ethnic women. Southall Black Sisters faced closure due to a decision by London Borough of Ealing to redirect its funding to generic services, a decision that was successfully challenged by judicial review.

The holistic approach to equality and diversity that the new Equality Act brings is quite significant. However, considering the implementation of previous equality duties, it must be noted that although an integrated and a comprehensive approach is crucial in tackling different forms of discrimination, the need for different specialized protection and prevention mechanisms should not be underestimated.

3.1.6 Multi-Agency Initiatives and Coordinated Community Response

A coordinated community response which involves key agencies such as women's organisations and government agencies is now widely recognized as the best way to combat VAW (Hague and Bridge, 2008). Despite its limitations, the UK presents a comparably workable example of cooperation between the government agencies and the women's organisations. In 2006, the government developed **Coordinated Community Response (CCR)** to DV which aimed to coordinate services (such as criminal justice agencies) for victims, perpetrators and any children involved.

Multi-agency work and coordinated community response requires government agencies to work together to tackle DV. The **Crime and Disorder Act** also includes provisions on DV and makes it the responsibility of each local authority to draw up action plans for the development and monitoring of policy, procedure, and action in relation to DV. These initiatives include the use of specialist courts, Independent DV services (IDVAS) and multi-agency risk assessment conferences (MARACs). There is now at least one specialist DV court area in every region of England and in Wales, with Independent DV Advisors (IDVAs) who are specifically trained to support DV survivors. According to the government's CEDAW report, in December 2005 SDVCs managed to secure up to a 71 per cent conviction rate in recorded cases of DV compared with 59 per cent for non-specialist courts. MARACs are formed to deal with high-risk DV cases with close cooperation with all relevant agencies, including Housing Unit, Social Services, Health Services and Voluntary organisations. The conferences are chaired by the police.

The main pitfall of the Coordinated Community Response approach has been its primary focus on the criminal justice system. According to the studies evaluating these programs, women survivors of violence have complex needs which can only be fully met by a wide range of services, including those provided by women's and community-based organisations (Hague and Malos, 2005). In particular, due to the barriers inhibiting minority ethnic women's access to the services, specialist organisations are of crucial importance. Concern has been raised that decisions taken in MARACs are not always made in consultation with survivors (Hague and Malos, 2005).

The UK government's move towards an integrated approach has been welcomed by women's organisations. Although it is an important step, it needs to be embodied in effective implementation mechanisms, close cooperation between governmental and voluntary sector agencies, as well as long term and secure funding for women's specialist sector. Development of such links, and effective coordinated community responses, will facilitate women's access to services, thereby increasing effective referrals. The resource implications of these policies do not seem to have received sufficient attention, and there has been little in the way of resource allocation to meet the increasing demand upon frontline services. On the contrary, due to shifting funding priorities, specialist women's organizations now face closures or mergers across the country.

3.1.7 Women's Support Services

Women's organisations play a key role in providing advice, advocacy, counselling and other support to DV survivors in the UK. Yet these services have been historically underfunded and struggle to meet the needs of women who attempt to access them. For example, DV National Helpline received more than 251,000 calls in 2004 and only 74,000 of them were able to be responded to because of lack of resources (Harwin, 2006). Specialist refuges, which have to turn away a disproportionate number of referrals from minority ethnic women due to lack of space, also face funding crises and are now being threatened with closure (Mouj, 2008; Women's Resource Centre, 2007). Decreasing funding and local authorities' requirements for competitive re-tendering of DV services undermines the priorities of DV survivors, and serves to erode effective alliances across voluntary sector agencies.

The UK government has adopted a national strategy including legal, education, financial and social components. Effective implementation of these policies will require intensification of preventative measures, secure resources for support services, and the safeguarding of gains made over the past three decades in commissioning specialist services for minority ethnic women facing DV.

²⁴National crime statistics are available at the following link; <http://crimestat.b-m.hu/>

3.2 HUNGARY

3.2.1 Compliance with International Obligations

Hungary is party to almost all human rights treaties including CEDAW. When the CEDAW Committee considered the combined fourth and fifth periodic report of Hungary in 2002, it raised concerns over the lack of legislative, implementation and institutional measures to "address VAW in the family and in society, and to recognize that such violence [...] constitutes a violation of the human rights of women under the Convention", and recommended necessary steps. In its 32nd Session on January 2, 2005, the Committee issued its deliberation in the case of A.T. vs. Hungary, considered on the basis of the Optional Protocol. Hungary was found to have failed to fulfill its obligations to provide immediate protection of the human rights of the applicant (victim of DV), and it was requested that the State Party take all the necessary measures, both with regards to this specific case and in general, to remedy this and similar situations in Hungary. The Government Report contains references to different legislative and practical measures as well as some data and research that have been carried out since the previous report. It should be noted that some important improvements were made after the Government Report was completed, which indicate some positive changes in the attitudes of governmental bodies toward working with NGOs in the field.

3.2.2 Civil and Criminal Justice Responses to Domestic Violence

Criminal Law

The Hungarian Criminal Code includes sections on physical, sexual and even verbal (defamation) assaults, though its language is gender-neutral, and the mention of these specific crimes does not take into account the recurrent and escalating nature of VAW.

DV is not ruled as a *sui generis* crime - the charge of assault and battery is used for the prosecution of DV cases. According to national crime statistics data²⁴, 11,205 criminal procedures were initiated in 2008 related to DV. This number was 26.7% less in the previous year. Thirty one percent of all the cases pertained to physical violence - 'battering'. In its 2008 Country Report on Human Right Practices the U.S. Bureau of Democracy, Human Rights and Labour reported, "according to the Hungarian National

Police, 2,137 women were reported to be victims of DV during the first ten months of the year, compared to 2,593 in all of 2007; however, most incidents of DV went unreported due to fear and shame on the part of victims. Expert research in the field of family violence indicated that approximately 20% of women in the country had been physically assaulted or victimised by DV. However, prosecution for DV was rare.²⁵ In its 2008 Report²⁶, the Hungarian national police stated that in a significant proportion of reported cases the parties seemingly arrange their conflict; if not, the offended party does not wish to initiate criminal proceedings. Assault and battering do not qualify as grievous bodily harm if no bones have been broken, even in cases when the healing time far supersedes eight days. In most DV cases, procedures are not started *ex officio*, as often the police decide, even before investigation, that the case is subject to a private motion action.

Private motion action is action that is applicable for crimes of a less serious nature ('simple battering', slander), owing to the so-called personal characteristics of the acts (family relations) or to the inconvenient treatment within the procedure (sexual crimes). A private motion must be submitted within 30 days of the date on which the injured party obtains knowledge of the identity of the perpetrator.

As the offended party in the criminal procedure, victims of DV have limited rights. The prosecutor is not obliged to contact the victim; copies of court orders and decisions relating to their own cases are sent to victims at the discretion of the presiding judge (often they do not even receive the verdict); victims are not warned before the perpetrator is released from prison, and are obliged to pay a fee in order to obtain official documents regarding their cases. Where private prosecutions are brought by survivors of DV, they must represent themselves before the court and do not have recourse to a public prosecutor. In these hearings, the accuser and the accused parties have to confront each other in court. To add to the discriminatory characteristics of these procedures, DV survivors must pay a certain sum before being able to start a lawsuit. This prevents numerous women from initiating criminal proceedings. Most cases of battering are 'simple batterings' (where the injury heals within

eight days), and these carry a maximum prison term of two years - but in practice, most perpetrators of such crimes are fined, and this is usually paid out of the common household budget.

In deciding prosecution and sentencing, the Hungarian Criminal Code does not understand criminal acts committed against women in intimate relationships to be either aggravating or to constitute mitigating circumstances.

Temporary Restraining Order

Act LXXII of 2009 on restraining orders to be issued in case of violence among relatives entered into force on October 1st 2009. The Temporary Restraining Order (TRO) is an immediate legal measure, which police officers can issue within their own competence. TRO may be issued for 72 hours, and is sought as a form of immediate relief prior to requesting permanent injunction. Every district Police Department in Budapest and county Police Departments in other regions are required to designate a Police Officer on every work shift who will be authorised to issue the TRO upon request.

Restraining Order

A Restraining Order may be issued by the court in out-of-court proceedings. The court order may be requested by the acting Police Officer *ex officio*, or upon request of the victim of DV. The restraining order may be issued for no longer than 30 days. The restraining order does not fully adapt to the European model, and its applicability is reduced considerably compared to the norm. It stipulates compulsory appearance for the abused before the authorities, which creates barriers for the victim. The Act also introduced the involvement of family care coordinators, although European practice dictates that mediation and family group conferences are not appropriate tools to handle DV cases.

It should also be noted that courts handling civil cases are currently not fit to judge acts of a criminal nature – even less so without adequate training in the handling of DV cases. A more fundamental objection is that the law has created a definition of violence between relatives which does not correspond to either the term used thus far by experts, or to the definitions

²⁵US Department of State, (2009), 2008 Human Rights Report: Hungary, available at <http://www.state.gov/g/drl/rls/hrrpt/2008/eur/119083.htm>

²⁶Hungarian National Police, (2009), A családon belüli erőszak kezelésével és a

kiskorúak védelmével kapcsolatos rendőri feladatok végrehajtásának 2008. évi tapasztalatai, available at; http://www.police.hu/megelozes/bunmegelozes/csaladi_eroszak/csbekapcsolat.html?pagenum=2

found in foreign laws and international conventions. Private agencies and NGOs are very concerned about the passing of this restraining order law by the Hungarian Parliament, which occurred without the involvement and effective contribution of civil society organisations, and which has forced judges and the police into unnecessarily difficult positions.

A survey carried out by a criminal judge in Hungary (Kapossyné dr. Czene Magdolna, 2009) evaluating the experiences of the first two years of the restriction order revealed three basic shortcomings:

- Judges typically did not impose restraining orders unless supported or requested by the prosecutor. In other words, if the victim brought a private motion, judges did not employ the protective measure.
- The prosecutors only requested the restraining order in cases where the perpetrator was in custody. This means that, contrary to the intention of the restraining order as an immediate protective measure when the case does not substantiate custody but some protective measure is deemed necessary, prosecutors used this possibility to put perpetrators at large even when custody is well established.
- Judges did not provide justification when dismissing claims, whilst they did when issuing the order. Aside from being unprofessional, this also led to ignorance of victims and other actors (such as support persons, legal representatives, etc.) regarding the shortcomings of their motion, and how their case could have been better articulated and substantiated.

Although court statistics have limitations, according to a survey by the National Council of Justice of Hungary, 362 motions for restraining orders were received by the courts between 1st July 2006 and 30th June 2008. Of these, 123 were prosecutors' motions, and the rest were submitted by the victims or persons acting for victims (private prosecutors, substitute private prosecutors, legal representatives of incapacitated or partially incapacitated persons, legal representatives of a minor living in the same household as the accused). Thus, in 2/3 of the cases the victim put the motion forward. Of the 362 motions, restraining orders were issued in 141 cases, and another kind of coercive measure was ordered in 12 cases (including one preliminary arrest) whilst in those remaining cases the motion was turned down,

or another type of decision was considered. By way of comparison, in neighbouring Austria (with a slightly smaller population than Hungary) during the first two years, 3,200 restraining orders were issued.

Act CXXXV of 2005 on the assistance of victims of crime and the alleviation by the state of damage could be a very useful instrument for victims of VAW. However, it has three major shortcomings for victims of this crime: a) it can be put to work only if there is a criminal procedure in the case (which, in almost all types of VAW is often missing, since victims are either afraid or cannot initiate a procedure), b) request for assistance must be submitted within three days of the commission of the crime (i.e., not within three days of the start of the criminal procedure, meaning that even if a woman decides within the legal time limit of 30 days to submit a private motion, she cannot request victim assistance services), and c) it does not offer free representation for alleged perpetrators, which leaves many battered women open to retaliatory accusations. Owing to a strong victim blaming attitude in Hungarian jurisprudence, it is a common pattern to initiate criminal procedures against abused women for alleged false accusation and slander.

Civil Law

There are no special provisions in the Hungarian civil/family law with regards to procedural orders, actions or deadlines in cases of VAW. Civil procedural law - with respect to the dissolution of marriage, the division of property, or lawsuits concerning children - does not acknowledge violence.

The Government Resolution No. of 1074 of 1999 (VII.7) provides the legal basis for compensation for damages only for the victims of crimes and of their relatives. It is primarily intended to compensate for the return of damaged property. Family Law does not contain specific provisions regarding any form of VAW. The only reference to VAW in Act No. IV of 1952 on Family Code is in section 31/B(4) is: "The court divides the use of a flat in common use or common lease if the ground space, the layout and the number of rooms make it possible. The use of the flat cannot be divided if, based on the previous behaviour of the spouse, the common use would severely infringe upon the interests of the other spouse or the minor."

Upon separation, the right to custody is held by the parent with whom the child is placed by the court, unless otherwise agreed by the parents. The right to visitation is defined as the right of the child, and the right and obligation of the parent to keep in contact after the separation. In practice, visitation cannot be suspended on the basis of violence against the mother or the child committed by the father. There is no unified court practice regarding whether visitation can be restricted or ceased independently, without affecting the right to custody. The right to custody can only be abolished if a parent is condemned for endangering the minor (Article 195 of the Criminal Code). Despite numerous decisions of the Supreme Court, the practice of the judiciary is ambiguous in labelling violence against the mother as a form of endangering the minor. A recent court decision (No. 321 of 2005) stated that a minor can be endangered without direct physical abuse of the child. Within the frame of civil procedures, such as actions of divorce or child placement, a court usually does not examine the occurrence of DV. Thus, abused children are often at the mercy of their aggressive fathers during post-separation contact. In autumn 2005, the Hungarian Parliament adopted an amendment to the Criminal Code, declaring it a crime for parents to impose obstacles against the other parent's exercise of visitation rights. In a recently adopted paragraph, effective as of September 1, 2005, no distinction is made between regular cases and issues involving DV. Mothers who defy visitation orders by not sending a child to see his or her abusive father may end up in prison for a maximum of one year. This problem is very real, as Hungarian judges rarely stop abusive fathers from seeing their children, even if the child has explicitly made such a request.

3.2.3 Civil Society Actions on Domestic Violence

Since 2007, women's rights organisations - as well as the CEDAW Committee - have criticised this legislation regarding its ability to prevent DV. More specific criticism has been levied at the restraining order, which some government ministers have also agreed with.²⁷ Following this, in the autumn session of 2008, liberal Members of the European Parliament (MEPs), in close co-operation with women's rights organisations, submitted a proposal to the Parliament aimed at adapting the Austrian restraining order model into the Hungarian legal environment.

²⁷Kata, J. (2007), Nem segít a rettegőkön a befuccsolt távoltartás, Origo, 22 July, available at: <http://www.origo.hu/itthon/20070720-nem-segit-a-tavoltartas-a-csaladon-beluli-croszak-aldozatain.html>

However, the draft legislation was subjected to repeated amendments by the Ministry of Justice and Law Enforcement, and the eventual bill, passed by the Parliament in December 2008, was far from the original proposals and actually contrary to international best practice. This bill regulates in several places the assumed abuses of the law on the part of the victim, but at the same time it fails to take a definitive ethical stance against the abuser's behaviour. At the time of writing, this new bill has not come into force due to the constitutional control, hence its provisions are cannot be analysed in greater depth.

3.3 BULGARIA

3.3.1 Compliance with International Obligations

Bulgaria signed up to CEDAW on 17th July 1980, later ratifying this on 8th February 1982. It currently has no reservations to the Convention, including key clauses - a sign that Bulgaria is committed to addressing women's experiences of gender-based violence as part of an international framework. However, submission of the second and third periodic reports to CEDAW detailing the legislative, judicial, and administrative measures which have been adopted in order to implement the Convention were submitted seven years after the 1987 deadline. The fourth, fifth, and sixth reports - submitted in 1995, 1999 and 2003 - are yet to be presented.

The CEDAW Committee made certain recommendations on the basis of the last submitted report. Some of the concerns revolved around the extent of trafficking in the country, the assumption of DV as a private issue and shortfalls in legal proceedings.

The voluntary agreement of the **Council of Europe Convention on Action Against Trafficking in Human Beings** was signed by Bulgaria on 22nd November 2006, and entered into force on 1st February 2008. In addition to this, Bulgaria already had in place an Act and National Plan for combating human trafficking. The Act on Countering Trafficking in Human Beings was passed in 2003 and subsequently the National Commission for Combating Trafficking in Human Beings (NCCTHB) was established in 2004 and a National Programme on Overcoming and Counteracting Trafficking in Persons and Protection of Victims was passed in 2006.

3.3.2 Domestic Violence Policy and Provision

Bulgaria has been in the process of steadily redefining its position on VAW over the last two decades. During the 1990s, DV was not recognized as a separate offence - only rape and forced prostitution were recognised as forms of gendered violence. Since the adoption of the Law on Protection against DV on 16th March 2005, DV has been officially recognised as an offence under the law. This allows victims of DV to petition the regional civil and criminal courts for protection.

There are however, several obstacles in the proceedings that can delay justice and safety for the victim, as well as pose problems for the prosecutors and police. Firstly, the government does not prosecute assaults that result in light injuries, meaning the many victims who experience repeated victimisation without severe injuries have to access criminal justice without the help of a prosecutor. Secondly, victims are required to find their own witnesses and are responsible for obtaining medical certificates as part of the proceedings, making the fight for justice through the criminal courts a very daunting one. Finally, there is no mechanism for obtaining compensation for victims of DV in Bulgaria. Even though perpetrators may be fined, it is directed to the state budget not to the victim.

Similarly, trafficking was not defined as a special and separate offence throughout the 1980s and 1990s despite its high incidence following the fall of the Berlin wall. The National Action Plan on Overcoming and Countering Trafficking in Persons and Protection of Victims was passed in 2006 in order to address this.

New government initiatives provide several National Action Plans which offer a framework for Bulgaria to roll out its initiatives. National Action Plans on Gender Equality have been prepared for 2005 and 2006, although the 2005 National Plan states that the measures towards addressing DV and trafficking have not been fully realized.

3.3.3 National Action Plans on Violence Against Women

The government passed a National Programme on Overcoming and Counteracting Trafficking in Persons and Protection of Victims, coordinated by the National Commission²⁸, Ministry of the Interior,

on 20th July 2006. Since there is no specific budget allocated for these actions, very few concrete steps have been undertaken and most of the actions are still in the planning phase. The responsible Ministries have the task of drawing up the budget. Indications and obligations declaring the state's responsibility to financially support the fight against VAW do exist in the Act on DV and in the Act on Trafficking. For instance, Article 3 of the latter states that: "The Council of Ministers shall allocate resources in the national budget for the establishment and maintenance of shelters, centres, and commissions." However, the exact amount or proportion of the state's central budget or the municipality budget that is to be directed to actions in countering VAW is not clearly stated. Thus it is up to the particular municipality to decide on its proportion, if at all.

A National Strategy for Promotion of Gender Equality 2009 - 2015 was adopted in Bulgaria to provide equal opportunities for women and men in the labour market and everyday life. The strategy calls for action information campaigns, training for magistrates, implementing and monitoring the measures for combating DV and the protection of victims, and conducting training for representatives of the National Employment Agency and Labour Office Directorate.

Finally, the Consultative Commission on Equal Opportunities was established in 2003, comprising representatives from government as well as NGOs. This is a consultative body rather than a department, and as such its functions are limited to making proposals and recommendations in the domain of the National Action Plan for Gender Equality. Its contribution to gender equality is thereby undermined by its lack of controlling functions.

3.3.4 Women's Support Services

The Bulgarian government has been very absent with regards to service provision for victims of gender-based violence. NGOs and women's organisations have been the most active in this area. The sustained efforts of a number of civil society organisations, in particular Bulgarian Gender Research Foundation (BGRF), have contributed a great deal to changes in policy.

²⁸ Open Society Institute, (2007), Violence against Women: Does the Government Care in Bulgaria? Fact Sheet, accessed at <http://stopvaw.org/bulgaria2.html>

The Council of Europe identified many areas in which the Bulgarian government should improve its provision of services for victims of DV, specifically to address its failure to roll out either a national helpline for DV victims or an adequate program of shelter provision.

The Animus Association, an NGO created to help victims of violence, has been in place since the early 1990s, providing a 24-hour helpline and a 24-hour crisis centre for victims of DV in the country's capital, Sofia. The help line, which offers opportunity for emotional support and guarantees anonymity, is mostly used by women who live in an abusive relationship, but are not ready to take steps towards exit. The help line also offers free legal consultation, in tandem with the 24-hour crisis unit which offers immediate and urgent psychological support to women experiencing acute emotional stress after violence. Such facilities and resources are vital for women who need to access information and get to safety.

Statistics from 2007 indicate that five crisis centres with a collective capacity of 59 places had been established to provide shelter for child victims of trafficking, and in the period January 2007 – July 2008, around 100 children passed through these centres. These crisis centres have been financed by the government, but the funding is allocated through municipal budgets.

Also worth acknowledging is the one-day event 'The Open Doors Initiative', held on the 15th May 2007, which provided free psychiatric and health assistance to victims of DV through a series of twenty one healthcare establishments throughout Bulgaria. NGOs including the BGRF, the Animus Foundation and the Nadia Centre Foundation joined in the initiative by providing telephone consultations on legal rights and advice, as well as psychological and psychiatric assistance. These valuable programs provide much sought after care for desperate victims, yet it is the NGOs who have organised these events and the government continues to abstain from providing services. The main sources of finance for women's NGOs in Bulgaria are private international donors and foreign states' programs.

Roma Women in Bulgaria

In Bulgaria members of the Roma community are subject to widespread discrimination, including negative stereotyping through publicly accepted images and characterisations utilised by mainstream media. A major consequence of this is the isolation of the Roma in "Gypsy neighbourhoods", and mainstream communities' avoidance of everyday life interactions with the Roma i.e. spatial and social segregation. The Roma population is identified as a high-risk group, along with refugees and immigrant communities, in terms of poverty and social exclusion.

There is little data available on violence experienced by Roma women and measures taken by the government to specifically address the multiple discrimination experienced by them. According to the Animus Association Foundation, DV is widespread and generally tolerated in the Romani community, which "has its own mechanisms to regulate relationships"²⁹ Anecdotal evidence from women's organizations working in Bulgaria indicates that very few Romani women seek outside assistance in matters of DV and where they do, they predominantly seek out locally trusted Romani organisations.

Unequal access to economic and social rights, early marriage, forced marriage, so-called 'honour' based violence, being thrown out of homes, and being denied medical and gynaecological care remain some of the particular issues facing Romani women. There is very little detailed evidence about the nature and extent of this violence. Services targeting Romani women facing DV are almost non-existent, as are no shelters for this group of women.

Policies to facilitate the integration of the Roma community have been initiated by various ministries and national strategic documents in Bulgaria (Kolev et al., 2006). Bulgaria also presided over **The Decade of Roma Inclusion 2005-2015** from 2006-2007, which aims to coordinate the efforts of government and society in central and Eastern Europe. However, this

work remains inconsistent and lacking in coherence. For example, though the issue of early school dropout rate for Roma girls is recognised by the Ministry of Education and Science, no provisions have been made to address it. Ministry of Health has been developing certain targeted activities for Roma women but as the report (Kolev, D. et al, 2007) puts it, the policies treat Roma women as experimental subjects rather than active participants in the process (Kolev D. et al, 2007; Bojilov, T., 2006). The Ministry of Labour and Social Policy (MLSP) first included Roma issues in its policy remit in 2005-2006. However, this is still sporadic, non systematic and occasional. It could be concluded that some of this work may actually reinforce stereotypes about Roma women.

A major achievement in securing the financial sustainability of Roma integration activities has been the incorporation of some activities, especially in the fields of education and employment, into the EU Structural Funds programs for the period 2007- 2013. However, activities to facilitate access to healthcare and housing remain underfunded and lack a systematic approach. The exclusion of the Roma community from this process is another factor leading to failure of integration. Furthermore, the tendency to focus on integration and the lack of engagement of Roma communities with mainstream organizations, including women's groups, indicates a failure to understand and engage with the dynamics of multiple and intersecting inequalities on Roma women's lives. Roma women's interaction with DV services requires engagement on the part of these services, both statutory and voluntary, with the causes of and remedies for the discrimination and social exclusion that the Roma community faces.

²⁹Immigration and Refugee Board of Canada, Bulgaria: Domestic violence; protection available to victims, including Romani women; recent government initiatives and legislation to combat it (January 2005 - August 2006), 22 August 2006, BGR101552.E , available at: <http://www.unhcr.org/refworld/docid/45f146fc2.html> [accessed 18 October 2010]

3.4 POLAND

3.4.1 Compliance with International Obligations

Poland signed up to CEDAW on 29th May 1980 and soon after ratified this on 30th July 1982. It currently has no reservations to the Convention including key clauses - a sign that, like many other countries, Poland is committed to addressing women's experiences of gender-based violence as part of this national framework.

The last CEDAW report - the third periodic report submitted - was considered by the 10th committee in 1991. The recommendations are now out of date, owing to significant political changes in Poland. The committee considered VAW to remain inadequately recognised as a social problem. There is widespread incidence of rape and sexual assault, and a high emphasis on gendered family values which can perpetuate DV.

The CEDAW Committee, between its 36th – 41st sessions (2007-2008), expressed concern at the gender-neutral nature of Poland's 2005 law to address DV. Additionally, the Committee also noted that services for victims were insufficient or missing, and that there were gaps in data collection and research on VAW. The committee also highlighted the plight of migrant and minority women, particularly Roma women, who suffer from multiple discrimination (Open Society Institute, 2007).

In addition to CEDAW, Poland is a signatory to the **Council of Europe Convention on Action against Trafficking in Human Beings**. It was signed on 16th May 2005, was ratified later on 17th November 2008 and finally came into force on 1st March 2009.

3.4.2 Domestic Violence Policy and Service Provision

The **Act on Counteracting Violence in the Family** came into force in Poland on 20th November 2005. The bill imposed new obligations on the Council of Ministers, Ministry of Labour and Social Policy and at the local county level of 'voivodeships', making them responsible for various areas. For example, the Council of Ministers is now responsible for drawing up a **National Program on Counteracting Violence in the Family** and to report on the results of the program to Parliament annually. However, the program was not published until 2007 according to data available.

The most important government department in Poland for coordinating efforts towards gender equality is the **Department for Women, Family and Anti discrimination in the Ministry of Labour and Social Policy**. Though officially the department is now responsible for coordinating initiatives on challenging gender stereotypes and counteracting all forms of discrimination against women, the issue of VAW is not specifically mentioned in the department's mandate. Countering violence is not treated in the holistic and complex way required, and neither the Ministry of Labour and Social Policy, nor any other governmental body, is responsible for its coordination. Countering VAW is a part of other fields of work such as violence in families, alcoholism, social support and human trafficking. The state budget does not have any designated funds for prevention of DV (Open Society Institute, 2007).

Other barriers and issues within the Action Plan have been identified, including the lack of shelters for female victims of violence.³⁰ Those few shelter services which are in place are run by NGOs and Catholic services, which directly contrasts with the provisions laid down by EU resolutions. An absence of intervention programs for the perpetrators remains. Also desired, but not yet in place, are government sponsored help lines, special provisions in civil and family law for VAW cases, and full equality-based sex education programs as part of the national school curriculum.

In practice, the implementation of the National Plan of Action for Women, the Program "Combating Violence - Equalising Chances" and the development of local structures for the advancement of women

have all been suspended. In some voivodeship offices, the posts of plenipotentiaries for family have replaced plenipotentiaries for the advancement of women (heads of divisions for the implementation of the national action plan). To date, none of the reports on the implementation of the Program have been made public, and reports suggest that little has been done to implement the National Plan of Action.

The NGOs hoped that accession negotiations with the EU would force the government towards a more active gender equality policy, but this has yet to be realised. Poland has done little to adjust its legislation to EU standards in the field of creating equal statuses of women and men - even the binding directives for EU Member States have not been reflected in the Polish legislation. This current situation supports the view that EU negotiators concerned with legal harmonization do not always prioritise the equal opportunities policies for women and men.

3.4.3 National Campaigns on Domestic Violence

As in Bulgaria, NGOs in Poland play a key role in the provision of services for victims of DV. Free legal assistance for victims of VAW is offered only by NGOs, centres of social care and centres of family support. Once a year, **A Week for Victim's Support** is organized in courts, prosecutors' offices and police stations, providing free legal counselling by judges, prosecutors, and lawyers, funded by the budgets of the above institutions.

With regards to other initiatives, the **16 Days against VAW** is an annual action which takes place in larger cities in Poland. It includes conferences, lectures, exhibitions, workshops, and self-defence training. In 2005, the campaign was titled **Family Ties**, and was aimed at raising society's awareness that the first and most basic step to fight violence is breaking the silence that often surrounds it. The 2003 campaign was titled **Home is Not a Boxing Ring**. In addition, the Women's Rights Centre Foundation has been organizing a **Tribunal Against VAW** as part of 16 Days against VAW since 1995. These Tribunals were set up to enable female victims of individual and collective violence to share their stories with the public.

³⁰This data recorded in the Open Society Institute Report is up to 2007.

Roma Women in Poland

The population of Roma in Poland is estimated at 40,000³¹. Poland is no exception to the widespread and endemic discrimination against the Roma community in all the accession countries. Discrimination against Roma women has to be seen against the context of the general status of women, and attitudes towards VAW. The overriding importance of family structures continues to mitigate against the realisation of women's rights in general and Roma women in particular.

According to the Warsaw-based Women's Rights Centre, legal, financial and material recourses available to Romani women who are the victims of DV in Poland are "theoretically the same as to Polish women." However, they state that Roma women "may face additional barriers and problems related to existing prejudices." There are not any special agencies available to protect Romani women in Poland. General Roma associations remain "rather male dominated", attached to traditional values, and would be unlikely to address the problems of Romani women. There is little or no disaggregated data available concerning violence against Roma women, let alone DV³².

Romani women activists are contributing to the building of a truly effective human rights system, by challenging the limitations of current systems and proposing alternatives. They have been on the frontline - simultaneously fighting ethnic hatred, racism, sexism, VAW, educational segregation, poverty, and extreme social exclusion (Schultz, D., 2005). They do so with limited resources, ambivalent relations with both the mainstream Roma and women's movements, and with few role models to call on before them. European Romani women's activism at this moment in history is extremely significant because it seeks to implement intersectional agendas at the level of public policy (e.g. at the national level, the EU, and the United Nations) and at the level of social movement activism.

³¹OSCE, 21 July 2000; Country Reports 1999 Feb. 2000, Section 3.

³²Organization for Security and Cooperation in Europe (OSCE). 21 July 1998. Commission for Security and Cooperation in Europe (CSCE). <<http://www.house.gov/csce/romani.htm#POLAND>> [Accessed: 29 September 2000]; Country Reports on Human Rights Practices for 1999. Feb. 2000. United States Department of State. Washington, DC. <http://www.state.gov/www/global/human_rights/1999_hrp_report/poland.html>

3.5 IMPACT OF THE EU ON MEMBER STATES

This section examines the impact of the EU on Bulgaria, Hungary, Poland and the UK policies on VAW including DV. EU and international human rights mechanisms, such as the CEDAW, play a key role in developing policies on DV in member states. However, this process is not a unidirectional one defined by the regional or international mechanisms, but is multi-directional and influenced by both internal and external dynamics. The impact of the EU can largely be understood as processes of constructing norms, principles and social learning through the interaction of regional and international institutions, governments and civil society (Fabian, 2010; Krizsan and Popa, 2010). The changes in policies, legislation or societal attitudes are influenced by the interaction of local, national and international actors including women's rights movements.

In recent years the EU has become more active and influential in a range of social policy areas, including gender equality and discrimination, particularly through the influence of women's movement at international level. The issue of VAW has been located in the context of human rights and gender equality (Fabian, 2010; Verloo, 2006; Walby, 2004). While the EU's impact on explicitly economic matters has been direct and strong, its impact on non-economic matters has been rather weak (Fabian, 2010). This is centrally related to the legally binding 'hard law' that EU legislation in the economic area is supported by. EU strategies on women's rights (except employment legislation), and in particular VAW, is supported by 'soft law', which remains advisory and not binding (Walby, 2010).

In addition to its recommendations, resolutions and Directives, the accession process for recent members has been a significant factor in the development of DV policies. In addition to this, the EU helps civil society organisations in member countries to raise awareness of, and to lobby and pressurize their governments for the enactment of laws on DV, and to comply with international human rights standards (Roth, 2007; Walby, 2004).

The EU's impact on each of these countries cannot be explained simultaneously due to different social, economic and historical backgrounds and determinants. In the UK, the women's movement on DV goes back to 1970s, thereby predating the EU's initiatives on the issue. Although the EU's influence on gender equality and VAW policies in the UK cannot be underestimated, it can be said that the UK precedes the EU in development of policies on DV. Particularly in recent years, as the EU's remit has started to extend to gender equality issues, its influence on the UK has also strengthened. The EU has been significant in shaping policies on gender equality in the UK particularly in terms of retirement, pay and pensions, maternity and parental rights, sexual harassment in the work place and protective legislation (Kantola, 2006). In particular, with recent increasing reference to VAW in the EU, these mechanisms have started to be used more by local women's groups to lobby the government.

The EU's impact on DV legislation in Bulgaria, Hungary and Poland has been more direct than in the UK. The development of specific policies and legislation in Bulgaria, Hungary and Poland took place between 2003 and 2005 during the accession process. Although women's groups in these countries have long campaigned about VAW, the accession process, fulfilling the requirements to be a member of the EU and complying with Copenhagen criteria have been particularly influential in bringing about changes in policies. In some countries, including Poland, through the efforts of local NGOs which have brought the issue on the EU's agenda, DV was included among the areas that have been monitored by the European Commission regarding the fulfilment of the accession criteria (Fabian, 2010; Krizsan and Popa, 2010). Particularly in Hungary and Bulgaria, EU accession process has been effectively used by the local NGOs to campaign on the adoption of a specific law on DV, and for change in policies. In Poland, its impact has not been as visible, even though its indirect impact cannot be underestimated.³³

In addition to the accession process, transnational cooperation, networking, and capacity building through EU funding has had an important impact (Krizsan and Popa, 2010; Montoya, 2009). As discussed in the previous section, the Daphne funding programme has been particularly helpful in enabling NGOs to work together to develop policies and good practice models on DV in member states. This has helped raise awareness on the issue within the society, improve the DV service provision and influence the policies and laws.

As discussed above, currently in all of these countries there are DV laws, policies and action plans and anti-discrimination policies in place, though DV is defined in a gender-neutral manner in the existing legislation in all of these countries (Fabian, 2010). Even though references are given to the Council of Europe's definition of VAW (in Bulgaria and Hungary) or the UN definition (in the UK) and in various policy documents, both the approach and implementation remains gender-neutral, though perhaps less so in the UK.

However, adoption of policies or laws does not always result in effective implementation. The EU can have a more proactive role in defining a consistent approach to DV in a gendered way and within a human rights framework in the member states. For the EU's directives to be implemented consistently in member states there is a need for a common approach and harmonisation of laws. Thus, regional cooperation and a Directive on VAW are crucial for the promotion of consistent approach to DV.

³³ For more information, please see the research results of Understanding Europe: Quality and Gender Equality Policies project at www.quing.eu.

Table II³⁴ Domestic Violence Policy and Legislation in the Four EU Countries

	DV first acknowledged in a policy document	DV recognized as a specific crime in the Criminal Code	Specific legislation against DV adopted	National strategy adopted
Bulgaria	1996: National Action Plan implementing the Beijing Platform for Action	Not recognized Spousal rape criminalised	2005: The Act on Protection against DV.	2006: The Program for Prevention and Protection against DV.
Hungary	1997: National Action Plan implementing the Beijing Platform for action	Not recognized. Spousal rape was criminalised in 1997.		2003: National Strategy on Crime Prevention.
Poland	1992: “Safety in the family” program-preventing violence in families with alcohol problems 1992–2002	DV is recognized legally in 1997. Spousal rape was criminalised in 1932	2005: Polish Law on DV; The Counteraction Violence in Close Relations Bill.	2006: National Action Plan for Women
United Kingdom	1975: The first Government Select Committee on Violence in Marriage	Not recognized Rape within marriage was criminalised in 1991.	The DV and Matrimonial Proceedings Act 1976 DV Crime and Victims Act 2004	1999 “Living without Fear” 2003 ‘Safety and Justice’ 2009 “Together We can End VAW”

³⁴ The table was adapted from the table formed by Fabian, K. (2010).

MINORITY ETHNIC WOMEN'S EXPERIENCES OF DV SERVICE PROVISION IN THE UK

This section documents minority ethnic women's experiences of DV and the nature of the service response to their help-seeking based on 32 semi-structured in-depth interviews and 5 focus groups with a total of 60 women across different minority ethnic groups in the UK.

4.1 Research Methods

Data Collection

While previous studies on DV have documented the experiences of women from one particular community (e.g., Anitha, 2008), this study aimed to document the experiences of women from a wide range of minority ethnic communities in the UK. The sample was composed of women above the age of 18, subjected to DV by their partners, husbands or other family members.

The majority of the interviews were conducted by the research officer and the main author of this report. A number of interviews were also carried out by members of the reference group, namely Shirini Heerah, Marika Mason and Aysen Dennis, in Birmingham, Brighton, London and Rotherham. Information about this research was sent or given to the voluntary organisations and statutory agencies working in the field of DV, including Victim Support Units, housing associations, refuges and women's organisations. Positive responses were predominantly from women's organisations and refuges; as a result, the respondents were mostly recruited from women's organisations (for the full list please see the Annex II) and through snowballing techniques.

Women were consulted about which language they preferred to conduct their interview in. Twenty-four in-depth interviews and three focus groups were conducted in women's first languages and where they preferred it, in English. Interpreters, who were given a briefing prior to the interview about the aims, objectives of the study and interview procedures, were utilised in eight in-depth interviews and in two focus groups.

Ethical Considerations

Research which invokes traumatic memories in the participants raises substantial ethical issues. The researcher, who has previous experience of researching/working with torture survivors, internally displaced people and DV survivors, was able to address these issues effectively, at various stages of the research. Due to the sensitive nature of the subject, and in order to create a confidential and safe space for women, one-to-one in-depth interviews were chosen as the main method. Depending on women's choices and the structure of the group, a few focus groups were also held. Women were consulted about where they wanted to conduct their interview - these were then held either in their houses or in the offices of the organisations through which contact had been made with the research participants.

All women interviewees were provided with detailed information about the aims and objectives of the project, and how the research findings would be utilised. Prior to the interview, women were informed about the interview procedures, and the measures put in place to ensure confidentiality and anonymity, after which informed consent was sought verbally. No pseudonyms have been utilised for the research participants as these were not agreed with the research participants. The names of places, sites and any other information that could identify women have been changed. In order to manage any negative impact of recalling violent incidents, women were also informed about their right to withdraw from the study at any point they wished to, and were given information about the support that was available if they needed it. The interviews were tape-recorded where consent was given - five out of sixty women did not consent to be tape-recorded. In these interviews, notes were taken by the researcher.

The aim of this research was to get women's voices heard by policy makers. It is women's active engagement with the research, and their willingness to share their experiences with a view to bringing about change in policies, that has made this research

possible. Despite the painful memories it invoked, many women expressed the following motivation for taking part in this research: so that other women did not have to experience the same problems that they had, so that they could be part of this change.

Data Analysis

Data was transcribed and translated into English for the analysis. The transcripts and field notes were analysed using 'framework analysis' method. The data were classified according to the themes, mapped and interpreted to reveal common patterns (Ritchie, J. and Spencer, 1994). The statistical data was compiled using MS Excel.

Limitations

The research findings do not claim to be applicable for each minority ethnic community in the UK. Although the research covered most of the predominant minority ethnic communities in the UK, documenting the experiences of women from every community in the UK was beyond the scope of this research. Interviewees were primarily recruited through women's organisations. Therefore the report does not document the experiences of women who have not been able to contact any services (Mouj, 2008; Women's Resource Centre, 2007).

Table III Demographic Characteristics of the Interview Sample

Ethnicity

African	9	Iranian	2	Pakistani	11
African Caribbean	3	Latin American	5	Turkish	2
Azeri	1	Kurdish	5	Vietnamese	2
Bangladeshi	2	Middle Eastern	2	Japanese	1
Chinese	9	Moroccan	2	Mixed (White and Black British)	2
Indian	2				

Religion

Muslim	22
Christian	19
Alevi	3
Sikh	1
Hindu	2
Buddhist	3
Not prefer to say	10

Children (7 women not identified)

No	16
1	15
2	13
3	5
4	4

Age

Under 25	9
25-40	37
40-60	13
Over 60	1

Immigration Status

British Citizen	35
EU Citizen	1
ILR	10
Asylum seeker	2
NRPF	11
Undocumented	1

4.2 Patterns of Domestic Violence Faced by Minority Ethnic Women in the UK

“VAW” means any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.” (DEVAW, Article 1)

“VAW is a manifestation of historically unequal power relations between men and women, which have led to domination over and discrimination against women by men and to the prevention of the full advancement of women, and that VAW is one of the crucial social mechanisms by which women are forced into a subordinate position compared with men.” (DEVAW)

“Gender-based violence is a form of discrimination that seriously inhibits women’s ability to enjoy rights and freedoms on a basis of equality with men.” (CEDAW, General Recommendation 19)

Women interviewed for this research reported experiencing a range of abuse - physical, verbal, psychological, financial and sexual abuse, as well as specific patterns of abuse including forced marriage. An overwhelming majority of women reported abuse from their partner or husband, while some women reported abuse by other family members including stepmothers, parents-in-law and brothers, as documented elsewhere (Huisman, 1996; Fernandez, 1997; Mehrotra, 1999). Six out of sixty women reported being hospitalised due to the injuries sustained. The research also documents the systematic, ongoing and intentional nature of DV which some women described as akin to ‘torture’. Perpetrators are known to employ different tactics so as not to be caught out by the law. For example, one woman told us that her husband would be careful not to leave any physical marks:

“My husband was very careful about how to hit me, not to leave any injuries. He would try to suffocate me. He would also say that ‘I will do it mentally, they are not going to be noticed’.”

Apart from periodic episodes of physical violence, the pattern of ‘coercive control’ (Stark, 2007) and exercise of power over women was also manifested through ongoing psychological abuse. Women recounted how their abusers broke their social ties, isolated and humiliated them, and made them feel devalued.

“He always made me feel that I had a problem or that I was crazy, paranoid, pathetic, things like that.”

Women recounted particular forms of controlling behaviour, which ranged from being locked up in their house/room, not being allowed to go out, to make phone calls or watch TV, not being allowed to attend English classes, all of which served to increase women’s isolation and dependency on the perpetrator.

“I was not allowed to speak to anyone. When he was not with me I would be too scared to say ‘hi’ to my neighbours. Because if they were to smile at me when he was with me, he would know that I had been speaking to them.”

“I was never allowed to know anything about him but he knew everything about me, my whereabouts, everywhere I went.”

The impact of this abuse led to a range of mental health problems including suicidal thoughts and thoughts about self-harming (Humphreys and Thiara, 2003; UNIFEM, 2003), while two women reported attempted suicide.

Sexual abuse continues to be under reported - British Crime Survey 2004 indicates that “Forty per cent of women told no one about their worst experience of rape suffered since the age of 16” (Walby and Allen, 2004). In this research, 25% of women explicitly reported that they experienced sexual abuse by their partners, while one of the research participants was sexually abused by her brother.

“He does not let me sleep and he just does horrible things to me. He pins me down, he holds my neck, he literally spits on my face. It is really horrible... If he is in the same room with me I would rather sleep on the floor... How do you expect me to sleep because I am tied every other day.”

One of the research participants was sexually abused by her brother, and was accused by her mother of lying when she disclosed.

“My brothers started to abuse... until I was 16 and then I realised it was wrong... when I actually had the courage to speak out about it my mum beat me saying that I was a liar. My dad didn't know because my mum said that you're lying, you're doing it for attention and everything.”

Women found it particularly difficult to speak about the sexual abuse they had been subjected to, a reticence that arose because of the disbelief and blame many minority ethnic women encounter when they first attempt to disclose the abuse (Wilson, 2006).

Women reported experiences of different forms of **financial abuse** such as men's abandonment of the family, men's use of family funds for their own purposes such as gambling, being deprived of their basic needs, and being prevented from working. The majority of the women interviewed did not have any information on their partners' incomes and expenses. In cases where the main source of income was welfare benefits these, including the child benefit, were paid into the men's bank accounts. All the women we interviewed were primary carers of their children, and were solely responsible for all the housework. Many were expected to conform to this gendered division of labour; however, more than half of the women interviewed reported that their partners provided very little or no financial support, leaving them and their children in extreme poverty.

“He would not give me any money for anything, for my personal things. I was working before and when I was pregnant I could not carry on working. He humiliated me, he used to tell me not to touch his phone and that it is his house. The house was on his name, so everything was on his name. I had nothing in his house.”

“He put everything on my name, saying ‘I might forget paying the rent, you do it; you get the electricity bill on your name to open a bank account...’. I was thinking that he trusts me but actually he was planning to be free.”

In some cases, men also benefitted from women's enforced waged labour:

“He said we've got to save the money for our future. And I listened to him and we were financially struggling even though we've got money. He put it in properties... I used to have two jobs at the time - working in the schools and working as an interpreter for social services. He said, ‘You don't know how to earn money. That lady earns £600 per week. Look at you, you don't earn money.’ I felt inadequate. It was a dreadful insult for me.”

One woman reported being used by her boyfriend to hide the illegal sources through which he was earning money. He used her bank accounts to invest huge amounts of money, which led to immense pressure on her as she feared that the bank might report her to the police.

Women whose immigration status was dependent on that of their partners - those with NRPF³⁵ - experienced intensified abuse due to their limited options under existing immigration policies.

“He was humiliating me because of my paper work, he would say this all the time. He would just say get out of my car show me who you are in this country without me, and things like that all the time... he would say ‘you don't deserve to be in my country, I want you out of my country’, and ‘I am going tomorrow to immigration are you coming with me, you better pack your stuff, because you are getting out of here’.”

One woman was abandoned in her country of her origin with her child, and her passport was taken away by her partner. In some cases, women who marry in the home countries are left behind under the pretext that obtaining a visa is a lengthy and difficult process. One woman – who was left behind for one and a half years - described this as the start of the abuse which continued after she arrived in the UK.

³⁵For a description of the NRPF requirement, see 3.1 of this report, section titled, ‘Government Initiatives on Specific Forms of VAW’.

The majority of the women who participated in the research had children. Children were abused in both direct and indirect way by the abusers, and some children were also subjected to physical abuse. In all cases, children witnessed violence. The devastating impact of DV on children has been well documented (Izzidien, 2008; Stanley et al., 2010). These children are at increased risk of a wide range of immediate and long-term emotional and behavioral difficulties. Additionally, DV can also have a negative impact on mothers' ability to look after their children (Radford and Hester, 2006). According to the Department of Health, approximately 750,000 children are affected by DV annually (Department of Health, 2002). Although the focus of this research was not on children's experience of DV, many women spoke about the impact of DV on their children:

"She [her daughter] saw me crying many times and she was affected really badly... she was biting her hands, pulling her hair. She was crying even for small matters, she was overreacting to everything."

Some women indicated that it also damaged their relationships with their children, some of whom blamed their mother for the abuse and for not being able to see their fathers. Women overwhelmingly recognised that their children were being emotionally abused on account of witnessing violence, which was an influential factor in many women's decision to leave.

4.3 Patterns of Help-Seeking

The impact of DV can include low self-esteem, isolation and a range of other mental health problems (Cascardi et al., 1999; Golding, 1999; Humphreys and Thiara, 2003). The decision to leave cannot be understood simply in terms of individual choice. Women's agency is determined by a range of structural factors related to their socio-economic position, the availability of support, knowledge of services, the opportunity to leave safely, and the response of services to help-seeking. This section explores the patterns of disclosure of abuse and different help-seeking behaviours - these include identifying the abuse as a problem, finding out about their rights and accessing relevant support services, a process that is far from linear (Liang et al., 2005; Moe, 2007).

4.3.1 Barriers to Disclosing and Reporting Abuse

The decisions of DV survivors on where and when to seek help are highly complex, owing to the complex nature of DV itself, as well as social, economic, cultural and institutional barriers preventing women from seeking help (Liang et al., 2005). All but one of the research participants were women who found a way to disclose the abuse and sought help. One woman was still living with her partner whilst in contact with a women's organisation to find out more about her rights and options.

In their accounts of the barriers they faced in disclosing the violence and seeking help, the research participants identified a range of intersecting constraints. Some of those that prevented them from seeking help are common to women from both majority and minoritised communities, and include self-blaming, denial of abuse, the thought that it might get better, social isolation, fear of further abuse, lack of awareness about services and financial dependency (Barnett and LaViolette, 1993).

Identifying and naming their experience as DV does not occur in a straightforward way. Gendered processes of socialisation and constructs of femininity and masculinity may obscure the boundaries between 'normal' relationships and abusive ones. Additionally, women may also individualise their experiences of abuse, rather than identify it as part of a wider social problem.

"When I was living with him I was accepting things from him thinking that's how it should be. Because I grew up in a family which was very violent... so I was thinking maybe this is how it is."

"It was not until I spoke to my health visitor that I realised I had a title. This thing had a name and I was a part of something that I did not want to be a part of."

While fear of further abuse is an oft-cited reason that prevents women from seeking help (Barnett and LaViolette, 1993) for some women we interviewed, the close-knit nature of their community made them particularly fearful that their efforts to seek help would be discovered by the perpetrator(s) (Batsleer et al., 2002).

The gender-segregated roles that cast majority and minority ethnic women as primary carers, and the gender pay gap left many women financial dependent on their perpetrators. Where women could not rely on friends or family for financial support, exit was perceived as a particularly difficult option.

"I am worried about how to live economically, this is hard, it is not easy. If I need something he will give it to me as long as I say 'yes' to everything."

Where women had children, the material and financial impact of leaving on their children was also mentioned by some women as a particular barrier. While some mothers were reluctant to take their children away from a family life or from their fathers, others feared that leaving the abusive relationship would entail being separated from their children. For other women, the impact of the violence on the children acted an incentive to seek help.

"I know what will happen because it happened to me with my parents, my father used to hit my mom and I grew up with this depression, with this horrible sense of wanting to kill myself, I did not want to live anymore. So I know what violence can do, and what happens to you and how you are messed up."

Despite the recognition of DV as 'significant harm' under the Children Act 1989, there has been no increased funding to address the needs of children affected by DV (Hester et al, 2007). The lack of intervention for children and young people in many parts of England and Wales (Hester and Westmarland, 2005), and the marginalisation and inadequately funded status of children's services in refuges has also been documented in recent research (Thiara (2005). Some of the factors particular to minority ethnic communities which have been identified in previous research also featured in these women's accounts – shame, pressure from the family and community to make the relationship work (Gill, 2004), barriers created by language difficulties and a lack of awareness of their rights. In some cases, where women disclosed to family or friends, they were blamed for the abuse they experienced.

"My mother-in-law would blame me. She would say, 'you shouldn't have pushed him, you should have let him go out and do what he wants. Do not put pressure'."

In some cases, families intervened, and their attempts to mediate put women under further pressure. One woman was supported by her relatives to stand against the abuse, but without ending the relationship - their efforts to mediate was cited by her as one of the reasons why she remained within that violent relationship for a long time.

"My brother came, the community got involved. You know how our community is. Don't destroy your family, think about the children etc. Yes I need to consider children, but they get behind the sofas everyday because they are scared. He will kill me. People don't understand what situation you are in."

Once women had made the decision to seek help, the lack of information about how to access services was a barrier reported by most of the women we spoke to - a consequence both of the violence they were being subjected to, and the state's failure to reach out to women to inform them about available services. Experiences of women coming from other countries are also shaped by the services and policies in their previous country of residence. Due to lack of mechanisms informing new comers of the services in the UK, they might not be aware of their options.

"I didn't realize it [DV] was important [to the services]. I thought it would be like in Italy and that they don't do anything until you are actually half dead. I think, here, domestic violence is taken very seriously."

However, not all women experienced services as enabling. Women with NRPF, asylum seeking women or undocumented women were particularly vulnerable to violence due to state policies which restrict their eligibility to public funds, and thereby to support services such as refuge provision. Fear of deportation also prevented many women from approaching services, as women were fearful of facing further violence from their parental family for 'not making the relationship work'. Perpetrators used this knowledge to prevent women from seeking help.

“I did not go to the police earlier because he used to threaten me with the police and the immigration. Telling me that I will be deported. So, I was worried.”

Not only does the policy of NRPF create additional barriers for particular groups of migrant women, it has also been argued that state policies shape particular forms and intensified patterns of abuse (Anitha, 2011).

Language barriers served as another factor compounding the difficulties facing minority ethnic women. Inadequate interpretation services and poor practice of using interpreters in statutory agencies intensified language barriers. Some of the research participants also reported that they faced discrimination in the agencies they approached because they could not speak English or were not fluent in the language. Here, lack of proficiency in English was a barrier not only because it hampered effective communication, but lack of English served as a signifier of minority ethnic women’s status as a migrant or a refugee in the UK, and the discrimination they faced was a consequence of this.

“I felt discrimination from government. When I went to the housing office, I was told, ‘If you cannot speak English, why do you come here, for what?’. I told them that I need to get advice. But they said, ‘You come here, you cannot speak English, just for the benefits’.”

Stereotyping and stigmatisation of minority ethnic communities were also mentioned as a barrier that prevented some women from seeking help. As Chantler et al (2006) argue, DV experienced by minority ethnic women is rendered less visible, as something that can be overlooked or even excused for ‘cultural reasons’. On the other hand, there is a heightened visibility of minority ethnic women both within and outside their communities, and on particular forms of DV (Burman et al., 2004).

“You think they’re not going to help you because, you know, you come from another country and it’s meant to be your culture and, you know, that kind of things.”

The gendered process of socialisation which values women’s success in maintaining relationships is not unique to minority ethnic women. However, the focus in media and policy debates on particular ‘cultural’ barriers often serves to re-orient the problem

as that of the individual woman or that of her culture. Women’s accounts indicated that the institutional and structural barriers created by state policy and practice were inseparable from their experience of abuse, and contributed to their evaluation of viable alternatives, or perception of barriers to disclosure. Many women reported a lack of trust in statutory agencies due to previous negative experiences of services, experience of discrimination and racism, as well as owing to their insecure immigration status. Research indicates that it takes longer for minority ethnic women experiencing DV to receive the help they need, and that their access to services is more restricted (Anitha, 2008; Batsleer et al., 2002; Brittain et al., 2005).

4.4. Minority Ethnic Women’s Experiences of Service Provision

States are obliged under international law to prevent women’s re-victimization through to gender insensitive treatment.

Article 49(f) of DEVAW calls states to “develop, in a comprehensive way, preventive approaches and all those measures of a legal, political, administrative and cultural nature that promote the protection of women against any form of violence, and ensure that the re-victimization of women does not occur because of laws insensitive to gender considerations, enforcement practices or other interventions”.

The Council of Europe Recommendation in 2002 urges states to “Take all necessary measures to ensure that none of the victims suffers secondary (re)victimisation or any gender-insensitive treatment by the police, health and social personnel responsible for assistance as well as judiciary personnel”.³⁶

Women’s first disclosures of the abuse were often to family and friends, with variable results. Following this, the women we interviewed approached a range of services for help. These included health services, housing services, police, advice services and women’s organisations. Many women initially sought help with other issues they were facing – for example in relation to their children’s schooling or housing – and subsequently made disclosures about the violence they were experiencing. For many women, if such help-seeking was found out by their partners, they would be at great risk of further abuse. The initial

³⁶Council of Europe, Recommendation Rec (2002)5 of the Committee of Ministers to member states on the protection of women against violence, para 33.

response of agencies when women make first contact is crucial in enabling them to leave the abusive relationship or get the help they need to minimise the impact of this violence. This section examines the experiences of minority ethnic women experiencing DV who accessed statutory agencies including the police, courts, homeless persons units, social services, health services, law and advice centres and women's organisations.

4.4.1. Minority Ethnic Women's Experiences of the Criminal Justice System

This section examines women's experiences with criminal justice agencies - their interactions with the police and their perceptions about the court process.

The Police

According to the guidelines of Association of Chief Police Officers, the priorities of the Police Service in responding to domestic abuse are as follows:

- To protect the lives of both adults and children who are at risk as a result of domestic abuse;
- To investigate all reports of domestic abuse;
- To facilitate effective action against offenders so that they can be held accountable through the criminal justice system;
- To adopt a proactive multi-agency approach in preventing and reducing domestic abuse.

After an incident of DV takes place, it is often the police who are the first members of the criminal justice system encountered by the survivors. Statistics indicate that every minute in the UK, the police receive a call from the public asking for help in relation to DV (Stanko, 2000). However, British Crime Survey estimates that only 40.2% of the DV cases are reported to the police (Dodd et al., 2004).

Women's decisions to approach criminal justice agencies are based on the intersection of several variables such as race, ethnicity, socio-economic status, age, and marital status, as well as the severity of the incident, history of prior violence and previous experience of using other services. Research indicates that women's experience of policing in their home countries may discourage them from contacting the police (Menjivar and Salcido, 2002). These perceptions are exploited by perpetrators to control women, and experiences of discrimination or racism

in the UK may serve to reinforce them (Brittain et al., 2005).

"And he said to me, if you call the police I am going to take the children and you are not going to be able to see them again. I had heard those stories on the news about women, and children being abducted and having all this fight to get them back."

"He had threatened to call the police and on one occasion he did call the police. And I was detained for 13 hours because he said I had threatened him."

In almost half the cases where women did contact the police, they reported a failure on the part of the police to record DV incidents, poor or no evidence-gathering, and failure to take action against the perpetrator(s). One woman reported having called the police on several occasions following DV, and receiving no help in response until she was pregnant. Another research participant reported unwillingness by the police to record her complaint of rape.

"I was raped by my husband and I told the police when they arrived. And they said that they cannot do anything and they cannot prove rape between husband and wife."

"One occasion I called the police and managed to tell them the address but when they came to the house I could not explain anything and the girls were desperate and crying. And it was my husband who explained so I do not know what he said... They gave me a paper and they said if anything else happens go to the station, something like that."

Despite policy changes, which are intended to outline the duties of the police officers during the investigation of a DV case (Association of Chief Police Officers, 2008), women's accounts indicate that police responses remain inconsistent (Belur, 2008). Women also reported that they were not always informed about their options, or felt that their wishes had not been taken into account.

“Attitude of this lady [police officer] was not really respectful... I explained everything to her, what happened. All she wanted to do was to arrest him. I said arresting this man is not going to solve my problem. The problem is, I don't have anywhere to stay... It was all about pressing charges and arresting him.”

Police responses in DV cases continue to prioritise ‘criminal’ aspects of the case over the safety of the survivor – in the face of this, the lack of effective referrals remains a particular problem for minority ethnic women who may not be aware of service provision. For many women, calling the police was a cry for help – they did not necessarily want their partner to be arrested, and their priority was their safety and that of their children. Several women reported that their concerns about their safety did not seem to be taken seriously. For example, upon release of one woman’s husband, the police informed her that they could not do more for her because of her immigration status. Subsequently, when she reported that her husband had been stalking her after his release, she was told by the police ‘to change her mobile number’ and no further action was taken. Similarly, a few women recounted that breaches of injunction orders were not taken seriously. In some cases women remained dissatisfied because the police did not continue with the prosecution on the grounds of insufficient evidence.

“They have still not done anything. The last time they arrested him, they dropped the charges because there was not enough evidence. How many pieces of evidence do I need? When you have got your picture, photos of bruises, cuts everything, is not that enough?”

Contrary to ACPO Guidance, the perpetrator was not always separated from the woman and the children when the police arrived at the scene. Some women reported that no interpreter was arranged and in some cases family members, including children, were asked to interpret, an issue which has long been raised by women’s organisations.

“The police knew there is a language barrier, they did not bring any interpreter with them. And when they came they basically used my daughter. Because I do not want to tell everything to my daughter. I wanted to hide things from my daughter so I could not explain to her tell them this, tell them that.”

Where interpreters were arranged by the police, women reported being able to have their voices heard. However the standard of interpretation was hugely variable - one woman’s experience with an interpreter arranged by the police raises several serious concerns. When her partner breached an injunction order by threatening her through one of her friends, she made a complaint to the police. However, her friend was too afraid to give a statement to the police. The role of the police interpreter left her feeling angry and further traumatised:

“There was a lady doing the interpretation. She accused me, she said, ‘Are you making fun of the police. You are making their job difficult. Your husband is here, he has been arrested. They need your friend’s statement. Why are you telling them something that you cannot prove?’ ... I told her that I was not lying. My friend, she was afraid, what could I do? The police were telling me not to worry but she was accusing me of lying. She really upset me.”

This case demonstrates the gaps in implementation of existing guidelines which outline good practice in interpretation services for DV cases (Association of Chief Police Officers, 2008; Standing Together against DV, 2008).

There were also cases where women were treated as offenders by the police due to lack of effective investigation, and a tendency to believe the perpetrator’s account.

“He called the police. The police came and knocked on the door, and they arrested me. They said ‘you are arrested’, I said, ‘why?’. Then they said, ‘you are not allowed to talk’. They just said, whatever the things police say when they arrest someone. And they were talking too fast, and I started crying, because I was scared. I said, ‘I don’t understand what you are saying’.”

Another woman was arrested by the police based on her husband's allegations. Although her husband was not at home at that time, her three children were left at home alone. The police did not notify the Social Services. It took a call to a friend to ensure that her children were taken care of while she was in custody. In such cases, perpetrators managed to utilise the police to control and terrorise women, a process which further victimised women, and police attitudes impeded any future access to services.

Having been abused by her husband and his family, one woman fled and contacted several agencies to find help. Since she had NRPF, she could not get any help, and had to go back to her husband. She describes how her husband and his family then reported her to the police when she returned home:

"My husband and his mother rang the police and they said that... I had taken their bank cards, pin numbers and everything and that I had stolen their money. So then police came to investigate that and they wanted to talk to me. I said I want to talk to you in a separate room. Police officer said 'no, talk here, in front of your husband'."

In a few cases, women's accounts of the violence were not believed, and the police officers minimised the abuse and/or colluded with the abuser.

"She [police officer] asked me if I was a prostitute. I said, 'No, I am not a prostitute. He is my boyfriend. We have been together for several months.' [after some explanation]... she sat down with me. She was nice to me. I was crying and in pain... But I didn't like it when she asked me if I was a prostitute. Someone can be a prostitute, what difference does it make? It is the man who beat you up, whether you are a prostitute or not."

"He said, 'I saw your husband, he does not look like a bad guy'. He said, 'He is very polite'. And I said, 'Of course, he cannot treat you badly, he cannot beat you because you are not his wife. And why should he treat you badly? You are a police officer. And he is afraid of you'. I felt like, he is not believing me and so he will not help me."

Research indicates some improvement in police responses to DV, particularly attributed to the setting up of specialised units for DV within the police force (Hague and Mullender, 2006). Where women had access to female police officers, often attached to specialist DV units, women reported positive experiences. Where police prioritised women's safety, recorded the report, investigated it duly, kept women informed about the progress of their case or the reasons why it had been dropped and linked women to other agencies, women made more positive evaluations of the service they received from the police.

"Somebody called me, somebody from the police station, they asked if I am alright, if the baby was alright. They told me that they will pass the information to someone because I was pregnant. This lady was so compassionate, she was really attentive. She was on the phone but I felt like she is next to me when she was talking to me. She passed my details to X organisation."

"They [the police officers] were really nice, really caring. I felt very comfortable. That was good. They rang me. They rang me last week to check if I am ok, to see if he has been in touch with me. They called me this morning and told me that they want to give me further support."

While a lot remains to be done to improve police responses to minority ethnic women experiencing DV, pockets of good practice do exist, particularly in specialist DV units in some police forces. However, these specialist DV units are in serious danger of closures due to the impending cuts in public spending. At a time when the impact of cuts seem to be disproportionately falling on women, cutting vital resources such as these will further endanger women's lives. Securing specialist DV units is crucial; however these units also need to work closely with specialist domestic violence services in order to utilise their expertise and provide an effective service to all women facing domestic violence.

CASE STUDY

X is a young woman who was sexually abused by her older brother. When she told her mother, they accused her of lying and beat her. X felt that the abuse was her fault, and as it continued she closed herself off from other people and took any opportunity to be away from the house. After eight years of abuse, when a relative witnessed one of the incidents, the abuse stopped. However, it started again two years later. Around this time, she strongly suspected that her parents were planning to force her into a marriage. This was X's wake up call. "My mum was all, what about these clothes for when you go over (to their country of origin) and I was just like right, those are wedding clothes. I'm getting out of here."

X talked to the police. For X, the role of the police officer who helped her was crucial. "... having Sergeant Y was the best thing I've had." "He used to pick me up from college, take me to the solicitors, drop me back from the solicitors to college. My dad would not know anything."

The solicitor helped X to take out a court injunction against her parents under the Forced Marriage (Civil Protection) Act. The police supported X through the whole court process 'Sergeant Y was just there, just having him there, just made me comfortable and

confident to talk about everything'. Even when the police officer couldn't accompany X, he made sure that someone was with her.

The police were active in finding X a place in a refuge, and assisted her in picking up her belongings. Sergeant Y ensured that she arrived safely and then registered her case with the local police. "That's what he did. He was absolutely amazing."

Although X felt isolated to begin with, but she was able to find a friend in the refuge - someone who had gone through a similar experience. The refuge helped find a doctor, crisis loans, anything that she required. She could also talk to the mental health worker whenever she wanted. X was given a contact for a counsellor, she hasn't taken it up.

X's top priorities now are finding a job and accommodation. However, she cannot give references to prospective employers as her work experience is with her parents' business and she is reluctant to disclose her history. X is currently volunteering for a local organisation. She would like to work with disadvantaged children. She has resumed contact over the phone with her dad but he doesn't know where she is. X feels her confidence is back.

Courts

Despite the introduction of Crown Prosecution Service (CPS) guidelines and policies on DV to ensure a consistent approach to prosecution and conviction of the perpetrators, research documents the low conviction rates for DV (Hester and Westmarland, 2007). On the whole, women interviewed for this research who had called the police prioritised their safety over prosecution, while of the few women who pressed charges against the perpetrator, most had their case dropped for lack of evidence. In one third of the cases, women engaged with the court process predominantly for applications of civil protection orders or to appeal against the decision made in her ILR application under DV rule. In a couple of cases, perpetrators were charged following the reporting of the incident.

Lack of legal aid has been cited by women's organisations (Rights of Women, 2010) as one of the most significant issues preventing women from accessing civil procedures. In addition, women also reported that the court procedures left them feeling further traumatised.

Council of Europe Rec(2002)5 states that states must envisage special conditions for hearing victims or witnesses of violence in order to avoid repetition of testimony and to lessen the traumatising effect of proceedings.

“I am frightened to go to court. That is one thing that really frightens me... going through it again, questions. When I went, it was really hard because I had to go into great detail, how he used to do it, and like what side of bed I was, everything step by step. And it was just like, it is really hard, it is horrible.”

In one case, the court’s lack of understanding about the nature of DV and the implications of the women’s insecure immigration status aggravated her vulnerability. The court issued an injunction order rather than an occupation order.

“I was hoping that once I went to court, he would have to leave the house and I could go to the house with the children. But the judge asked him to pay... per week for rent. He paid for four weeks and then he stopped.”

One woman recounted her positive experience of the court process. During her appeal against the rejection of her ILR application under the DV rule, one woman was questioned about why she had waited so long to leave. The judge warned mentioned that women facing DV often find it difficult to leave, and warned against asking such questions, which made the woman feel supported and validated her experiences.

This research did not uncover much evidence about child contact, as women in the research sample did not make much use of the courts for resolving this issue - there was only one such case, in which the court granted survivor’s request and denied contact to the perpetrator.

Women made positive evaluations of the support and advocacy they received from women’s organisations during the court procedures. This research indicates that minority ethnic women make limited use of the criminal justice system compared to other sources of help, and often prioritise safety over prosecution. The recent emphasis on Specialist Courts and on criminal justice solutions at the expense of funding women’s organisations including refuges is likely to have a detrimental impact on minority ethnic women’s ability to leave the violence.

4.4.2. Minority Ethnic Women’s Experiences of Law and Advice Centres

Several women accessed law centres and advice centres, particularly the Citizen’s Advice Bureaux. However, in a majority of cases where this was their first contact with a service, women remained dissatisfied with the level of support offered, which was short of effective referrals. In a few cases, women reported negative experience of solicitors because they did not specialise in DV.

One woman who had NRPF contacted three solicitors to find out about her legal rights. She was told that nothing could be done for her due to her immigration status. While one of the solicitor’s suggestion was to go back to her husband, the other told her, “your case is patience and praying”.

Women reported a satisfaction with the advice they received in a few cases where solicitors and advice workers referred them to women’s organisations. Women made the most positive assessments of those contacts with solicitors which were facilitated by women’s organisations.

4.4.3. Domestic Violence and Housing: Issues Facing Minority Ethnic Women

Women’s right to adequate housing is ensured in both international and national laws. According to the Housing Act 1996 and Homelessness Act 2002, local authorities have a duty to meet DV survivors’ accommodation needs including: to provide interim accommodation during investigation of homelessness, eligibility and priority need; and to provide accommodation to those who are eligible. The Code of Guidance to the Homelessness Act states that “local authorities should not seek proof of violence, or contact the perpetrator. The effects of DV can be cumulative, where incidents occurring over time may erode a victim’s self-confidence and contribute to making her/him vulnerable”. Despite the legal duty, the practice differs drastically between local authorities in terms of compliance with the law and government guidance.

Seventy five percent of the women interviewed for this research became homeless due to DV. Some women stayed in their parental home, while one woman managed to stay in her home by securing occupation orders and benefiting from Sanctuary Scheme. Almost half of the women had been living in a refuge or a hostel at the time of the interview. Due to a lack of financial resources and fear of further abuse, women's access to private housing is limited - access to public housing remains crucial for many women if they are to sustain exit (Malos and Hague, 1997, p.399). For minority ethnic women, these difficulties are further compounded due to discrimination, financial dependency, poverty and insecure immigration status (Gill and Banga, 2008). However, research documents a significant gap in appropriate and secure accommodation for DV survivors and long waiting lists (Coy et al., 2007).

In this section, women's experiences in the housing units, the attitudes of the frontline staff and provision of short and long term accommodation will be discussed.

The Homeless Persons Units of the councils were the first point of contact for some of the research participants. The majority of the women reported unhelpful and insensitive responses of frontline workers, including disbelief in their homeless status, unwillingness to believe their accounts of the abuse, lack of effective referrals, and racism. For many women, their difficulties were compounded by the lack of interpretation services. Housing application procedures can be complicated, and women who were not accompanied by a representative from a woman's organisation found this process extremely difficult.

"The officer that was dealing with me, she was in a rush so everything was just like, quick, quick. I felt like I'm being rushed, didn't have time to think properly or discuss things properly or explain things properly. And at the same time they gave me few other forms to fill in so I couldn't concentrate, I had to fill in the form, I had to listen to her and I had to reply to her, at the same time, all in one go... Especially, in that situation I wasn't thinking straight, I was asked to sign the form but I wasn't able to read through anything, nothing like that."

In terms of the attitudes of frontline workers, some examples of good practice were also documented by the research. However this remained inconsistent and patchy.

"You go there and tell them that you are homeless. And they treat you like another piece of work... but there are some workers who are helpful, who deal with you as an individual. I spoke to many people, they said we cannot do anything. I was crying, then a worker heard me crying and came to help me. He gave me telephone numbers and explained me what I should do."

Women's short-term options for emergency accommodation include refuges or other temporary accommodation such as hostels, bed and breakfast or temporary public housing. The Sanctuary Scheme introduced recently enables DV survivors to remain in their own accommodation when it is safe for them to do so, where it is their choice, and where the perpetrator no longer lives within the accommodation. It also entails the provision of additional security measures to make home safe. One woman who wanted to stay in her own house benefited from this scheme:

"If a woman has got children, she has got a lot of things to take with her, you cannot tell her to abandon everything... It might sound weird to some people. What is more important, life or your valuables? At the end of the day life is important but when you have got big family to take with you, the valuables are important too... Special things, you cannot just give up these things. When the kids grow older and when they move, they will be thinking, because of our dad, because of the system we have got no memories. We had to stay with bad memories but we had to abandon all good memories."

However, for most women, this was not an option because of fear of further abuse. Research by Women's Aid documents the difficulties that many women may face when availing the Sanctuary Scheme³⁷, and this scheme would be particularly unsuitable for groups of women who may face community sanctions for disclosing the violence and ending their relationships (Gill, 2004). It was for this reason that most women were also fearful of being housed in B&Bs or in hostels.

³⁷ http://www.scottishwomensaid.org.uk/assets/files/publications/practitioners_briefings/SWA_Sanctuary_Schemes_Briefing.pdf

"Upon the closure of the refuge I was staying in, I was sent to a hostel which I refused to go to due to its unsuitability for me and my children. The housing officer said, 'If you refuse to go there, you will be discharged and you will be seen as intentionally homeless'."

Women with children reported being accommodated in hostels, reception centres or B&Bs. The Homelessness (Suitability of Accommodation) (England) Order 2003 makes it clear that B&B accommodation is not a suitable for families with children and households that include a pregnant woman unless there is no alternative accommodation available - and in any case, only for a maximum of six weeks. One woman was sent to mixed hostels, although she had stated that her experience of abuse had made her fearful of men, which was compounded by the treatment she received from other residents.

"I have been waiting in this place for homeless people for quite a long time. The facilities are very bad, people are treating me very badly, I don't know, maybe because I am not white or British. So I have had quite a bad experience for about four months."

Women interviewed for this research reported long waits for specialist spaces, as well as long waiting time for permanent or long term accommodation. The research has found that minority ethnic women experience particular difficulties in accessing safe, secure and affordable accommodation. Provision of permanent housing is becoming increasingly restricted, and local authorities are moving towards provision of extended temporary housing or private accommodation. Research shows that only 25 per cent of women who stayed in refuges went to council housing upon leaving a refuge (Women's Resource Centre, 2007), a situation that disproportionately impacts on minority ethnic women and children fleeing from DV. While women are increasingly being guided to private accommodation, they are not provided with the means or resources to afford deposits or other expenses incurred from by relocation. In addition, high rents were also a barrier preventing women from accessing secure and quality housing.

"The worker, he just tried to make me sign the forms for private accommodation. As if I had accepted everything and just the signature was needed, they tried to finish everything quickly... I told them that I did not understand anything and I will not sign any paper... it was very strange."

From women's accounts, it is evident that DV is no longer regarded as a basis for prioritisation for permanent housing. Women without children have reported particular difficulty in rehousing. As with other services, women with NRPF reported the most ineffective service responses and faced destitution as a result of state immigration policies. During the time she was homeless, one woman with NRPF had to sleep in the police station for two days, and was told to wait at the McDonalds when it was cold in the station; she had to stay at the house of a stranger who found her crying at a bus stop.

"I don't have a place to live, I have to change house every two to three days... I go to different places constantly. This is my biggest problem... I feel like I have lived on the streets for years."

Research documents that in London, in 2006-2007, over twenty-one refuges turned away 2300 women who requested support, because they were full. This rejection figure was much higher for minority ethnic women who attempted to access specialist refuges (Gill and Banga, 2008; Women's Resource Centre, 2007). This shortage is likely to be exacerbated by the shift in resourcing from specialist to generic services (Gill and Banga, 2008), a move that is being made without any assessment of the particular impact it will have on minority ethnic women, whose needs may not be met in generic refuges or other type of accommodation. The declining priority accorded by Local Authorities across the country towards refuge provision in general, and towards specialist refuge provision in particular, represents a serious setback for minority ethnic women facing violence. Refuge services for this group of women is already under-resourced. Any further diversion of funds will undermine the ability of minority ethnic women to leave abusive relationships.

CASE STUDY

Y is a Latin American woman who came to the UK with her partner, the father of two of her children. Her partner's abusive behaviour towards her and the children started very soon after arriving. The abuse was both physical and psychological. It ranged from displays of control, such as preventing access to telephones, threatening the children, calling his wife a whore, withholding of child benefit and other monies, to hitting and sexual coercion.

Y faced enormous difficulties in her contact with front line services due to her insecure immigration status. When she reported an incident of DV to the police, they did not arrange for interpreter, and left to the children to talk to the police. Once, her husband appeared to have convinced the police that she was the guilty party, as she was threatening him. This resulted in her detention at the police station for 13 hours.

She did not fare much better with other agencies such as advice agencies, Social Services and the Homeless Person's Unit. Social Services stated categorically that their responsibility was to the children and not to her and offered to take the children into care.

Several solicitors she approached – privately, and at her own expense - turned down her case on similar grounds. Their suggestions were either that to stay with her partner, or return to her country of origin. Y had continued to work during this period, trying to survive on subsistence wages. She had to work in difficult and exploitative conditions and for long hours in the hotel where she was staying in order to cover the rent. Information and help came from friends and ordinary people such as relatives of children's school friends, who directed her towards the school social worker.

The positive period of her life started when she finally found out about a refuge which provided specialist support services and most importantly a sympathetic and sensitive attitude. They have provided appropriate help with solicitors and complicated paperwork and other statutory agencies. The solicitor helped her to get injunction order and the court instructed her partner to pay her rent, which he defaulted on after four weeks. She is now able to receive child benefit. Her overall situation looks much more hopeful. As she says - "the only good experience is when I was with my feet in this office".

DV is a public health issue which has significant effects on women's and children's mental and physical health and well-being. DV can cause minor and major health problems including injuries as a result of violence, depression, anxiety, post-traumatic stress disorder and thoughts of suicide and self-harm (Krug et al., 2002; Sutherland et al., 1998). Thus, health agencies are a very important point of contact for survivors. DV survivors approach a range of health services, including accident and emergency services (A&E), obstetric services and gynaecologists, midwives, psychiatrists, health visitors, General Practitioners (GPs) and nurses. They are not only a source of care for the emotional and physical injuries of survivors, but also a key agency in early identification of abuse and early interventions (British Medical association, 2007). Routine enquiry in all health services for identification of DV abuse is now a health policy. However, Harwin argues that implementation of this policy remains inconsistent, despite lessons from other countries (Harwin, 2006).

In 2009, The Department of Health published a practical toolkit for frontline practitioners to help them deal with children and young people experiencing DV (Department of Health, 2009). As mentioned in the guidance, in addition to routine screening, recording of DV also plays an important role for bringing perpetrators to justice and providing evidence of abuse where women need it for housing and immigration related matters (Department of Health, 2009). The Crime and Disorder Act 1998 places a statutory duty upon Primary Care Trusts to work in partnerships with other agencies.

A majority of the women who participated in this research had been in contact with health agencies in relation to DV. While in a few cases health agencies were instrumental in enabling women to leave violent relationships, in the majority of the cases, women reported negative experiences including failure to validate women's experiences, attempts to minimise the abuse, lack of effective referrals, tendency to

prescribe medication rather than refer them to counselling services, and issues around confidentiality. Women's accounts also indicate that routine enquiry is not carried out in health agencies, and that lack of training still remains a significant issue.

Midwives and Health Visitors

The increased risk of DV during pregnancy has been well documented. Several women who participated in this research had been in contact with midwives and health visitors during their pregnancies. This research indicates that routine enquiry by health professionals during antenatal or postnatal period is not a common practice. For some of the participants in this research who had made partial disclosures, for women who had been willing to disclose abuse, or for those with limited opportunity to access services, routine enquiry about DV would have been beneficial. In a few cases where women suffered post-natal depression, the symptoms of DV were misinterpreted as the consequences of post-natal depression.

This research also reveals individual examples of good practice which did not seem to be embedded into standard practice. In one woman's case, her health visitor was instrumental in helping her disclose the abuse and approach other agencies for help.

"When the children were about 6 months old, I spoke to my health visitor. She suggested that I go to see a psychologist. She gave me leaflets and pamphlets. From there I went to a psychologist. I spoke with him and he suggested that I talk to DV worker, (X) project, in Newham Council."

Health professionals who come into contact with women during antenatal and postnatal periods can play a key role in identification of abuse and in supporting women (Taskforce of the health aspects of VAW and children, 2010).

General Practitioners (GPs)

General Practitioners are also among those health professionals with whom DV survivors routinely come into contact. While some women sought help for physical injuries, others contacted their GP for help with the impact of DV on their mental health, and presented symptoms like depression and sleeping difficulties.

Particular issues reported by the women in relation to GPs included lack of interpretation services, failure to take women's disclosures seriously, failure to pursue signs of abuse, lack of confidentiality and failure to offer support and referrals. In some cases, women were accompanied by the perpetrators and did not have the chance to see the GP alone.

"My GP is a man. I don't feel comfortable speaking to him. He knows about certain things. I went to him GP with a black eye. It got infected. I did not tell him the truth, he did not ask any questions about it."
Women also expressed their dissatisfaction with the routine prescription of anti-depressants when they approached GPs with problems of anxiety and depression, and felt that there had not been appropriate assessments or referrals to other support services.

4.4.4 Minority Ethnic Women's Experiences of Health Services

Department of Health's guidance titled 'Responding to Abuse: A guidance for Health Professionals' defines the role of health professionals in DV cases as focusing on the woman; giving her information and referring her to relevant agencies; making it easy for a woman to talk about her experiences; supporting and reassuring her; and being non-judgemental (Department of Health, 2005). Also Home Office in its guideline titled 'Tackling DV: the role of health professionals', recommends that health professionals use mnemonic RADAR (Taket, 2004).

RADAR

- R** Routine enquiry
- A** Ask direct questions
- D** Document findings safely
- A** Assess woman's [victim's] safety
- R** Resources; give woman [victim] information on resources available, and respect their choices.

"I went to the GP with my daughter. I wanted to show the itches, and I wanted her to refer me to counselling. I told her. But her attitude was very arrogant, she told me that all the women coming from there [the refuge] complain about the same problems. She just prescribed anti-depressants and that was it."

GP's surgeries which cater to women in refuges need to work closely with these refuges in order to provide adequate levels of care for women who may be experiencing high levels of trauma. This women's experience points to the need for greater awareness on the part of GPs about the impact of DV on women's health. Women did not find the routine prescription of anti-depressants helpful, and would have benefitted from counselling services. However, the provision of mental health services including counselling is inadequate and crisis based, with long term support being severely restricted.

Accurate recording of disclosures of DV can have a significant impact on women's access to justice. Another issue raised by women was the difficulties they faced when they tried to obtain their records, and in getting a letter of support from their GPs.

"He said 'I cannot help you with housing. I am not here to write letters to councils'. They have got no record of my complaints."

The gender and the ethnicity of the GPs also influenced women's decisions to disclose abuse. While some women found that knowledge of the same language and awareness of cultural issues were helpful, in some cases women were concerned about issues of confidentiality, particularly in small cities and where the entire family had the same GP. In one case, the GP breached confidentiality by informing the family about the disclosure. Women also reported cases where GPs refused to believe their disclosures.

Women test services out by making partial disclosures. When presented with evidence of DV, where practitioners fail to pursue the explanations for the symptoms, not only does this undermine women's confidence in the health service, but women's ability to trust other services is also impeded. In a few cases, women made positive assessments of their GPs

– these were where the GP had enabled women to make full disclosures through pro-active questioning, taken their accounts seriously, made referrals to other agencies, followed through on these referrals and offered ongoing support in the form of referrals to counselling services.

Accident and Emergency Services (A&E)

Statistics indicate that over one per cent of A&E department visits are due to domestic abuse (Williamson, 2006), which given the low disclosure rates of DV is likely to be an underestimate. In this research, a few participants were hospitalised as a result of DV, either due to suicide attempts or severe physical violence. One woman was hospitalised a few times. She did not disclose the abuse and she was not asked any questions about her injuries, despite her repeated visits.

"When I went to hospital I used to say that I fell down. It happened too many times."

One woman reported that despite her disclosure of DV, she was treated with an utter lack of empathy, and A&E failed to refer her to appropriate support services.

"The first time I went, the lady took my clothes off so that she could examine where I was hurt. This lady, actually she did not help me. She was saying you cannot be in that much pain. I showed her my hand, she was like 'oh where did this come from'. I said he hit me on my hands and then she said 'I will take you for an x-ray'... I said it is really painful. I could not speak. She was not very helpful and she made me feel a lot worse than I did."

A failure to validate her experience, and attempts to minimise her expressions of the pain was profoundly upsetting for this research participant. Despite research which documents the high hospital attendance rates of women experiencing DV in the two years before femicide (Wadman and Muelleman, 1999, cited in British Medical Association, 2007), there continues to be an inadequate understanding of DV and of women's needs in the face of such violence on the part of A&E services.

Mental Health Services

The link between DV and mental health problems has been well documented (Cascardi et al., 1999; Golding, 1999; Humphreys and Thiara, 2003). According to the Department of Health, at least 50% of women users of mental health services have experienced DV (Department of Health, 2003; Walby and Allen, 2004). The majority of women who participated in this research reported emotional distress and a variety of symptoms including depression, sleep disorders and suicidal thoughts. The long term impact of DV on emotional well-being was expressed thus, by one woman:

“When I look at the mirror, I see his face from the marks on my face. My grey hair, wrinkles are all remnants of him. I have to change my face to forget everything.”

In addition to the harm caused by the impact of DV, the difficulties encountered by minority ethnic women when they fail to receive help from support services also intensifies the trauma they suffer.

Women interviewed for this study accessed counselling services largely through women’s organisations, while a few of them were referred by their GPs. As research documents, women approach mental health services with symptoms of mental health problems without disclosing the abuse. Thus enquiry about DV needs to be included in the clinical assessment of patients (Royal College of Psychiatrists, 2002). Department of Health guidelines also requires health professionals - including mental health professionals - to keep detailed, accurate and clear notes about disclosures of DV, which can also assist women in accessing justice.³⁸ Despite these provisions, existing service provision is far from meeting women’s needs.

“I went there [an organisation providing counselling] and cried for 20 minutes. The lady offered me a glass of water and tissues. And that was it... She asked me to make a few contacts... I really felt they didn’t want to help me. The way she spoke to me, not touching the needs that I had at the time. So I left... They don’t put their feet in other people’s shoes. I felt she was following the procedures instead of relating to me.”

Childcare issues were revealed as one of the barriers preventing women’s access to services, such as counselling. Despite being in urgent need of psychological support, one woman could not find a counselling service with crèche provision.

“At first I was in a waiting list. Then I had the letter saying that I have a space. But the crèche was for children for two years and over. And that made me really mad because at the time my daughters were younger. I was so desperate to release what was inside me and talk to somebody... I wasn’t able to access it because of the age of my children.”

The need for appropriate emotional and psychological support was mentioned by all of the women participating in this research. All the women who were referred to counselling services mentioned waiting lists that were several months long. When women secured their sessions, the short-term nature of this provision meant that they were not able to get adequate support if they could not pay to continue counselling after their allocated sessions had run out. Women’s experiences of counselling, group therapy and other forms of psychological support provided by minority ethnic women’s organisations were particularly positive due to language specific and culturally sensitive services. Women particularly valued group work provided in women’s organisations and found them effective in overcoming the emotional consequences of DV.

This research indicates that women need support from mental health support services which are aware of their needs as minority ethnic survivors of DV. However, specialist psychological services for minority ethnic women are rarely available. Emotional and psychological support needs to be a part of long term service provision for DV survivors.

³⁸Department of Health, (2005), Responding to domestic abuse: A handbook for health professionals, London: DH, Available at http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4126161

4.4.5 Social Services

Article 19 of the United Nations Convention on the Rights of the Child (UNCRC) obliges states to “take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s) or legal guardian(s)”.

The Children Act obliges the state authorities to provide for the well-being and safety of children. With the adoption of the Children Act 2002, the definition of significant harm defined in Children Act 1989 was amended to include “impairment suffered from seeing or hearing the ill-treatment of another”. The Children Act 2004 also creates a duty to cooperate among the relevant agencies.³⁹

In one third of cases, the research participants contacted Social Services to seek help or to get advice in relation to DV. In those cases where children’s safety and well-being was thought to be in danger, other agencies such as the police notified social services.

Women with NRPF had the worst experiences to report, and those without children were simply turned away. The experiences of those with children were no better. Under section 17 of the Children Act, and with the amendments to Sections 17 and 22 of the Children Act 1989, local authorities have a duty to safeguard and promote the welfare of children within their area. However, women with NRPF reported that the social services offered to take their children into care, and told the women that they had no responsibilities towards the mother.

“Because he threw me out of the house many times, one of my friends, she helped me, she let me stay in her house with my kids for a while, she came with me to the social services. But these people did nothing. Even though they knew that violence was involved and the kids were witnessing all these things. The only thing they said was, ‘As far as he is not violent with them, we cannot do anything’. So he can kill me and for my kids that would be OK.”

³⁹Vision for services for children and young people affected by DV - guidance to local commissioners of children’s services, LGA, ADSS, CAFCASS and Women’s Aid, 2005 www.lga.gov.uk

CASE STUDY

X is a 26 year old woman. She is currently being supported by a minority ethnic woman’s organisation and waiting for her divorce case to be finalised. X came to the UK as a student, where she met her husband and married him against her family’s will. When she experienced DV, she was within the two year probationary period during which she had no recourse to public funds. Currently she has indefinite leave to remain, which she applied for under the DV rule.

Throughout her over one year relationship with her husband, X experienced various abusive behaviours from her partner, including physical and especially psychological violence. Her family refused to see her anymore, and threatened to kill her if she returned to her home country. The abuse had a variety of negative impact on X’s emotional health. She does not trust men and she discredits even happy couples when she sees them on the street, saying that they might have a different life at home. She does not want to share any accommodation with men due to a previous threat of having acid thrown on her face.

“When violence is mentioned, it should not be thought that it is just physical violence. ... He cut my shoes to prevent me from going outside. I never forget this.”

Her first contact with an agency was with the police after a neighbour reported an incident. Although the police who arrived home was sensitive and helpful and instrumental in getting him out of the house, they did not provide her with emergency accommodation or referred her to another agency or women’s organization. After she left home, she faced with many problems owing to her immigration status. Aside from being advised about her rights, she was not provided with any accommodation because of her immigration status and was left to the gratitude of friends to find a place to stay. Her first application for ILR was rejected, but she won on appeal. She is still waiting for either a temporary or permanent accommodation. She is getting better with the help of a woman’s organisation and her counsellor.

Though social services can act to help the family, with regards to Article 8 of the ECHR which protects child's right to family life (Anitha, 2010), this was not the experience of the women we interviewed. Women also reported that social services disbelieved their accounts of violence, and one woman were particularly angered and upset by racist remarks made by the social worker.

"She was really rude, she said 'why don't you just go back to your country'... I said 'you should understand me, I have kids, it is not just me'... She did not give me any help, she made me more depressed to be honest... They did not pay any attention to what I was saying."

"They said 'well we cannot help you, you are making these things up because your stay is running out... because you want to get the visa'."

The Crime and Disorder Act 1998 places a duty upon statutory agencies to act in a coordinated manner in cases of DV. However this research documents the inconsistent and patchy referral mechanisms to other organizations and statutory agencies (including housing) for women who have contacted social services. In one case, where a woman with two children was reluctant to move to a hostel because she felt unsafe there, rather than taking her concerns about safety seriously, she was threatened with social service intervention with regard to her children, thereby strengthening her misgivings about social services. For women who have already been threatened with separation from their children by the perpetrators', such responses from social services are particularly worrying.

A few women had positive experiences with social services, where they were referred to appropriate agencies and received empathetic support. Women particularly valued the service they received when social services worked closely with other children's support services, such as children's centres and specialist agencies. Follow up visits proved particularly significant in preventing repeat victimisation, and in providing women the support they needed to make positive decisions about leaving abusive relationships. In addition, the contribution of social workers at schools was also evaluated positively by some women.

"In the schools, the girls' school, the grandmother of one my daughters' friend, she helped me and they told the social worker in the school. So, I would try with her, and tell her the things. She was sort of following my case. She told the school my situation. And they tried so I would receive child benefit, child tax credit... They talked to Homeless Person's Unit."

"The social worker is very good, she put me in contact with everybody. She is an amazing help. I have got the response from everybody - all in one month... She is not a typical social worker, you know they sometimes make it harder for you and you are scared... She contacted me and she said 'what can I do for you'... I said, 'I just want to leave this house'."

However, on the whole, women's narratives indicate that the response of social services was better in cases where children were directly abused. In contrast, despite the introduction of the concept of 'significant harm' from witnessing abuse, where children were affected indirectly, the involvement of social services remained minimal. There also remains a gap in addressing the issues facing young people between 16-18 years old. The definition of DV does not address them, nor are there sufficient services, expertise and resources available to respond their problems.⁴⁰ As the NSPCC argues, there remains a need for a more proactive approach by social services to better protect women and children from harm (Izzidien, 2008).

4.4.6. Minority Ethnic Women's Experiences of Women's Organisations

The majority of the women who participated in the research were primarily supported by minority ethnic women's organisations, and by services in generic women's organisations, including refuges. Service provision by minority ethnic women's organisations was particularly valued by women, as documented in previous research (Imkaan, 2008; Mouj, 2008; Women's Resource Centre, 2007; Women's Resource Centre, 2010).

⁴⁰House of Commons Home Affairs Committee DV, Forced Marriage and 'Honour'-based Violence Sixth Report of Session 2007-08

Refuges

Refuges were the form of emergency accommodation that women interviewed for this study (who had secure immigration status) had most access to. While women who had stayed in a refuge welcomed the safety and the end of abuse that moving into a refuge entailed, they also described a range of difficulties that have been well documented for women leaving an abusive relationship (Dugan, 2000; Kirkwood, 1993). Contrary to popular perceptions, exit is not the end of their problems, but a stage when survivors have to deal with a range of issues that stem from the impact of the abuse on themselves and their children. Some of these issues related to the inadequate funding situation that refuges operate in - the low quality of accommodation, over crowdedness, lack of private spaces, problems with the shared facilities and lack of play areas for children were among the issues that women identified.

"It was not very clean. Arguments over cooking etc. It made me worse, I felt like I would go back where I started, I could not take it... My children were unhappy. Although we felt safe, I think refuges could be nicer places."

However, not all women perceived the quality of accommodation as inadequate. Perceptions varied depending on the refuge a woman went to, on whether she had children, and on women's prior class position and circumstances, and consequent expectations of communal living.

"I expected it to be much worse actually, but actually my room is quite nice. Ok, when I came here it was a mess... the floor wasn't clean, but you know I cleaned it myself. OK this is a charity organisation so it's not like just because you request something, it will happen straightaway because financial situation is quite tight anyway... I do understand, things break, they can't always provide me a replacement straightaway, you know."

Other issues related to the rules about visitors to the refuge, which some women were unaware about prior to moving in and found difficult to comprehend, given their extra need for support from family or friends at this difficult time:

"My cousin came with a van to help me to take the stuff to the refuge. And then I got to the refuge, nobody was allowed in. That was the really difficult part of it. Even my family... weren't allowed to come in. It was really like going into prison. It felt really hard."

Another issue that was raised by many women was the ironic situation whereby employment seemed to work as a barrier to women's access to refuges. The high rates of rents prevalent in refuges inhibited employed women's access to refuges, and forced them to leave their jobs to apply for benefits. As Chantler et al (2006) argue, for those who are citizens and so entitled, the benefit trap paradoxically requires women's financial dependence in order to be entitled to financial support. These women are then stripped of the means to free themselves from such dependence (Batsleer et al., 2002). This very situation applied to two women who were in full time education when they had to move to a refuge. They had to leave their studies while staying in the refuge since students in full time education are not entitled to all benefits.

"When I came to the refuge, they said if you want to study you have to pay the rent or you have to leave and rent other place. To waste my one year of studies, no studying, nothing, just staying at home doing nothing... that's what stresses me out more now."

Despite these issues, most women evaluated refuges positively not only as a safe accommodation but also in terms of provision of practical and psychological support for women and children, as discussed in the following sections. Reiterating previous research findings (Hague and Mullender, 2006; Women Resource Centre, 2007; Women's Resource Centre, 2010), compared to statutory services, women's organisations were highly valued by DV survivors who participated in this research because of the holistic support, expertise and knowledge, as well as their crucial role in campaigning and advocating for women's rights (Women's Resource Centre, 2010). Although the significance of their role has started to be recognized in policies, they still face inadequate funding and resources (European Women's Lobby, 2001).

Issues Particular to Generic Refuges

In addition to the problems arising from a lack of resources, other issues that were raised by research participants related specifically to generic refuge provision. Some women were turned down by generic refuges they had contacted due to the refuge's inability to cater to their language needs – which might require the provision of interpretation facilities - and this increase in the waiting time forced some women to remain in abusive relationships until a space could be found in a specialist refuge. While such responses have evolved out of the historical difficulties faced by generic services in meeting minority ethnic women's particular needs, in practice this forces women to remain in abusive relationships in a context where for some women, the opportunity to make a contact with services or to plan an exit may not arise for some time. Mainstream refuges need to work closely with specialist services so that no woman is turned away when there is a space available, and must find ways to move women to specialist refuges when a space becomes available. In the long term, this situation is created by the lack of adequate numbers of specialist refuges - existing provision needs to be secured and strengthened to meet the rising need generated by recent campaigns on particular forms of violence, such as forced marriage.

Related to this is the situation described by some research participants who were housed in a generic refuge faced extreme isolation due to the lack of accessible support by refuge workers. For some women, this was compounded by the racism they faced from fellow residents. The racism experienced by minority ethnic women at refuges has been documented in previous research, as has racism from the workers in refuges, in neighbourhoods where refuges are located or when re-housed. Research also documents workers' use of discriminatory state practices and legislation - such as immigration law - against residents (Rai and Thiara, 1997). While challenging racism and exclusionary practices in generic women's organisations and refuges, there is also a need to maintain specialist refuges as spaces where minority ethnic women can receive the support they need without facing further victimisation. The provision of DV support services for minority ethnic women cannot be separated from the struggle against racism and discrimination in all agencies and organisations (Chantler, 2006).

Minority Ethnic Women's Organisations

DEVAW Article 4 calls on states to:

“Recognise the important role of the women's movement and non-governmental organisations world wide in raising awareness and alleviating the problem of VAW ...

Facilitate and enhance the work of the women's movement and non-governmental organisations and cooperate with them at local, national and regional levels.”

It is against a context of a high demand for specialist services (Women's Resource Centre, 2007) and a concurrent shift in policy and funding priorities which threatens specialist provision (Gill and Banga, 2008) that this section explores minority ethnic women's experience of specialist services.

Research documents the multiple and intersecting forms of discrimination experienced by minority ethnic women (Menjivar and Salcido, 2002; Sokoloff and Dupont, 2005). In the UK, evidence indicates that a woman victim of DV has on average 11 contacts with agencies before getting the help she needs and this rises to 17 if she is from a minority ethnic community (Brittain et al., 2005). Consequently, while generic DV support services can be instrumental in enabling women to leave abusive relationships, the long-term and holistic support that is needed to enable women to sustain exit and to overcome the impact of multiple forms of discrimination is often beyond the capacity of such generic providers (Rai and Thiara, 1997). It has been argued that generic services often implicitly work under the assumption of 'whiteness as norm' (Donnelly et al., 2005), thereby failing to perceive and respond to minority ethnic women's experiences of violence within their homes, which are not separable from other forms of violence outside their homes, such as racial discrimination and increasingly, Islamophobia post 9/11. The role played by specialist DV services within the women's voluntary sector remains crucial (Women's Aid Federation of England, 2007).

“She [the worker] called me in the morning. Her voice was really caring, sincere. She said I want to help you, if you accept. I felt like the sun shone again. I felt at ease, I was very happy. I could speak in my own language with them. I was very happy thinking that they will understand

me and my feelings better and also I will understand what they are saying... I got the biggest support here. I was not in contact with anyone else, I did not need it. Here, they do everything for me. X [children’s centre worker] is doing a lot for my daughter.”

CASE STUDY

X is a 33 year old Middle Eastern woman. She has been married for 17 years with four children. Her husband came to the UK to work, where X joined him. After she came to the UK, she found herself in quite a different situation to that which she had expected. Her husband had affairs with other women and would not come home for days on end. He stopped financially supporting her and their children, and placed all household and childcare responsibilities onto X’s shoulders. He stopped giving her money, and transferred the contracts such as house rent and electricity bills over her name one by one. In addition to financial violence, X was subjected to emotional violence through intimidating and degrading comments. When the situation worsened, she decided not to let him into the house - when he started to get violent, she called the police. The police helped her by referring her to a women’s organisation. As a result, other agencies including social services got involved who helped her to start a new life.

She was not working at that time and did not have any family members in the UK. She eventually obtained an injunction order against her husband, who after their separation threatened to kill her and take away their children. She is also receiving counselling service. Her positive experiences with the agencies helped her to overcome the problems in a rather quick way.

She started to attend college in order to improve her English, and works as a cleaner and is considering setting up her own business to provide a better life for her children. She has been attending ‘positive child rearing’ courses, and is a member of a women’s group through which she has been attending group therapy sessions. She feels empowered and self-confident, a self-sustaining person and mother of four children.

ROMA WOMEN'S EXPERIENCES OF DOMESTIC VIOLENCE SERVICE PROVISION IN HUNGARY

Throughout Europe, Roma communities are at high risk of marginalisation. The dimensions of their disadvantage are similar to those experienced by women from other ethnic minority groups, but Roma women typically face additional or more pronounced forms of marginalisation and discrimination (Corsi et al., 2008). As in the case of ethnic minority women in general, precise and complete official data are unavailable for Roma women; moreover in some European countries there is no accurate data on the size of the Roma population, even if, according to recent estimates, 'there are possibly over 10 million Roma in Europe (Corsi et al., 2008). It is well documented that Roma communities and Roma women in particular experience significant difficulties in exercising their basic rights and in accessing support services.

In this section, experiences of Roma women in accessing DV services in Hungary will be discussed.

5.1 Research Methods

Data Collection

At the outset of the research, Roma organisations, private agencies and NGOs involved in combating DV, shelters, Roma self-governments⁴¹ and social scientists who are experts in the area of VAW and children were approached. These experts and organisations were asked to provide information about the women they have been working with, their background and living conditions and the types of DV cases they encountered during their work. Based on this information, they were asked for assistance for selecting Roma women for focus groups.

⁴¹Minority Self-Governments are set up on local and on national level in Hungary. Their structure and operation are regulated by the Hungarian Act LXXVII on the rights of National and Ethnic Minorities. The Act states that a minority self-government is a legal entity that is obliged to ensure the assertion of the rights of the minority it represents or indeed any other minority within the territory of Hungary.

Breakdown of Focus Groups

In the first phase of the research, focus groups were conducted with the participation of Roma women who had suffered abuse afflicted by their partners. As mentioned above, the participating women were recruited by private agencies and minor self-governments. Each focus group had an average of 6 – 10 women, covering an age range of 25 to 65 years. Marital status also varied - the groups comprised women who were married to or lived in cohabitation with the abuser, whilst others were separated and some divorced. Since our objective was to acquire insight and information as extensively as possible, we did not specify any requirement concerning these conditions.

Layout and Context

When the focus groups were composed and conducted, the overall approach was based on the conditions and characteristics of the selection. It was crucial to gain the cooperation of the participating women, and therefore possible means to overcome initial distrust had to be considered in advance. Thanks to the involvement and support of the stakeholder organisations, the participating women had been prepared for the focus groups. However, the presence and role of the researchers needed to be understood and accepted by the participants.

Therefore, the researchers' approach was different in each group. Participating Roma women were recruited by the Roma self-government, on the basis of their ethnic background rather than as "officially" registered 'victims of DV', although they were informally understood to be. The researchers had to tread very carefully at first, laying the ground for a discussion of DV and abuse, instead of plunging into a potentially traumatic discussion head on. Researchers had to make sure that the participants understood why they were there, and for what purpose they were participating in the group, all the while refraining from identifying them as 'victims of DV'.

In the focus group recruited by a Roma organisation involved in combating VAW and children, the aim of the group discussion was pronounced and the issue of DV was identified as the main theme of the meeting.

Interviews

Interviewees were recruited either individually, again by the assisting organisations, or from within the focus groups. The reason for asking focus group members to participate in interviews was to acquire a more extended and also deeper insight of the background, conditions, roles and performance of acting agencies and outcomes of specific cases.

Interviews were also conducted with police officers, who were officially involved in combating DV as representatives of crime prevention units of law enforcement agencies. One officer was also responsible for the training of police intervention in DV cases. Last but not least, interviews were carried out with civil society agents, lawyers, psychologists and social scientists to contribute their valuable insight on the currently available legislative, social and other services – or, indeed, lack of them – for victims of DV.

In both focus groups and during interviews tape recording was used with the consent of participants. Participation was voluntary and anonymous.

Ethical Considerations and Difficulties

It is important to note that – as described previously – the Roma issue in Hungary is very different to the challenges and tasks other European countries face concerning the social inclusion of immigrant populations. Romani people are an ethnic minority but they are not immigrants - they have lived in Hungary for generations. Hungarian is their second language, sometimes their first, therefore they do not have to overcome language barriers when dealing with authorities or public bodies. Roma communities are firmly rooted in their social environment. What is similar, however, is society's response to this ethnic minority – racism and discrimination, and numerous manifestations of social exclusion, including poor education, poor housing, unemployment, and deep poverty.

Another important aspect to be noted is that the identification of Roma ethnicity is very strictly based on self proclamation in Hungary. Any implication to ethnic origins and background of a person might be considered discriminative. Therefore, the identification of Roma women by public agencies and institutions which work with victims of DV is officially not possible. In the context of this report, identification was based on the background information provided by the organisations involved, as well as on an informal basis and through unofficial selection.

5.2 Roma Women in Hungary

Social and Economic Background

In Hungary, Roma women are most profoundly and most extensively affected by discrimination based on both gender and ethnicity, the two generally being entwined. Their social exclusion is generated through unemployment, poor education, long term poverty, poor health, poor housing, lack of social and economic empowerment, discrimination and stereotypes. These issues usually interact in a vicious circle, thus reinforcing their effects as multiple disadvantages.

Employment

The exclusion of Roma people from the labour market is typically based on poor education, discrimination based on racism and housing conditions. Mostly these people live in very poor areas or neighbourhoods, in disadvantaged regions or slums.

Research indicates that the employment rate of Roma people decreased drastically after the change in political regime. State owned actors of the building industry and agriculture, many of which had primarily employed Roma workers, went bankrupt. Those Roma workers who managed to keep their jobs were poorly qualified and therefore forced to work in the worst paying sectors. Furthermore, the level of discrimination against ethnic minorities also increased, deteriorating labour market conditions for Roma people. A representative research studying social and economic conditions of Roma people in 2003 found (Kemeny and Babriella, 2004) that one out of every six Roma women had income from a regular job. It was also highlighted that since labour market integration is futile in their case, Roma women opt for gaining status by having children – thus reducing even further their chances of integration into the labour market.

Education

Research data also reflects an increasing difference between the number of Roma children and non-Roma children in education. Eighty eight percent of non-Roma children and only 42% of Roma children attend kindergarten between the ages of 3-5. Reasons for this exclusion are lack of available places, lack of financial means, segregation and discrimination, poverty (e.g. no appropriate clothing to go to school in)

In elementary education, the number of Roma drop-outs are considerably higher. There is also an increasing tendency for Roma girls to be directed to private tuition.

There is also a tendency to “discard” Roma children as pupils with mental disabilities - research indicates that (Kemeny and Babriella, 2004) the number of Roma children transferred to institutions for children with mental disabilities is twice as high as that of non-Roma children. Approximately five percent of Roma young people, between the ages of 20-24 complete secondary school. While 40% of non-Roma young people enrol in higher educational studies between the ages of 20-24, only 1.2% of Roma youngsters attend university or college. Only three percent of Roma women who became mothers under the age of 18, have a qualification higher than elementary.

Health

Economic and geographic exclusion have considerable effect on the overall health of Roma people. Research (Kemeny and Babriella, 2004) has found that only a very low number of Roma people living in settlements apply for health care, including dental care and preventive screenings. The primary reason for this is that 35% of those who do require medical care have had to face discrimination. Studies (Voko et al., 2007; Voko et al., (2000) have revealed and emphasized that educational, geographic, social and economic deprivation have long term effects on quality of life and health. Forty percent of the Roma population aged 19-34 suffer from chronic illness. Eighteen percent of the whole Roma population in Hungary does not have access to general medical care.

It is very important to note that Roma women living in multiple deprivation are becoming mothers at an increasingly younger ages. This means that most deprived settlements have a growing population. These mothers are excluded from the educational system and consequently from the labour market. They will live on social benefits and therefore will not be entitled to pension.

5.3. Main Findings of the Focus Groups and Interviews

5.3.1 Focus Groups and Interviews with Roma women – Victims of Domestic Abuse

Attitude and Level of Awareness

The first thing encountered when starting a focus group was shame, and reluctance on the part of Roma women to openly discuss the occurrence of DV in their lives. An initial miscommunication needed to be cleared up in the choice of wording – when asked if they have been witness or victim of domestic abuse in their family, they all said no. When asked if they have ever been beaten up by their partner they gave a different answer.

“I have never suffered domestic abuse and nobody in my immediate family has been abused either.”

“I have never been abused by my husband or by my partner.”

After changing the choice of words and the phrasing – replacing the term domestic violence with words such as hurting, beating, treating badly, as well as encouraged by the social worker being present:

“Well yes, my husband was beating me up for years. He was totally unpredictable, I never knew what set him off. One minute he was sitting, watching TV and the next he threw whatever he had in his hand and started shouting, calling me names then hitting me, on the head, on the face, pushing me. And during the divorce it was even worse.”

“Yes, my sister is abused by her partner regularly. I have to provide her with shelter when she escapes with her two children in the middle of the night. Her boyfriend knows they are there but doesn't try to come in. My sister cannot leave because she has nowhere to go with the kids.”

“My husband used to hit me and kick me on the belly until I fell. Or he strangled me, choked me, forced me down. Then he jumped on me. On my belly and on the ribs. I was taken to hospital several times.”

Women who participated in the focus groups gave the indication that being abused was shameful, not to be revealed, something to be resolved within the family or to simply be endured. A woman who is abused can only stand a chance of being protected if the members of the family acknowledge what is happening and take a stance against the abuser.

“My husband used to beat me up real hard. He hit me with his fist and with objects too. He kicked me too. He once hit me on the head with a tool so hard I fainted. But I didn’t go to the doctor. I was ashamed. Then years later it turned out that the problems I have now with my memory and headaches is because of the beating, because of this injury. My head is damaged now, it will never be better.”

“My husband’s family, his mother and his sisters, they know about the beatings. They don’t do anything. They don’t take his side but they tell me that it’s in the family, I shouldn’t talk about it to anyone. They say it’s understandable that he is angry, because we have money problems. No there wasn’t.”

Public Authorities and Public Bodies

There is a general mistrust between Roma people and the authorities. This is based on the lack of adequate communication about available legal measures and services. Mistrust is also reinforced by police officers’ obvious unwillingness to help. The most frequent difficulties and complaints voiced by Roma women are the following:

“Public bodies and authorities do not provide information on what is available, what is compulsory and what is recommended, or not, in these cases.”

“I called the police and they came but they said it’s a family dispute, there is nothing they can do. It is lack of communication because saying ‘there’s nothing they can do’ is not strictly true, there are legal measures available but victims are not aware.”

“The neighbours called the police because they had had enough of the ‘screaming and shouting’. The police officers told us to stop fighting.”

“I had heard about restraining someone from hurting their family or such rule but the police officer said there was no such rule.”

Being powerful does not mean being able to help – the bodies have the power of legal enforcement but they are not equipped to help victims and to prevent further abuse. In many cases victims are more or less threatened by the authorities with losing the custody of their children if they do not find solution themselves to stop the violence.

“I went to see the family care centre but they said there is nothing they can do, they cannot make him leave the flat. I went to the child welfare services but they couldn’t help either. They said that I had better not go to the guardianship authorities because they might take my children away.”

“The police officers were nice but they couldn’t do anything about the situation. They said they can stop my husband hurting me every time I call them but they cannot forbid him to start again when they are gone.”

“The police officers said I might lose my children if I start procedures against my husband.”

Public authorities do not cooperate with other agents of social services. Victims are therefore not provided with suitable help for their various problems and needs. This perceived malfunctioning also hinders the efforts of frontline workers who are trying to find solutions within the system.

“Someone at the family care centre said she heard of a so called restraining order but the next time I had to call the police they knew nothing about it.”

“The child welfare services said I can go to a shelter if I have to leave home with the children. She gave me a list but she couldn’t help me find a place.”

"The GP was helpful when I told her about the beatings, and she saw the injuries too. She said I should start procedures but she didn't know how she said to go to the family care centre. The centre was helpful too but they didn't have a lawyer so they didn't know either. But they said I should wait with the guardianship authorities because there is not much they can do."

Public authorities workers are not trained to tackle DV.

"In the family care centre they said that if my partner abuses me I should have left him years ago. They didn't understand why I stay."

"I escaped twice from my husband with my children, we went to a shelter for mothers and children. The social worker was very nice there, she helped a lot. But when I went back home she didn't understand. I think she was even angry with me."

There are no rules of conduct that could offer guidelines on how to act professionally and effectively in DV cases.

"The police officers were helpful, they managed to calm my husband, although they weren't threatening. They tried to 'make peace' between us. They said beating is not a good way to settle problems."

"The helper at the family care center was very helpful, she asked a lot about the beatings, about what starts them and how I could 'avoid' them in the future. She offered to talk to my husband."

Sometimes the victim is blamed – with no training, public authorities workers are not familiar with the very specific characteristics of DV, and stereotypes will therefore inevitably arise.

"The police asked why my husband beat me, what I did to anger him."

"When I called the police the second time, they said they had warned me not to 'fight' with my husband. They as good as blamed me for what happened."

Social Services – Family Care Centres, Child Welfare Services, District Nurse, GPs

It is in this sector that victims of DV are said to encounter empathetic, helpful frontline workers willing to help them. Complaints were articulated nonetheless:

A similar lack of training and insight into the nature of DV was mentioned.

"I had a client, a mother with two little children, it was obvious her husband had abused her, but she wouldn't leave him. I even found a shelter for her and the kids, she said maybe but then she didn't go. There was nothing else I could do."

The above mentioned lack of cooperation between acting agencies and bodies are most difficult to overcome for frontline workers, who are supposed to be the best equipped actors within the social services system, working directly with families over the course of their experience of DV. Those who are most committed to help are left to their own devices, having to find solutions without professional support and cooperation.

"My client has three kids, she has been abused for years. When she came to the Centre she already had a procedure running, the guardianship authorities were going to take the children away. I was literally fighting to set up a case meeting, involving a psychologist, the representative of the authorities, to have them cooperate was really hard work. Everybody was reluctant to take charge, because we are not safe from the client's husband."

Another unfortunate outcome of the lack of professional networks is the rather vulnerable and defenseless position of the frontline worker. A common trait of DV is the time it takes for victims to be able to permanently leave their abuser, evoking the so-called revolving door effect when applying for help in social services system. Untrained frontline workers unaware of this, often lose trust and become weary of fighting what they see as a "losing battle" for their client.

“For two years, I tried everything to help this woman change her life; her husband was abusing her badly. First she said she couldn’t leave him, he would kill her. We had an action plan to “rescue” her from the flat she shared with her husband. We managed to get her out, the Center had a car parking, waiting for her, then we took her to a shelter. She stayed there for months, managed to find a new job, her husband couldn’t find her, she was safe. Then she went back to him. All these efforts for nothing.”

Police and Law Enforcement

It is obvious that the police will undertake a primary role in DV cases. The most frequently voiced complaints against them were the following:

An attitude of victim blaming remains a socially acceptable response to domestic abuse, often on the premise that to be beaten up requires a provoking reason - stop the reason and the abuse will stop. Police officers are often said to be initially willing to help, giving advice to victims on how to prevent further abuse. Victim blaming starts after the second or third call, on the understanding that the victim “just doesn’t learn”.

A lack of rule of conduct – although the temporary restraining order law specifies actions to be taken by the police, officers are still in need of guidance to prevent them from falling back on their personal opinion and platitudes about how to “do their job”. In a similar manner to public authorities, rather than offering DV survivors solutions, the police often inform victims of possible negative outcomes if they should decide to start official procedures.

Legal Procedures

Only in very few cases do Roma women who have survived DV start legal proceedings. Of those very few who did, there were complaints about lengthy procedures, unnecessary pleading obligations, the ignoring of personal safety and negative mindsets of judges.

5.3.2 Interviews with police officers

Training and Preparation

The temporary restraining order act (TRO) entered into force on October 1, 2009. The police officers in charge of submitting the order did not receive however, any type of notification or preparatory information about the rules of enforcement until the middle of September. They were not provided with adequate preparation on how and when the TRO should be issued, and what the new regulation expected them to do.

Those police officers who had so far been involved in work to combat DV – officers of the Crime Prevention Unit – were approached by the public body enacting the law. However, their skills and experience were not deemed to be required, and not integrated into the preparation of the legal measure. The instruction of the High Commissioner of the Police, providing official instructions and guidelines for police officers acting in DV cases, went out the same day the law entered into force.

The training on DV cases for acting officers - which ran only one month prior to the enactment – was comprised of a three day course. Five to six police officers attended from the 23 districts of Budapest. The training consisted of the following modules:

- Police action – in which a crime prevention police officer gave overall description of DV, its circumstances, characteristics and tasks.
- Legal procedures – a judge from the Municipal Court of Budapest presented legal proceedings from some DV cases.
- Legislative background – a lawyer of the Hungarian National Police spoke about available legislative measures.
- Civil society involvement – a lawyer and a social scientist of an NGO talked about the social background of DV.
- A psychologist spoke about social awareness of DV, as well as about rights of the victim in police procedures.

Technically, each county police department has a mentor who trains police officers how to act in DV cases and how to issue the temporary restraining order. In Budapest, there are four mentors in all. The mentors themselves do not act in DV cases – instead, each county police department appoints an officer who is authorised to issue the TRO. It is this authorised officer who answers calls to DV cases and issues the TRO, upon request or ex officio.

Procedure and Practice

The most pressing concerns voiced by the police are the following:

- Acting police officers feel defenceless and vulnerable against potential retaliation from the victim's family and/or from the society.
- Police officers are not trained to act in DV cases, and find themselves feeling the need to act according to their personal opinion.
- The instruction on the issuing of TRO does not provide them with the necessary guidelines and support – it cannot be applied as rule of conduct.
- Police officers are reluctant to issue the TRO – they even dissuade victims from requiring one.
- Negative mindsets, stereotypes, victim blaming attitudes.
- A lack of the concept of, and regulation on, the elimination of racism and discrimination.
- In the region of Hungary with the highest number of Roma population, police officers do issue the TRO – but they use it as an instrument of control in certain cases and situations, and not primarily as a tool to protect victims of DV.

A Discussion of Main Findings

This research showed that based on legislative measures and national Codes Of Conduct, the government needs introduce a national strategy on the prevention and treatment of DV. This strategy would provide guidelines, and at the same time administer public bodies and agencies involved to take action against DV.

For adequate and effective enforcement of legal measures and initiatives at all levels, the support and reinforcement of decision-makers is crucial. Cooperation of government bodies - including the police, social services, judiciary, health agencies and other agencies - is also vital for sustainable results to be achieved. As such, frontline workers should receive comprehensive training on the treatment of DV. Development of training modules needs to be guided and conducted by the NGOs and experts working in the area of DV. This research showed that civil society organisations, in particular women's organisations, are more flexible and better suited to adapt to the different needs and conditions of DV survivors. Thanks to European collaborations and professional networking, their in-depth knowledge of good practice and good policies, these organisations are highly skilled in the field of preventing and combating VAW and children.

These initiatives need to be complemented with campaigns to raise public awareness. There is still an unacceptable level of ignorance about DV in Hungary. Only very serious cases, and usually those which end tragically, are "aired" by the media – the public only ever learns about "sensational" cases. The public remains under-informed, and has no way of knowing about the real number of women and children suffering abuse – the public thus has no way to respond. DV needs to be declared to be a crime, not a private issue.

The widespread discrimination and racism in mainstream society towards the Roma community presents a context within which Roma women remain reluctant to access statutory and mainstream voluntary services, a response that has been documented among women from marginalized groups in other countries (reference.). Roma women's experiences demonstrate that for minoritised women, the struggle against violence within the home cannot be separate or separable from the struggle against violence outside the home.

CONCLUSIONS AND RECOMMENDATIONS

This report provides an overview of national, regional and international legislation on gender equality and VAW in order to discuss existing protection mechanisms and the gaps in their implementation. This report also makes an assessment of VAW legislation in Hungary, UK, Bulgaria and Poland, and thereby provides a comparison of policies in different EU member states and the impact of the EU. The gaps in implementation of the VAW legislation are further explored through the findings of the field research undertaken in Hungary and the UK which documents the experiences of minority ethnic and Roma women facing domestic violence.

6.1 Overarching Issues

The structural and institutional contexts of the UK and Hungary vary vastly, as do the class backgrounds, race, ethnicity, age, educational levels, religion, cultural beliefs, citizenship status and the histories of migration and settlement of the different groups of women interviewed for this research. However, it has been possible to document some connections and commonalities in women's experiences of oppression, and in their resistance to this violence. In the context of both groups of women, this research documents that DV cannot simply be explained with reference to gender - to arrive at a better understanding of women's experiences, we need to take account of how a range of structural inequalities converge to create the conditions of subordination (Collins, 2000) for minority ethnic and Roma women.

6.1.1 Women with Insecure Immigration Status

Twenty five percent of the women who participated in the UK component of this research had No Recourse to Public Funds. While the majority of them arrived in the UK on the basis of a spouse visa, one of them had been undocumented for a long time due to reasons including DV. All women with NRPF - except one who was living with her partner - applied for indefinite leave to remain on the basis of DV concession.

This research documents that women with NRPF face intensified patterns of abuse because of state policies which further weigh the gendered power imbalance in the relationship against the women (Anitha,

2008; Batsleer et al., 2002). Women with NRPF who participated in this research were subjected to further victimisation beyond the end of the abuse due to lack of entitlement to public funds, lack of safe accommodation such as refuges, threat of deportation and risk of further abuse in the case of deportation. This research documents that it takes several contacts for women with insecure immigration status to find appropriate help.

In those cases where women do access a service and disclose abuse, a failure to record the disclosures can also hamper women's chances of applying for ILR on the basis of the violence they have faced. Unlike resident women who do not have to provide corroborating evidence of abuse, women with NRPF are forced to rely on the effectiveness of recording procedures and thereby, in effect, end up being penalised for the failure of services to listen to their disclosures and record them (Anitha, 2008).

Lack of funding to support women with NRPF also places specialist refuges under great pressure. Research documents the disproportionate role played by specialist refuges in accommodating women with NRPF (Imkaan, 2008), many of whom have been supporting women through their own reserves. Lack of entitlement to public benefits has also meant that women with NRPF, even where they have been accommodated in a refuge, were forced to work in highly precarious and low paid jobs. Debt was a common issue raised by the majority of research participants who had NRPF.

Immigration has come to be an issue used by the UK government to opt out of obligations under international human rights standards. The UK has had reservations to various international conventions, including CEDAW or CRC, due to its restrictions on immigration, which leads to discrimination and violation of human rights. Campaigners have long criticised the assumption that universal human rights are only attainable for those with citizenship or a secure status, and have sought to extend these rights to asylum seekers, undocumented or stateless people⁴² and women with insecure immigration status.

Their efforts have met with some success, when the Labour Government announced a pilot scheme - Sojourner Project - which is run by Eaves Housing to assist women with NRPF, who entered the UK on a spousal or partner visa and are eligible to apply for Indefinite Leave to Remain (ILR) under the DV Rule. The Coalition government has extended the project until 31st March 2011. At the time of writing, the future of this project remains unknown. This project is not without its limitations - it is restricted to spouses of settled residents and thereby excludes spouses of students or those with work permits; the limited period within which an application for ILR has to be made puts great pressure on women and the refuges; lack of documentation can create difficulties for the most vulnerable women; the failure of services to record disclosures makes this process of evidence gathering particularly fraught; and the lack of publicity about this scheme among the general public limits its usefulness. This nevertheless represents an important step and a significant victory for women's groups as it recognises the state's obligation to protect women from abuse. However, the dependence created through the two-year probationary period remains.

6.1.2 Need for Holistic Support

The women in the UK and Hungary who were interviewed for this research have stated their priorities and expectations from services clearly, and their message is that the safety of women needs to be regarded in a more comprehensive and holistic manner, rather than simply prioritizing the arrest of the perpetrator. Although conviction of the perpetrator can in some cases provide safety for women and children, it might not always prove effective in the medium to long-term. Women's safety depends on the provision of secure housing, access to financial resources, appropriate sources of support for themselves and their children, adequate health services to recover from the physical and emotional impact of the abuse, and training, education or English language classes to facilitate employment. Apart from these basic needs, as shown in previous research (Chantler, 2006), support groups, workshops and informal networks with other survivors were particularly highly regarded as a source of strength by minority ethnic women who were often socially isolated.

Women living in the UK perceived specialist refuges as spaces where they could share their experiences with others, and come to a collective understanding of what may have hitherto seemed an individual experience. Women who accessed specialist services also valued them because they felt involved in decision-making processes. Due to reasons such as the lack of language provision, service providers' presumptions about a woman's inability to understand her casework, or the contrary assumption that procedures and systems are familiar to a new migrant, women in generic refuges reported feeling that they had little control over what was happening to their 'case'. When survivors did not have procedures explained to them, or were not provided with information about actions taken on their behalf, their ability to assess the effectiveness of the services they have received and to make informed choices about their lives is taken away. It is important to involve survivors in decision-making processes and to enable them to make their own choices – this can help them to regain their confidence and independence (Hague and Mullender, 2006).

In Hungary, the lack of adequate short-term provision of accommodation and support as well as effective long-term provision for Roma women facing DV is compounded by the discrimination Roma community faces. Despite the range of additional barriers they faced in disclosing the violence and seeking help, several Roma women interviewed for this research sought help from a range of services including the police. However, their help-seeking was disregarded for reasons including assumptions about the acceptability of violence in Roma communities, as well as an unwillingness to apply the limited legal remedies that do exist. The lack of specialist provision for Roma women facing DV means that most Roma women who participated in this research did not perceive viable options whereby they could be free from violence, receive financial assistance and the support they needed to overcome the impact of this abuse.

Such specialist services do exist in the UK, and this research documents their success in meeting minority ethnic women's needs. However, the increasing emphasis on criminal justice responses to DV in the UK - on specialist courts, MARACS⁴³ and on policing DV - is taking the focus away from the need for holistic

⁴² For further discussion on this topic please see Agamben, G. "We Refugees" trans. Michael Roche from <http://www.egs.edu/faculty/agamben/agamben-we-refugees.html>; Balibar E., (1991), *Citizen Subject* in *Who Comes After the Subject*, ed. Eduardo Cadava, Peter Connor, Jean Luc Nancy, New York and London: Routledge.

⁴³ Multi-agency risk assessment conferences (MARACs) are meetings held between a range of statutory and voluntary agencies, such as the police, probation, social services, housing, health and counselling services, to identify and intervene in the case of high-risk victims of domestic violence and their children.

services. MARACS, and their focus on high risk cases has been criticised for taking resources away from the majority of cases which are not categorised as high-risk, and for taking control away from the victim when services should be empowering them. Not one woman who was interviewed for this research had been the subject of a MARAC risk assessment, a pattern that has been repeated elsewhere with regard to minority ethnic women facing DV.⁴⁴ The appropriateness of the MARAC model for women with NRPF, who face multiple barriers to disclosure, is another concern.⁴⁵

Recently, the following shifts have been taking place in DV service provision in the UK at the national and local levels - (i) the increasing emphasis on criminal justice responses to DV; (ii) the Sanctuary Scheme; (iii) a process of re-tendering by local authorities that favours large providers of refuge services; and (iv) the shift from funding specialist outreach services to in-house generic outreach services. Together, these changes pose a threat to specialist services that provide a holistic package of safety, support and empowerment. Where these changes are implemented without an assessment of the possible differential impact on minority ethnic women, they serve to erode provision for particular groups of women and thereby further entrench the discrimination faced by minority ethnic women. Gender mainstreaming, with close engagement and involvement of generic and specialist women's organisations would have enabled the detrimental effects of such policies to be identified, and as such needs to become a routine process. This research shows that when women receive holistic support from specialist agencies, not only do they feel safe, they also feel empowered.

6.1.3. Multiple Barriers facing Minority Ethnic Women

1995 Beijing Platform for Action urges states to provide 'well-funded' support services including therapeutic, legal and medical provisions ensuring access for migrant women and women from rural areas.

Minority ethnic women's experiences of DV are shaped by their gender, race, class, age, education, geographical location, their/or their family's migratory histories, cultural and religious backgrounds and beliefs, as well as state policies and practices. These factors intersect with each other to create specific

constraints for women experiencing DV, and also shape their attempts at help-seeking. For example, minority ethnic and Roma women are in a more disadvantaged position in terms of financial security, participation in public life, experiences of criminal justice system and access to health, education and employment (Humphreys and Thiara, 2002). Research also documents that these factors crucially determine the response minority ethnic and Roma women receive from services, and thereby impacts on women's ability to leave abusive relationships and to recover from the impact of the abuse.

Research by the Fawcett Society documents that 40% of minority ethnic women in the UK live in poverty (Moosa and Woodroff, 2009). Due to financial abuse and consequential financial dependency, minoritised women experiencing DV are at a greater risk of poverty upon leaving abusive relationships (for e.g., see Anitha, 2008; Westaway and Mckey, 2007). For many women who participated in this research, the pattern of poverty continued long after leaving an abusive relationship, due to various reasons including lack of informal networks through which to receive financial support or access to jobs, their role as the primary carer of their children, and the well documented ethnic penalty in labour market (Heath and Cheung, 2006).

This research documents the negative experiences of minority ethnic women, particularly with social services and police, which left many women reluctant to approach statutory services. Minority ethnic and Roma women's reluctance to access both the criminal justice system and public support services becomes another symptom of their exclusion from the protections that citizenship and residency are meant to afford.

Over the past few years, it would seem that generic services and statutory agencies have recognised the harms caused by specific forms of VAW experienced by minority ethnic women. While the prevailing visibility accorded to so-called 'honour' based crimes and particular forms of DV like forced marriage replaces a long silence on this issue, the debates on these forms of violence are cloaked in culturalist paradigms. This is when particular forms of violence are associated with minority communities and their culture, in sharp contrast to mainstream forms of violence which are not similarly culturalised. When

women's needs are interpreted through such racist paradigms, when women who wish to leave the abusive relationships are met with denunciations of their entire community and pronouncements about the inevitability of violence within minority ethnic communities, such attitudes form part of a context that shapes women's response to violence. In the UK, many immigrant women who experience domestic abuse, FM and/or so-called 'honour' based crimes fear that seeking protection from the state will expose their families and partners to a racist criminal justice system (Fekete, 2006), a fear that was echoed in some Roma women's narratives.

Specialist services, including shelters, are necessary to enable Roma women facing DV to receive the help they need to leave abusive relationships and to protect their right to live a life free of violence.

In the UK, specialist services have a long history of engagement with minority women's diverse needs, an expertise that is being rapidly eroded. Women's organisations, on the whole, are rarely involved in decision and policy making processes. According to research conducted by Women's Resource Centre, less than two percent of voluntary and community sector representatives on Local Strategic Partnerships across England are from women's organisations, despite making up about seven percent of the whole of the voluntary community sector (Women's Resource Centre, 2010). Specialist services, which are historically well placed to deliver holistic services are even more marginalised (Coy et al., 2008), and are now facing closures across England and Wales. According to Imkaan's research, 50% of specialist independent minority ethnic women's led organisations across the UK were shut down in the last 5 years (Mouj, 2008). Their expertise in understanding the impact of multiple forms of discrimination as well as meeting individual needs of a diverse group of women remains crucial in any effort to combat VAW and the structural, institutional and ideological contexts that sustain this violence.

6.2 Conclusion

This report documents how minority ethnic and Roma women's experience of domestic violence are shaped by an intersection of inequalities based on gender, race, ethnicity, class, culture, immigration status and state policies and practices, which works to exacerbate the violence they face. Despite various barriers, when minority ethnic and Roma women do make contact with services to seek help about the violence they are facing, this research indicates that their engagement with statutory services are often ineffective due to a similar intersection of discriminatory systems and practices on part of the services. These include stereotypes about acceptability of violence among some communities, a disbelief in women's accounts of violence, lack of effective mechanisms, inability and unwillingness to meet specialist needs, and racist attitudes of service providers, particularly towards Roma women and towards recent migrants in the UK. This further victimisation cannot only be attributed to individual service delivery and practice, instead, the very policies that inform service delivery are often written without taking account of the differential gendered implications of particular measures, and with little regard for the disproportionate impact on minority ethnic women of particular policies – for example the NRPF stipulation or the recent threats facing specialist service provision.

This research also documents repeated service contacts by minority ethnic women before they find the help they need – a search that, in the UK, often ends with access to specialist services. Given the current economic context of funding cuts in the UK, these specialist services play a crucial role in meeting women's diverse needs. Yet this expertise seems to be eroded through changes in funding provisions that seem to favour generic over specialist, big providers over small, criminal justice solutions over long-term holistic support and cheaper individualistic alternatives (like the Sanctuary Scheme) over specialist refuges whose aim is to empower rather than just rehouse.

Specialist refuge services/shelters that enable minority ethnic and Roma women to attain immediate safety, and sustain their exit by providing them with long-term holistic support are crucial. It remains equally important, particularly in the current climate, to focus on prevention, education and outreach services with a remit broader than individual casework to facilitate a long term change in social attitudes.

⁴⁴ <http://www.publications.parliament.uk/pa/cm200708/cmsselect/cmhaff/263/263we23.htm>, see section 2.1, MARACS.

⁴⁵ Ibid.

Effective utilisation of shrinking resources also involves assessing any planned action, including legislation, policies and programmes for the implications they may have for women and particularly for minority ethnic and Roma women, who experience discrimination on many levels simultaneously. For example, in the UK, the current shift towards commissioning larger refuges and housing associations to provide refuge services is one that is leading to closures of smaller, and mainly specialist refuges. This change in policy

will have particular and disproportionate impact on minority ethnic women's ability to receive the help they need to leave abusive relationships. If policies such as these are subjected to gender mainstreaming strategies involving engagement and consultation with women's groups, adverse consequences for particular groups of women, the legal implications of this under EU legislation, and the potential cost implications of decommissioning services which already present good value can be avoided.

6.3 Recommendations

This section outlines a set of key recommendations for policy and practice at EU level, as well as for the UK and the Hungarian governments.

To the EU

- Ensure implementation of those recommendations set out in the Beijing Declaration and Beijing Platform for Action in Member States (please see Annex I for a full list of recommendations);
- Finalise the study conducted by the European Commission on the feasibility of standardising national legislation on gender violence and violence against children in Member States. Immediately begin to draft an EU directive on combating VAW for standardisation of Member States' legislation;
- Establish a common framework for comprehensive and effective consultation with the wider women's sector and other social partners, including women's organisations representing minority ethnic and Roma women across Europe at EU level, and ensure that Member States carry out their duties of consultation at national level;
- Develop a concrete Action Plan based on the Directive on prevention and combating of VAW to ensure a coordinated and holistic approach across Member States. This should prioritise a range of responses to VAW, not focusing exclusively on criminal justice, and should hold Local Authorities and other devolved institutions accountable for their duties to prevent and combat VAW;
- Once the Directive and Action Plan are introduced, establish a monitoring mechanism to ensure effective and consistent implementation in Member States, the indicators of monitoring should be agreed with women's organisations;
- Facilitate cooperation between European institutions, local and European women's organisations and governments of Member States through conferences, workshops and meetings;
- Promote European partnership projects by ensuring long term, increased and ring fenced resources for the Daphne Programme, and for the capacity building of civil society organisations working to prevent and combat VAW;
- Establish a specific budget line for strengthening the institutional capacity of front line statutory agencies dealing with VAW, in particular DV, working in conjunction with women's organisations.

To the UK

National Government

- Fully implement the concluding recommendations made by the CEDAW committee;
- Guarantee compliance with the Equality Act through departmental Action Plans, which would ensure gender and culturally sensitive service provision for DV survivors and equal access for all women regardless of their legal status. Responsibility for scrutinising and monitoring this gender mainstreaming/prooing should be allocated to high level civil servants;
- Ensure that the new national strategy recognises gender equality and human rights aspects of VAW, and the interconnectedness of different forms of VAW. It must recognise and promote the role of women's specialist sector in the provision of VAW services and in its prevention. Highlighting the importance of preventative approaches, it must also ensure coordination between governmental departments and the voluntary sector;
- Safeguard specialist service provision, and work with and provide specialist organisations with capacity building to raise awareness about particular forms of violence. This can help ensure that GED and EIA are fully utilised, and that the legislation is followed;
- Consult regularly with the women's sector, ensuring that women's organisations representing minority ethnic women are included in policy, decision making and gender mainstreaming processes;
- Ensure that all commissioning and procurement guidelines related to education, skills, and training and employment support provision, take account of and target the specific long term needs of survivors of DV, particularly in gaining economic independence;
- Safeguard DV survivors with NRPF and develop a sustainable solution which can prevent financial destitution of DV survivors;
- Set up a framework of good practice for relevant local authorities and government departments to assist in their consistent implementation of the national strategy.

Local Authorities

As an overarching framework, all statutory services should ensure that third sector specialist providers are commissioned, worked with closely, and assisted in capacity building of their organisations and services. These specialist providers – including women's organisations – should also be significantly involved in decision-making processes, so that guidance and good practice can be shared, preserved and developed.

- Data collection on DV and minority ethnic women and across other equality strands should be routine.
- Improve multi-agency coordination at local level in responding to DV cases through effective consultations with the survivors and specialist women's organisations;
- Work in partnership with minority ethnic women's organisations in order to access and enable meaningful and effective dialogue with women from different communities, and develop mechanisms to reach minority ethnic women in all localities, including rural and urban areas;
- Provide mandatory and accredited training to all workers in local authority departments, including frontline workers and managerial staff, on both how to respond to DV cases and to understand women's specific and diverse needs;
- Ensure the use of a standardised risk assessment across all agencies, including the police, which takes into consideration the specific needs of minority ethnic women and risk factors in relation to child contact decisions in DV cases;
- Ensure compliance with DV policies and guidelines in local authority departments by setting up a monitoring mechanism.

In addition to the above recommendations, we also call on specific departments to ensure the following:

Social Services

- Compliance with the Children's Act must be standard practice, through the establishment of a clear framework and guidelines, in order to ensure children's wellbeing and safety in DV cases. Furthermore, DV should feature more prominently in local planning frameworks concerned with the safeguarding and protection of children;
- Provide support services - including counselling - for children and young people experiencing or affected by domestic violence. Crucially, this should involve the commissioning of specialist providers in the third sector;

Housing and Homeless Persons Units

- Provide emergency out of hours accommodation for women fleeing DV, regardless of their immigration status, which can ensure the safety of these women until they can access regular hours support from an organisation;
- Prioritise the safety and specific needs of women and children surviving DV when assessing their short term and long term housing needs;

Health Services

- Promote early intervention responses by ensuring routine screening and recording of DV cases in health agencies, in particular through services for pregnant women and mothers;
- Publicise and make easily available information on DV and support services in all health units, in different languages to ensure accessibility;
- Provide outreach services from specialised DV organisations in health settings, particularly in GP surgeries;
- Provide culturally and gender sensitive counselling and psychological support - in the woman's own language - on both an immediate and long term basis, for DV survivors at different levels and with different needs.

Criminal and Civil Justice Agencies

- Ensure compliance with DV guidelines, including the Crown Prosecution Service Guidelines and ACPO guidelines;
- Continue to increase the effective functioning of specialist DV Courts by streamlining procedures and reducing processing time, which could facilitate women's equal access to legal support through free legal aid and representation in court proceedings;
- Acknowledging current constraints, it should remain a priority for the police to investigate all allegations of DV immediately, and ensure the safety and confidentiality of survivors and children during the investigation process;
- Provide adequate and appropriate protection and support for witnesses in DV cases;
- Ensure effective functioning of specific DV police units.

Prevention

- Both the national government and local authorities should intensify preventative efforts, and develop specific projects in coordination with the voluntary sector including women's organizations;
- Promote and support nation-wide publicity and awareness raising campaigns, particularly through visual media, on different forms of VAW and support services. This should involve supporting existing initiatives led by minority ethnic women's organisations in the prevention of VAW in minority ethnic communities;
- Promote early intervention at schools, targeting children and teenagers with the inclusion of DV information and awareness in school curriculums, as well as information on support services. The design and delivery of these sessions and projects should involve the specialist women's sector;
- Frontline staff working with children and young people should receive training on how to identify and respond to DV.

To Hungarian Government

We call on the Hungarian government to fulfill its obligations under CEDAW, and to fully implement recommendations made by the CEDAW Committee. In addition, we call on the government to:

- Develop a National Action Plan to tackle VAW, and set up a body for coordination of work on VAW. These policies and action plans should adopt a gendered definition of VAW, and recognise it as a human rights issue;
- Promote public awareness raising campaigns which challenge stereotypes and the acceptability of DV – this should declare that DV is not a private issue, it is a crime;
- Allocate sufficient resources for a free telephone helpline for DV survivors;
- Allocate adequate funding for DV support services, including women's organisations working with minority ethnic and Roma women;
- Ensure that all frontline workers - including police officers, judges, representing lawyers, public authorities workers, district nurses, and GPs - are adequately trained on DV;
- Ensure that minority ethnic and Roma women can access DV services equally and without any discrimination through the provision of specialist services, and setting up monitoring mechanisms.

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This annex includes the interview questions guiding the field research in Hungary and in the UK. Different field research methods were applied in two countries, focus groups in Hungary and a combination of focus groups and in-depth interviews in the UK. Interview questions are not standard questions but they were designed to guide the interviewers and facilitator of the focus groups. The interviewers and facilitators adjusted the order or the flow of the questions in the guide and asked additional questions when needed.

1) Interview Protocol for the Field Research in the UK

INTERVIEW PROTOCOL

Interviewee : **Date :**
Site : **Start :**
Interviewer : **End :**

1. Oral Consent Form

I want to thank you for your time and for taking part in this research. Before we can get into the interview, I need to go over some things as mandated by Daphne Project guidelines. When researches involve people, we have to follow some rules to ensure that the research is conducted in a responsible way.

As you know, my name is , and I am working as a Research Officer for Daphne Project carried out by IMECE Turkish Speaking Women’s Group, Islington Training Network and Regional Social Welfare Organization in Hungary. This research aims to gather information about experiences of domestic violence survivors in black and minority ethnic (BME) and Roma communities and their access to the services in order to assess the effectiveness of domestic violence services for them. This information will be used to identify the good and poor practices and barriers before BME and Roma women in accessing the services and to make recommendations to the decision makers on how to improve these services. This research will also help you to share your experiences and to make an impact for the improvement of domestic violence services.

The final results will be made into a publication and will be distributed to the decision makers at national and international level. Based on these findings, we want to develop good practice models in domestic violence services. If you would like, I can send you a copy of the final report.

The interview will last approximately 1.5 hours.

I will be taping these interviews so that I can transcribe them. I want to be sure that I did not miss any of your comments and I understood everything that you said correctly. Although I will be taking some notes during the session, I can’t write fast enough to get it all down. I will keep the tapes until I have finished this research and then they will be destroyed or erased. Do you agree to be taped?

I also would like to let you know that all information will be kept confidential. Your interview responses will only be shared with research team members and we will ensure that any information we include in our report does not identify you as the respondent. I will assign a number to your responses. I will make every effort to change or generalize details so no one reading the work can identify you from your remarks or the stories you tell me about your experiences.

If, at any time, you no longer wish to continue, you have the right to withdraw from the study, at any time up until the study has ended. You don’t have to talk about anything you don’t want to. Also, please let me know if you have any questions at any point in the interview. I will be happy to explain anything in greater detail if you wish.

Do you have any questions at this point?

Could you tell me if you consent freely to participate in this tape-recorded interview?

Date: **Signature:**

2. Questions

2.1 Demographic Questions

English language skills:.....

Age: a) under 25 b) 25-40 c) 40-60 d)Over 60

Do you identify yourself with an ethnic group:.....

Do you identify yourself with a religious group:.....

Marital Status:.....

Children:.....

Immigration Status:.....

Sexuality:.....

Borough:.....

2.2 Interview Questions

Experience of Domestic Violence

- Q.1. Can you describe me briefly your experience of domestic violence?
- Q.2. How long had you been experiencing violence/abuse before you sought help and support (both formal and informal help)?
- Q.3. Follow up question: (If the period is too long): Can you tell me what prevented you to seek help? What were the barriers before asking for help?

Experiences with Statutory Agencies

- Q.3. Which agencies/organizations have you approached for advice/help?
- Q.4. How did you hear about it?
- Q.5. What did the organization/agency do for you?
- Q.6. (If the interviewee does not speak English) Did the agency provide an interpreter for you in each of your appointments?
- Q.7. How was the attitude of staff member(s) towards you? How did you feel there?
- Q.8. Which other agencies did they refer you?
- Q.9. What did they do to help you? How helpful/useful did you find them?
- Q.10. (If the first agency that she approached is not the police) Did you report to the police? What did the police do for you?
- Q.11. (If the social services are involved) What kind of help/services did the social services provide for you and your children?
- Q.12. What was your accommodation needs when you first approached the agency/organization?
- Q.13. What was done to meet your housing needs?
- Q.14. (If she has had a refuge experience) How long did you stay/have you been staying in the refuge?
- Q.15. How long did it take for you to move your own flat/house?
- Q.14. What is your main income source?
- Q.15. Follow up questions: (If she is receiving benefits) How long did it take for you to receive benefits?
- Q.16. (For the interviewees who have no recourse to public funds) What help did you get to apply for indefinite leave to remain?
- Q.17. Within this period what kind of financial support did the organization/agency provide for you?
- Q.18. What kind of psychological support did you receive? Were you referred to any counseling service?
- Q.19. Which other agencies did you approach and what kind of support did you get?
- Q. 20. What follow up work did the agencies/organizations you were referred undertake?

Empowerment

Q.21. What kind of difficulties did you have to start a new life? What did the organizations/agencies that helped you do for this?

Probes: Personal development, financial help, employment

Q.22. How safe do you feel now? Do you think the risk ended?

Q.23. How do you think services could be improved for domestic violence survivors? What more services do you need?

Q.24. Is there anything else that you would like to tell me?

2) Focus group questions for the Field Research in Hungary

Q.1. Are you married/cohabiting/separated/divorced?

Q.2. Do you have a family?

Q.3. Do you live with your family?

Q.4. Have you ever been abused by a husband/partner?

Q.5. Are you still a victim of abuse?

Q.6. Does your family know about it?

Q.7. Have you asked for help?

Q.8. Who did you ask to help?

Q.9. Have you ever called the Police?

Q.10. If no, why not?

Q.11. If yes, did they answer the call?

Q.12. How long did it take them to get there?

Q.13. Did they ask you what the problem was?

Q.14. Did they listen to you?

Q.15. What did they do?

Q.16. Did they register the case?

Q.17. Did they offer advice on available legal (other) measures?

Q.18. Did you go to see the district Family Care Center?

Q.19. Did you go to see the district Child Welfare Services?

Q.20. Did they listen to you?

Q.21. Did they understand the situation?

Q.22. Did they offer help?

Q.23. What did they do?

Q.24. Did you contact a shelter?

Q.25. Did you stay there?

Q.26. If yes, what kind of help did you receive?

Q.27. Did you contact the Guardianship Authorities?

Q.28. If yes, what did they do?

Q.29. Did they understand the situation?

Q.30. Did you go to see your GP?

Q.31. If yes, did they help?

Q.32. Did you directly/indirectly encounter NGOs?

Q.33. Did they offer help?

Q.34. If yes, how?

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 Iranian and Kurdish Women's Rights Organisation
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 Latin American Women's Rights Service
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Jessica Taylor	Rise (Refuge, Information, Support and Education), Brighton
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IMECE Turkish Speaking Women's Group

IMECE is a women only community organisation established in 1982. It provides advice, advocacy and information services for Turkish, Kurdish and Turkish Cypriot women. Its purpose is to raise awareness of issues such as DV, racism and women's rights to enable women to overcome barriers of isolation and exclusion.

IMECE also provides capacity building services for small Black and Minority Ethnic (BME) community organisations to improve their DV (DV) services. It carries out research into DV legislation and its implementation. It also researches the specific needs of BME women survivors of DV.

London Training and Employment Network (LTEN)

London Training and Employment Network (LTEN) was established in 1998 and has since grown into a successful network with members from all key sectors, with the majority from the community and voluntary sectors. Through a twin track approach of direct resourcing and capacity building, LTEN enables its members to widen participation and increase opportunities for skills development and employability.

LTEN is committed to promoting economic inclusion and social justice through supporting a range of organisations working with a diversity of groups experiencing multiple disadvantages in the labour market and inequalities of access to opportunities and services.

Regional Social Welfare Resource Centre Budapest (BSZF)

Regional Social Welfare Resource Centre Budapest (BSZF) was founded by the Municipality of Budapest in 1997 to train social workers. BSZF collaborates with an extensive network of various institutions including Non-Governmental Organisations. It receives funding from European Commission, the Hungarian Government and City of Budapest to undertake a range of projects on social inclusion.

Since 2000 BSZF has been working on prevention of DV. It has designed and delivered training for a range of public agencies on various aspects of DV. It conducts research and contributes effectively to various initiatives to tackle DV in Hungary.

Principal Researcher

Yeşim Yaprak Yıldız currently works as the Research Officer for the Daphne project at IMECE Turkish Speaking Women's Group. Yesim has six years of professional experience in the field of human rights in Turkey and in the UK. She has worked on issues of VAW, torture and impunity, refugees, internally displaced people and freedom of expression. Yesim has a BSc in Political Science and Public Administration from the Middle East Technical University in Ankara, Turkey as well as an MA in Philosophy and Contemporary Critical Theory at Middlesex University. She is currently a masters student in the Sociology Department of University of Warwick, UK. Yesim has previously worked for the Human Rights Foundation of Turkey (TIHV) and Amnesty International (Turkey). Currently, Yesim is also employed by Amnesty International, International Secretariat (UK).

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