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WAVE COUNTRY REPORT 2021

Women's Specialist Support Services in Europe
and the impact of COVID-19 on their provision

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2021

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List of abbreviations

BME	black, minority, ethnic
EU	European Union
GBV	gender-based violence
IC	Istanbul Convention
LGBTQ+	lesbian, gay, bi-sexual, transgender, queer, and others
NGO	non-governmental organisation
NWH	national women’s helplines
PPE	personal protective equipment
RCC	rape crisis centre
SV	sexualised violence
SVRC	sexual violence referral centre
VAW	violence against women
WSSS	women’s specialist support services

Foreword

The WAVE Network was established in 1994 and became a movement for ending violence against women and their children. WAVE's main areas of work are campaigning, advocacy, capacity building for women's specialist support services (WSSS), research, networking, and information exchange. WAVE has been conducting data collection on the status of women's specialist support services in Europe since 2008, when the first Country Report was published. Since then, such reports are published every two years and represent an important tool for highlighting the situation of women's specialist support services in 46 European countries.

The related data collection has been made possible through the immense contributions of our WAVE members. WAVE furthermore acknowledges the tremendous efforts women's NGOs have been undertaking to offer support to women survivors of violence and their children, especially in light of the COVID-19 pandemic. It is undeniable that violence against women has been greatly exacerbated by the global pandemic, and women's specialist support services have been at the forefront of dealing with its impact, often using innovative solutions such as online counselling and referral services, to continue their life-saving support to women and their children experiencing violence. In several countries, these WSSS also started providing additional emergency services to women and the wider community, as government services were in disarray or simply cancelled (e.g. food banks, emergency shelters, etc). As a result, specialist services for women in some countries were at a breaking point. Despite these tremendous efforts and essential service provision, many women's specialist services are facing increasing funding cuts and staff shortages due to a gender-neutral political backlash against women's rights.

In this political climate, the COVID-19 pandemic has also been instrumentalised to further oppose women's specialist services, for instance by arguing that any funding to these services should be reinvested into health services. We need to emphasise that women's specialist services ARE essential public health services which ensure that women and their children affected by violence against women and domestic violence can survive and thrive. Through the holistic support of WSSS, women and their children are able to leave violent situations significantly faster than through generic victim support services, decreasing their risk of being exposed to further and escalating violence or even femicide. Additionally, research in several European Countries has demonstrated that for every €1 invested in women's specialist services, they return on average 6–9 times this cost in social value to society, as their holistic service provision means that there is less need for repeated police and social services interventions, fewer hospital visits, less emergency housing costs, less lost working hours because of injury, and most importantly significantly less human costs of ongoing suffering and trauma.¹

Among navigating the current health crisis, WAVE also wishes to highlight the incredible resilience of women's NGOs in their advocacy efforts to fight violence against women in these hostile political environments. The defence of women's human rights has become increasingly challenging over the past years. WAVE has witnessed a growing backlash against women's rights and gender equality, as well as false narratives about the Council of Europe Convention on preventing and combating violence against women and domestic violence (also known as the Istanbul Convention). In light of the spreading of myths and misconceptions about the Istanbul Convention, there is an increasing demand to raise awareness and understanding amongst the general public and decision-makers about all forms of violence covered by the scope of the Convention.

WAVE notes with increasing concern that this backlash is an enormous political and social setback, particularly in times when concerted international action and commitments towards ending violence against women are critical. Protecting women's human rights and upholding international commitments should not be left at the political discretion of a country, but rather be seen as a global obligation. Clear political and social setbacks are illustrated by Turkey's decision to withdraw from the Istanbul Convention, which is devastating considering the rising violence against and killings of women in Turkey.

The Istanbul Convention remains the first legally binding and to date the most comprehensive legal framework to combat violence against women, by focusing on preventing violence, protecting victims, prosecuting the accused offenders, and promoting coordinated policies. The crucial role of specialist support services is furthermore covered in Articles 22-26 of the Convention, clearly highlighting women's NGOs as pivotal in providing this life-saving support to women and their children for decades.

This year's WAVE Country Report offers an overview of the situation of women's specialist support services in Europe, focusing on four key areas of service provision, namely: women's helplines, shelters accessible to women, women's centres,

¹ Solace Women's Aid and Ascent (2015), Ascent Advice and Counselling: For women and girls affected by domestic and sexual violence; WeWorld Onlus (2017), *Violenza sulle Donne. Non c'è più tempo. Quanto vale investire in prevenzione e contrasto. Analisi SROI* delle politiche d'intervento.*

and specialist services for survivors of sexualised violence. The report seeks to highlight which European countries, within and outside the EU, meet the minimum standards and requests of the Istanbul Convention in terms of service provision. Available data on femicide is also presented, and the report includes a chapter on the significant impact of COVID-19 on women's specialist support services.

We proudly present the WAVE Country Report 2021 and would like to express our sincere gratitude for the contributions and efforts of the WAVE members, Country Report Editing Group, WAVE Board, and the WAVE office team in producing this comprehensive report. We invite you to join the WAVE Network's efforts in advocating for appropriate specialist service provision for women survivors of violence, sustainable funding, and adequate implementation of the standards of the Istanbul Convention. Read the report and please share the information with your political stakeholders, partners, and local community, and use its recommendations wherever feasible and appropriate in your work.

Stephanie Futter-Orel (WAVE Executive Manager) and **Marcella Pirrone** (President of the WAVE Network)

Vienna, December 2021

Executive summary

The WAVE Country Report 2021 provides an overview of statistics related to women's specialist support services (WSSS) in 46 European countries. For the purposes of this report, the general term "European countries" is used by WAVE, referring to the 46 European countries which are Members of the WAVE Network, although we are aware that these 46 countries do not include all European countries. Some data sets include only partial figures for these countries. On occasion it is relevant in data sets to point out the difference between EU Member States and European countries outside of the EU. A more detailed explanation of the data collection process and its limitations can be found in chapter 1 on Methodology.

This report begins with an introductory part and is followed by two main sections. The introduction includes tables summarising the situation of women's specialist support services in Europe, the methodology and a chapter that considers the impact of the COVID-19 pandemic on women's specialist support services. Section one provides a detailed chapter analysis of national women's helplines, shelters accessible to women, women's centres, specialist services for survivors of sexualised violence, and femicide. The final section comprises country profiles outlining in more detail the national situation of service provision in 46 European countries.

An important document setting standards for the provision of women's specialist support services² in Europe is the Istanbul Convention. The Convention is the strongest and broadest international treaty to tackle gender-based violence and aims at zero tolerance for such violence.

This is the status of signatures and ratifications of the Istanbul Convention (IC) among the 46 European countries as of 9 November 2021:

The Convention has been signed by 45 countries: Albania, Andorra, Armenia, Austria, Belgium, Bosnia and Herzegovina, Bulgaria, Croatia, Republic of Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Georgia, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Republic of Moldova, Monaco, Montenegro, Netherlands, North Macedonia, Norway, Poland, Portugal, Romania, San Marino, Serbia, Slovakia, Slovenia, Spain, Sweden, Switzerland, Turkey, UK, Ukraine.

The Convention has been ratified by 34 countries: Albania, Andorra, Austria, Belgium, Bosnia and Herzegovina, Croatia, Republic of Cyprus, Denmark, Estonia, Finland, France, Georgia, Germany, Greece, Iceland, Ireland, Italy, Luxembourg, Malta, Monaco, Montenegro, Netherlands, North Macedonia, Norway, Poland, Portugal, Romania, San Marino, Serbia, Slovenia, Spain, Sweden, Switzerland, Turkey.

The Convention has been denounced by one country: Turkey (as of 01/07/2021)

The Convention was signed by the European Union in June 2017.

Despite the Istanbul Convention not being signed or ratified in all European countries, it still sets a crucial standard for service provision which all countries should follow. The standards laid out in the Istanbul Convention are also supported by the Council of Europe through the 2008 report on minimum standards for support services.³

² For more information on the definition and understanding of women's specialist support services, see Chapter on Women's Centres and Glossary.
³ Council of Europe (2008). *Combating violence against women: minimum standards for support services*, [cover_en.cdr \(coe.int\)](https://www.coe.int/t/e/treaties/Convention+against+discrimination+against+women/CIVIL+ENGLISH+VERSION+with+Explanatory+Memorandum.pdf)



The impact of the COVID-19 pandemic on women's specialist support services

Since January 2020 when the World Health Organisation declared that the outbreak of the new coronavirus was a public health emergency (recognised as a global pandemic in March 2020) women's specialist support services for survivors of VAW throughout Europe have had to operate in unprecedented and extremely challenging circumstances. The COVID-19 pandemic has been a crisis and human tragedy of enormous proportions, causing death and illness, trauma, economic and social dislocation throughout the world. The impacts and consequences of the virus, and of measures adopted to curb it, have worsened existing deep-rooted structural inequalities, both within societies and globally. Women, particularly poor and marginalised women, have borne a disproportionate burden. They have carried the burden of care at home, and have been on the frontline, putting themselves at risk to provide essential health and social care, often unrecognised and undervalued.

During this continuing COVID-19 pandemic, the chronic 'shadow pandemic' of violence against women has exacerbated. Evidence from around the world, including Europe, indicates that rates of domestic violence, sexual assault and other manifestations of violence against women and girls have escalated.⁴ Multiple new stresses and circumstances have created conducive contexts for men's violence against women, especially the measures and constraints required to control and mitigate the virus. Perpetrators have utilised the enabling environment of social distancing, quarantine and other requirements to consolidate their isolation, control, and entrapment of partners and children at home. Scope for economic abuse, stalking and harassment has been extended, and there have been increased opportunities for online violence. Closure or restrictions to specialist support, police and justice services have raised additional barriers for women and children.

In recognition of these realities, WAVE included questions about the impacts of the pandemic on the provision of specialist support services in the data collection survey for this Country Report. While a few country delegates did not complete this section of the survey or indicated that services had been largely unaffected by the outbreak, the majority provided data about significant changes in ways of working, demand for services, policing and justice, resources and funding, and wider statutory support.

As countries introduced far-reaching public health measures, including stringent deep cleaning and hygiene requirements, physical and social distancing, and the use of personal protective equipment (PPE), women's shelters in particular had to adapt rapidly to comply. With care and commitment, they did everything in their power to maintain safe accommodation for women and children. But in many countries, supplies of PPE were late in arriving, or inadequate. Shelter capacity was drastically reduced for distancing. The introduction of lockdowns meant that home working became the norm. The ability to provide a reliable service under these restrictions depended on sufficient IT equipment and connectivity. These were not always available. Home workers sometimes did not have adequate space or privacy at home to create a confidential work environment. All of these factors impinged on organisations' ability to provide safe and effective support to women and children.

The role of helplines was vital, because they became virtually the only accessible source of help for women. Here too, services rose to the challenge and adapted to provide more staff hours, new online platforms and outreach to broaden their reach to survivors.

In many countries, government measures lacked clarity, coherence and consistency. There was an absence of procedures and guidelines for organisations working to support women experiencing VAW.

In the majority of European countries, emergency funding (whether from the state, international funders or private donors), extra accommodation or in-kind resources helped women's organisations to reconfigure their services. But in many countries, no additional funds were forthcoming, while in a few countries operational funding was actually diverted from VAW support services into other essential services. Increased public awareness and concern widely generated extra donations from members of the public, though some countries reported a decline in income from all streams.

⁴ UN Women, *The Shadow Pandemic: Violence against women during COVID-19; EIGE (2021). The Covid-19 pandemic and intimate partner violence against women in the EU.*

Women survivors typically faced increased fear and risk in lockdown situations, with the perpetrator of violence always present in the home. Lack of public transport, and other risks connected with travel or occupying public space added to challenges for survivors and support workers. A key determinant of whether VAW services were able to continue offering safe and appropriate support was whether they were designated as essential, and their staff recognised as key workers. It was also vital that governments issued clear public statements that domestic violence was a justification for leaving home during lockdown, and to prioritise special arrangements. This happened to varying degrees, but not at all in certain countries. Even where it did, governments frequently failed to provide the necessary support, whether of funding, infrastructure or in communications.

It was widely reported that demand for services fell in the first few weeks of lockdown, but then sharply increased. Helplines noted that the proportion of new callers increased – sometimes survivors of historic sexual abuse and assault, triggered by the lockdown. Calls were often longer and more intense in response to complex trauma. Many women lost their jobs or for other reasons were in dire need of food and practical help.

Survivors' access to police protection and justice was seriously compromised by court closures, delays, and backlogs. Some helpful mitigating measures were introduced in a few countries. There were reports of some helpful, proactive policing, but also of police failing to respond, or actively discouraging women from contacting them.

The necessity and value of collaboration and partnership working between WSSS and other services was highlighted. While the absence or failure of such collaboration caused serious difficulties in some countries, the crisis also created scope for innovative good practice.

Some countries reported a significant level of heightened public concern, particularly a perception that risks to women living with abusive partners would intensify under lockdown. This was reflected not only in information campaigns by government and police, but in media reports, articles and discussions, and opened up opportunities to build more public awareness and understanding of the dynamics and roots of violence against women.

However, in countries where official recognition of violence against women and girls or respect for women's support services is poor (despite being signatories of the Istanbul Convention) the pandemic response disregarded or intensified risks to safety and rights.

More detailed information and discussion of the impact of COVID-19 may be found in the relevant chapter.

Recommendations

- For the duration of the current COVID-19 pandemic, it is vitally important that states make a clear declaration acknowledging that preventing and tackling violence against women is a priority, and that women's specialist support services are essential in this endeavour.
- Resources and flexible funding must be made available so that these services and their staff are able to adapt and to meet needs under pandemic conditions.
- Clear guidance from all levels of government should be given to WSSS, and for women experiencing VAW, about the operation of their services.
- Public campaigns should be promoted to raise awareness amongst the general public about signs of violence and how to access women's specialist support services.
- The use of virtual courts, safe forensic practice and other adaptations should be developed to maintain the operations of justice in VAW cases.
- States should review the current pandemic to identify lessons learned and good practice to incorporate into future response plans.
- Robust, coherent structures for enhanced collaboration and partnership working to prevent and tackle violence against women and girls should be developed for future crisis response and recovery strategies.



National women's helplines

A helpline qualifies as a national women's helpline if it is a service provided specifically for women and it only, or predominantly, serves women survivors of violence. A national women's helpline should operate 24/7, be free of charge and should serve survivors of all forms of VAW. Other important elements of a national women's helpline are to have a widely advertised public number and provide referrals to other relevant services. It should operate nationally and provide adequate support to women from all regions; this means the staff must be properly trained and have a gender-specific approach towards violence against women, offer effective communication skills and be knowledgeable about regional situations and all relevant provisions.

Helplines are an essential component in the provision of specialist services for women who are affected by VAW, past or present. They offer an accessible low-threshold point of contact for informed, non-judgemental support and advice. Whether a survivor calls once or many times, helplines have been lifesaving sources of help, setting countless women on the path to recovering control, discovering their options and rebuilding their lives.

Specialist women's helplines are firmly rooted in principles which are enshrined in the standards set out by the Convention. They:

- operate from a gendered understanding
- practice a survivor-centred focus on safety and human rights
- have a culture of belief, and avoid any kind of victim-blaming
- support the empowerment of women to make their own choices

Generic national helplines are not without value, but they do not have the expertise, standpoint or insight which women's NGOs have developed over decades of local, national and international engagement. It is incumbent on states to ensure that national women's helplines have stable, long term and sustainable funding, as required under Article 8 of the Convention.

The Istanbul Convention specifies in Article 24 that "parties shall take the necessary legislative or other measures to set up state-wide round-the-clock (24/7) telephone helplines free of charge to provide advice to callers, confidentially or with due regard for their anonymity, in relation to all forms of violence covered by the scope of this Convention". The Explanatory Report further stresses the recommendation, that every country should establish at least one free national helpline covering all forms of VAW operating 24 hours a day, seven days a week and providing crisis support in all relevant languages.⁵ Since the last WAVE Country Report in 2019, there have been some positive developments in provision across Europe. However, research for this 2021 report shows significant gaps remain, in EU Member States as well as countries outside of the EU.

Overview of findings on national women's helplines in Europe

There are now 30 out of 46 (65%) countries with at least one national women's helpline which meets IC standards – up from 25 (54%) in 2019. Of these 30 countries the following have helplines which are considered to meet the standards for the first time: Norway (new service), Portugal (improved service), Croatia (improved service), Slovenia and Russia (both now 24/7 services). There remain nine countries (out of 39 which have a national women's helpline) where the national women's helpline does not meet one or more of the IC standards (France, Hungary, Latvia, Liechtenstein, Luxembourg, Belarus, North Macedonia, Poland and Turkey). Luxembourg established a new helpline in 2020, but it does not operate 24/7. France, Hungary and North Macedonia have ratified the Convention, but have yet to implement standards fully. In several countries, women's helplines do not receive adequate or any state support, which means they have to operate with insecure and unsustainable income sources.

Across Europe, there are also many national helplines which may not conform to the standards set down by the Istanbul Convention, but nevertheless should be able to provide valuable information, advice and support to women survivors of gender-based violence. These may be noted under three headings – specialised help for certain groups of women, or

⁵ Istanbul Convention Explanatory Report, Article 24 p.82

survivors of particular forms of VAW; national helplines for victims of VAW which operate from a gender-neutral standpoint; national helplines for other issues which may overlap with or relate to VAW in some way. In addition, regional helplines are also available (for example in Belgium, where the context of three autonomous regions and two distinctive linguistic communities has shaped the provision of separate helplines). Regional women's helplines are often connected to shelters or other services which may not cover all forms of VAW, or be open 24/7. Nevertheless, they are vital resources, especially in the absence of a national women's helpline.

National women's helplines – KEY FINDINGS

- 85% of EU Member States and 84% of states outside the EU have a least one national women's helpline
- 36 out of 39 national women's helplines in Europe operate free of charge
- 33 out of 39 are available 24/7
- 30 European countries (65%) meet Istanbul Convention standards – the helplines are free of charge and operate around the clock

Recommendations

- States must guarantee sustainable funding for national women's helplines, since viable service provision cannot be guaranteed where national women's helplines rely on volunteers or private donations to operate.
- All European countries must establish at least one national women's helpline which provides specialist support regarding all forms of violence against women, operates 24/7 and is free of charge.
- National women's helplines must also ensure that all survivors are able to access support, by ensuring availability of multilingual support.
- The telephone number of national women's helplines should be widely advertised throughout the country, and routinely included in all broadcast, print or social media coverage of issues pertaining to VAW.
- Staff must be adequately trained and have a gender-specific approach in dealing with violence against women, including knowledge about the regional situation, applicable laws and rights, and all relevant provisions.
- National women's helplines should be equipped to provide referrals to other relevant services.
- Innovations and improvements to national women's helplines which have been made during the COVID-19 pandemic should be maintained and extended.



Shelters accessible to women

'Women-only shelters' are specialist support services for survivors of VAW (most commonly domestic violence by a partner or ex-partner) and their children (if any). They provide safe accommodation and empowering support, based on a gender-specific understanding of violence and the centrality of survivors' safety and human rights. Shelters, which may also be known as refuges or safe houses, are a vital component in the IC four pillars framework of protection, prevention, prosecution and policies. They respond to immediate crises and also the longer-term need for the availability of safe, non-judgemental support throughout the often complex process of leaving a violent relationship. While shelters are not a solution to the underlying gender inequality which structures the economic and social as well as the interpersonal contexts of VAW, they are a crucial resource for women and children living in situations of fear and danger and who need to find a temporary place of safety. Shelters also make a key contribution to the effective functioning of multi-agency collaborative partnerships, whether local or national, in responding effectively to VAW.

The Istanbul Convention Article 23 calls for the provision of appropriate, easily accessible shelters for survivors (and their children) of domestic violence in sufficient numbers and recommends that safe accommodation should be available in every region. The IC Explanatory Report recommends that one 'family place' (average 2 beds, one woman and one child) per 10,000 head of population is the minimum requirement,⁶ but cautions that actual numbers of places to be made available will depend on the assessed needs of any given country. The methodology adopted for WAVE's data collection and report is based on 'bed spaces' rather than the 'family places' of the Convention, to avoid any confusion regarding the number of actual beds being counted. A fuller explanation is found in the related chapter.

In the 2019 Country Report, only the total number of shelters accessible to women, and bed spaces available (i.e., according to IC standards) were shown in the tables. The 2021 Report tables distinguish between women-only shelters and shelters accessible to women and there is a separate column to record the number of women-only shelters in each country. This is important information to monitor, especially in light of concerns that women's specialist NGOs are increasingly losing funding or contracts in favour of gender-neutral or generic providers. Some states have adopted VAW strategies and action plans which marginalise or exclude women-only shelters altogether. Bed numbers given here are for all shelters accessible to women, as the figures against which the IC recommended minimum standard of 1 per 10,000 can be measured. The Istanbul Convention requires that support be made available to all GBV survivors while recognising that women are by far the majority of those who seek and use shelters supporting survivors of domestic violence.

Overview of shelters accessible to women in Europe

Shelter accommodation is available in almost all European countries, though there are significant variations from country to country in the scale and quality of provision. However, the overall situation which emerges from the data collected is that 55% of the beds needed are missing. In EU Member States there is a shortfall of 43%, while in states outside the EU there is a 69% gap between the number of beds needed and those available.

Compared with the data reported in 2019, there has been a fall in the total number of shelters (down from 2,350 to 2,112), but an increase in available beds, particularly in non-EU countries. The main explanation for this change is the UK's exit from the EU. The constituent nations of the UK together provide nearly half the bed spaces in countries outside the EU. It has also been reported that extra beds were provided in some countries in response to the COVID-19 pandemic, and the need for extra accommodation to meet increased demand and public health requirements.

Only nine countries meet the recommended Istanbul Convention requirements for shelter provision (Belgium, Denmark, Luxembourg, Malta, Slovenia, Sweden, Iceland, Norway and Liechtenstein). Women and their children in most European countries will often not be able to access shelter accommodation when they need it. The most cited reason for declining referrals is lack of capacity and space. This situation has been exacerbated during the COVID-19 pandemic, although some countries put in place emergency mitigating measures (for example securing temporary extra accommodation in hotels). But the lives and wellbeing of women and children are being put at risk because provision of shelters and beds is seriously

⁶ CETS 210 – Explanatory Report to the Council of Europe Convention on preventing and combating violence against women and domestic violence (coe.int) p.25

insufficient. There are groups of women who are face additional barriers in accessing safe refuge support, including those with precarious migration status or are undocumented, women with disabilities and those with additional support needs. Although the nature and extent of provision vary considerably from country to country, geographical coverage is far from comprehensive, especially beyond major population centres.

Shelters accessible to women – KEY FINDINGS

- Throughout Europe there are 2,112 shelters accessible to women experiencing domestic violence, providing 37,791 bed spaces to women and their children.
- Of 46 European countries, only nine meet the Istanbul Convention minimum recommended standard of one bed space per 10,000 head of population.
- 21 of 27 EU Member States (78%) and 16 of 19 states outside the EU (84%) are still failing to meet the IC standard on minimum bed spaces.

Recommendations

- It is important to preserve the independence and autonomy of women's shelters, so that they can provide support to women survivors by taking a human rights-based, gender-specific approach.
- Sustainable funding to women's shelters is critical for ensuring continuity of their life-saving work. Governments must ensure these vital support services receive adequate, long-term funding, so that they have sufficient capacities and provide services free of charge to all women survivors of gender-based violence.
- Laws regulating funding of women's shelters should ensure these services can provide accommodation and specialist support to all women survivors of VAW and their children, irrespective of whether they are undocumented migrants or have a precarious migration status.
- Women's shelters must be staffed by professionals who have received adequate training on how to prevent and respond to VAW and must put the survivor and her needs, and those of any children, at the centre of all interventions.
- One of the most important factors influencing the policy-making process in the field of VAW is reliable, accurate and comparable data across countries. Data collection is therefore an essential component for demonstrating how many women survivors of violence and their children access shelters and how many are turned away. It is important to improve existing data collection methods so as to collect more accurate, comprehensive and reliable data on the number of women's shelters and the services they provide.



Women's centres

The WAVE Network understands 'women's centres'⁷ as women's services providing non-residential specialist support to women survivors, serving only or predominantly women survivors of violence and their children. They work within a gender specific and culturally- sensitive framework of non-residential service provision – whether in response to immediate crises, short-term, or long-term support – for any woman who is a survivor of VAW and her children, if any. The services available may include information, advocacy, counselling, material help (e.g. with food, clothing), practical advice in connection with education, employment, housing, legal rights, court accompaniment etc. They may also engage in wider community education, awareness raising and prevention work. There is no single template for such work and the following are examples of services subsumed under the term: women's counselling and women crisis centres, supporting women survivors of all forms of gender-based violence; regional crisis centres on domestic violence; pro-active intervention centres serving survivors as a follow-up to police interventions; specialist services for black, minority ethnic women, migrant and refugee women survivors of VAW; outreach services; specialist services supporting survivors of human trafficking, sexual exploitation, female genital mutilation and so-called 'honour-based' killings; and other types of services.

The overall importance of women's specialist support services is clearly stated in the Explanatory Report of the Istanbul Convention "the aim of such a specialised support is to ensure the complex task of empowering victims through optimal support and assistance catered to their specific needs. Much of this is best ensured by women's organizations [...]."⁸

Women's centres offer flexible, tailored and holistic support to women and their children who are experiencing VAW. Good practice examples and the overall experience of the WAVE Network have shown that this kind of specialist non-residential support ensures that women from all backgrounds can better manage crisis situations through adequate safety interventions, and by getting to know their rights and entitlements, thus increasing their independence from, e.g. an abusive partner or ex-partner, and reduce their overall isolation.

Specialist services for survivors of sexualised violence (e.g. rape crisis centres and sexual violence referral centres) are the subject for data collection and analysis in the following chapter, so they are not included in the data for women's centres, although most women's centres can provide support to survivors of sexualised violence as well. Helplines, shelters and sexualised violence services are three specialist forms of provision for women survivors of VAW, each with their own minimum Istanbul Convention and/or Council of Europe standards. They therefore are considered in separate chapters of the Report.

The majority of women's centres in the countries surveyed by WAVE are run by women's NGOs. Other service providers include generic NGOs and those organised directly by local and/or national government departments. For the purposes of this report, and the relevant tables, women's centres are categorised under two headings: types of centres, and types of services provided. This is an attempt to present the data in a clear and consistent manner and to avoid variations in the last Country Report, which may have been confusing.

Type of centre – this indicates whether centres in that country serve all survivors of violence including women survivors of VAW, or they are only for women survivors of VAW. Where both types of centres exist, that is noted.

Types of services provided – under this heading are the particular kinds of services available. Where specialised support is available for sexualised violence survivors, for particular groups of women, e.g. Black and Minority Ethnic (BME) or relating to specific forms of VAW (e.g. 'honour based' violence) that is indicated, with details given in the country profile.

According to the Council of Europe, the minimum standard for provision of counselling services to survivors of violence against women is one per 50,000 women in the population. This is the standard which has been applied to the data as an appropriate measure of provision, and to determine shortfall in the number of centres. It is important to note, however, that not all women's centres provide counselling (though most do) and this is a limitation in the data collection and analysis.

⁷ See glossary for a full definition.

⁸ Istanbul Convention Explanatory Report Article 22 para.132, p.80

Overview of findings on distribution of women's centres in Europe

Forty-four of 46 European countries (96%) have at least one women's centre. Of the four which recorded no specialised women's centres in the 2019 Report, that remains the case in Hungary and Belarus. A new women's centre opened in Cyprus in 2020, and the Netherlands does not have specialised women's centres, but as the country profile indicates, non-residential support is available at the network of domestic violence shelters.

A minimum of 3,210 centres are reported to be operating across Europe, 1,925 in the 27 EU Member States and 1,285 in the 19 non-EU states. This represents an overall decline in centres since 2019, from 3,323 to 3,210. The UK's exit from the EU has also significantly affected the relative balance of EU and non-EU provision, since a minimum of 625 women's centres operate in the UK. Information suggesting a decrease in the overall number of centres in Europe should be treated with some caution, due to the imprecision of data. Nevertheless, numerous centres do contend with financial insecurity and are in precarious situations, without any or adequate state support.

In most European countries, women's NGOs are responsible for provision of at least some of the specialist women's centres. The vital role of women's organisations is highlighted by the Istanbul Convention, which affirms their importance in ensuring good practice and standards. Other providers include government agencies, faith-based organisations and more generic NGOs. Many centres, particularly in some countries outside the EU, rely heavily on grants, international funding and/or other donations. Their longer-term stability and sustainability are under threat, and in Georgia, for example, several centres have had to close recently.

In addition to centres which offer a range of support services to all women, there are some which are specialist service providers, e.g. for BME, refugee and migrant women, survivors of human trafficking and sexual exploitation, 'honour-based' violence and forced marriage, female genital mutilation and LGBTQ+. Designated centres of this kind exist in around half of European countries.

Since 2019, new centres have opened in some countries, but others have closed. Until specialist women's support services are fully integrated and securely funded elements of national provision, this pattern is likely to continue. Although at least one centre is operational in almost every European country, the overall level and spread of provision falls short of the Council of Europe recommended standard by 63%.

Women's Centres – KEY FINDINGS

- There is a minimum of 3,210 women's centres in Europe.
- 44 European countries have at least one women's centre, two have no such centre.
- 60% of the centres are in EU countries, and 40% in countries outside the EU.
- In 19 European countries, provision of women's centres includes those for women only, and those which provide services for all survivors of GBV; in 13 countries, women's centres are exclusively for women only; in 12 countries all women's specialist non-residential support is in centres accessible to all, regardless of gender.
- There is considerable variety and diversity in services provided, but most centres do offer counselling, information and advice, advocacy and accompaniment on a range of issues including legal rights, housing, employment, referrals and representation at court and other agencies.

Recommendations

- Continuous efforts must be made to secure sufficient provision of women's centres providing specialist and gender-specific support for women survivors of violence and their children, if any. This is particularly urgent in countries which currently have no such centres, or only in certain cities or regions. Comprehensive geographical coverage is a fundamental requirement to ensure services are accessible to all women and children who need them.
- State funding should be allocated to specialist women's centres to meet these requirements, especially in countries which currently provide none, or allocate very limited resources to women's centres.

- Provision of specialist support services, e.g. for victims of forced marriage, 'honour-based' violence, female genital mutilation, human trafficking; and for refugee, migrant and undocumented women is non-existent or very limited in many countries. Sufficient resources need to be allocated to ensure adequate coverage of such services for ALL women, including those from minoritised groups.
- In keeping with the WAVE Network's long term goal of developing common definitions, women's specialist services should strive to build, as far as is possible, a shared understanding of 'women's centre' which encompasses different working models. This would aid clarity and consistency in the collection and recording of relevant data, and would facilitate a more accurate representation of specialist services in relation to the Istanbul Convention.



Specialist services for survivors of sexualised violence

Sexualised violence (SV) is defined as any form of contact or non-contact act (or attempt to obtain an act) of a sexualised nature without a person's freely given consent. It encompasses a range of abusive behaviours and acts, overwhelmingly committed by men against women and girls. These include sexual abuse (of children and or/adults), human trafficking and grooming for sexual exploitation, cyber sexual harassment and violence, non-consensual sharing of intimate images (so-called 'revenge porn'), sexual assault and rape.

Article 25 of the Istanbul Convention refers specifically to the importance of specialised support for survivors of sexualised violence, and calls on states to "take the necessary legislative or other measures to provide for the setting up of appropriate, easily accessible rape crisis or sexual violence referral centres for victims in sufficient numbers to provide for medical and forensic examination, trauma support and counselling for victims."

The recommendation is that at least one such centre should be available for every 200,000 inhabitants. Although some women's centres do offer support for SV survivors, the need for dedicated and specialist centres is required to provide specific and critical services – in the immediate aftermath of a rape or other assault, in relation to any legal proceedings, and to address the longer-term impacts. As the Explanatory Report notes, the traumatic nature of sexualised violence requires "a particularly sensitive response by trained and specialised staff".⁹

In 2019, the WAVE Country Report collected separate data about specialist sexualised violence services for the first time. Although there are challenges in gathering comparable data from very diverse national contexts and services responses to sexualised violence, a reasonably consistent baseline was established by asking about the forms of provision recommended by the Istanbul Convention, which are rape crisis centres (RCC) and sexual violence referral centres (SVRC). These models for the provision of services under one roof have developed in different situations and to meet somewhat different needs. The SVRCs provide crucial medical and forensic services and other kinds of multi-agency support or intervention in the immediate aftermath of sexual assault/rape. They are usually located in hospital settings. Rape crisis centres offer immediate and long-term confidential survivor-centred counselling and therapy, and provide advice, advocacy and accompaniment, for survivors of recent and historical sexual assault and abuse.

Many of the women's centres discussed in the previous chapter do offer a range of support services to survivors of sexualised violence, as part of their comprehensive and holistic approach to tackling VAW. Some do so to a highly expert degree, while others may not have the capacity or resources to do more than provide fairly basic and short-term support.

Women's experience of sexualised violence remains largely hidden and taboo in many countries, surrounded by misleading and dangerous myths which foster widespread victim-blaming, disbelief and disregard for the prevalence or serious impacts of SV. The realities of disempowerment, trauma and violation of autonomy are routinely compounded by secondary victimisation during medical, police and judicial procedures. Given the complex and interlocking needs of SV survivors, it is vitally important that the agencies involved in responding do so with informed understanding and sensitivity.

⁹ Istanbul Convention Explanatory Report, article 25, para.138

RCCs and SVRCs are critical to the process of supporting survivors and ensuring that interventions are helpful, challenge or prevent professional poor practice, and offer the safety required on the difficult journey of recovery. The Istanbul Convention stipulates that specialised services must be easily accessible, providing medical and forensic exams, trauma support and counselling. They should be offered whether or not the victim files a complaint.

Overview of findings on rape crisis centres and sexual violence referral centres in Europe

There is an enormous gap between the actual number of specialist SV support services, and the number required to meet the minimum IC standard. Since 2019 the situation has improved somewhat: there is now a minimum of 462¹⁰ centres compared with 357 – an increase of only 105 centres, from a very low base, and the unacceptable reality is that 91% of services is missing. It remains the case that only one country, Iceland, meets the Istanbul Convention requirements.

Some countries do have a network of centres, though not always in every region, but in many cases there is only one centre, or none at all. In their absence, numerous SV survivors are referred to or seek help from general women's centres. Many such centres do specify that they are able to provide specialist SV support, but this varies, and adds to the pressures on resources of such centres.

Alternative sources of support include helplines specifically for survivors of sexualised violence, which are currently available in 16 European countries (35%) though often with very limited hours.

Other SV services, not RCCs or SVRCs, are reported, including counselling, medical support, trauma therapy and a few centres specifically for survivors of human trafficking, sexual exploitation and sexualised violence in war.

Services for survivors of sexualised violence – KEY FINDINGS

- 27 out of 46 (59%) European countries have at least one RCC or SVRC.
- The minimum total number of such centres across Europe is 462.
- 91% of services required are missing in countries outside the EU, and the shortfall in EU member countries is 87%.
- 35% of European countries have some kind of helpline specifically for survivors of sexualised violence.

Recommendations

- European states must prioritise the establishment of sufficient rape crisis and sexual violence referral centres to meet the needs of survivors in every region, according to the Istanbul Convention standard of one such service per 200,000 inhabitants.
- States must invest in regular, strategic public awareness and prevention campaigns to address pernicious myths and women-blaming stereotypes associated with sexualised violence, and with a focus on men's collective responsibility to challenge the norms and cultures which create enabling environments for such violence.
- A systematic programme of initial and continued training and professional development for key sectors (including police, judiciary, health services and education) should be established. This should take a gender-specific approach towards sexualised violence to build a competent workforce with role-appropriate knowledge, skills and understanding.
- Definitions and legislation on sexualised violence which emphasise voluntary and meaningful consent as decisive should be developed and implemented by states, with the collaboration of specialists who have developed expertise in women's support services.

¹⁰ The actual number will be higher because numbers of centres were not available for some countries, including France and Sweden.



Femicide

Femicide is a term which refers, broadly speaking, to the gender related killing of women by men, because they are women. It draws an important distinction between the killing of women as a fatal manifestation of violence against women, and killings where the gender of the victim is random or incidental. Femicide has been framed by activists as part of the continuum of violence against women which connects extreme criminal acts with the everyday realities of intrusion, harassment, constraint and abuse which so many women experience.¹¹ Hence Diana Russell's refinement of the concept as the 'misogynist killing of women by men'.¹² Definitions and use of 'femicide' for research, policy and legislation are subject to debate. A comprehensive understanding incorporates direct and indirect killings in private and public domains, and in a range of contexts from intimate relationships, families, sexualised violence and traditional practices to those committed or enabled by instruments of the state. Femicide may be perpetrated by persons known or strangers.

The collection of data is vital, but fraught with challenges at national and international levels. In order to compare and analyse such data meaningfully, clarity is required. Some types of femicide are more prevalent in some countries than in others, depending on the socio-cultural context in particular countries, or in minority communities within countries. States should collect and publish accurate data on the number of femicides occurring in a given country, disaggregated by age and sex of victims and perpetrators, and indicating the relationship between the perpetrator and the victim.¹³ The European Observatory on Femicide is leading efforts to develop a Europe-wide data collection system, based on a clear, practical and operational definition. This is essential for monitoring and awareness-raising, and also a vital resource in developing effective intervention and prevention measures.

Some women's NGOs have taken on the task of collecting femicide data. Good examples are the UK Femicide Census and Counting Dead Women website (www.femicidecensus.org), *Casa delle donne per non subire violenza di Bologna* (Italy, www.casadonne.it) and femicidio.net (Spain). Given that there is no harmonised data collection across European countries on the number of femicide victims, the WAVE Network aims to contribute to existing data collection efforts by collecting additional information from women's organisations that are Network Members. The data should be treated with caution. There are serious gaps in availability and comparability within and across the 46 countries. Data collected only gives a partial impression of the prevalence, scale and scope of femicide, since it only counts femicide victims who were killed by current or former intimate partners, or other family members.

Data collection on femicide victims in Europe – KEY FINDINGS

- There were at least 3,763 victims of femicide in 2020, that number being an aggregate of data provided from 36 of 46 countries.
- In all countries surveyed, government institutions from criminal justice systems and/or national statistical institutions regularly collect data on number of homicide victims; however, this information is not always disaggregated by the sex of victims and perpetrators, nor by the relationship (if any) between victims and perpetrators.
- Femicides are officially recorded as such in only two countries (France and Spain), but only those victims who were killed by current or former intimate partners and other family members are included in these statistics.
- In fourteen countries, women's organisations, journalists or researchers have been mainly responsible for monitoring, collecting information and providing estimates.

11 Liz Kelly introduced the continuum of violence concept in her ground-breaking book *Surviving Sexual Violence* Cambridge, Polity Press, 1988.

12 Jill Radford and Diana Russell, *Femicide: The Politics of Woman Killing*. Birmingham, OUP, 1992

13 Preventing and eradicating femicide, WAVE thematic paper, 2017 p.5

Recommendations

- It is of great importance that a basic level of information is recorded in the official homicide statistics of all European countries. The minimum requirement is the disaggregation by sex of victims and perpetrators, and that the relationship, if any, of victim and perpetrator is recorded.
- Countries are urged to comply with the recommendation of the UN Special Rapporteur that a femicide watch initiative should be established (where it does not already exist) to monitor and highlight femicides, as a resource to improve policies, and to raise awareness of gender-based killing as fatal manifestations on the continuum of violence against women. Current examples of good practice could be adapted to ensure the development of appropriate and useful models in different national contexts.
- The work of the European Observatory on Femicide should be supported by all governments and WSSS. This support should include the provision of sufficient funding, advocacy and public communications campaigns in order to facilitate effective international collaboration.
- Femicide should be named and integrated into national strategies and policies to address violence against women, with actions identified to reduce and prevent such killings.

Tables

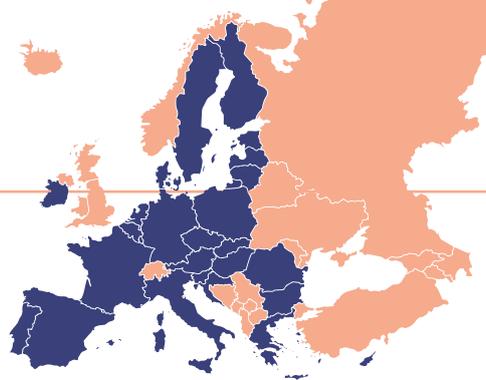
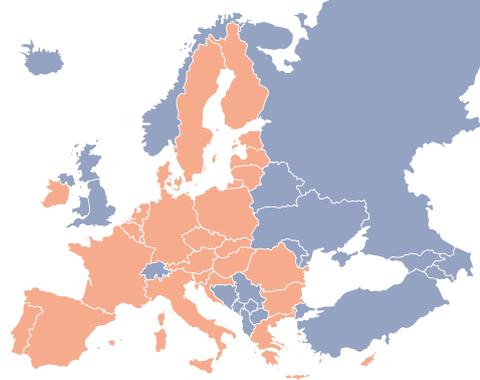


TABLE 1: National women's helplines in EU Member States (2020)

Country	Existence of a National Women's Helpline	National Women's Helpline Free of Charge	National Women's Helpline operating 24/7	National Women's Helpline Free of Charge and Operating 24/7 (=meeting the standards of the IC)
Austria	yes	yes	yes	yes
Belgium	no	-	-	no
Bulgaria	yes	yes	yes	yes
Croatia	yes	yes	yes	yes
Republic of Cyprus	yes	yes	yes	yes
Czech Republic	no	-	-	no
Denmark	yes	yes	yes	yes
Estonia	yes	yes	yes	yes
Finland	yes	yes	yes	yes
France	yes	yes	no	no
Germany	yes	yes	yes	yes
Greece	yes	yes	yes	yes
Hungary	yes	yes	no	no
Ireland	yes	yes	yes	yes
Italy	yes	yes	yes	yes
Latvia	yes	yes	no	no
Lithuania	yes	yes	yes	yes
Luxembourg	yes	yes	no	no
Malta	no	-	-	no
Netherlands	no	-	-	no
Poland	yes	no	yes	no
Portugal	yes	yes	yes	yes
Romania	yes	yes	yes	yes
Slovakia	yes	yes	yes	yes
Slovenia	yes	yes	yes	yes
Spain	yes	yes	yes	yes
Sweden	yes	yes	yes	yes
TOTAL (27)	23 (yes) 4 (no)	22 (yes) 1 (no)	19 (yes) 4 (no)	18 (yes) 9 (no)



**TABLE 2: National women's helplines
in European countries outside of the EU (2020)**

Country	Existence of a National Women's Helpline	National Women's Helpline Free of Charge	National Women's Helpline operating 24/7	National Women's Helpline Free of Charge and Operating 24/7 (=meeting the standards of the IC)
Albania	yes	yes	yes	yes
Armenia	no	-	-	no
Azerbaijan	no	-	-	no
Belarus	yes	yes	no	no
Bosnia & Herzegovina	yes	yes	yes	yes
Georgia	yes	yes	yes	yes
Iceland	yes	yes	yes	yes
Kosovo	yes	yes	yes	yes
Liechtenstein	yes	no	yes	no
North Macedonia	yes	yes	no	no
Republic of Moldova	yes	yes	yes	yes
Montenegro	yes	yes	yes	yes
Norway	yes	yes	yes	yes
Russian Federation	yes	yes	yes	yes
Serbia	yes	yes	yes	yes
Switzerland	no	-	-	no
Turkey	yes	no	yes	no
Ukraine	yes	yes	yes	yes
United Kingdom	yes	yes	yes	yes
England	yes	yes	yes	yes
Northern Ireland	yes	yes	yes	yes
Scotland	yes	yes	yes	yes
Wales	yes	yes	yes	yes
TOTAL (19)	16 (yes) 3 (no)	14 (yes) 2 (no)	14 (yes) 2 (no)	12 (yes) 7 (no)

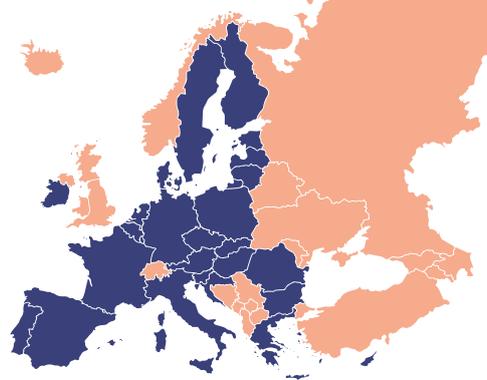


TABLE 3: Shelters accessible to women in EU Member States (2020)

Country	Total population	Total number of women-only shelters	Total number of shelters accessible to women	Existing number of beds	Number of beds needed	Number of beds missing	Percentage of beds missing
Austria	8,901,064	30	32	791	890	99	11%
Belgium	11,522,440	12 ¹⁴	38 ¹⁵	1,863	1,152	0	0%
Bulgaria	6,951,482	13	13	128	695	567	82%
Croatia	4,058,165	22	24	301	406	105	26%
Republic of Cyprus	888,005	3	5	47 ¹⁶	89	42	47%
Czech Republic	10,693,939	3	20	90	1,069	979	92%
Denmark	5,822,763	66	71	850	582	0	0%
Estonia	1,328,976	16	16	75	133	58	44%
Finland	5,525,292	1	29	211	553	342	62%
France	67,320,216	10 ¹⁷	57 ¹⁸	3,081	6,732	3,651	54%
Germany	83,166,711	376	376	6,500	8,316	1,816	21%
Greece	10,718,565	24	24	450	1,072	622	58%
Hungary	9,769,526	0	52	348	977	629	64%
Ireland	4,964,440	21	21	139 ¹⁹	496	357	72%
Italy	59,641,488	272	N/A	2,421	5,964	3,543	59%
Latvia	1,907,675	8	37	140 ²⁰	191	51	27%
Lithuania	2,794,090	0	0	0	279	279	100%
Luxembourg	626,108	10	10	216	63	0	0%
Malta	514,564	4	6	113	51	0	0%
Netherlands	17,407,585	26	69	800	1,741	941	54%
Poland	37,958,138	1	32	633	3,796	3,163	83%
Portugal	10,295,909	35	35	605	1,030	425	41%
Romania	19,328,838	70	93	796 ²¹	1,933	1,137	59%
Slovakia	5,457,873	8	N/A	214	546	332	61%
Slovenia	2,095,861	31	34	510	210	0	0%
Spain	47,332,614	243 ²²	N/A	2,583	4,733	2,150	45%
Sweden	10,327,589	N/A	213	1,653	1,033	0	0%
TOTAL	447,319,916	1,035	1,307	25,558	44,732	19,174	43%

14 This number only includes women-only shelters and not the women-only accommodation units in Flanders.

15 This number does not include the accommodation units accessible to women in Flanders.

16 The number of beds refers only to the three women-only shelters.

17 This figure only includes the shelters that are part of the FNSF network.

18 Ibid.

19 Statistics from Tusla, the National Child and Family Support Agency under the Ministry of Children & Youth.

20 This is based on the number of available beds in women-only shelters as other shelters in Latvia do not often or rarely provide support to women survivors of violence.

21 The number of beds refers only to the women-only shelters.

22 The number refers to national statistics from 2017: Statistical bulletins – Government Delegation against Gender Violence (igualdad.gob.es).

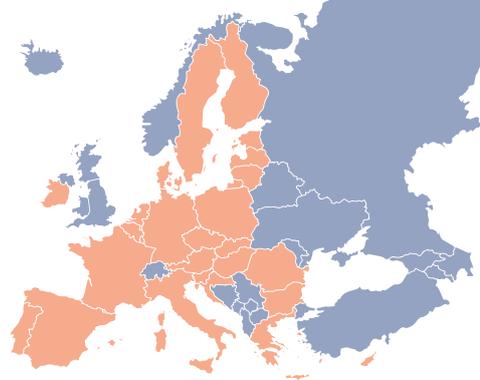


TABLE 4: Shelters accessible to women in European countries outside of the EU (2020)

Country	Total population	Total number of women-only shelters	Total number of shelters accessible to women	Existing number of beds	Number of beds needed	Number of beds missing	Percentage of beds missing
Albania	2,845,955	8	20	153 ²³	285	132	46%
Armenia	2,959,694	2	4	31	296	265	90%
Azerbaijan	10,067,108	2	10	420 ²⁴	1,007	587	58%
Belarus	9,408,350	5	5	72	941	869	92%
Bosnia & Herzegovina	3,492,018 ²⁵	8	9	189 ²⁶	349	160	46%
Georgia	3,716,858	4	9	136	372	236	63%
Iceland	364,134	2	2	40	36	0	0%
Kosovo	1,782,115	9	11	160	178	18	10%
Liechtenstein	38,747	1	1	10	4	0	0%
North Macedonia	2,076,255	8	9	50	208	158	76%
Republic of Moldova	3,542,708 ²⁷	8	N/A	184	354	170	48%
Montenegro	621,873	2	2	39	62	23	37%
Norway	5,367,580	0	44	969	537	0	0%
Russian Federation	143,666,931 ²⁸	12	98	448	14,367	13,919	97%
Serbia	6,926,705	0	14	300	693	393	57%
Switzerland	8,606,033	19	39	400	861	461	54%
Turkey	83,154,997	146	146	3,508	8,315	4,807	58%
Ukraine	41,732,779	N/A	33	140 ²⁹	4,173	4,033	97%
United Kingdom ³⁰	67,081,280	306	349	4,984	6,709	1,867	28%
England	56,550,160	230	263	3,935	5,655	1,720	44%
Northern Ireland	1,895,500	14	14	332	190	0	0%
Scotland	5,466,000	38	38	448	547	99	18%
Wales	3,169,620	24	34	269	317	48	15%
TOTAL	397,452,120	538	805	12,233	39,747	27,514	69%

23 The number of beds refers only to the eight women-only shelters, as reported by the GREVIO Baseline Evaluation Report for Albania, p. 39.

24 This number includes beds in shelters for vulnerable groups such as homeless people which are accessible to women but are not specialised in VAW.

25 Population in 2019.

26 The number of beds refers only to the eight women-only shelters.

27 The population refers to the Republic of Moldova, excluding the region of Transnistria. Population data from 2019, as there is no available data for 2020. "National Bureau of Statistics of the Republic of Moldova," Biroul Național de Statistică al Republicii Moldova, 2019, **Resident population, as of January 1 by Years, Areas and Sex. PxWeb (statistica.md)**

28 Latest available data on EUROSTAT's database from 2014.

29 This number is from the WAVE Country Report 2019 which only covers women-only shelters. The number of beds accessible to women is likely higher, but more recent estimates are not available.

30 United Kingdom encompasses England, Northern Ireland, Scotland and Wales.



TABLE 5: Women's centres in EU Member States (2020)

Country	Number of Centres	Types of Centres ³¹	Types of services provided
Austria	34	Women-only/All survivors	Counselling/psychological support, specialist support, legal/housing/employment advice, financial and social welfare support, referrals, representation at court/police/social services, specialist support for survivors of SV
Belgium	23	Women-only/All survivors	Counselling/psychological support, legal advice, advocacy, specialist support (including for survivors of SV)
Bulgaria	18	Women-only	Counselling/psychological support, legal advice, employment, specialist support (including for survivors of SV)
Croatia	25	Women-only	Counselling/psychological supports, legal/employment advice, representation at court/police/social services, referrals, specialist support
Republic of Cyprus	1	All survivors	Counselling/psychological supports, legal advice, financial and social welfare support, referrals, specialist support (including for survivors of SV)
Czech Republic	26	Women-only/All survivors	Counselling, specialist support, legal advice, financial and social welfare support/advocacy, housing advice, representation
Denmark	35	Women-only/All survivors	Counselling/psychological support, legal advice, financial/social welfare support, housing advice, employment, referrals, specialist support (including for SV survivors)
Estonia	19	Women-only/All survivors	Counselling/psychological support, legal advice, financial and social welfare support, advocacy, housing advice, employment, referrals, representation at court, specialist support (including for survivors of SV)
Finland	35	Women-only/All survivors	Counselling/psychological support, legal advice, financial and social welfare support, advocacy, housing advice, referrals, representation at court/police/social services, specialist support (including for survivors of SV)
France	250	Women-only/All survivors	Counselling/psychological support, legal/housing/ employment advice, financial and social welfare support, referrals, specialist support (including for survivors of SV)
Germany	420	Women-only/All survivors	Counselling/psychological supports, legal/housing/employment advice, financial and social welfare support, specialist support for women from marginalised groups, specialist support for survivors of SV
Greece	51	Women-only	Counselling/psychological supports, legal/housing/employment advice, financial and social welfare support, referrals, representation at court/police/social services, specialist support for women from marginalised groups and for survivors of SV
Hungary	0	-	-
Ireland	41	All survivors	Counselling, advice, advocacy, helpline, court accompaniment, outreach, childcare, specialist support (including for survivors of SV)
Italy	302	Women-only	Counselling/psychological support, legal/housing/employment advice, financial/social welfare advocacy, help with referrals, representation at court/police/social services, specialist support (including for survivors of SV)
Latvia	6	Women-only/All survivors	Counselling/psychological support, legal advice, financial/social welfare support, housing advice, representation at court, referrals, specialist support (including for survivors of SV)
Lithuania	17	All survivors	Counselling, advice, advocacy, assessments and litigations
Luxembourg	10	Women-only/All survivors	Counselling/psychological support, specialist support, legal advice, financial and social welfare support/advocacy, housing advice, employment, referrals, specialist support for survivors of SV
Malta	8	Women-only/All survivors	Counselling/psychological support, legal/housing/employment advice, financial/social welfare advocacy, help with referrals, representation at court/police/social services, specialist support
Netherlands	26	All survivors	Counselling, specialised support, advice
Poland	32	All survivors	Counselling/psychological support, housing/ employment/ legal advice, advocacy, representation at court/police/social services
Portugal	193	Women-only/All survivors	Counselling/psychological support, legal/housing/employment advice, financial and social welfare support, referrals, specialist support (including for survivors of SV)
Romania	17	Women-only	Counselling/psychological support, legal advice, financial/social welfare support, housing/employment advice, representation at court, specialised support
Slovakia	24	Women-only/all survivors	Counselling/psychological supports, legal/housing/employment advice, financial and social welfare support, referrals, representation at court/police/social services, specialist support (including for survivors of SV)
Slovenia	2	All survivors	Counselling/psychological support, representation at court/police/social services, awareness raising, education, specialist support (including for survivors of SV)
Spain	110	Women-only	Counselling, psychological support, legal and housing advice, financial and social welfare support, referrals
Sweden	200	Women-only/All survivors	Counselling/psychological support, advocacy, legal advice, financial/social welfare support, housing advice, employment, referrals, representation at court, specialised support (including for survivors of SV)
TOTAL (27)	1,925		

31 For all survivors of violence, for women-only or for all survivors and women-only (e.g. some services available to all survivors of violence, and some only to women).



TABLE 6: Women's centres in European countries outside of the EU (2020)

Country	Number of Centres	Types of Centres ³²	Types of services provided
Albania	13	All survivors	Legal advice, referrals, representation at court/police/social services, specialist support (including for survivors of SV)
Armenia	15	Women-only	Counselling/psychological support, legal advice, financial and social welfare support, housing/employment advice, referrals, representation at court/police/social services, specialist support (including for survivors of SV)
Azerbaijan	18	All survivors	Counselling, advice, financial and social support, referrals, representation at court, specialist support (including for survivors of SV)
Belarus	0	-	-
Bosnia & Herzegovina	7	Women-only/All survivors	Counselling/psychological support, legal advice, housing advice, employment, referrals, specialist support for survivors of SV
Georgia	10	All survivors	Counselling/psychological support, legal advice, financial and social welfare support, housing advice, representation at court, police, and social services, needs assessments, specialist support for survivors of SV
Iceland	7	Women-only/All survivors	Counselling, legal advice, specialist support (including for survivors of SV), advocacy
Kosovo	3	Women-only	Counselling/psychological support, legal advice, financial and social welfare support/advocacy, housing advice, employment, referrals, representation, specialist support, specialist support for survivors of SV
Liechtenstein	1	Women-only	Counselling/psychological support, legal/housing/employment advice, financial and social welfare support, representation at court/police/social services, specialist support
North Macedonia	20	Women-only	Counselling/psychological support, specialist support, legal advice, financial and social welfare support/advocacy, housing advice, employment, referrals, representation, specialist support for survivors of SV
Republic of Moldova	10	Women-only	Counselling/psychological support, legal/housing/employment advice, financial/social welfare advocacy, help with referrals, representation at court/police/social services, specialist support (including for survivors of SV)
Montenegro	3	All survivors	Counselling/psychological support, legal advice, specialist support
Norway	N/A	All survivors	Counselling, specialist support (including for survivors of SV), legal advice, referrals
Russian Federation	150	Women-only	Counselling/psychological support, legal advice, financial/social welfare support, housing advice, employment, referrals, representation at court, specialised support (including for survivors of SV)
Serbia	29	Women-only	Counselling/psychological support, legal advice, referrals, representation at court/police/social services, specialist support including for women survivors of SV
Switzerland	N/A	Women-only/All survivors	Counselling/psychological supports, specialist support for women from marginalised groups and for survivors of SV
Turkey	374 ³³	Women-only/All survivors	Counselling/psychological support, legal advice, financial/social welfare advocacy, help with referrals, representation at court/police/social services, specialist support (including for survivors of SV)
Ukraine	N/A	All survivors	Counselling, legal advice, financial/social welfare support, housing advice, employment, referrals, representation at court, SV specialist support
United Kingdom	625	Women-only/All survivors	Counselling/psychological support, financial and social welfare support/advocacy, housing advice, employment, referrals, representation at court, police, social services, specialist support (including for survivors of SV)
England	596	Women-only/All survivors	Counselling/psychological support, legal advice, financial and social welfare support, housing advice, employment, referrals, representation at court, police, social services, specialist support (including for survivors of SV)
Northern Ireland	9	Women-only/All survivors	Counselling/psychological support, financial and social welfare support/advocacy, housing advice, employment, referrals, representation at court, police, social services, specialist support (including for survivors of SV)
Scotland	N/A	Women-only	Advocacy, counselling, legal support, financial/social welfare support, housing support, employment, referrals, specialist support (including for survivors of SV)
Wales	20	Women-only	Counselling/psychological support, financial/social welfare support, housing advice, referrals, specialist support for survivors of SV
TOTAL	1,285		

³² For all survivors of violence, for women-only or for all survivors and women-only (e.g. some services available to all survivors of violence, and some only to women).

³³ Data from WAVE Country Report 2019.



Methodology

The WAVE Country Report 2021 gives an overview of the situation of women's specialist support services (WSSS) in Europe, putting an emphasis on four key areas of service provision – women's helplines, shelters accessible to women, women's centres and specialist services for survivors of sexualised violence. The main aim of this report was to survey the situation of specialist support services for women and girls in 46 European countries and identify current gaps concerning service provision. This approach is in line with relevant provisions on specialist support services, enshrined in the Council of Europe Convention on preventing and combating violence against women and domestic violence, also known as the Istanbul Convention, in Articles 22, 23, 24 and 25. Furthermore, this report seeks to highlight which European countries, within and outside of the EU, meet the minimum standards of the IC on service provision on national women's helpline, shelters accessible to women survivors of VAW, and the minimum standards set by the Council of Europe for provision of women's centres.³⁴ Available data about femicide in the surveyed countries are presented, and the WAVE Country Report 2021 also includes a focus on the impact of COVID-19 on women's specialist support services in Europe.

This research is based on quantitative data, represented by the number of services available in the surveyed countries. However, qualitative information was also collected, for instance to better highlight whether and how countries meet the IC standards for the provision of national women's helplines, shelters accessible to women, as well as how many meet Council of Europe minimum standards for women's counselling centres.

Data collection process

The online Data Collection Tool

The Data Collection Tool (DCT) is an online platform used to collect data on women's support services in Europe. It includes a questionnaire based on the minimum standards for data collection required by the Istanbul Convention. It is based on a mapping report published by WAVE in 2016³⁵ and was first used for the WAVE Country Report published in March 2018. Since then, the online tool was redesigned, to make it more user-friendly. In addition to this, the number of sections and questions included in the online questionnaire were shortened and reformulated, to make the data and information requests more explicit and concise. This was done in an effort to facilitate the data collection process and ensure more WAVE country delegates are able to submit their answers and provide updated data on women's specialist support services. In 2021, the Data Collection Tool was further developed to improve its accessibility and ease the tasks of respondents. Firstly, every WAVE delegate filling out the questionnaire was provided with her country-specific username and password to access the DCT, while in previous years the access to the questionnaire was linked to the IP address of the computer used to insert the data. Thanks to this improvement, WAVE Delegates were able to share the credentials with other WAVE women's organisations in their countries and work simultaneously on the questionnaire, based on their expertise and human resources. Secondly, the data provided for the different countries will be stored in the DCT, therefore for the next reports, respondents will only need to update previously provided information, rather than starting off from scratch. Such updates should facilitate the data collection and ensure more consistency, since the respondents filling out the questionnaire might change from year to year.

Before starting the data collection process for the current country report, the online Data Collection Tool was piloted in three countries (Estonia, Italy, Lithuania) in March 2021. The aim was to gather feedback from country Delegates responsible for filling out the online questionnaire, to assess how user friendly and manageable the new DCT is. This pilot phase further contributed to improving the structure of the CR sections, research questions, and the questionnaires' conciseness, whilst ensuring comprehensive data collection at the same time. The actual data collection took place from April 2021 to June 2021.

The data presented in this report was directly collected from women's specialist support services, i.e. WAVE member organisations. Each of the 46 countries included in this report is represented within the WAVE Network by a delegate and a co-delegate, appointed by the member organisations of the respective country for a certain period of time. Delegates and co-delegates are responsible for gathering data on specialist support services in their countries for the WAVE Country Report. When filling out the DCT, country Delegates were encouraged to consult with other WAVE Members in their countries

³⁴ Council of Europe (2008), Combating violence against women: minimum standards for support services, Council of Europe, Strasbourg.

³⁵ WAVE (2016): WAVE Mapping, Administrative data collection by women's support services in Europe: national women's helplines, shelters, and centres, Vienna. http://files.wave-network.org/researchreports/WAVE_Mapping_2015.pdf

and relevant government agencies, particularly with regard to the number of specialist support services available in 2020. Not all the country Delegates who filled out the questionnaire had the capacity to do this, hence in some instances an organisation that runs women's shelters also had to report on the number of available women's centres and/or support services for survivors of sexualised violence.

The online tool consists of five core sections and one additional section specifically added for this Country Report concerning the impact of COVID-19 on WSSS. The first five sections were divided into core and additional questions, to highlight which questions are to be prioritised by respondents, in case of insufficient data or lack of available human resources to complete the questionnaire. The COVID-19 section included three open questions. The online questionnaire consists of approximately 50 questions, many of these with multiple choice answers. Definitions of the types of specialist support services were provided directly into the online Data Collection Tool.

A common European Data Collection Tool is a long-term project for WAVE, as there is currently only limited data available on women's specialist services for most countries included in WAVE's Database. This incremental process will be beneficial to providers of women's specialist support services and policymakers alike, as it will strengthen the work and impact of such services, helping them to become more visible at a European level.

Countries included in the data collection

The data analysed in the report covers 46 European countries (27 European Union (EU) Member States and 19 European countries outside the EU) and was provided by WAVE Delegates of each country, with the support of the WAVE Office staff. For some countries, more delegates were involved in the data collection, each of them providing data for their own region or nation. This is the case for the United Kingdom, Belgium, Bosnia and Herzegovina, the Republic of Cyprus and the Republic of Moldova.

As far as the United Kingdom (UK) is concerned, Delegates from each of the UK countries (England, Scotland, Wales and Northern Ireland) filled out the questionnaire. Country profiles were drafted for each of the UK countries, however, when looking at service provision in Europe and in the countries outside the EU, the UK was considered as a single country. Two questionnaires were also filled out by Delegates from Belgium, one covering Flanders (the Flemish-speaking part) and another one covering Brussels and Wallonia (the French-speaking part). One country profile was drafted for Belgium, covering the overall situation of service provision in the country, while providing specific information for each of these two regions. Similarly, two questionnaires were filled out by Delegates from Bosnia and Herzegovina, one covering the Federation of Bosnia and Herzegovina, and one covering Republika Srpska. One country profile was drafted, illustrating the overall situation in Bosnia and Herzegovina and its specificities. In the case of the Republic of Cyprus, since the government does not exercise direct control over the territory of northern Cyprus, administered by Turkish Cypriot authorities, two questionnaires were filled out by WAVE Delegates, therefore the country profile presents the data from northern Cyprus in a different section, at the end of the profile. A similar approach was undertaken for the Republic of Moldova, where the government does not exercise direct control over the territory of Transnistria. In this case as well, two questionnaires were collected, and the profile presents data from Transnistria in a separate section.

Following the withdrawal of the United Kingdom from the European Union on 31 January 2020, the UK was not included anymore as an EU member state in the WAVE Country Report. Therefore, the balance of non-EU countries in relation to the compliance with the Istanbul Convention standards was influenced, considering the experience and promising practices encountered in the UK in the provision of women's specialist support services.

Lastly, the country report includes information concerning the process of signing and ratifying the IC by the Member States of the Council of Europe up until November 2021.

Sources for population data

Population data presented in the country profiles and tables were retrieved from Eurostat's database and cover the year 2020³⁶ unless otherwise specified. If for certain countries 2020 data were unavailable at the time this report was finalised, the latest year with available data was selected. Different sources were used for retrieving population data of the four countries (England, Scotland, Northern Ireland and Wales) encompassing the UK.

36 <https://ec.europa.eu/eurostat/web/population-demography/demography-population-stock-balance/database>

Data analysis process

Methodological approach to assess service provision

This report presents data and information on Women's Specialist Support Services covering the year 2020. Where data was unavailable for the year 2020, older data has been provided (referenced in footnotes). As in previous years, data on Women's Specialist Support Services were collected from the Delegates of all 46 countries represented within the WAVE Network. As in the 2019 report, this report also includes a section on specialist services for survivors of sexualised violence and another section on femicide victims. For the present report, the methodological approach was extended to include a specific chapter on the effects of the COVID-19 pandemic on Women's Specialist Support Services.

To assess the provision of **national women's helplines**, the standards provided by Article 24 of the Istanbul Convention were applied. Namely, a 24/7 and free of charge provision of a national women's helpline is needed to meet the IC standards. While Article 24 recommends that national helplines should provide advice in relation to all forms of violence, this Report considers helplines offering support mainly or only in relation to domestic violence as meeting the standards for the provision of a national women's helpline. WAVE's methodology aims at recognising helplines that provide a good and gender competent service to survivors, even if limited to domestic violence. This is to welcome current promising practices, and eventually encourage states to ensure adequate helpline provision for survivors of all forms of violence.

When assessing the capacity of **women's shelters** to accommodate women and their children, the standards provided by Article 23 of the Istanbul Convention were applied. For the purpose of this methodology, one family shelter place is considered to be the equivalent of one shelter bed space. When referring to family places, the Istanbul Convention and its Explanatory Report prescribe as a minimum requirement one family place (covering two beds, one for a woman and one for a child) per 10,000 population.³⁷ Despite such criteria, WAVE has decided to use the term 'bed spaces', to avoid any confusion regarding the number of persons that can be accommodated in one family shelter place. As noted by the Council of Europe in its monitoring report from 2014, "beds have become the established measure of take-in capacity, recognising that the number of women who can stay in a shelter varies depending on the number of children they bring with them. It refers to the number of persons, women and/or children, who can stay at the shelter at any one time."³⁸

Previous reports published by WAVE did not differentiate between women-only shelters and shelters accessible to all survivors, and only referred to "women's shelters". In the Country Report 2019, only the total number of shelters accessible to women and bed spaces available (according to IC standards) were illustrated in the tables. The 2021 edition distinguishes between women-only shelters and shelters accessible to all survivors, including women. Therefore, a separate column in the tables of the country profiles is available to record the number of women-only shelters in each country. This is a piece of important information to monitor, taking into consideration concerns that women's NGOs are increasingly losing funding or contracts in favour of gender-neutral or generic providers.³⁹ WAVE's methodology aims to underline the importance of shelters by and for women, which are applying a feminist and gender-specific approach.

The definition of **women's centres** can encompass a broad range of women's centres, from intervention centres to centres for survivors of trafficking, to centres serving women from marginalised groups. Many women's centres have a focus on providing counselling, however, WAVE recognises that not all women's centres necessarily provide these services, e.g. some focus primarily or solely on prevention work and advocacy. In the relevant tables of the Report, women's centres are categorised under two headings: types of centres (indicating whether centres in a country serve all survivors of violence including women or only women survivors of VAW), and types of services provided (listing the kinds of services available, based on a list of options provided in the Data Collection Tool). This is an attempt to present the data in a clear and consistent manner and to avoid variations as in the last Country Report.

Similar to the previous Country Report, data on the availability of women's centres and of **support services for survivors of sexualised violence** were presented in different sections. Although sexualised violence can also be a form of domestic violence, previous data collection efforts have demonstrated that it is crucial that specific, specialised services for survivors of sexualised violence are analysed separately from domestic violence services. Importantly, sexualised violence can be committed irrespective of the relationship between the perpetrator and the survivor, in any setting, including but

37 Council of Europe. (2011). Explanatory Report to the Council of Europe Convention on preventing and combating violence against women and domestic violence, p. 80-81.

38 Hagemann-White, C. (2014). Analytical study of the results of the fourth round of monitoring the implementation of Recommendation Rec (2002)5 on the protection of women against violence in Council of Europe member states. Council of Europe: Gender Equality Commission, p. 24.

39 WAVE Network (2020). WAVE Handbook 2020: How Gender-neutral Policy and Practice is Dismantling Women's Specialist Support Services and Ways to Counteract It, p. 25.

not limited to home and work. Another key feature, that is normally not covered by general services, is a holistic service provision for survivors of child sexual abuse (CSA) and its long-term psychological and physical impact.

Some women's centres provide support for women survivors of sexualised violence. However, this support is not always specialised for survivors of SV and may therefore result in repeat referrals, as many survivors have unique needs, e.g. immediate forensic testing, complex trauma support and medical services, which general women's centres supporting all survivors of GBV do not necessarily have the capacity to provide. Services responding to survivor needs should ensure specific SV training and specialisation of service provision. Finally, another important reason for developing a separate analysis on specialist services for survivors of sexualised violence in this report is that Article 25 of the Istanbul Convention makes specific reference to the provision of support for survivors of sexualised violence. The requirements are that states provide for the establishment of "appropriate, easily accessible rape crisis or sexual violence referral centres" for survivors, with the recommendation being one centre available for every 200,000 inhabitants.

Despite keeping separate sections for women's centres and sexualised violence support services, the WAVE Country Report 2021 and the related data collection have been conducted differently, since the previous methodological approach did not reflect the reality of numerous WAVE members. Different European countries have different approaches in the provision of these kinds of services. In some countries, women's centres are offering specialised holistic support for all forms of violence against women, including sexualised violence. The aim is to avoid multiple referrals and re-traumatisation, as well as to ensure adequate and feminist support to survivors. Other countries have consolidated networks of rape crisis centres, with trained staff offering immediate and long-term confidential survivor-led counselling and therapy, and providing various services such as advocacy and prevention. To reflect these national differences, in the questionnaire filled out by WAVE Delegates both sections about women's centres and SVSS included the same multiple-choice question with a list of services provided to survivors of SV. This allowed determining what services are provided in the different countries and what centres/support services are available. SVSS were not represented in tables in this Report, to avoid comparison between countries that apply different approaches and to keep the focus on the other support services, such as women's shelters and centres. Nevertheless, data and information about SVSS were still presented in a separate chapter and in each country profile, to allow data comparison with previous and following reports.

WAVE Editing Group

In 2020 an Editing Group (EG) was established to support WAVE staff in the development of the WAVE Country Report and questionnaire. The EG was composed of about ten WAVE Advisory Board Members, two Board Members, and the WAVE Team members involved in the development of the Country Report. The Editing Group was created in order to implement knowledge and expertise from WAVE's diverse membership into the Country Report. The Members' responsibilities included providing their expert advice and support, e.g. on key decisions about the methodology, and participating in the editing of the Report.

Focus on COVID-19 and its impact on Women's Specialist Support Services

In 2020, the outbreak of the COVID-19 pandemic created an unprecedented, extremely challenging context within which women's specialist support services across Europe had to operate. The pandemic worsened existing structural inequalities and exacerbated the chronic shadow pandemic of violence against women. It was essential, therefore, for the WAVE Country Report 2021 to also consider the impact of the pandemic on the provision of support services for women survivors of VAW. For this purpose, the Data Collection Tool included a section with questions about the impact of COVID-19 on WSSS, on their funding and the support they received from statutory services. The data analysis furthermore offers a comparison with the data collected in previous years to shed light on the impact of COVID-19 on VAW, for instance revealing an increase in the number of calls received by national women's helplines.

Limitations of collected data

The questionnaire was sent out in April 2021 to all country Delegates, and the information supplied through the online questionnaire was checked by WAVE staff to ensure its accuracy and reliability, making sure it coincides with relevant data collected by WAVE in previous years. Moreover, throughout the data collection process, comparisons were also made with data presented in previous reports published by WAVE, to identify any notable patterns and changes regarding service provision for women survivors of violence.

While all country Delegates made efforts to ensure the data and information provided through the questionnaire are accurate, the figures presented should be interpreted with caution. In some cases, respondents were unable to obtain all relevant information and data. This was either because of limited capacity or because government agencies do not make the data available to the public and could therefore not present the whole picture of specialist support services available in their country.

One of the limitations of the questionnaire refers to the way in which the definitions were interpreted by respondents, the types of services they reported on and how they classified these. Not all members of the WAVE Network have the same understanding of definitions of women's specialist support services; developing a common understanding of definitions in this sector is a long-term goal of the WAVE Network.

Moreover, not all countries have the same systems in place to support survivors of VAW, and while some models are successfully implemented in some countries, these might not work in other contexts, making the comparability of country situations difficult. This is the case with support services for survivors of sexualised violence; in some countries, these are adequately provided by rape crisis centres and sexual violence referral centres, while in other countries they are provided by women's centres.

An important indication given by the data analysed in this report is that there are serious gaps in the availability and comparability of data concerning the recorded number of femicide victims in the 46 countries surveyed, as there is no Europe-wide data collection system or agreed use of the term femicide. These figures should be treated with caution. Data on the number of femicide victims were not available in nine of the countries surveyed, and the data available in the surveyed countries are not statistically robust and should be regarded as estimates based on the best available sources.

COVID-19 and its impact on Women's Specialist Support Services

On 30 January 2020, the World Health Organization declared that the outbreak of the new coronavirus, COVID-19, was a public health emergency of international concern. By 11 March 2020, the emergency was recognised as a global pandemic. This has created an unprecedented, extremely challenging and ongoing context within which women's specialist support services (WSSS) across Europe have had to operate. It was essential, therefore, that the Data Collection Tool included a section with questions about the impact of COVID-19, and this chapter of the report presents an overview and analysis of the information provided by delegates.

The pandemic within a pandemic

The COVID-19 pandemic has been a crisis and human tragedy of enormous proportions, causing death and illness, trauma, economic and social dislocation throughout the world. The impacts and consequences of the virus, and of measures adopted to curb it, have worsened existing deep-rooted structural inequalities, both within societies and globally. Women, particularly poor women, have borne a disproportionate burden. They constitute the majority of those on the frontline of health and social care, exposed to the greatest risks and pressures. They work in precarious and badly paid sectors of the economy that have been most affected by the pandemic, subject to loss of employment and security. And it is women who mostly carry the unpaid labour of sustaining homes and families under the intensified stresses of lockdown, home-schooling, confinement and lack of space. But heightened reliance on women during this pandemic has not been reflected in their societal status, power, safety or rights – all of which are undervalued or threatened. Global gender inequality has been intensified and entrenched.⁴⁰

Given these iniquitous features of the COVID-19 contagion, it should be no surprise that they have exacerbated the chronic 'shadow' pandemic of violence against women. Evidence from around the world, including Europe, indicates that rates of domestic violence, sexual assault and other manifestations of violence against women have escalated.⁴¹ Multiple new stresses and circumstances have created conducive contexts for men's violence against women, especially the measures and constraints required to control and mitigate the virus. Perpetrators have utilised the enabling environment of social distancing, quarantine and other requirements to consolidate their isolation, control and entrapment of partners and children at home. Scope for economic violence, stalking and harassment has been extended, and there have been increased opportunities for online violence. Closure or restrictions to specialist support, police, and justice services have raised additional barriers for women and children.

Responding to domestic abuse in the context of COVID-19 was a research project funded by the University of Stirling, Scotland and supported by WAVE.⁴² The research involved interviews with key informants working in the violence against women sector. Participants spanned those working in domestic abuse services for survivors and services for perpetrators. A total of nineteen interviews were conducted with informants from ten European countries.⁴³ Headline findings of the research included:

- There were stark differences between the pandemic responses of VAW NGOs, which adapted and reconfigured their services very quickly, and those of government agencies, which retracted, restricted or stopped universal services. Access to the universal services 'safety net' was severely affected, and this compromised the safety of women and children experiencing domestic abuse. VAW NGOs often had to expand in an attempt to 'fill the gaps'.
- A 'digital divide' became apparent in the ability to access online support during the pandemic, when phone and online services became vital, if not the only, sources of help available. Inequality between women and children who do or do not have private or independent access to devices and connectivity was exacerbated.

40 Evidence and reports of gendered pandemic impacts, global and regional, are widely available. See for examples <https://www.unwomen.org/en/news/in-focus/in-focus-gender-equality-in-covid-19-response/violence-against-women-during-covid-19> and https://ec.europa.eu/commission/presscorner/detail/en/ip_21_1011

41 <https://www.unwomen.org/en/news/in-focus/in-focus-gender-equality-in-covid-19-response/violence-against-women-during-covid-19>; and see <https://eige.europa.eu/publications/covid-19-pandemic-and-intimate-partner-violence-against-women-eu>

42 University of Stirling/WAVE Responding to domestic abuse in the context of Covid-19. Publication of the final report is forthcoming.

43 Interviewees came from Albania, Armenia, England, Italy, Kosovo, Moldova, Scotland, Spain, Sweden and Ukraine.

- NGOs struggled to provide extra services and to support their staff in doing so, with inadequate and precarious resources. They had little or no capacity to complete complex and lengthy applications for additional or emergency funding.
- The rights and safety of children living with domestic violence were further obscured, in support and in legal processes (e.g. child contact arrangements). They were largely absent from targeted responses introduced during the pandemic.
- The negative economic and social impacts of the pandemic were most keenly experienced by minoritised women.
- Overall, the pandemic and its associated public health measures have exposed and intensified the vulnerability of women's and children's rights, and of societal progress made towards securing the safety, equality and independence of women.

These findings are largely substantiated by the information gathered for this Country Report from WAVE delegates in 46 European countries. Responses to questions about the impacts of COVID-19 on their work provide a useful gauge of the current and underlying approaches in countries across Europe to the enduring problem of violence against women. They also testify to the creativity, resilience and commitment of women's specialist support services. Although a few country delegates did not complete this section of the Data Collection Tool (DCT) or indicated that services had been largely unaffected by the outbreak, the majority provided data about significant changes in ways of working, demand for services, policing and justice, resources and funding, and wider statutory support.

Ways of working

As the first wave of the coronavirus swept across Europe, women's specialist support services rapidly had to adapt and reconfigure in response to the new situation. **Italy** was the first country subject to mass infection and an acute health care crisis. WSSS received no personal protective equipment (PPE) for months, so workers could not ensure protection for themselves, survivors, or the sanitisation of shelters. Other countries had a little more time to plan and prepare, but a timely and adequate provision of PPE was a problem in many places, especially where there was no additional funding to meet this urgent need. UN agencies supplied PPE in **Azerbaijan** and elsewhere. However, the requirements of deep cleaning and other vital measures for protective hygiene in shelters added significantly to the workload of staff, already under pressure. Some organisations (e.g. in the **Czech Republic** and **Serbia**) initially had to close their services or could not function properly. Social and physical distancing requirements affected shelter capacity. Both staff and residents could contract the virus, fall ill and/or require to self-isolate. In addition to the direct impact of the virus, staff absence and shortages became a pressing problem. Suspension of public transport stopped workers from travelling to centres (**Ukraine**). Family situations, school closures and loss of childcare led to reduced working hours (**Scotland**) and in **Poland** volunteers suspended involvement due to health risks.

Almost everywhere, it was necessary for support services to close offices, move to home working, and from in-person to online communication. There was an intense period of readjustment as remote services were set up (in **England** for example) but this enabled some continuity of provision, and also opportunities to innovate (e.g. a new chat service in the **Netherlands**, new digital platforms in **Sweden**, an additional helpline in **Slovenia** and in **France** new tools for online collaborative working). However, in many countries no additional funding was allocated to provide the requisite IT and home office equipment for specialist support services. Finding space and privacy for confidential calls was a challenge for many home workers, and of course for service users. It was even harder for victims/survivors without technology, internet or phone – including migrants, refugees and minoritised women – to access the services they needed. There was widespread concern that the extent and quality of support and counselling provided were impeded, with women's safety and rights therefore compromised. The closure of schools and other places where children living with domestic violence might feel safe, disclose or receive support from specialist workers made it particularly difficult to ensure their visibility or wellbeing.

Demand for specialist services

It is evident from country delegates' responses that there were marked variations in the demand for helpline, shelter and other services, within and across countries, and at different stages of the pandemic. The following table, which compares the number of calls made to helplines in 2018 with those made in 2020, provides an indication of increased demand for helplines during the pandemic.

TABLE 7: Increase of calls recorded by national women's helplines in 2020

Calls to helplines in Europe	2018	2020	% increase
Total (31)	604,284	786,982	30%
EU Member States (20) ⁴⁴	387,593	555,630	43%
European countries outside the EU (11) ⁴⁵	216,691	231,352	7%

(NB: only countries with a number of calls available from both years have been included in this table. The numbers in brackets refer to those countries. UK figures exclude Northern Ireland.)

In the **Czech Republic**, some services recorded a 50% increase in demand compared with the same period during the previous year, while the SOS hotline in **Bosnia and Herzegovina** received 100% more calls in April 2020 than in March. There was also a sharp increase in calls to the national helpline in **Spain** and the 3919 helpline in **France**, where additional funding was made available to reinforce the team. Services (e.g. in **Russia** and **Wales**) were taking longer and more intense calls from women who had complex needs and heightened trauma in lockdown situations, and there were more first time callers. However, other countries (e.g. **Serbia**) noted an initial drop in calls at the start of the pandemic, which probably reflects women's issues with access or prioritising other concerns rather than any decrease in violence. Variations and fluctuations in referrals by and of women to shelters were widely reported. A common pattern was initial reduction during the lockdowns and a noticeable increase in calls/referrals when restrictions were eased.

Underlying these basic impressions are pandemic-related factors that have affected service provision, increasing entrapment and risk for women and children:

- Domestic violence perpetrators incorporated COVID-19 measures as tools of coercive control, e.g. threatening to expose partners to the virus, telling them that services are not operating, or that police won't respond.⁴⁶
- Lockdown conditions when the perpetrator is always in the house made it difficult to call or seek help.
- Statutory authorities in some countries failed to identify or make the public aware that domestic violence is a justification for leaving the home to seek shelter or safety (e.g. **Romania, Montenegro**).
- WSSS assessments indicate that women experienced higher levels of risk and fear, more severe threats and incidences of physical and sexual violence during the pandemic.
- The situation of marginalised and racialised women became even more precarious and vulnerable (e.g. **Latvia, UK**).
- Job losses and poverty led to more women seeking help with basic provisions (food, money, toiletries, etc).
- Lockdown, quarantine and distancing requirements made it harder to find a place in existing shelters, or for survivors to move on into permanent accommodation (e.g. **Netherlands, Italy, Scotland, Turkey**) so women had no option but to remain with their perpetrator, or become homeless.

In some countries (**Iceland, Denmark, Ireland, Portugal, Finland, Belgium**) there were public and private initiatives to provide extra emergency beds. In **Ireland**, two thousand additional hotel bed nights were made available as in-kind support from Airbnb. In **Belgium** local and provincial authorities requisitioned hotel rooms and shelter staff accompanied

44 Austria, Belgium, Bulgaria, Republic of Cyprus, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Poland, Romania, Slovakia, Spain, Sweden.

45 Albania, Belarus, Bosnia and Herzegovina, Kosovo, Liechtenstein, Republic of Moldova, Montenegro, North Macedonia, Russia, Ukraine, United Kingdom (excluding Northern Ireland).

46 As reported in Crisis and Resilience, a Scottish Women's Aid report on the impact of COVID. <https://womensaid.scot/wp-content/uploads/2020/09/SWA-COVID-Report.pdf>

women and their children in these accommodations. The government of **Portugal** provided an additional one hundred emergency beds.

Access to Protection and Justice

Women's specialist services have to operate in the context of police and justice services, and their work is always affected, for good or ill, by the regulatory framework, practices and norms which shape these instruments of the state. As noted by many respondents across Europe, courts were closed or dealing only with urgent cases during lockdowns, and this severely hampered legal processes. Many countries, including **Bulgaria, Albania, Armenia, Ireland, and Scotland**, introduced emergency protection orders and other measures including remote hearings and prioritising of domestic violence cases. However, others signally failed to do so, and in general, the backlog of cases has had a debilitating effect on access to justice. Also of concern were the suspension of child custody and safe child contact arrangements, and an increase in the use of bail instead of custody for men charged with domestic or sexual violence offences.

Policing policies and practices varied considerably within and across countries. **Belgium** reported proactive initiatives to reassure known victims of domestic violence that their protection remained a police priority and there were more home visits from police in **Finland**. In **Armenia**, it was arranged that police would come to shelters for court depositions. There were commendations for local examples of understanding and responsive police work. In **England**, positive and proactive police messaging was not always backed up in practice. But in too many countries, reports suggest that policing was inadequate, negligent or failed to carry out mandated orders. In numerous jurisdictions, violence against women (or more narrowly, domestic violence in lockdown conditions) was recognised as a policing priority, with special laws and guidelines, though the application of these was not always consistent. However, in other countries, e.g. **Russia, Poland, Turkey, Kosovo, Cyprus**, violence against women was clearly not a law and order priority, and police actually impeded the work of support services, or there was pressure on women to remain at home with the perpetrators.

Effects on funding and resources for women's specialised support services

Delegates were asked whether the pandemic has affected funding for women's specialist support services. Responses present a sharply divided picture of the situation in different countries. The majority report that they did receive additional funding and/or resources in kind (including IT equipment, emergency beds in hotels, etc) to tackle the challenges of adapting services. In countries where women's specialist organisations are already fully or mostly funded by international donors, for example, **Armenia, Serbia, North Macedonia**, this was sustained, and emergency payments were made available to cover PPE and hygiene costs. Most countries where services receive significant state support also benefited from extra emergency funding, materials or provision of accommodation, though the manner and extent of that support varied considerably. Within the **UK**, for example, the **Scottish** Government announced early additional funding which enabled Women's Aid (WA) and Rape Crisis to transform their ways of working, but WA groups also reported loss of income from housing benefit (which is a UK government responsibility). Alongside the reduction in refuge accommodation due to pandemic-related safety measures, this has reduced their ability to provide emergency refuge to women. In **Wales**, the VAWG sector had to campaign for additional Welsh and UK government funding and 90% of specialist services reported that lockdown had negatively affected funding. There and in England, both state and NGO agencies created additional funding opportunities, but these had to be applied for. In **Northern Ireland** state funding increased but private donations fell. But in **Iceland**, both state funding and donations from members of the public increased. **Germany** also saw a huge increase in such donations, while state provision varied from region to region, and in **Switzerland**, only a few cantons provided support for extra costs incurred by shelters. A number of delegates from EU countries noted that notwithstanding extra provision to cope with the pandemic, their services (especially women's specialist centres) were operating with inadequate general financing, and with the prospect of future state funding cuts or restructuring, concerns about sustainability were expressed.

Patterns of giving from non-state private donors noticeably varied from country to country. In some places, including **Germany, Ireland, Sweden, and Poland**, heightened public awareness and concern about domestic violence in lockdown conditions generated significant increased giving to women's organisations, often at the local level. But **Greece, Romania** and **Northern Ireland** saw a decline in such donations.

Economic and funding circumstances vary from country to country, whether EU or non-EU, and while most women's specialist services operate on tight budgets, at least some extra support has been made available to respond to the

pandemic. But in some countries, VAW services were evidently under considerable pressure, and either received no additional resources or actually had funding diverted away from their work. In **Italy**, although designated as essential services, WSSS received no PPE or protection assistance for months, and notwithstanding increased workloads, no extra funds were allocated. In **Poland, Malta, Estonia** and **Romania**, no state funds were provided to tackle domestic violence and all the additional costs were borne by services. In **Azerbaijan, Ukraine, Moldova**, and **Turkey** money were actually diverted away from women's services, thus reducing their capacity to respond, despite heightened risks to women.

Government strategies and public perceptions: emerging issues, concerns and opportunities

Times of crisis tend to expose underlying strengths and weaknesses, threats and opportunities in structures and systems of governance. This has certainly been the case as evidence is gathered and evaluated about the COVID-19 pandemic. While the data collected for this report has limitations, it provides a useful overview from the perspective of WAVE network members in 46 countries, of diverse national contexts and responses to this global catastrophe. Their brief accounts are substantiated by more comprehensive research, some of it undertaken and published by member organisations. Here, we simply highlight a few salient issues from which important lessons may be learned:

- In many countries, government measures lacked clarity, coherence and consistency. There was an absence of procedures and guidelines for organisations working to support women experiencing VAW. A particular concern was the failure in some countries to designate such work as essential, to make it clear that domestic violence was a justification for leaving home during lockdown, and to prioritise special arrangements accordingly. The absence of clear and explicit information from governments (e.g. **Russia, Albania, Serbia, Bosnia and Herzegovina, Moldova**) obstructed the ability of WSSS to provide the necessary support, and trapped women in dangerous situations, believing that it would be unlawful to leave the house.
- In some situations where support services were designated essential and their staff recognised as key workers, the state failed to provide the necessary support (financial, infrastructural, and in communication). In **Italy** and **Spain**, for instance, statutory social services and other providers stopped functioning, and VAW workers, already under pressure, were left to cope with crisis situations alone. In Scotland, the devolved government issued key worker guidelines and a public statement confirming that domestic violence remained a priority, but these were applied inconsistently at a local level.
- The necessity and value of collaboration and partnership working between WSSS and other services were highlighted. While the absence or failure of such collaboration caused difficulties in some countries, the crisis also created scope for innovative good practice. In **Wales**, the devolved government established a strategic COVID partnership, bringing together all the relevant services (statutory and NGO) to address issues for VAW survivors and the sector, resulting in more effective cooperation.
- Some countries reported a significant level of heightened public concern, particularly a perception that risks to women living with abusive partners would intensify under lockdown. This was reflected not only in information campaigns by government and police, but in media reports, articles and discussions, and opened up opportunities to build more public awareness and understanding of the dynamics and roots of violence against women.
- Most of the information provided in the DCT relates to domestic violence. It is vital that the pandemic impact on sexualised and other manifestations of violence against women, and the relevant support services, is not obscured or disregarded.

It is of great concern, but unfortunately not surprising, that in states where there is little understanding of VAW or respect for women's support services, the pandemic response disregarded or intensified risks to safety and rights. This is particularly evident in **Belarus**, where the state violates legal obligations, and brutal sexualised violence is deployed as an instrument of law enforcement against women. In **Turkey**, shelters were only accessible to women who could provide a report proving their lives were imminently threatened by physical violence. In **Montenegro**, state social work centres removed powers of assessment from specialist NGOs and rarely referred women to shelters. This is perceived as the systemic exercise of power and control over feminist organisations.

Recommendations

- For the duration of the current COVID-19 pandemic, it is vitally important that states make a clear declaration acknowledging that preventing and tackling violence against women is a priority and that women's specialist support services are essential in this endeavour.
- Resources and flexible funding must be made available so that these services and their staff are enabled to adapt and to meet needs under pandemic conditions.
- Clear guidance from all levels of government should be given to WSSS, and for women experiencing VAW, about the operation of their services.
- Public campaigns should be promoted to raise awareness amongst the general public about indicators of violence against women, and how to access women's specialist support service.
- The use of virtual courts, safe forensic practice and other adaptations should be developed to maintain the operations of justice in VAW cases.
- States should review the current pandemic to identify lessons learned and good practices to incorporate into future response plans.
- Robust, coherent structures for enhanced collaboration and partnership working to prevent and tackle violence against women and girls should be developed for future crisis response and recovery strategies.

The importance of providing Women's Specialist Support Services

We exist in a gendered world and the way society is organised is still deeply rooted in a patriarchal gender order which impacts on the roles, responsibilities, activities and contributions of all human beings. The naming and analysis of this truth have been a notable achievement of the global feminist women's movement. A gendered approach to violence against women requires that we address the entrenched gender inequalities which are both cause and consequence of VAW, and respond with services which place the safety, autonomy and human rights of survivors and their children at the centre, with access to support, redress, justice and rehabilitation, so that they are able fully to exercise their rights of citizenship.

International law, including the UN Convention on the Elimination of Discrimination against Women (CEDAW) and the Istanbul Convention, recognises that violence against women is a structural problem and a manifestation of inequality and discrimination against women. While this inequality persists, specialist services are needed to provide gender-competent responses. CEDAW has recommended that national responses to gender-based violence "should provide specialised women's support services, such as gratis helplines operating around the clock and sufficient numbers of safe and adequately equipped crisis, support and referral centres and adequate shelters for women, their children and other family members, as required."⁴⁷ The Istanbul Convention requires state parties to "provide or arrange for specialist women's support services to all women victims of violence and their children."⁴⁸

The complex task is to support survivors by facilitating informed choices and ensuring the highest quality of support tailored to their particular context and needs. Such services should be properly resourced, easily accessible and with adequate geographical spread. Types of support include, but are not limited to, the following: services providing shelter and safe accommodation, immediate support and collection of forensic medical evidence in cases of sexualised violence and rape, short- and long-term counselling, advocacy and outreach, telephone helplines offering non-judgemental listening, counselling survivors and directing them to relevant services. The experience developed over time and in diverse contexts has demonstrated the added value of holistic, survivor-centred support that recognises women's multiple and intersecting needs.

Measures supporting survivors of VAW must be implemented by way of effective cooperation among all relevant agencies, institutions and organisations (according to Article 2 of the IC). All measures providing support to survivors should be based on a gender-specific approach to VAW and domestic violence and must prioritise the human rights and safety of women survivors and their children (if any). Services, such as women's shelters, should therefore aim to ensure the empowerment and economic independence of women survivors of violence. These principles, enshrined in the IC, are also important principles that have been implemented by the WAVE Network (see past WAVE Country Reports which address the availability of specialist support services in Europe).⁴⁹

47 CEDAW General Recommendation No. 35 on gender-based violence against women, updating general recommendation No. 19 2017 para 31(iii).

48 Council of Europe Convention on preventing and combating violence against women and domestic violence (Istanbul Convention) 2011 Article 22(2).

49 WAVE Country Reports are available at <https://www.wave-network.org/category/reports/>



National Women's Helplines

Introduction

Helplines are an essential component in the provision of specialist services for women who are affected by violence against women (VAW), past or present. They offer an immediately accessible low-threshold point of contact for informed, non-judgemental support and advice. Whether a survivor calls once or many times, helplines have been lifesaving sources of help, setting countless women on the path to recovering control, discovering their options and rebuilding their lives. Offering anonymity and confidentiality, this support often encourages and enables women who would find it difficult to seek help in person. Helplines respond not only in times of immediate crisis, but offer support to women in all kinds of circumstances and situations. They were among the first initiatives of the pioneering women's organisations that broke the silence about violence and opened a door out of isolation. They continue to play a vital role – not least for women living in remote or rural areas where there are no local services. Specialist helplines operate from a gendered understanding of violence against women. They are dedicated to providing safe and confidential support by trained and trustworthy female workers, based on person-centred practices of listening and believing. They offer emergency advice in crisis situation, referrals to key agencies, and they can signpost or transfer callers to local shelters, centres and other forms of specialist help. Sometimes they also give sustained counselling over a period of time to repeat callers. They are accessible for women round-the-clock, which means that women can seek support at any time of the day. Information and advice are also available to professionals and practitioners in related agencies, and to concerned family/friends/neighbours. The introduction of other online platforms including email and live chat has extended the scope of their services.

National helplines are one of the pillars of the Istanbul Convention. Article 24 states that

"Parties shall take the necessary legislative or other measures to set up state-wide round-the-clock (24/7) telephone helplines free of charge to provide advice to callers, confidentially or with due regard for their anonymity, in relation to all forms of violence covered by the scope of this Convention".

It also recommends that national helplines should offer support in all relevant languages.⁵⁰

Specialist women's helplines are firmly rooted in principles which are enshrined in the standards set out by the Convention. They

- Operate from a gendered understanding of violence against women
- Practice a victim-centred focus on safety and human rights
- Have a culture of belief and avoid any kind of victim-blaming
- Support the empowerment of women to make their own choices

Generic national helplines are not without value, but they do not have the expertise, standpoint or insight which women's NGOs have developed over decades of national and international engagement. It is incumbent on states to ensure that national women's helplines have stable, long-term and sustainable funding, as required under Article 8 of the Convention.

The Convention calls for free and widely advertised national helplines – which should include listings on all media coverage of violence against women - dealing with all forms of violence covered by its scope (domestic violence, rape and sexual assault, stalking, 'honour' crimes, FGM, forced marriage, sexual harassment). The current reality is that the majority of lines across Europe primarily focus on domestic violence. In public perception and media coverage, 'violence against women' is often equated with 'domestic violence'. Few countries have sufficient helpline provision for (or public acknowledgement of) sexualised violence, or other forms of VAW. In some places, forms of VAW not explicitly covered by the IC (for example human trafficking) may be a significant problem, and specialist helplines have been established accordingly. The history and development of women's NGOs responding to VAW in diverse circumstances help to explain the current pattern and scope of helplines in different countries.

Given that Article 24 recommends that national helplines should provide advice in relation to all forms of violence, it may be helpful to explain why this Report includes helplines dealing mainly or only with domestic violence as meeting the Convention standards. WAVE has adopted an inclusive approach because it is important to recognise helplines across Europe which provide a good and gender competent service to survivors, even if they are limited to domestic violence, particularly

⁵⁰ Istanbul Convention Explanatory Report, Article 24 p. 82.



where the helplines have been established more recently and/or in less favourable circumstances. Inevitably there are some gaps or anomalies in the information available to WAVE delegates providing information for the Country Report, and direct comparability is not always possible. But the general principle has been to welcome current good practice while encouraging states to ensure adequate helpline provision for survivors of all forms of violence.

Findings on the situation of national women's helplines in Europe

TABLE 8: Overview of service provision – national women's helplines in Europe

	Total number of countries with national women's helplines	Free of Charge	Operating 24/7	NWH free of charge and 24/7 (meeting the IC standard)
Europe (46)	39	36	33	30
EU Member States (27)	23	22	19	18
European countries outside the EU (19)	16	14	14	12

Countries with at least one state-wide helpline

There are 39 of 46 European states (85%) which have at least one national women's helpline providing support for survivors of VAW. The remaining 15% (7 countries) have some form of helpline provision at the national and/or regional level.

These figures mark an improvement compared with the situation in 2019. WAVE delegates in five countries report that new or improved national women's helplines are now available. In **Norway**, a three-year pilot national *VO-helpline*, run by the Secretariat of the Shelter Movement, was introduced in autumn 2019 as part of the sixth Norwegian action plan on domestic violence (2020–24). The helpline in **Portugal** has been improved and is now considered to provide adequate support to women survivors of violence. It is run by the *Serviço de Informação a Vítima de Violência Doméstica*. In **Luxembourg**, a new national helpline was launched in spring 2020. The Helpline-Violence domestique was opened in response to the COVID-19 lockdown and is a partnership initiative of seven NGOs. In **Croatia**, as well as the generic national helpline for all victims of crime, Women's Help Now (*Ženska pomoć sada*) provides a 24/7, free of charge service. While the SOS Helpline for Women with Experience of Violence (*COC Телефон за жене са искуством насиља*) in **Serbia** does officially conform to the requirements of a women's helpline, it is not staffed by women's NGO experts and it is not clear whether staff are either adequately trained or working from a gendered understanding of violence against women.

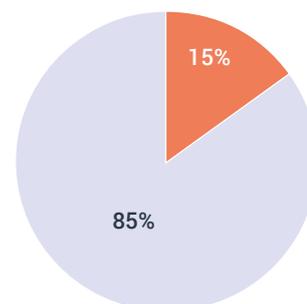


Figure 1: European countries with at least one national women's helpline
 ● YES ● NO

Other changes of note since the last Report are that three national women's helplines – in **Slovenia**, **Russia** and **Turkey** – are now providing 24/7 service.

In **Armenia**, there is no national women's helpline (although the 2019 Country Report tables included Armenia in its listing of those). The situation there has been clarified: The Ministry of National Affairs runs a generic helpline, and the staff there have now received information and training to refer calls to local specialised women's services. Previously they were unaware of domestic violence centres around the country.

Belgium does not have a national helpline. The country comprises three highly autonomous regions. Provision has developed to serve the needs of the two linguistic communities, (Flemish and French speakers) which largely equate with the Flanders and Wallonia regions. None of the three helplines for French speakers are specifically for women only, but all are run by feminist organisations. The Flemish-language helpline, on the other hand, is for all victims of crime and violence and is run by Centres for General Welfare work. It should also be noted that the island of **Cyprus** is likewise divided, both linguistically and politically. Both Greek-speaking and Turkish-speaking communities have helplines. The northern territory

is administered by Turkish Cypriot authorities which are not internationally recognised. The Republic of Cyprus is not currently able to exercise control over the northern territory.

In some countries there are national helplines that offer support to women but that are not considered to qualify as a women’s helpline according to the operational definition used by WAVE. In the **Netherlands**, the national domestic violence and child abuse helpline is for all survivors regardless of gender and operates from a gender-neutral perspective. In some other countries, a domestic violence or sexual violence helpline is for men as well as women but operates with a clear gender analysis. In **Scotland** for example, the National Domestic Abuse and Forced Marriage Helpline run by Scottish Women’s Aid responds to men as well as women, but will refer men to the Respect partner service, which is fully aligned with a gendered approach to VAW. However, other generic helplines across Europe which are for all victims of violence and/or crime (for example in the **Czech Republic**) do not have this specialised approach or expertise. This may be less problematic where an alternative women’s helpline is available, but even in those countries, many women will be receiving advice from general services which do not comply with IC standards. In **Turkey**, the free state-funded helpline does not provide an adequate service for women experiencing violence, whereas the specialist Emergency Domestic Violence Hotline is not free of charge or in receipt of state funding. Some national helplines rely on volunteers (eg in **Hungary, Belgium, Bulgaria**).

Most countries have regional and local helplines, often linked to and run by women’s shelter organisations or women’s centres, which provide excellent support to survivors of VAW. These are vital resources – especially where there is no recognised national helpline. But they often focus only on one aspect of such violence (e.g. domestic violence, sexualised violence), and may not be free, or available at all times. On the other hand, all kinds of organisations may run local services and helplines which do not meet a range of important standards, not least in their underpinning perspective on VAW. For instance, while **Poland** has 593 regional helplines for victims of domestic violence, only 173 of them are available 24/7 and most are gender-neutral and not free of charge.

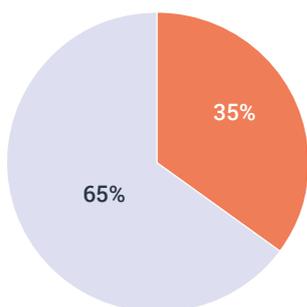


Figure 2: European countries meeting the IC standards for the provision of a national women’s helpline

● YES ● NO

National women’s helplines meeting Istanbul Convention Standards

It is encouraging that there are now 30 European states where national women’s helplines operate 24/7, from a gendered perspective (though that is a provisional assessment in the case of Serbia) and are free of charge, thus complying with the Convention standards. (Note that this figure includes the UK as one state, but the four nations which comprise the UK each have a fully compliant helpline). **65% of 46 European countries (and 77% of the 39 countries with at least one women’s helpline, up from 71% in 2019) now meet IC requirements.**

Five additional helplines which are now considered to meet the standards are **Norway** (new service), **Portugal** (improved service), **Croatia** (improved service), **Slovenia** and **Russia** (both now 24/7 services). These positive changes continue the upward trajectory since the Istanbul Convention was established.

Non-Istanbul Convention compliant helplines

Less encouraging is the fact that nine states have national women’s helplines which do not yet comply with IC standards: **France, Hungary, Latvia, Liechtenstein, Luxembourg, Belarus, North Macedonia, Poland** and **Turkey**. **Luxembourg** has a newly established helpline, however, this does not operate 24/7. As a very small country, this may be understandable. However, it is disappointing that France, with a range of well-developed policies, organisations and networks to address VAW, still does not have a 24/7 national helpline (although a 24-hour chat service is now available). While the majority of helplines offer relevant multilingual advice, some do not, and this is mostly because they do not have sufficient funding or resources to make such provision possible.

The situation for women’s specialist support services, including helplines, in some of the above-mentioned countries is currently very challenging. Turkey has withdrawn from the Istanbul Convention. The governments of Poland and Hungary have been hostile to its principles. In such a climate, the lack of funding, legislation or other forms of state support to implement the Convention is deeply concerning, yet not surprising.



Funding for national women's helplines

The pattern of funding for national helplines has not changed significantly since the 2019 WAVE Report. Twenty-seven countries indicate that some form of state funding is provided. In most cases this constitutes full or majority financing, sometimes supplemented by private donations. In other cases, e.g. **Georgia**, international funding alongside government support is important. Provision of state-financed helplines is sometimes undertaken directly or coordinated by a government agency, but more commonly contracted to a women's NGO.

Where national women's helplines do not receive any form of state funding, they rely on private donations and international funding, as in **Armenia, Hungary, North Macedonia, Russian Federation** and **Ukraine**.

In other countries, national women's helplines rely mostly on other sources of funding, such as private donations, international funding, voluntary work or European structural funds. The Slovakian helpline is entirely financed through the European Social Fund. Despite receiving some state or international funding, both **Bulgaria** and **North Macedonia** are examples of countries where women's helplines rely on volunteers to provide a service.

There are various factors which may explain no or insufficient state funding for national women's helplines. Some countries, particularly outside the European Union, are relatively poor, and may have under-developed structures for the general provision of social services. However, of more concern is the reported lack of government cooperation and engagement with women's NGOs and the absence of legal mandate on government funding for specialist women's support services. Particularly challenging for those countries without state funding is their inability to seek recourse to international conventions which hold states accountable, e.g. through ratification of the Istanbul Convention.

Furthermore, most of the countries which report relying on private donations and international funding are not part of the European Union (Armenia, Belarus, North Macedonia, Russian Federation and Ukraine). They are therefore unable to access EU project funding or structural funding. This is a particularly serious situation for women's organisations in the **Russian Federation**, where the "foreign agent law" requires NGOs to declare foreign funding and to register as a foreign agent – an expression which is associated with the Cold War era, has negative connotations and implies political or ideological opposition to the state.

Other national and regional/local helplines in Europe

Across Europe, there are many national helplines which may not conform to the standards set out by the Istanbul Convention but nevertheless can provide valuable information, advice and support to women survivors of VAW. These may be noted under three headings – specialised help for certain groups of women, or survivors of particular forms of VAW; national helplines for victims of VAW which operate from a gender-neutral standpoint; national helplines for other issues which may overlap with or relate to VAW in some way.

Specialised help

In **Bosnia & Herzegovina**, the unique telephone line (available 24/7 and free of charge) offers support and help to survivors of war rape and sexual violence. Respondents from **Norway, Scotland, Georgia, Ireland, Finland, Azerbaijan, Albania** and **Estonia** all mention helplines for survivors of human trafficking. Other specialist lines address issues such as stalking, forced marriage, female genital mutilation, sexual exploitation. There are dedicated rape crisis helplines for survivors of sexualised violence in many countries. Recognition of intersectionality and the needs of minoritised and refugee women whose experience of VAW is in the context of racism, marginalisation and discrimination has led to the establishment of helplines in several countries, including **Sweden** and **France**. The Women's Rights Foundation in **Malta** provides 24/7 legal advice.

Generic Gender-Based Violence or Victim Support helplines

Malta, Azerbaijan and **the Netherlands** are among the countries where generic helplines are available for all people regardless of gender. Because they may overtly or implicitly operate within a gender-neutral framework, the advice provided may not recognise the gendered dimensions of women's experiences, or be best placed to offer appropriate support. Likewise, drug and alcohol, homelessness or family planning helplines (to give some examples) might be sources of help for some women, but without guarantee of expertise in VAW.

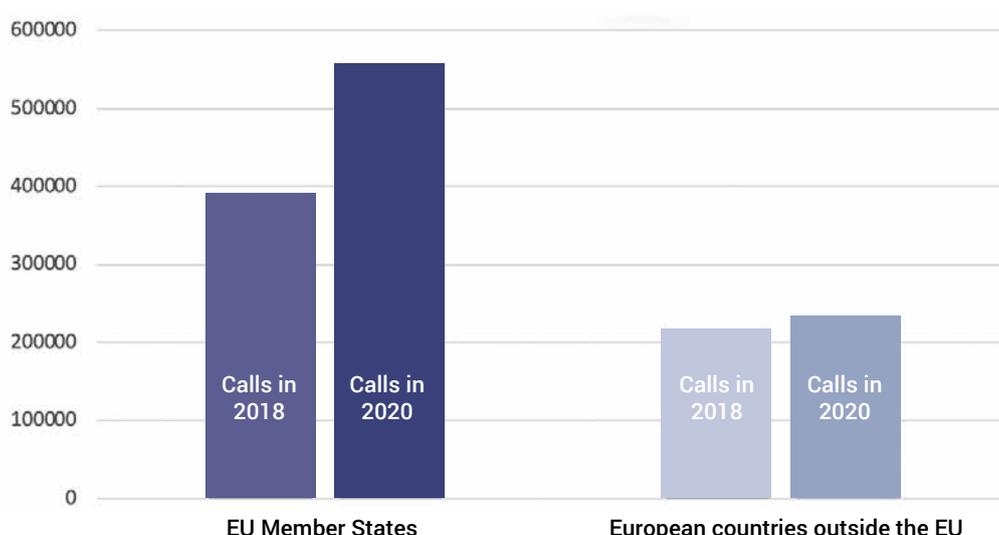
National helplines during the COVID-19 pandemic

As already discussed in this Report, the COVID-19 pandemic has greatly impacted the everyday lives and circumstances of all people, but those impacts have not been experienced equally. Emerging evidence and evaluations have made it abundantly clear that the virus itself, and public health measures introduced to deal with it, have had serious consequences for women affected by VAW. The prevalence, intensity and severity of violence and abuse have all increased, while access to vital services has been seriously curtailed. In this unprecedented situation, as lockdown restrictions were imposed and in-person support became virtually impossible, it quickly became clear that helplines would become more important than ever. They provided crucial information, advice and support by phone or using online platforms. The number of calls recorded by women’s helplines across Europe throughout 2020 offer clear data-based evidence to substantiate that impression. Notwithstanding the different methods of data collection utilised, the figures are stark: calls in 2020, compared with 2018, increased by 30%. These figures do not tell us about the variations in patterns of use, but other research and reports, both national and international, supplement the bare statistics with more detailed analysis. For example, the national helpline for **England** run by Refuge NGO recorded that the average number of calls received between April and June 2020 (the first lockdown) went up by 65% compared with the previous 3 months, and pressure on the service remained high, with an average monthly increase of 61% from the early 2020 baseline, throughout April 2020– June 2021. Website visits also increased exponentially, and there was high uptake of the new live chat function, especially from young women and concerned family/friends. 75% of those were new users of the helpline.⁵¹ In some countries, new helplines were set up for the first time, e.g. **Luxembourg**. The European Parliament’s commissioned report, *Tackling violence against women and domestic violence in Europe*⁵² which was published in October 2020 (and therefore dealing with a different timeframe than this WAVE report) gathered evidence from stakeholders in EU member states. Its key findings include:

- Stakeholders noted an increase in contact to helplines for victims of VAW during the COVID-19 pandemic in Belgium, Finland, Germany, Ireland and Romania. This increase ranged from 25% in Ireland, 30% in Germany, and over 50% in Belgium, to 233% in Romania and 694% in Finland. The periods over which these increases were measured differed between countries and refer to individual helplines. Other countries reported increases but did not provide supporting data.
- Some stakeholders reported an increase in message-based methods of communication compared to telephone calls, and an increase in contact at night, perhaps reflecting changes in work and home life patterns due to stay-at-home orders.

These general findings are largely borne out by WAVE delegates in 46 countries. Several delegates reported an increase in the length and intensity of calls, as women were experiencing additional stress and complex trauma, sometimes triggered by lockdown, and often being disclosed for the first time.

Figure 3: Increase of calls recorded by national women’s helplines in 2020



51 Refuge-Covid-Service-Report.pdf

52 Tackling violence against women and domestic violence in Europe (europa.eu)



Based on data collected by WAVE, the overall increase in calls to helplines was 43% in the EU Member States and only 7% in countries that are not EU members. There may be several explanations for this disparity:

- The existence of helplines for women experiencing VAW is more established in many EU countries compared with others (including some accession states, and others which are not in the EU). Because they have been in operation for longer, there is already a greater general awareness that they are available, and a much higher number of total calls received. They may be more strongly integrated into government VAW strategies and plans, at regional and national levels.
- In many countries (for example **Ireland, France, Slovenia** and **Austria**) women's NGOs launched public awareness-raising campaigns (both general and targeted) to highlight helpline numbers and assure survivors, family and friends that support was always available. This both reflected and responded to discernible heightened media and public concern about domestic violence under lockdown conditions. Especially where such campaigns were supported or indeed initiated by government authorities, they appear to have been effective in making people aware of specialist helplines – often for the first time.
- Helplines in the EU Member States were more likely to have received additional resources and funding to help them adapt and improve the accessibility of their service. That could include funding for additional staff/hours (**France**), new technology or publicity campaigns.

It is clear that helplines were innovative in providing new online platforms and ways to get in touch (commonly by introducing live chat, special apps or email counselling) which extended accessibility and user-friendliness. This was important under lockdown conditions, when the constant presence of the perpetrator curtailed opportunities for women to make contact safely.

On the other hand, some governments not only failed to provide extra support for helplines but actually diverted much-needed resources away from women's specialist organisations to prioritise other aspects of response to the pandemic.

Furthermore, in some countries lockdown restrictions were very strictly enforced, and breaches (such as leaving the home) were punishable by large fines or other sanctions. Although many governments sooner or later declared that domestic violence would be considered an emergency exception, several failed to do so. In situations where there is already a police culture of failing to take domestic violence seriously, which was then compounded by the diversion of police time to enforce lockdown measures, women's experience of both individual and social entrapment are likely to have intensified. In such circumstances, manipulated by an abusive partner, the likelihood of being able to make safe contact with a helpline would diminish still further.

It is important to note that until more rigorous research and evaluation of pandemic impacts is available, these are speculations drawn from information provided by WAVE delegates, but can be seen as reasonable. The pandemic has been catastrophic in many and continuing ways, but it has created an opportunity to highlight the chronic shadow pandemic of violence against women, and to introduce new measures in response. Women's NGOs, including helpline providers, are on the frontline. They provide vital services with expertise and understanding, and it is more important than ever that states take the necessary measures to ensure that these services are delivered according to the internationally recognised standards enshrined in Article 24 of the Istanbul Convention.

Conclusions

There has been a welcome advance in the number of European states which now have at least one national women's helpline, and it is gratifying to report that 30 of 46 states, or 65%, meet the required standard of being available 24/7 and free of charge. Provision has been especially crucial during the COVID-19 pandemic, and this unprecedented situation makes it all the more imperative that the remaining states proceed as quickly as possible with the introduction of fully compliant helplines.

Meeting the Istanbul Convention standards is not simply a matter of having women's NGOs with the requisite specialised knowledge, skills and gendered understanding available. Such organisations exist throughout Europe, but in too many countries they lack the secure and sustainable funding to provide 24/7 helpline support, free of charge, in all relevant languages and covering all forms of violence against women. They do their best, whether operating nationally or locally (often through women's shelters and centres) but are hindered in developing a comprehensive service or ensuring the helpline number is widely advertised, because they do not receive any state funding and have to rely entirely on private donations or international funding. This situation is not acceptable; it undermines women's safety and human rights.

Recommendations

- States must guarantee sustainable funding for national women’s helplines, since viable service provision cannot be guaranteed where national women’s helplines rely on volunteers or private donations to operate.
- All European countries must establish at least one national women’s helpline which provides specialist support regarding all forms of violence against women, operates 24/7 and is free of charge.
- National women’s helplines must ensure that all survivors are able to access support, by ensuring the availability of multilingual support.
- The telephone number of national women’s helplines should be widely advertised throughout the country, and routinely included in all broadcast, print or social media coverage of issues pertaining to VAW
- Staff must be adequately trained and have a gender-specific approach in dealing with violence against women, including knowledge about the regional situation, applicable laws and rights, and all relevant provisions.
- National women’s helplines should be equipped to provide referrals to other relevant services.
- Innovations and improvements to national women’s helplines that have been made during the COVID-19 pandemic should be maintained and extended.



Shelters accessible to women

Introduction

Safe and secure housing is a basic human right. Millions of women and children are denied that right because they are subjected to domestic violence and/or other forms of VAW, which means their homes are no longer safe places to live. Provision of temporary shelter has always been a vital response to need in times of crisis and danger, and feminist women were among the first to organise shelters specifically for women escaping a violent and/or abusive partner. From its beginnings in the 1970s, the ground-breaking shelter movement understood the importance of giving women and their children somewhere to go – a confidential refuge where they would be free from fear and harm but also supported to take stock of their situation, assess risks, and receive practical and emotional help to overcome the impacts of living with a violent, coercive and controlling partner. Shelters gave time and space to identify options, build self-confidence and make decisions about the future. Feminist women's NGOs, including those which ran (and continue to run) such shelters, have also been proactive in campaigning for legislative and social change (for example restraining and exclusion orders to remove perpetrators from family homes; legal and economic equality, and housing rights for women). Over the decades, safe houses all around Europe have been transformative for the lives of countless individual women and children, and also in the transnational movement to combat and end violence against women.

Women's shelters (also known as refuges or safe houses) are recognised as essential services, but levels of provision are quite inadequate in almost all European countries, which means that the lives and wellbeing of too many women and children are at risk because they do not have immediate round-the-clock access to safe accommodation and support. Even where emergency accommodation is available e.g. in generic provision for homeless people or with non-specialist shelter providers, these do not offer the in-depth gendered understanding and expertise which specialist women's services have developed. That is why women-only shelters with sufficiently stable and sustainable funding are the gold standard.

Article 23 of the Istanbul Convention:

Parties shall take the necessary legislative or other measures to provide for the setting-up of appropriate, easily accessible shelters in sufficient numbers to provide safe accommodation for and to reach out pro-actively to victims, especially women and their children.

The IC Explanatory Report proposes that one 'family place' (average 2 beds, one woman and one child) per 10,000 head of population is the minimum requirement,⁵³ but cautions that actual numbers of any places to be made available will depend on the assessed needs of any given country.

In recent years, important international and national legal instruments have developed an approach to protection and prevention which shifts the focus from provision of temporary shelter for women and children who have to leave their homes, to the removal of the perpetrator from the family dwelling and imposition of restraining measures. Women's NGOs have developed expertise, and recognise the importance of specialised complex support (i.e. a strengths-based, needs-led approach) based on feminist theory and practice, civic empowerment, and relevant legal and psychological help which enables women to overcome the trauma and rebuild their lives free of violence. The prioritisation of women's autonomy and rights of equal citizenship, and the obligation of states to provide the social and legal infrastructure which enables women and their children to enjoy safe and independent lives, is clearly the only long-term strategy for effective protection from domestic violence. However, for the time being, and until all countries in Europe implement this approach effectively, there remains the need for the provision of safe shelter.

Best practice women-only shelters should be run by appropriately trained female staff (including qualified childcare workers), ensure that accommodation is secure and confidential, be available for as long as a woman needs to be there, undertake a tailored needs assessment, and provide safety planning and support. They should also ensure that legal advice, advocacy, counselling and resettlement services are available. This comprehensive range of holistic support will be rooted in an empowerment model, so that women are able to make choices and access resources for independent, self-determined living. Extensive research evidence, personal testimonies and lived experience confirm that this gendered approach is best suited to enabling the safety and rights of women and their children. They have proven value in creating an environment wherein women not only survive but can find ways to thrive as independent citizens, contributing fully to their communities. Shelters are also vital to the effective functioning of multi-agency collaborative partnerships, whether local or national, in responding effectively to VAW.

53 CETS 210 - Explanatory Report to the Council of Europe Convention on preventing and combating violence against women and domestic violence (coe.int) p.25



In European countries, not all shelter provision is for women only or provided by women's feminist NGOs. There are many generic gender-neutral shelters open to survivors of family violence regardless of gender, and others run by women's NGOs which are under pressure – financial and political – to provide services to men. There are also other forms of emergency accommodation that do not have any specialist understanding of, or expertise in, domestic violence and should not be considered to meet the requirements of the Istanbul Convention. In some countries, government-organised or sponsored NGOs which provide such accommodation pose a real threat to feminist women's NGOs.

The methodology adopted for WAVE reports and data collection has evolved. It counts **bed spaces** (one shelter place equals one bed, not the IC family place) and in 2017, only shelters exclusively for women were classified as women's shelters. In the 2019 Country Report, only the total number of shelters accessible to women, and bed spaces available (i.e. according to IC standards) were shown in the tables. This 2021 edition distinguishes between **women-only shelters** and **shelters accessible to women** and there is a separate column to record the number of women-only shelters in each country. This is important information to monitor, especially in the light of concerns that women's NGOs are increasingly losing funding or contracts in favour of gender-neutral or generic providers.⁵⁴ Some states have adopted VAW strategies and action plans which marginalise or exclude women-only shelters altogether. Bed numbers given here are for all shelters accessible to women, as the figures against which the IC recommended minimum standard of 1 per 10,000 can be measured.

Findings on the situation of shelters accessible to women in Europe

Headline figures from the data collected in 46 European countries show that in 2020 there were 2,112 shelters accessible to women, with approximately 37,791 available beds. In the 27 EU Member States, 1,307 shelters had a total capacity of 25,558 beds. Of these, 1,035 were women-only shelters. In the 19 states which are not in the EU, there were 805 shelters (overall 12,233 bed capacity), of which 538 were for women only.

TABLE 9: Overview of shelters accessible to women in Europe

	Total population	Shelters accessible to women	Number of bed spaces needed	Number of existing bed spaces	Number of beds missing	Number of countries which meet IC minimum standards
Europe (46)	844,772,036	2,112	84,479	37,791	46,688 (55%)	9
EU Member States (27)	447,319,916	1,307	44,732	25,558	19,174 (43%)	6
European countries outside the EU (19)	397,452,120	805	39,747	12,233	27,514 (69%)	3

There are some good news stories behind the statistics. Six EU states currently meet the IC minimum requirement: **Belgium, Denmark, Luxembourg, Malta, Slovenia** and **Sweden**. This is up from two countries in 2018 (the 2019 Report erroneously listed the Netherlands as meeting the standard). Outside the EU, Norway and Liechtenstein have been joined by Iceland as the only states which meet minimum requirements (and the number of available beds in Norway has actually fallen). Northern Ireland also has sufficient beds in shelters, but as part of the United Kingdom, it cannot be included here as a state.

Countries that seem to have made some significant advances in the right direction include Italy, Hungary and Azerbaijan. However, apparent improvements are relative, and from a very low base. Raw data tell us nothing about the geographical coverage, gender analysis or approach (if any), quality of services, or the organisations which run shelters. Information provided by delegates suggests that there are problematic issues in each of those three countries.

Nevertheless, in 2020, there were over four thousand more beds available in shelters across 46 countries than reported in 2018, although the total number of shelters has fallen from 2,350 to 2,112. In the EU there are approximately 19,174 missing bed spaces (43% short of the minimum requirement). In non-EU states, there are 27,514 missing beds, which represents a 69% gap between actual beds and minimum recommended beds. These shortfalls are a matter of real

⁵⁴ See *WAVE Handbook 2020: How Gender-neutral Policy and Practice is Dismantling Women's Specialist Support Services and Ways to Counteract It*. https://www.wave-network.org/wp-content/uploads/WAVE_HANDBOOK_200826_3_web.pdf



concern, and the situation is particularly acute in several countries where provision remains appallingly low. Lithuania does not have a network of shelters, and this is based on the assessed need of the country (provisioned in the clause of IC Explanatory Report⁵⁵). Lithuania has adopted a specialised help model where the shelter plays no role in providing the strengths-based, needs-led approach (see Lithuanian profile for more details). The EU Member States with critically low provision include the Czech Republic (92% beds missing), Poland (83%), Bulgaria (82%) and Ireland (72%). Countries outside the EU that have a shortfall of more than 70% are Armenia (90%), Belarus (92%), North Macedonia (76%), Russian Federation (97%) and Ukraine (97%).

While most shelters are in practice able to offer services free of charge (with funding from national or local government, international donors and private donations), inability to pay is a barrier for some women, including those who are undocumented or with uncertain status. The majority of shelters are available 24/7. The average stay in a shelter varies and is often determined by the needs of the individual survivor, but some shelters do operate a time limit, which may be anything from a month to a year. The most common manifestations of violence reported by survivors were physical, economic, psychological and sexual. Taken together, these suggest typical patterns of coercive behaviour and abuse of power perpetrated against intimate partners or ex-partners, usually as part of a fear-based regime of control.

A range of concerns about shelters emerge from the information provided by WAVE delegate respondents.

- Patchy and inadequate geographical coverage is a common problem for example in **Romania** and especially the southern regions of **Italy**. In many countries, there are no shelters beyond the main cities, so immediate safe accommodation is not available to women in remote or rural locations.
- In some countries, state agencies and regulations operate as gatekeepers for access to shelters, and conditions of entry are often highly restrictive. In **North Macedonia**, the Centre for Social Welfare usually restricts accommodation to women who have visible injuries or otherwise can prove severe physical violence. Likewise, referrals to state-run shelters in **Turkey** are refused to women over 60 and survivors of psychological violence, while a medical certificate is required to prove physical violence. In **Latvia**, women without children are not accepted, and excessive paperwork or bureaucratic procedures are a barrier there and elsewhere, even in emergency situations.
- Survivors who are undocumented or with precarious migration status, often at significant risk and in need of immediate protection, are frequently denied access to shelters. This may be because they cannot pay for the accommodation (in the UK, such women have no recourse to public funds). Economic constraints may also be a barrier for women without sufficient means if the shelter is not free of charge.
- Sometimes referrals are declined because women do not meet eligibility criteria, for example, older women and women with physical or learning disabilities. They may have mental health challenges, substance misuse issues, or other specific and complex needs which the shelter is unable to meet. Asylum seeking and migrant women also face exclusion. Women who are already minoritised, marginalised and suffer discrimination in society, and therefore particularly exposed to VAW, are least likely to find safe accommodation and appropriate support.
- The most common reason for rejecting referrals to shelters remains lack of capacity or space. All over Europe, women and children who need safe shelter and support are being put at risk, even in emergency situations, because there are simply not enough accessible beds, shelters and sustainable resources to maintain adequate service.
- A growing trend towards gender-neutral provision of shelter is apparent, even in countries where there is long-established expertise and proven value of women's NGOs operating with a gender analysis. **Norwegian** legislation stipulates that shelter provision must be for 'persons'. Under the gender-neutral law, funds have been diverted from much-needed women's services to provide men's shelters for which there is little demand.⁵⁶ A gendered approach would recognise not only that the prevalence and severity of intimate partner violence against men are much lower, but that impacts on male survivors, and their needs, are different. In **England**, the Women's Aid Federation has organised an SOS campaign because their 'world-leading' network of refuges is at risk. Mar-

55 CETS 210 - Explanatory Report to the Council of Europe Convention on preventing and combating violence against women and domestic violence (coe.int) p.25

56 European Parliament (2020) Tackling violence against women and domestic violence in Europe. The added value of the Istanbul Convention and remaining challenges, p.42.

ket-driven commissioning and procurement of services increasingly ignore clear evidence that the vast majority of dangerous and life-threatening violence and fear-based regimes of coercive control is committed by men against women. In practice, women-only shelters are being defunded.⁵⁷ **The Netherlands** also lacks a gendered understanding of VAW. As the second GREVIO Activity Report notes, the merging of domestic violence and child protection services means there are no women-specific services.⁵⁸ In **Hungary**, no shelters are run by women's NGOs, and they have not been involved or even consulted about the state-led support system. Many other countries outside the EU do not fund women's organisations, so most shelters are not run on holistic and survivor-centred empowerment models.

Shelters for specific groups of women

Although the IC calls for shelters to be available in response to all forms of VAW, in practice the great majority of shelters are for survivors of domestic violence. However, some specialised shelters have been established for women affected by other manifestations of violence on the continuum of VAW, as reported by WAVE delegates.

There are shelters for women affected by human trafficking in **Armenia, Belgium, Bosnia & Herzegovina, Bulgaria, Cyprus, Denmark, Germany, Hungary, Italy, Kosovo, Latvia, the Netherlands, Slovenia, Spain, Sweden** and **Switzerland**.

Several countries have specialist shelter provision for black and minority ethnic women and for those affected by so-called 'honour based' violence, forced marriage or female genital mutilation. There are dedicated shelters for members of the LGBTQ+ reported in **Albania, Belgium, England, Germany, North Macedonia** and **Portugal**, though it is not clear in every case whether they specifically serve survivors of VAW.

Conclusions

Women's shelters remain an essential pillar in the provision of support for women and children escaping violence and abuse. There are now nine countries (six EU Member States and three others) which formally meet the minimum IC requirement to provide at least one bed space per 10,000 population. They are all small countries, and even in those states, specific local circumstances (e.g. **Luxembourg**) mean that women still sometimes have to be turned away. But the general picture across 46 European countries is not encouraging. There are approximately 46,688 missing beds – a shortfall of 55%. The situation is particularly acute in many countries which are not EU Member States. Even where there is some kind of provision, it may not be provided by specialist women's organisations with a gendered understanding of the causes, impacts and needs. The situation for women's NGOs with established expertise is precarious in several countries, as funding is diverted to generic accommodation providers.

There are groups of women faced with particular, often intersecting challenges who face additional barriers in accessing support. Their human right to safe shelter is denied at times when their lives may be in the greatest danger.

During the COVID-19 pandemic (as discussed in the relevant chapter), shelters faced a range of challenges in extreme circumstances. All over Europe, they responded with remarkable adaptability, resilience, and commitment to maintaining their services, despite increased risks. Sometimes they were well supported by governments, with funding, recognition of the essential service they provide, and special legislation to facilitate their continuing work. Emergency additional beds were made available. All of this is commendable and needs to be embedded in ways that ensure the long-term sustainability of adequate shelter provision. Governments in countries where such support was not forthcoming are urged to step up and meet the challenge and the obligations enshrined in the Istanbul Convention.

57 Women's Aid Federation England Annual Report 2019-20.

58 GREVIO (2020). Second General Report on GREVIO's Activities, Council of Europe, Strasbourg: <https://rm.coe.int/grevio-s-second-activity-report-2021/1680a2165c>



Recommendations to ensure the sustainability and good functioning of women's shelters

- It is important to preserve the independence and autonomy of women's shelters, so that they can provide support to women survivors by taking a survivor-centred human rights-based, gender-specific approach.
- The need to provide sustainable funding to women's shelters is critical for ensuring continuity of their work. Governments must ensure these vital support services receive adequate, long-term funding, so that they have sufficient capacities and provide services free of charge to all survivors.
- Laws regulating funding of the women's shelters should ensure these services can provide accommodation and specialist support to all women survivors of VAW and their children, irrespective of whether they are undocumented migrants or have a precarious migrations status.
- Women's shelters must be staffed by professionals who have received adequate training on how to prevent and respond to VAW and must put the survivor and her needs at the centre of all interventions.
- One of the most important factors influencing the policy-making process in the field of VAW is reliable, accurate and comparable data across countries. Data collection is, therefore, an essential component for demonstrating how many women survivors of violence and their children access shelters and how many are turned away. It is important to improve existing data collection methods so as to collect accurate, more comprehensive and reliable data on the number of women's shelters and the services they provide.



Introduction

According to the largest ever study of global violence against women prevalence, conducted by the World Health Organisation, one in three women throughout the world (around 736 million women) are subjected to physical or sexual violence by an intimate partner or sexual violence from a non-partner.⁵⁹ VAW is endemic, and not bound to socio-economic status, age, education, religion or culture. Thus the majority of women affected by VAW in all its forms will require specialised services that place women's empowerment at the centre, offering a full range of informed, holistic and flexible support, tailored to meet the needs and circumstances of individual women. That support needs to be accessible and as local as possible.

Women's Centres is the term used to encompass centres and women's organisations working within a gender-specific and culturally- sensitive framework of non-residential service-provision - whether in response to immediate crises, short-term, or extended over a longer period of support – for any woman who is a survivor of VAW, and her children, if any. The services available may include information, civil empowerment and rights advocacy, counselling, mediation in institutions, litigation and representation at courts, specialised legal and psychological help, material help (e.g. with food, clothing), practical advice in connection with education, employment, housing, legal rights, court accompaniment etc. They may also engage in wider community education, awareness-raising and prevention work. According to Article 22 para. 32 of the Istanbul Convention:

The aim of such specialised support is to ensure the complex task of empowering victims through optimal support and assistance catered to their specific needs. Much of this is best ensured by women's organisations [...].

Women's Centres run by feminist women's NGOs focus on the human rights and safety of survivors, and avoid the secondary victimisation of judging, blaming or making them feel responsible for what has happened. At their best, they facilitate the difficult process of addressing the complex harms and impacts (psychological, material and social) of violence. With skills, knowledge and sensitivity, they provide essential resources on the road to self-determined recovery and wellbeing. They complement and work in partnership with statutory service providers, so that women and children can access the full range of possible support, as needed and appropriate.

Different models and approaches for delivering specialised services have developed throughout Europe. This is partly a matter of the diverse histories and contexts in which feminist activists, NGOs and governments have responded to the challenge of violence against women. Historically formed practice in many countries is that shelters run by women's NGOs have connected or fully integrated non-residential support centres.

However, it is now more common for women's centres to be established with no connection to shelters. They mostly respond to survivors of domestic violence. Alongside has been the parallel development of rape crisis centres for survivors of sexualised violence and abuse (discussed in the following chapter). But many women have suffered multiple forms of VAW, at the hands of known and unknown men and across the course of their lives. Their lived, interconnected experiences and impacts do not necessarily fit into neat categories. Holistic 'one-stop shops' where they may receive specialised support and straightforward referrals to other agencies are good models for responding and working for the empowerment of the whole person. This is the 'gold standard' approach. However, it is challenging to ensure expertise and cultural sensitivity in relation to all forms of VAW. In addition, there are particular groups of women who face additional barriers to accessing support. Thus, specialisation of the organisation, or close collaboration with organisations that specialise in services for a specific group of women both in relation to the forms of violence and/or the target groups which are so often marginalised, ignored and underserved, is paramount. The most comprehensive good practice approach to meeting IC standards would also recognise the need for VAW specialist workers within statutory services (e.g. health services, social services, housing and education) with in-depth knowledge and understanding, and cooperating with women's centres.

The majority of women's centres in the countries surveyed by WAVE are run by women's NGOs. Other service providers include generic NGOs and those organised directly by local and/or national government departments. For the purposes of this report, and the relevant tables, women's centres are categorised under two headings: types of centres, and types of services provided. This is an attempt to present the data in a clear and consistent manner and to avoid variations in the last Country Report, which may have been confusing.

⁵⁹ The WHO Report, published in 2021, is based on an analysis of available prevalence data from surveys and studies conducted between 2000 and 2018, obtained through a systematic and comprehensive review of all available data on the prevalence of domestic and sexual violence against women. <https://www.who.int/publications/i/item/9789240026681>

Type of centre – this indicates whether centres in that country serve all survivors of violence including women survivors of VAW, or only women survivors of VAW. Where both types of centres exist, that is noted.

Types of services provided – under this heading are the particular kinds of services available, based on a list of options which was included in the questionnaire circulated to WAVE country delegates. Where specialised support is available for sexualised violence survivors, for particular groups of women (e.g. Black and Minority Ethnic (BME) or relating to specific forms of VAW (e.g. 'honour based' violence), that is indicated, with details given in the country profile.

Findings on the situation of women's centres in Europe

Availability of women's centres

Almost all of the countries analysed have some form of women's centre provision. Of the four which reported no specialised women's centres in the 2019 Report, that remains the case in **Hungary** and **Belarus**. A new women's centre opened in **Cyprus** in 2020, and **the Netherlands** does not have specialised women's centres, but as the country profile indicates, non-residential support is available at the network of 26 domestic violence shelters.

A minimum of 3,210 centres are reported to be operating across Europe, 1,925 in the 27 EU Member States and 1,285 in the 19 non-EU states. This represents an overall decline in the number of centres since 2019, from 3,323 to 3,210. The UK's exit from the EU has also significantly affected the relative balance of EU and non-EU provision since a minimum of 625 women's centres operate in three of the four UK countries (numbers are not available for Scotland, but in practice, it does have a network of centres). It is encouraging that in 2019, following a mapping exercise conducted by the Women's Support Centre, mandated by the Ministry of Social Affairs, 11 new centres (partially state-funded) were opened in Armenia, but disappointing that in Georgia several centres run by NGOs have had to close in recent years.

TABLE 10: Women's centres in Europe: overview of service provision⁶⁰

	Total female population	Total number of women's centres	Number of women's centres needed	Number of women's centres missing	Percentage of women's centres missing
Europe (46)	435,473,984	3,210	8,709	5,499	63%
EU Member States (27)	228,763,757	1,925	4,575	2,650	58%
European countries outside the EU (19)	206,710,227	1,285	4,134	2,849	69%

The Council of Europe recommended standard for the number of counselling centres which are needed is one per every 50,000 head of female population. Assuming that most women's centres do offer a counselling service, it is clear that provision across Europe falls far short of requirements.

Target groups of women's centres

Women's centres may provide a range of services only to women survivors of violence, or to all survivors, regardless of gender. Twelve countries (Azerbaijan, Albania, Cyprus, Georgia, Montenegro, Ireland, Lithuania, the Netherlands, Norway, Poland, Slovenia and Ukraine) report that there are no centres for women only, and all available services are accessible to all survivors of violence. **Lithuania**, for example, has a countrywide network of services known as specialised complex health centres (SCHC). In keeping with the gender-neutral legislation, they are available to all survivors, but most are run by women's NGOs with a gendered understanding and strengths-based needs-led approach, and over 90% of the service users are women.

In 19 European countries, there are centres of both kinds, though the relative numbers of centres for women only and for all survivors varies widely, as do the prevailing values and approaches of the centres. Some are gender-neutral, while others adopt a gender-specific approach. In **Poland**, for example, there are 36 centres responding to survivors of domestic

⁶⁰ The total female population of Europe is calculated using the numbers given in country profiles: these are statistics for 2020, or the most recent data for countries where 2020 figures are not available.

violence, but only the Women's Rights Centre in Warsaw is reserved for women survivors and operates with a gender-sensitive perspective. In **Finland**, there are 35 centres, of which only three are accessible to women only. Conversely, in **Slovakia**, there are 18 women-only centres, and 6 for all survivors of domestic violence.

In 13 countries (Armenia, Republic of Moldova, Serbia, Bulgaria, Greece, Italy, Kosovo, Liechtenstein, North Macedonia, Romania, the Russian Federation, Spain, Croatia) the women's centres which are reported are accessible to women only. **Italy** has approximately 302 'anti-violence' women's centres run for women only by feminist NGOs and mostly fulfilling the requirements of the IC. They take a holistic, survivor-centred, multi-agency approach, providing free legal and psychological advice. Women's empowerment is of central importance, and the NGOs belonging to the D.i.Re network of NGOs perceive the importance of their role as combining professional skills with political activism.⁶¹

Types of organisations running women's centres

In most European countries, women's NGOs are responsible for the provision of at least some of the specialist women's centres. They have often been pioneers in identifying the non-residential needs of survivors and responding with the development of carefully tailored specialised support. The vital role of women's organisations is highlighted by the Istanbul Convention, which affirms their importance in ensuring good practice and standards. Other providers include government agencies, faith-based organisations (Caritas is often cited) and more generic NGOs, however, they rarely meet IC criteria because they do not accept the feminist analysis of VAW, or the gendered approach to the provision of support. The stability and sustainability of many centres run by women's NGOs are fragile, and this sometimes reflects the absence or removal of government support for the services they provide, as well as rejection of the women's empowerment model and gender-specific approach which is promoted by Istanbul Convention.

Funding for women's centres

As reported in previous years, most women's centres receive a combination of state support (local or national) and funding from trusts, donations, or international agencies and charities. In 2019, three countries (**Armenia, Moldova and Montenegro**) reported that no state funding at all was available for women's centres. It is good to note that 11 new centres have since opened in **Armenia**, partially subsidised by the state. Likewise, it is reported that some government funding is now forthcoming for the centres in **Moldova**. In **Macedonia**, only the Family Centre in Skopje receives government funding. There are other countries, including **Bosnia and Herzegovina, Serbia, Russia and Georgia**, where women's centres run by NGOs operate in very uncertain financial situations, almost completely reliant on international funding and without meaningful state support to provide security and sustainability. There is an insufficient provision of women's centres throughout Europe, but those in non-EU states are generally more dependent on international funding than EU members. Of the fifteen countries which reported international funding, six are EU states⁶² and nine from outside the EU.⁶³

Types of services provided by women's centres

The standard range of specialist services commonly offered by women's centres across Europe reflects the types of provision identified as necessary to address the complex and intersecting impacts of VAW. They include information and advice on a range of issues, referrals, advocacy (in the UK there are independent domestic violence advocates who do this work, often aligned with centres), legal advice and court accompaniment/representation, litigation, counselling services, housing, education and employment advice and social welfare, child welfare, outreach and follow-on support. Even in countries that do not have women's centres as the term is used in this report, these kinds of non-residential support are available to women in other settings or contexts. It is common for centres to be connected with shelters, and for the bulk of their work to be in relation to survivors of domestic violence. They may also offer services to survivors of sexualised violence. Other centres, as a matter of principle and practice, respond to the needs of women who are survivors of any and all forms of VAW, recognising the commonalities in lived experience, impacts and consequences for women, and also of the psycho-social and practical support they require. Reports from **Bosnia and Herzegovina** and **Lithuania** mention the provision of trauma therapy. More generally, support services with and for survivors of VAW are increasingly attentive to the need to be trauma-informed as well as strengths-based and needs-led.

61 GREVIO Baseline Evaluation Report, Italy **Final report on Italy** (coe.int)

62 Croatia, Romania, Portugal, Lithuania, Latvia, Bulgaria.

63 Armenia, Azerbaijan, Bosnia, Georgia, Kosovo, Montenegro, North Macedonia, Russia, Serbia, Moldova, Turkey, Ukraine.



Although the rationale for comprehensive and holistic centres supporting survivors across the spectrum of VAW is strong and well attested, it is just as important to recognise the particular needs of underserved and marginalised groups of women who often face additional barriers to help-seeking, and for whom specialised centres offer the most accessible, trusted and appropriate resources.

In several countries including **Belgium**, the **UK** and **Russia** there are centres designated for black and minority ethnic (BME) women. **Germany**, among other countries, has women's centres specialised in supporting survivors of forced marriage, of so-called honour-based violence, female genital mutilation, human trafficking as well as migrant and refugee women. Centres for women survivors of human trafficking are fairly widespread, including in **Armenia, Germany, Russia, Scotland, Iceland** and **Norway**. In many other countries, particular women's centres specify that they include support in relation to human trafficking. Specialist centres for refugees and migrants, victims of forced marriage and honour-based violence, and of female genital mutilation are available in certain countries (including **Austria, Belgium, England, Ireland, Germany** and **France**). Other groups for whom specialist services are offered in particular local contexts include Irish Travellers and Roma women.

Conclusions

Across Europe, the provision and pattern of women's centres offering non-residential specialist support is diverse. In this kind of data-based overview, it is difficult to make qualitative judgements as to the quality and accessibility of such services for all who need it. Supplementary and more detailed information from other sources gives a picture of many excellent, flexible survivor-centred sources of specialist support. Women's organisations are widely taking the lead and responsibility for initiating and running the centres. The needs of particular groups who are exposed to greater risks and require more specialised support are to some extent being met, whether in centres which offer services in response to all forms of VAW, or in specialised centres dedicated to types of need.

However, the general conclusion to be drawn from the data provided to WAVE is that overall provision falls far short of minimum recommended provision, and by implication for the range of services women survivors need. Even in the best-resourced countries, there are few with sufficient geographical coverage to be accessible at the point of need. The tendency for centres to attend primarily to survivors of domestic violence also leaves considerable gaps in addressing other manifestations of VAW, as well as specialised support for women facing additional barriers and risks, including undocumented and migrant women.

The lack of sufficient and sustainable funding for women's centres is a major obstacle to their development and long-term stability, especially in countries outside the EU.

Recommendations

- Continuous efforts must be made to secure sufficient provision of women's centres providing specialist and gender-specific support for women survivors of violence and their children, if any. This is particularly urgent in countries which currently have no such centres, or only in certain cities or regions. Comprehensive geographical coverage is a fundamental requirement to ensure services are accessible to all women and children who need them.
- State funding should be allocated to specialist women's centres to meet these requirements, especially in countries that currently provide none, or allocate very limited resources to women's centres.
- Provision of specialist support services, e.g. for victims of forced marriage, 'honour-based' violence, female genital mutilation, human trafficking and for refugee, migrant and undocumented women are non-existent or very limited in many countries. Sufficient resources need to be allocated to ensure adequate coverage of such services for ALL women, including those from minoritised groups.
- In keeping with the WAVE Network's long-term goal of developing common definitions, women's specialist support services should strive to build, as far as is possible, a shared understanding of 'women's centre' which encompasses different working models. This would aid clarity and consistency in the collection and recording of relevant data and would facilitate a more accurate representation of specialist services in relation to the Istanbul Convention.



Specialist services for survivors of sexualised violence

Introduction

Sexualised violence, harassment and intimate intrusions are everyday experiences affecting millions of women and girls across Europe. For too long they have been expected to put up with these violations of their dignity, bodily space and integrity, regardless of the detrimental and cumulative effects on their wellbeing. This culture of normalised and sexualised harassment encompasses a range of abusive behaviours and acts, overwhelmingly committed by men and boys against women and children. These include sexual abuse (of children and or/adults) human trafficking and grooming for sexual exploitation, cyber sexual harassment and violence, non-consensual sharing of intimate images (so-called 'revenge porn'), sexual assault and rape. Sexualised violence (SV) is defined as any form of contact or non-contact act (or attempt or threat to obtain an act) of a sexualised nature without a person's freely given consent. It occurs in all the domains of human activity – in families, intimate relationships, workplaces and education, faith communities, leisure activities, online and in public spaces. SV has also been widely deployed as a deliberate strategy in war and conflict situations, and as a form of coercion or torture, not least by forces of law and order. Perpetrators may be current or former partners, family members, friends, acquaintances, those in positions of power and authority, and strangers. Girls and women may be subjected to SV at any stage across the life course.

Across the continuum of SV, the impact is profoundly traumatic, for the perpetrator undermines the victim's autonomy and self-determination at the deepest levels. The complex harms of rape and sexual assault endure and may have severe, life-changing consequences. Where SV occurs in a culture of shame, silence and taboo, where a society and its laws do not fully recognise or penalise SV, and where informed specialist care and support is lacking, women are thereby subjected to systematic discrimination and denial of basic human rights.

The Istanbul Convention addresses the need for clear and consistent legislation for SV crimes in Article 36:

1. *Parties shall take the necessary legislative or other measures to ensure that the following intentional conducts are criminalised:*
 - a.) *engaging in non consensual vaginal, anal or oral penetration of a sexual nature of the body of another person with any bodily part or object;*
 - b.) *engaging in other non consensual acts of a sexual nature with a person;*
 - c.) *causing another person to engage in non consensual acts of a sexual nature with a third person.*
2. *Consent must be given voluntarily as the result of the person's free will assessed in the context of the surrounding circumstances.*
3. *Parties shall take the necessary legislative or other measures to ensure that the provisions of paragraph 1 also apply to acts committed against former or current spouses or partners as recognised by internal law.*

The focus here is on the giving of *consent*, as a matter of voluntary *free will*, which should be assessed in context. The crime of SV does not reside in the use of violence or force, but in the disregarding of another person's free will to consent to an act. There have been important and progressive legislative changes in many European countries, but there are still countries where the onus is to prove that violence was used. The Explanatory Report notes the state's obligations 'as requiring the penalisation and effective prosecution of any non-consensual sexual act, including in the absence of physical resistance by the victim'.⁶⁴ It also highlights that assessment of evidence must recognise the wide range of behavioural responses to SV and rape, and avoid widespread assumptions, gender stereotypes and myths.

The WAVE Country Report gathers data and analyses the provision of services for women who are survivors of VAW. In this regard, Article 25 of the Convention refers specifically to the importance of specialised support for survivors of sexualised violence:

Parties shall take the necessary legislative or other measures to provide for the setting up of appropriate, easily accessible rape crisis or sexual violence referral centres for victims in sufficient numbers to provide for medical and forensic examination, trauma support and counselling for victims.

64 IC Explanatory Report, article 36, para 191. CETS 210 - Explanatory Report to the Council of Europe Convention on preventing and combating violence against women and domestic violence (coe.int)



The recommendation is that at least one such centre should be available for every 200,000 inhabitants. Although some women's centres do offer support for SV survivors, the need for dedicated and specialist centres is because there are specific and critical services required – in the immediate aftermath of a rape or other assault, in relation to any legal proceedings, and to address the longer-term impacts. As the Explanatory Report notes, the traumatic nature of sexualised violence requires “a particularly sensitive response by trained and specialised staff”.⁶⁵

It is evident that best practice holistic service responses to SV require the contribution and cooperation of highly knowledgeable and skilled professionals, including frontline and investigative police officers, medical and forensic care staff, lawyers, judges and courts, advocacy services, specialist counselling, and trauma therapy. Community education and awareness-raising are particularly important to contest the harmful myths and taboos around SV and to challenge the social norms which support its prevalence.

For the 2019 WAVE Country Report, data about SV and associated services was collected separately for the first time, and presented in a separate chapter. This reflected increased global concern, as the #MeToo movement and other campaigns brought the experiences of women, and their determination to break the silence about sexualised violence, into the centre of public attention. Lobbying and advocacy for better legislation and services have increased in intensity. The need is urgent throughout Europe, particularly in countries where support services are almost or entirely lacking.

There are serious challenges in collecting and analysing data, given the variation in levels of recognition, understanding, and provision of services across diverse national situations, as the 2019 Report highlighted. Nevertheless, a reasonably consistent baseline was established by collecting data about the forms of provision recommended by the Istanbul Convention, which are rape crisis centres (RCC) and sexual violence referral centres (SVRC).

These models for the provision of services under one roof have developed in different historical contexts. While there are many commonalities and overlaps in what they offer, some distinctive features may be attributed to the origins of each model.

Rape crisis centres were historically rooted in the women's movement to name VAW and support survivors. As a general rule, they work with survivors of recent and historic sexual assault and abuse, often including adult survivors of child sexual abuse. They offer immediate and long-term confidential survivor-led counselling and therapy and provide advice, advocacy and accompaniment. They also undertake awareness-raising, training and prevention work.

Sexual Violence Referral Centres developed to improve the experience of survivors in the immediate aftermath of sexual assault. They provide specialist forensic, health and medical care and crisis intervention; they may also incorporate frontline support and specialist policing, short-term counselling and advocacy. They typically refer and signpost survivors to other specialised and community-based organisations, including RCCs where these exist.

These distinctions are generally reflected in the scope of RCCs and SVRCs, but elements of each may be incorporated into specialist centres that provide holistic services under one roof.

Given the complex and interlocking needs of SV survivors, it is vitally important that the agencies involved in responding do so with informed understanding and sensitivity. Survivors often report that poor responses from police, health professionals and the judiciary leave them feeling blamed, dehumanised and disempowered. Indeed, many women are reluctant to report rape because they do not believe they will be treated with respect, care or justice. Evidence shows that interaction with key agencies in the wake of SV often compounds the trauma of the original assault because survivors continue to experience loss of control, choice and autonomy. RCCs and SVRCs are vital in the process of supporting survivors and ensuring that interventions are helpful, prevent secondary victimisation, and offer the safety required on the difficult journey of recovery. In addition, survivors who are supported in this way are more likely to report to the police and stay with the justice process. The Istanbul Convention stipulates that specialised services must be easily accessible, providing medical and forensic exams, trauma support and counselling. They should be offered whether or not the victim files a complaint. According to mapping carried out for a recent European Parliament study, there are SVRCs in 14 EU countries, but not all fully meet the IC standards. Ratification of the IC has contributed to the setting up of services in some countries. For example, the forensic units in French hospitals do not fully comply due to insufficient geographical coverage and prior requirement to file a complaint.⁶⁶

⁶⁵ Explanatory Report, article 25, para.138

⁶⁶ 'Tackling violence against women and domestic violence in Europe: The added value of the Istanbul Convention and remaining challenges' European Parliament study 2020, p.88 [IPOL_STU\(2020\)658648_EN.pdf](#)

Findings on the situation of specialist services for survivors of sexualised violence in Europe

TABLE 11: Specialist service provision for survivors of SV

	Total population	Number of services required to meet IC standard	Number of rape crisis centres/sexual violence referral centres	Number of services missing
Europe (46)	844,716,298	4,224	462	3,862 (91%)
EU Member States (27)	447,319,916	2,237	296	1,941 (87%)
European countries outside the EU (19)	397,396,382	1,987	176	1,811 (91%)

Twenty-seven European countries out of 46 report that they have at least one RCC or SVRC, while the remaining 19 countries offer no specialised SV centres. Since the 2019 WAVE Country Report, that means four more countries have at least one such centre. The minimum total number of centres is 462. It should be noted that information collected about France and Sweden indicates that in both countries there are rape crisis centres and SVRCs, but no numbers are provided. So the actual total number of centres will be greater than those recorded in the table. Even with that proviso, the total falls far short of the recommended number to meet the IC standard of one centre for every 200,000 inhabitants. Since 2019 it remains the case that only **Iceland** complies with that standard. For the whole of Europe, 91% of services are missing (in EU states 87% and in non-EU states 91%). These figures are very troubling and demonstrate the urgent need for investment in establishing RCCs and SVRCs, particularly in countries that are outside of the EU. While the level of provision in those countries has increased since 2019, that is largely due to the exit of the UK from the EU. The four nations of the UK together account for 116 centres, which means that there are only a total of 60 centres in the remaining 18 non-EU states. This is an unacceptable situation that requires remedy.

Various types and settings of service delivery are offered in different countries. In **England**, there is a long-established network of 39 rape crisis centres, and also 47 sexual violence referral centres offering crisis and medical services for survivors of sexualised violence, the first of which opened in 1986.

Ireland has a network of 16 rape crisis centres (RCCs) that provide trauma-informed, healing-based specialist psychological care including psychotherapy, peer support, counselling and advocacy. RCC services are delivered utilising a survivor-centred and trauma-based model. RCCs operate from the knowledge that survivors have the capacity to grow and change and that they are the experts in what they need. Survivor-centred indicators of recovery and healing are identified, and inform the way in which services are delivered and developed. A trauma-based model means services are offered with the understanding that a survivor's reactions are a normal response to trauma. RCCs believe that responding to sexual violence in our society and holding perpetrators to account starts with supporting survivors in ways that are respectful of their dignity, healing and choices. RCCs work to hold perpetrators accountable for their behaviour and counteract victim-blaming. Unfortunately, there are significant areas of the country (around 40%) which are not served by RCCs. There are also seven services offering sexual assault forensic and medical examinations to adults and young people. Six of these are classified as Sexual Assault Treatment Units (SATU) and all units are operated by the state Health Service Executive, with public funding.

Finland has one Rape Crisis Centre and ten SERI Support Centres, which have been established following a pilot project in Helsinki. All these centres provide specialised forensic and medical care, needs assessment, psychological care, specialised SV advocacy, community awareness and education for prevention.

The Liliun Centre in **Albania** opened in December 2018. It is described as a sexual violence crisis management centre and serves a country where one in two women have been subjected to sexual, physical or psychological violence. SV is a taboo subject, associated with stigma, shame, victim-blaming and silence. Liliun takes a multi-agency approach, providing primary services such as health care, forensic medicine services, psychosocial support, clothing, food, further referrals, statement taking and initiation of criminal justice procedures. But the services are for 72 hours only, after which there are no specialist longer-term provisions.

In **North Macedonia**, ratification of the Istanbul Convention has encouraged the government to open three multi-agency sexual assault referral centres in the hospitals in Tetovo, Kumanovo, and the University Obstetrics and Gynaecology Clinic



in Skopje. In addition to forensic and medical services, they provide psychosocial and legal support and have developed standard operating procedures. The government intends to open a further five centres. In **Estonia**, the state provides four sexual assault centres, also based in hospitals covering the north, south, east and west of the country.

The Netherlands has a nationwide network of 16 Centres for Sexual Violence which provide forensic services for rape victims within 8 days from the assault, and also give assistance to all victims of sexual violence. The centres are located within hospital emergency care departments, or municipal health services and work closely with the police. “The system is designed to prevent victims having to repeat their accounts to several different bodies on different occasions and to ensure that they obtain the support required. Although forensic services are free and funded by the Ministry of Justice, the medical health services (including counselling) are funded by insurance and therefore victims are usually required to pay a personal contribution.”⁶⁷ Despite a significant increase in usage, it is estimated that less than 1% of victims attend a centre within one week of rape or assault.

It is encouraging to report that **Romania** now has one rape crisis centre and five recently launched sexual violence referral centres, located in major cities. However, it is a matter of great concern that in **Serbia** only two of the seven centres piloted in the UN-funded ‘Stop – Protect – Help project are still operating. The project, which introduced services for SV survivors in 2018, carried out by women’s NGOs, provided specialist forensic and medical care for women and girls from the age of 15. Two centres located in Vojvodina hospitals remain, supported by private donations, but their future is also insecure because the government has not been willing to sustain this vital work with public funding.

Specialist helplines for SV survivors

To comply with IC standards, national women’s helplines must be able to offer support to survivors of all forms of VAW, though as discussed in the helpline chapter, many of these are known and advertised primarily as domestic violence helplines. Nevertheless, it is clear that sexualised violence is very commonly reported by callers to helplines across Europe.

In some countries, there are also dedicated sexualised violence helplines that operate as a specialised service for victim-survivors. In this section of the WAVE data collection questionnaire, 19 countries (including the four nations of the UK) reported that helplines were available, although the information provided did not always make it clear whether these were specialised SV lines, or simply that that national VAW helplines could offer support to SV survivors. For example, the NANE hotline in **Hungary** is for survivors of domestic and sexual violence.

In countries where there is a long-established tradition of rape crisis centres, helplines (which may be national and/or local) have been part of the service offered since the beginning. In **Scotland** for instance, the rape crisis national helpline offers free, confidential (but not 24/7) crisis and short-term support and information by phone or email. It is fully inclusive and anyone of any gender or sexual orientation in Scotland over the age of 13 who has been affected by sexual violence, recently or in the past, can get in touch. It supports survivors, as well as family, friends and supporters. The line will put survivors in touch with local RCCs or other services if longer-term support is needed. As is the case for Scotland, it is becoming more common for SV helplines (and other specialised services) which may have begun as women-only services, to be offered to anyone. Among the 17 RCCs in Scotland, 9 are accessible to all survivors while 8 remain for women only.

In **Austria**, there is one national and four regional helplines which comprise the Federal Association of Autonomous Women’s Helplines. In addition to survivor support, they work together on prevention and awareness-raising campaigns. In addition to the national SOS helpline, **Norway** has a national 24/7 helpline for survivors of sexual violence and incest. The Power Association (*Združenje za moč*) helpline in **Slovenia** is operated by an organisation that is specialised in sexualised violence and is available for anyone over the age of 13. The **Czech Republic** reports two specialised helplines. In July 2021, the ProFem Centre announced the launch of a dedicated info-line intended for all persons over the age of 16 who have experienced sexual violence in childhood, adolescence or adulthood, whether current or in the past.

Other services for survivors of SV

Beyond the very inadequate numbers of RCCS and SVRCs, there are various other kinds of non-residential support available in European countries. As noted in the chapter on women’s centres, it is fairly standard practice for such centres to include services for SV survivors. Without a detailed analysis of available resources in staffing and expertise in particular centres to meet the specific and complex needs of those who have experienced sexualised violence, it is not possible to

67 GREVIO Baseline Report (2020), p.38 **Final draft report on the Netherlands (coe.int)**

generalise about the quality of the support they can offer, but especially in countries (e.g. **Azerbaijan, Bosnia, Bulgaria, Montenegro**) which do not have any other form of provision, the work of these centres is certainly to be welcomed. In **North Macedonia**, two women's centres specialise in services for survivors of sexual exploitation. In **Italy**, with no RCCs or SVRCs, 86 women's centres run by D.i.Re members provide specialist support, sometimes in collaboration with family counselling centres. Hospitals provide forensic and medical care, following a forensic procedure as required under Italian law. The 'Pink Code' project involves hospitals in some major Italian cities providing specialised emergency services. **France** has a system of comprehensive integrated support services (medical, legal, social and economic), coordinated by regional offices. There is also a free national online portal (Portail de signalement des violences sexuelles et sexistes) for 24/7 access to specialist police officers and counsellors.

The case of Italy

For over thirty years, Italy has developed WSSS (centres and shelters) based on a clear feminist political decision that they did not separate the issue of sexualised violence (SV) from all forms of VAWG, knowing that most women (especially those in a DV situation) would only mention SV once they have established a trustworthy relation. That is why women's centres (including all which belong to the D.i.Re network, but also others) have intentionally built their policy and practice to include a full range of the specialised services needed by SV survivors, such as assessment, specialist psychological care, specialist SV advocacy services, community awareness and education for prevention. They also cooperate with the national health system for those SV cases where clear forensic and medical care procedures are required by Italian laws. Because this has been the model adopted in Italy, it has not been considered necessary to develop specific rape crisis centres or sexualised violence referral centres after the model of other countries which do not have such a system.

The **Czech Republic** has two women-only counselling services for SV survivors, providing needs assessments, psychological care and advocacy. Also in that country, Konsent is a survivor-led group that organises awareness-raising campaigns. The DIXI Centre in **Norway** is another example of a resource offering emotional support by and for survivors, with a focus on regaining control over lives. It also organises wider information and public events. A group in **Moldova** presents forum theatre on sexualised violence and also offers basic counselling.⁶⁸ In **Austrian** hospitals specialist SV victim protection groups, involving relevant health professionals, are required by law.

Several countries including **Ireland, Lithuania** and **Romania** report services specifically for girls and young women, or for survivors (children and/or adult) of child sexual abuse.

Liechtenstein, with a very small population, provides specialist medical services in hospitals, and women who are SV survivors are usually referred to a centre in **Switzerland** – a country that reports that two centres have been opened to comply with IC requirements, with others planned for more cantons.

Specialised centres (some of which may already have been recorded under the 'women's centres' heading) and services are provided for survivors of trafficking for sexual exploitation, and for women in prostitution, in **Sweden, Scotland, Germany, Ireland**.

Unfortunately, there is no progress to report since the 2019 WAVE Country Report highlighted the complete absence of specialist support services in **Turkey**. This dire situation continues. And it is deplorable that in **Russia**, the most populous country in Europe, which should have 720 RCCs or SVRCs, the only sexual assault centre is in Moscow, run since 1994 by the Syostri women's NGO.

Conclusions

The weight of evidence, both qualitative and quantitative, consistently demonstrates that sexualised violence is a reality which most women and girls have to contend with in their daily lives. They are expected either to put up with it or to organise their lives, restrict their freedoms and in general take responsibility for their own safety. Meanwhile, the men who perpetrate sexualised violence overwhelmingly do so without social or legal accountability for their behaviour. To a greater or lesser extent, a culture of virtual impunity persists throughout Europe. Sexual assault is an extreme and fundamental violation of women's human rights and their well-being. It is known to have traumatic impacts which can endure for a lifetime. The costs are enormous – to the individual survival, but also to wider society. Sexualised violence is not simply a

68 Forum theatre is a use of theatre/drama for social change. It presents alternative unfoldings and outcomes of a situation and invites audience members to stop the action and suggest alternatives. The performances are followed by discussion and sometimes, making plans for action. Also known as 'theatre of the oppressed'.



matter of isolated extreme incidents, but a form of systemic injustice which is embedded in enduring and highly gendered cultural norms.

Actions to address and prevent sexualised violence should be a priority for all nations. To that end, international agreements which bind signatories to legal obligations, such as the Istanbul Convention, are important. States must rise to the challenge by developing survivor-centred and trauma-informed institutional procedures for coordinated responses by medical, police and judicial services. Most importantly, they should recognise the value and effectiveness of dedicated specialist support services, working from a gender-sensitive perspective.

The shortage of such services is severe and critical. Only 9% of the required rape crisis centres or sexual violence referral centres are in operation throughout Europe. That means over 91% are missing (87% in EU Member States, 91% in other European countries). Several countries have no provision at all. Even in nations where centres do exist, lack of geographical coverage means that millions of women survivors (especially those living outside the centres of the population) are simply unable to access any kind of in-person specialist service at all.

Alternative sources of support include helplines specifically for survivors of sexualised violence, which are currently available in 16 European countries (35%) though often with very limited hours. Women's centres may also be able to provide specialist support, though there may be limits to specific expertise or capacity. In certain contexts, for example in Italy, women's centres have quite intentionally developed their ethos and practice to include a full range of the specialised services needed by SV survivors. But in other cases, they are primarily set up for domestic violence survivors, as reported in the chapter on centres.

Specialist medical and forensic services need to be provided within the timeframe required to gather evidence if survivors choose to make a complaint or a formal police report (even when they do not do so immediately). Lack of care and sensitivity in this process can be seriously re-traumatising and is one of the reasons so many survivors do not pursue justice. Furthermore, specialist advocacy or accompaniment helps ensure survivors are aware of their rights and options. Given low rates of reporting, prosecution and conviction for sexual violence crimes, this kind of support, which can be complex and time-consuming, can make a vital contribution to creating a less intimidating, re-victimising environment for survivors.

What is most required for long term cultural change is education, awareness-raising and campaigning work to build societies where the norms which facilitate and collude with sexualised violence are eliminated from everyday life. Those include the fallacious gender stereotypes, misconceptions and attitudes which may be shared by perpetrators, those in positions of authority and the wider public. It cannot be right that women are shamed into silence or too embarrassed to disclose what has been done to them or that they might risk ostracisation or other harm for speaking up. Neither is it acceptable that prejudice or misogynist cultures in police or justice systems leave survivors unable to trust, or even fearful of the responses they can expect from these institutions. The women's NGOs that operate RCCs and other specialist services often undertake this essential training, education and prevention work. But it needs to be endorsed and resourced by authorities at all levels, rather than being left as piecemeal and underfunded interventions.

Recommendations

- European states must prioritise the establishment of sufficient rape crisis and sexual violence referral centres to meet the needs of survivors in every region, according to the Istanbul Convention standard of one such service per 200,000 inhabitants.
- States must invest in regular, strategic public awareness and prevention campaigns to address pernicious myths and women-blaming stereotypes associated with sexualised violence, and with a focus on men's collective responsibility to challenge the norms and cultures which create enabling environments for such violence.
- A systematic programme of initial and continuing training and professional development for key sectors (including police, judiciary, health services and education) should be established. This should take a gender-specific approach towards sexualised violence to build a competent workforce with role-appropriate knowledge, skills and understanding.
- Definitions and legislation on sexualised violence which emphasise voluntary and meaningful consent as decisive should be developed and implemented by states, with the collaboration of specialists who have developed expertise in women's support services.



Femicide

Introduction

Femicide is a term which refers, broadly speaking, to the gender-related killing of women by men, because they are women. It draws an important distinction between the killing of women as a fatal manifestation of violence against women and killings where the gender of the victim is random or incidental. The word was first used publicly by feminist writer and activist Diana Russell. In 1976, at the first International Tribunal on Crimes Against Women, she introduced the concept to highlight the reality that in diverse global contexts, women die at the hands of men who thereby seek to preserve the unequal gender order which confers male privilege, power, dominance and control over women. 'Femicide' was invested with meaning as awareness-raising and campaigning tool. Because it acknowledges who the victim is and why she is targeted, it enables a better understanding of approaches for intervention and prevention. In this political sense, femicide is framed as part of the continuum of violence against women which connects extreme criminal acts with the everyday realities of intrusion, harassment, constraint and abuse which so many women experience.⁶⁹ Hence Russell's refinement of the concept as the 'misogynist killing of women by men'.⁷⁰

The term is increasingly used by scholars, feminist NGOs and international instruments. Definitions and use of 'femicide' for research, policy and legislation are subject to debate. In practice, it is widely understood to refer to the killing of a woman by her intimate partner or ex-partner. But this limited definition fails to take account of the continuum of violence against women, from before birth to death, and in all domains of human activity. Following the landmark 2012 Vienna Declaration and the UN General Assembly Resolution adopted in 2013, the gender-related killing of women has been a thematic priority for the UN Special Rapporteur on Violence Against Women. This work draws on a comprehensive understanding of femicide which incorporates categories of killing, perpetrated directly and indirectly, as developed particularly in the Special Rapporteur's special thematic report (2012) on gender-based killings of women.⁷¹

Direct

- killings as a result of intimate-partner violence;
- sorcery/witchcraft-related killings;
- so-called 'honour'-related killings;
- armed conflict-related killings;
- dowry-related killings;
- gender identity- and sexual orientation-related killings;
- Female infanticide and gender-biased sex selection;
- Ethnic- and indigenous identity-related killings.

Indirect

- deaths due to poorly conducted or clandestine abortions;
- maternal mortality;
- deaths from harmful practices (e.g. related to female genital mutilation);
- deaths linked to human trafficking, drug dealing, organised crime and gang-related activities;
- the death of girls or women from neglect, through starvation or ill-treatment;
- deliberate acts or omissions by the State.

This list is not exhaustive. It does not include death in the context of rape and other forms of sexualised violence (whether by acquaintance or stranger). The murder or forced death of women in other contexts (e.g. fundamentalism, extremism, mobility of displaced persons and refugees, online violence) also comes into view. Arguments have also been made that suicide following the trauma of domestic violence, sexualised violence and/or other gender-based harms should be considered an indirect form of femicide.

69 Liz Kelly introduced the continuum of violence concept in her ground-breaking book *Surviving Sexual Violence* Cambridge, Polity Press, 1988

70 Jill Radford and Diana Russell, *Femicide: The Politics of Woman Killing*. Birmingham, OUP, 1992

71 Report of the Special Rapporteur on violence against women, Rashida Manjoo, 23 May 2012. [A/HRC/20/16 - E - A/HRC/20/16 -Desktop \(undocs.org\)](#)

In Latin America, the related term *feminicidio* has been utilised by feminists and policymakers particularly to emphasise the role of the state in enabling these crimes and the impunity with which they are treated.

Femicide and data collection – the challenges

In 2015 the Special Rapporteur called on the UN Member States to establish a femicide watch or observatory which would be responsible for systematically collecting and publishing the number of femicides each year, disaggregated by the age and sex of the perpetrators, and providing information about the relationship between the perpetrator and the victim. Such panels should be interdisciplinary and integrated with countries' mechanisms for preventing violence against women. The collection of data is vital but fraught with challenges at national and international levels. In order to compare and analyse such data meaningfully, clarity is required. 'We want our counting to count for women!'⁷²

The European Observatory on Femicide is leading efforts to develop a Europe-wide data collection system, based on a clear, practical and operational definition. This is essential for monitoring and awareness-raising, and also a vital resource in developing effective intervention and prevention measures. At present, there are significant gaps in detection, recognition and reporting of femicide across Europe, and hence in states accountability for women's safety and human rights. Clarity and consensus are urgently required. This chapter of the report takes stock of the current situation in forty-six European countries.

Femicide victims recorded in Europe in 2020

For the purposes of this report, data collected from 46 European countries show that there were at least 3,762 victims of femicide in Europe in 2020. These figures should be treated with caution. They are not statistically robust and should be regarded as estimates based on the best available sources. As noted above, there is no Europe-wide data collection system or agreed use of the term femicide, so the true number will certainly be higher. Figures from the following nine countries were not available: Lithuania, Luxembourg, Azerbaijan, Belarus, Bosnia & Herzegovina, Georgia, Republic of Moldova, Montenegro and Norway, so the total number actually represents the situation in 37 countries. No 2018 figures were available for Russia, but for 2020 the country delegate reported an estimated 1,577 femicides, based on media monitoring. This statistic for the most populous country in Europe is largely responsible for the substantial increase in total number recorded from 1,070 in 2018 to 3,762 in 2020.

Although no respondents specifically referred to the impact of the pandemic on femicide statistics, the heightened risks for women and curtailment of specialist services made it likely that there would be an increase in femicides. Media reports from European countries seem to bear this out. In Turkey 18 women were killed during the lockdown, leading to a viral hashtag campaign in July. In the UK three times as many women were murdered by men in March 2020 than the decade average for that month, while there were 18 fatalities of women in Spain during the first three months of the year.⁷³

The data presented and analysed in this section were collected through a questionnaire that was circulated among the country delegates in all 46 countries in which the WAVE Network is represented. The respondents were asked to indicate if there are official data on the number of femicide victims available in their countries. They were also asked to provide the number of femicide victims identified in their countries in 2018 and give information about the relationship between victims and perpetrators. The following perpetrator categories were included in the questionnaire: current or former intimate partner, other family member, acquaintance and other. The information provided by delegates was supplemented by desk research.

Most of the information collected by respondents is based on official homicide statistics as provided by police and government agencies. Some countries do not disaggregate these statistics by sex or age, and even when this is available, there is often no information concerning the relationship between victim and perpetrator. It is thus difficult to distinguish numbers of intimate partner or family-related femicide victims from the total recorded female homicides (some of which may be femicides by acquaintances or strangers and committed in private or public settings, while others may be non-femicide killings).

72 Magdalena Grzyb, Marceline Naudi and Chaime Marcuello-Servós (2018). 'Femicide Definitions' in Shalva, Consuelo and Naudi eds. *Femicide Across Europe: Theory, Research and Prevention*. Bristol, Policy Press.

73 Katerina Standish & Shalva Weil (2021) *Gendered pandemics: suicide, femicide and COVID-19*, *Journal of Gender Studies*, 30:7, 807-818

In the 2019 WAVE Country Report, only two countries, France and Spain, were reported to make specific femicide statistics available. That remains the case. In both countries, this refers only to women killed by current or former partners, or other family members. In France, the term is recognised and integrated, and official numbers of victims have fallen in 2020, but feminist NGOs urge caution and claim that there are more cases that should have been included in the figure.⁷⁴

In no other country are femicides officially recorded, so the information gathered for this report has relied on a combination of data based on variables which are not consistent across countries, often supplemented by initiatives of women's NGOs to collect and highlight femicides. They undertake media monitoring to gather information about the killing of women. As noted by the new Special Rapporteur on Violence Against Women in her statement to the 76th session of the UN General Assembly in October 2021, many countries, including in Europe, have made good progress in creating femicide watches, through the sharing of examples and good practice.⁷⁵ The UK Femicide Census and Counting Dead Women website is widely commended as an outstanding example of such initiatives.⁷⁶ However, progress has been uneven, and although more data is being collected and disseminated through such monitoring initiatives, it is often not comparable, and sometimes focuses on intimate partner femicide to the exclusion of women killings in other contexts. Countries, where feminist NGOs, journalists, or other research have been mainly responsible for monitoring, collecting information and providing estimates include Austria, Belgium, Bulgaria, Denmark, Italy, Netherlands, Poland, Portugal, Slovenia, Sweden, North Macedonia, Russia, Serbia and Turkey. In Ukraine, women's organisations have frequently pressed for official collection of data or a femicide watch, but so far to no avail. An NGO plans to create a monitoring project in 2021 and is currently conducting research.

Collecting and disseminating data is not an end in itself, but a powerful tool to assess the level of gender-based violence against women in order to improve legislation, policy and practice responses to all forms of violence against them. Detailed research and modelling based on both quantitative and qualitative data demonstrate how productive good information about femicide can be in identifying risk and opportunities for effective intervention and prevention measures – especially in situations where systematic partnership working between key agencies (both public institutions and NGOs) enable effective risk assessment.⁷⁷ This work clearly has the potential to save lives and is urgently required if states are to be accountable for protecting women from preventable killing. Research indicates that many murdered women had previously reported their partner's abusive, violent or controlling behaviour to the police, and/or had received support from women's services or other agencies, and a number of questionnaire respondents noted that some victims had indeed been on the radar of agencies. Where murdered women were not known to the authorities, it is often the case that family and/or friends were aware of the violence occurring. An effective strategy to prevent violence against women would recognise the importance of identifying women at high risk, and men whose extreme possessive, coercive controlling behaviour and/or stalking suggests they may represent a serious threat to women's lives. This may also be true for some habitual perpetrators of sexual violence. Gender-based murders of women are rarely random or inexplicable.

Conclusions

As in 2019, the data on femicide collected for this report show that there are serious gaps in the availability and comparability of data concerning the recorded number of femicide victims in the 46 countries surveyed, including the relationship between victims and perpetrators, and the context of the killings. Delegates from more countries were able to provide information for this report, even if based on estimates. Data on the number of femicide victims were not available in nine of the countries surveyed (two EU Member States and seven other European countries outside the EU) compared with 15 countries in 2019. The relationship between victims and perpetrators is not systematically recorded in the homicide data of all countries, and even basic disaggregation by sex is not provided in some countries. Where data on the number of femicide victims is available, only those victims who were killed by current or former intimate partners and other family members are included. This omits victims who were killed by perpetrators outside the family sphere, whether by acquaintances or unknown persons.

⁷⁴ [France announces sharp drop in femicides, but NGOs say it's too early to rejoice \(france24.com\)](https://france24.com)

⁷⁵ Statement by Reem Alsalem, October 5 2021 [OHCHR | Statement to 76th Session of the UN General Assembly Third Committee Item 29\(a-b\): Advancement of women](https://www.ohchr.org/en/press-releases/2021/10/20211005-statement-reem-alsalem)

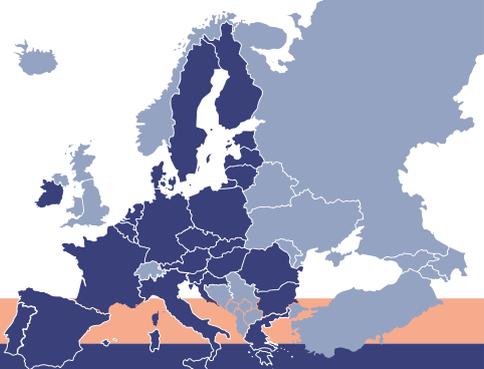
⁷⁶ <https://kareningalasmith.com/the-femicide-census/>

⁷⁷ For example, the work of Jane Monckton-Smith, utilising data from the UK Femicide Census to develop a homicide timeline which identifies a remarkably consistent pattern of behaviours among men who kill partners. See her 2021 book, *In Control: Dangerous Relationships and How They End in Murder*.

Recommendations

- It is of great importance that a basic level of vital information is recorded in the official homicide statistics of all European countries. The minimum requirement is the disaggregation by sex of victims and perpetrators, and that the relationship, if any, of victim and perpetrator is recorded.
- Countries are urged to comply with the recommendation of the UN Special Rapporteur that a femicide watch initiative should be established (where it does not already exist) to monitor and highlight femicides, as a resource to improve policies, and to raise awareness of gender-based women killing as fatal manifestations on the continuum of violence against women. Current examples of good practice could be adapted to ensure the development of appropriate and useful models in different national contexts.
- The work of the European Observatory on Femicide should be supported to facilitate effective international collaboration.
- Femicide should be named and integrated into national strategies and policies to address violence against women, with actions identified to minimise and prevent such deaths.

TABLE 12: Estimated number of femicide victims in 46 European countries (2020)



	Estimated number of femicide victims
Europe (46)	3,762
EU Member States (27)	1,225
European countries outside the EU (19)	2,537

TABLE 13: Estimated number of femicide victims in EU Member States (2020)

Country	Estimated number of femicide victims	Data collected by the state (official sources) and/or other entities
Austria	31 ⁷⁸	No official data on femicide. The Police Crime Statistics state how many women are murdered yearly.
Belgium	24 ⁷⁹	No official data on femicide. Homicide data collected by the Belgian Federal Police without making male/female distinction.
Bulgaria	27 ⁸⁰	No official data collected on femicide.
Croatia	12 ⁸¹	Data collected by the Ministry of Interior.
Republic of Cyprus	4 ⁸²	No official data about femicide, the Police collects data on homicide. Additional information about each case is not publicly available.
Czech Republic	32 ⁸³	No official data on femicide.
Denmark	12 ⁸⁴	Data on the number of women killed is available to the public through National Statistics. Data on the relationship between the victims and their perpetrators are available upon request to the National Police.
Estonia	16 ⁸⁵	Data on domestic violence killings is collected by the Ministry of Justice.
Finland	16	Data collected by the state through Statistic Finland.
France	90	Data on the number of killings of women by current or former intimate partners are collected by the Ministry of Interior.
Germany	117 ⁸⁶	Data collected by Federal Criminal Police Office. They do not use the term 'femicide'.
Greece	10 ⁸⁷	No official statistics on femicide. Data based on number of women victims of voluntary manslaughter in connection to the law on domestic violence 3500/2006.
Hungary	99 ⁸⁸	No official data on femicide. Homicide data collected by the Unified Criminal Statistical System of the Investigation Authority and Prosecution Service (ENYÜBS), making male/female distinction.
Ireland	3	No official data on femicide. Data collected by the NGO <i>Women's Aid</i> under its "Femicide Watch" initiative.
Italy	102 ⁸⁹	Data collected by women's NGO <i>Casa delle donne per non subire violenza</i> . The government collects homicide data making male/female distinction.

78 The number provided by the state does not consider the relationship between victim and perpetrator and the gender-based nature of the crime. Women's organisation AÖF counted 24 femicides, which is an estimated number based on media monitoring.

79 Data was collected from a blog by a women's NGO. It is estimated that the majority were killed by current or former intimate partners.

80 Most cases are reported by the media; therefore, there is no precise information.

81 This number only covers the first eight months of the year. Four women were killed by current or former intimate partners.

82 The European Observatory on Femicide (EOF) collects data on femicide based on media monitoring and verifies them with the police.

83 This is the number of women killed by a family member.

84 Estimate based on research that states that on average, 12 femicides take place every year in Denmark. According to National Statistics, 17 women were killed in 2020, but it is uncertain how many of these killings were gender-related.

85 Number of all women killed in 2020.

86 Data available for 2019.

87 The majority were killed by current or former intimate partners.

88 Number of women victims of homicide and bodily harm causing death.

89 The majority (69,5%) were killed by current or former intimate partners.

Country	Estimated number of femicide victims	Data collected by the state (official sources) and/or other entities
Latvia	13 ⁹⁰	No official data on femicide. The estimated number of femicide victims can only be derived from the crime statistics on murders and attempts of murder.
Lithuania	N/A	No official data on femicide, only on homicide.
Luxembourg	N/A	No official data on femicide.
Malta	1	No official data on femicide.
Netherlands	33 ⁹¹	No official data on femicide.
Poland	400 ⁹²	No official data on femicide.
Portugal	30 ⁹³	No official data on femicide. Feminist NGO UMAR collects data on femicide victims by conducting media monitoring.
Romania	42 ⁹⁴	No official data on femicide.
Slovakia	32 ⁹⁵	No official data on femicide. The estimated number of femicide victims can only be derived from the crime statistics on murders and killings.
Slovenia	9 ⁹⁶	No official data on femicide. Women's NGOs are collecting data on femicide victims by conducting media monitoring.
Spain	45	Data collected by the Ministry of Equality concerning the number of women killed by current or former intimate partners. ⁹⁷
Sweden	25 ⁹⁸	The Swedish National Council for Crime Prevention annually gathers statistics on homicide victims (including women victims of homicide).
TOTAL EU	1,225	

TABLE 14: Estimated number of femicide victims in European countries outside the EU (2020)

Country	Estimated number of femicide victims	Data collected by the state (official sources) and/or other entities
Albania	9	State police collects data on domestic violence killings, including the relationship between victim and perpetrator.
Armenia	12	The data is collected by the Coalition to Stop Violence against Women and by the police.
Azerbaijan	N/A	No official data on femicide.
Belarus	N/A	No official data on femicide.
Bosnia & Herzegovina	N/A	No official data on femicide.
Georgia	N/A	No official data on femicide.
Iceland	2 ⁹⁹	No official data on femicide.
Kosovo	6	Police collects data on women killed by intimate partners.

90 Based on data presented by the Ministry of Interior in 2018.

91 Based on the efforts of investigative journalism in 2019.

92 Estimated by Women's Rights Centre (WRC); the organisation considered domestic violence cases that were classified as murder, suicide, and battering resulting in death.

93 Data available from 01/01/20 to 15/11/20. Sixteen women were killed by the current/former intimate partner. Report available at: http://www.umarfeminismos.org/images/stories/oma/Infografia_datos_preliminares_2020.pdf

94 Number of women killed in 2020.

95 The data represents the total number of female victims of the detected crimes of murder and killing as defined in the Penal Code (Act no. 300/2005 Col.) by the police in 2020.

96 Estimated number based on media monitoring.

97 Data available at: <https://violenciagenero.igualdad.gob.es/violenciaEnCifras/home.htm>

98 The estimate is based on the annual report of the Swedish National Council for Crime Prevention, which states that 25 women were murdered in Sweden in 2020, and 13 of them were murdered by an (ex)partner. Aftonbladet (a Swedish daily newspaper) also published a database with names and stories of women murdered in Sweden since January 1, 2000. The database is being gradually updated, though no updates on cases from 2020 have been made when this data was collected (June 2021).

99 Data collected by women's NGOs.

Country	Estimated number of femicide victims	Data collected by the state (official sources) and/or other entities
Liechtenstein	0	The State Police collects data on femicide.
North Macedonia	4	No official data on femicide. Women's NGOs collect data about femicide.
Republic of Moldova	N/A	No official data on femicide.
Montenegro	N/A	No official data on femicide.
Norway	N/A	N/A
Russia	1,577 ¹⁰⁰	No official data on femicide. The Russian Federal State Statistics Service collects data on the number of male and female victims of criminal infringements.
Serbia	26 ¹⁰¹	No official data on femicide. Autonomous Women's Centre is collecting data on femicide victims by conducting media monitoring.
Switzerland	87	No official data on femicide collected by the Federal Statistics Office.
Turkey	284 ¹⁰²	No official data on femicide. Women's NGOs are collecting data on femicide victims by conducting media monitoring.
Ukraine	376 ¹⁰³	No official data on femicide.
United Kingdom	154 ¹⁰⁴	Data collected by the Femicide Census, through 'The Counting Dead Women Project'.
TOTAL Non-EU	2,537	

100 According to Femicid.net (Russian anti-femicide project) that determined the estimate by conducting media monitoring.

101 Estimated number based on media monitoring. Nineteen women were killed by their current/former intimate partner, six by family members and one by acquaintance.

102 Estimated number based on media monitoring.

103 According to the statistics collected by the State Judicial Administration of Ukraine, there were 748 court proceedings related to homicide in 2020, and 376 of victims were women, which can be considered an estimated number of femicide victims.

104 Data available for 2018. It includes the number of victims for England, Northern Ireland, Scotland and Wales. The majority of women were killed by a current or former intimate partner.

Country profiles

ALBANIA

GENERAL COUNTRY INFORMATION

Population	2,845,955
Female population	1,425,342
Member of Council of Europe (year)	1995
Member of European Union (year)	No
Member of United Nations (year)	1955
CEDAW ratified (year)	1994
CEDAW optional protocol ratified (year)	2003
Istanbul Convention signed (year)	2011
Istanbul Convention ratified (year)	2013



SUMMARY

There is one national women's helpline in Albania, operating free of charge and available 24/7. Therefore, Albania **does meet** the standards of the Istanbul Convention for the provision of a women's helpline. There are twenty shelters accessible to women survivors of VAW, and eight of these are women-only. Albania **does not meet** the standards of the IC for women's shelters, missing 46% of the necessary beds. There is one rape crisis centre in the country, providing support to survivors of sexualised violence.

The state does collect data on women's specialist support services, which is available upon request.

SERVICES FOR WOMEN SURVIVORS OF VIOLENCE

1. NATIONAL WOMEN'S HELPLINES

Total Number	Free of charge	24/7 service	Multilingual support	Total number of callers in 2020
1	Yes	Yes	Yes	6,567

There is one national women's helpline in Albania, the National Counselling Line for Women and Girls (*Linja Kombetare e Keshillimit per gra e vajza*, tel.: +355 116117). The helpline provides services in Albanian, English, and Italian for all types of violence against women. It is supported by government funding, donations, and international funding. In 2020, the helpline received 6,567 phone calls, conducted 650 face-to-face counselling sessions, provided legal assistance and support during the court procedures for 750 cases. The three main forms of abuse brought up by the callers are psychological abuse (57% of the cases), physical abuse (42%), and sexual abuse (31%). Sexual violence reporting rates remain low.

There is one regional helpline that covers Durrës and Tirana County. They also receive calls from other cities. It is run by the Community Center "Today for the Future", and during 2020 it received 189 phone calls from the Durrës area, 152 from Tirana and 74 from other cities. Two other regional helplines have been closed in 2019, due to a lack of funds. In 2020 a mobile application called Find Your Voice (*GjejZa*) was launched to provide a series of numbers (such as the national or local women's helplines) that can be used by women and girls whenever they face threats to be harassed or are harassed and need advice in cases of VAW. In Albania, there is the National Helpline Centre for the Treatment of Domestic Violence cases and the National Reception Centre for the victims of trafficking, including women and girls.

2. SHELTERS ACCESSIBLE TO WOMEN

Total number of women-only shelters	Total number of all shelters accessible to women	24/7 access	Existing number of beds	Number of beds missing	% of beds missing	Current number of population per bed
8	20	All	153 ¹	132	46%	18,601

¹ The number of beds refers only to the eight women-only shelters, as reported by the GREVIO Baseline Evaluation Report for Albania, p. 39.

There are 20 shelters accessible to women in Albania, and eight of these are women-only shelters. Four women-only shelters provide immediate and safe long-term accommodation for women and their children, four others provide immediate and safe short-term accommodation. In both cases, women do not have to pay for their accommodation. On average, women, girls, and people from the LGBTQ+ community stay in the shelters for between three and six months. The shelters are funded by the state, donations, and international funds. The shelters in Tirana, Vlora, Shkodra, Elbasan and Korca are run by women's NGOs and the National Shelter for Women and Girls is run by a public institution. The most active women's NGOs with a feminist and gender-specific approach are organised within two networks: The Network against Gender-Based Violence and Trafficking (NaGVT) and the Albanian Women's Empowerment Network (AWEN).

The services provided in the women's shelters include casework, counselling, referral to or collaboration with other services, practical advice, legal advice, with a predominance for counselling and legal advice. The main reason for having to decline referrals is the lack of space/capacity to support the survivors and to accommodate them, with or without their children. The most common types of violence reported by clients of women's shelters are physical, sexual, psychological, and economic. In Albania, there are two shelters for specific groups of women: an LGBTQ+ shelter and the National Centre for women victims of human trafficking, where survivors of trafficking from different nationalities are supported too.

3. WOMEN'S CENTRES

Total number of centres	Types of centres	Types of services provided
13	For all survivors of violence, including women survivors of VAW	Legal advice, referrals, representation at court/police/social services, specialist support (including for survivors of SV)

There are 13 women's centres in Albania. They are run by women's NGOs, except for the National Center for the Treatment of Victims of Domestic Violence, which is run by the government. Most centres provide non-residential support services. Support provided by women's centres includes human trafficking support, legal advice, referrals, representation at court, social services, and specialist support for survivors of sexualised violence, such as needs assessments, specialist psychological care, as well as community awareness and education for prevention. The Vatra Centre in Vlora and the Different and Equal Centre in Tirana each provide specialised support for women survivors of trafficking. The Centre for Legal Civic Initiatives (CLCI) and the Tirana Legal Aid Society Centre (TLAS) are focused on providing legal advice to survivors of VAW. Centres are financed by public funds, donations, and international funds. They are only present in the major cities.

Public social services are provided in 30 residential centres and 119 community/day care centres, while non-public social services are provided by non-profit or religious organisations in 86 community/day care centres and 41 residential centres; in total there are 276 centres of different types. In 2019, the number of beneficiaries of public residential and day care services provided by the state was 1,716 and the number of children benefiting from alternative foster care and non-residential services increased by 13%, while the rate of the population accessing the basic social services package is 0.5%.

4. SUPPORT SERVICES FOR SURVIVORS OF SEXUALISED VIOLENCE (SV)

There is one rape crisis centre in Albania, the Liliium Centre, based in Tirana. There are no other specialised medical crisis services or specialised helplines. Support provided in the Liliium Centre consists of specialised forensic and medical care, needs assessment for the survivor, specialised psychological care, specialised sexual violence advocacy, awareness-raising and primary prevention education. Services supporting survivors of sexualised violence receive government funding, donations, and international funding and provide support to women, young women, and children.

COVID-19 PANDEMIC AND ITS IMPACT ON WOMEN'S SPECIALIST SUPPORT SERVICES

In Albania, the pandemic has had a negative impact on employment, incomes, social life and violence against women and girls, which increased during the lockdown. The public health emergency caused by the COVID-19 pandemic dictated a reorganisation and reallocation of resources in order to respond rapidly and mitigate the consequences. Combating violence against women and domestic violence remained a priority for the Albanian government. Specialised support services for women continued to work with the help of funds from private donors and the government. A report prepared by the Gender Alliance for Development Centre (GADC) on Fiscal Gender Analysis in the time of the COVID-19 pandemic found a lack of gender-disaggregated specific data. A poor level of transparency was noticed in the design phase and in the implementation phases of the measures undertaken by the government in response to the COVID-19 pandemic, and this led to the drafting of ineffective measures and policies.

Since the beginning of the pandemic, women's NGOs have done their utmost to ensure that women and children in shelters were not left alone. Psychologists and social workers supported them with direct services. The NGO response was immediate and effective in addressing the needs of survivors.

In April 2020, Law No. 125/2020 was amended to address the situation created by the pandemic and ease and speed up the process of issuing protection orders in cases of domestic violence. According to the amendment, when a state of emergency is declared throughout the territory of the country or a part thereof, the head of the responsible State Police structure shall be in charge of issuing orders for preliminary protection measures and emergency protection orders.

ARMENIA

GENERAL COUNTRY INFORMATION

Population	2,959,694
Female population	1,562,689
Member of Council of Europe (year)	2001
Member of European Union (year)	No
Member of United Nations (year)	1992
CEDAW ratified (year)	1993
CEDAW optional protocol ratified (year)	2006
Istanbul Convention signed (year)	2018
Istanbul Convention ratified (year)	No



SUMMARY

There is no national women's helpline in Armenia, although there are a number of regional helplines supporting women survivors of violence. Therefore, Armenia **does not meet** the Istanbul Convention standards for provision of a national women's helpline. There are two women-only shelters in the capital city of Armenia and two other shelters accessible to women, with in total 24 beds. Armenia **does not meet** the IC standards for the provision of women's shelters as 94% of the necessary bed spaces are missing. There are 15 women's centres and one support service for survivors of sexualised violence in the country. The state does collect data on women's support services, which is not public, but available upon request. The state is currently creating an online database which intends to show gaps in the police, investigators, courts and domestic violence support services. The aggregated data will be made available to the public in 2022. Women's support services are collaborating with the state in order to create such a database in accordance with international standards of confidentiality.

SERVICES FOR WOMEN SURVIVORS OF VIOLENCE

1. NATIONAL WOMEN'S HELPLINES

Total Number	Free of charge	24/7 service	Multilingual support	Total number of callers in 2020
0	-	-	-	-

There is no national women's helpline in Armenia. The Ministry of Social Affairs runs a national helpline (tel.: +374 114 and 119) which is not specialised but can refer domestic violence cases to regional helplines, according to the location of the survivor. In the future, staff will receive training on how to refer calls from 119 to domestic violence support services. There are 13 regional helplines, which are run by the domestic violence support services. These helplines received 6,113 calls in 2020. The main types of violence reported by callers in 2020 were physical, psychological, and economic violence.

There are a number of other regional helplines in Armenia including: Spitak Human rights (tel.: +374 93252017), Women's Rights House (tel.: +374 77570870), *Arevamanouk* (tel.: +374 77159470), Women's Community – *Martuni* (tel.: +374 94876502), Gavar (tel.: +374 94876505), Sose (tel.: +374 98848453), Women's Empowerment Resource Center NGO (tel.: +374 77380053), You Are Not Alone (tel.: +374 98886077), Young Tavush (tel.: +374 099788770), Young Avanguard (tel.: +374 93574657), *Talin-Huys* (tel.: +374 91482035), Women's Rights Center (tel.: +374 91416249), and Women's Support Center (tel.: +374 99887808).

2. SHELTERS ACCESSIBLE TO WOMEN

Total number of women-only shelters	Total number of all shelters accessible to women	24/7 access	Existing number of beds	Number of beds missing	% of beds missing	Current number of population per bed
2	4	Yes	31	265	90%	95,474

In Armenia, there are two domestic violence shelters that are only accessible to women, run by the Women's Support Centre and operating with a feminist and gender-specific approach. The women-only shelters are located in Yerevan, the capital city, and offer 24 beds and additional bunk beds for children. The shelters are also open to women with physical disabilities, transgender and lesbian women, and older women. Women are not expected to pay for their accommodation and receive food, hygiene products, clothes, and other amenities. The women-only shelters are financed through state funding and private donations. Women usually stay in the shelters for a period of three to six months. However, if the survivor has security issues, there is no limit to her stay. The shelters offer services such as casework, counselling, referrals, practical and legal advice services. They also run self-help groups, sexual and reproductive rights group sessions, and parenting skills training. Shelters cannot offer support to women who have substance abuse problems or a psychiatric diagnosis. The three most common types of violence reported by clients to the women-only shelters are physical, psychological, and economic violence.

There is also a shelter for unmarried women with children up to the age of two, which does not operate under a feminist approach and one shelter for survivors of trafficking, which have seven available beds. These shelters can also offer accommodation to survivors of VAW, if the other shelters do not have availability. The country has no other specific shelters for women from marginalised groups.

3. WOMEN'S CENTRES

Total number of centres	Types of centres	Types of services provided
15	Only for women survivors of VAW	Counselling/psychological support, legal advice, financial and social welfare support, housing/employment advice, referrals, representation at court/police/social services, specialist support (including for survivors of SV)

In Armenia there are 15 domestic violence (DV) support centres, including one centre for women survivors of trafficking, and one centre for LGBTQ+ survivors. In 2019, the organisation Women's Support Center was mandated by the Ministry of Social Affairs to map out women's organisations which are capable and willing to work with domestic violence survivors. Identified NGOs then received training on a regular basis in order to assist and support survivors of DV. As a result, 11 new centres were opened in Armenia, which are partially subsidised by the state. The DV support centres offer counselling, psychological support, legal advice, financial and social welfare support, housing and employment advice, referrals and representation at court, police, and social services. Women's centres can also provide specialist support for survivors of sexualised violence, including forensic and medical care, needs assessment, specialist psychological care, as well as community awareness and education for prevention. One women's centre also provides residential support to survivors. In 2020, between 1,000 and 1,300 women were helped in all regions. Women's centres are funded by the state, donations, and international funding.

4. SUPPORT SERVICES FOR SURVIVORS OF SEXUALISED VIOLENCE (SV)

There is one rape crisis centre in the country, the Sexual Assault Crisis Centre (SACC), which is located in Yerevan and provides medical and crisis services to women, young women/children and other population groups. However, all women's centres can assist survivors of sexualised violence. The rape crisis centre provides specialist forensic and medical care, needs assessment, specialist psychological care, specialist SV advocacy services, and community awareness and education for prevention and primary prevention. They operate thanks to donations and international funding.

COVID-19 PANDEMIC AND ITS IMPACT ON WOMEN'S SPECIALIST SUPPORT SERVICES

The COVID-19 pandemic had an impact on specialised support services for women in Armenia. The situation was particularly challenging for women's shelters which had to deal with the COVID infections of women staying in the shelters. International donors further supported women's support services with hygiene products, masks, protective equipment, and tests.

In the capital city, inspectors and police agreed to take depositions directly at the Women's Support Center, to avoid crowds and public transport for the survivors. Courts were closed during the periods of lockdown.

AUSTRIA

GENERAL COUNTRY INFORMATION

Population	8,901,064
Female population	4,522,292
Member of Council of Europe (year)	1956
Member of European Union (year)	1995
Member of United Nations (year)	1955
CEDAW ratified (year)	1982
CEDAW optional protocol ratified (year)	2000
Istanbul Convention signed (year)	2011
Istanbul Convention ratified (year)	2013



SUMMARY

There is one national women's helpline in Austria that operates 24/7, is free of charge and provides multilingual support. Therefore, the country **does meet** the Istanbul Convention standards for the provision of a women's helpline. There are 30 women's shelters throughout the country with 791 beds available, which corresponds to 11% of the necessary bed spaces missing: Austria **does not meet** the IC standards for the provision of women's shelters. There are 34 women's centres located in most regions and eleven counselling centres for survivors of sexualised violence. Some networks of women's support services have developed national data collection systems and publish the data annually. State agencies funding women's support services often require services to collect data, but do not compile or publish it.

Women's support services, migrant women services and other NGOs have established the Alliance Living FREE of violence,² a lobbying platform aiming at the full implementation of the Istanbul Convention and the GREVIO report in Austria. The Alliance underlines the severe underfunding for the support of women survivors of violence and their children, and calls upon the government to provide a minimum of 228 million Euro for the prevention of VAW and the support and protection of survivors, as well as to develop and implement effective measures to address the rising numbers of femicides in Austria.

SERVICES FOR WOMEN SURVIVORS OF VIOLENCE

1. NATIONAL WOMEN'S HELPLINES

Total Number	Free of charge	24/7 service	Multilingual support	Total number of callers in 2020
1	Yes	Yes	Yes	10,571

There is one state-wide women's helpline in Austria called Women's Helpline against Violence (*Frauenhelpline gegen Gewalt*, tel.: +43 800222555). It is free of charge, operates 24/7 and offers multilingual support in Arabic, Bosnian-Croatian-Serbian, English, German, Romanian, Spanish and Turkish. The main source of funding of the helpline is provided by the state, which covers about 95% of the funding, followed by donations. In 2020, the number of callers was 10,571, with an increase of 23% compared to the previous year. The helpline offers support for all forms of violence against women addressed in the Istanbul Convention. Financial violence and psychological violence increased significantly due to the COVID-19 pandemic and the lockdowns, with many callers expressing the fear and/or impossibility to leave the perpetrator or to file a divorce. Additionally, in Austria there are six regional helplines supporting survivors of VAW.

2. SHELTERS ACCESSIBLE TO WOMEN

Total number of women-only shelters	Total number of all shelters accessible to women	24/7 access	Existing number of beds	Number of beds missing	% of beds missing	Current number of population per bed
30	32	Most	791	99	11%	11,253

² For more information: <http://www.gewaltfreileben.at/en/>

There are 30 women-only shelters in Austria with 791 beds available for women and their children. Women-only shelters exist in major cities in all nine federal states and most of them offer 24/7 access. Women who have an income are expected to pay a small monthly fee according to their possibilities, while women without financial means can stay in the shelter for free. The types of in-house services that are most often provided by the women's shelters are casework, practical advice, and legal advice. The length of the women's stay in the shelter varies from a few days to several months, with most women staying between one and six months. The main source of funding for women-only shelters is state funding. There are two women's shelters networks in Austria: The Autonomous Women's Shelters Network (*AÖF - Verein Autonome Österreichische Frauenhäuser*), which includes 15 of the existing shelters, and the Association of the Austrian Women's Shelters (*ZÖF – Zusammenschluss Österreichischer Frauenhäuser*), which includes 11 shelters. Both networks apply a gender-specific approach. The remaining four shelters do not belong to these networks and are run by organisations like Caritas.

Moreover, the association Orient Express runs one shelter in Vienna for girls and women under the age of 24 who are affected by forced marriage, offering eight beds for women and two emergency beds, and the association LEFÖ-IBF runs a shelter for victims of trafficking. In Austria there are also other shelters that occasionally provide support to women survivors of VAW, however, they do not provide services targeted at women survivors of male VAW and cannot be counted as women's shelters. The main reasons for having to decline referrals in women's shelters were homelessness, regional laws and regulations concerning accommodation in a federal state other than where the survivor comes from, mental health issues, pets, and drug addiction.

3. WOMEN'S CENTRES

Total number of centres	Types of centres	Types of services provided
34	Only for women survivors of VAW; for all survivors of violence including women	Counselling/psychological support, specialist support, legal/housing/employment advice, financial and social welfare support, referrals, representation at court/police/social services, specialist support for survivors of SV

There are 34 women's centres in Austria, located in most regions. Nine of these are intervention centres, serving predominantly women survivors of violence and their children, if any. Intervention centres apply a gender-specific and proactive approach and support survivors after police interventions. The police have to inform the centres about every emergency barring order, and the centres contact all survivors proactively and offer support. Approximately nine other centres provide specialist support in cases of forced marriage, honour-based violence, female genital mutilation, trafficking in persons, and support black and minority ethnic women, women with disabilities, migrant and refugee women. There is one counselling centre for women with disabilities. Twenty-nine women's centres are run by women's NGOs, while five are run by other NGOs. Women's centres in Austria offer counselling and psychological support, legal/housing/employment advice, financial and social welfare support, referrals, representation at court/police/social services. Women's centres also provide specialist support for survivors of sexualised violence, such as needs assessment, specialist psychological care and specialist advocacy services. Funding for women's centres come from state funding, donations and international funding. Women's centres in Austria support approximately 30,000 women per year.

4. SUPPORT SERVICES FOR SURVIVORS OF SEXUALISED VIOLENCE (SV)

There are nine specialised counselling centres for survivors of sexualised violence located in six of the nine Austrian provinces. In Vienna, there is also a counselling centre specifically for girl survivors of sexualised violence *Mädchenberatung* and an NGO *NOTRUF – Beratung für vergewaltigte Frauen und Mädchen* specialised in counselling, crisis intervention, psychosocial and legal assistance for women and girls. Additionally, both the women's centres and the national women's helpline offer a holistic approach and also support survivors of sexualised violence. The law also requires hospitals to establish specialist victims' protection groups *Opferschutzgruppen*, involving doctors and nurses.

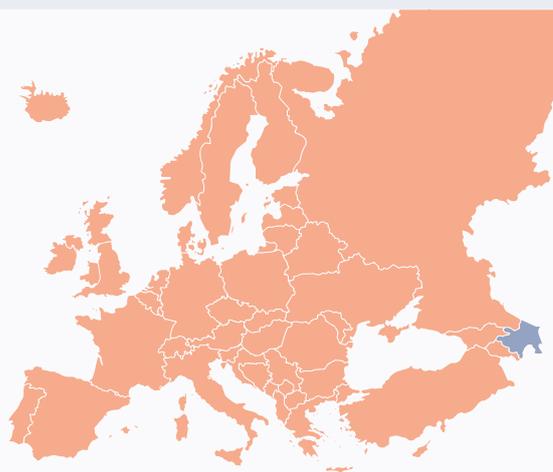
COVID-19 PANDEMIC AND ITS IMPACT ON WOMEN'S SPECIALIST SUPPORT SERVICES

The COVID-19 pandemic exacerbated the lack of adequate resources for women's specialist support services in Austria. On one side women's NGOs were working under increased stress and pressure, on the other side violence against women increased during the lockdowns, and the access to support services was more difficult for survivors. The funding to intervention centres remained the same during the pandemic, while the Network *AÖF* received some additional funding for their online counselling chat and the women's helpline. At the beginning of the pandemic, police reports about violence increased, but they decreased again in Autumn. According to women's centres, this does not reflect a decrease in VAW, but probably a lack of attention and support by statutory services.

AZERBAIJAN

GENERAL COUNTRY INFORMATION

Population	10,067,108
Female population	5,039,100
Member of Council of Europe (year)	2001
Member of European Union (year)	No
Member of United Nations (year)	1992
CEDAW ratified (year)	1995
CEDAW optional protocol ratified (year)	2001
Istanbul Convention signed (year)	No
Istanbul Convention ratified (year)	No



SUMMARY

There is currently no national women's helpline in Azerbaijan, meaning that the country **does not meet** the standards of the Istanbul Convention for the provision of a national women's helpline. There are ten shelters accessible to women in Azerbaijan, of which two are women-only, offering a total of 420 beds. Azerbaijan, therefore, **does not meet** the standards for the IC provision of national women's shelters as 570, or 58%, of beds are currently missing. There are 18 women's centres located throughout all regions, providing a variety of support. However, there are no rape crisis centres or sexual violence referral centres in Azerbaijan. The state does not collect data on women's specialist support services.

SERVICES FOR WOMEN SURVIVORS OF VIOLENCE

1. NATIONAL WOMEN'S HELPLINES

Total Number	Free of charge	24/7 service	Multilingual support	Total number of callers in 2020
0	-	-	-	-

There is no state-wide women's helpline in Azerbaijan, although there is a helpline for survivors of gender-based violence which is funded through the United Nations. This generic helpline received 860 calls in 2020 and the most common forms of violence reported by callers were physical, social, and psychological. There are no other regional helplines supporting survivors of VAW in Azerbaijan.

There is a helpline for survivors of human trafficking (tel.: +994 12151) which is funded and run by the Ministry of Internal Affairs. This helpline is available 24/7, free of charge, and offers multilingual support. The organisation Public Union "Clean World" AID to Women also runs a helpline for survivors of human trafficking (tel.: +994 125111151), which receives donations from the Ministry of Internal Affairs. Public Union "Clean World" AID to Women also has a helpline supporting survivors of domestic violence (tel.: +994 124085669), which is funded by donations.

2. SHELTERS ACCESSIBLE TO WOMEN

Total number of women-only shelters	Total number of all shelters accessible to women	24/7 access	Existing number of beds	Number of beds missing	% of beds missing	Current number of population per bed
2	10	Yes	420 ³	587	58%	23,969

There are two women-only shelters in Azerbaijan, one in Baku (operated by Public Union "Clean World" AID to Women) and one in Ganja city (operated by TAMAS Regional Development Public Union). In total there are 80 available beds for women survivors of VAW – 55 in Baku and 25 in Ganja. The two shelters offer 24/7 access and women are not expected to pay for their accommodation. Funding for the shelters comes from state funding from national authorities as well as international funding, specifically from the United Nations. The two women-only shelters are both located in a major city, meaning there is a limited geographical coverage.

³ This number includes beds in shelters for vulnerable groups such as homeless people which are accessible to women, but are not specialised in VAW.

On average, women can stay in the women-only shelters for up to one year. The main reason for having to decline referrals was a lack of space or capacity to support the survivor (alone or with her children), although in such cases they were referred to other shelters. The three most common types of violence reported by the clients to the women-only shelters were physical, psychological, and economic. Furthermore, the three types of in-house services most often provided by women-only shelters were referrals, practical advice and legal advice. Other types of services provided included legal assistance, psychological assistance, referral to health organisations, vocational trainings, providing shelter, food, clothes, assistance with employment, and restoration of documents.

There are eight shelters besides the women's only shelters that can provide support to survivors of VAW, and they have 340 bedspaces in total. One shelter for vulnerable groups is run by the Ministry of Labour and Social Protection of the Population and accepts women survivors. However, these shelters are accessible to all survivors of violence as well as homeless people, and not only women. In some emergency cases orphanages also accept mothers and their children.

3. WOMEN'S CENTRES

Total number of centres	Types of centres	Types of services provided
18	For all survivors of violence, including women	Counselling, advice, financial and social support, referrals, representation at court, specialist support (including for survivors of SV)

There are 18 women's centres in Azerbaijan, which are located in all regions, of which 11 are family centres and seven are women resource centres. The centres offer counselling, psychological support, educational trainings, financial and social welfare support, housing advice, employment, referrals and representation in court. Most centres also offer support to survivors of trafficking, forced marriage, honour-based violence, and two centres offer legal advice as well.

In addition to this, 13 women's centres can also provide specialist support for survivors of sexualised violence including specialist forensic and medical care, needs assessment, specialist psychological care, advocacy services and education for prevention. Normally women's centres provide only non-residential support services, but two also provide residential support services, such as emergency accommodation. The women's centres are funded by the state and local authorities, donations (such as trusts and foundations) and international funding.

4. SUPPORT SERVICES FOR SURVIVORS OF SEXUALISED VIOLENCE (SV)

There are no rape crisis centres or sexual violence referral centres in Azerbaijan. However, 13 women's centres across the country do provide services for survivors of sexualised violence including referrals and escorting victims to medical organisations to receive medical services. Additionally, SV services are available for all women (both adult and young) and children. These centres do not provide crisis or medical services themselves, nor do they operate a specialised helpline. Funding for sexualised violence support services comes from state funding, from national and local authorities, donations, and international funding.

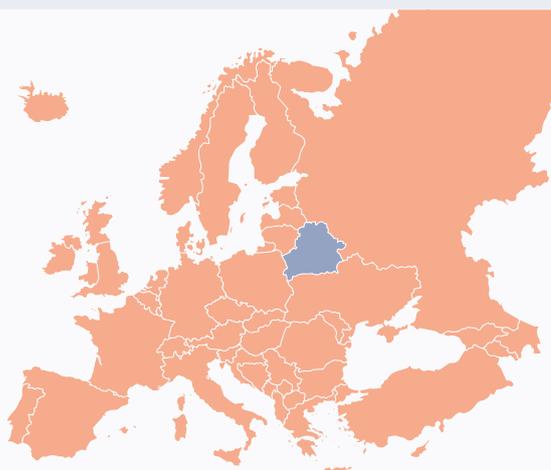
COVID-19 PANDEMIC AND ITS IMPACT ON WOMEN'S SPECIALIST SUPPORT SERVICES

The work of women's specialist support services in Azerbaijan has been affected by the COVID-19 pandemic. Not only has the number of survivors of gender-based violence increased, but the funding to women's specialist support services from both state and other sources has decreased. However, personal protection equipment was provided by UN agencies. Apart from treatment and vaccine provision, minimal support was offered by statutory services, such as the state, police, and social services.

BELARUS

GENERAL COUNTRY INFORMATION

Population	9,408,350
Female population	5,070,289 ⁴
Member of Council of Europe (year)	No
Member of European Union (year)	No
Member of United Nations (year)	1945
CEDAW ratified (year)	1981
CEDAW optional protocol ratified (year)	2004
Istanbul Convention signed (year)	No
Istanbul Convention ratified (year)	No



SUMMARY

There is one national women's helpline in Belarus, however this helpline **does not meet** the Istanbul Convention standards for the provision of a national women's helpline. Belarus has five women-only shelters with in total 72 available beds. Therefore, Belarus **does not meet** the IC standards for the provision of women's shelters, as 869, or 92%, of the recommended number of beds are missing. There are no women's centres in Belarus specifically for women survivors of violence, although there are crisis rooms which can provide support to all survivors experiencing violence. Furthermore, there are no specialised support services for survivors of sexualised violence and the state does not collect data on women's specialist support services.

SERVICES FOR WOMEN SURVIVORS OF VIOLENCE

1. NATIONAL WOMEN'S HELPLINES

Total Number	Free of charge	24/7 service	Multilingual support	Total number of callers in 2020
1	Yes	No	No	1,720

There is one national women's helpline in Belarus, called the National Hotline for Survivors of Domestic Violence (*Общенациональная горячая линия для пострадавших от домашнего насилия*, tel.: +375 8011008801).⁵ The helpline is free of charge but does not operate 24/7 nor does it offer multilingual support. It is run by the International Public Association "Gender Perspectives" (*Международное общественное объединение «Гендерные перспективы»*) and is funded internationally. In 2019, the helpline launched an online chatbot through the messaging platform Telegram, which provides survivors of domestic violence with information and help regarding psychological, legal and social assistance. The chat contains the addresses and phone numbers of both state and public organisations working on domestic violence, provides users with operational information about the possibility to receive various kinds of assistance, including finding a shelter or a crisis room. The three most common forms of violence reported by callers in 2020 were psychological, physical, and economic violence. There are three additional regional helplines supporting survivors of violence against women in Belarus.

2. SHELTERS ACCESSIBLE TO WOMEN

Total number of women-only shelters	Total number of all shelters accessible to women	24/7 access	Existing number of beds	Number of beds missing	% of beds missing	Current number of population per bed
5	5	Some	72	869	92%	130,672

⁴ The most recent available data on Eurostat is from 2018.

⁵ It is important to note that in July 2021 the national helpline was indefinitely suspended due to ongoing political unrest and attacks on human rights defenders. The civil society organisation Gender Perspectives that operated the hotline since 2012 was liquidated by authorities on the 28th of September 2021.

There are five women-only shelters in Belarus, with 72 beds available. Some of these shelters have 24/7 access, and women are not expected to pay for their accommodation. Funding for women-only shelters mainly comes from donations and through international funding. One women-only shelter run by a women's rights organisation was closed in 2017 due to the end of funding for the project. Another women-only shelter run by a faith-based organisation was closed in 2018 due to a lack of resources. Among those shelters that continue working, one is run by the feminist organisation *Radislava* and four others are run by SOS Children Village. One shelter for women and children offers its services in the Mogilev region and all others are in Minsk and the Minsk region. On average, women can stay in the women-only shelters for up to one year.

One shelter is run by an NGO with a feminist approach and another one is run by another NGO. There are no specific shelters for women from marginalised groups such as migrant women, women with disabilities, or BME women. There are also no specific shelters for women survivors of trafficking, honour-based violence, forced marriage or female genital mutilation. The three most common types of violence reported by clients to the women-only shelters were psychological, physical and economic violence. The three types of in-house services most often provided by the women-only shelters were casework, referrals and collaboration with other services and practical advice. Besides the five women-only shelters, there are no other shelters for survivors of VAW.

3. WOMEN'S CENTRES

Total number of centres	Types of centres	Types of services provided
0	-	-

There are no women's centres in Belarus specifically for women survivors of violence. There are, however, some centres which provide non-residential support such as casework, referrals and collaboration with other services, as well as practical advice. Survivors of VAW can receive assistance in 134 so called "crisis rooms" that function as a part of state social centres across the country. Crisis rooms do not offer specialised assistance to VAW survivors, or only to women, but to women and men in different crisis situations.

4. SUPPORT SERVICES FOR SURVIVORS OF SEXUALISED VIOLENCE (SV)

There are no services for women and girl victims of sexualised violence in Belarus.

COVID-19 PANDEMIC AND ITS IMPACT ON WOMEN'S SPECIALIST SUPPORT SERVICES

Women's specialist support services in Belarus were impacted by the COVID-19 pandemic although no official lockdown was introduced in 2020. Gender Perspectives did not register an increased number of calls to the national hotline for domestic violence survivors. However, other shelters in Belarus did experience an increase in clients requesting their services.

The International Committee for the Investigation of Torture in Belarus was created as a reaction of Belarusian and foreign human rights organisations to the torture and brutality towards civilians after the presidential elections on August 9, 2020. Law enforcement applied direct violence against women who participated in peaceful protests, and various forms of inhuman and degrading treatment. Women's needs were ignored in places of detention, COVID-19 sanitary measures were not upheld, and representatives of the state carried out both a direct violation of national legal norms and obligations of the state under international treaties. Sexualised violence against women frequently occurred at different stages of interaction with representatives of law enforcement: at the time of detention, transportation to places of detention, in places of detention, and in places of serving sentences.

BELGIUM

GENERAL COUNTRY INFORMATION

Population	11,522,440
Female population	5,841,215
Member of Council of Europe (year)	1949
Member of European Union (year)	1958
Member of United Nations (year)	1945
CEDAW ratified (year)	1985
CEDAW optional protocol ratified (year)	2004
Istanbul Convention signed (year)	2012
Istanbul Convention ratified (year)	2016



SUMMARY

There is no national women's helpline in Belgium, which therefore **does not meet** the Istanbul Convention standards for the provision of a national women's helpline. However, there are regional helplines offering support to survivors of violence, both in Brussels and Wallonia and in Flanders. There are approximately 38 shelters that are accessible to women, providing a total of 1,863 beds. Therefore, Belgium **does meet** the IC standards for the provision of women's shelters. There are a number of women's centres providing different support services in Belgium, and there are also three sexual violence referral centres and one rape crisis centre. The state in the French-speaking part of Belgium does not systematically collect data on women's specialist support services. Some government departments do collect data on the services they fund, but there are no overall statistics, and the data is generally not publicly available. In Flanders, data on women's specialist support services is available upon request and sometimes (partially) publicly available on the website of the Flemish Parliament.

SERVICES FOR WOMEN SURVIVORS OF VIOLENCE

1. NATIONAL WOMEN'S HELPLINES

Total Number	Free of charge	24/7 service	Multilingual support	Total number of callers in 2020
0	-	-	-	-

There is no national helpline for the entire country of Belgium due to the structural and language differences existing within the country. There are instead distinct helplines for each of the two main linguistic communities (the French-speaking part, Brussels and Wallonia, and the Dutch-speaking part, Flanders).

For the French-speaking part of Belgium, there are three regional helplines: Domestic Violence Helpline (*Écoute violence conjugale*, tel.: +32 80003030), SOS Rape (*SOS Viol*, tel.: +32 80098100), and My Marriage Belongs to Me (*Mon mariage m'appartient*, tel.: +32 80090901). *Écoute violence conjugale* is available 24/7, free of charge, offers a limited chat function, and received a total of 21,704 calls in 2020. *SOS Viol* is a rape crisis helpline which is also available 24/7, free of charge, and received a total of 2,277 calls in 2020. *Mon mariage m'appartient* is a helpline for survivors of forced marriage and is free of charge but has limited opening hours (3 times a week). Funding for women's helplines in the regions of Brussels and Wallonia comes from state funding and local authorities. None of the helplines indicate that they are specifically for women, and in some cases, perpetrators and third parties can receive support and information. However, all three helplines are run by feminist organisations with a gender-specific approach. The helplines in Brussels and Wallonia are not multilingual, as the helplines are regional rather than national, and are situated in the French-speaking part of Belgium. In addition to these regional helplines there is also a group of government-initiated, volunteer-run helplines called Listening Ears (*Luisterende Oren*) which offer support to survivors of domestic violence in 24 languages (individual phone numbers available by language).

In Flanders there is a helpline (tel.: +32 1712) to report any kind of violence and (child) abuse, which is available to all survivors of violence (and not just women). The helpline is run by the Centres for General Welfare Work (*Centra voor Algemeen Welzijnswerk – CAW*) and Child Abuse Trust Centres (*Vertrouwenscentra kindermishandeling – VK*). The helpline is state-funded, free of charge, and offers multilingual support in Dutch, English and French, but it is not available 24/7. In

2020, a total of 8,059 unique calls were made to the helpline regarding 11,305 (potential) survivors. Of these, 6,407 related to child abuse, 2,110 to intimate partner violence (84% of survivors were women), and 428 to highly conflictive divorces. There is another regional helpline in Belgium supporting survivors of violence, Tele-Reception (*Tele-Onthaal/Télé-Accueil/Telefonhilfe*, tel.: +32 106/ 107/ 108) which is available 24/7 and also offers a chat. The helpline is a general support line run by volunteers for all possible questions, including survivors of all kinds of violence.

2. SHELTERS ACCESSIBLE TO WOMEN

Total number of women-only shelters	Total number of all shelters accessible to women	24/7 access	Existing number of beds	Number of beds missing	% of beds missing	Current number of population per bed
12 ⁶	38 ⁷	Most	1,863	0	0%	6,185

In the French-speaking part of Belgium, there are five women-only shelters, two in Brussels and three in Wallonia⁸. The women-only shelters have in total 152 beds (58 beds in Brussels and 94 in Wallonia) and all offer 24/7 access. Funding for women-only shelters comes from the state as well as donations. Women are expected to pay for their accommodation in the shelters, meaning that undocumented women without sufficient income have limited access to women-only shelters. However, some feminist women-only shelters use donations to bridge the gap in funding. Four women-only shelters are run by women's NGOs with a gender-specific and feminist approach and one by another type of NGO.

Women-only shelters exist in most cities in Brussels and Wallonia and on average, women can stay for three to six months. There are specific shelters for women from marginalised backgrounds including two shelters for survivors of trafficking (one in Brussels and one in Wallonia) and one shelter in Brussels for LGBTQ+ people. The main reasons for having to decline referrals were no space to accommodate the survivor alone or with her children or the survivor being ineligible for support. The three types of in-house services most often provided by women-only shelters in Brussels and Wallonia were casework, counselling and practical advice.

There are seven women-only shelters in Flanders which operate 50 housing and accommodation units in all five provinces and have a total of 117 beds available⁹. The shelters operate as a refuge offering a secret or secure shelter to women (and their children) who cannot or do not want to stay at home any longer because of threats, feeling unsafe, or fear of abuse or violence. Funding for women-only shelters in Flanders comes from the state as well as donations. There are also women-only shelters that provide a temporary home for women (and their children) who, due to circumstances, can no longer live at home or when, due to an emergency, they no longer have a place to stay. These shelters operate 44 accommodation units with in total 111 available beds¹⁰, namely: 13 accommodation units in the province of Antwerp (31 beds), 19 units in the province of Limburg (43 beds), 6 units in the province Vlaams-Brabant (16 beds), and 6 units in the province West-Vlaanderen (21 beds). In Flanders, the Centres for General Welfare Work (*Centra voor Algemeen Welzijnswerk - CAW*) are responsible for providing residential accommodation for women who are in serious danger. These CAWs are recognised and funded by the Flemish government.

Only some of the women-only shelters in Flanders offer 24/7 access and women are expected to pay for their accommodation in a shelter. People who do not have enough money to pay can apply to a public social action centre (OCMW) to help them pay their fee. If a woman is unable to pay the daily fee and the OCMW refuses to help and if appeal proceedings are underway, the woman cannot be admitted to a shelter. If there is space and if the situation so requires, the shelters may pay for the accommodation from their own budgets and the product of their fund-raising efforts. Women-only shelters exist in most cities in Flanders and women can stay in the shelters for up to three months (on average, women stayed for 95 days in 2020).

There is one shelter for survivors of human trafficking in Flanders, Payoke, although it is not women-only. The main reason for having to decline referrals to women-only shelters were a lack of capacity to support the survivor, as reported at the end of 2020 by the CAW. Another important reason deterring survivors from being able to access women-only shelters is the cost of accommodation, although some survivors who could not afford their stay made agreements with the VVSG (Flemish Association of Cities and Municipalities) for their accommodation bill to be paid by the OCMW. The three most common types of violence reported by women in shelters were intimate partner violence, honour-based violence, and

6 This number only includes the women-only shelters and not the women-only accommodation units in Flanders.

7 This number does not include the accommodation units accessible to women in Flanders.

8 This number only includes the women-only shelters whose addresses are kept secret and confidential.

9 Source: <https://docs.vlaamsparlement.be/pfile?id=1533632>

10 Source: <https://docs.vlaamsparlement.be/pfile?id=1542881>

forced marriage. The types of in-house services most often provided by women-only shelters were counselling, referrals and practical advice.

There are other shelters in Belgium, besides women-only shelters, which can provide support to survivors of VAW. In Brussels and Wallonia there are 26 other shelters with a total of 844 beds (seven shelters in Brussels with 263 beds and 19 in Wallonia with 581 beds). Historically, some of the shelters were originally homes for young unwed mothers and their children, others are run by NGOs close to the Catholic Church, and still others cater to homeless women in general. However, in each province there is at least one shelter that receives additional funding for domestic violence counselling, and most of the women housed in these shelters are survivors of VAW. They are all funded by the same government scheme and must comply with the same service standards (including psychosocial counselling).

In Flanders, there are also other shelters providing support to survivors of VAW including mixed and individual accommodation. These shelters are not specifically for women but are accessible to women survivors of violence and their children as well as male victims of intimate partner violence. These shelters are more flexible, as they can also accommodate homeless people. Also, instead of group shelters, there is a transition to individual housing in studios and apartments. Numbers are not available for 2020, but in 2019, there were 434 housing units offering 904 beds in total: this includes reception capacity concerning group accommodation for women, individual shelter for women and individual mixed shelter. In addition, there are night shelters funded by local authorities which primarily focus on homeless people and provisions for emergency housing.

3. WOMEN'S CENTRES

Total number of centres	Types of centres	Types of services provided
23	Only for women survivors of VAW; for all survivors of violence, including women	Counselling/psychological support, legal advice, advice and advocacy, specialist support (including for survivors of SV)

In Wallonia and Brussels, there are some women's centres that provide services such as training, literacy classes or individual psychosocial support, but there is no overarching system through which to categorise these support services. This makes it difficult to pinpoint the exact number of centres, although there are at least five centres for all survivors of violence, including women, and seven only for women survivors of violence. Women's centres exist in most parts of Wallonia. In Brussels there are three centres, which provide support for survivors of forced marriage, honour-based violence, FGM and trafficking. There are no specific centres for women of marginalised groups. Some NGOs and municipalities have developed domestic violence counselling services, and some ambulatory services overlap with women's shelters, with the same organisation providing both services. Only non-residential support is provided by women's centres. Funding comes from the state and from donations.

In Flanders there are 11 centres that are part of the Centres for General Welfare Work, offering residential and non-residential support to survivors of violence, in collaboration with the houses of justice (Justitiehuizen) and the victim support unit of the police. Local authorities (OCMW) also play an important role as they are the first access point for social aid and are available in every town. There are also 20 mental health centres in Flanders and Brussels (Dutch-speaking) and a number of women's centres where there is no focus on VAW but instead on cultural and educational activities. Alongside these, there are two Family Justice Centres in the provinces of Antwerp and Limburg. These centres utilise a chain-approach model by social services, judicial services and the police. There is intensive case management of high-risk cases as well as on-site services such as peer groups for survivors, survivor support by voluntary co-operators, self-defence courses, services for migrants and asylum seekers, legal advice by lawyers, and advice on debt and counselling. Women's centres are only located in major cities and receive funding from the state and donations.

The Group for the Abolition of Female Genital Mutilation (*GAMS – Groupe pour l'Abolition des mutilations sexuelles féminines*) offers reception, orientation (medical-psychosocial and legal) and psycho-social support services, according to the situation, needs and requests of the clients. GAMS offers support to survivors of FGM, forced marriage, honour-based violence and trafficking, as well as to women of marginalised groups, in Brussels, Antwerp and Gent. Support is given to those in asylum procedure and outside asylum procedure (illegal residence), to recognised refugees and to regularised refugees, who have come to Belgium through family reunification or other means.

4. SUPPORT SERVICES FOR SURVIVORS OF SEXUALISED VIOLENCE (SV)

There are services for women and girl survivors of sexualised violence in in Belgium, in Brussels and Wallonia and in Flanders. These receive state funding and are located only in major cities. Three sexual violence referral centres exist, called

Sexual Assault Care Centres (*Centres de Prise en charge de violences sexuelles*), in Liège, Brussels and Gent. These centres provide specialist psychological care as well as one-stop emergency intervention and assistance for survivors of sexualised violence, such as medical help, rape kits, psychological screenings and assistance in filing a police report if desired.¹¹

Different forensic models for the care of survivors of sexualised violence are being implemented in Belgium, such as the provision of kits to doctors (without structural training) on requisition of a magistrate, the mobilisation of a forensic doctor only on request of a magistrate, and a holistic approach and multi-disciplinary centre based on hospital structure. The opening of more SACCs is planned for the future. In Wallonia, many survivors of sexualised violence rely on family planning centres since there are not many specialised services.

There is also one rape crisis centre in Belgium: SOS Rape (*SOS Viol*) is the only NGO in Belgium that provides long-term support for survivors of sexualised violence. While the organisation has a feminist background, it also works with male survivors. SOS Viol also runs a free helpline but does not have the means to operate it 24/7, and the organisation only operates in Brussels. In Flanders there are some non-profit organisations which offer individual and group counselling/support (for women and men) but not with a feminist background.

COVID-19 PANDEMIC AND ITS IMPACT ON WOMEN'S SPECIALIST SUPPORT SERVICES

The COVID-19 pandemic made access to help for survivors of VAW more difficult in Belgium. Some helplines introduced or increased their chat function or opening hours to better accommodate them. Helplines in Brussels and Wallonia reported 50% more calls and the forms of violence were more serious. Flanders also saw a strong increase in intimate partner violence (by 85%) as well as a sharp increase in calls to the helpline 1712 (by 49%) during the COVID-19 pandemic. During lockdowns, women-only shelters were not allowed to accept new residents, but in many cities, the municipality requisitioned empty hotels as accommodation for survivors, with counselling provided by the shelters. The legal follow-up of cases was severely hampered with some tribunals grinding to a halt or slowing down, leaving women without help. All primary prevention activities (in-person group work) were declared non-essential and therefore prohibited during the two lockdowns.

Women's specialist support services did not lose funding due to the pandemic, and the government introduced several emergency funds for NGOs to cover losses of income or additional/new services, some of them specific to domestic violence (such as the federal action plan on VAW and COVID-19). In addition to this, more funding was made available to the helpline 1712 in order to increase the number of available hours and hire more staff. Some police districts proactively called survivors on record for DV during the lockdowns to reassure them that they could leave their home and access the police and other services. However, this was not a generalised measure. Social services mostly operated online only or on an appointment basis, which made it very difficult for older women, migrant women and undocumented women to access support. This also increased the workload for specialist support workers who had to help women through online forms and telephone directories.

11 Zorgcentra na seksueel geweld: wat, voor wie, en waar?: <https://www.seksueelgeweld.be/zorgcentra-na-seksueel-geweld-wat-voor-wie-waar>.

BOSNIA AND HERZEGOVINA

GENERAL COUNTRY INFORMATION

Population	3,492,018 ¹²
Female population	1,962,040 ¹³
Member of Council of Europe (year)	2002
Member of European Union (year)	No
Member of United Nations (year)	1992
CEDAW ratified (year)	1993
CEDAW optional protocol ratified (year)	2002
Istanbul Convention signed (year)	2013
Istanbul Convention ratified (year)	2013



SUMMARY

There are two national women's helplines in Bosnia and Herzegovina, one covering the Federation of Bosnia and Herzegovina and one covering Republika Srpska. They are operating free of charge and 24/7. Although these do not offer multilingual support, Bosnia and Herzegovina **does meet** the Istanbul Convention standards for the provision of a national women's helpline. There are eight women-only shelters in Bosnia and Herzegovina that offer a total of 189 beds. This means 160, or 46%, of the recommended number of beds are missing. Therefore, Bosnia and Herzegovina **does not meet** the IC standards for the provision of women's shelters. There are seven women's centres in the country, which offer support to all women survivors of violence, including specialist services for survivors of sexualised violence (SV). There are no specific centres for survivors of SV. The state does collect data on women's specialist support services, which is available upon request.

SERVICES FOR WOMEN SURVIVORS OF VIOLENCE

1. NATIONAL WOMEN'S HELPLINES

Total Number	Free of charge	24/7 service	Multilingual support	Total number of callers in 2020
2	Yes	Yes	No	2,347 ¹⁴

There are two state-wide women's helplines in Bosnia and Herzegovina, one covering the Federation of Bosnia and Herzegovina and one covering Republika Srpska. In the Federation of Bosnia and Herzegovina, the SOS helpline for survivors of domestic violence (*SOS telefon za žrtve nasilja*, tel.: +387 1265) is run by five women's NGOs, namely Association "Medica" Zenica, Vive Women Tuzla (*Vive žene Tuzla*), Foundation of Local Democracy Sarajevo (*Fondacija Lokalne demokratije Sarajevo*), Women with Una Bihać (*Žene s Une Bihać*) and Women of BiH Mostar (*Žena BiH Mostar*), as well as the Centre for Social Work. The helpline is free of charge and operates 24/7, apart from in the territory that is covered by the Centre of Social Work. It does not offer multilingual support. The total number of callers in 2020 was 2347 and the three most common forms of violence reported by callers were domestic violence, consequences of sexual violence and re-traumatisation due to the COVID-19 pandemic.

The helpline in Republika Srpska is called the SOS line for domestic violence (*SOS telefon za žrtve nasilja*, tel.: +387 1264) and is run by United Women Foundation from Banjaluka, Budućnost from Modriča and Lara from Bijeljina. It is free of charge and operates 24/7.

In Bosnia and Herzegovina, there is also a state-wide helpline that provides help specifically for survivors of war-related sexual violence. It is called Unique telephone line for support and help to survivors of war rape and sexual violence and their family members (*Jedinstvena telefonska linija za pomoć i podršku preživjelim ratno silovanje i seksualno nasilje i članovima njihovih porodica*, tel.: +387 80 022334) and it is run by Association "Medica" Zenica. This helpline is also free of charge and operates 24/7. Helplines in Bosnia and Herzegovina do not receive government fundings and are funded

¹² Population in 2019.

¹³ Female population in 2018.

¹⁴ Number of callers in the Federation of Bosnia and Herzegovina, to the SOS help line for survivors of domestic violence (*SOS telefon za žrtve nasilja*, tel.: +387 1265).

internationally. The Gender Centre of the Federation BiH pays a yearly fee to the telecommunication operator in the Federation for the line, but the operators are not paid from federal funds.

2. SHELTERS ACCESSIBLE TO WOMEN

Total number of women-only shelters	Total number of all shelters accessible to women	24/7 access	Existing number of beds	Number of beds missing	% of beds missing	Current number of population per bed
8	9	Yes	189 ¹⁵	160	46%	18,476

There are eight women-only shelters in Bosnia and Herzegovina, five within the Federation of Bosnia and Herzegovina and three within Republika Srpska. All shelters are accessible 24/7 and support women and children survivors of violence. The five shelters in the Federation of Bosnia and Herzegovina are run by the same five women's NGOs that run the helpline.

The shelters offer 129 beds and are located just in major cities, namely Zenica, Sarajevo, Tuzla, Bihać and Mostar. Women are not required to pay for their accommodation and can stay on average for three to six months. According to the Law on Domestic Violence, survivors of domestic violence can only be admitted to shelters upon referral. However, an example of good practice exists in *Zenica Dobojski Canton*, where a protocol has been developed by "Medica" Zenica, through which an expert team can make an assessment on its own on whether women that approach the shelter can be admitted immediately. The shelters receive state funding (from an entity and cantonal level) and some international funding. There are laws in place that determine how the cantonal and federal governments should fund the shelters, but these are not fully implemented in practice and women's shelters often work with insecure and insufficient funding. In addition to these five women-only shelters, there is another shelter that is accessible to women, men and children survivors of trafficking and unaccompanied child migrants. Women and children survivors of trafficking can also find support in three of the women's shelters (*"Medica" Zenica*, *Zena BiH Mostar* and *Zene s Une Bihać*). The most common form of violence reported by clients was domestic violence. The most common types of services provided were casework, counselling, referrals, practical advice and legal advice.

The three shelters in Republika Srpska offer 60 beds. The shelters are located just in major cities and women can stay for three to six months. Women are not expected to pay for their accommodation: the shelter services are paid by the state, 70% at the entity level and 30% at the local level. There are no specific shelters for women of marginalised groups. The most common types of violence reported by clients were combined physical and mental violence. The most common types of services provided are casework, counselling and referrals. Predominant services include support in health care, economic empowerment, employment mediation, support in court proceedings and learning support for children.

3. WOMEN'S CENTRES

Total number of centres	Types of centres	Types of services provided
7	For all survivors of violence, including women survivors of VAW; Only for women survivors of VAW	Counselling/psychological support, legal advice, housing advice, employment, referrals, specialist support for survivors of SV

There are seven women's centres in Bosnia and Herzegovina, located just in major cities in the Federation of Bosnia and Herzegovina. Six are for women and children only and one is for all survivors of violence. These centres are usually run by women's NGOs and include different specialised services such as housing, employment counselling, legal counselling, economic empowerment, and referrals. There are no specific centres for marginalised groups of women. All services are available for women and children survivors of domestic violence, trafficking, war torture and trauma. The women's centres also provide specialist support for survivors of sexualised violence, namely specialist psychological care, specialist SV advocacy and community awareness and education for prevention. Some centres only provide non-residential support services, but others also provide residential support. The women's centres are funded internationally.

4. SUPPORT SERVICES FOR SURVIVORS OF SEXUALISED VIOLENCE (SV)

There are no specific centres in Bosnia and Herzegovina for survivors of sexualised violence in peace time, but specialised support is provided in major cities by women's NGOs that support survivors of war rape and sexual violence. These are funded internationally.

¹⁵ Number of beds in the eight women-only shelters.

COVID-19 PANDEMIC AND ITS IMPACT ON WOMEN'S SPECIALIST SUPPORT SERVICES

The COVID-19 pandemic did affect specialist support services in Bosnia and Herzegovina. Some were closed during the lockdown, while others did manage to reorganise their work and continue to provide services in line with social distancing measures. Existing helplines were used more during periods of lockdown. Thanks to the emergency funding from international organisations, the majority of civil society organisations managed to find a good strategy to continue providing support services and advocacy.

The pandemic also gave rise to a lot of unpredictable situations regarding funding and mid-term and long-term planning. In practice, funding is not sufficiently available and does not reflect the needs of the field. During the lockdown, the only gender-sensitive measure applied by the State was the priority access to COVID-19 testing for women in need of accommodation in women's shelters. Besides this, no specific measures were implemented to support survivors, that during the pandemic did not have access to police, referral mechanisms and health institutions, since these were only focusing on COVID-19. Only after the spring, more attention was paid to tackling domestic violence. In December 2020, a protocol identifying actions to be taken in crisis situations was developed by Association "Medica" Zenica and the Government.

During the pandemic, survivors of violence also encountered difficulties in reporting violence to the police or to a hotline due to perpetrators' continued presence. However, SOS counsellors still recorded an increase in accommodation requests and calls reporting violence during periods of lockdown. Studies show that a 75% increase of violence occurred in 2020, with calls, contacts, counselling, and information provided online and via telephone increasing 245%. The main problem that exists in dealing with these soaring numbers is a lack of clear instructions and procedures for survivors of violence in crisis situations.¹⁶

BULGARIA

GENERAL COUNTRY INFORMATION

Population	6,951,482
Female population	3,581,836
Member of Council of Europe (year)	1992
Member of European Union (year)	2007
Member of United Nations (year)	1955
CEDAW ratified (year)	1982
CEDAW optional protocol ratified (year)	2006
Istanbul Convention signed (year)	2016
Istanbul Convention ratified (year)	No



SUMMARY

There are two national women's helplines in Bulgaria, which do not offer multilingual support but are free of charge and operate 24/7. Therefore, Bulgaria **does meet** the Istanbul Convention standards for the provision of a national women's helpline. There are 12 women-only shelters in Bulgaria with a total of 128 available beds. This means that Bulgaria **does not meet** the IC standards for the provision of women's shelters, as 82% of the recommended number of beds are missing. There are 18 women's centres in Bulgaria for survivors of VAW as well as one rape crisis centre. The state does not collect data on women's specialist support services.

SERVICES FOR WOMEN SURVIVORS OF VIOLENCE

1. NATIONAL WOMEN'S HELPLINES

Total Number	Free of charge	24/7 service	Multilingual support	Total number of callers in 2020
2	Yes	Yes	No	484 ¹⁷

¹⁶ Husic, S. & Golubovic, N. (2020) "Multisectoral (Non)-response to Violence Against Women During the Pandemic in BiH".

¹⁷ This number excludes the number of calls received by the Foundation Animus helpline as the data for 2020 is not available.

There are two national women's helplines in Bulgaria. One is run by the Alliance for Protection against Gender-Based Violence (*Алианс за защита от насилие, основано на пола*, tel.: +359 80011977) and is available 24/7 and free of charge. This helpline provides specialist support for survivors of domestic violence and is funded through private donations as well as through the Ministry of Justice. The second helpline is run by Foundation Animus and is called the National Helpline for Survivors of Violence (tel.: +359 80018676). This helpline is also free of charge, offers 24/7 support, is funded through support from the Ministry of Justice and is operated by volunteers. Both helplines are run by NGOs and do not offer multilingual support.

In 2020, the Alliance for Protection against Gender-Based Violence helpline received 484 calls. The number of callers in 2020 is not available for the Foundation Animus helpline, but in 2019 it received in total 37,915 calls. The three most common forms of violence reported by callers to all three helplines were domestic violence, sexual violence, and early marriages.

An additional women's helpline was opened in 2020 by Association *Demetra* (tel.: +359 70040150), supporting professionals working with survivors of domestic violence, such as medical doctors, psychologists, and police officers. It was opened in 2020, also operates 24/7, and is run by the University Multidisciplinary Hospital for Active Treatment and Emergency Medicine in cooperation with five other hospitals and the General Directorate of National Police. The helpline is not free of charge, but is charged according to local call rates. The Association *Demetra* helpline received 80 calls in 2020. There are also several other regional helplines in Bulgaria run by NGOs. These provide support to survivors in over 13 locations and can be contacted during regular working hours.

2. SHELTERS ACCESSIBLE TO WOMEN

Total number of women-only shelters	Total number of all shelters accessible to women	24/7 access	Existing number of beds	Number of beds missing	% of beds missing	Current number of population per bed
13	13	Most	128	567	82%	54,308

There are 13 women-only shelters in Bulgaria, nine for survivors of domestic violence and three for survivors of trafficking. In total, the women-only shelters have 128 available beds, of which 22 are in the shelters specifically for survivors of trafficking. One of the shelters is also open to male survivors of domestic violence, but they are accommodated in a separate building. The shelters are located only in major towns or locations close to major towns and cities. Most of the shelters are accessible 24/7 and none expect women to pay for their accommodation. Women can stay in a shelter for up to six months, but the average length of stay is one to three months. The shelters receive both state and international funding and are run by women's NGOs focused on the protection of survivors of domestic violence and VAW. The state also delegates certain activities in the women-only shelters. Besides the shelters for survivors of human trafficking, there are no other specific shelters for women from marginalised groups. The main reasons for shelters having to decline referrals were a lack of space or capacity to support the survivor alone or with her children and survivors being ineligible for support. The three most common types of violence reported by clients were domestic violence, sexualised violence and early marriages. The in-house services most often provided by shelters were casework, counselling, referrals and legal advice.

In addition to the women-only shelters, there are other shelters for survivors of human trafficking and crisis centres for abused children, including girls. It is estimated that there are nine such additional services, but their overall bed capacity to accommodate survivors is unknown.

3. WOMEN'S CENTRES

Total number of centres	Types of centres	Types of services provided
18	Only for women survivors of VAW	Counselling/psychological support, legal advice, employment, specialist support, specialist support for survivors of SV

There are 18 women's centres in Bulgaria, specifically for women survivors of domestic violence and VAW, and their children. One of these centres, located in Veliko Tarnovo, has opened a separate building for male survivors of domestic violence. Specialist support is provided for survivors of trafficking in Burgas, Varna and Sofia; there are no specific centres for women from other marginalised groups. Services provided by women's centres include counselling/psychological support, legal advice and employment, as well as specialist support for survivors of SV, namely specialist psychological

care. Women's centres are run by women's NGOs and provide residential as well as non-residential support. They are primarily funded by the state, as well as through international funding and through donations. Women's centres are located in major cities in Bulgaria, especially where also women's NGOs operate.

4. SUPPORT SERVICES FOR SURVIVORS OF SEXUALISED VIOLENCE (SV)

There is one rape crisis centre for survivors of sexualised violence in Bulgaria, located in the Black Sea region. The centre provides specialist psychological care and community awareness and education for prevention. The centre receives funding from the state, as well as international funding and donations.

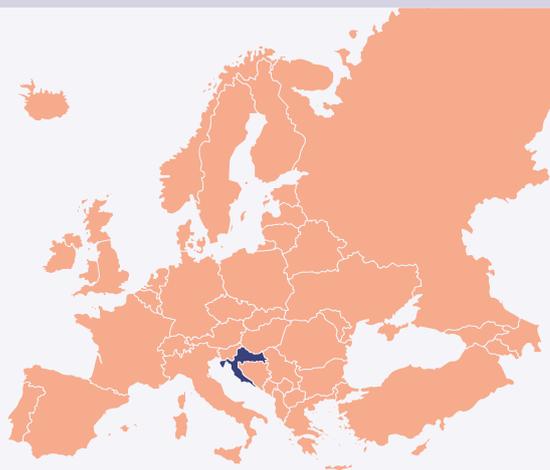
COVID-19 PANDEMIC AND ITS IMPACT ON WOMEN'S SPECIALIST SUPPORT SERVICES

The COVID-19 pandemic led to an increase in domestic violence and sexualised violence in Bulgaria which affected the demand for counselling and accommodation services. Women's NGOs responded to the heightened needs and provided adequate support despite restrictions. Counselling services were provided online during high waves of the pandemic. Although it did not increase, financial support to women's specialist support services continued to be provided by the state and through municipalities. The main source of funding and support came from the Ministry of Justice. Private sources also continued to support services financially, with more calls for donations being opened during the pandemic. The co-operation between statutory services and NGOs was ensured, even though it was sometimes challenging. The court in Bulgaria continued issuing orders for protection throughout the pandemic, something that was explicitly regulated by law.

CROATIA

GENERAL COUNTRY INFORMATION

Population	4,058,165
Female population	2,086,515
Member of Council of Europe (year)	1996
Member of European Union (year)	2013
Member of United Nations (year)	1992
CEDAW ratified (year)	1992
CEDAW optional protocol ratified (year)	2001
Istanbul Convention signed (year)	2013
Istanbul Convention ratified (year)	2018



SUMMARY

There are two national women's helplines in Croatia, free of charge and available 24/7, therefore the country **does meet** the Istanbul Convention standards for the provision of a women's helpline. There are 24 shelters accessible to women in Croatia, with a total of 301 beds. Eight of these shelters are women-only shelters run by women's NGOs. With 26% of the necessary beds missing, Croatia **does not meet** the Istanbul Convention standards for the provision of women's shelters. There are seven women's centres in the country and one sexual violence referral centre. The state and other national/local actors collect data on women's specialist support services, and this information is available upon request.

SERVICES FOR WOMEN SURVIVORS OF VIOLENCE

1. NATIONAL WOMEN'S HELPLINES

Total Number	Free of charge	24/7 service	Multilingual support	Total number of callers in 2020
2	Yes	Yes	Yes	2,128

There are two state-wide women's helplines in Croatia, which are available 24/7 and are free of charge. The main national women's helpline is the National Call Centre for Victims of Crime (*Nacionalni pozivni centar za žrtve kaznenih djela i prekršaja*, tel.: +385 116006) which provides help to all victims of crimes in Croatian and English and can provide adequate support to women survivors of VAW. The call centre is run by the Victim and Witness Support Service and recorded 1,408 calls in 2020. The other helpline is Women's Help Now (*Ženska pomoć sada*, tel.: +385 800655222), which supported 720 callers in 2020. Only the first one is financed by state funding. The three most common forms of violence reported by clients were domestic violence, sexual violence, and violation of children's rights.

There are several regional women's helplines in Croatia, which are the helplines of different women's shelters. Some of them are available 24/7, and they mainly provide information for women in need of accommodation. These include, within other, the SOS hotline for women and children victims of violence (*SOS telefon za žene žrtve nasilja*, tel.: +385 52452746), Women's group Karlovac Step's helpline (*Ženska grupa Karlovac „Korak“*, tel.: +385 47655925), Brod Association's helpline (*Ženska grupa „Brod“*, tel.: +385 35449180 and +385 915890458), the Safe house Istria's helpline (*Sigurna kuća „Istra“*, tel.: +385 996779074), the Association for The Protection of Families' helpline (*Udruga za zaštitu obitelji Rijeka – U.Z.O.R.*, tel.: +385 800333883), and the Adela women's centre's helpline (*Centar za žene Adela*, tel.: +385 44888888 and +385 918813309). These regional helplines are specialised in domestic violence and are mostly available 24/7.

2. SHELTERS ACCESSIBLE TO WOMEN

Total number of women-only shelters	Total number of all shelters accessible to women	24/7 access	Existing number of beds	Number of beds missing	% of beds missing	Current number of population per bed
22	24	Yes	301	105	26%	13,482

There are twenty-two women-only shelters in Croatia, and eight of them are run by women's NGOs with a feminist approach. Six shelters are run by faith-based organisations, while the others are run by NGOs in collaboration with local authorities. Nevertheless, there is no clear information about the functioning of some shelters, that might not be fully operative. In total, there are about 301 bed spaces available in Croatia, located in most cities. On average, women can stay in the shelters for up to one year and are not required to pay for their accommodation. Only some shelters receive state funding, but this is not systematic. There are no specific shelters for women from marginalised groups in the country. Shelters provide counselling, practical advice, and legal advice services for survivors of male VAW, who, in most cases, seek help due to physical, verbal, or economic violence.

3. WOMEN'S CENTRES

Total number of centres	Types of centres	Types of services provided
25	Only for women survivors of VAW	Counselling/psychological supports, legal/employment advice, representation at court/police/social services, referrals, specialist support

According to the Ministry of Demography, Family, Youth and Social Policy, seven women's centres providing support and protection to survivors of domestic violence have been registered in the country. In total, there are 25 women's centres in Croatia. There are also organisations that provide assistance to all survivors, not only women but these organisations are not considered as women's centres in Croatia. The centres only provide non-residential support services, but in some cases, they help women in finding accommodation. Most centres offer counselling, legal advice, representation at court, police, and social services, specialist psychological care, referrals, and employment support. They are financed through state funds, donations, and international funds, and are only located in major cities. There is one centre for migrant and refugee women called the Rosa Centre for Women Victims of War (*Centar za žene žrtve rata Rosa*). Most shelters are accessible to women with disabilities. There is no other specific centre for women of marginalised groups in the country.

4. SUPPORT SERVICES FOR SURVIVORS OF SEXUALISED VIOLENCE (SV)

There is one sexual violence referral centre in Croatia that provides specialist psychological care, community awareness and education for prevention and primary prevention. There is no rape crisis centre or specialised helpline. The centre is financed through donations and international funding. Most women's centres in Croatia also provide support to survivors of SV.

COVID-19 PANDEMIC AND ITS IMPACT ON WOMEN'S SPECIALIST SUPPORT SERVICES

Women's specialist support services were strongly advised to work from home during the COVID-19 pandemic. This made it challenging to support survivors of domestic violence, sexual exploitation, and sexual abuse. Social welfare centres formed crisis intervention teams to support those who could not stay at home, and several recommendations were given by the government to citizens and women's specialist support services to avoid conflicts and violent situations. During the COVID-19 pandemic, the Ministry of Interior, in cooperation with the City of Zagreb Polyclinic for Children and Youth Protection and the Degordian agency, launched the campaign "Behind the door" (*"Iza vrata"*) to raise awareness among all citizens to report cases of child and domestic abuse during the pandemic in order to avoid an increase of violence in households.

THE REPUBLIC OF CYPRUS

GENERAL COUNTRY INFORMATION

Population	888,005
Female population	453,534
Member of Council of Europe (year)	1961
Member of European Union (year)	2004
Member of United Nations (year)	1960
CEDAW ratified (year)	1985
CEDAW optional protocol ratified (year)	2002
Istanbul Convention signed (year)	2015
Istanbul Convention ratified (year)	2017



SUMMARY

There is a national women's helpline in the Republic of Cyprus, which is free of charge, operates 24/7 and provides multilingual support. Therefore, the Republic of Cyprus **does meet** the Istanbul Convention standards for the provision of a national women's helpline. There are three women-only shelters in the Republic of Cyprus that offer 47 beds. With 47% of the necessary beds missing, the Republic of Cyprus **does not meet** the IC standards on the provision of women's shelters. There is one women's centre in the country. The state does collect data on women's specialist support services, which is publicly available. In the northern part of Cyprus, there is one women's helpline, which is free of charge, available 24/7 and provides multilingual support. Additionally, there is one women-only shelter with 21 beds (seven for adults and 14 for children) and four women's centres. In Northern Cyprus, the state does not collect data on women's support services.

The Republic of Cyprus does not exercise control over the northern territory of the country, which is administered by Turkish Cypriot authorities. Therefore, it is not possible to identify a gap between ratification and effective implementation of the Istanbul Convention, because although the Republic of Cyprus has ratified the Convention, it cannot implement it in the northern part of the country. Since it does not exercise control over that territory, it cannot be held responsible for any gaps in implementation in the northern part of the country. For these reasons, the services of the Republic of Cyprus, where the government exercises direct control, and those of Northern Cyprus are presented in separate sections under this profile.

SERVICES FOR WOMEN SURVIVORS OF VIOLENCE

1. NATIONAL WOMEN'S HELPLINES

Total Number	Free of charge	24/7 service	Multilingual support	Total number of callers in 2020
1	Yes	Yes	Yes	5,446

There is one national women's helpline for survivors of domestic violence in the Republic of Cyprus. It is called Helpline 1440 (1440, tel.: +357 1140), and it is run by the Association for the Prevention and Handling of Violence in the Family (SPAVO), an association also providing women's shelters and centres services. The helpline is free of charge and operates 24/7. It offers multilingual support in Greek and English. The helpline receives funding from the state. In 2020, it received 5,446 calls, of which 2,147 were specifically about VAW. The most common forms of violence reported were psychological, verbal, physical and financial abuse.

2. SHELTERS ACCESSIBLE TO WOMEN

Total number of women-only shelters	Total number of all shelters accessible to women	24/7 access	Existing number of beds	Number of beds missing	% of beds missing	Current number of population per bed
3	5	Yes	47 ¹⁸	42	47%	18,894

18 Number of beds in the three women-only shelters.

There are three women-only shelters in the Republic of Cyprus, located in Nicosia, Limassol and Paphos, offering 47 bed spaces. The shelters are funded by the state as well as donations and are run by a women's NGO, the Association for the Prevention and Handling of Violence in the Family (SPAVO).

Women are not expected to pay for their accommodation and usually stay for an average of three to six months. However, each case is individually assessed and if it is necessary to extend the accommodation period, this is usually granted. Besides accommodation, women's shelters offer casework, counselling, referral and collaboration with other services, and practical advice. Moreover, women are provided with food, transport, health care and education for them and their children. The most common types of abuse reported by clients of women's shelters were psychological, verbal, physical and sexual abuse.

The main reasons for having to decline referrals were the lack of space and capacity to support the survivor, to accommodate the survivor with her children or due to a lack of abilities to accommodate women with an active psychotic episode or active suicidal thoughts.

In the Republic of Cyprus, there are also two other shelters providing services to women survivors of trafficking, migrant and undocumented women, and to women survivors of forced marriages or female genital mutilation.

3. WOMEN'S CENTRES

Total number of centres	Types of centres	Types of services provided
1	For all survivors of violence, including women survivors of male VAW	Counselling/psychological support, legal advice, financial and social welfare support, referrals, specialist support (including for survivors of SV)

There is one women's centre in the Republic of Cyprus, which is located in the capital, Nicosia, and is run by the Association for the Prevention and Handling of Violence in the Family (SPAVO). The centre was open in December 2020 by ministerial decision, and the government designated SPAVO to lead the centre, ensuring full funding for two years. In December 2020, the centre took on 33 cases. It offers non-residential support services such as counselling and psychological support, legal advice, financial and social welfare, advocacy, referrals, specialist support for survivors of sexualised violence, including needs assessments for survivors, and specialist psychological care for women and their children. If there is a need for accommodation, the woman is referred to the three shelters run by SPAVO in the country. There is no specific centre for women of marginalised groups in the country, however, the women's centre has the capacity to help survivors of forced marriage, honour-based violence, female genital mutilation, as well as migrant and refugee women.

4. SUPPORT SERVICES FOR SURVIVORS OF SEXUALISED VIOLENCE (SV)

Survivors of sexualised violence can find support in the women's centre of Nicosia, which provides medical and crisis services, specialist forensic, needs assessment and specialist psychological care. The centre helps women, young women and children.

COVID-19 PANDEMIC AND ITS IMPACT ON WOMEN'S SPECIALIST SUPPORT SERVICES

The COVID-19 pandemic has had an impact on the work of specialised support services for women in the Republic of Cyprus. The work has increased significantly, and this has created the need to further develop the services supporting survivors of VAW. This has meant that funding has increased too.

During periods of national lockdown, legal procedures were delayed as courts were closed, resulting in delays in the overall approach to a case in terms of the enforcement of orders (restraining orders etc.) and the hearing of domestic violence cases.

NORTHERN CYPRUS

1. NATIONAL WOMEN'S HELPLINES

There is one women's helpline in the northern part of Cyprus, called Hello 186 Notice line (*Alo 183 ihbar hattı*, tel.: +90 183), which is free of charge, available 24/7 and provides support in English and Turkish for all forms of violence against women. The helpline is run by the social services department that functions under the Ministry of Employment and Social Security. In 2020, 45 callers contacted the helpline for mainly physical violence and psychological violence.

There are two other regional helplines in Northern Cyprus, the Association of Women to Support Living helpline (+90 03922270751) and the Nicosia Turkish Municipality's helpline (+90 5338553030). These offer psychological support, legal advice, counselling, education and health services, and can refer women to women's support services.

2. SHELTERS ACCESSIBLE TO WOMEN

There is one women-only shelter in Northern Cyprus, run by the Turkish municipality of Nicosia. This shelter can accommodate seven adults and 14 children and provides 24/7 access. Women are not expected to pay for their accommodation and are provided with food, transport, health care and education for them and their children. On average, women stay between three and six months. This period can be extended up to 12 months in cases of emergency. Male children are only admitted to the shelter up to the age of 15. Exceptions are made for disabled male children. The shelter operates with state funding, food donations and private financial donations. The most common types of violence reported by clients were physical violence, economic violence, and psychological violence. Besides accommodation, the shelter offers referrals, practical advice and legal advice.

All minority and vulnerable groups are admitted to the shelter without a specific area being allocated or assigned to them. The shelter must turn away applicants who do not face a high security risk. During the COVID-19 pandemic, the shelter was also open to homeless women who were not survivors of domestic violence. In addition, girls under the age of 18 were also admitted to the shelter in cases of abuse.

3. WOMEN'S CENTRES

There are four women's centres in Northern Cyprus. Three of them are managed by the Turkish municipality of Nicosia, Kyrenia and the central government. The last centre belongs to the Association of Women to Support Living. The centres offer counselling and psychological support, legal advice, financial and social welfare assistance, housing, employment, and referral advice. The Association of Women to Support Living also helps survivors of forced marriages, honour-based violence, and human trafficking. The centres operate through state and international funding and exist in the main cities.

There is no specific centre for women of marginalised groups. However, the Turkish Cypriot Bar Association can provide legal advice and assistance for survivors of trafficking in persons, and the Refugee Rights Association provides legal and psychological support for migrant and refugee women.

4. SUPPORT SERVICES FOR SURVIVORS OF SEXUALISED VIOLENCE (SV)

There are no specialised services for women and girls who have experienced sexualised violence in Northern Cyprus.

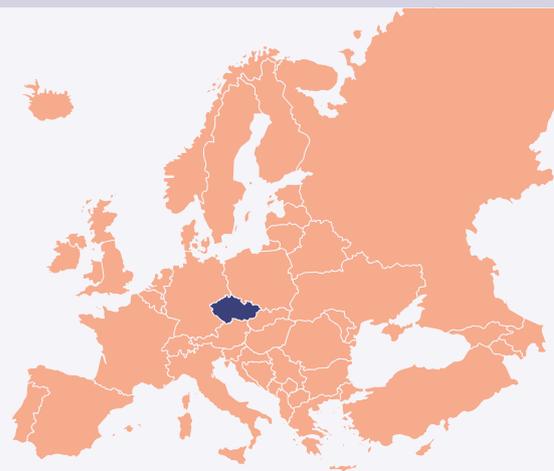
COVID-19 PANDEMIC AND ITS IMPACT ON WOMEN'S SPECIALIST SUPPORT SERVICES

The COVID-19 pandemic has had an impact on specialised women's services in northern Cyprus. The Turkish municipality of Nicosia had to turn away applicants who were not considered to be at "very high risk", due to the lack of space for all survivors of violence during the pandemic. Similarly, the quality of assistance provided by the police declined. Due to the lack of legislation on domestic violence, out of 1,063 complaints to the police, only 646 resulted in criminal proceedings, and no data is available about convictions.

THE CZECH REPUBLIC

GENERAL COUNTRY INFORMATION

Population	10,693,939
Female population	5,421,943
Member of Council of Europe (year)	1993
Member of European Union (year)	2004
Member of United Nations (year)	1993
CEDAW ratified (year)	1993
CEDAW optional protocol ratified (year)	2001
Istanbul Convention signed (year)	2016
Istanbul Convention ratified (year)	No



SUMMARY

There is no national women's helpline in the Czech Republic. Therefore, the Czech Republic **does not meet** the Istanbul Convention standards for the provision of a national women's helpline. Three women-only shelters are applying a gender-specific approach in the country, with approximately 90 beds available, meaning that 92% of the recommended beds are missing. The Czech Republic, therefore, **does not meet** the IC standards for the provision of women's shelters. There are 26 women's centres in the Czech Republic, of which 5 are women-only. There are also two women-only counselling services centres for survivors of sexualised violence. The state does not collect data on women's specialist support services.

SERVICES FOR WOMEN SURVIVORS OF VIOLENCE

1. NATIONAL WOMEN'S HELPLINES

Total Number	Free of charge	24/7 service	Multilingual support	Total number of callers in 2020
0	-	-	-	-

There is no national women's helpline in the Czech Republic. There is a helpline for victims of criminality and domestic violence, operating free of charge and 24/7 by the organisation White Circle of Safety (*Bílý kruh bezpečí*, tel.: +420 116006), although it is not run following a feminist approach. Additionally, survivors of VAW can contact the helplines operated by women's NGOs, but these are not available 24/7 and are not free of charge.

2. SHELTERS ACCESSIBLE TO WOMEN

Total number of women-only shelters	Total number of all shelters accessible to women	24/7 access	Existing number of beds	Number of beds missing	% of beds missing	Current number of population per bed
3	20	Some	90	979	92%	118,822

There are three women-only shelters in the Czech Republic offering approximately 90 beds. These are located only in Prague and Brno, the two biggest cities. The women-only shelters are run by women's NGOs with a gender-specific/feminist approach. Only one of these shelters provides 24/7 access, and all shelters require women to pay for their accommodation approximately 120 CZK per day. Women can stay for up to a year. The shelters are funded by the state, predominantly through European funds, and receive donations. The main reasons for shelters to decline referrals were a lack of space/capacity to support the survivor as well as survivors' ineligibility for support. The three most common types of violence reported by clients were physical, psychological, and economic violence. The three types of services most often provided by women's shelters were casework, counselling, and practical advice.

There are 15 other shelters that can provide accommodation in the Czech Republic. Nevertheless, these shelters are not specialised in supporting survivors of VAW and do not have a gender-specific and feminist approach but are focused on resolving the housing needs of individuals, rather than specifically helping women survivors of VAW. These shelters offer a total of 175 beds. Most shelters are available for mothers and their children and are run by faith-based organisations. There is one shelter that provides services specifically to survivors of trafficking.

3. WOMEN'S CENTRES

Total number of centres	Types of centres	Types of services provided
26	For all survivors of violence, including women survivors of VAW; Only for women survivors of VAW	Counselling, specialist support, legal advice, financial and social welfare support/advocacy, housing advice, representation

There are 26 women's centres in the Czech Republic, of which five are only for women survivors of VAW and 21 are for all survivors of violence. These centres are located only in major cities. All centres provide counselling, legal advice, financial and social welfare support/advocacy, and housing advice, with most also providing representation at court/police/social services. Two centres provide specialist support to migrant and refugee women and another two provide support to survivors of trafficking. Specialist support for survivors of sexualised violence is also provided, namely needs assessments and specialist psychological care. Only one centre provides residential services too. Five women's centres are run by women's NGOs, while the others are run by other NGOs and government agencies; women's centres are funded by the state as well as donations from commercial companies. The total number of women supported by all women's centres in 2020 was 7,839, with 1,866 women being supported by women-only organisations and 5,973 women being supported by organisations for all survivors.

4. SUPPORT SERVICES FOR SURVIVORS OF SEXUALISED VIOLENCE (SV)

There are two women-only counselling services for survivors of sexualised violence, providing needs assessments, specialist psychological care and specialist SV advocacy services. These services are located in Prague and Brno and are funded by the State (mainly through European fundings) and receive donations. There is no specific rape crisis centre for survivors of sexualised violence. There are two specialised helplines and there is an NGO Konsent run by survivors dedicated to survivors of sexualised violence that organises awareness campaigns.

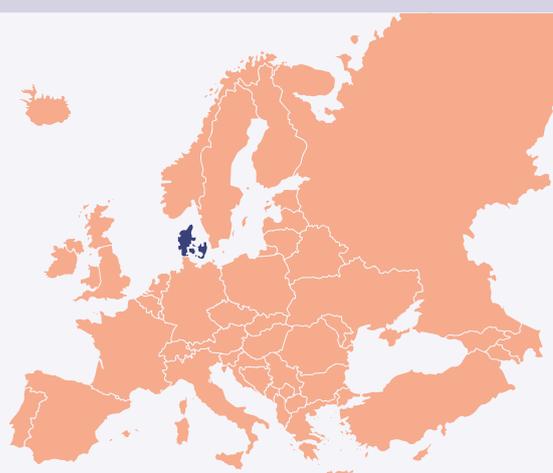
COVID-19 PANDEMIC AND ITS IMPACT ON WOMEN'S SPECIALIST SUPPORT SERVICES

Due to the COVID-19 pandemic, women's specialist support services had to be more flexible and creative in finding ways to keep the contact with survivors and provide services online or by distance counselling. Some WSSS started to operate chats or new phone lines to support survivors. Demand for the services varied significantly, with some organisations seeing demand for their support increasing by 50% compared to the same period in 2019. A state programme focused on extra financial support for all social workers, including women's specialist support services. There was a major difference in the support provided by statutory services, e.g., the courts or child welfare offices were limiting, or in some periods of time stopping their work. This made it difficult for survivors to ask for and receive help.

DENMARK

GENERAL COUNTRY INFORMATION

Population	5,822,763
Female population	2,925,845
Member of Council of Europe (year)	1949
Member of European Union (year)	1973
Member of United Nations (year)	1945
CEDAW ratified (year)	1983
CEDAW optional protocol ratified (year)	2000
Istanbul Convention signed (year)	2013
Istanbul Convention ratified (year)	2014



SUMMARY

There is one national women's helpline in Denmark which is free of charge, operates 24/7, and offers multilingual support. This means that Denmark **does meet** the Istanbul Convention standards for the provision of a national women's helpline. There are 72 women-only shelters in Denmark as well as five shelters accessible to women, with in total 850 beds. Therefore, Denmark **does meet** the standards for women's shelter provision. Denmark has several women's centres offering a

range of services and specialist support, including for women survivors of sexualised violence. The state in Denmark does collect data on women's specialist support services and this data is publicly available. LOKK also collects and publishes data on women-only shelters and calls.

SERVICES FOR WOMEN SURVIVORS OF VIOLENCE

1. NATIONAL WOMEN'S HELPLINES

Total Number	Free of charge	24/7 service	Multilingual support	Total number of callers in 2020
1	Yes	Yes	Yes	5,146

Denmark has one national women's helpline called Live Without Violence's National Hotline (*Lev Uden Volds nationale hotline*, tel.: +45 1888) which is run by LOKK – National Association of Women's Shelters. This national helpline is free of charge, available 24/7, and offers multilingual support (in Danish and English). The helpline is not exclusively for women, as it can be used by any survivor of domestic or intimate partner violence, as well as perpetrators and professionals. Additionally, an interpreter in another language is offered, if the caller does not speak Danish or English. The helpline provides support for physical violence, psychological violence, sexual violence, economic and material violence, rape and stalking.

Funding for *Lev Uden Volds nationale hotline* comes primarily from state funding, from national authorities as well as donations. The three most common forms of violence reported by callers to the helpline in 2020 were psychological violence, physical violence and sexual violence, respectively. There is one other regional helpline supporting victims of VAW in Denmark as well as nine regional helplines for victims of sexualised violence run by the Center for Rape Victims.

2. SHELTERS ACCESSIBLE TO WOMEN

Total number of women-only shelters	Total number of all shelters accessible to women	24/7 access	Existing number of beds	Number of beds missing	% of beds missing	Current number of population per bed
66	71	Most	850	0	0%	6,850

There are 66 women-only shelters in Denmark with a total of 738 beds. Most women-only shelters offer 24/7 access and local authorities cover the general expenses for women staying in a shelter. Women are expected to pay a daily fee of 89 Danish Crowns to cover shelter expenses such as use of water, electricity and wi-fi. However, if a woman is low-income or has economic obligations concerning housing expenses elsewhere, she can apply for an exemption. Funding for women-only shelters comes from state funding by national and local authorities as well as donations.

Two women-only shelters are run by women's NGOs with a feminist approach, three by faith-based organisations, nine by the state, and the rest by other NGOs. Women-only shelters exist in most cities and on average, women can stay there for three to six months, although the duration of the stay varies from case to case. In addition to this, there are specific shelters for victims of trafficking and ethnic minority survivors of honour-based violence and forced marriage.

The main reasons for having to decline referrals included no space or capacity to support the survivor and the survivor being ineligible for support. The most common types of violence reported by the clients to the women-only shelters were physical, psychological and sexualised violence. Furthermore, the three types of in-house services most often provided by the shelters were casework, counselling and legal advice.

There are also five other shelters accessible to women in Denmark besides women-only shelters, which have in total 112 available beds. The groups supported by these shelters are both women and men with different social problems aside from being survivors of violence, such as substance abuse, psychological problems, and homelessness.

3. WOMEN'S CENTRES

Total number of centres	Types of centres	Types of services provided
35	Women-only and for all survivors of violence, including women	Counselling/psychological support, legal advice, financial/social welfare support, housing advice, employment, referrals, specialist support (including for SV survivors)

There are numerous women’s centres offering specialist support in Denmark, including 12 women-only centres, five centres for all survivors of violence and 18 other centres. A range of services are offered including counselling and psychological support, legal advice, financial and social welfare support, housing advice, employment, referrals, and representation at court. Specialist support is offered to survivors of forced marriage, honour-based violence, trafficking in persons, black minority ethnic women, migrant and refugee women. Many centres also provide specialist support for survivors of sexualised violence. Services include specialist forensic and medical care, specialist psychological care, and specialist SV advocacy services.

Three women’s centres are run by women’s NGOs, 24 by other NGOs, six by government agencies and two by other agencies. Generally, all centres provide non-residential support and are available in most regions. However, in cases of honour-related violence emergency accommodation is possible. Funding for women’s centres comes from the state as well as national and local authorities and donations.

4. SUPPORT SERVICES FOR SURVIVORS OF SEXUALISED VIOLENCE (SV)

There are 13 rape crisis centres in Denmark, nine of which also operate as sexual violence referral centres, crisis services and have a specialised helpline. The Center for Rape Victims based in Copenhagen runs nine regional centres, and four other centres provide specialised support to women and children who have experienced child sexual abuse or sexual exploitation. A range of support is provided by these services including specialist forensic and medical care, specialist psychological care, specialist SV advocacy services, and education for prevention. Funding for sexualised violence support services comes from the state and national or local authorities as well as donations, and services are found in most regions in Denmark. These services are accessible to all, including both adults and young women and children.

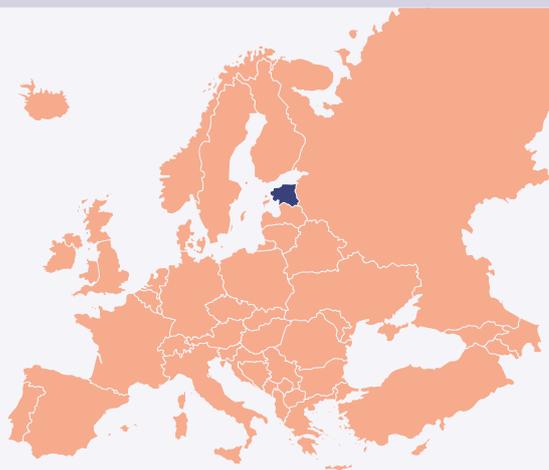
COVID-19 PANDEMIC AND ITS IMPACT ON WOMEN’S SPECIALIST SUPPORT SERVICES

As the COVID-19 pandemic evolved, women-only shelters experienced two interrelated developments: a rise in inquiries regarding vacant beds and fewer women moving out of shelters due to, for example, quarantine measures and difficulties in finding a new residence as a consequence of COVID-19. In response to the increase in demand for women-only shelter spaces, the state funded “emergency beds” at three women-only shelters in the three largest cities during two lockdown periods. There is no available data on whether statutory services adapted their services to tackle violence against women in Denmark during COVID-19.

ESTONIA

GENERAL COUNTRY INFORMATION

Population	1,328,976
Female population	699,699
Member of Council of Europe (year)	1993
Member of European Union (year)	2004
Member of United Nations (year)	1991
CEDAW ratified (year)	1991
CEDAW optional protocol ratified (year)	No
Istanbul Convention signed (year)	2014
Istanbul Convention ratified (year)	2017



SUMMARY

There is one national women’s helpline in Estonia that is free of charge, operates 24/7, and provides multilingual support. Estonia **does meet** the Istanbul Convention standards for the provision of a national women’s helpline. There are 16 women-only shelters with 75 available beds, and all women’s shelters also provide women’s support centre services. Estonia **does not meet** IC standards for women’s shelter provision, as the country is missing 44% of beds. However, there is a flexible policy on shelter beds, and if necessary, hotel beds are paid for. Women-only shelters also provide non-residential services such as counselling. Estonia also has four rape crisis centres located in regional hospitals. The state does collect data on women’s specialist support services and this information is available upon request.

SERVICES FOR WOMEN SURVIVORS OF VIOLENCE

1. NATIONAL WOMEN'S HELPLINES

Total Number	Free of charge	24/7 service	Multilingual support	Total number of callers in 2020
1	Yes	Yes	Yes	3,924

There is one national women's helpline in Estonia called Victim's Crisis Helpline (*Ohvriabi Kriisitelefoni*, tel.: +372 116006). The Social Insurance Board Victim's Support Services (*SKA Ohvriabi*) is responsible for running and overseeing the helpline. The helpline is free of charge, available 24/7 and provides multilingual support in English, Estonian, and Russian. The helpline is state-funded and provides support for all forms of violence against women, including crisis counselling. In 2020, the helpline received 3,924 calls and the main forms of violence reported were domestic violence (1,109 cases), social-economic issues (813 cases), and other types of violence not included in domestic violence (524 cases). Furthermore, there are 15 regional helplines in Estonia that support survivors of VAW, most operating 24/7 and allocated in every county of Estonia. For example, the organisation Lifeline (*NPO Elulin*) run a specific helpline for survivors of human trafficking and sexual exploitation, available during working hours. Lifeline also run a helpline providing emotional support in Estonian (tel.: +372 6558088); in Russian (tel.: +372 6555688); and in English (tel.: +372 15333) via the International Women's Assistance Centre.

2. SHELTERS ACCESSIBLE TO WOMEN

Total number of women-only shelters	Total number of all shelters accessible to women	24/7 access	Existing number of beds	Number of beds missing	% of beds missing	Current number of population per bed
16	16	All	75	58	44%	17,720

There are 16 women-only shelters in Estonia with in total 75 beds available. All shelters offer 24/7 access, and women are not expected to pay for their accommodation. There is a flexible policy in place, meaning hotel beds, which would be paid for, can also be used if necessary. Funding for women-only shelters comes primarily from the state as well as donations. State funding covers the rent for shelters and counselling centres, crisis and social counsellors' salary, and any necessary or critical supplies for women and children who stay in shelters. In certain cases, the state pays for psychological counselling, when shelters also provide this service. 16 women-only shelters are run by women's NGOs with a gender-specific and feminist approach, and three others are run by the local government. Chapter 2 of the Victim Support Act defines and specifies women's specialist support service content and duties, which all women-only shelters in Estonia must abide by.¹⁹

Women's shelters only exist in major cities. Each county has at least one such shelter. Tallinn, the capital, has multiple. On average, women can stay in these shelters for up to three months. Although the maximum amount of time a woman can stay is set at six months, it is possible to extend accommodation services if needed. There are no specific shelters for migrant and undocumented women, women with disabilities, or BME women, but there are support centres which provide services to women from these marginalised groups if needed. The most common reason a referral to a women-only shelter was declined was because of ineligibility, for example due to mental illness or substance abuse. In these cases, additional solutions for accommodation (for example local hospitals) are sought to ensure that a secure and safe place is found for the survivor. The three most common types of violence reported by women at the shelters were psychological, physical, and economic violence. The in-house services most often provided at the women-only shelters were casework, counselling, and practical advice.

3. WOMEN'S CENTRES

Total number of centres	Types of centres	Types of services provided
19	Only for women survivors of VAW; for all survivors of VAW, including women	Counselling/psychological support, legal advice, financial and social welfare support, advocacy, housing advice, employment, referrals, representation at court, specialist support (including for survivors of SV)

¹⁹ Chapter 2 of the Victim Support Act on women's support centre service is available at: <https://www.riigiteataja.ee/en/eli/513052020004/consolide>

There are 19 women's centres in Estonia, 17 of which are women-only centres and two are for all survivors of violence, including women. Each county has a women's centre, which is almost always connected to a women-only shelter, and there is one women's centre which does not provide residential support. The Social Insurance Board Victim's Support Services (*Sotsiaalkindlustusamet*) provides these services and women's centres are financed by the state as well as donations. 17 women's centres are run by women's NGOs and two by the local government.

All shelters provide specialist support to women with marginalised groups, including survivors of forced marriage, honour-based violence, female genital mutilation, human trafficking, as well as black minority ethnic, migrant and refugee women. In addition, centres offer legal advice, financial and social welfare advocacy, housing advice, employment, referrals, representation at court, police, and social services. Women's centres also provide support to survivors of sexualised violence including specialist psychological care, specialist sexualised violence advocacy services, community awareness and education for prevention, as well as therapeutic and wellbeing group work. In 2020, the total number of women supported by all women's centres in Estonia was 2,153.

4. SUPPORT SERVICES FOR SURVIVORS OF SEXUALISED VIOLENCE (SV)

In Estonia, there are four rape crisis centres, but no other types of services for women survivors of sexualised violence. The four major hospitals in Estonia provide specialist support to survivors of SV, which are geographically spread out (North, South, East, West). Services provided include specialist forensic and medical care, specialist psychological care, specialist SV advocacy services, community awareness and education for primary prevention. Funding for support services for SV survivors comes from the state as well as hospitals. Services are available to all survivors of SV, including young and adult women.

COVID-19 PANDEMIC AND ITS IMPACT ON WOMEN'S SPECIALIST SUPPORT SERVICES

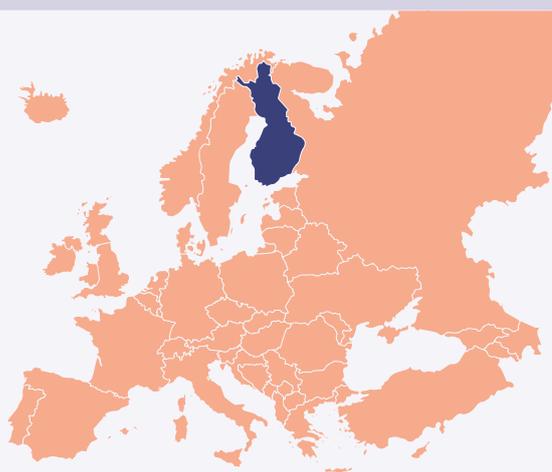
The COVID-19 pandemic strongly affected the work of women's specialist support services in Estonia, which are still being affected, as an increase in the severity of violence against women was observed. However, the number of cases involving violence against women did not increase during the pandemic.

During the pandemic, all shelters were accessible to women, and none were closed. In 2020, shelter personnel received additional training for providing distance counselling (online and over the phone). In addition, court, police, and social services were able to operate during the pandemic. Funding to women's specialist support services stayed the same and more public awareness about the availability of support services was spread by state authorities, police, local and state media.

FINLAND

GENERAL COUNTRY INFORMATION

Population	5,525,292
Female population	2,797,030
Member of Council of Europe (year)	1989
Member of European Union (year)	1995
Member of United Nations (year)	1955
CEDAW ratified	1986
CEDAW optional protocol ratified	2000
Istanbul Convention signed (year)	2011
Istanbul Convention ratified (year)	2015



SUMMARY

There is one national women's helpline in Finland that is free of charge, operates 24/7 and offers multilingual support, as well as five other helplines supporting women survivors of different forms of violence. Therefore, Finland **does meet** the Istanbul Convention standards for the provision of a national women's helpline. There is one women-only shelter in Finland for migrant women and approximately 28 other shelters accessible to women with a total of 211 beds. Finland **does not meet** the IC standards for the provision of women's shelters, with 62% of beds missing. There are approximately 35 women's centres in Finland as well as one rape crisis centre and multiple counselling centres for survivors of sexualised violence. As the state coordinates and finances shelters in Finland, it does collect data on women's shelter services. This data is publicly available, however, no comprehensive data on women's centres is available.

SERVICES FOR WOMEN SURVIVORS OF VIOLENCE

1. NATIONAL WOMEN'S HELPLINES

Total Number	Free of charge	24/7 service	Multilingual support	Total number of callers in 2020
1	Yes	Yes	Yes	19,349 ²⁰

There is one national women's helpline in Finland called the Zeroline against domestic violence and violence against women (*Nollalinja*, tel.: +358 80005005) which is free of charge, available 24/7, and provides support in Finnish, English and Swedish. The helpline is coordinated by the National Institute for Health and Welfare and serviced by the NGO *Setlementti* Tampere. Furthermore, *Nollalinja* is a special government service funded by the state through victim surcharges paid by offenders in criminal cases. In 2020, the helpline received a total of 19,349 calls of which 13,000 were answered.

There are five other national women's helplines in Finland. Women's line (*Naisten linja*, tel.: +358 80002400) run by an NGO with the same name, and which provides support to women survivors of VAW. In 2020, Women's Line answered 1,198 calls and received a total of 5,620 calls. Helpline Monika (*Kriisikeskus Monika*, tel.: +358 80005058) which is run by Monika's Women Association (*Monika-naiset liitto ry*) and provides support to immigrant women. Suvanto Helpline run by Suvanto Association (*Suvanto, turvallisen vanhuuden puolesta ry*, tel.: +358 505770218 or +358 505770214) and providing support to victims of elder abuse, specialised in elderly women. There is also a national helpline for survivors of human trafficking (*Ihmiskaupan uhrien auttamisjärjestelmä*, tel.: +358 295463177) run by the Assistance System for Victims of Human Trafficking, and the Victim Support helpline (*Rikosuhripäivystys*, tel.: +358 116006) run by Victim Support Finland. All helplines are free of charge and offer support in Finnish, English and Swedish; Helpline Monika also offers support in Russian and Arabic. Funding for these national women's helplines comes from the state and the Centre for Social Welfare and Health Organisations (STEA) under state supervision. The most common forms of violence reported by callers were psychological violence (76,2%), physical violence (43,6%), and threat of violence (30,5%). In addition to these national services, there are also 29 regional helplines for survivors of VAW in Finland which are run by shelters and are available 24/7.

2. SHELTERS ACCESSIBLE TO WOMEN

Total number of women-only shelters	Total number of all shelters accessible to women	24/7 access	Existing number of beds	Number of beds missing	% of beds missing	Current number of population per bed
1	29	All	211	342	62%	26,186

There is one women-only shelter in the capital city of Finland which has 14 available beds for families, operates 24/7, and is funded by the state. This shelter is run by Monika Association and is specifically for migrant women survivors of VAW. Women are not expected to pay for their accommodation in the women-only shelter and also receive free meals.

There are 28 other shelters accessible to women in Finland with in total 197 of bed spaces for families. All adults get their own room, which can also accommodate their children. Although these shelters are open to all, they are predominantly accessed by women, and work with a gender-sensitive approach. Shelters are coordinated and funded by the National Institute for Health and Welfare, an expert agency working under the Ministry of Social Affairs and Health. Women are not required to pay for their accommodation and can generally stay in the shelters for up to two months, depending on their needs. Shelters accessible to women are primarily run by NGOs and local municipalities. There are no specialised shelters for women from marginalised groups in Finland (apart from the women-only shelter run by Monika Association), but shelters are accessible to all women disregarding disability, age, or sexual orientation. The main reasons for having to decline referrals were lack of space and capacity to support the survivor and to accommodate her with her children. The most common types of violence reported by shelter clients were psychological violence, physical violence, and threats of violence. The main in-house services provided by shelters in 2020 were counselling, referrals/collaboration with other services and practical as well as legal advice.

²⁰ This number includes only the total number of calls to the Zeroline helpline (*Nollalinja*) in 2020.

3. WOMEN'S CENTRES

Total number of centres	Types of centres	Types of services provided
35	Only for women survivors of VAW, for all survivors of VAW, including women	Counselling/psychological support, legal advice, financial and social welfare support, advocacy, housing advice, referrals, representation at court/police/social services, specialist support (including for survivors of SV)

In Finland, there are approximately 35 women's centres, of which three are women-only and 32 are for all survivors of violence, including women. The Federation of Mother and Child Homes and Shelters (*Ensi- ja Turvakotien Liitto*) has 22 daytime centres for domestic violence and violence against women survivors. Additionally, Women's Line and at least three other NGO's and some local municipalities have daytime help centres. There is no state-wide information on women's centres, but there were an estimated 35 centres in most regions in Finland in 2020 providing specialist support to survivors of VAW. Daytime help centres provide information and advice, counselling, advocacy, practical support, empowering support, and legal advice. Most women's centres provide specialist support for children and multilingual support, as some centres provide support to women survivors of forced marriage, honour-based violence, female genital mutilation, human trafficking, as well as black minority ethnic, migrant and refugee women.

Women's centres in Finland provide a range of services including counselling/psychological support, legal advice, financial and social welfare advocacy, housing advice, referrals, representation at court, police, social services. Some centres also provide specialist support to survivors of sexualised violence including needs assessment, specialist psychological care, specialist sexual violence advocacy services, and community awareness and education for prevention. Funding for women's centres in Finland comes from the state as well as through donations. In 2020, the daytime centres that are part of the Federation of Mother and Child Homes and Shelters supported 2,713 women and 573 children.

4. SUPPORT SERVICES FOR SURVIVORS OF SEXUALISED VIOLENCE (SV)

In Finland, there is one rape crisis centre, The Rape Crisis Centre *Tukinainen*, and ten counselling centres, called Seri Support Centres, for survivors of sexualised violence that also act as rape crisis centres. Both types of centres provide crisis and medical services and are located in local and university hospitals. The centres provide specialised forensic and medical care, assessment of the victim's needs, specialised psychological care, specialised SV advocacy, community awareness and education for prevention. They are present in most regions and funded by the state as part of the implementation of the Istanbul Convention in Finland. These sexual violence services address all population groups, including women, young women, and children. There is also a specialised sexualised violence helpline in Finland, the Rape Crisis Centre Helpline (*Raiskauskriisikeskus Tukinainen*, tel.: +358 80097899), which is run by The Rape Crisis Centre *Tukinainen*.

COVID-19 PANDEMIC AND ITS IMPACT ON WOMEN'S SPECIALIST SUPPORT SERVICES

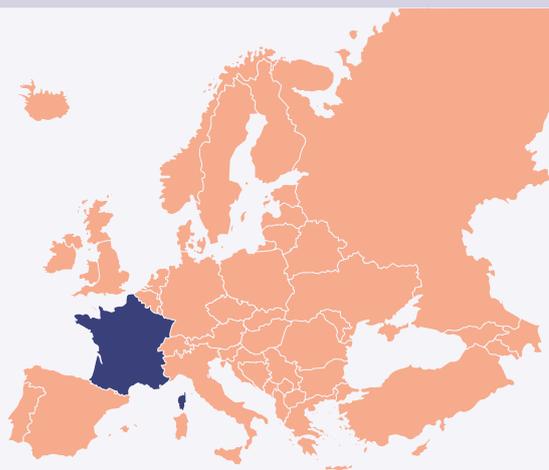
During the COVID-19 pandemic, shelters in Finland saw a decrease in women survivors accessing their services, despite the fact that gender inequality and violence against women increased. On the other hand, the number of women and children in online support and chat services increased significantly. Funding for shelters was not jeopardised during the pandemic as state funding was maintained and should not be in danger in the future since it is provided by the state. Funding for day centres and other NGOs may be threatened in the future due to potential changes in the financial base of the Funding Centre for Health and Social Welfare Organisations.

To compensate for the increase in violence against women during the pandemic, nine additional shelter rooms were provided, the shelter in Oulu received two new rooms, and a new shelter in Kerava was opened with seven rooms. The police also reported an increasing number of home calls by domestic violence survivors.

FRANCE

GENERAL COUNTRY INFORMATION

Population	67,320,216
Female population	34,787,547
Member of Council of Europe (year)	1949
Member of European Union (year)	1957
Member of United Nations (year)	1945
CEDAW ratified (year)	1983
CEDAW optional protocol ratified (year)	2000
Istanbul Convention signed (year)	2011
Istanbul Convention ratified (year)	2014



SUMMARY

There is one state-wide women helpline in France, which is free of charge and offers multilingual support but does not operate 24/7. Therefore, France **does not meet** the Istanbul Convention standards for the provision of a women's helpline. There are 57 shelters accessible to women, ten of which are women-only shelters, and a total of 3,081 beds. This corresponds to 3,651, or 54%, of the necessary beds missing. Therefore, France **does not meet** the IC standards for the provision of women's shelters. There are around 250 women's centres in France, and several support services for survivors of sexualised violence. The state does collect data about women's support services, and this data is available upon request.

SERVICES FOR WOMEN SURVIVORS OF VIOLENCE

1. NATIONAL WOMEN'S HELPLINES

Total Number	Free of charge	24/7 service	Multilingual support	Total number of callers in 2020
1	Yes	No	Yes	164,957

There is one national helpline for women in France, Women Violence Info (*Violence Femmes Info*, tel.: +33 3919), which is free of charge but does not operate 24/7. The helpline is managed by the National Network on Women Solidarity - FNSF (*Fédération Nationale Solidarité Femmes*) and addresses all forms of violence against women. There is also an anonymous, free, 24/7 online chat service²¹ set up by the government. Both services are available in English, French, Spanish and Arabic. The total number of callers in 2020 is estimated at 164,957. The most common forms of violence reported by callers are domestic violence, harassment at work and sexual harassment. The helplines in France are funded by national/local authorities and donations.

Other free national helplines in the country offer specialist support for survivors of different forms of violence. For instance, there are helplines supporting survivors of sexualised violence (*Viols Femmes Informations*, tel.: +33 800059595), forced marriage (*SOS Mariages Forcés*, tel.: +33 130310505) and sexual harassment at work (*Violence Faites aux Femmes au Travail - AVFT*, tel.: +33 145842424). There are also different regional helplines such as the Family Planning helpline for questions about contraception, abortion, sexually transmitted infections and sexual violence (*Planning Familial*, tel.: +33 800081111), the helpline for women with disabilities (*Femmes pour le Dire Femmes pour Agir*, tel.: +33 140470606) and the Information Centres National Foundation helpline for legal advice on women and family's rights (*Fondation Nationale des Centres d'Information sur les Droits des Femmes et de la Famille - FNCIDFF*, tel.: +33 142171200).

2. SHELTERS ACCESSIBLE TO WOMEN

Total number of women-only shelters	Total number of all shelters accessible to women	24/7 access	Existing number of beds	Number of beds missing	% of beds missing	Current number of population per bed
10 ²²	57 ²³	Most	3,081	3,651	54%	21,850

21 The chat is available on the government's website "Arretons les violences": <https://arretonslesviolences.gouv.fr/besoin-d-aide>

22 This figure only includes the shelters that are part of the FNSF network.

23 Ibid.

There are ten women-only shelters and 47 shelters accessible to women that are part of the National Network on Women Solidarity - FNSF (*Fédération Nationale Solidarité Femmes*). In total, these shelters offer 3,081 beds, 2,994 of which are specifically reserved for women and their children. Most shelters offer 24/7 access and women are expected to pay for their accommodation, depending on their financial circumstances. The shelters are funded by national/local authorities and private donations. On average, women stay in a women-only shelter for three to six months. The main reasons for referrals being declined were lack of space and capacity to support the survivors, insufficient accommodation for all survivors with children, and survivors not eligible for aid. There are no specific shelters for women from marginalised groups. The in-house services most often provided to women in shelters were casework, counselling, referral, collaboration with other services, practical advice, and legal advice. The three types of violence most frequently reported by clients of women's shelters were domestic violence, sexual violence and intrafamily violence.

In France, different types of organisations run women's shelters. There are organisations with a gender/feminist approach (*Fédération Nationale Solidarité Femmes - FNSF, La Maison des Femmes*), women's NGOs (*CIDFF, SOS Femmes*), faith-based organisations (*Secours Catholique*) and other associations and local services (*Amicale, CHRS, SIAO*).

3. WOMEN'S CENTRES

Total number of centres	Types of centres	Types of services provided
250	For all survivors of violence, including women survivors of VAW; Only for women survivors of VAW	Counselling/psychological support, legal/housing/ employment advice, financial and social welfare support, referrals, specialist support (including for survivors of SV)

There are around 250 women's centres in France, located in most of the regions and funded by the state and by donations. Most of the centres provide legal advice, financial and social welfare support, housing advice, employment support, referrals for all women and girl victims of VAW including survivors of forced marriage, honour-based violence, female genital mutilation, human trafficking as well as for lesbians and migrant and refugee women. Few centres are specialised in supporting women from specific marginalised groups. Most women's centres can also provide specialist support for survivors of sexualised violence, such as needs assessment, specialist sexualised violence advocacy services, communication awareness and education for prevention.

There are women's centres throughout the country. Among the main networks, the FNCIDFF has 103 Information Centres for Women's and Families' Rights (CIDFF), the FNSF has 73 associations that help 35,000 women each year. Family Planning is available at 70 main centres and in almost all public hospitals, as are victimology centres, which have recently been developing specialised provision in response to violence against women.

4. SUPPORT SERVICES FOR SURVIVORS OF SEXUALISED VIOLENCE (SV)

Support services for survivors of sexualised violence are provided by hospitals, rape crisis centres, sexual violence counselling centres, specialised helplines and the public organisation *Planning Familial* in all regions of France. All services (such as medical, legal, social and economic services) are integrated to provide comprehensive help to a woman survivor of violence without any loss of information. Survivors are directed to the professionals they need according to their situation. Each region has a designated office responsible for coordinating the network of specialist services responding to sexualised violence. All survivors have access to support services, regardless of their age and gender. The centres are funded by national/local authorities and by donations. The government has also established an online portal to support survivors of sexualised violence (*Portail de signalement des violences sexuelles et sexistes*, via the website service-public.fr). It is free of charge and available 24/7 and consists of a chat with police officers trained to support and counsel survivors of sexualised violence.

COVID-19 PANDEMIC AND ITS IMPACT ON WOMEN'S SPECIALIST SUPPORT SERVICES

During the pandemic, associations belonging to the FNSF network had to adapt quickly in order to maintain the reception and support of women survivors of violence. They have increased their resources dedicated to the provision of telephone services since in-person reception was not always possible. Group activities offered to women and their children could not continue normally.

The helpline +33 3919 has also seen a sharp increase in call traffic, and the team had to be reinforced. In addition, as on-site work was not possible during the lockdown, a home office was introduced, and new collaborative tools were adopted. To respond to the increase in domestic violence cases, statutory services strengthened existing resources (emergency number for deaf and hard of hearing people, platform for reporting sexual and gender-based violence). There was an increase in communication and publicity concerning domestic violence, with information about the resources and mechanisms available throughout the country. Private and public landlords offered housing solutions for survivors and additional accommodation places have also been provided, such as in a university campus, in apartments managed by the city of Paris, and in hotel rooms.

GEORGIA

GENERAL COUNTRY INFORMATION

Population	3,716,858
Female population	1,926,579
Member of Council of Europe (year)	1999
Member of European Union (year)	No
Member of United Nations (year)	1992
CEDAW ratified (year)	1994
CEDAW optional protocol ratified (year)	2002
Istanbul Convention signed (year)	2015
Istanbul Convention ratified (year)	2017



SUMMARY

There is a national women's helpline in Georgia which is free of charge, operates 24/7 and provides multilingual support. Therefore, Georgia **does meet** the Istanbul Convention standards for the provision of a national women's helpline. There are nine shelters accessible to women in Georgia, four of which are women-only, with in total 136 beds. Georgia **does not meet** the IC standards for women's shelter provision, as 63% of beds are currently missing. There are also 10 women's crisis centres in Georgia which are accessible to all survivors of violence. There are no specialised services for survivors of sexualised violence in Georgia, although state-run centres and shelters do support survivors of SV. The state does collect data on women's specialist support services and this data is publicly available.

SERVICES FOR WOMEN SURVIVORS OF VIOLENCE

1. NATIONAL WOMEN'S HELPLINES

Total Number	Free of charge	24/7 service	Multilingual support	Total number of callers in 2020
1	Yes	Yes	Yes	N/A

There is a national women's helpline in Georgia named Agency for the State Care and Assistance to Victims of Trafficking (სახელმწიფო ზრუნვისა და ტრეფიკინგის მსხვერპლთა დაზარალებულთა დახმარების სააგენტო, tel.: +995 116006). The helpline is run by the Anti-Violence Network Georgia (AVNG) and the Democrat Women's Organisation of Samtskhe-Javakheti and is free of charge and operates 24/7. It offers multilingual support on all types of violence against women in Georgian, English, and Russian. Funding for the helpline comes from the state as well as international funding. In 2020, the most common forms of violence reported by callers were economic, psychological, and physical violence. There are other regional helplines supporting women survivors of VAW in Georgia, run by local NGOs.

2. SHELTERS ACCESSIBLE TO WOMEN

Total number of women-only shelters	Total number of all shelters accessible to women	24/7 access	Existing number of beds	Number of beds missing	% of beds missing	Current number of population per bed
4	9	All	136	236	63%	27,330

There are nine shelters accessible to women in Georgia which are located in all major cities and in total provide 136 beds. Four shelters are women-only and are run by women's NGOs with a gender-specific/feminist approach, and the five other shelters are run by the state. Funding for women-only shelters comes from the state as well as international funding. Women survivors are not expected to pay for their accommodation in a shelter and can stay for up to a year. Women can stay at the state-run shelters for a maximum of nine months, while accommodation at the shelters run by NGOs is more flexible. There are no specialised shelters for women from marginalised groups, although many of the existing shelters are adapted to the needs of marginalised women, such as migrant women and women with disabilities as well as Internally Displaced Persons (IDP) mainly coming from the two autonomous regions of Georgia. The main reason for having to decline referrals to a women-only shelter was a lack of space or capacity to support the survivor. The three most common types of violence reported by clients were economic, psychological, and physical violence. The types of in-house services most often provided by shelters were counselling, referrals, and legal advice. State shelters also provide medical and social support to help women survivors reintegrate into society, and some shelters offer childcare services. There are no other shelters in the country providing support to women survivors of VAW.

3. WOMEN'S CENTRES

Total number of centres	Types of centres	Types of services provided
10	For all survivors of VAW, including women	Counselling/psychological support, legal advice, financial and social welfare support, housing advice, representation at court, police, and social services, needs assessments, specialist support for survivors of SV

There are ten crisis centres operating as women's centres in Georgia for all survivors of violence, including women survivors of VAW. Five women's centres are run by the state and the remaining by women's NGOs with a feminist and gender-specific approach. A number of NGO-run centres have had to close in the last several years. Women's centres are only located in major cities and are funded by the state as well as through international funding. The centres offer non-residential support services including counselling and psychological support, legal advice, financial and social welfare, housing advice, representation at court, police, and social services. Women's centres do not provide specialist support to women from marginalised groups but do provide support to survivors of sexualised violence such as needs assessment and specialist psychological care. Women-only centres do not exist in Georgia, meaning all centres are accessible to all survivors of violence.

4. SUPPORT SERVICES FOR SURVIVORS OF SEXUALISED VIOLENCE (SV)

There are no specialised services for women survivors of sexualised violence in Georgia such as rape crisis centres, sexual violence counselling centres or crisis and medical services. However, legal counselling and survivor needs assessments are provided by all state-run women's crisis centres and shelters.

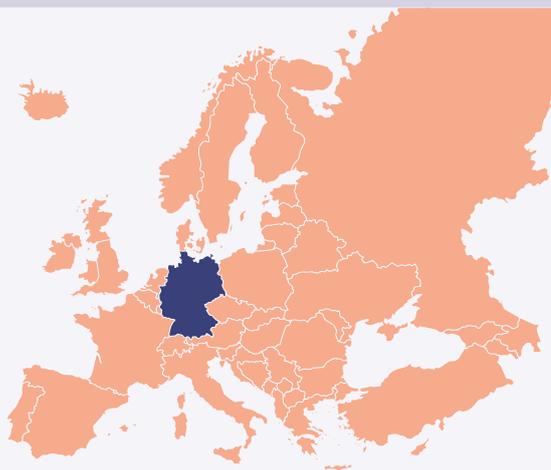
COVID-19 PANDEMIC AND ITS IMPACT ON WOMEN'S SPECIALIST SUPPORT SERVICES

The COVID-19 pandemic impacted women's specialist support services in Georgia as they had to adapt to the new and uncertain situation. More resources were, however, allocated to specialist services during the height of the pandemic. COVID-19 also had dire consequences for women and girls in the areas of health, economics, safety, and social protection. Many women lost their jobs and have subsequently had to look for additional sources of income.

GERMANY

GENERAL COUNTRY INFORMATION

Population	83,166,711
Female population	42,129,098
Member of Council of Europe (year)	1950
Member of European Union (year)	1958
Member of United Nations (year)	1973
CEDAW ratified (year)	1985
CEDAW optional protocol ratified (year)	2002
Istanbul Convention signed (year)	2011
Istanbul Convention ratified (year)	2017



SUMMARY

There is one national women's helpline in Germany, which is free of charge, available 24/7 and offers multilingual support. Therefore, Germany **does meet** the Istanbul Convention standards for the provision of a national women's helpline. There are 376 women's shelters in Germany with a total of 6,500 available beds, with 21% of the necessary beds missing. Therefore, Germany **does not meet** the IC standards for the provision of women's shelters. There are several women's centres and support services for survivors of sexualised violence in the country. The state does not collect data on women's specialist support services.

SERVICES FOR WOMEN SURVIVORS OF VIOLENCE

1. NATIONAL WOMEN'S HELPLINES

Total Number	Free of charge	24/7 service	Multilingual support	Total number of callers in 2020
1	Yes	Yes	Yes	80,396

Germany has one national women's helpline called Violence Against Women Helpline (*Hilfetelefon Gewalt gegen Frauen*, tel.: +49 80001160116) run by the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth and the Federal Office for Family Affairs and Civil Society. It is funded by the state and is free of charge, available 24/7, and provides support for all types of violence against women in German, Albanian, Arabic, Bosnian, Bulgarian, Chinese, Croatian, English, Farsi/Dari, French, Italian, Kurdish, Polish, Portuguese, Romanian, Russian, Serbian, Spanish, Turkish, and Vietnamese. In 2020, the helpline received 80,396 calls. The three most common forms of violence reported by callers were domestic, sexualised, and psychological violence.

There is one regional helpline supporting survivors called the BIG Hotline (*Berliner Initiative gegen Gewalt an Frauen e.V. – BIG e.V.*, tel.: +49 306110300). It offers initial telephone consultation in cases of domestic violence, advice for shelter accommodation and counselling services.

2. SHELTERS ACCESSIBLE TO WOMEN

Total number of women-only shelters	Total number of all shelters accessible to women	24/7 access	Existing number of beds	Number of beds missing	% of beds missing	Current number of population per bed
376	376	Most	6,500	1,816	21%	12,795

There are 376 women's shelters in Germany, with 6,500 beds available and located in most cities. Most of them are accessible 24/7. For those that are not, access at night and weekends can be provided by staff on duty or by women living in the shelter. The sources and size of funding to women's shelters vary according to the federal state where they are located, and normally the main sources are state funding and donations. In some cases, women are expected to pay for their accommodation. In general, women stay in the shelters for three to six months, but the length of the stay can vary from one week to a year or more. The main in-house services offered by shelters are casework, counselling, and practical advice.

Women's NGOs with a gender-specific approach are running 112 shelters, faith-based organisations (e.g. Caritas, Social Service of Catholic Women) are running 89 shelters, and other organisations (e.g. the Red Cross and *Paritätischer Gesamtverband*) run the other shelters.

In Germany, there are specific shelters for women survivors of so-called honour-based violence and forced marriage. Most of these shelters take in girls and young women up to the age of 21, though a few also take in older women. There is one shelter for girls with disabilities and/or mental illness, which is located in Bielefeld, and there is a specialised shelter for LGBTQ+ survivors of forced marriage located in Berlin. There are no other shelters for women of marginalised groups. The main reasons for having to decline referrals were the lack of space and capacity to support the survivor, to accommodate her and her children, and to assist survivors ineligible for support.

3. WOMEN'S CENTRES

Total number of centres	Types of centres	Types of services provided
420	Only women survivors of VAW, For all survivors of violence, for other groups such as professionals, peers, family members	Counselling/psychological support, legal/housing/employment advice, financial and social welfare support, specialist support for women from marginalised groups, specialist support for survivors of SV

There are several women's centres in Germany, located in most regions. There are no official statistics about the exact number of centres, which according to the last available data should be approximately 420²⁴. Women's centres only offer non-residential support services such as counselling and psychological support, legal advice, financial and social welfare

24 WAVE Country Report 2015, p. 42.

support, housing and employment advice, specialist support for survivors of sexualised violence including specialist psychological care, specialist SV advocacy services, community awareness and education for prevention. Moreover, they receive funds from the state as well as donations. There are also women's centres specialising in supporting survivors of forced marriage, of so-called honour-based violence, female genital mutilation, human trafficking as well as migrant and refugee women.

4. SUPPORT SERVICES FOR SURVIVORS OF SEXUALISED VIOLENCE (SV)

There are approximately 183 rape crisis centres available for survivors of SV in Germany. Additionally, survivors can find support in 310 additional counselling services and at the national women's helpline. Medical services are provided by healthcare organisations such as hospitals. The support services provide specialist psychological care, specialist sexualised violence advocacy, and community awareness and education for prevention. They help women, young women, and children, are financed by the state and present in most regions in Germany.

COVID-19 PANDEMIC AND ITS IMPACT ON WOMEN'S SPECIALIST SUPPORT SERVICES

During the COVID-19 pandemic, women's specialist services had to adapt to the unprecedented situation. Women's shelters were challenged to develop hygiene measures against the virus and to manage the quarantine of individual women or entire shelters. This was particularly difficult as women's shelters generally do not have much space or outside flats that they could use as quarantine locations for new arrivals. In addition, during lockdowns fewer women sought access to women's shelters, but after each lockdown, the number of women seeking shelter increased significantly. Specialised support services for women did more consultations by phone, e-mail or chat. Centres have also had to develop hygiene concepts in order to maintain their accessibility. There was also an increase in the number of clients with an unstable psychological state.

In terms of funding, there has been a considerable increase in private donations. Public funding also increased in some regions due to media attention on domestic violence in relation to the COVID-19 pandemic. Unfortunately, reductions in funding are expected in the coming years.

GREECE

GENERAL COUNTRY INFORMATION

Population	10,718,565
Female population	5,503,077
Member of Council of Europe (year)	1949
Member of European Union (year)	1981
Member of United Nations (year)	1945
CEDAW ratified (year)	1983
CEDAW optional protocol ratified (year)	2001
Istanbul Convention signed (year)	2011
Istanbul Convention ratified (year)	2018



SUMMARY

There are two state-wide women's helplines in Greece, both of which are available 24/7 and offer multilingual support. One of them is free of charge. Greece **does meet** the Istanbul Convention standards for the provision of a national women's helpline. There are 24 women-only shelters that offer 450 beds. There is a shortage of 58% of the necessary bed spaces, meaning that Greece **does not meet** the IC standards for the provision of women's shelters. There are 51 women's centres in the country, but no specialised services for women and girls who have experienced sexualised violence. The state does collect data on women's specialist services, and it is publicly available.

SERVICES FOR WOMEN SURVIVORS OF VIOLENCE

1. NATIONAL WOMEN'S HELPLINES

Total Number	Free of charge	24/7 service	Multilingual support	Total number of callers in 2020
2	Yes	Yes	Yes	9,872

There are two state-wide women's helplines in Greece. The main one is run by the General Secretariat for Family Policy and Gender Equality and is called SOS Helpline 15900 (*Γραμμή SOS*, tel.: +30 15900). The helpline is not free of charge, but it is available 24/7 and it provides support for survivors of domestic violence, sexual violence, sexual harassment, trafficking, and stalking in Greek, Arabic, English, and Farsi. The helpline is funded by the state. The second state-wide women's helpline is called Helpline against domestic violence (*Γραμμή Ελπίδας*, tel.: +30 8011116000) and is run by the Union of Women Associations of Heraklion Prefecture (UWAH). The helpline is free of charge, available 24/7, and offers support for violence against women in Greek and English. It receives funding from private donors. From November 2019 to December 2020, the helplines received 9,872 calls. The most common forms of violence reported by callers were domestic violence, sexual harassment, and rape.

2. SHELTERS ACCESSIBLE TO WOMEN

Total number of women-only shelters	Total number of all shelters accessible to women	24/7 access	Existing number of beds	Number of beds missing	% of beds missing	Current number of population per bed
24	24	All	450	622	58%	23,819

There are 24 women-only shelters in Greece that are accessible 24/7 and offer approximately 450 beds. Women are not required to pay for their accommodation. Twenty-one shelters are state-owned and therefore financed by the state, while the remaining shelters are financed through donations. Women usually stay in a shelter from three to six months. Women's shelters are only present in major cities: Attica region, Thessaloniki, Heraklion, Larissa, Volos, Ioannina, Patras, Lesvos, Lamia, Kozani, Agrinio, Kerkyra, Komotoni, Rhodes, Tripli, Chania, and Drama. They offer casework, counselling, referrals, practical advice, and legal advice mainly for survivors of domestic violence, human trafficking, and stalking. There are no specific shelters for women of marginalised groups in Greece. The main reasons for having to decline referrals are the lack of space and capacity to support the survivor, to accommodate the survivor and her children, or to accommodate survivors ineligible for support, for instance because of substance abuse.

3. WOMEN'S CENTRES

Total number of centres	Types of centres	Types of services provided
51	Only for women survivors of VAW	Counselling/psychological supports, legal/housing/employment advice, financial and social welfare support, referrals, representation at court/police/social services, specialist support for women from marginalised groups and for survivors of SV

In Greece, there are 51 women's centres: six of them are run by women's NGOs, three by other kinds of NGOs, and 42 by government agencies. They are present in most regions and provide mainly non-residential support services. They are funded by the state and through donations. Survivors supported by these centres can receive counselling and psychological support, updates and information on gender equality, combating violence and discrimination against women; social, legal, housing and employment advice; referral or accompaniment, if necessary, to women's shelters, police and prosecution authorities, courts, hospitals, health and mental health centres, social services for social assistance; legal aid in cooperation with lawyers' associations. Women's centres in Greece assisted 6,109 women in 2020.

4. SUPPORT SERVICES FOR SURVIVORS OF SEXUALISED VIOLENCE (SV)

There are no specific services for women and girls who have experienced sexualised violence. Women's centres can provide support to survivors of SV.

COVID-19 PANDEMIC AND ITS IMPACT ON WOMEN'S SPECIALIST SUPPORT SERVICES

During the COVID-19 pandemic, women's specialist support services (WSSS) had to adapt to this unprecedented situation. The network of shelters was operational, with shelter staff working in teams and/or teleworking, allowing services to be provided via Skype or telephone. Nevertheless, WSSS had to face many additional challenges. For instance, courts were not functioning at all for long periods of time, worsening the condition of survivors (especially if with children and in need of children's custody and child support). At the same time, the police were focusing almost exclusively on COVID-19 and the same was happening with hospitals that were almost inaccessible for routine examinations, that are necessary for survivors to be able to access women's shelters. Unemployed survivors, especially those with children, were unable to find jobs, needing, therefore, additional financial and practical support.

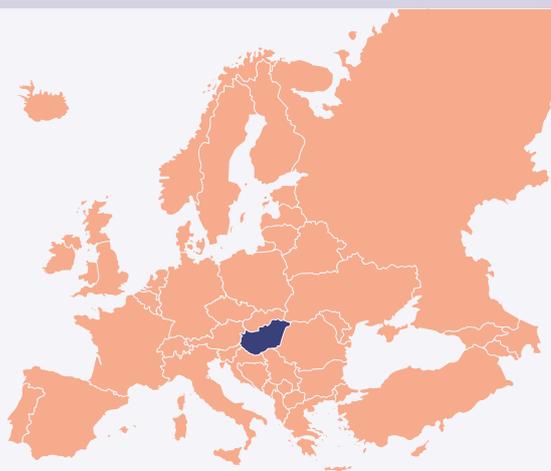
The General Secretariat for Family Policy and Gender Equality has taken a series of actions during the pandemic, such as the implementation of the TV campaign “We stay home but we do not remain quiet” promoting the SOS 15900 Helpline and the sos15900@isotita.gr, the provision of free and safe accommodation for urgent cases of women victims of gender-based violence, but only during the lockdown periods, as well as efforts to increase the collaboration with local and international organisations. Local NGOs also set up specific plans to cope with the emergency. For example, the Union of Women’s Associations of Heraklion (UWAH) carried out a series of actions such as informing the population on social media, in pharmacies, markets and food shops, on national TV and radio stations; disseminating practical tips for women experiencing DV in quarantine; involving the police in serious cases.

Public funding for women’s support services has not been affected by the pandemic. However, funding from private donations has decreased significantly for women’s NGOs.

HUNGARY

GENERAL COUNTRY INFORMATION

Population	9,769,526
Female population	5,088,736
Member of Council of Europe (year)	1990
Member of European Union (year)	2004
Member of United Nations (year)	1955
CEDAW ratified (year)	1982
CEDAW optional protocol ratified (year)	2001
Istanbul Convention signed (year)	2014
Istanbul Convention ratified (year)	No



SUMMARY

There is one national women’s helpline in Hungary which is free of charge and offers multilingual support but is not available 24/7. Therefore, Hungary **does not meet** the Istanbul Convention standards for the provision of a national women’s helpline. There are 52 shelters accessible to women survivors of VAW with a total capacity of 348 beds, but there are no women-only shelters. Hungary **does not meet** the IC standards for the provision of women’s shelters as 64% of beds are currently missing. There are no women’s centres in Hungary, nor are there services for survivors of sexualised violence such as rape crisis centres and sexual violence referral centres. The state does not collect data on women’s specialist support services. In Hungary, there are only a few women’s specialist support services which are run by women’s NGOs and undertake their own data collection. Such services are operated by two NGOs, NANE Women’s Rights Association and the PATENT (People Opposing Patriarchy) Association. Other services for survivors of violence are gender-neutral in their approach, and public access to basic and regularly updated data on these services constitutes a challenge. The respective state authority in charge does however provide data on request.

SERVICES FOR WOMEN SURVIVORS OF VIOLENCE

1. NATIONAL WOMEN’S HELPLINES

Total Number	Free of charge	24/7 service	Multilingual support	Total number of callers in 2020
1	Yes	No	Yes	711

There is one national women’s helpline in Hungary called the NANE Helpline (*NANE Segélyvonal*, tel.: +36 80505101) which is run by NANE Women’s Rights Association. The national helpline is free of charge but is not available 24/7. NANE helpline does offer multilingual support, although it is not advertised, and has operators who can provide support in other languages. More than half of the current operators speak English well enough to provide support to women survivors, and on demand, NANE can give the caller a timeslot for German, French, and Romanian speaking operators. The helpline provides support for all types of violence against women including physical violence, emotional violence, sexualised violence, sexual harassment, economic violence, and sexual exploitation.

There is another women's helpline in Hungary called PATENT Legal Aid (*PATENT Jogsegély*, tel. +36 702202505) which is run by PATENT (People Opposing Patriarchy) Association and focuses specifically on legal aid. This helpline is, however, not free of charge, nor is it available 24/7, although it does offer multilingual support. Consultations in foreign languages depend on the language skills of the operator, and in general PATENT Legal Aid offers support in English and Italian. Support is provided for all types of violence against women including psychological, verbal, economic, sexualised, and physical violence. Funding for national women's helplines primarily comes from donations, both from trusts as well as personal income tax offers, since in Hungary, taxpayers have the opportunity to donate 1% of their personal income tax to a civil society organisation of their choice (such as NANE). The NANE Helpline is operated by volunteers and the costs for 2020 were covered by this 1% of taxpayers' personal income tax. Additionally, a local government also provided funding to operate the NANE helpline in 2020. The PATENT Legal Aid helpline was funded by donations from the 1% of taxpayers' personal income tax and one foreign donor.

In terms of the number of callers, the NANE Helpline received 711 calls in 2020, more than 600 messages (through e-mail and Facebook), and 46 hours of chat-help were provided. PATENT Legal Aid responds to on average 416 to 520 calls per year. Although neither helpline collects statistics on the types of violence reported, most of the callers are survivors of domestic violence or intimate partner violence. For women with children the next most common type of violence is perpetrators threatening to take their children away, and economic violence is almost always present. PATENT Legal Aid primarily supported survivors of psychological, verbal, and economic violence, as well as sexualised violence and child sexual abuse.

There is also a National Crisis Management and Information Telephone Service (*Országos Kríziskezelő és Információs Telefonszolgálat - OKIT*) which offers support to all victims of violence and is therefore not a women's helpline. This helpline provides support to survivors of domestic violence, child abuse, sexual exploitation, and human trafficking. OKIT is available 24/7 and is free of charge. There are no other regional helplines supporting survivors of VAW.

2. SHELTERS ACCESSIBLE TO WOMEN

Total number of women-only shelters	Total number of all shelters accessible to women	24/7 access	Existing number of beds	Number of beds missing	% of beds missing	Current number of population per bed
0	52	N/A	348	629	64%	28,073

There are no women-only shelters in Hungary, although there are other services providing accommodation for all survivors of violence. None of them are defined and legally regulated as women-only service, although according to the information provided by the state, there are places available only to women. However, no further exact information is provided, meaning no information is available about the number of women-only shelters, or about the beds available in such services. The system providing support to survivors of violence includes 20 crisis intervention centres which provide services and accommodation and other services to survivors of domestic violence; eight secret shelters providing accommodation for survivors of domestic violence whose lives are in danger; 21 halfway houses providing long-term housing and professional services for survivors of domestic violence (and six for survivors of human trafficking); and three temporary/protected accommodation for survivors of human trafficking. The extension of several services took place in 2018/2019, partly thanks to funding from the EU. There is an estimated total of 348 available bed spaces for all survivors of domestic violence of which 120 are in crisis intervention centres, 144 (at minimum) in secret shelters, and 84 in halfway houses.

The average length a woman can stay in a shelter depends on the type of service. In crisis intervention centres, survivors of domestic violence can stay for up to eight weeks, and in secret shelters for a maximum of six months. Halfway houses focus on the social reintegration of domestic violence survivors, some of which are dedicated for survivors of human trafficking, and those in need can stay up to five years. The services mentioned are regulated by the Act No. XXXI of 1997 on the protection of children and guardianship administration. The available services are regionally spread throughout the country. Furthermore, about 90% of the services offering accommodation for survivors of domestic violence are run by civil society organisations, some of which are faith-based, and all services for survivors of human trafficking are also run by civil society organisations.

None of the above-mentioned services are operated by women's rights NGOs. In fact, the establishment and development of these services has or is taking place without the involvement of or consultation with women's rights NGOs. The state claims that there is no waiting list for these services and that there are enough spaces for women survivors of violence. However, NANE Helpline has received complaints from survivors who could not find an available shelter space. There are also no specific shelters for women from marginalised groups (such as BME and migrant women) apart from survivors of

human trafficking. The available services providing accommodation for survivors of domestic violence are funded by the Hungarian state and from EU development funds. There are an additional 36 bed spaces in temporary/protected accommodation specifically for survivors of human trafficking.

3. WOMEN'S CENTRES

Total number of centres	Types of centres	Types of services provided
0	-	-

There are no women's centres in Hungary. However, a type of service was established in 2018 for survivors of domestic violence, namely so-called 'crisis ambulances'. These services provide walk-in consultations without accommodation for survivors of domestic violence and can also be contacted by e-mail or phone. The crisis ambulances are not women-only centres or services as they are available for all survivors of domestic violence, including women. There are currently seven crisis ambulances in Hungary, one in each region.²⁵ Four of these are run by the Hungarian Interchurch Aid.

4. SUPPORT SERVICES FOR SURVIVORS OF SEXUALISED VIOLENCE (SV)

There are no rape crisis centres or sexual violence referrals centres in Hungary. A specialised service for victims of sexualised violence is available for children in one city, which is an adaptation of the *Barnahus Model* originating from Iceland.²⁶ In addition to this, NANE Association occasionally organises support group sessions for women survivors of child sexual abuse committed by an adult family member, relative or other person in a position of trust, although this depends on available resources. The NANE Helpline and PATENT Legal Aid are also able to provide support or consultations for cases involving sexualised violence. The helpline formerly known as KERET Helpline (*KERET Segélyvonal*), which provided support for survivors of sexualised violence, has been incorporated into the NANE Helpline.

COVID-19 PANDEMIC AND ITS IMPACT ON WOMEN'S SPECIALIST SUPPORT SERVICES

The COVID-19 pandemic affected the work of women's specialist support services in a number of ways in Hungary. Notably, NANE had to rearrange its working structure due to the COVID-19 pandemic as the planned programs and activities had been postponed. For example, they had been hoping to begin implementing support groups for survivors, but this was no longer possible, and training for professionals and volunteers could not take place. Both the NANE and PATENT helpline introduced chat-based consultation as a new type of support. The number of calls to the NANE Helpline did not increase during the pandemic, or this was hard to gauge, as it already operates at full capacity and is constantly occupied with calls. At the same time, based on the calls made by survivors, it became clear that their situation had worsened during pandemic. The National Crisis Management and Information Telephone Service reported a significant increase in calls.

Generally speaking, the state does not provide any funding for women's rights NGOs providing services for survivors of violence in Hungary, and this did not change during the pandemic. The only specific additional funding that NANE Association received in light of the pandemic was provided by the WAVE Network. Furthermore, violence against women and domestic violence was not addressed in the state's National Recovery and Resilience plan. Despite this, services providing accommodation for survivors of domestic violence continued to operate and state authorities informed the public that quarantine rooms had been established in these services where it was possible. Crisis ambulance services were provided online, virtual information leaflets were disseminated, and a smartphone application was also developed.²⁷

²⁵ Two more are planned to open in 2021.

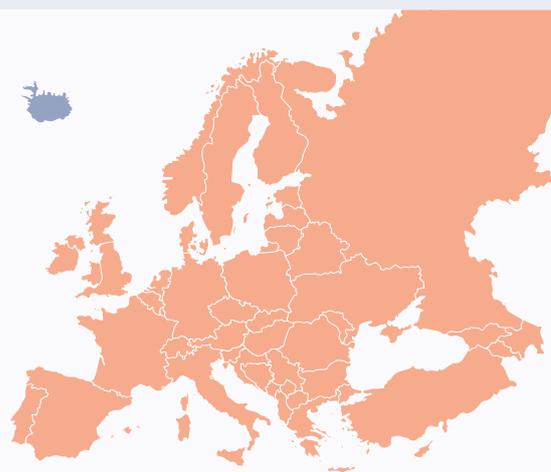
²⁶ More are planned to open in the future.

²⁷ This information was provided by the respective state authorities in the list of issues and questions in relation to its ninth periodic report of Hungary to CEDAW - available at https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CEDAW%2fC%2fHUN%-2fRQ%2f9&Lang=en

ICELAND

GENERAL COUNTRY INFORMATION

Population	364,134
Female population	177,193
Member of Council of Europe (year)	1950
Member of European Union (year)	No
Member of United Nations (year)	1946
CEDAW ratified (year)	1985
CEDAW optional protocol ratified (year)	2001
Istanbul Convention signed (year)	2011
Istanbul Convention ratified (year)	2018



SUMMARY

Iceland has one national women's helpline that is free of charge, operates 24/7, and provides multilingual support. Therefore, Iceland **does meet** the Istanbul Convention standards for the provision of a national women's helpline. There are two women-only shelters in Iceland for survivors of VAW with 28 beds, as well as one women-only shelter for homeless women with 12 beds. This means that Iceland **does meet** the IC standards for provision of women's shelters. There are seven women's centres in Iceland, as well as two rape crisis centres for survivors of sexualised violence. The state in Iceland does not collect data on women's specialist support services.

SERVICES FOR WOMEN SURVIVORS OF VIOLENCE

1. NATIONAL WOMEN'S HELPLINES

Total Number	Free of charge	24/7 service	Multilingual support	Total number of callers in 2020
1	Yes	Yes	Yes	N/A

There is one national women's helpline in Iceland called The Women's Shelters Helpline (*Neyðarsími Kvennaathvarfsins*, tel. +35 45611205) which is run by The Women's Counselling (*Kvennaathvarfið*). The helpline is free of charge, available 24/7 and offers multilingual support in Icelandic and English. Eventually it will also offer support in French, Spanish and Danish. The Women's Shelters Helpline provides support for intimate partner violence (in any form), sexual violence and violence against children. Funding for the national helpline comes from the state as well as donations. The total number of callers who contacted the helpline in 2020 is unknown. The most common forms of violence reported by survivors were psychological, physical and sexual violence in intimate relationships. There are no other regional helplines supporting survivors of VAW in Iceland, though the NGO *Aflið* does run a regional phone service at select times for survivors who need support and advice (tel.: +354 4615959).

2. SHELTERS ACCESSIBLE TO WOMEN

Total number of women-only shelters	Total number of all shelters accessible to women	24/7 access	Existing number of beds	Number of beds missing	% of beds missing	Current number of population per bed
2	2	Yes	40	0	0%	9,103

There are two women-only shelters in Iceland, one of which opened in September 2020, with 28 available bedspaces. All shelters offer 24/7 access, women are not expected to pay for their accommodation and the women-only shelters are funded by the state as well as through donations. Both of the shelters are located in major cities and are run by a women's NGO with a feminist approach, Women's Shelter Association (*Samtök um kvennaathvarf*). Women can stay in the shelters for up to a year, but on average they stay for around one month. There are no specific shelters for women from marginalised groups such as migrant women or women with disabilities. Furthermore, the main reason for having to decline a referral was the survivor being ineligible for support, for example if they were an undocumented migrant or if the shelter could not meet their specific needs, due to for example substance abuse or requirements of alternate forms of social support.

The most common types of violence reported by survivors in the women-only shelter were psychological violence (almost all survivors in women-only shelters in Iceland reported suffering from psychological violence), physical violence and economic violence. Services most often provided by the women-only shelters included casework, referrals, and practical advice. There is one other shelter providing support to survivors of VAW which operates as a homeless shelter for women, has 12 available beds, and is run by the NGO *Róttin*. This shelter is women-only but it is not explicitly for survivors of violence, although homeless women are very likely to be survivors of violence themselves.

3. WOMEN'S CENTRES

Total number of centres	Types of centres	Types of services provided
7	Only for women survivors of VAW as well as for all survivors of violence, including women	Counselling, legal advice, specialist support (including for survivors of SV), advocacy

There are nine women's centres in Iceland for all survivors of violence, including women. *Aflið* provides assistance to all survivors of sexualised violence and intimate partner violence. *Kvennaráðgjöfin* provides counselling to women and also accepts men, but most of their clients are women. These women's centres are only found in major cities. All women's centres offer counselling, one offering specialist support to survivors of honour-based violence, two to survivors of human trafficking, and one to migrant and refugee women. Two women's centres also offer legal advice and several also provide specialist support for survivors of sexualised violence. Services offered include specialist forensic and medical care, specialist psychological care, and prevention education. Of the six women centres for all survivors of violence, two are run by women's NGOs, two by other NGOs, and two by government agencies. Funding for women's centres comes from state funding from national authorities as well as donations. Only women's shelters in Iceland provide residential support services, and women's centres provide only non-residential support such as advice and counselling.

4. SUPPORT SERVICES FOR SURVIVORS OF SEXUALISED VIOLENCE (SV)

Iceland does have services for women and girls who have experienced sexualised violence including one rape crisis centre offering specialist forensic and medical care as well as referrals to trauma psychological services, located in the national hospital. This rape crisis centre is located in Reykjavík and is funded by the state as well as donations. Furthermore, *Stígamót* is an education and counselling centre for survivors of sexual abuse and violence. It provides free counselling for survivors of rape, sexual molestation, sexual harassment, and sexual exploitation. *Stígamót* also conducts workshops and trainings on various aspects of sexualised violence and survivor support, aimed at professionals, interest groups, individuals and government officials. *Aflið* in Akureyri also provides counselling for survivors of SV. There is one service for young survivors of sexualised violence, *Barnahúsið*, and all other services are available to adult women.

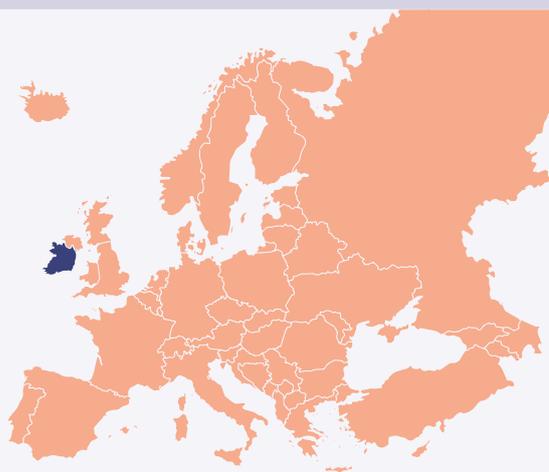
COVID-19 PANDEMIC AND ITS IMPACT ON WOMEN'S SPECIALIST SUPPORT SERVICES

The COVID-19 pandemic has impacted women's specialist support services in many ways. Many women's centres offering counselling and psychological support have adapted their work by providing services by phone or video call. Additionally, women-only shelters had to rent out extra accommodations for survivors of VAW in order to meet the restrictions on gatherings and safe distancing imposed by the government. On a positive note, both state funding and donations to women's specialist support services increased during the pandemic. Finally, statutory services such as the police and social services sought to tackle violence against women during the pandemic by bringing more awareness to the issue.

IRELAND

GENERAL COUNTRY INFORMATION

Population	4,964,440
Female population	2,506,783
Member of Council of Europe (year)	1949
Member of European Union (year)	1973
Member of United Nations (year)	1955
CEDAW ratified (year)	1985
CEDAW optional protocol ratified (year)	2000
Istanbul Convention signed (year)	2015
Istanbul Convention ratified (year)	2019



SUMMARY

There is one national women's helpline in Ireland for all survivors of violence, including women, which is free of charge, available 24/7, and provides multilingual support. Thus, Ireland **does meet** the Istanbul Convention standards for the provision of a national women's helpline. There are 22 women's shelters in Ireland with a total combined capacity of 139 beds. Therefore, Ireland **does not meet** IC standards for women's shelter provision, with 71% of beds missing. Ireland has 41 women-only centres which provide non-residential specialist support, as well as 16 rape crisis centres and six sexual assault treatment units supporting survivors of sexualised violence. The state does not collect national data on women's specialist support services. However, some statutory agencies collect partial data pertaining to their specific funded element. This data is not collated centrally, or across state departments, and it may or may not be in the public domain. Due to the often sensitive nature of the data gathered, in many instances information must be requested by members of parliament via the Parliamentary Question system.

SERVICES FOR WOMEN SURVIVORS OF VIOLENCE

1. NATIONAL WOMEN'S HELPLINES

Total Number	Free of charge	24/7 service	Multilingual support	Total number of callers in 2020
1	Yes	Yes	Yes	26,400

There is one national women's helpline in Ireland, the Women's Aid 24hr National Freephone Helpline (tel.: +353 1800341900) which is run by Women's Aid. This helpline is a national domestic violence helpline that is free of charge, operates 24/7, and provides services in over 170 languages through the telephone interpretation service. Funding for the national women's helpline comes from a combination of state funding, cash donations, and voluntary work. In 2020, the helpline received 26,400 calls for assistance, and the three most common forms of violence reported were emotional abuse (17,321), physical abuse (4,792) and financial abuse (1,925).

Moreover, there is one rape crisis helpline in Ireland called the Dublin Rape Crisis Center National 24hr Helpline (tel.: +353 0800778888) which is run by the Dublin Rape Crisis Center.

In addition to the national helplines, there are 38 local domestic violence services that operate part-time helplines dealing with a range of domestic violence and intimate partner abuse issues. Whilst the total annual figures for 2020 are not yet fully collated, 57,277 calls were recorded for the nine-month period of March to December 2020 in two Safe Ireland publications which focused on Tracking the Shadow Pandemic²⁸. Furthermore, Ruhama, an NGO which supports women affected by sexual exploitation or trafficking for the purposes of sexual exploitation, runs a free part-time text-line service (text REACH to 50100), and a standard-rate telephone helpline (tel.: +353 18360292).

28 Safe Ireland, Tracking the Shadow Pandemic, 2020, https://www.safeireland.ie/policy-publications/#dfliip-df_8221/1/ and Safe Ireland, Tracking the Shadow Pandemic – Lockdown 2, 2021, https://www.safeireland.ie/policy-publications/#dfliip-df_8398/1/.

2. SHELTERS ACCESSIBLE TO WOMEN

Total number of women-only shelters	Total number of all shelters accessible to women	24/7 access	Existing number of beds	Number of beds missing	% of beds missing	Current number of population per bed
21	21	Most	139 ²⁹	357	72%	35,715

At the beginning of 2020, there were 22 women-only shelters in Ireland, but this number was reduced to 21 during the COVID-19 lockdown. There are generally two types of facilities. The first is a communal building within which a woman/family will minimally have a bedroom of her/their own but will share a communal bathroom, kitchen and living facilities; the second type is a stand-alone self-contained unit with bedroom, bathroom, kitchen and living facilities. Some shelters are communal only, some are entirely self-contained, and some are a combination of both. According to the National Child and Family Support Agency, women-only shelters had a total of 139 beds in 2020.

Most women-only shelters provide 24/7 access and women are not required to pay for accommodation. However, when a woman has an income, and can afford to contribute, she may be asked to make a nominal donation: this ranges from €20 to €30 per week. The two main sources of funding for women-only shelters are public funding from national or local authorities, and from charitable donations. All women-only shelters in Ireland are run by independent NGOs with a feminist and gender-specific approach. The average length of stay in women-only shelters varies between services. Some services have a timeframe of up to three months while others will put no limit to it and instead will determine the length of stay depending on the need, or the availability of moving-on options in the locality. Moreover, women-only shelters exist in all major cities and a number of provincial towns, although there are nine counties with no shelters.

There are no specialised shelters for women from marginalised groups in Ireland such as migrant or refugee women or women with disabilities. The main reasons for declining referrals in 2020 were no space to support the survivor alone or with her children. The types of in-house services most often provided by women-only shelters in Ireland were referrals and collaboration with other services, legal advice, representation at court, and welfare advice. In 2020, women-only shelters provided safe and secure accommodation to over 1,500 women and 3,000 children.

There are also a number of homeless charities which provide occasional accommodation for survivors of VAW in Ireland, although the exact number of such shelters is unavailable.

3. WOMEN'S CENTRES

Total number of centres	Types of centres	Types of services provided
41	For all survivors of violence, including women survivors of VAW	Counselling, advice, advocacy, helpline, court accompaniment, outreach, childcare, specialist support (including for survivors of SV)

There are 38 dedicated women-only domestic violence services in Ireland, of which 21 operate both as a support service and a shelter, whilst the remaining 17 operate as a support service only. Most cities have a women's centre, but some rural areas are sparsely serviced. All services provide counselling, advice, one-to-one support, legal advice, court accompaniment, outreach support, childcare, social welfare guidance, and housing support. They also support children and offer some level of therapeutic child support, however, disaggregated data for 2020 is not currently available. In many instances services also supply emergency provisions such as food, clothing, hygiene products, phone credit, and school supplies. Specialist domestic violence (DV) services receive partial state funding from the national Child and Family Support Agency, and the remainder from donations and fundraising activities. Some (those operating shelters or transitional housing) may also receive a housing subsidy from a local authority. Annually, these services provide direct support and advocacy to over 11,000 women and 3,500 children.

In addition, there are specialist centres in Ireland for women from different marginalised groups. Ruhama is a specialist NGO working specifically with women working in the sex industry and survivors of trafficking for the purposes of sexual exploitation. Furthermore, Akidwa is a national network of migrant women living in Ireland, focusing on female genital mutilation (FGM), domestic violence, forced marriage and human trafficking. Pavee Point Traveller & Roma Centre is a national NGO which advances the position of Irish Travellers and Roma people, focusing on women who are affected by domestic and sexualised violence.

²⁹ Statistics from Tusla, the National Child and Family Support Agency under the Ministry of Children & Youth.

In addition to the specialist domestic violence services, there is a National Collective of Community Based Women's Networks (NCCWN) – a grouping of general-purpose women's groups whose mission is to support the empowerment of women who experience disadvantage and marginalisation and to promote social justice, women's human rights and equality. They have a partial role in family support, parenting, childcare support, promoting women's community leadership and empowerment, and advancing women's health and wellbeing. These groups, however, do not provide specialist services.

4. SUPPORT SERVICES FOR SURVIVORS OF SEXUALISED VIOLENCE (SV)

There are a total of 16 rape crisis centres (RCCs) operating across Ireland. The model for supporting survivors is trauma-informed and healing-based. All 16 RCCs provide specialist psychological care, including psychotherapy, counselling and peer support groups. They also provide specialist SV advocacy services that relate mainly, but not exclusively, to the criminal justice system. Rape crisis centres in Ireland receive some public funding and the (sometimes substantial) shortfall is sourced primarily from philanthropic trusts and foundations, local fundraising activities, and donations from private individuals. Not all regions of the country have access to RCC services, and the geographical coverage across the 26 counties is approximately 60%. A significant void exists in the Midlands Region and along the political border with Northern Ireland. Moreover, RCCs are not exclusively for women. Whilst the majority of clients are women and girls, services are generally available to all. There are no sexual assault referral centres in Ireland.

There are seven services in total offering sexual assault forensic and medical examinations to adults and young people. Six of these are classified as Sexual Assault Treatment Units (SATU) and all units are operated by the state Health Service Executive which is financed entirely through public funds. Clients are also offered a needs assessment which may include, for example, assessing special measures entitlements in court or, an International Protection risk vulnerability assessment. There are also a number of specialised services offering support to children, families, and adult survivors of child sexual abuse in Ireland.

The Dublin Rape Crisis Center runs the national helpline for survivors of rape and sexualised violence, which is free of charge and available 24/7. A service for those who are deaf or hard of hearing is also available via a text service from Monday-Friday between 8:00-18:30 (tel.: +353 0868238443). In 2020, the helpline received 13,438 calls for assistance, and the three most common reported forms of sexualised violence were adult rape (48,8%), child sexual abuse (27,2%) and adult sexual assault (10%).

The remaining 15 regional RCCs operate local specialised helplines which offer part-time freephone services for survivors of sexualised violence. Whilst the figures for 2020 are not yet available, in its Statistical Report the Rape Crisis Network of Ireland (RCNI) included a sampling of six³⁰ centres which recorded a total of 10,706 contacts made to 6 RCC Helplines across Ireland. Lastly, CARI is an organisation that specialises in services for child survivors of sexual violence runs a part-time helpline (tel.: +353 1890924567).

COVID-19 PANDEMIC AND ITS IMPACT ON WOMEN'S SPECIALIST SUPPORT SERVICES

During the COVID-19 pandemic, nearly 3,500 women and 600 children contacted a domestic violence service for the first time during the first six months. This equated to 19 new women and three new children every day. Domestic violence services have continued to see high numbers with many survivors having highly complex needs and heightened trauma from months of living with their abusers during lockdown. Furthermore, organisations that provide domestic violence services struggled with the challenges of relying on a small pool of staff as well as significant breakdown in linkage to the national public health decision-making infrastructure. The pandemic magnified Ireland's very fragile and fragmented infrastructure for protection and supporting survivors when they try to escape coercive and abusive relationships. At the same time, it also provided an opportunity for greater collaboration and cooperation as evidenced in the efforts of justice agencies and NGOs.

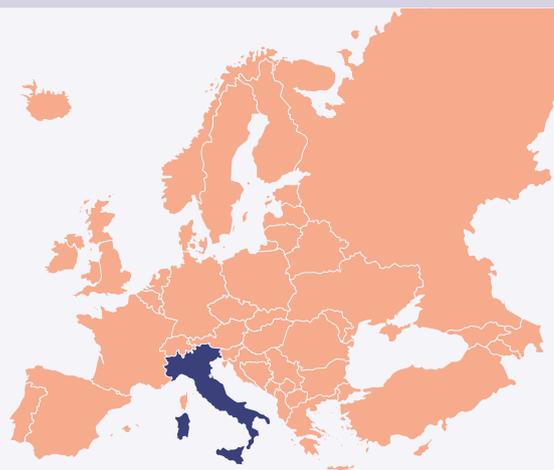
Tusla (the state agent of the Children, Equality, Disability, Integration and Youth), which is the main funder for women's specialist support services in Ireland, distributed two million euros worth of one-off contingency funding to help services cope with the ongoing effects of the COVID-19 pandemic. Corporate benefit-in-kind contributions also alleviated the demand on shelter spaces such as 2,000 free emergency hotel bed-nights provided via Airbnb. From the commencement of the national pandemic response, domestic violence was seen as a national priority by the government. Proactive campaigns by The Police Force (An Garda Síochána) such as Operation Relief (Operation Faoiseamh); prioritisation by the Court Services and accommodation of remote hearings; Safe Ireland's national coordination of the sector; and the government-led Still Here campaign all contributed to some alleviation for survivors of violence. The Rape Crisis Network of Ireland (RCNI) reported that local rape crisis centres did lose some fundraising income but this was offset by increases in state funding.

30 Rape Crisis Network Ireland, RCNI Rape Crisis Statistics, 2019, <https://www.rcni.ie/wp-content/uploads/RCNI-Statistics-2019.pdf>.

ITALY

GENERAL COUNTRY INFORMATION

Population	59,641,488
Female population	30,591,392
Member of Council of Europe (year)	1949
Member of European Union (year)	1957
Member of United Nations (year)	1955
CEDAW ratified (year)	1985
CEDAW optional protocol ratified (year)	2000
Istanbul Convention signed (year)	2012
Istanbul Convention ratified (year)	2013



SUMMARY

There is one national women's helpline in Italy, operating 24/7, free of charge and offering multilingual support. Therefore, Italy **does meet** the Istanbul Convention standards for the provision of a national women's helpline. In Italy there are 272 shelters accessible to women, offering 2,421 beds. Italy **does not meet** the IC standards for women's shelters provision, since 59% of the required beds are missing. There are 302 women's centres in Italy, 93 of which belong to the Women's Network against Violence D.i.Re. (*Donne in Rete contro la violenza*).

The state collects data on women's specialist support services and these data are public and available online. However, the data collected by the state is not thorough, as it does not differentiate between services with a gender-specific approach and gender-neutral services. The Women's Network against Violence D.i.Re collects and publishes data on women's specialist support services.

SERVICES FOR WOMEN SURVIVORS OF VIOLENCE

1. NATIONAL WOMEN'S HELPLINES

Total Number	Free of charge	24/7 service	Multilingual support	Total number of callers in 2020
1	Yes	Yes	Yes	31,688

There is one national women's helpline in Italy, called National helpline against violence and stalking (1522 - *Numero nazionale anti violenza e stalking*, tel.: +39 1522). It is run by the NGO Difference Women (*Differenza donne*) and supported by state fundings. The helpline is free of charge, operates 24/7 and offers multilingual support in Italian, English, French, Arabic and Spanish. The total number of callers in 2020 was 31,688, with 89% of the callers being women. The helpline provides support for survivors of every form of violence, including cyberviolence and stalking. The most common forms of violence reported by callers were physical violence, psychological violence, sexual harassment, sexual violence, economic violence, mobbing, and threats. Moreover, 50,5% of callers reported multiple forms of violence.

2. SHELTERS ACCESSIBLE TO WOMEN

Total number of women-only shelters	Total number of all shelters accessible to women	24/7 access	Existing number of beds	Number of beds missing	% of beds missing	Current number of population per bed
272	N/A	Some	2,421	3,543	59%	24,635

There are 272³¹ women-only shelters in Italy, 93 of which are being provided by 83 members of the network D.i.Re. (*Donne in rete contro la violenza*). The shelters provide 2,421 beds³² with 777 beds from D.i.Re members. Only some of them operate 24/7, mainly due to the lack of funds and resources. Other shelters are collaborating with hotels in cases when

31 Italian Institute for statistics, data about women's shelters is only available for 2018: [LE-CASE-RIFUGIO-PER-LE-DONNE-MALTRATTATE-con-glossario.pdf \(istat.it\)](#).

32 Ibid.

they need to accommodate a woman during the first night and in cases of emergency. The shelters are free of charge, since in many Italian regions shelters have fees that are mainly paid by public or local social services. However, there is a problem for women wanting to escape into another region, as the local authorities tend to pay only for residents of their designated area and/or they ask for reimbursement from the region where the woman comes from; this implies a lot of bureaucracy and often hinders the possibility of shelter for women. The women-only shelters are located just in major cities, and only rarely in smaller towns. There are big regions and towns/cities (especially in Southern Italy) that are lacking adequate shelter services.

The shelters receive state funding from national and local authorities as well as donations. However, funding to women's shelters is often insufficient and women's NGOs running women's shelters are obliged to look for different sources to be able to support survivors of VAW. Organisations providing women-only shelters include approximately 60% of women NGOs with a gender-specific approach, 5% of faith-based organisations, 10% of other women's NGOs, 5% of governmental institutions, and 20% of other NGO'S or enterprises/cooperatives. On average, women can stay in women-only shelters for three to six months, with differences from shelter to shelter due to resources and funds; women-run shelters normally recommend a period between six to nine months in order to promote the autonomy of a woman. However, the challenging social, housing and labour market circumstances are often hindering women (especially with small children) to be economically independent and leave the shelter.

There are other shelters in Italy that can provide support to survivors of VAW, but the number is not available. There are shelters that do not specifically support women survivors of VAW, such as shelters for homeless women, for mothers with small children with social problems, for women with problems of addiction or psychiatric problems. These shelters are normally run by faith-based organisations, foundations, cooperatives, or organisations such as the Red Cross and Caritas. There are also shelters specifically assisting migrant women, survivors of trafficking, honour-based violence, forced marriage or FGM. However, there are no specialised shelters for disabled, lesbian, transgender, older women, or women with physical or mental health conditions that are also survivors of VAW. The main reasons for having to decline referrals include lack of space and capacity to support the survivors and to accommodate them and their children, or if the survivor is ineligible for support. Although most shelters are open to all women, some shelters are available only for women with children. The most common types of violence reported by the clients are different forms of domestic violence, including physical, psychological, sexual, and economic violence. The kinds of in-house services most often provided by women's shelters are casework, counselling, referrals, practical advice, and legal advice. Italian shelters also support women in their search of work and housing.

3. WOMEN'S CENTRES

Total number of centres	Types of centres	Types of services provided
302	For women survivors of VAW	Counselling/psychological support, legal/housing/employment advice, financial/social welfare advocacy, help with referrals, representation at court/police/social services, specialist support (including for survivors of SV)

There are 302³³ women's centres in Italy, and 93 of these are run by 86 members of the D.i.Re network. Italy has a very unequal distribution of wealth, welfare, social services and working opportunities. Hence, Italian regions differ significantly also on the provision of women's centres, with the South of Italy suffering the most, as well as some rural areas of Central and Northern Italy. In Italy, women's centres receive state funding and donations. The total number of women supported by women's centres in Italy in 2018 (no data available for 2020) was 49,394, while the number of women supported by the members of the D.i.Re network in 2019 was 20,342.

The types of services provided by women's centres, and specifically by D.i.Re members, are counselling, legal/housing/employment advice, financial and social welfare support/advocacy, referrals, as well as representation at court, police, and social services. Moreover, one organisation called *Trame di Terra* provides assistance in cases of forced marriage and honour-based violence. More than 23 centres run by D.i.Re members provide specialist services around trafficking in persons. However, there are no specialist support services for migrant women survivors of VAW in Italy; migrant women find themselves in generic services for migrants (with men and families), with no special competence for VAW. Women's centres provided by the D.i.Re members also provide specialist support for survivors of sexualised violence, such as needs assessment, specialist psychological care, specialist SV advocacy services, community awareness and education

33 Italian Institute for statistics, data about women's centres is only available for 2018: [Report-centri-antiviolenza-28102020-1.pdf \(istat.it\)](#).

for prevention. Many of D.i.Re members run both centres and connected shelters, but they often lack sufficient resources to provide sufficient residential support services too. Additionally, there are other 85 women's centres in Italy, which are not included in the government's statistics, since they do not comply with state requirements.

4. SUPPORT SERVICES FOR SURVIVORS OF SEXUALISED VIOLENCE (SV)

There are no specialised rape crisis centres or sexual violence referral centres in Italy, but the 86 women's centres members of the network D.i.Re are providing specialist and competent support for survivors of sexualised violence, sometimes in collaboration with family counselling centres (*consultori familiari*). Women's centres offer needs assessment, specialist psychological care, SV advocacy, community awareness and education for prevention/primary prevention. Specialist forensic and medical care is provided by gynaecological and emergency departments in hospitals, which are required by the Italian criminal law on sexual violence to follow a certain procedure for the forensic evidence in cases of SV. Some hospitals of major cities have specialised emergency services (*Clinica Mangiagalli* in Milan, and hospitals in Rome, Naples, Bologna, Grosseto and some other Tuscan cities, with a project called Pink Code "*Codice Rosa*"). There is no specialised helpline for cases of SV, but the national helpline 1522 provides support for these cases too. Support services for survivors of sexualised violence are available in all regions of Italy and are accessible only for women over 18 years of age.

COVID-19 PANDEMIC AND ITS IMPACT ON WOMEN'S SPECIALIST SUPPORT SERVICES

Women's specialist support services (WSSS) were considered essential services during the COVID-19 pandemic, so they never closed. During the lockdown periods in Italy (spring and autumn of 2020) they had to drastically reduce personal contacts and switch as much as possible to online work and counselling. Shelters have never been closed, but it was very difficult to provide protection for acute situations due to the lack of bed spaces, especially in certain Italian areas. On top of that, women's support services did not receive any health protection assistance for months. Thus, many workers were not able to properly protect themselves, sanitise locations, and allow new women in shelters. Emergency extra beds were practically impossible to get, also because most institutional services (social services, courts) suspended most of their offers, leaving WSSS and survivors alone in the moment of crisis. Moreover, hardly any child protection measures, or protection orders were possible. During the pandemic, WSSS workers considerably increased their working hours, efforts and engagement, with no extra monetary recognition and with increasing risk of burnout. Additionally, Italy closed its school system for months, leaving children at home with no extra care services. In terms of funding, no extra funds were allocated during the first months of pandemic; once the specific state funding dedicated to the pandemic was available, its resources were very limited. The UN refugee agency, UNHCR, provided useful medical protective equipment to D.i.Re members that did not receive anything from the state.

Based on the regulations made to counter the effects of COVID-19, the police were required to provide emergency accommodation to women if shelters were full. While no official data is available about the effectiveness of this measure, WSSS reported that in some regions of Italy this approach did not function.

KOSOVO

GENERAL COUNTRY INFORMATION

Population	1,782,115
Female population	907,234
Member of Council of Europe (year)	No
Member of European Union (year)	No
Member of United Nations (year)	No
CEDAW ratified (year)	No ³⁴
CEDAW optional protocol ratified (year)	No
Istanbul Convention signed (year)	No
Istanbul Convention ratified (year)	No



SUMMARY

There is one national women's helpline in Kosovo, which is free of charge, operates 24/7 and offers multilingual support. Therefore, Kosovo **does meet** the Istanbul Convention standards for the provision of a national women's helpline. There are 10 women's shelters in Kosovo that offer approximately 170 beds. This means that 8, or 4%, of the recommended number of beds are missing. Therefore, Kosovo **does not meet** the IC standards for the provision of women's shelters. There are eight women's centres in Kosovo, which support all women survivors of violence, including specialist support. The state does collect data on women's specialist support services, which is available upon request.

SERVICES FOR WOMEN SURVIVORS OF VIOLENCE

1. NATIONAL WOMEN'S HELPLINES

Total Number	Free of charge	24/7 service	Multilingual support	Total number of callers in 2020
1	Yes	Yes	Yes	1,091

There is one national women's helpline in Kosovo, named Helpline Number (*Numri i Linjës Ndihmëse*, tel.: +383 80011112). The helpline is available 24/7 and is free of charge. It provides multilingual support in Albanian, Serbian and English. The helpline is run by the State Prosecutor under the Victims' Advocacy and Assistance Office. Funding for the helpline comes through state funding from national/local authorities. The helpline provides support to survivors of domestic violence, sexualised violence and VAW. The helpline receives state funding, international funding, and donations. In 2020, the total number of callers was 1,091. The three most common types of violence reported by callers were domestic violence, sexualised violence, and trafficking. There are also regional helplines in Kosovo, ran by women's organisations. Safe House *Gjakova* runs a local helpline (tel.: +383 80011112 and +383 390330098), and Women Wellness Centre runs another one (tel.: +383 44278809) that had 231 callers in 2020.

2. SHELTERS ACCESSIBLE TO WOMEN

Total number of women-only shelters	Total number of all shelters accessible to women	24/7 access	Existing number of beds	Number of beds missing	% of beds missing	Current number of population per bed
9	11	Yes	160	18	10%	11,138

There are nine women-only shelters in Kosovo with 135 beds for women survivors of male VAW. Eight of these are licensed by the state, while one does not have a licence. They are run by women's NGOs with a gender-specific and feminist approach and are located in all cities. Additionally, there are two other shelters: one supports women survivors of trafficking and offers 10 beds, and another shelter offers support to children victims of abuse, including child survivors of domestic violence, and has 15 beds. In total, there are 160 beds available in the country. The women-only shelters

³⁴ CEDAW was signed while Kosovo was still part of the former Yugoslavia, in July 1980, and ratified in February 1982. Art. 22 of the Constitution of the Republic of Kosovo includes CEDAW in the International Agreements and Instruments with direct applicability in the Republic of Kosovo and, in the case of conflict, have priority over provisions of laws and other acts of public institutions.

offer 24/7 access and women are not required to pay for their accommodation. While the initial period of stay for women in shelters is six months, women are able to stay for as long as they need. There are no specific shelters for women of marginalised groups. Around 80% of shelters are funded by the state, with the remainder being funded internationally or through donations. The main reason for shelters to decline referrals was a lack of space/capacity to support survivors with or without children. The three most common types of violence reported by clients were physical violence, emotional violence, and sexual violence. The types of services most often provided by shelters were casework, counselling, referrals, practical advice, and legal advice.

3. WOMEN'S CENTRES

Total number of centres	Types of centres	Types of services provided
3	For women survivors of VAW	Counselling/psychological support, legal advice, financial and social welfare support/advocacy, housing advice, employment, referrals, representation, specialist support, specialist support for survivors of SV

There are three women's centres in Kosovo that support women survivors of violence. These centres are located in major cities and belong to three women's shelters that also provide non-residential support. The kind of services provided include counselling and psychological support, legal/housing/employment advice, financial and social welfare support, referrals, representation at court/police/social services, as well as specialist support in cases of forced marriage, honour-based violence and trafficking. Women's centres can also provide specialist support to survivors of sexualised violence, namely specialist forensic and medical care, needs assessment, specialist psychological care, specialist SV advocacy services and community awareness and education for prevention. All centres are run by women's NGOs and provide safe accommodation. Funding is provided by the state, internationally and through donations. In total, 860 women were supported by these services in 2020.

4. SUPPORT SERVICES FOR SURVIVORS OF SEXUALISED VIOLENCE (SV)

There are no specific services for survivors of sexualised violence in Kosovo, such as rape crisis centres. However, all women's centres offer counselling for survivors of sexualised violence and there are also ten state medical services located in regional hospitals, that offer medical services to survivors of SV. There is also a specialised state helpline.

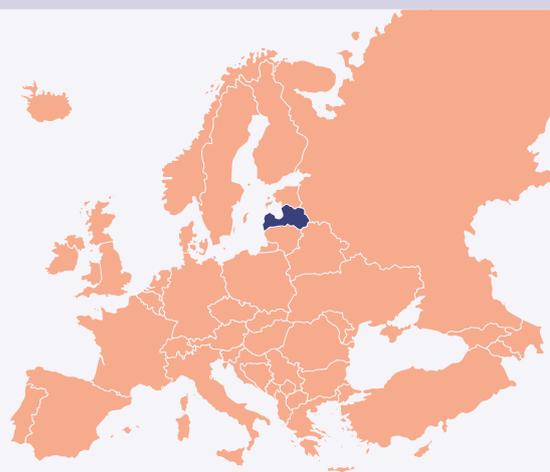
COVID-19 PANDEMIC AND ITS IMPACT ON WOMEN'S SPECIALIST SUPPORT SERVICES

The COVID-19 pandemic did affect women's specialist support services in Kosovo. Many state and public institutions were not working or only working part-time with limited staff, which meant that these were not always able to provide the necessary support to women. Funding was also affected, as calls for funding were not applicable or very late due to restrictions. These restrictions also meant that social services could not function or were limited in their ability to work.

LATVIA

GENERAL COUNTRY INFORMATION

Population	1,907,675
Female population	1,026,719
Member of Council of Europe (year)	1995
Member of European Union (year)	2004
Member of United Nations (year)	1991
CEDAW ratified (year)	1992
CEDAW optional protocol ratified (year)	No
Istanbul Convention signed (year)	2016
Istanbul Convention ratified (year)	No



SUMMARY

There is one national women's helpline in Latvia, which is free of charge but does not operate 24/7 and therefore **does not meet** the Istanbul Convention standards for the provision of a women's helpline. There are eight women-only shelters in Latvia with at least 140 beds available and 29 other shelters accessible to women with over 700 beds. The country **does not meet** the IC requirements for the provision of women's shelters as 51 beds are missing, corresponding to 27%. There are also six women's centres in Latvia and approximately four specialised services for survivors of sexualised violence. The state collects data on women's specialist support services at the beginning of every year, although it is up to the women's NGOs to collect and provide this data themselves. The work that they put into collecting the data and compiling it is done for free, as the state does not have the budget for such activities, although they are obligated to do this.

SERVICES FOR WOMEN SURVIVORS OF VIOLENCE

1. NATIONAL WOMEN'S HELPLINES

Total Number	Free of charge	24/7 service	Multilingual support	Total number of callers in 2020
1	Yes	No	Yes	2,418

There is one national women's helpline in Latvia which is run by the NGO Association "MARTA Centre" (*Biedrība "Centrs MARTA"*, tel.: +371 67378539) and provides support to women survivors of physical, emotional, sexualised and economic violence as well as human trafficking. The helpline is free of charge but is not available 24/7 (only available weekdays from 10 a.m. to 6 p.m.). The helpline offers multilingual support in Latvian, Russian and English and is funded by donations as well as international funding. The most common forms of violence reported by callers where physical, emotional and sexual and 2,418 callers contacted the helpline in 2020.

There are three general national helplines that offer informational and psychological help to all victims or witnesses of any form of violence or crime, including crimes such as robbery. One of these operates daily from 7 a.m. to 10 p.m. (tel.: +371 116006) and is run by the Crisis and Counselling Centre "Skalbes" (*Krīžu un Konsultāciju Centrs "Skalbes"*). Callers can obtain psychological support as well as information on other organisations or authorities that can offer the type of support needed. There are also two general 24/7 crisis hotlines operated by Skalbes, available to all survivors (tel.: +371 67222922 and +371 27722292).

2. SHELTERS ACCESSIBLE TO WOMEN

Total number of women-only shelters	Total number of all shelters accessible to women	24/7 access	Existing number of beds	Number of beds missing	% of beds missing	Current number of population per bed
8	37	All	140 ³⁵	51	27%	13,626

³⁵ This is based on the number of available beds in women-only shelters as other shelters in Latvia rarely provide support to women survivors of violence.

There are eight women-only shelters in Latvia with approximately 140 beds, although this number is likely higher, but a more exact estimate is not available. All women-only shelters offer 24/7 access in case of a crisis situation and in most cases, women are not expected to pay for their accommodation. However, depending on the specific conditions such as the duration of stay and the person's employment status, some share of the costs is expected to be contributed (such as rent and/or payment for electricity, water, etc.). The duration of stay depends on the specific conditions of each institution, but generally a person can stay in the shelter for up to six months. Most shelters are state-funded and those run by NGOs are funded by donations and international project funding.

One women-only shelter is run by a women's NGO with a gender-specific approach, one by a faith-based organisation, two by the state and four by other NGOs. Women-only shelters primarily exist in major cities and there are specific shelters for survivors of human trafficking. The main reasons for having to decline referrals were no space to support the survivor with or without her children and no space for women with no children. Many women-only shelters do not accept child-free women, and they often cannot admit a woman in the actual moment of emergency, as they require rather extensive paperwork that must be acquired beforehand (such as a social service decision). Furthermore, if a woman is intoxicated most shelters will not accept her, and many shelters are not accessible to women with disabilities.

In addition to the shelters mentioned above, MARTA Centre provides anonymous shelter spaces in crisis situations related to VAW and/or human trafficking. The locations of these shelter spaces are not publicly available to protect the survivors and give them complete anonymity. However, spaces are limited, providing only two women and/or their children with a place to stay. The types of in-house services most often provided in women-only shelters include casework, counselling and referrals.

There are 29 other shelters in Latvia which provide support to victims of violence with over 700 bedspaces available. Most of them are generalised or homeless people shelters that do accept women in various cases of emergency. As homeless shelters are not geared specifically towards the needs of women survivors of violence or trafficking, they are not an optimal option to help survivors in a meaningful way. Employees in these shelters admitted that despite the shelters being open to both men and women, some had not seen a single female visitor for years indicating that either women in need do not know of these shelters or are avoiding them even in emergency situations.

3. WOMEN'S CENTRES

Total number of centres	Types of centres	Types of services provided
6	Only for women survivors of VAW and for all survivors of violence, including women	Counselling/psychological support, legal advice, financial/social welfare support, housing advice, representation at court, referrals, specialist support (including for survivors of SV)

Latvia has six women's centres which provide a range of services to survivors of VAW, five of which are women-only and one of which is for all families with children and thus not only for women. All centres provide counselling and psychological support as well as referrals while three provide legal advice, financial and social welfare support, housing advice and representation at court. Furthermore, three of the women's centres provide specialised support to marginalised women including survivors of forced marriage and trafficking as well as migrant and refugee women.

Some of the women's centres also offer support for survivors of sexualised violence including needs assessment, specialist psychological care and community awareness as well as education for prevention. Almost all women's centres can offer residential support services for crisis situations if there is the capacity, but centres are only located in major cities in Latvia. Funding for women's centres comes from state funding from national authorities, donations, and international funding. Three women's centres are run by women's NGOs, one by another NGO, and two by government agencies..

4. SUPPORT SERVICES FOR SURVIVORS OF SEXUALISED VIOLENCE (SV)

There are approximately four specialised services for survivors of sexualised violence and for women forced into prostitution. Other than that, there are no services such as rape crisis centres or sexual violence referral centres, although it is possible for women survivors to receive help through regional social services. However, these are often not specialised and are often available to all, and survivors in small communities may not want to go to local social services but rather go to services in big cities where they will not be recognised. MARTA Centre has two regional branches that offer specialised support for SV survivors. There is one specialised helpline (tel.: +371 67 378 538) for survivors of SV and there are several NGOs (including MARTA Centre, *Skalbes* and *Center Dardedze* for underaged girls) that offer psychological and legal services for survivors of sexualised violence. Support services are only found in major cities and are funded by the state, through donations as well as projects. Support provided includes specialist psychological care, specialist SV advocacy services and education for primary prevention.

COVID-19 PANDEMIC AND ITS IMPACT ON WOMEN'S SPECIALIST SUPPORT SERVICES

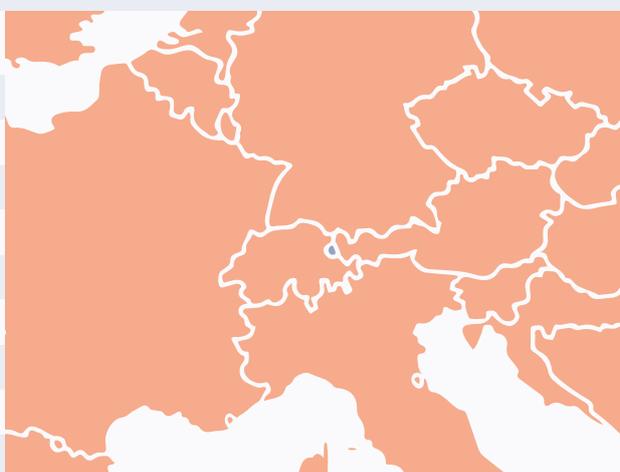
The COVID-19 pandemic has affected the work of women's specialist support services in several ways. Firstly, the number of women suffering from domestic and sexual violence has increased. Women from marginalised groups have become even more vulnerable due to the financial crisis that came with the pandemic and lockdown which led to a loss of jobs. Working remotely has increased the capacity of some women's specialist support services to help women survivors but is still not enough and there is a waiting list for services. More opportunities have been provided from both the state and international projects that are targeted specifically at mitigating the consequences of the pandemic on domestic violence. However, this funding is mainly for prevention services rather than survivor support services, such as helping the public to recognise violence, provide informative materials on where to go for help and what to do if one is a victim of violence.

Social services as well as NGOs offered more practical help by, for example, providing food to shelters. Since clients were encouraged to undergo rehabilitation programmes remotely if the circumstances allowed it, specialists who work with more vulnerable groups like victims of trafficking for the purpose of sexual exploitation did more home visits and often brought supplies to the survivor. After some advocacy work from NGOs, the state allowed rehabilitation programmes to be provided virtually to ensure that the support did not stop for women in need when physical meetings were limited. This also allowed to save some time, meaning it was possible to have more consultations per specialist per day.

LIECHTENSTEIN

GENERAL COUNTRY INFORMATION

Population	38,747
Female population	19,532
Member of Council of Europe (year)	1978
Member of European Union (year)	No
Member of United Nations (year)	1990
CEDAW ratified (year)	1995
CEDAW optional protocol ratified (year)	2001
Istanbul Convention signed (year)	2016
Istanbul Convention ratified (year)	No



SUMMARY

There is one national women's helpline in Liechtenstein, operating 24/7, but not free of charge. For this reason, the country **does not meet** the Istanbul Convention standards on the provision of a women's helpline. There is one shelter in the country offering ten bed spaces, which is more than what is required by the IC: Liechtenstein **does meet** the IC standards for the provision of women's shelters. There is also one women's centre in the country, and other services supporting survivors of VAW. The state does collect data on women's support services, and this is publicly available.

SERVICES FOR WOMEN SURVIVORS OF VIOLENCE

1. NATIONAL WOMEN'S HELPLINES

Total Number	Free of charge	24/7 service	Multilingual support	Total number of callers in 2020
1	No	Yes	Yes	61

There is one national women's helpline in Liechtenstein, run by the local women's shelter *Frauenhaus Liechtenstein* (tel.: +423 3800203). The helpline is available 24/7 and offers multilingual support in English, German, French and Italian, but it is not free of charge, as local telephone charges apply. The helpline is supported by state funding (about 60/70% of the funding) and donations. In 2020, the helpline received 61 calls, and the main forms of violence reported by callers were psychological and physical violence. There are other regional helplines in Liechtenstein that can provide support to women and girls survivors of VAW: the Information and counselling centre for women – *Infra (Informations- und Beratungsstelle für Frauen – Infra*, tel.: +423 2320880); the Victims Assistance Centre (*Opferhilfestelle*, tel.: +423 2367696), that is a general victims' helpline which is state-run and not free of charge, nor available 24/7; the Crisis Intervention Team – *KIT (Kriseninterventionsteam - KIT*, tel.: +423 2300506); the Office for Social Services (*Amt für Soziale Dienste*, tel.: +423 2367272) and

the Helpline for Children and Teenagers in Liechtenstein (*Sorgentelefon für Kinder und Jugendliche in Liechtenstein*, tel.: +423 147) which is a national children’s helpline available 24/7 and free of charge.

2. SHELTERS ACCESSIBLE TO WOMEN

Total number of women-only shelters	Total number of all shelters accessible to women	24/7 access	Existing number of beds	Number of beds missing	% of beds missing	Current number of population per bed
1	1	Yes	10	0	0%	3,875

There is one women-only shelter in Liechtenstein, the *Frauenhaus Liechtenstein*, which has three family rooms with ten beds in total. The shelter offers 24/7 access and women are not expected to pay for their accommodation. Funding for the shelter comes from the state, membership fees and donations. On average, women stay in the shelter for three to six months, but the length depends on the single cases and their necessities. The shelter only accommodates women that are survivors of domestic violence. The most common types of violence reported by clients were psychological and physical violence. Besides accommodation, the shelter also offers casework, counselling, and practical advice to survivors.

3. WOMEN'S CENTRES

Total number of centres	Types of centres	Types of services provided
1	Only for women survivors of VAW	Counselling/psychological support, legal/housing/employment advice, financial and social welfare support, representation at court/police/social services, specialist support

There is one women’s centre in Liechtenstein, called Information and counselling centre for women – *Infra (Informations- und Beratungsstelle für Frauen – Infra)*. It is run by a women’s NGO and provides a variety of services such as counselling and psychological support, legal/housing/employment advice, financial and social welfare support, representation at court, police and social services, specialist support for women from marginalised groups, such as BME, migrant and refugee women, and survivors of trafficking in persons, FGM, honour-based violence and forced marriage. Additionally, the state runs one Victims Assistance Centre (*Opferhilfestelle*) and the women’s shelter also offers counselling services. Funding for women’s centres comes from the state, from donations and from membership fees.

4. SUPPORT SERVICES FOR SURVIVORS OF SEXUALISED VIOLENCE (SV)

In Liechtenstein there are no specific support services for survivors of sexualised violence. Medical services are provided at hospitals, and women survivors of SV are normally referred to the women’s clinic of St. Gallen in Switzerland. The Victims Assistance Centre and the Office for Social Services can also provide support to survivors.

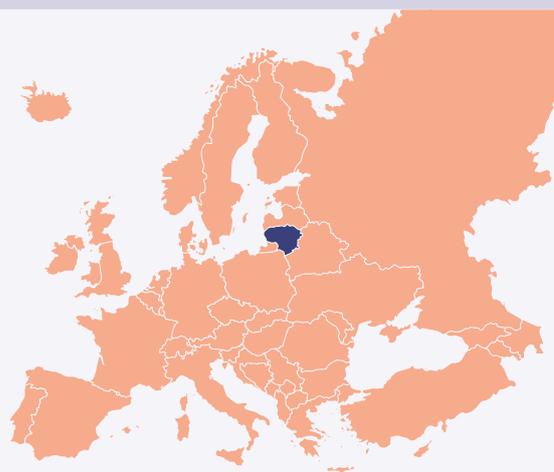
COVID-19 PANDEMIC AND ITS IMPACT ON WOMEN'S SPECIALIST SUPPORT SERVICES

The COVID-19 pandemic affected the work of the women’s shelter in Liechtenstein, since new accommodation possibilities needed to be organised. During the first lockdown, counselling services were mostly provided via calls, and the counsellors were working from home. At the end of the lockdown, it was possible to receive women in the shelter and centres again, following specific protective measures. A radio campaign was carried out thanks to a collaboration between the women’s shelter and the government, and it was financed by the state. After the emergency, the campaign continued to be carried out, but at the shelter’s expenses. The COVID-19 pandemic did not affect the funding to women’s specialist support services, nor the support provided by statutory services to tackle violence against women.

LITHUANIA

GENERAL COUNTRY INFORMATION

Population	2,794,090
Female population	1,489,736
Member of Council of Europe (year)	1993
Member of European Union (year)	2004
Member of United Nations (year)	1991
CEDAW ratified (year)	1994
CEDAW optional protocol ratified (year)	2004
Istanbul Convention signed (year)	2013
Istanbul Convention ratified (year)	No



SUMMARY

Lithuania has one national women's helpline which is free of charge, operates 24/7 and provides multilingual support. Therefore, Lithuania **does meet** the Istanbul Convention standards for provision of a national women's helpline. Lithuania has 17 women's centres called Specialised complex help centres (SCHCs) for survivors of domestic violence, that provide free of charge and proactive help throughout the country. Due to the Lithuanian help provision model, government-funded NGOs focus on women's empowerment and their human rights, providing specialised help. There are no women's shelters in Lithuania and the country **does not meet** the IC standards for provision of bedspaces in women's shelters. However, women's specialist support services in Lithuania do provide adequate support to women survivors of violence based on the assessed needs of the country (in accordance with the IC clause³⁶). There are no specialised support services for survivors of sexualised violence in Lithuania. The state in Lithuania does collect data on women's specialist support services and this information is publicly available.

SERVICES FOR WOMEN SURVIVORS OF VIOLENCE

1. NATIONAL WOMEN'S HELPLINES

Total Number	Free of charge	24/7 service	Multilingual support	Total number of callers in 2020
1	Yes	Yes	Yes	23,045

Lithuania has one national women's helpline called Helpline for Women (*Pagalbos moterims linija*, tel. +370 880066366) which is free of charge, available 24/7, and offers multilingual support (in Lithuanian, Russian and English). The helpline is run by Women's Information Centre (*Motery informacijos centras*) in Vilnius, Klaipeda Social and Psychological Assistance Center (*Klaipėdos socialinės ir psichologinės pagalbos centras*) in Klaipėda, and Association "Kaunas Women's Line" (Association "*Kauno moterų linija*") in Kaunas. The main source of funding for the helpline comes from the state as well as donations. In 2020, there were a total of 23,045 calls made to the helpline and the most common form of violence reported was physical violence. This helpline does not specifically address violence against women: only 4% of the content of calls is recognised as VAW and in the official report of helpline, 25% of calls qualified as issues of "relationships" (family problems, divorce). Therefore, among those 25% of calls, there could be instances of VAW. There are no regional helplines supporting survivors of VAW in Lithuania.

2. WOMEN'S CENTRES

Total number of centres	Types of centres	Types of services provided
17	All survivors of GBV	Counselling, advice, advocacy, assessments and litigations

36 CETS 210 – Explanatory Report to the Council of Europe Convention on preventing and combating violence against women and domestic violence (coe.int) p.25

There are 17 women's centres in all regions of Lithuania for all survivors of violence including women, 13 of which are run by women's NGOs and four by other NGOs. Specialised complex help centres (SCHCs) all provide counselling and psychological support, as well as mediation in institutions, civil empowerment and rights' advocacy, legal advice, litigation and representation at court. Specialised complex help consists of proactive outreach to the survivors (e.g. counselling and providing relevant legal and social information necessary for making informed decisions), specialised legal and psychological help, representation of the women in the institutions such as with the police, prosecutors, courts, or children's rights agencies. SCHCs are first of all telephone services, but they also can meet their client in person upon request. The main sources of funding for women's centres are state funding, donations and international funding, although NGOs operating as SCHCs remain autonomous NGOs and carry out other projects such as prevention, awareness raising and lobbying.

Since the Lithuanian Protection from violence in immediate surroundings law is gender-neutral, all survivors of domestic violence are entitled to receive help from SCHCs. However, as all 17 SCHCs are NGOs and most of them are women's NGOs, they provide gender-sensitive, specialised, long-term and state-guaranteed (free of charge) help and more than 90% of clients are women. Furthermore, Vilnius Women's House provides specialised legal and psychological counselling, post-traumatic stress symptoms (PTSS) assessment, and litigation. While there are no centres offering specialised support to survivors of sexualised violence or to women of marginalised groups, SCHCs provide help to all survivors who turn to them or are referred by the police, according to the Lithuanian Protection from domestic violence law. There are also women's NGOs providing consultations and support including legal support to women survivors of domestic violence and intimate partner violence, not recognised as SCHCs. Including those, there are over 20 women's counselling centres in different regions. They do not get regular funding from the state as SCHCs do and are funded on project-basis by the state, local authorities and private donors.

3. SHELTERS ACCESSIBLE TO WOMEN

Total number of women-only shelters	Total number of all shelters accessible to women	24/7 access	Existing number of beds	Number of beds missing	% of beds missing	Current number of population per bed
0	0	-	-	279	100%	-

Based on the assessed need of the country,³⁷ women's shelters are not the preferred support service for survivors of VAW. There are therefore no women's shelters in Lithuania. The Lithuanian help provision model is focused on women's civic empowerment and proactive specialised complex help provision. An emphasis is placed on the legal framework that puts the responsibility on the perpetrator and strives to protect women's and their children's right to a safe home, by removing the perpetrator from the home. There are shelters in Lithuania which are accessible to women survivors of violence, although these are generic and do not take a victim-centred, feminist approach. Additionally, such shelters are also open to men and the exact number of available beds is unknown.

4. SUPPORT SERVICES FOR SURVIVORS OF SEXUALISED VIOLENCE (SV)

There are no services specifically for women and girls survivors of sexualised violence in Lithuania. There is one centre that provides help for children victims of sexualised violence. However, it is not gender specific and provides help to both girls and boys. Occasionally, survivors of sexualised violence turn to SCHCs for help and can receive legal assistance and psychological support.

COVID-19 PANDEMIC AND ITS IMPACT ON WOMEN'S SPECIALIST SUPPORT SERVICES

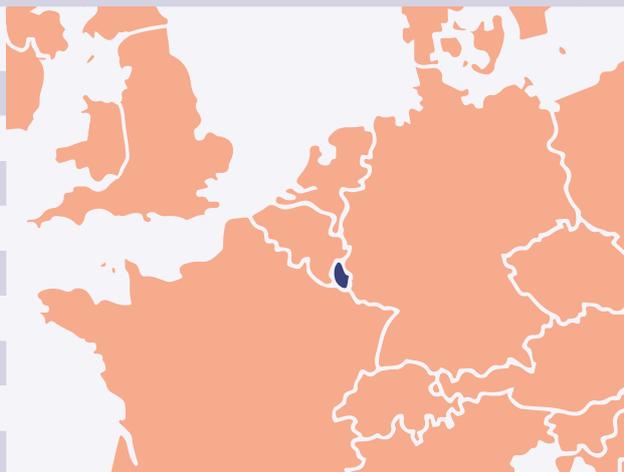
The number of calls to the police and to specialised complex help centres increased during the pandemic. However, the state did not provide additional funding for the NGOs to increase their human resources or adapt to the changed working situation. One measure that was implemented regardless of the opposition of NGOs was an online chat. This measure took long to establish and was deemed useless as clients would be reluctant to disclose their information in the chat and to respond to the questions that would be essential for the consultation. In this manner the availability of specialised complex help was not improved to answer the increased demand but was even worsened by defunding the SCHCs in Vilnius.

³⁷ Ibid.

LUXEMBOURG

GENERAL COUNTRY INFORMATION

Population	626,108
Female population	311,144
Member of Council of Europe (year)	1949
Member of European Union (year)	1957
Member of United Nations (year)	1945
CEDAW ratified (year)	1989
CEDAW optional protocol ratified (year)	2003
Istanbul Convention signed (year)	2011
Istanbul Convention ratified (year)	2018



SUMMARY

There is a national women's helpline in Luxembourg, which is free of charge and offers multilingual support, but does not operate 24/7. Therefore, Luxembourg **does not meet** the Istanbul Convention standards for the provision of a national women's helpline. There are ten women-only shelters offering 216 available beds, which exceeds the requirement of the IC. Luxembourg **does meet** the IC standards on the provision of women's shelters. There are 10 women's centres, of which seven are for women survivors of VAW and three for all survivors of violence. Services for survivors of sexualised violence exist in Luxembourg. There is one rape crisis centre and hospitals also provide crisis/medical services. The state collects data on women's specialist support services, which is available upon request.

SERVICES FOR WOMEN SURVIVORS OF VIOLENCE

1. NATIONAL WOMEN'S HELPLINES

Total Number	Free of charge	24/7 service	Multilingual support	Total number of callers in 2020
1	Yes	No	Yes	N/A

There is one national women's helpline in Luxembourg, the Domestic Violence Helpline (*Helpline-Violence domestique*, tel.: +352 621612774). The helpline was opened in spring 2020, during the first COVID-19 lockdown. It is run by Women in Distress (*Femmes en détresse*), the Women's Council of Luxembourg (*Conseil national des femmes du Luxembourg*), Foundation of the Open Door House (*Fondation maison de la porte ouverte*), Pro Familia, InfoMann, the Red Cross (*Croix-Rouge*), and SOS Distress (*SOS Détresse*) and it is funded by the state. While the helpline is free of charge, it is not available 24/7. The helpline offers multilingual support, namely in Luxemburgish, French, German, English, Croatian, Portuguese and Spanish. There are no regional helplines in Luxembourg.

2. SHELTERS ACCESSIBLE TO WOMEN

Total number of women-only shelters	Total number of all shelters accessible to women	24/7 access	Existing number of beds	Number of beds missing	% of beds missing	Current number of population per bed
10	10	Most	216	0	0%	2,899

There are 10 women-only shelters in Luxembourg with 216 beds available.³⁸ Most of these shelters offer 24/7 access. Women that have an income are expected to pay for their accommodation in these shelters, while women with no income are not. Funding for women-only shelters comes from the state as well as from donations. In terms of organisations providing women-only shelters; two women's NGOs with a feminist approach run three of the shelters and two other women's NGOs and one other NGO run the remaining seven shelters. There are no specialised shelters for women from marginalised groups.

³⁸ There are 153 more beds than required by the standards of the Istanbul Convention.

Women-only shelters exist in major cities and women can generally stay for 3 to 6 months, or in some cases for up to a year. This often happens because it tends to be difficult and expensive to secure housing in Luxembourg, which is exacerbated by a lack of social housing programmes. For this reason, although Luxembourg exceeds the Istanbul Convention requirements for bed spaces, women's shelters still have to decline some referrals because of the lack of space/capacity to support the survivor or to support the survivor with her children. Other reasons for having to decline referrals include the survivor being ineligible for support, for example due to being an undocumented migrant, due to a lack of evidence of experiencing VAW or due to the shelter being unable to meet the survivor's specific needs. The three most common types of violence reported by clients to the women-only shelters were psychological, physical and economic violence. The types of in-house services most often provided by the shelters were casework, counselling, referrals/collaboration with other services, practical and legal advice.

3. WOMEN'S CENTRES

Total number of centres	Types of centres	Types of services provided
10	For all survivors of violence including women survivors of VAW, only for women survivors of VAW	Counselling/psychological support, specialist support, legal advice, financial and social welfare support/advocacy, housing advice, employment, referrals, specialist support for survivors of SV

There are ten women's centres in Luxembourg. Seven of these are specifically for women, while three are open to all adults. Women's centres provide counselling, legal advice, referrals and financial and social welfare support/advocacy, housing and employment advice. Two centres provide specialist support regarding trafficking in persons, and one centre is specialised in topics related to sexuality and the prevention of sexualised violence, providing information to clients and support to survivors. Women's centres also provide support to survivors of sexualised violence, including needs assessments as well as specialist psychological care. They also provide residential support services, such as emergency accommodation and social housing. These services are run by two women's NGOs and three other NGOs and receive funding mainly from the state but also partly through donations. Women's centres are available in major cities in Luxembourg.

4. SUPPORT SERVICES FOR SURVIVORS OF SEXUALISED VIOLENCE (SV)

There are services for survivors of sexualised violence in Luxembourg, which provide information, counselling, medical support and psychological support. There is one rape crisis centre and hospitals also provide crisis/medical services. Another support service that exists in Luxembourg is an ambulance specifically for SV survivors (*Umedo*), which documents sexual and physical violence, open to both women and men. These sexualised violence services are funded mostly by the state and partly by donations and are located in major cities.

COVID-19 PANDEMIC AND ITS IMPACT ON WOMEN'S SPECIALIST SUPPORT SERVICES

The work of women's specialist support services in Luxembourg was affected by the COVID-19 pandemic, as women were stuck in the shelters for several months and new clients could not be admitted. Women and children in need of emergency accommodation were transferred to hotels until they could enter a shelter, which the state provided additional funding for. In general, there was more online contact with survivors, such as online counselling, and less direct physical contact, due to health precautions and pandemic-related restrictions.

MALTA

GENERAL COUNTRY INFORMATION

Population	514,564
Female population	248,802
Member of Council of Europe (year)	1965
Member of European Union (year)	2004
Member of United Nations (year)	1964
CEDAW ratified (year)	1991
CEDAW optional protocol ratified (year)	2019
Istanbul Convention signed (year)	2012
Istanbul Convention ratified (year)	2014



SUMMARY

Malta currently **does not meet** the minimum standards from the IC for provision of a national women's helpline, as no national women's helpline exists in the country. In Malta there are four women-only shelters working with a feminist approach, and two other shelters providing accommodation to women survivors of VAW. In total there are 113 beds available, therefore Malta **does meet** and exceeds the minimum standards of the IC for provision of national women's shelters. There are eight women's centres in Malta, as well as one service for women survivors of sexualised violence. The state collects data only about state-run women's support services.

SERVICES FOR WOMEN SURVIVORS OF VIOLENCE

1. NATIONAL WOMEN'S HELPLINES

Total Number	Free of charge	24/7 service	Multilingual support	Total number of callers in 2020
0	-	-	-	-

Malta does not provide a designated woman's national helpline. However, there is a generic helpline that provides support to different groups of people, including survivors of domestic violence, child abuse, human trafficking, and more. Moreover, the NGO Women's Rights Foundation provides 24/7 legal support to the survivors of violence against women. The assistance is available in five languages: Maltese, English, Arabic, French, and Tigrinya.

2. SHELTERS ACCESSIBLE TO WOMEN

Total number of women-only shelters	Total number of all shelters accessible to women	24/7 access	Existing number of beds	Number of beds missing	% of beds missing	Current number of population per bed
4	6	Most	113	0	0%	4,554

There are four women-only shelters operating with a feminist and gender-specific approach in Malta and two other shelters that are only accessible to women. Out of these six women-only shelters, one is a state-run emergency shelter, while the others are NGO-run shelters. The state emergency shelter has a total capacity of 14 beds. The NGO-run emergency shelter accommodates 14 families and has a total of 42 beds; two second-stage shelters accommodate 15 families, one of which has nine beds, whilst the other has 36 beds and three independent flats with a total of 12 beds. The women-only shelters are located only in major cities; however, due to the size of the island, shelters are easily accessible. Emergency shelters generally allow women to stay for a period between three to six months, whilst second-stage shelters are available for one to two years.

Except for the second-stage shelters, the other shelters offer 24/7 access. Women are not expected to pay for their accommodation in the women's shelters, but a contribution is welcomed if a woman has an income and is financially stable. The primary source of funding for women-only shelters comes from national/local authorities, and secondly from donations. NGO-run shelters are accessible and available to all groups of women. However, the shelters primarily focus on assisting women who experienced VAW, whereas women with complex needs may not be fully accommodated.

Additionally, there is one homeless shelter in Malta that is accessible to all genders but accommodates women survivors of VAW and has a capacity of 48 beds.

3. WOMEN'S CENTRES

Total number of centres	Types of centres	Types of services provided
8	For all survivors of violence; only for women survivors of VAW	Counselling/psychological support, legal/housing/employment advice, financial/social welfare advocacy, help with referrals, representation at court/police/social services, specialist support

Malta offers both women-only centres and general centres for survivors of violence. Specifically, there is one women-survivor-led support group for domestic violence, three services that offer support to women after they leave the shelters and one NGO that provides legal support to women survivors of VAW (although in exceptional circumstances provides legal support to male survivors of trafficking and sexual abuse). The centres supporting all survivors (although predominantly women) include one NGO that provides support for victims of crime, one state-run social work service for domestic violence, and one police-run support for victims of crime, including domestic violence survivors. Women's centres provide counselling/psychological support, specialist services for survivors of trafficking, legal and housing advice, financial and social welfare support/advocacy, employment, referrals, and representation at court/police/social services. Additionally, four of the centres provide residential support too. Women's centres are located in most regions of Malta. Funding for women's centres comes from state funding from national/local authorities, donations, and through national or EU-funded projects.

4. SUPPORT SERVICES FOR SURVIVORS OF SEXUALISED VIOLENCE (SV)

The NGO Victim Support Malta, in collaboration with state social work service, runs the Care for Victims of Sexual Assault service, which provides psycho-social and legal support, including accompaniment to hospital, medical facilities and courts for all survivors of sexualised violence. Moreover, this service provides specialist SV advocacy services, as well as community awareness and education for prevention. It is easily accessible via public transport, but it is not available to minors under the age of 16. Funding comes from national/local authorities, donations, as well as from project-based grants.

COVID-19 PANDEMIC AND ITS IMPACT ON WOMEN'S SPECIALIST SUPPORT SERVICES

The COVID-19 pandemic affected the work of women's specialist support services in Malta, as some centres had to fully cease their offline operations and transition to the remote format instead. The response differed since some shelters provided quarantine facilities while others required a negative COVID-test before allowing women to enter. The pandemic also negatively influenced the funding of women's specialist support services, as shelters were not supported in the purchase of protective gear, including hand gels, personal protective equipment, and fumigation. As a result, many facilities had difficulties in covering additional costs. The state provided social services online and/or over the phone, whereas police continued to operate in their typical manner.

THE REPUBLIC OF MOLDOVA

GENERAL COUNTRY INFORMATION

Population	3,542,708 ³⁹
Female population	1,840,277 ⁴⁰
Member of Council of Europe (year)	1995
Member of European Union (year)	No
Member of United Nations (year)	1992
CEDAW ratified (year)	1994
CEDAW optional protocol ratified (year)	2006
Istanbul Convention signed (year)	2017
Istanbul Convention ratified (year)	No



SUMMARY

In the Republic of Moldova there is one national women's helpline operating 24/7, free of charge and offering multilingual support. The country **does meet** the Istanbul Convention standards on the provision of a national women's helpline. There are eight women-only shelters accessible to women in the Republic of Moldova, providing 184 beds. This corresponds to 48% of the required beds missing, hence the country **does not meet** the IC standards for the provision of shelters. There are ten women's centres in the major cities of the Republic of Moldova for women survivors of VAW. The state does collect data on women's specialist support services, which is publicly available.

The region of Transnistria is presented in a separated section, since the Moldovan government exercises no direct control over the territory of Transnistria.

SERVICES FOR WOMEN SURVIVORS OF VIOLENCE

1. NATIONAL WOMEN'S HELPLINES

Total Number	Free of charge	24/7 service	Multilingual support	Total number of callers in 2020
1	Yes	Yes	Yes	2,040

There is one national women's helpline in the Republic of Moldova called Trust Line for Women and Girls (*Telefonul de Încredere pentru Femei și Fete*, tel.: +373 80088008), operating 24/7, free of charge and offering multilingual support in Romanian and Russian. The helpline is run by the International Centre for Women's Rights Protection and Promotion La Strada and it receives state funding from national and local authorities as well as international funding. The total number of callers that contacted the helpline in 2020 was estimated at 2,040. It supports survivors of domestic violence and sexual violence. The most common forms of violence reported by callers were physical and psychological violence and a combination of the two. There are no other regional helplines supporting survivors of VAW in Moldova.

2. SHELTERS ACCESSIBLE TO WOMEN

Total number of women-only shelters	Total number of all shelters accessible to women	24/7 access	Existing number of beds	Number of beds missing	% of beds missing	Current number of population per bed
8	N/A	Some	184	170	48%	19,254

In the Republic of Moldova, there are eight women-only shelters providing a total of 184 beds, located in the major cities. Some operate 24/7 and all of them are free of charge. The shelters receive state funding, donations from trusts, foundations and individuals, and some shelters also get international funding. One women-only shelter is run by a women's

³⁹ The population refers to the Republic of Moldova, excluding the region of Transnistria. Population data from 2019, as there is no available data for 2020. "National Bureau of Statistics of the Republic of Moldova," Biroul Național de Statistică al Republicii Moldova, 2019, **Resident population, as of January 1 by Years, Areas and Sex. PxWeb (statistica.md)**

⁴⁰ Female population data from 2019, as there is no available data for 2020. "National Bureau of Statistics of the Republic of Moldova," Biroul Național de Statistică al Republicii Moldova, 2019, **Resident population, as of January 1 by Years, Areas and Sex. PxWeb (statistica.md)**.

NGO, while the other seven are state-run organisations. On average, women can stay in the shelters for a period of up to six months, but some shelters can provide accommodation only up to three months. There are no specific shelters for women from marginalised groups, but most shelters provide support for different groups of women, including survivors of trafficking, migrant women, women with disabilities, and minority ethnic women. The main reasons for having to decline referrals in the women's shelters include limited space and lack of capacity to support the survivor and/or their children. Some survivors are also ineligible for support such as undocumented women, women who have not experienced VAW or if the shelter is unable to meet the women's needs. The three most common types of violence reported by the clients were physical, psychological and economic violence. The types of in-house services most often provided were casework, counselling, referral/collaboration with other services and practical advice on housing, social benefits and healthcare.

3. WOMEN'S CENTRES

Total number of centres	Types of centres	Types of services provided
10	Only for women survivors of VAW	Counselling/psychological support, legal/housing/employment advice, financial/social welfare advocacy, help with referrals, representation at court/police/social services, specialist support (including for survivors of SV)

There are 10 women's centres in the major cities of the Republic of Moldova. Women's centres provide counselling/psychological support, assistance in the case of honour-based violence (HBV), and specialist services around trafficking in persons (TIP). Centres also provide legal, housing, and employment advice, and they assist women with financial/social welfare advocacy, with referrals and with representation at court/police/social services. Most centres only provide non-residential support services or temporary accommodation and normally refer to shelters for accommodation. Women's centres also provide specialist support for survivors of sexualised violence by offering needs assessment, psychological care, advocacy services, as well as community awareness and education for prevention. Women's centres are run by women's NGOs and receive donations from trusts, foundations, individuals and international funding.

4. SUPPORT SERVICES FOR SURVIVORS OF SEXUALISED VIOLENCE (SV)

There is one specialised rape crisis centre in the capital city and one helpline for survivors of sexualised violence in the Republic of Moldova. The support service providers receive donations, as well as international funding. Women and girl survivors of sexualised violence can find support through needs assessment, specialist psychological care, SV advocacy services, community awareness, as well as education for prevention and primary prevention. The NGO "La Strada" also provides specialist counselling for survivors of sexualised violence and refers them to other specialist support services, as required by the situation.

COVID-19 PANDEMIC AND ITS IMPACT ON WOMEN'S SPECIALIST SUPPORT SERVICES

The COVID-19 pandemic affected both women's specialist support services and survivors of VAW, and because of imposed restriction measures it became necessary to adapt working conditions and reorganise services. Additionally, the work of centres and shelters was influenced by the number of infected staff members, as these individuals had to stop working after being diagnosed with COVID-19. Moreover, some organisations mentioned receiving less project-based funding. Lastly, during the pandemic, the provision of statutory services was in some cases undermined due to a lack of clear intervention procedures and protective equipment, issues with human resources (infected staff), and the need to adjust to remote service-provision.

TRANSNISTRIA	
GENERAL COUNTRY INFORMATION	
Population	465,200 ⁴¹
Female population	254,100 ⁴²

41 The population data is from 2019, as there is no available data for 2020. "Ministry of Economic Development, Statistical Yearbook 2020." Министерство Экономического Развития Приднестровской Молдавской Республики, Статистический ежегодник 2020, <http://mer.gospmr.org/gosudarstvennaya-sluzhba-statistiki/informacziya/ezhegodnik-gosudarstvennoj-sluzhby-statistiki/statisticheskij-ezhegodnik-2020-god.html>

42 Ibid.

SERVICES FOR WOMEN SURVIVORS OF VIOLENCE

1. NATIONAL WOMEN'S HELPLINES

There are two state-wide women's helplines in Transnistria: the Free informational line on domestic violence in Transnistria (tel.: +373 800 44000), run by the non-profit Centre for Support and Development of Civic Initiatives Resonance and a trust line provided by the organisation Interaction (tel.: +373 800 99800). Resonance offers the help of a psychologist, a lawyer, a social worker, and assists with employment. Interaction offers legal advice, assistance of a psychologist and a social worker. The organisation also provides medical assistance if necessary. The helplines are free of charge but are not available 24/7 and do not offer multilingual support. They receive international funding. The total number of callers to the helplines in 2020 was 1,499. The most common forms of violence reported were physical and psychological violence.

2. SHELTERS ACCESSIBLE TO WOMEN

In Transnistria, there is one women-only shelter in the capital, which provides 12 beds for adults and three cot beds for children up to three years old. It operates 24/7, is free of charge and receives international funding. It is run by the non-profit and feminist centre Resonance, which is the only organisation in the region that provides a temporary shelter service for women and children survivors of domestic violence. The shelter also can provide assistance to women survivors of trafficking. On average, women can stay in the shelter for a period of one to three months, but, if necessary, the stay can be extended for up to a year. The shelter has no grounds for refusal, as they always accept beneficiaries. Only if the beneficiary represents a population group for which the shelter does not have specialists, the staff help to find an organisation that is able to provide the required support. The three most common types of violence reported by the clients were physical, psychological and economic violence. The three types of in-house services most often provided were casework, legal and psychological counselling and practical advice regarding housing, social benefits and healthcare. The centre also organises women's economic programs, trainings and seminars for women. Additionally, in Transnistria there is a Maternity centre run by the Ministry of Health, Labour and Social Protection, which offers five beds.

3. WOMEN'S CENTRES

There are two women's centres in major cities of Transnistria for survivors of VAW. Moreover, there are 13 other centres in Transnistria, which are located in most regions. Ten centres provide counselling services, three provide specialist services around trafficking in persons (TIP), two assist migrant and refugee women, eight provide legal advice, two offer financial and social welfare support/advocacy, one provides housing advice, nine help women with employment, and two offer representation at court/police/social services. Considering that there is no legal ground for the prevention of or fighting against domestic violence in Transnistria, NGOs do not receive funds from national/local authorities and always need to seek international funding, not always successfully. The total number of women supported by all women's centres in 2020 in Transnistria was 334.

4. SUPPORT SERVICES FOR SURVIVORS OF SEXUALISED VIOLENCE (SV)

In Transnistria there are no support services for survivors of sexualised violence. Women and girl survivors of SV can find support in the women's shelters and women's centres, where psychological counselling, legal aid and support during court proceedings, advice and advocacy can be provided. There is one initiative group that organises forum-theatre performances on sexualised violence and provides basic counselling for survivors of sexualised violence.

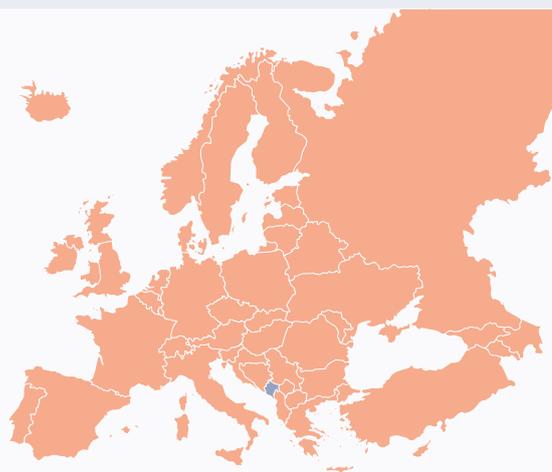
COVID-19 PANDEMIC AND ITS IMPACT ON WOMEN'S SPECIALIST SUPPORT SERVICES

In the context of the pandemic, requests of temporary shelter for women and children increased. Despite the stressful situation, the employees continued to work at full capacity and the provision of services did not stop. The centres and shelters operated in accordance with safety requirements. Some services transitioned from offline to online, such as the services of psychologists and lawyers. The pandemic did not affect the funding of women's specialist support services, which was always provided by international organisations both before and during the pandemic. The pandemic did affect the support provided by statutory services, and law enforcement agencies started to pay less attention to cases of VAW.

MONTENEGRO

GENERAL COUNTRY INFORMATION

Population	621,873
Female population	314,318
Member of Council of Europe (year)	2007
Member of European Union (year)	2010
Member of United Nations (year)	2006
CEDAW ratified (year)	2006
CEDAW optional protocol ratified (year)	2006
Istanbul Convention signed (year)	2011
Istanbul Convention ratified (year)	2013



SUMMARY

There is a national women's helpline in Montenegro which is free of charge, operates 24/7 and offers multilingual support. Therefore, Montenegro **does meet** the Istanbul Convention standards for the provision of a national women's helpline. There are two women's shelters in Montenegro with a total of 39 available beds, meaning 23, or 37%, of the necessary beds are missing. Therefore, Montenegro **does not meet** the IC standards for the provision of women's shelters. There are three women's centres in the country. The state does collect data on women's specialist support services, and this data is publicly available.

SERVICES FOR WOMEN SURVIVORS OF VIOLENCE

1. NATIONAL WOMEN'S HELPLINES

Total Number	Free of charge	24/7 service	Multilingual support	Total number of callers in 2020
1	Yes	Yes	Yes	354

There is a national women's helpline in Montenegro, called the National SOS Hotline for Domestic Violence (*Nacionalna SOS linija za porodično nasilje*, tel.: +382 80111111), run by the organisation SOS Hotline for Women and Children Victims of Violence Niksic. The helpline is free of charge and is available 24/7 in Montenegrin and Albanian. It is funded by the state and in 2020 it received 3,533 calls from 354 people.

The helpline offers support in cases of domestic violence, male violence against women and children, sexual, physical, psychological, and economic violence. The most common forms of violence reported by callers were physical and psychological violence. There are also six regional helplines that assist survivors in the country, which are run by NGOs and do not offer 24/7 support, such as the Women's Safe House Podgorica Helpline (SZK, tel.: +382 020223252). Additionally, there is a mobile app called Be Safe app which allows women survivors of violence to easily contact the national helpline. The app is free of charge and has been launched during the COVID-19 pandemic because of the increase of violence against women during lockdown.

2. SHELTERS ACCESSIBLE TO WOMEN

Total number of women-only shelters	Total number of all shelters accessible to women	24/7 access	Existing number of beds	Number of beds missing	% of beds missing	Current number of population per bed
2	2	All	39	23	37%	15,945

There are two women-only shelters in Montenegro, run by women's NGOs with a gender-specific approach and offering a total of 39 beds. There was previously a third shelter for women survivors of VAW, *O.C. Bona Fide*, but it did not manage to receive the necessary licence from the Institute for Social and Child Protection and is currently supporting migrants. The women-only shelters are accessible 24/7 and women are not expected to pay for their accommodation. The shelters receive state funding and international funding.

Women-only shelters are only located in major cities and women can usually stay there for up to one year. The three most common types of violence reported were psychological, physical and sexual violence. The shelters also offer in-house services, such as casework, counselling and practical advice (e.g., for housing, social benefits, health care). The main reasons for having to decline referrals were the lack of space and capacity to support survivors.

3. WOMEN'S CENTRES

Total number of centres	Types of centres	Types of services provided
3	For all survivors of violence, including women	Counselling/psychological support, legal advice, specialist support

There are three women's centres in Montenegro: the Centre for Roma initiatives, dealing with cases of forced marriage; the Women's Right Center, providing legal help and support to women survivors of any kind of violence; the Montenegrin Women's Lobby, providing a helpline, counselling and psychological support to survivors of sexual violence. Women's centres in Montenegro provide counselling, psychological support, legal advice, specialist support (such as in cases of forced marriage, trafficking in persons, support for migrant and refugee women) and specialist psychological care for survivors of sexualised violence. Women's centres only provide non-residential support services. The main sources of funding are the state and international funding. The centres are only in major cities and in 2020 they were able to support around 200 women.

4. SUPPORT SERVICES FOR SURVIVORS OF SEXUALISED VIOLENCE (SV)

There are no specific support services for women and girls who have experienced sexualised violence in Montenegro. Women's centres can provide some support such as psychological care, promotion of community awareness and education for prevention. There is one helpline in the country providing specialist psychological care to survivors of SV, which is run by the NGO Montenegrin Women's Lobby (tel.: +382 20250750) and is a project-based helpline, without secure funding.

COVID-19 PANDEMIC AND ITS IMPACT ON WOMEN'S SPECIALIST SUPPORT SERVICES

The COVID-19 pandemic affected the work of women's specialist support services in Montenegro because the access to women's shelters was limited by institutions. Women's NGOs were not able to assess the needs of survivors, as only the Centres for Social Work could decide who was entitled to receive support. Centres for Social Work rarely referred women to women's shelters or denied the women's requests for accommodation. Women's NGOs in Montenegro recognise this as an attempt to limit financial resources to independent NGOs. The pandemic clearly displayed a lack of understanding by the state about male violence against women, and a lack of respect and support for the work of women's organisations supporting survivors of VAW. The pandemic also affected women's support services financially, as they needed additional funds to run the service and to prevent the spread of infection. In conclusion, with the pandemic, institutional pressure over women's NGOs intensified, challenging their autonomy and feminist principles of work. Statutory institutions were prioritising procedures related to violations of COVID-19 measures, leaving VAW survivors' institutional proceedings pending for months, and therefore leaving survivors without protection.

THE NETHERLANDS

GENERAL COUNTRY INFORMATION

Population	17,407,585
Female population	8,759,554
Member of Council of Europe (year)	1949
Member of European Union (year)	1952
Member of United Nations (year)	1945
CEDAW ratified (year)	1991
CEDAW optional protocol ratified (year)	2002
Istanbul Convention signed (year)	2012
Istanbul Convention ratified (year)	2015



SUMMARY

The Netherlands does not have a national women's helpline, and therefore **does not meet** the Istanbul Convention standards for provision of a national women's helpline. There are 26 women-only shelters, as well as other organisations that provide shelter accommodation for all victims of violence, with proximately 800 beds available. The Netherlands **does not meet** the IC standards for provision of women's shelters, as 54% of the required beds are missing. There are no specialised women's centres in the Netherlands, however all 26 women-only shelters also provide non-residential support. There are also 16 rape crisis centres supporting survivors of sexualised violence, which are part of the network of the Sexual Assault Center (SAC). The Netherlands does not collect data on women's specialist support services on a state-wide level. Valente, as an umbrella organisation and association of shelters, collects basic data from all its member organisations.

SERVICES FOR WOMEN SURVIVORS OF VIOLENCE

1. NATIONAL WOMEN'S HELPLINES

Total Number	Free of charge	24/7 service	Multilingual support	Total number of callers in 2018
0	-	-	-	-

There is no national women's helpline in the Netherlands, but there is a national helpline for domestic violence and child abuse, Safe At Home (*Veilig Thuis*, tel.: +31 8002000), which has existed since 2015. While the helpline is available 24/7 and is free of charge, it does not provide specialist support to women; rather, it is available to all survivors of violence and operates from a gender-neutral framework. The helpline is an initiative of the Dutch government run by regional NGOs who know the local networks and can refer survivors to the appropriate services. There is also the possibility to use the national interpretation centre, which is funded by the state and decentralised via municipalities, to receive support in any language when calling the helpline.

There are more helplines that can help women survivors of violence, for example regional domestic violence helplines, run by shelter organisations, e.g. *Fier* (tel.: +31 882080000), Stay Group (*Blijf Groep*, tel.: +31 882342450), and *Moviera* (tel.: +31 883744744). There are two other helplines, namely Centre for Sexual Violence (tel.: +31 800 0188) and Against Your Will (tel.: +31 592347444).

2. SHELTERS ACCESSIBLE TO WOMEN

Total number of women-only shelters	Total number of all shelters accessible to women	24/7 access	Existing number of beds	Number of beds missing	% of beds missing	Current number of population per bed
26	69	Most	800 ⁴³	941	54%	21,759

43 This number is based on information provided in the WAVE Country Report 2019 and includes crisis shelters, assisted living locations, and shelter places for teenagers. Sometimes beds are used flexibly, meaning they can be used for emergencies other than women survivors of violence if available and needed in case of emergency, or vice versa: they can be used for women survivors of violence if available and not needed for other emergencies. This number is therefore a calculated guess.

There are 26 women-only shelters in the Netherlands, which are part of the national network of women's shelters of Valente (successor of *Federatie Opvang*) and operate on varying sizes (from around 10 beds to 150 beds). The national network of women's shelters is one of the three founding networks of Valente, together with the network for homeless people's shelters and the network for protected living. The total number of beds in women-only as well as generic shelters is unknown as the shelter system is decentralised, but the last estimated number of beds in the Netherlands was 800.⁴⁴ It is, however, important to note that ambulatory services have increased over the years, so this number is likely higher now. Women are expected to pay for their accommodation in the women-only shelters only if they can, and if they do not earn an income they can receive social welfare in order to be able to cover their costs. Most women-only shelters offer 24/7 access and funding for women-only shelters comes from the Ministry of Health, Welfare and Sport.

There are women-only shelters in most cities in the Netherlands, and although there are regional differences in the density of shelters, the national network of women's shelters covers the whole country. On average, women can stay in a shelter for three to six months. Averages can, however, vary depending on services provided by different shelters (emergency beds, crisis shelters, long stay shelter). Some specialised services (for instance shelters for survivors of honour-based violence or survivors of trafficking) are organised nationally and are not available in every region.

The three main reasons for having to decline referrals to women-only shelters were no space to support the survivor, no capacity to support the survivor with her children, or the survivor being ineligible for support. Spaces in shelters are generally reserved for the most complex and unsafe situations, and non-residential specialised services have been developed to assist women who want to escape their abusive situation but have other options than going to a women-only shelter. A safety assessment is always conducted to determine whether this is a safe option. The most common types of violence reported by survivors were intimate partner violence, and a mix of physical, psychological, and sexualised violence. The types of in-house services most often provided were counselling, referrals and practical advice. Counselling and support in enhancing safety and minimising risks of recurring violence are the basis of all services, as well as working with other specialised services to diminish risk factors.

There are around 69 organisations in total that provide shelter accommodation for all victims, such as shelters for homeless people and sheltered living organisations, which are also part of the network of Valente.

3. WOMEN'S CENTRES

Total number of centres	Types of centres	Types of services provided
26	For all survivors of GBV	Counselling, specialised support, advice

There are no specialised women's centres in the Netherlands, however all of the women's shelters which are members of Valente provide both residential and non-residential services, such as individual or group counselling. Most centres also offer services to male victims of domestic violence and LGBTQ+ survivors, and some also offer services to victims of human trafficking. In terms of specialised support, there are two specialist centres for victims of honour-based violence as well as a specialist unit for case management, all other centres provide basic care on HBV and FGM. All centres also offer support to survivors from marginalised backgrounds such as BME and migrant and refugee women. Other services include legal advice (if centres do not provide legal advice themselves, they closely collaborate with specialist services in this area), financial and social welfare support, housing advice, and referrals. Only a limited number of centres offer services or programs on employment (fewer than eight), as structural funding for these programs is inadequate.

Most of the funding for women's centres comes from the state, a (modest and varying) amount comes from donations by foundations and trusts and is generally aimed at specific projects. An even smaller amount comes from individual donations (both financial and in kind). The system has been 'decentralised', meaning that the Ministry of Health, Welfare and Sport finances 35 central municipalities that administer funds to women's centres. Nine women's centres are run by women's NGOs and the remaining 17 centres by other NGOs, covering all regions of the Netherlands. In 2020, the total number of all survivors supported by the centres was 11,200 (7,885 adults: 7,224 women and 661 men; 3,315 minors: 1,669 girls and 1,646 boys).

4. SUPPORT SERVICES FOR SURVIVORS OF SEXUALISED VIOLENCE (SV)

There are services for women and girls who have experienced sexualised violence in the Netherlands including 16 rape crisis centres which are part of the network of the Sexual Assault Center (SAC). Services for survivors of sexualised violence are available to all and not just women and girls. All centres offer referrals, crisis and medical services and run their

44 Ibid.

own regional, specialised helpline. There is also a national helpline for survivors of sexualised violence (tel. +31 8000188) which is run by the Sexual Assault Center (SAC). The helpline is available 24/7 and provides help to anyone who has been sexually assaulted or raped and is operated by the different regional centres. These support services also offer specialised forensic and medical care, needs assessment, and specialist psychological care including counselling and peer support groups. Funding for sexualised violence support services comes from the state and services are located in all regions across the country.

COVID-19 PANDEMIC AND ITS IMPACT ON WOMEN'S SPECIALIST SUPPORT SERVICES

The COVID-19 pandemic has affected the work of women's specialist support services in the Netherlands. Valente did not, however, see a significant decline in the number of women seeking help, despite the lockdown restricting movement around cities and the country. The pandemic made it harder for survivors to move from a women-only shelter to another accommodation. Non-residential services had to adjust to the new situation and make use of digital technologies to keep in touch with women and their children. It was also harder for social workers to assess the actual dynamic between survivors and perpetrators, as they could not do home visits or provide counselling in their offices.

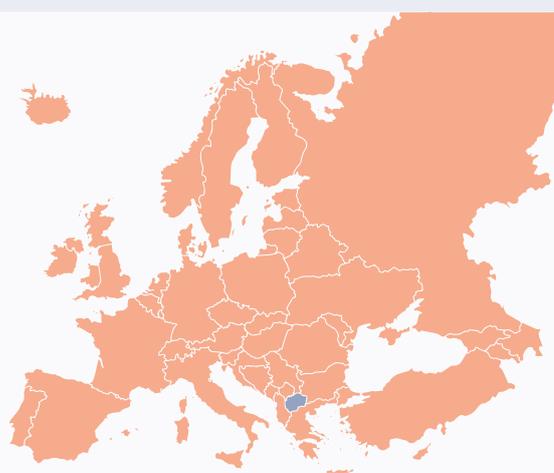
The national helpline for domestic violence and child abuse, Safe At Home, as well as some women's shelters, started providing online help (through a chat). While some of the women's shelters which had been providing chat services to survivors for years saw an increase in chat demands, others just started providing this service in 2020. Safe At Home offered chat services in all regions, and plans are underway to create a national online help platform provided by women's shelters.

No additional funding was provided for women's specialist support services in light of the COVID-19 pandemic in the Netherlands, but both the state and the municipalities were sensitive to the difficult situation. In many cases they directly supported women's shelters when additional funding was needed, for instance to provide children within the shelters with devices to keep up with home schooling during the lockdown. Overall, women's specialist support services were carried out normally, with some local fluctuation, but no general decrease in services offered or availability.

NORTH MACEDONIA

GENERAL COUNTRY INFORMATION

Population	2,076,255
Female population	1,036,539
Member of Council of Europe (year)	1995
Member of European Union (year)	No
Member of United Nations (year)	1993
CEDAW ratified (year)	1994
CEDAW optional protocol ratified (year)	2003
Istanbul Convention signed (year)	2011
Istanbul Convention ratified (year)	2017



SUMMARY

There are three national helplines in North Macedonia. They are free of charge, but do not operate 24/7, therefore North Macedonia **does not meet** the Istanbul Convention standards for the provision of a national women's helpline. There are 8 women-only shelters out of 9 in total with approximately 50 beds. North Macedonia **does not meet** the IC standards for the provision of women's shelters, since 76% of the necessary beds are missing. There are approximately 20 women's centres, three sexual violence referral centres and one shelter for survivors of sexualised violence. The state does not collect data on women's specialist support services. Women civil society organisations collect data on their services.

SERVICES FOR WOMEN SURVIVORS OF VIOLENCE

1. NATIONAL WOMEN'S HELPLINES

Total Number	Free of charge	24/7 service	Multilingual support	Total number of callers in 2020
3	Yes	No	No	2,710

There are three national women's helplines in North Macedonia. The SOS Mobile National Line (*СОС мобилна национална линија*, tel.: + 389 70/75/77 141700) is run by the National Council for Gender Equality, the National SOS Line – Telephone of Trust (*Национална СОС линија – Телефон на доверба*, tel.: +389 15315) is run by the crisis centre HOPE and the National SOS Line 15 700 (*Национална СОС линија 15 700*, tel.: +389 15700) is run by the Organization of Women of the City of Skopje. Only the SOS Mobile National Line receives state funding, while the other two helplines receive international funding and otherwise work on a voluntary basis. Only the SOS Mobile National Line offers support for all forms of violence against women, while the other two helplines offer support for domestic violence. All three helplines are free of charge but do not operate 24/7 and do not provide multilingual support. This is due to a lack of continuous and sustainable funding; therefore, the helplines cannot always afford to be operational 24/7 and they do not offer support in all the languages spoken in the country. The national helplines received approximately 2,710 calls in 2020 and the most common forms of violence reported by callers were physical, psychological (including emotional and verbal) and economic violence.

2. SHELTERS ACCESSIBLE TO WOMEN

Total number of women-only shelters	Total number of all shelters accessible to women	24/7 access	Existing number of beds	Number of beds missing	% of beds missing	Current number of population per bed
8	9	Some	50	158	76%	41,525

There are eight women-only shelters in North Macedonia supporting survivors of domestic violence. These exist only in major cities: from a total of 81 municipalities in the country, shelters exist only in six of them. The shelters are mostly funded by the Ministry of Labour and Social Policy, with just one being funded by local self-government. The exact number of beds cannot be confirmed, since the Ministry of Labour and Social Policy does not share this information publicly, nor by special request, but it is estimated to be around 50 bed spaces. By law, women can stay in the shelters for three to six months, but in practice women usually only stay up to three months. The shelters are free of charge and provide legal support. Two shelters are run by women's NGOs, while the others are run by the state and usually only accommodate survivors during working hours, while 24/7 access to safe accommodation is provided through crisis centres. Some shelters cooperate with women's organisations that provide support services for women survivors and refer women to these organisations to receive support. In addition, there is one shelter for LGBTQ+ survivors of domestic and gender-based violence, which provides four beds and is run by the NGO Helsinki Committee for Human Rights. The most common types of violence reported by the clients of women-only shelters were physical, psychological and economic violence. The shelters were not able to take care of all the referrals because of ineligibility of the survivors for support (for example if the woman was an undocumented migrant or did not experience VAW, or if the shelter was unable to meet the woman's needs). The Centre for Social Welfare usually restricts accommodation in shelters only to women who have suffered severe physical violence and have visible injuries. In other cases, the centre considers other options such as accommodation with family or friends of the survivor.

3. WOMEN'S CENTRES

Total number of centres	Types of centres	Types of services provided
20	Only for women survivors of VAW	Counselling/psychological support, specialist support, legal advice, financial and social welfare support/advocacy, housing advice, employment, referrals, representation, specialist support for survivors of SV

There are approximately 20 women's centres in North Macedonia and there is one centre focused on providing support specifically to LGBTQ+ persons. All centres are located in 11 cities, which is less than 50% coverage. Three of the centres provide counselling/psychological support to survivors of VAW (two based in Skopje, one in Sveti Nikole). One centre provides support regarding trafficking in persons and one provides support tailored to migrant and refugee women. There are also two centres that provide support to survivors of sexual exploitation. Legal advice is provided by eight centres and for housing advice, employment and financial and social welfare support/advocacy the number of providing centres is one for each. All centres provide referrals and 11 provide representation at court/police/social services etc. Only one centre is funded by the local government, namely the Family Centre in Skopje, while others are reliant on international funding and donations. The total number of women supported by all women's centres in North Macedonia in 2020 is unavailable.

4. SUPPORT SERVICES FOR SURVIVORS OF SEXUALISED VIOLENCE (SV)

There are services in North Macedonia for women and girls that have experienced sexualised violence: three sexual violence referral centres in Skopje, Tetovo and Kumanovo, and one shelter for the accommodation of survivors of sexualised violence and human trafficking. Specialised forensic and medical care is provided. These centres are run by the Ministry of Health and are therefore state funded.

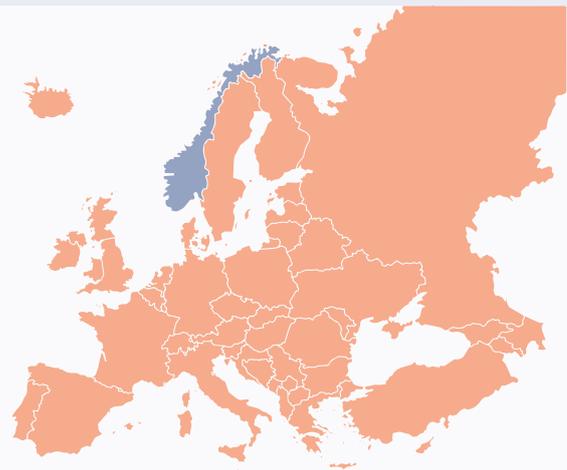
COVID-19 PANDEMIC AND ITS IMPACT ON WOMEN'S SPECIALIST SUPPORT SERVICES

The work of women's specialist support services in North Macedonia has been affected by the COVID-19 pandemic. Most services were closed, especially at the beginning of the outbreak. However, with donor support, some of the women's NGOs succeeded in securing face masks, gloves and disinfection gels, meaning centres were able to open and continue to provide support. Before opening, online work and support through the telephone took place. State institutions were slow at adapting to the new situation, which is why NGOs had, and still have, an especially important role in dealing with the pandemic. NGOs were on the frontline providing support for vulnerable groups, including women and children survivors of violence. The pandemic influenced many industries and many women survivors of violence found themselves living in absolute poverty without any form of income. With donor support, NGOs provided humanitarian aid. One of the biggest challenges was the reduced capacity of institutions that already functioned badly. This situation reduced the access to support services and of reporting due to the curfew. The Local Centres for Social Work reduced their working hours and human capacities; most employees were working from home and direct contact with clients was thereby reduced to a minimum, recommended to be done by telephone or e-mail. Counselling centres were closed and no specific protocol for the accommodation of women survivors of violence was developed.

NORWAY

GENERAL COUNTRY INFORMATION

Population	5,367,580
Female population	2,661,018
Member of Council of Europe (year)	1949
Member of European Union (year)	No
Member of United Nations (year)	1945
CEDAW ratified (year)	1981
CEDAW optional protocol ratified (year)	2002
Istanbul Convention signed (year)	2011
Istanbul Convention ratified (year)	2017



SUMMARY

There is one national women's helpline in Norway which is free of charge, available 24/7, and offers multilingual support. Therefore, Norway **does meet** the Istanbul Convention standards for the provision of a national women's helpline. Norway does not have any women-only shelters, but there are 44 shelters accessible to women with a total of 969 beds accessible to women survivors of violence, which means Norway **does meet** the IC standards for the provision of women's shelters. The total number of women's centres is unavailable, although there are several, and all shelters in Norway also offer non-residential support. There are also a number of specialist support services for survivors of sexualised violence, including 24 sexual assault referral centres, centres for victims of incest and sexual abuse, and a specialised helpline. The state does collect data on women's specialist support service and this information is publicly available.

SERVICES FOR WOMEN SURVIVORS OF VIOLENCE

1. NATIONAL WOMEN'S HELPLINES

Total Number	Free of charge	24/7 service	Multilingual support	Total number of callers in 2020
1	Yes	Yes	Yes	1,431

There is one national women's helpline in Norway which is called VO-helpline - National Domestic Violence Helpline (*Vold-og overgrepslinjen*, tel.: +47 116006). The helpline is part of a three-year pilot program which began in Autumn 2019. It is

run by the Secretariat of the Shelter Movement (*Krisesentersekretariatet*), is free of charge, available 24/7, and offers multi-lingual support. The helpline is for anyone experiencing domestic violence as well as relatives or friends of survivors and those working with survivors of domestic violence. In 2020, the VO-helpline received a total of 1,431 calls. The helpline is funded by the Norwegian Ministry of Justice and Public Security and is part of the government's new action plan against rape. The VO-helpline also offers an online chat service for anyone experiencing domestic abuse or violence which is available on weekdays.

Additionally, the ROSA Centre (*Rosaprojektet*) provides support for survivors of trafficking through a national helpline against human trafficking (tel.: +47 22331160), offering support in Norwegian, English, Spanish, Arabic and Thai. The helpline is free and available 24/7. There are 47 other regional helplines supporting women survivors of violence in the country.⁴⁵

2. SHELTERS ACCESSIBLE TO WOMEN

Total number of women-only shelters	Total number of all shelters accessible to women	24/7 access	Existing number of beds	Number of beds missing	% of beds missing	Current number of population per bed
0	44	All	969	0	0%	5,539

There are 44 shelters accessible to women in Norway, called crisis centres, which are all part of the Secretariat of the Shelter Movement, the umbrella network of crisis centres. These centres offer survivors of violence a safe place to live, but they also offer non-residential support. In 2019, the crisis centres for women throughout Norway had over 969 permanent beds.⁴⁶ Most shelters offer 24/7 access, and women are not expected to pay for their accommodation, although some must pay for food. The main funding for shelters comes from the state and local municipalities. Women can stay in the shelters for more than a year. The most common types of in-house services provided by shelters in Norway are casework, counselling, referrals/collaboration with other services, practical advice and legal advice. In 2020, 1,668 adults lived in the crisis centres. The Secretariat of the Shelter Movement is also responsible for running ROSA, which is a crisis centre that works with survivors of human trafficking for the purposes of sexual exploitation. Crisis shelters offer accommodation to various groups of women, including women with an unclear residency status or without a valid residence permit in Norway, women subjected to human trafficking, women with drug and alcohol abuse problems, women with mental disorders, and women with disabilities.⁴⁷

The Crisis Centre Act is meant to ensure the provision of a good, comprehensive crisis service centre for women, men and children who are subjected to domestic violence or threats of such violence in Norway. One of the goals of the Act was to create a general, equal offer of crisis centres so users could have their rights protected pursuant to the Act relating to municipal crisis centres and other laws. The Act related to municipal crisis centres uses gender-neutral language and affords the right to equal opportunities to women, men and their accompanying children. Requirements for crisis centres regarding services provided stipulate that the centres may be used by persons who are subjected to domestic violence or threats of such violence and are in need of counselling or safe, temporary accommodation. The service will provide users with support, guidance and help to contact other parts of the public service system. There must be separate accommodation for men and women, and the Ministry is authorised to make regulations regarding requirements around employee qualifications and requirements for the physical protection of premises. Municipalities are required to ensure that users have access to a qualified interpreter to ensure they receive adequate services. Municipalities are responsible for ensuring that women, men and children subjected to domestic violence or threats of such violence receive comprehensive follow-up by coordinating the assistance provided by other parts of the public service system.

Evaluation of the municipalities' implementation of the Act showed several positive developments in the crisis centre systems, but also revealed that there is considerable variation in how the different municipalities follow up offers to survivors of violence. For financial reasons, among others, some municipalities do not comply with the statutory requirements regarding help for survivors of violence with substance abuse and/or mental health problems or disabilities. The crisis centres need funding to comply with the Act relating to municipal crisis centres' general and equal offer of crisis centres for all women subjected to violence, including particularly vulnerable women. Although crisis centres are present in all regions, parts of the population are far from a crisis centre. For 24 women's crisis centres, the longest travel distance is over 100 km. Crisis centres have been mandatory in Norway since the Act came into force in 2010, but it has, nevertheless, not been implemented in all municipalities.

⁴⁵ Information about regional helplines from WAVE Country Report 2019.

⁴⁶ Number of beds in 2019, according to the report submitted by Norway pursuant to Article 68, paragraph 1 of the Council of Europe Convention on preventing and combating violence against women and domestic violence (Baseline Report): <https://rm.coe.int/grevio-inf-2020-15/16809f9e09>

⁴⁷ Ibid.

3. WOMEN'S CENTRES

Total number of centres	Types of centres	Types of services provided
N/A	For all survivors of violence, including women	Counselling, specialist support (including for survivors of SV), legal advice, referrals

There are several women's centres in Norway and all crisis shelters also offer non-residential support such as counselling, legal and practical advice, referrals and collaboration with other support services. However, the exact number of women's centres is not available, and all women's centres must cater to all survivors and not only women. Funding for these centres comes from the state and its local authorities. The ROSA Centre provides support and information for survivors of trafficking including a helpline and shelter as well as support with legal advice, counselling and healthcare. There are also a number of centres providing support to survivors of sexualised violence.

4. SUPPORT SERVICES FOR SURVIVORS OF SEXUALISED VIOLENCE (SV)

Support services for survivors of sexualised violence in Norway include sexual assault reception centres, medical and social services, treatment and assistance, legal assistance and other assistance services.

There are 24 sexual assault reception centres, located in clinics and hospitals. These centres offer medical help and counselling, can be accessed without a referral and are free of charge. Survivors will receive help regardless of whether or not they wish to report the assault to the police. These centres are located throughout Norway, and most of them operate 24/7. Services provided include counselling, medical examinations, pregnancy testing, forensic examinations, help in contacting the police, help in contacting a lawyer regardless of report, and information about follow-up services, crisis shelters and other places to get help.

There are also 23 centres for victims of incest and sexual assault in Norway, where persons who have been subjected to sexualised violence can receive support to work through their experiences. The centres are primarily a self-help service for adults who have been subjected to incest, sexual abuse or rape, as well as for their relatives. The centres provide a free service and function as a supplement to the public sector support system, and you do not need a referral in order to make contact. Services provided include counselling by phone, individual counselling, participation in self-help groups, and other thematic courses.

There is also a 24-hour national helpline for survivors of incest and sexual abuse, which is free and available 24/7 (tel.: +47 80057000). Relatives and professionals in health and support services can also contact the helpline for advice and guidance. This helpline is operated by SMISO Vestfold (Support Centre for Victims of Incest and Sexual Assault), under the Norwegian Directorate for Children, Youth and Family Affairs.

The DIXI Resource Center against Sexual Assault is a free service to women and men survivors of rape, as well as their relatives. The centre does not offer treatment but offers emotional support and help to survivors by teaching them to draw on their own resources, take control of their lives and steer it in the desired direction. DIXI supplements the treatment services offered by the public sector support system, offering individual and group counselling sessions for rape victims and their relatives, free legal aid, counselling by phone and guidance via e-mail and SMS, help with contacting health and support services, as well as providing themed evenings, lectures and information to health and support services and others who may be interested. DIXI is a foundation that receives funding from central and local government.

COVID-19 PANDEMIC AND ITS IMPACT ON WOMEN'S SPECIALIST SUPPORT SERVICES

Due to the COVID-19 pandemic, violence and rape in relationships and families increased in Norway and became more difficult for support services to uncover. In this context, the national helpline had an important role in offering guidance over the phone.

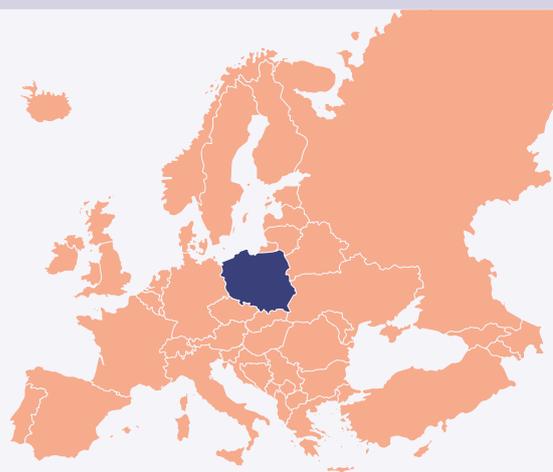
During the pandemic, no women's support services offering accommodation have been closed in Norway, and shelters applied additional measures to guarantee the safety of the personnel and the clients. Fifteen out of 44 centres needed extra financial funds as a result of COVID-19 restrictions. Of the centres that needed extra funding, eight out of 15 centres received support from the municipalities.

In 2020, crisis centres in Norway registered fewer day visits and less survivors hosted in the centres, but the number of calls increased sharply. This was due to the measures applied by the government to control the infection rate of COVID-19: as a result, women had more difficulties to leave their home, particularly between March and May 2020. Day visits to crisis centres decreased by 63%, and many survivors received assistance via phone. The number of residents in the women's shelters was relatively the same as in 2019. In 2020, a larger share of adults hosted in shelters returned to their violent relationship, compared with the share in 2019.⁴⁸

POLAND

GENERAL COUNTRY INFORMATION

Population	37,958,138
Female population	19,584,757
Member of Council of Europe (year)	1991
Member of European Union (year)	2004
Member of United Nations (year)	1945
CEDAW ratified (year)	1980
CEDAW optional protocol ratified (year)	2003
Istanbul Convention signed (year)	2012
Istanbul Convention ratified (year)	2015



SUMMARY

There is one national women's helpline in Poland which is available 24/7 but is not free of charge and does not offer multilingual support. Poland, therefore, **does not meet** the Istanbul Convention standards for the provision of a national women's helpline. There are 32 shelters accessible to women, with approximately 633 available beds, one of which is a women-only shelter with 20 available beds. Currently, Poland **does not meet** the IC standards in terms of provision for women's shelters as 3,163 or 83% of the beds are missing. There are women's centres in Poland and all shelters accessible to women offer non-residential support to all survivors of VAW. There are however no support services for survivors of sexualised violence in the country. There is no available data on women's specialist support services as the government does not distinguish between women's specialist services and general services providing support to survivors of domestic violence or other crimes. The available data presents all institutions and organisations available to survivors of violence as specialised services for women, although most services are gender-neutral and do not have a gender-specific approach.

SERVICES FOR WOMEN SURVIVORS OF VIOLENCE

1. NATIONAL WOMEN'S HELPLINES

Total Number	Free of charge	24/7 service	Multilingual support	Total number of callers in 2020
1	No	Yes	No	9,870

There is one national women's helpline in Poland called Helpline for Women Victims of Violence (tel.: +48 600070717) which is run by the Women's Rights Center (*Centrum Praw Kobiet*). The helpline is for women and run by women only, it is available 24/7 but it is not free of charge and does not offer multi-lingual support. In 2020, this helpline received 9,870 calls from women survivors of violence.

Poland has another national helpline, the National Helpline for Survivors of Family Violence (tel.: +48 800120002), run by the Blue Line Association and funded by a government agency as well as through donations. The helpline is free of charge and available 24/7, although it is gender-neutral and provides support to all survivors of domestic violence. It does offer multilingual support at specific times in Polish, English, and Russian. The helpline received 23,857 calls in 2020.

In the 2019 national report on the implementation of the 'National Action Plan to Combat Domestic Violence', the government states that Poland has 593 regional helplines for victims of domestic violence. According to this report, 173 of them are available 24/7, and most of them are gender-neutral and not free of charge. It is difficult to collect data on regional women's helplines in the country, because the list of institutions running helplines is not publicly available. Furthermore, there is no information on other specialised helplines or regional helplines for women survivors of VAW.

2. SHELTERS ACCESSIBLE TO WOMEN

Total number of women-only shelters	Total number of all shelters accessible to women	24/7 access	Existing number of beds	Number of beds missing	% of beds missing	Current number of population per bed
1	32	Yes	633	3,163	83%	59,965



In Poland there are 32 shelters accessible to women which are referred to as Specialised Centres for Victims of Domestic Violence, with approximately 633 beds. These shelters were established by the National Program to Combat Domestic Violence and are financed by the state and local governments as well as through donations. One of these shelters is a women-only shelter which is run by the Women's Rights Center in Warsaw, with 20 available beds. All other shelters follow a gender-neutral approach and can accommodate both men and women, although survivors in these shelters are predominantly women. All shelters are meant to be accessible 24/7 and are free of charge, although in practice this is not always the case and depends on the shelter. Women usually stay in a shelter for up to three months, but it is possible to extend it up to a year. Most shelters are run by the state and only a few are run by NGOs, mainly Caritas, two are run by faith-based organisations, and one by a women's NGO with a gender-specific approach (Women's Rights Centre). The shelters are mainly present in major cities, although some Specialised Centres for Victims of Domestic Violence exist also in some smaller cities. The types of in-house services most often provided by the women-only shelters are casework, counselling and referrals, as well as practical, legal, psychological, and social advice. The most common forms of violence reported by clients were psychological, physical, economic and sexualised violence. The main reasons for having to decline referrals were no space or capacity to support the survivor alone or with her children. There is also a specific shelter for victims of human trafficking, but no other specific shelters for women from marginalised groups.

Apart from the shelters mentioned above, there are houses for single mothers with approximately 408 beds, as well as a number of Crisis Intervention Centres with 1,403 available beds. These centres provide support to all people in crisis situations, and not just survivors of VAW, but mainly accommodate survivors of domestic violence. There are also 228 beds available in so-called local support centres and 322 beds at a regional level, although these are also not specialised for women survivors of violence.

3. WOMEN'S CENTRES

Total number of centres	Types of centres	Types of services provided
32	For all survivors of VAW, including women	Counselling/psychological support, housing/employment/ legal advice, advocacy, representation at court/police/social services

There are women's centres in Poland and all of the 32 Specialised Centers for Victims of Domestic Violence mentioned above also offer non-residential support. Most of these centres are run by the state and local governments, and only the Women's Rights Centre in Warsaw runs its centre with a feminist and gender-specific approach. Types of services provided include counselling, legal, housing and employment advice, advocacy, and other support services such as representation at court. Poland also has centres such as Crisis Intervention Centres but these are not specialised in supporting women survivors of violence and their children.

4. SUPPORT SERVICES FOR SURVIVORS OF SEXUALISED VIOLENCE (SV)

There are no support services for survivors of sexualised violence, such as rape crisis centres, sexual violence counselling centres, crisis and medical services or specialised helplines. Some organisations, such as the Women's Rights Centre, offer services to women who have experienced sexualised violence. Services are however only present in big cities like Warsaw, Gdańsk, Łódź, Wrocław, and Zyrardó. Furthermore, these services cannot provide support to children and young women survivors of sexualised violence.

COVID-19 PANDEMIC AND ITS IMPACT ON WOMEN'S SPECIALIST SUPPORT SERVICES

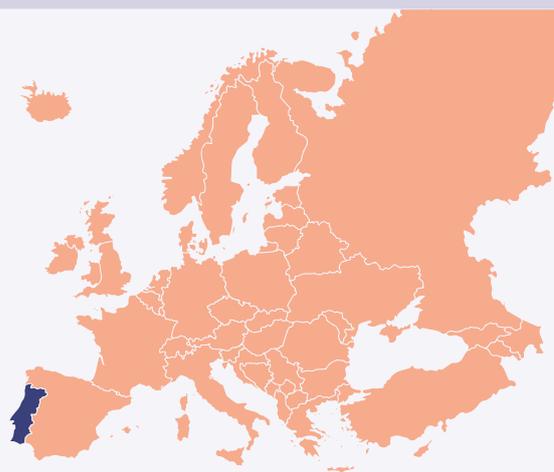
The COVID-19 pandemic has had an impact on women's specialist support services in Poland, as they were not prepared to provide services remotely. Specialist services did not have the technical equipment and knowledge to adapt their services to a remote setting and they received no support from local governments or the state. Extra resources and necessary equipment were provided to women's centres and shelters, but this came from private donors. Additionally, many volunteers could no longer provide their support due to fear for their health and increased health risks associated with the pandemic.

The COVID-19 pandemic also impacted the support provided by statutory services to women survivors of VAW. Survivors complained that the police were less willing to intervene because they had to focus their efforts on enforcing quarantine measures and were therefore unable or unwilling to help survivors. Social welfare workers also reduced their family visits and often had no direct contact with families. It was also more difficult to obtain court orders due to COVID-19 restrictions, and some women had difficulties obtaining child support or changing orders regarding the father's contact with their children.

PORTUGAL

GENERAL COUNTRY INFORMATION

Population	10,295,909
Female population	5,435,932
Member of Council of Europe (year)	1976
Member of European Union (year)	1986
Member of United Nations (year)	1955
CEDAW ratified (year)	1980
CEDAW optional protocol ratified (year)	2002
Istanbul Convention signed (year)	2011
Istanbul Convention ratified (year)	2013



SUMMARY

There is one national women's helpline in Portugal, free of charge and available 24/7, therefore the country **does meet** the Istanbul Convention standards for the provision of a national women's helpline. There are 35 women-only shelters in Portugal with 605 beds available. The country **does not meet** the IC standards for the provision of women's shelters, since 41% of the necessary beds are missing. There are 193 women's centres and two rape crisis centres in Portugal, which offer support to women and girls who have experienced sexualised violence. The state does collect data on women's specialist support services, and this data is available upon request.

SERVICES FOR WOMEN SURVIVORS OF VIOLENCE

1. NATIONAL WOMEN'S HELPLINES

Total Number	Free of charge	24/7 service	Multilingual support	Total number of callers in 2020
1	Yes	Yes	No	989

There is one national women's helpline in Portugal named Information Service for Domestic Violence Victims (*Serviço de Informação a Vítima de Violência Doméstica – SIVVD*, tel.: +351 800202148, SMS 3060) run by the Commission for Citizenship and Gender Equality (*Comissão para a Cidadania e Igualdade de Género – CIG*). This helpline has been improved in the last years to provide adequate support to women survivors of violence and for cases of domestic violence against men and women. The helpline is free of charge, available 24/7, provides support only in Portuguese, and is funded by the state. In 2020, the helpline received 989 calls, 255 emails and 262 SMS.

The Portuguese government provides a mobile app (AppVD) linked to the Resource Guide in the area of Domestic Violence (*Guia de Recursos na área da Violência Doméstica*, www.guiaderecursosvd.cig.gov.pt), that localises all services providing support in cases of VAW and domestic violence, divided by regions.⁴⁹

Finally, some NGOs also provide local helplines that are not available 24/7, such as Victim Support Portugal's helpline (Apoio a Vítima – APAV, tel.: +351 116006), Association of Women against Violence's helpline (*Associação de Mulheres contra a Violência – AMCV*, tel.: +351 213802160, SMS 962048272) which provides help in Portuguese, English, French and German, and the Women's Alternative and Response Union's helpline (*União de Mulheres Alternativa e Resposta*, tel.: +351 218873005).

2. SHELTERS ACCESSIBLE TO WOMEN

Total number of women-only shelters	Total number of all shelters accessible to women	24/7 access	Existing number of beds	Number of beds missing	% of beds missing	Current number of population per bed
35	35	None	605	425	41%	17,018

49 <https://www.cig.gov.pt/area-portal-da-violencia/portal-violencia-domestica/rnavvd/guia-de-recursos/>

There are 35 women-only shelters in Portugal, offering 605 beds. Women's shelters are located in major cities, with at least one shelter per region, and do not offer 24/7 access. In 2020, a new online platform was introduced to manage access to shelters and emergency accommodation.

In terms of organisations providing women-only shelters services, there are five feminist women's NGOs running women's shelters in Portugal: AMCV (*Associação de Mulheres Contra a Violência*), UMAR (*União de Mulheres Alternativa e Resposta*), Being a Woman Association (*Associação Ser Mulher*), Coolabora Social Intervention (*Coolabora Intervenção Social*), and Porto Soroptimist International (*Soroptimistas International Clube of Porto*). There are also two other women's NGOs running shelters, *Moura Saluquia and Presença Feminina*, 16 faith-based associations, and 12 general social approach NGOs that also support women survivors of violence.

Women are not expected to pay for their accommodation in the shelters, which are financed through state funding by the Ministry of Social Affairs and the Secretary for Citizenship and Equality, as well as through international funding. According to the Portuguese national law on domestic violence, women and their children can stay in shelters for up to six months, but shelter professionals can decide to extend this period if necessary. In addition to accommodation, shelters also provide casework, practical advice, and legal advice. The three most common types of violence reported by the clients to the women's only shelters were physical violence, psychological violence, and sexualised violence. The main reasons for having to decline referrals in women's shelters were the lack of space and capacity to support the survivors, with or without children.

In Portugal there are also 26 emergency accommodation services, offering 288 beds: 262 for women, ten for women with mental health issues, seven for women with disabilities, and nine for LGBTQ+ people. These services only provide short-term and immediate support to women and children and are accessible 24/7 in cases of emergency. When needed, survivors are redirected to women's shelters, or in absence of shelters, to other services in the community. Emergency accommodations can host survivors for a period of 15 days, but sometimes women stay for one to three months if no other solutions are available.

3. WOMEN'S CENTRES

Total number of centres	Types of centres	Types of services provided
193	Only women survivors of VAW, all survivors of violence	Counselling/psychological support, legal/housing/employment advice, financial and social welfare support, referrals, specialist support (including for survivors of SV)

There are 193 women's centres in Portugal, located in the country's major cities. Some of them only support women survivors of VAW, while other centres support all survivors, including women. Women's centres provide only non-residential support: counselling and psychological support, legal, housing and employment advice, financial and social welfare support/advocacy, referrals, specialist support in cases of forced marriage, female genital mutilation and trafficking in persons, and specialist support for survivors of sexualised violence, including needs assessment, specialist psychological care and advocacy services. The centres receive funds from the national/local authorities as well as international funding.

Women's NGOs running women's centres are: AMCV, UMAR, *Associação Ser Mulher*, *Feministas em Movimento – FEM*, and *Coolabora Intervenção Social*. For instance, UMAR runs two women's centres supporting survivors of violence and more specifically domestic violence, one in Almada (*Centre de Atendimento a Vitimas de Violência Doméstica*) and one in Porto (*Centre de Atendimento e Acompanhamento a Mulheres Vitimas de Violência*).

4. SUPPORT SERVICES FOR SURVIVORS OF SEXUALISED VIOLENCE (SV)

There are two Rape Crisis Centres in Portugal. One is in Porto, run by UMAR, called *Centro EIR – Emancipacao, Igualdade e Recuperacao*, violência sexual. The second one is in Lisbon, run by AMCV, called *Centro de Crise para mulheres e raparigas sobreviventes de violência sexualizada*. They provide needs assessments, specialist psychological care, specialist SV advocacy services, community awareness, and education for primary prevention. They support women and girls above the age of 16 and are funded by the state and by international funding.

COVID-19 PANDEMIC AND ITS IMPACT ON WOMEN'S SPECIALIST SUPPORT SERVICES

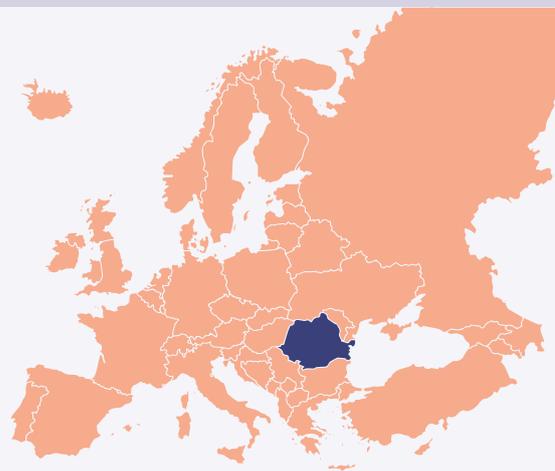
The COVID-19 pandemic has affected the work of specialist women's support services in Portugal, as it was necessary during periods of lockdown to organise working from home and to continue to support the survivors and the team by using remote communication: telephone and video conferences.

To cope with the situation, the government financed 100 new emergency accommodation places and all shelters were fully funded. Essential services, such as the police and the court, also continued to deal with urgent cases, such as domestic violence. However, most non-essential social services were either shut down or functioned from home during the closure periods.

ROMANIA

GENERAL COUNTRY INFORMATION

Population	19,328,838
Female population	9,868,177
Member of Council of Europe (year)	1993
Member of European Union (year)	2007
Member of United Nations (year)	1955
CEDAW ratified (year)	1982
CEDAW optional protocol ratified (year)	2003
Istanbul Convention signed (year)	2014
Istanbul Convention ratified (year)	2016



SUMMARY

There is one national women's helpline in Romania which is free of charge, available 24/7, and offers multilingual support. Therefore, the country **does meet** the standards of the Istanbul Convention in terms of the provision of a national women's helpline. There are 70 women-only shelters with a total of 796 beds, as well as approximately 23 other shelters accessible to women. Romania **does not meet** the IC standards for the provision of women's shelters as 59% of beds are missing. According to information provided by the National Agency for Equal Opportunity between Women and Men, there are 17 women's counselling centres offering support to women survivors of domestic violence. There are also specialised services for women and girls who have experienced sexualised violence, including one rape crisis centre and five sexual violence referral centres recently opened. The state does collect data on women's specialist support services, although this data is only available upon request (for example, the number of cases registered at the police or in court). Data is collected by the National Agency for Equal Opportunities Between Women and Men and some data, such as the number of calls to the domestic violence hotline, is public.

SERVICES FOR WOMEN SURVIVORS OF VIOLENCE

1. NATIONAL WOMEN'S HELPLINES

Total Number	Free of charge	24/7 service	Multilingual support	Total number of callers in 2020
1	Yes	Yes	Yes	2,959

There is a national women's helpline in Romania, namely the National Helpline for Victims of Domestic Violence (*Număr unic național de urgență pentru victimele violenței domestice*, tel.: +40 800500333). The helpline is run by the National Agency for Equal Opportunities between Women and Men and is free of charge, available 24/7, and provides multilingual support. The National Helpline for Victims of Domestic Violence is state-funded and provides support to survivors of domestic violence, human trafficking and gender discrimination. A total of 2,959 calls were made to the helpline in 2020, of which 1,656 calls were related to domestic violence, 13 calls to human trafficking, four calls to equal opportunities/gender and 1,286 calls did not fall within the helpline's competence. There are other regional helplines in Romania supporting survivors of VAW, however, these are not women-centred, do not operate 24/7, and are available to all survivors of violence.

2. SHELTERS ACCESSIBLE TO WOMEN

Total number of women-only shelters	Total number of all shelters accessible to women	24/7 access	Existing number of beds	Number of beds missing	% of beds missing	Current number of population per bed
70	93	Some	796 ⁵⁰	1,137	59%	17,000

⁵⁰ This number only includes the beds in women-only shelters.

Romania has 70 women-only shelters which have in total 796 beds, although this includes only licensed shelters (as communicated by the National Agency for Equal Opportunities for Women and Men)⁵¹. Women are not expected to pay for their accommodation in the shelters, and some women-only shelters offer 24/7 access. Funding for women-only shelters comes from state funding from national and local authorities as well as donations. 60 women-only shelters are provided by state organisations, while the other women-only shelters are run by non-governmental organisations. A four-year project supported by EU funds (VENUS Project)⁵² was launched in 2019, with a goal to establish a network of 42 shelters of adequate geographical distribution, covering all counties in Romania and the municipality of Bucharest. This project has led to an increase in women-only shelters in Romania over the last two years.

Romania has specific maternal centres for mothers with children up to three years old or pregnant women, some of which are private and others public. Some women-only shelters in Romania can be accessed by women with disabilities, however, no specialised services are available to support them. Existing bureaucratic procedures applicable in all women-only shelters imply that these cannot be accessed by undocumented migrant women. Women-only shelters exist primarily in major cities, although the geographic distribution is not uniform, as the shelters are mostly located in or around large cities. On average, women can stay in a shelter for three to six months.

The main reasons for having to decline referrals included no space being available, not accepting women without children, the survivor having to prove a criminal complaint was filed or the existence of a protection order, and the survivor not being a resident in the territorial area of the shelter. The type of in-house service most often provided by women-only shelters in Romania was psychological counselling, although casework, other general counselling and practical advice are all offered as well. There are approximately 23⁵³ other shelters in Romania besides women-only shelters which can provide support to survivors of VAW, although this is an estimate and current statistics are not available.

3. WOMEN'S CENTRES

Total number of centres	Types of centres	Types of services provided
17	Only for women survivors of VAW	Counselling/psychological support, legal advice, financial/social welfare support, housing/employment advice, representation at court, specialised support

According to information provided by the National Agency for Equal Opportunity between Women and Men, there are 17 women's counselling centres for preventing and combating domestic violence licensed at a national level. These centres offer social counselling, psychological counselling, legal counselling, and referrals to other services. In addition to this, women's centres offer specialist support to survivors of trafficking, financial and social welfare support, housing and employment advice, and representation at the court or social services. Of these centres, 11 are operated by NGOs and six by local authorities. Funding for women's centres in Romania comes from state funding from national and local authorities, donations, and international funding. Women's centres are only located in major cities in Romania.

4. SUPPORT SERVICES FOR SURVIVORS OF SEXUALISED VIOLENCE (SV)

In Romania, there are services for women and girls who have experienced sexualised violence, including one rape crisis centre and five sexual violence referral centres, which were recently launched. The main type of support provided in these services is specialist forensic and medical care, specialist SV advocacy, as well as community awareness and education for prevention. Funding for sexualised violence support services comes from state funding from national and local authorities, donations, and international funding. These services are available to adult women and young women or children and are located primarily in major cities.

There are also some services for underage girls who have experienced sexualised violence. These are available in all regions at the county level and are operated by the General Directorate for Social Assistance and Child Protection. These services only provide limited support.

COVID-19 PANDEMIC AND ITS IMPACT ON WOMEN'S SPECIALIST SUPPORT SERVICES

The COVID-19 pandemic affected the work of women's specialist support services in Romania, as many of the social services were not able to receive survivors due to restrictions on reallocating budgets for additional costs. These included needing larger spaces, testing all housed people, an isolation area in the shelter for untested people or those suspected

51 The available beds are for women and their children (the exact number of beds allocated just for women is not known).

52 <https://anes.gov.ro/proiectul-venus-impreuna-pentru-o-viata-in-siguranta/>

53 Number of other shelters accessible to women from the WAVE Country Report 2019.

of having COVID-19, regular testing for staff, sanitary materials, disinfectants, and disposable masks for staff. Many counselling services were moved online, so employees worked from home and in some cases without adequate work equipment.

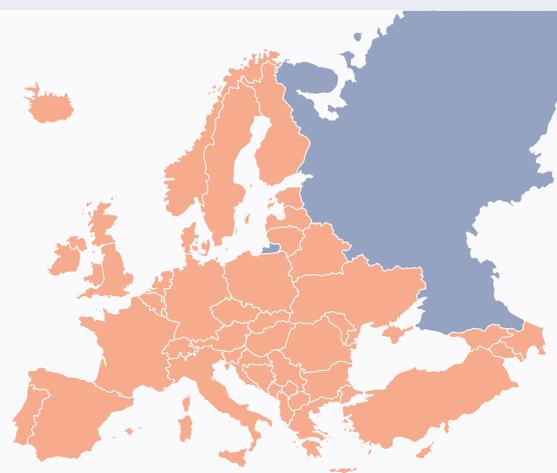
In addition to this, funding for women's specialist support services was affected, as many companies offering donations were no longer able to provide support. Even the number of individual donors declined due to the financial impact of the pandemic. The state did not allocate extra funds to tackle domestic violence during the pandemic, nor to the non-governmental sector or to its own services and the development of new ones.

The COVID-19 pandemic also affected victims' access to justice. Access to services was limited for women without access to technology (such as the internet, smartphones, or laptops). Access to the courts was limited by the restrictions imposed during the COVID-19 pandemic. For example, the registration of claims was mainly done online, access to the institution was allowed only at the time indicated for the trial so that victims of domestic violence had to wait in front of the institution where the perpetrator was present. In rural areas or small towns, local transport was reduced or even stopped so that survivors could not travel to other towns where there are forensic clinics, hospitals, or courts.

THE RUSSIAN FEDERATION

GENERAL COUNTRY INFORMATION

Population	143,666,931 ⁵⁴
Female population	77,120,043 ⁵⁵
Member of Council of Europe (year)	1996
Member of European Union (year)	No
Member of United Nations (year)	1945
CEDAW ratified (year)	1981
CEDAW optional protocol ratified (year)	2004
Istanbul Convention signed (year)	No
Istanbul Convention ratified (year)	No



SUMMARY

The Russian Federation has one national women's helpline which is free of charge and operates 24/7, although it does not offer multilingual support. The Russian Federation, therefore, **does meet** the Istanbul Convention standards for the provision of a national women's helpline. There are 12 women-only shelters in the Russian Federation and a total of 98 shelters accessible to women with 448 available beds. The country **does not meet** the IC standards for the provision of women's shelters as 13,919 beds are missing, equivalent to 97%. The Russian Federation has approximately 150 women's centres providing a variety of support to women in difficult situations, including instances of violence against women, such as domestic violence. There is one sexual violence referral centre in the Russian Federation for survivors of sexualised violence as well as a specialised helpline. The state does collect data on women's specialist support services and this data is available upon request.

SERVICES FOR WOMEN SURVIVORS OF VIOLENCE

1. NATIONAL WOMEN'S HELPLINES

Total Number	Free of charge	24/7 service	Multilingual support	Total number of callers in 2020
1	Yes	Yes	No	48,869

There is one national women's helpline in Russia, the National helpline for women suffering from domestic violence (*Всероссийский круглосуточный телефон доверия для женщин, пострадавших от домашнего насилия*, tel.: +7 88007000600). The helpline is run by the organisation ANNA Centre for the Prevention of Violence, which is based in

⁵⁴ Latest available data on EUROSTAT's database from 2014

⁵⁵ Ibid.

Moscow, and is free of charge and available 24/7, but does not offer multilingual support. It is funded primarily through donations and international funding and the total number of callers to the helpline in 2020 was 48,869. The most common forms of violence reported by callers to the helpline were physical, sexualised and psychological violence. There are other regional helplines supporting survivors of violence against women in Russia, but the exact number is unknown.

2. SHELTERS ACCESSIBLE TO WOMEN

Total number of women-only shelters	Total number of all shelters accessible to women	24/7 access	Existing number of beds	Number of beds missing	% of beds missing	Current number of population per bed
12	98	Most	448	13,919	97%	320,685

There are 98 women-only shelters in Russia with a total of 448 available beds. However, there are no official statistics on the number of shelters and beds available in the Russian Federation, and the numbers reported are based on unofficial information provided by the services supporting women in crisis situations. All of these 98 shelters provide services for women in crisis situations, with 12 of them specifically supporting survivors of VAW. In 2020, only women’s NGOs with a gender-specific and feminist approach provided shelter services to survivors of VAW. According to data from the Ministry of Labour and Social Protection, state-run social services provide assistance to all women in difficult situations, including those affected by domestic violence. Social services include a wider range of facilities, not just shelters for women, but also specialised crisis centres, social shelters, social assistance centres for family and children, and centres for psychological and pedagogical assistance.

Most of these shelters offer 24/7 access and women are not expected to pay for their accommodation in most shelters. In some state-run shelters, a woman must provide a document proving her income. If her income is higher than the official subsistence rate, she needs to pay for her accommodation. The main source of funding for shelters accessible to women comes from the state as well as donations. In terms of accessibility, women may face obstacles in accessing shelters, as in some cases shelters can only provide accommodation to women who reside in the same region where the shelter is located.

Shelters accessible to women exist only in major cities and the average length of stay for women in shelters in Russia is up to three months. There are no shelters for women from marginalised groups such as BME women or women with disabilities. State-run and non-governmental shelters for homeless people can however provide shelter for migrant and undocumented women, who may be survivors of VAW. The main reasons for having to decline referrals in the shelters were no capacity or space to accommodate the survivor either alone or with her children, and no space for women without children. The most common types of violence reported included physical, psychological and sexualised violence. Furthermore, the types of in-house services most often provided by shelters accessible to women included counselling, referrals, and legal advice.

There are other shelters in Russia, besides the shelters listed, which can provide support to survivors of VAW but the exact number is unavailable. For example, there are state-run and non-governmental shelters for homeless people, which can also provide accommodation for women in difficult life situations. There are no official statistics on the number of shelters and beds available however.

3. WOMEN'S CENTRES

Total number of centres	Types of centres	Types of services provided
150	Only for women survivors of VAW	Counselling/psychological support, legal advice, financial/social welfare support, housing advice, employment, referrals, representation at court, specialised support (including for survivors of SV)

Women’s centres in Russia are located only in major cities and provide counselling to women in difficult situations, including instances of violence against women, such as domestic violence. It is not known how many such facilities exist in Russia, but estimates indicate around 150. It is also not known how many women were assisted by the women’s centres in 2020. Services provided by women’s centres include counselling and psychological support, legal advice, financial and social welfare support, housing advice, employment, referrals, and representation at court.

Three of the women's centres also offer specialised support to women survivors of forced marriage, honour-based violence, female genital mutilation, human trafficking as well as BME and migrant and refugee women. Women's centres may also provide specialist support to survivors of sexualised violence, including specialist psychological care, specialist SV advocacy services, and community awareness as well as education for prevention. Most women's centres provide only non-residential support services and 12 women's centres run by women's NGOs provide residential support services as well. Funding for women's centres in Russia comes primarily from donations and international funding.

4. SUPPORT SERVICES FOR SURVIVORS OF SEXUALISED VIOLENCE (SV)

There is one sexual violence referral centre in Russia for survivors of sexualised violence. The centre is located in Moscow and is called the Sexual Assault Recovery Centre 'Sisters' (*Syostrri*), which opened in 1994. However, most women's crisis centres provide support and help to adult female survivors of SV, although these centres are not specialised centres for SV survivors. Support provided by the sexual violence referral centre includes specialist psychological care, specialist SV advocacy services, community awareness, and education for prevention and primary prevention. There are no rape crisis centres or crisis/medical services in Russia for women and girls who have experienced sexualised violence. There is a specialised helpline (tel.: +7 4999010201) for requests regarding sexualised violence. Funding for sexualised violence support services comes from donations as well as international funding.

COVID-19 PANDEMIC AND ITS IMPACT ON WOMEN'S SPECIALIST SUPPORT SERVICES

The COVID-19 pandemic impacted women's specialist support services in Russia as NGOs reported an increasing number of support requests from survivors. Many of them concerned chronic situations of domestic violence, which had intensified during the lockdown, as well as women reporting abuse for the first time. It became much harder for survivors of domestic violence to seek help as their abusers were constantly nearby, thus they were unable to call helplines, the police, or other services.

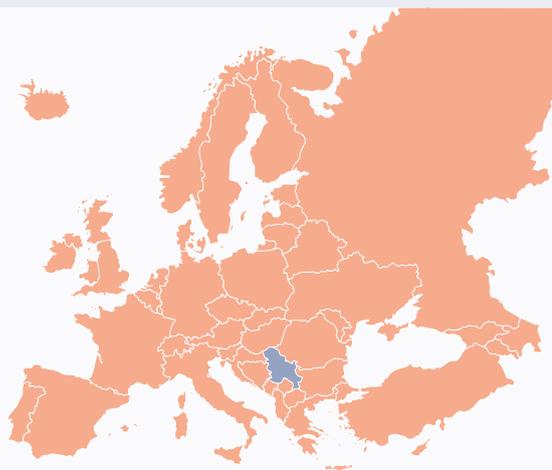
During the COVID-19 pandemic, funding to women's specialist support services increased only from international organisations and private donors. For instance, AVON Foundation for women provided funds for ANNA Center to extend the operating hours of the National Helpline. The pandemic also affected the work of police offices and social institutions. For instance, the Ministry of the Interior informed the general public on their official website that they had suspended personal appointments. Most court cases were suspended during the lockdown and applying to the courts was possible only via email or post. Many cases involving separation, child custody, and domestic violence were frozen.

According to ANNA Centre, given the lack of explicit government instructions, many survivors were afraid of violating lockdown measures and therefore did not leave their homes. In some cases, abusers even threatened survivors by saying they would call the police if they left. In May 2020, the Ministry of Interior made a public announcement stating that survivors who broke lockdown regulations in cases of emergency, including situations of domestic violence, would not be charged. However, the lack of a comprehensive state policy aimed at preventing domestic abuse and protecting survivors worsened violence against women as survivors often did not know where they could seek help or were not able to receive help.

SERBIA

GENERAL COUNTRY INFORMATION

Population	6,926,705
Female population	3,552,066
Member of Council of Europe (year)	2003
Member of European Union (year)	No
Member of United Nations (year)	2000
CEDAW ratified (year)	2001
CEDAW optional protocol ratified (year)	2003
Istanbul Convention signed (year)	2012
Istanbul Convention ratified (year)	2013



SUMMARY

There is one national women's helpline in Serbia, which is free of charge and operates 24/7. Serbia **does meet** the Istanbul Convention standards for the provision of a national women's helpline. There are 14 women-only shelters in Serbia with approximately 300 available beds. This means that 393 beds (56,7%) are still missing and that Serbia therefore **does not meet** the IC standards for the provision of women's shelters. There is no specific shelter for women of marginalised groups. There are 29 women's centres and two crisis and medical services in Serbia that support women survivors of violence. There are no rape crisis centres, no sexual violence referral centres and no specialised helplines. The state does not collect data on women's specialist support services.

SERVICES FOR WOMEN SURVIVORS OF VIOLENCE

1. NATIONAL WOMEN'S HELPLINES

Total Number	Free of charge	24/7 service	Multilingual support	Total number of callers in 2020
1	Yes	Yes	No	2,922

Serbia has one national women's helpline called SOS Helpline for women with experience of violence (*СОС Телефон за жене са искуством насиља*, tel.: +381 0800222003) run by the Centre for Protection of Infants, Children and Youth and supported by the state. The helpline is free of charge and available 24/7 but does not offer multilingual support. The service aim is to support and assist women survivors of violence who, in addition to counselling and empowerment, are provided with information on procedures that can begin the process of stopping violence and protecting the survivor as soon as possible. Nevertheless, women's NGO experts are not working for this helpline, and it is not clear if the staff is adequately trained and applying a gender-specific approach. In 2020, the women's helpline received 2,922 calls: 694 of them were about violence and 90% of the callers were women. The most common form of violence reported was psychological violence.

There is no other state-wide women's helpline, but 24 specialised women-led SOS helplines are part of the network "Women Against Violence".⁵⁶ They received 15,369 calls in 2020.

2. SHELTERS ACCESSIBLE TO WOMEN

Total number of women-only shelters	Total number of all shelters accessible to women	24/7 access	Existing number of beds	Number of beds missing	% of beds missing	Current number of population per bed
0	14	Some	300	393	57%	23,089

There are 14 shelters accessible to women in Serbia with approximately 300 beds available. They are located in major cities and some offer 24/7 access. On average, women can stay for three to six months and are not required to pay for

⁵⁶ The full list can be consulted at www.zeneprotivnasilja.net/o-nama/spisak-organizacija.

their accommodation. The shelters are run and funded by the state and local authorities, but the budget provided is very limited. The state does not provide clear data about the work of these shelters and the kind of survivors supported.

Normally, the main reasons for having to decline referrals are the lack of space and capacity to support the survivor, to accommodate the survivor with her children, or to help survivors that are ineligible for support. The most common types of violence reported by the clients of the shelters were psychological, physical, and economic violence. Besides accommodation, shelters also offer counselling and referrals/collaboration with other services. There are other shelters accessible to women in the country, but the number of shelters and beds available is unknown.

3. WOMEN'S CENTRES

Total number of centres	Types of centres	Types of services provided
29	Only for women survivors of VAW	Counselling/psychological support, legal advice, referrals, representation at court/police/social services, specialist support including for women survivors of SV

There are 29 women's centres in Serbia. Twenty-four women's centres support women survivors of all forms of violence, two centres help women survivors of trafficking, and three centres support Roma and other minority ethnic women. Women's centres exist in most cities and provide non-residential support, such as legal advice, referrals, representation at court, police, social services; they also provide specialist support for women from marginalised groups, such as women with disabilities (two centres), migrant and refugee women, black and minority ethnic women and specialist support for survivors of sexualised violence (forensic and medical care). The women's centres are run by women's NGOs and funded mostly by international funding. Several organisations receive irregular public funding through calls for proposals. In 2020, 2,805 women found support in the women's centres in Serbia.

4. SUPPORT SERVICES FOR SURVIVORS OF SEXUALISED VIOLENCE (SV)

Serbia has two crisis and medical services for women and girls who have experienced sexualised violence in the country. These services provide specialised forensic and medical care for women and girls from the age of 15. Services are located in two towns in the Vojvodina region. These two services are the only ones left of seven pilot centres for survivors of SV that were opened in Serbia thanks to the project 'Stop – Protect – Help: A stronger institutional response to gender-based violence in AP Vojvodina'. This project was funded by the UN and carried out by women's NGOs. Due to the unwillingness of the state to finance SV services, only two are still running.

COVID-19 PANDEMIC AND ITS IMPACT ON WOMEN'S SPECIALIST SUPPORT SERVICES

Due to the COVID-19 pandemic, women's support services were forced to adapt their way of working to new regulations. For example, working hours were reduced, consultants worked from home and some services, such as individual consultations, were substituted by online services (consultation via Skype, Resource Connect or online chat). During the first wave of COVID-19, for at least two weeks, all SOS helplines recorded a significant drop in calls, while later the trend changed. Some SOS helplines and centres received more calls, while others saw the number of calls and services decrease. Many women also called specifically to receive information about COVID-19.

Serbia did not introduce any specific measures to support women who survived violence during COVID-19. However, UN Women allocated \$5,000 per women's center during the first COVID-19 wave in Serbia.

In general, there was a big drop in violence reports in Serbia. The number of services provided in 2020 decreased compared to the previous years. The police recorded approximately 3-7% less reports of domestic violence in 2020 compared to 2019, while the emergency measures issued by the police in 2020 were almost the same as in 2019. Public prosecutors' offices also handled around 11-14% less domestic violence cases in 2020 compared to 2019. During the state of emergency (the first quarter of 2020), the number of domestic violence cases handled by basic public prosecutors' offices was 47% lower than in the same period in 2019, and coordination and cooperation groups (prosecutors' offices, police, social work centres) held 46% fewer meetings than in the same period in 2019, while the number of individual protection plans issued for survivors of domestic violence fell by 53%.

SLOVAKIA

GENERAL COUNTRY INFORMATION

Population	5,457,873
Female population	2,792,523
Member of Council of Europe (year)	1961
Member of European Union (year)	2004
Member of United Nations (year)	1993
CEDAW ratified (year)	1993
CEDAW optional protocol ratified (year)	2000
Istanbul Convention signed (year)	2011
Istanbul Convention ratified (year)	No



SUMMARY

There is one national women's helpline in Slovakia, which is free of charge, operates 24/7, and offers multilingual support. Therefore, Slovakia **does meet** the Istanbul Convention standards for the provision of a national women's helpline. Slovakia has eight women-only shelters, offering 214 beds. This means that 332, or 61%, of the beds are missing, and that Slovakia **does not meet** the IC standards for the provision of women's shelters. There are 24 women's centres that support survivors in the country, and no specific support services for survivors of sexualised violence. The state does not collect systematic data on women's specialist support services.

SERVICES FOR WOMEN SURVIVORS OF VIOLENCE

1. NATIONAL WOMEN'S HELPLINES

Total Number	Free of charge	24/7 service	Multilingual support	Total number of callers in 2020
1	Yes	Yes	Yes	745

There is one national women's helpline in Slovakia called National Helpline for Women Experiencing Violence (*Národná linka pre ženy zažívajúce násilie*, tel.: +421 800212212) run by the Institute for Labour and Family Research. The helpline is free of charge, operates 24/7, and offers support in Slovak and English. The European Social Fund is the main source of funding, with the state co-financing part of the costs: in the country's capital, Bratislava, the co-funding is 50%, while in other regions it is 15%. In 2020, 745 women survivors of violence contacted the helpline and the most common forms of violence reported by callers were psychological, physical and economic violence.

There are also 17 regional women's helplines and six regional women's helplines focusing on domestic violence in the country, provided by the counselling centres. These helplines are not free of charge, but some offer to call back so that women do not have to pay. Only one of these lines is available 24/7, the others are only available on working days, for around 7 to 12 hours a day. The helpline of a counselling centre is usually the first contact for a woman who has experienced violence, with long-term counselling often following. The regional women's helplines offer crisis intervention, basic risk assessment and safety planning, social, legal and psychological assistance, referrals, and general information.

2. SHELTERS ACCESSIBLE TO WOMEN

Total number of women-only shelters	Total number of all shelters accessible to women	24/7 access	Existing number of beds	Number of beds missing	% of beds missing	Current number of population per bed
8	N/A	Most	214	332	61%	25,504

There are eight women-only shelters in Slovakia, offering 214 beds. Seven of the eight shelters are accessible 24/7. In all but one shelter, women are expected to pay for their accommodation according to their income. Two of the shelters offer free accommodation for the first three months. Women can usually stay in the shelters for more than a year; only two shelters have a limit of one year. The women's shelters are funded by the state, the European Social Fund, and donations, which only cover a small amount of the overall budget. They are run by four women's NGOs with a gender-specific/

feminist approach, one other women's NGO, two general NGOs and one is run by the state. Shelters are only present in major cities. One region out of eight in Slovakia has no women's shelter available. The types of in-house services provided by women's shelters include casework, counselling, and practical advice. The types of violence most frequently reported by shelter clients were psychological, physical, and economic abuse. The main reasons for having to decline referrals were the lack of space and capacity to support the survivor and to accommodate her with or without her children.

There are other shelters accessible to women in Slovakia, but there is no data available on the number of shelters and bed spaces.

3. WOMEN'S CENTRES

Total number of centres	Types of centres	Types of services provided
24	Only for women survivors of VAW, For survivors of domestic violence	Counselling/psychological supports, legal/housing/employment advice, financial and social welfare support, referrals, representation at court/police/social services, specialist support (including for survivors of SV)

In Slovakia, there are 18 women's centres that support only women survivors of VAW and another six centres that support all survivors of domestic violence. Seventeen of these centres are run by women's NGOs (16 of these are run with a feminist and gender-specific approach), six are run by other NGOs, and one by a government agency. Women's centres provide non-residential support such as counselling and psychological support, legal advice, financial and social welfare advocacy, housing advice, employment, referrals, representation at court, police, and social services. One women's centre in Slovakia also provides specialist support for survivors of sexualised violence, including forensic and medical care, needs assessment, specialist psychological care, and specialist SV advocacy services. Two women's centres provide specialist psychological care for survivors of SV and carry out campaigns and prevention in the field of SV.

Five centres also provide practical support for women and their children such as clothes, food, money, and other necessities, by organising community charity collections and summer camps. Six women's centres also provide emergency accommodation for women. One centre is specialised in supporting sex workers and drug users, with tailored medical treatment as well.

Women's centres in Slovakia are funded by the state, donations, and the European Social Fund. They are present in all regions and supported 3,355 women in 2020⁵⁷.

4. SUPPORT SERVICES FOR SURVIVORS OF SEXUALISED VIOLENCE (SV)

There are no specific support services for survivors of sexualised violence in Slovakia, such as rape crisis centres. However, different women's centres also support survivors of SV: two centres in the country provide specialist psychological care for survivors of sexualised violence, one centre provides specialist support for survivors of SV, and two centres carry out campaigns and prevention activities in the field of SV.

COVID-19 PANDEMIC AND ITS IMPACT ON WOMEN'S SPECIALIST SUPPORT SERVICES

During the COVID-19 pandemic, women's centres and shelters did not interrupt the provision of services to women. In fact, each organisation was under the obligation by the state to continue its work, as all social services in the country were considered essential under the Economic Mobilisation Act applicable during a state of emergency. However, the government did not take any other specific measures regarding women's specialist support services, which had to adapt to the new situation by extending their online services and respecting hygienic measures. Access to women's shelters was complicated for survivors: they were not among the priority groups for COVID-19 testing and tests were expensive and difficult to obtain. Women were also required to have carried out a quarantine before entering a shelter, but there were not enough quarantine facilities and those that existed had no security measures to ensure their safety. Later, testing capacity improved, and some shelters provided COVID-19 tests. During the pandemic, women needed more psychological counselling, legal help, material and financial support, as well as safety planning for leaving the abusive partner and finding safe accommodation.

The government did not have special funds for women's support services, that mostly received core European Social Fund (ESF) funding from a programme that was initiated before the COVID-19 pandemic. However, some organisations did not receive the funds they had applied for from the government, some had their grant programmes stopped, some

⁵⁷ Number of women supported by 23 of the 24 centres available in the country.

experienced delays in payment from the ESF, and some described an increase in the volume of funding administration. The pandemic also impacted the support provided by statutory services. Sixteen women's organisations out of 25 noticed changes in how the police dealt with cases of VAW (e.g. criminal proceedings taking longer or police reluctant to issue emergency barring and eviction orders because they were concerned the abusive persons would not have anywhere to go due to the pandemic). Only one organisation in Slovakia noted a positive change in the support received by the police, following a collaboration about prevention and awareness-raising. The collaboration with courts and child protection authorities was also difficult, due to difficulties in communication and criminal and civil proceedings lasting longer. Out of 25 organisations, eight reported the unavailability of health services in supporting women in cases of domestic violence.

SLOVENIA

GENERAL COUNTRY INFORMATION

Population	2,095,861
Female population	1,044,795
Member of Council of Europe (year)	1993
Member of European Union (year)	2004
Member of United Nations (year)	1992
CEDAW ratified (year)	1992
CEDAW optional protocol ratified (year)	2004
Istanbul Convention signed (year)	2011
Istanbul Convention ratified (year)	2015



SUMMARY

There is one national women's helpline in Slovenia, which is free of charge and operates 24/7. Currently, Slovenia **does meet** the standards of the Istanbul Convention for the provision of a national women's helpline. There are 31 women-only shelters in the country, including 20 safe houses and 11 maternity homes, and three other shelters accessible to women. There are approximately 510 beds available, meaning that Slovenia **does meet** the standards of the IC for women-only shelter provision. There are two women's centres in Slovenia and one specialised helpline for survivors of sexualised violence. The state does collect data on women's specialist support services and on programmes that they fund, and this information is available upon request.

SERVICES FOR WOMEN SURVIVORS OF VIOLENCE

1. NATIONAL WOMEN'S HELPLINES

Total Number	Free of charge	24/7 service	Multilingual support	Total number of callers in 2020
1	Yes	Yes	Yes	1,161

There is one state-wide women's helpline in Slovenia called SOS Helpline for Women and Children – Victims of Violence (*Društvo SOS telefon za ženske in otroke - žrtve nasilja*, tel.: +386 801155). The helpline is free of charge and operates 24/7. Moreover, the helpline provides multilingual support in Slovenian, English, Serbian, Croatian, and Bosnian. It receives state funding from national and local authorities (Ministry of Labour, Family, Social Affairs and Equal Opportunities) and international funding (European Social Fund). The total number of callers who have contacted the national women's helpline is 1,161, while the three most common forms of violence reported by callers were psychological, physical, and economic violence.

2. SHELTERS ACCESSIBLE TO WOMEN

Total number of women-only shelters	Total number of all shelters accessible to women	24/7 access	Existing number of beds	Number of beds missing	% of beds missing	Current number of population per bed
31	34	Some	510 ⁵⁸	0	0	4,110

⁵⁸ Estimate based on an average of between 10 to 20 beds per shelter. The exact number is not available.

There are 31 shelters in Slovenia, including 20 safe houses/crisis centres and 11 maternity homes. There are approximately 510 bed spaces available. Notably, a variety of organisations provide women-only shelter services, as three shelters are run by NGOs with a feminist approach, seven by faith-based organisations, another seven are organised by the state, and the remaining 14 are provided by other women's NGOs. Apart from women-only shelters, Slovenia has one shelter that assists all survivors of violence, one centre for survivors of human trafficking called Society Key (*Society Ključ*), offering shelter spaces for survivors of all genders, and one specialised shelter helping women with drug problems, including survivors of VAW.

Women are allowed to stay in the crisis centres for a maximum period of three weeks, but afterwards they can enter safe houses, where they can stay for up to one year. Women-only shelters exist in every region, in major cities and some smaller towns. Some women-only shelters offer 24/7 access, specifically the crisis centres and the safe houses for women who have substance abuse problems and have suffered from VAW. Women are expected to pay the residence tax if they have an income. The women-only shelters in Slovenia are funded through national/local authorities and donations. The three main reasons for having to decline referrals were the lack of space/capacity to accommodate the survivor with children or the fact that a woman was not eligible for support, for instance because she was not a survivor of VAW, but only needed shelter. Additionally, shelters are not adapted to meet the needs of Roma women. The types of violence most often reported to women's shelters were psychological, physical, economic, and sexualised violence. Lastly, women-only shelters also offer psychosocial assistance, support and advocacy, as well as accompanying women to any institution or organisation.

3. WOMEN'S CENTRES

Total number of centres	Types of centres	Types of services provided
2	For all survivors of violence, including women survivors of VAW	Counselling/psychological support, representation at court/police/social services, awareness raising, education, specialist support (including for survivors of SV)

There are two centres assisting all survivors of violence. Both centres provide counselling/psychological support, one provides specialist services for survivors of trafficking in persons (TIP), and one offers representation at court/police/social services. Women's centres also raise community awareness and offer education for prevention as well as specialist psychological care for survivors of sexualised violence (SV). The Women's Counselling Service (*Ženska svetovalnica*) also runs a residential crisis centre for women. Women's centres receive state funding and donations. Both women's centres are located in the capital city. Additionally, there are other centres in the country that provide support to survivors of violence, although their precise number is not available.

4. SUPPORT SERVICES FOR SURVIVORS OF SEXUALISED VIOLENCE (SV)

There are two helplines assisting women and girls who have experienced sexualised violence: Power Association (*Združenje za moč*, tel.: +386 41204949), which is offered by an organisation that is specialised in sexualised violence, and the national helpline SOS Helpline for Women and Children – Victims of Violence (tel.: +386 801155). The helplines offer a variety of services, including specialist psychological care, specialist SV advocacy services, community awareness, and education for prevention. Services for survivors of sexualised violence receive state funding (from the Ministry of Labour, Family, Social Affairs and Equal Opportunities, Municipalities) and donations. Overall, the specialised services are available only in major cities and are accessible to young women/children as well as other groups.

COVID-19 PANDEMIC AND ITS IMPACT ON WOMEN'S SPECIALIST SUPPORT SERVICES

The COVID-19 pandemic affected the work of women's specialist support services in Slovenia, as some became more difficult to access for survivors. For example, personal counselling was conducted mostly online, and advocacy projects became more challenging. However, the funding was not influenced in a negative way. Social work centres started working over the phone but were open to emergencies such as domestic violence instances. Lastly, there was no change in police activities.

SPAIN

GENERAL COUNTRY INFORMATION

Population	47,332,614
Female population	24,133,301
Member of Council of Europe (year)	1977
Member of European Union (year)	1986
Member of United Nations (year)	1955
CEDAW ratified (year)	1984
CEDAW optional protocol ratified (year)	2001
Istanbul Convention signed (year)	2011
Istanbul Convention ratified (year)	2014



SUMMARY

There is one national women's helpline in Spain, which is free of charge, operates 24/7, and provides multilingual support. Therefore, Spain **does meet** the Istanbul Convention standards for the provision of a national women's helpline. There are approximately 243 women-only shelters in Spain with 2,583 beds available. With 45% of the necessary beds missing, Spain **does not meet** the IC standards for the provision of women's shelters. There are about 110 women's centres and 11 rape crisis centres in the country. The state does collect data about women's support services through the Autonomous Communities and this information is made public. However, the data mainly focuses on services run by the Ministry of Equality, and it is not updated regularly. The national statistics on women's specialist support services were last updated in 2017.

SERVICES FOR WOMEN SURVIVORS OF VIOLENCE

1. NATIONAL WOMEN'S HELPLINES

Total Number	Free of charge	24/7 service	Multilingual support	Total number of callers in 2020
1	Yes	Yes	Yes	78,886

Spain has one national women's helpline called Telephone service for information, legal advice and immediate psychological attention by specialised personnel for all forms of violence against women (*Servicio telefónico de información, de asesoramiento jurídico y de atención psicosocial inmediata por personal especializado a todas las formas de violencia contra las mujeres*, tel.: +34 016) run by the organisation *Atenzia - Servicios de Teleasistencia SA.*, a private company that provides teleassistance services. The helpline is funded by the state. It received 78,886 calls in 2020.

The helpline is free of charge, operates 24/7, and provides support for all forms of violence against women in Spanish, Catalan, Basque, Galician, English, French, German, Portuguese, Mandarin Chinese, Russian, Arabic, Romanian, Bulgarian, Tamazight and 39 other languages through a tele-translation service. The helpline is also available for deaf women on text phone (DTS) or through the application TOBMOVIL (tel.: +34 900116016) run by the Woman Foundation (*Instituto de la Mujer*). Additionally, there are 15 regional helplines supporting women survivors of VAW in Spain.

2. SHELTERS ACCESSIBLE TO WOMEN

Total number of women-only shelters	Total number of all shelters accessible to women	24/7 access	Existing number of beds	Number of beds missing	% of beds missing	Current number of population per bed
243 ⁵⁹	N/A	Most	2,583	2,150	45%	18,325

There are different kinds of women-only residential services supporting women survivors of VAW in Spain: crisis centres (*Centros de Emergencia*), women's shelters (*Casas de Acogida*) and supervised homes. There are about 60 crisis centres

59 The number refers to national statistics from 2017: *Statistical bulletins - Government Delegation against Gender Violence* (igualdad.gob.es).

offering 507 beds, where women can find short-term support, with the length of stay varying from days to months. There are about 84 women's shelters with 1,580 beds, where survivors can find medium/long term support, sometimes for up to 1,5 years. Finally, there are 99 supervised homes, with a total of 496 beds, where women can live alone for a longer period of time. After staying at the crisis shelters, if needed, a woman can be referred to a women's shelter or to the supervised home. The referral to other services, after staying in the crisis/emergency shelter, differs on a case-by-case basis, depending on the woman's needs and the availability of medium-term shelters and supervised flats. There are some regions that only have medium-term shelters, and others that only have supervised flats. These services are funded by the state and women are not expected to pay for their accommodation. The main reasons for having to decline referrals were the lack of space and capacity to support the survivor or to accommodate the survivor with her children, and survivors' ineligibility for support, for example due to mental illnesses or substance abuse. The main types of in-house services most often provided by the women's shelters were casework, counselling, and referrals/collaboration with other services. In Spain there are also some shelters for women survivors of trafficking, however, these are not available in all regions.

3. WOMEN'S CENTRES

Total number of centres	Types of centres	Types of services provided
110	Only for women survivors of VAW	Counselling, psychological support, legal and housing advice, financial and social welfare support, referrals

There are approximately 110 women's centres in Spain, only accessible to women survivors of VAW. It should be noted that the number of women's centres in Spain is probably higher, because the state only collects data on centres run by the Ministry of Equality and not on centres run by autonomous women's NGOs, and statistics have not been updated since 2017. Women's centres are present in most regions of Spain and receive state funding. They usually provide non-residential support services, since there are other pathways to access emergency accommodation, and these services include counselling, psychological support, legal and housing advice, financial and social welfare support, and referrals to other services. There are no specific centres for women from marginalised groups.

The last data available regarding the number of survivors supported by women's centres are from 2017 and amounts to 43,292 women.

4. SUPPORT SERVICES FOR SURVIVORS OF SEXUALISED VIOLENCE (SV)

There are services for women who have experienced sexualised violence in Spain. The country has 11 rape crisis centres and there are crisis/medical services available in some hospitals. The rape crisis centres support adult women and provide specialist psychological care and specialist sexualised violence advocacy services, they accompany the survivors to hospitals for forensic and medical services, and they promote community awareness and education for prevention and primary prevention. These centres are financed through state funding as well as public grants or collaboration agreements between NGOs and local administrations. There is an uneven distribution of sexualised violence centres in Spain: not all autonomous communities have specialised SV centres, and it is difficult for women from rural areas to access the centres.

COVID-19 PANDEMIC AND ITS IMPACT ON WOMEN'S SPECIALIST SUPPORT SERVICES

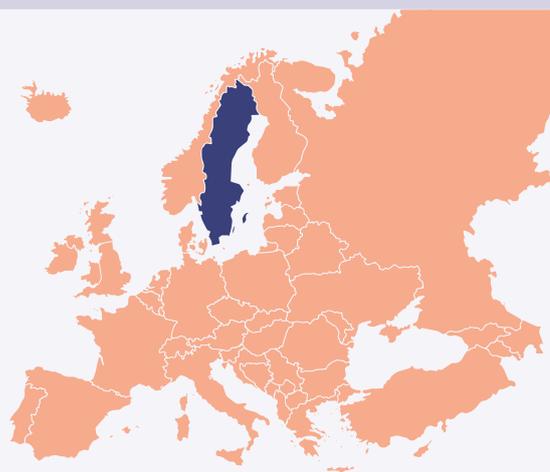
Despite the fact that women's specialist support services were declared essential services, the mobility restrictions did not apply for survivors of VAW if support was needed, and although the number of calls to the national helpline increased significantly, the number of women requesting support decreased considerably during the first months of the pandemic. This may be due to several causes, such as the difficulty for women to access services, and the time needed by support services to adapt to new ways of ensuring service provision (use of telephone, video calls, etc.).

The COVID-19 pandemic did not significantly affect the funding to women's specialist support services. However, some other complementary services that are essential for women (social services, employment services responsible of providing unemployment benefits, etc.) were not working. It has taken a toll on women as well as on some specialist support services, that had to extend their support to women. The support provided by statutory services was also affected by the pandemic. Although most services were operating, health protocols reduced the number of people that could be supported face-to-face in favour of online meetings. This hindered the support to many women with no access to the internet/new technologies or who are not proficient in the use thereof. Some services (e.g. social services) collapsed, resulting in inappropriate support, if any.

SWEDEN

GENERAL COUNTRY INFORMATION

Population	10,327,589
Female population	5,131,775
Member of Council of Europe (year)	1949
Member of European Union (year)	1995
Member of United Nations (year)	1946
CEDAW ratified (year)	1980
CEDAW optional protocol ratified (year)	2003
Istanbul Convention signed (year)	2011
Istanbul Convention ratified (year)	2014



SUMMARY

There is one national women's helpline in Sweden which is free of charge, operates 24/7, and provides multilingual support. Therefore, Sweden **does meet** the Istanbul Convention standards for the provision of a national women's helpline. According to the National Board of Health and Welfare, there are 213 shelters accessible to women, with a total of 1,653 beds. Sweden **does meet** the IC standards for women's shelter provision, although the exact number of women-only shelters is unknown. The number of women's centres is also unknown, but taking into account only Unizon's and Roks' member organisations, there are over 200 centres providing support to women and girls. Sweden also does have services for women and girls who have experienced sexualised violence. The state collects data on women's specialist support services and this data is publicly available. However, this state-collected data is entirely focused on shelters and does not focus on women-only services, but rather uses gender-neutral definitions.

SERVICES FOR WOMEN SURVIVORS OF VIOLENCE

1. NATIONAL WOMEN'S HELPLINES

Total Number	Free of charge	24/7 service	Multilingual support	Total number of callers in 2020
1	Yes	Yes	Yes	46,723

There is one national women's helpline called Sweden's National Women's Helpline (*Kvinnofridslinjen*, tel.: +46 20505050) which is free of charge, available 24/7, and offers multilingual support. This helpline is run by The National Centre for Knowledge on Men's Violence against Women (NCK) which is a knowledge and resource centre based in Uppsala University and which is commissioned by the Swedish government. The staff at *Kvinnofridslinjen* offer support in Swedish and English. If a survivor speaks neither English nor Swedish, *Kvinnofridslinjen* offers interpretation in other languages. On average, there were 128 calls per day in 2020.

The helpline provides support for different forms of violence against women including physical violence, sexualised violence, psychological violence and honour-based violence. Funding for national women's helplines in Sweden comes from the state. Furthermore, women's crisis centres also provide support via phone and chat and they get support requests not only from their municipality but also from other regions in Sweden.

There are other national and regional helplines supporting women survivors of violence in Sweden. For instance, *Terrafem* (tel.: +46 020521010) fights for women to live in a society free from violence by offering support to primarily immigrant women of all ages in 43 languages. Additionally, both Unizon and Roks run digital platforms – unizonjourer.se and rokstjejourer.se respectively – where women and girls can get support via chats operated by the associations' member organisations.

2. SHELTERS ACCESSIBLE TO WOMEN

Total number of women-only shelters	Total number of all shelters accessible to women	24/7 access	Existing number of beds	Number of beds missing	% of beds missing	Current number of population per bed
N/A	213	Some	1,653	0	0%	6,248

In Sweden there are women-only shelters although there are no accurate statistics on the number of such shelters. The mapping of shelters published in 2020 did not divide shelters into women-only and others. The National Board of Health and Welfare identified 213 shelters that are accessible to women in 2020, 38% of which are open to men. In 2020, there were 1,653 available beds for adults and 2,385 beds for children, although there is no specific data on women-only shelters. The shelters available for men point out that they never place men together with women – men are instead placed in separate apartments. Of these shelters, 54% are run by NGOs, 9% by municipalities, and 37% by private actors.

According to the data collected from 72 shelters within Unizon's membership in 2020, 1,042 women, 969 children, 18 men (mostly survivors of honour-based violence), and two transgender persons stayed in the shelters in 2020. Women, along with all survivors of violence, are not expected to pay for their accommodation in shelters. Funding for shelters is derived mainly from state funding from local authorities as well as donations, although very few organisations have donations as their main source of funding. Most of the shelters and crisis centres are located in the regions around big cities. According to the National Board of Health and Welfare's mapping report from 2020, about half of all municipalities in Sweden are lacking shelters.

There are no aggregated national statistics on women-only shelter services for women affected by violence. There are however a number of women's NGOs with a gender-specific approach that provide women-only shelter services and operate within two women's networks – Unizon and Roks (*Riksorganisationen för kvinnojourer och tjejjourer i Sverige*). Among Unizon's 137 member organisations there are 91 crisis centres and shelters for women, 35 crisis centres for young women and youth, nine specialised support services for survivors of sexualised violence and two others. According to Roks' latest available report (from 2018), their membership consisted of 59 crisis centres for women and 37 crisis centres for young women and girls. The average number of nights spent by women at Unizon's women-only shelters in 2020 was 55. In comparison, the average number of nights was 63 in 2019 and 66 in 2018 which indicates a 17% decrease over two years.

In Sweden there are specific shelters for women with substance abuse problems, women survivors of trafficking for the purpose of sexualised exploitation and women survivors of honour-based violence. The main reasons for having to decline referrals was no space or capacity to support the survivor and the survivor being ineligible for support (for example, many shelters cannot accommodate women with active substance abuse and severe mental health problems). The most common type of violence reported by clients to Unizon's women-only shelters were physical and psychological violence. Additionally, the most common question asked by women in Unizon's crisis centres related to housing support and child custody. Women-only shelters and crisis centres provide a range of services including casework, counselling, referrals, practical and legal advice.

3. WOMEN'S CENTRES

Total number of centres	Types of centres	Types of services provided
200 ⁶⁰	Only women survivors of VAW as well as all survivors of violence	Counselling/psychological support, advocacy, legal advice, financial/social welfare support, housing advice, employment, referrals, representation at court, specialised support (including for survivors of SV)

There are women's centres in Sweden, some of which are available only to women survivors of VAW and others for all survivors of violence, including women. There are no accurate aggregated national statistics on the number of women's centres, and there are both state-run and non-governmental women's centres. Taking into account only Unizon's and Roks' member organisations, there are over 200 centres providing support to women and girls.

⁶⁰ The approximate total of women's centres within Unizon's and Roks' membership. Figure excludes other independent women's centres in Sweden.

Services provided by women's centres include counselling and psychological support, advocacy and specialist support for survivors of forced marriage, honour-based violence, female genital mutilation, trafficking in persons, black minority ethnic, migrant and refugee women, as well as women with substance abuse problems and women subjected to prostitution and other forms of sexualised exploitation.⁶¹ Other services include legal advice, financial and social welfare support, housing advice, employment, referrals, and representation at court. Some women's centres provide specialist support for survivors of sexualised violence including needs assessment, specialist psychological care, specialist SV advocacy services, and community awareness and education for prevention.

Many women's crisis centres combine counselling, specialist support/advice, and advocacy services with providing emergency accommodation and long-term shelter. Funding for women's shelters comes mainly from state funding from national and local authorities as well as donations (although these are less common).

4. SUPPORT SERVICES FOR SURVIVORS OF SEXUALISED VIOLENCE (SV)

Sweden does have services for women and girls who have experienced sexualised violence. These include rape crisis centres, sexual violence referral centres, crisis/medical services, specialised services for women and girls subjected to prostitution and other forms of sexualised exploitation⁶², specialised helplines as well as online chats. Services for survivors of sexualised violence include specialised forensic and medical care, needs assessment, specialist psychological care, specialist SV advocacy services, community awareness, and education for prevention (including primary prevention). Funding for sexualised violence services comes primarily from state funding from national or local authorities as well as some donations. These services are available to women, young women and children, as well as other population groups.

COVID-19 PANDEMIC AND ITS IMPACT ON WOMEN'S SPECIALIST SUPPORT SERVICES

The COVID-19 pandemic affected the work of the women's specialised support services in Sweden in many ways. For example, some crisis centres experienced an increase in the number of calls and contacts, while others saw numbers decline or did not see any drastic change. Additionally, many crisis centres started offering support online via chats, to ensure survivors could receive support while being isolated at home with their perpetrators. Furthermore, campaigning and advocacy work targeting the general public and decision-makers intensified.

Throughout 2020, the state allocated an additional 100 million SEK to support women and children subjected to violence and survivors of domestic violence. Unizon, for instance, applied for extra funding and received 27 million SEK; 25.5 million SEK were then divided among Unizon's member organisations that applied. A further 1.5 million SEK were spent on the development of a new digital platform for Unizon's Membership and related administrative and HR costs. Unizon also noticed an increase in private donations as a result of campaigning and intensified public discussions surrounding MVAW (male violence against women) in Sweden.

The COVID-19 pandemic affected face-to-face meetings with women subjected to male violence. For instance, social services were recommended to meet women outside of the office and have counselling sessions with them while taking a walk. That was quite challenging, especially in terms of women's safety and security, and many social workers did not think it worked well. Some interviews with social workers showed that they experienced difficulties with the digitalisation of services. Additionally, multiagency cooperation became more difficult to uphold on the same level as before the pandemic, which made it more difficult to provide better help based on women's needs. Finally, social services experienced personnel shortages which also negatively affected their work with women survivors of violence.

61 Specialised women's support services in Sweden define prostitution as a form of sexualised violence.

62 Specialised women's support services in Sweden define prostitution as a form of sexualised violence.

SWITZERLAND

GENERAL COUNTRY INFORMATION

Population	8,606,033
Female population	4,337,170
Member of Council of Europe (year)	1993
Member of European Union (year)	No
Member of United Nations (year)	2002
CEDAW ratified (year)	1997
CEDAW optional protocol ratified (year)	2008
Istanbul Convention signed (year)	2013
Istanbul Convention ratified (year)	2017



SUMMARY

There is no national women's helpline in Switzerland, therefore the country **does not meet** the Istanbul Convention standards for the provision of a women's helpline. There are 39 shelters accessible to women with approximately 400 beds, of which 19 are women-only shelters operating with a feminist approach. The country is missing 53% of the necessary beds, and therefore **does not meet** the IC standards for the provision of women's shelters. There are women's centres supporting survivors of violence in each canton, and there are two support services for survivors of sexualised violence. The state does collect data on women's specialist support services, which is publicly available.

SERVICES FOR WOMEN SURVIVORS OF VIOLENCE

1. NATIONAL WOMEN'S HELPLINES

Total Number	Free of charge	24/7 service	Multilingual support	Total number of callers in 2020
0	-	-	-	-

There is no state-wide women's helpline in Switzerland. However, there are political efforts to introduce one. There are 19 regional helplines supporting survivors of VAW run by women's shelters. Fifteen of these helplines are available 24/7.

2. SHELTERS ACCESSIBLE TO WOMEN

Total number of women-only shelters	Total number of all shelters accessible to women	24/7 access	Existing number of beds	Number of beds missing	% of beds missing	Current number of population per bed
19	39	Most	400	461	54%	21,515

There are 19 women-only shelters in Switzerland with 327 beds, run by women's NGOs with a gender-specific and feminist approach. Additionally, there are other shelters accessible to women and in total, the country offers around 400 beds. Women are not expected to pay for their accommodation: the first 35 days of stay are usually financed by cantonal survivor support. After this period, the form of funding varies between longer-term survivor support, social assistance, or the woman's income if she has sufficient financial resources. Women can stay for up to three months, but this depends on the canton and the financial support received by the shelter. Only three shelters are adequately funded by the state (cantons and/or communities), while all other shelters depend on private donations. Most shelters are accessible 24/7 and are located in major cities. The most common types of abuse reported by clients in 2020 were physical, sexual and social abuse. The main reasons for having to decline referrals were the lack of space and capacity to support the survivor and accommodate her and her children. Besides accommodation, shelters also provide casework, counselling, and referral services. In Switzerland, there are also three shelters for women victims of trafficking, and two for all survivors of trafficking.

3. WOMEN'S CENTRES

Total number of centres	Types of centres	Types of services provided
N/A	Only for women survivors of VAW; for all survivors of violence	Counselling/psychological support, representation at court/police/social services, awareness raising, education, specialist support (including for survivors of SV)

In Switzerland, there are official government information centres in each canton for gender issues and survivors of violence, especially survivors of domestic violence. There are also counselling centres run by NGOs for women survivors of domestic violence. Women's centres are funded by the state and by donations. They operate in most cantons and provide services to all women and their children, as well as specialist support to women from marginalised groups such as BME, migrant and refugee women. Centres can also provide support to survivors of sexualised violence. If women's centres only provide non-residential support, they cooperate closely with women's shelters.

4. SUPPORT SERVICES FOR SURVIVORS OF SEXUALISED VIOLENCE (SV)

There are two support services for survivors of sexualised violence in Switzerland, offering specialist forensic and medical care, specialist psychological care, and specialist sexualised violence advocacy services. They are financed through state funding and donations and are only present in a few cities of the country. They support women, young women, children, and other population groups. These services were opened to comply with the Istanbul Convention standards, and more cantons are planning the opening of new SV support services.

COVID-19 PANDEMIC AND ITS IMPACT ON WOMEN'S SPECIALIST SUPPORT SERVICES

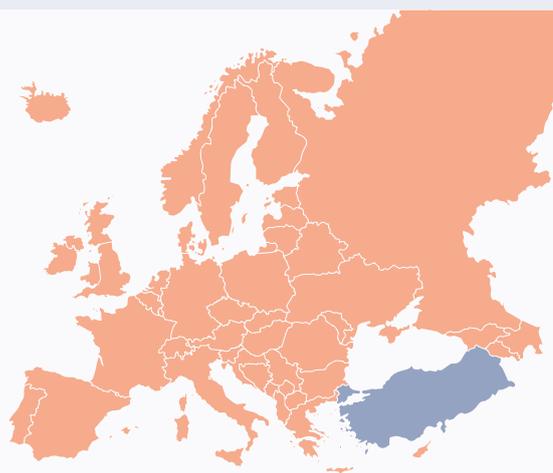
The COVID-19 pandemic placed a heavy burden on women's shelters in Switzerland. They had to cope with a lack of staff resources due to quarantine or risk-related absences. The procurement of sufficient disinfection and hygiene material was a very time-consuming and expensive task. In addition, only a few women's shelters received support from the cantons, for example to procure disinfectants, masks or to test their staff and clients. Many women's shelters received donations from private individuals. There were few shelters which received additional state support.

The media attention on the topic of domestic violence due to the COVID-19 was very present. However, it is difficult to determine whether there was some difference in the support provided by statutory services.

TURKEY

GENERAL COUNTRY INFORMATION

Population	83,154,997
Female population	41,433,861
Member of Council of Europe (year)	1949
Member of European Union (year)	No
Member of United Nations (year)	1945
CEDAW ratified (year)	1985
CEDAW optional protocol ratified (year)	2002
Istanbul Convention signed (year)	2011
Istanbul Convention ratified (year)	2012
With effect of 1 July 2021, Turkey withdrew from the Istanbul Convention and is no longer a state party.	



SUMMARY

There is one state-wide women's helpline which operates 24/7 but does not offer multilingual support. The State runs a national social support helpline, which does not comply with the standards of a women's helpline. Therefore, Turkey **does not meet** the Istanbul Convention standards for the national women's helpline provision. There are 146 shelters

accessible to women, which operate 24/7 and are located in most cities of Turkey. There is a total of 3,508 beds. Turkey **does not meet** the IC standards for women's shelters provision, as 57% of the recommended bed places are missing. In addition to this, there are 374 women's centres located in all regions of Turkey.

The state collects limited data on women's specialist support services, such as the information of women who benefited from either protective or preventive help. However, these institutions do not take any additional action apart from collecting the data. For example, Violence Prevention and Monitoring Centres (ŞÖNİMs) are not conducting any follow-up analyses regarding the implementation of their services (e.g. whether women can benefit from them and escape from violence or they feel the necessity to ask for the services repeatedly). Although data about women's support services are available upon request, the inquiries of women's NGOs to access the data are often turned down, as in the case of data about women's centres for this Country Report.

SERVICES FOR WOMEN SURVIVORS OF VIOLENCE

1. NATIONAL WOMEN'S HELPLINES

Total Number	Free of charge	24/7 service	Multilingual support	Total number of callers in 2020
1	No	Yes	Yes	4,186

There is one state-wide women's helpline in Turkey that provides support to women survivors of violence, the Emergency Domestic Violence Hotline (*Aile İçi Şiddet Acil Yardım Hattı*, tel.: +90 2126569696). It is run by the Federation of Women Associations of Turkey (*Türkiye Kadın Dernekleri Federasyonu Aile İçi Şiddet Acil Yardım Hattı*). The helpline operates 24/7 and offers multilingual support in Turkish, English, and Arabic, but is not free of charge. This helpline does not receive funding from the state and is run through international funding. The total number of callers that have contacted the Emergency Domestic Violence Hotline in 2020 in Turkey is 4,186.

The State does not provide an adequate service in terms of a national women's helpline. There is one state-run helpline, *ALO 183* (tel.: +90 183), which is run by the Ministry of Family and Social Services; it is free of charge, available 24/7 and offers multilingual support in Turkish, English, Kurdish, Arabic as well as support for people with hearing impairments. Nevertheless, this helpline is not a women's helpline as such, as it is intended to offer social support to different groups, e.g. families, women, children and people with disabilities. It does not offer specialised support to women survivors of violence.

There are four other regional helplines supporting victims of VAW in Turkey. *Mor Çatı* (tel.: +90 2122925231) offers information about shelters, as well as social, legal, and psychological support and received 1,267 calls in 2020. *Mor Salkım* (tel.: +90 5310338844) provides consultant services. *Kamer* (tel.: +90 5306644410) also offers consultant services and provides humanitarian aid. Lastly, Women's Solidarity Foundation (*Kadın Dayanışma Vakfı*, tel.: +90 3124304005) offers social, legal, and psychological support, and received 585 calls in 2020.

2. SHELTERS ACCESSIBLE TO WOMEN

Total number of women-only shelters	Total number of all shelters accessible to women	24/7 access	Existing number of beds	Number of beds missing	% of beds missing	Current number of population per bed
146	146	All	3,508	4,807	58%	23,704

There are 146 shelters accessible to women, with a total number of 3,508 beds. All shelters operate on a 24/7 basis and are in most cities of Turkey. They are supported by state funding and international funding. There are 145 state-run women's shelters and one shelter run by a women's NGO called Mor Çatı Women's Shelter Foundation (*Mor Çatı Kadın Sığınağı Vakfı*) with a gender-specific/feminist approach. Mor Çatı Women's Shelter Foundation is the only independent shelter in Turkey and is funded by international donors. Overall, 32 of 145 shelters are run by local governments and two of the shelters are run by the directorate general of migration management. On average, women can stay in the women's shelters for a period of up to three months. The shelters provide a variety of in-house services, such as casework, counselling, referrals/collaboration with other services, practical and legal advice. However, there are no specific standards for the quality assurance of these services.

Very often referrals have been declined because the Violence Prevention and Monitoring Centres (ŞÖNİM) officials are not accepting various groups of women in need, such as women survivors of psychological violence (medical reports proving

physical violence have been demanded for shelter admittance), women over the age of 60, or women with male children over the age of 12. There are also practical restrictions in place, although they are in breach of the law, that prevent refugee women, women with psychological disorders, and women who have been subject to sexual exploitation to be admitted to shelters and to have access to the social services they need.

In Turkey, all women who apply for a shelter must stay at “First Step Stations” which tend to be overcrowded. Women who stay there receive basic accommodation and meals and stay there for a period of 15 days or more with other survivors of domestic violence. Often, women who stay in these facilities are not provided with sufficient social support. Afterward, the staff decides whether a woman is in need of shelter or not. An additional problem is the inadequate security measures as some law enforcement officers provide information about the survivor’s location to the perpetrators.

3. WOMEN’S CENTRES

Total number of centres	Types of centres	Types of services provided
374 ⁶³	Only for women survivors of VAW; for all survivors of violence	Counselling/psychological support, legal advice, financial/social welfare advocacy, help with referrals, representation at court/police/social services, specialist support (including for survivors of SV)

There are approximately 374 women’s centres in Turkey, located in most regions. Women’s centres provide counselling/psychological support, assistance in cases of forced marriage (FM) and honour-based violence (HBV), and two centres provide specialist services around trafficking in persons (TIP). One centre also assists migrant and refugee women, some provide legal advice and assist women with financial/social welfare advocacy. Finally, the centres help women with referrals and with representation at court/police/social services. Women’s centres also provide specialist support for survivors of sexualised violence by offering needs assessment, psychological care, advocacy services, as well as community awareness and education for prevention.

According to data from 2018, 80 centres are run by governmental agencies and are called Violence Prevention and Monitoring Centres, 278 women and counselling centres are run by municipalities, and 16 women’s centres are run by women’s organisations.

There are a number of municipalities that give residential support under pilot implementation. However, women’s centres normally provide only non-residential support. Women’s centres receive state funding, donations, and international financial assistance.

4. SUPPORT SERVICES FOR SURVIVORS OF SEXUALISED VIOLENCE (SV)

There are no services for women and girls who have experienced sexualised violence in Turkey. Some women’s centres can provide support in cases of SV.

COVID-19 PANDEMIC AND ITS IMPACT ON WOMEN’S SPECIALIST SUPPORT SERVICES

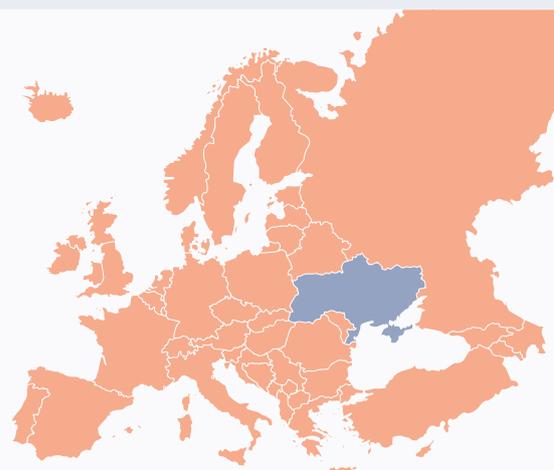
The COVID-19 pandemic deepened the already existing implementation problems of the violence prevention mechanisms in Turkey. At times, women were not accepted into shelters due to a lack of capacity and were misinformed by the police about the application for shelter spaces. Moreover, some members of the police force did not implement the article that gives women the right to remove the perpetrator from the house. There was an increase in applications from young single women who had to return to their family homes following the closure of their workplaces and student dormitories and experienced violence by their family members. Although such practices were not new in this field, considering the lack of social support during the pandemic, women who experience violence faced much heavier pressure to stay in the violent environment. Moreover, during the pandemic, women’s shelters were open but not accessible. For instance, women who experienced any type of violence other than physical violence were not accepted to the shelters and no alternative was provided to them. On April 3, 2020, a statement titled “Additional Measures Against Coronavirus in Women’s Guesthouses” was published. It stated that no one would be accepted to the shelters except women whose lives were at risk. The applicant women were asked for a health report as proof of imminent threat of violence. Moreover, finances that were normally allocated for social support to women were shifted to other areas during the pandemic. During the COVID-19 pandemic, attacks against women’s rights, which have systematically intensified since 2018, have continued.

63 Data from WAVE Country Report 2019.

UKRAINE

GENERAL COUNTRY INFORMATION

Population	41,732,779
Female population	22,389,339
Member of Council of Europe (year)	1995
Member of European Union (year)	No
Member of United Nations (year)	1945
CEDAW ratified (year)	1981
CEDAW optional protocol ratified (year)	2003
Istanbul Convention signed (year)	2011
Istanbul Convention ratified (year)	No



SUMMARY

Ukraine **does meet** the Istanbul Convention standards for the provision of a national women's helpline, as there are two helplines operating free of charge and 24/7. There are 33 shelters that are accessible to women in Ukraine, with an estimated number of 140 beds, although the exact number of beds and the number of women-only shelters which are not available. Ukraine, therefore, **does not meet** the IC standards for provision of women's shelters. The country has women's centres and services for women and girls who have experienced sexualised violence, but there is no available data on the exact number of services. The state in Ukraine does collect data on women's specialist support services and this data is publicly available.

SERVICES FOR WOMEN SURVIVORS OF VIOLENCE

1. NATIONAL WOMEN'S HELPLINES

Total Number	Free of charge	24/7 service	Multilingual support	Total number of callers in 2020
2	Yes	Yes	Yes	29,511 ⁶⁴

There are two national women's helplines in Ukraine, the first one is the National Toll-Free Hotline on domestic violence prevention, human trafficking and gender discrimination (*Національна "гаряча" лінія з попередження домашнього насильства, торгівлі людьми та гендерної дискримінації*; tel.: +380 800500335 or +380 116123). This helpline is run by the women's organisation "La Strada-Ukraine" and has worked since 1997. It is free of charge, available 24/7, and offers multilingual support (in Ukrainian, Russian, and English, upon request). The helpline provides support to survivors of domestic violence, gender-based discrimination, sexualised violence, sexual harassment, stalking, exploitation for the purpose of surrogacy and child abuse. This helpline is financed primarily through international funding and the main donors are Bread for the World and the UNFPA. In 2020, 83,6% of callers who contacted the national helpline were women and 16,4% were men. The second state-wide helpline in Ukraine is the State Call Center on the prevention of human trafficking, domestic violence, gender-based violence, and violence against children (*Урядова "гаряча лінія" для осіб, постраждалих від торгівлі людьми, домашнього насильства, насильства за ознакою статі, насильства стосовно дітей, або про загрозу вчинення такого насильства*, tel.: +380 1547) which was opened in 2020. This helpline is run by the State Call Center and is also free of charge, available 24/7, and offers multilingual support (in Ukrainian and Russian). This helpline is financed primarily through the Ukrainian state. The three most common forms of violence reported by callers to the helplines were psychological, physical, and economic abuse.

In Ukraine there are also some regional helplines, although there is no cumulative data on the number of helplines. According to the National Social Service of Ukraine, there are nine call centres providing assistance to survivors of domestic violence and violence against women, though there is no specification of what kind of call centres are meant. There are helplines working in different regions, some have been working for a long time, while others were opened recently (as part of the response to COVID-19 challenges and the impact on domestic violence). Services provided include psychological support, consultations, and legal counselling. Some of the helplines operate with the support of local administrations and others only by NGOs.

64 This only includes the number of calls to the National Toll-Free Hotline on domestic violence prevention.

2. SHELTERS ACCESSIBLE TO WOMEN

Total number of women-only shelters	Total number of all shelters accessible to women	24/7 access	Existing number of beds	Number of beds missing	% of beds missing	Current number of population per bed
N/A	33	Most	140 ⁶⁵	4,033	97%	298,091

In Ukraine there is no generalised information on the existing number of women-only shelters, as the information is decentralised and often only available by region. In 2018, there were an estimated 140 beds only for women survivors of VAW, although this number is likely higher. Shelters are often available for all survivors of violence and lack a gender-specific approach or a focus on women survivors of violence. However, most shelters predominantly serve women and their children, and some shelters clearly state that their services are directed at women. For example, the shelter for disadvantaged pregnant women and new mothers in Kyiv provides residence-based rehabilitation services for pregnant women and new mothers in difficult living circumstances (including domestic violence) to prevent child abandonment. Women are not expected to pay for their accommodation in the shelters, though conditions vary, and some shelters can provide only a bed and accommodation and no food or other amenities. Funding for shelters mainly comes from international and some state authorities, although most often this only covers the premises, while other costs must be covered by grants.

According to the National Social Service of Ukraine, in 2020 there were 33 shelters in 18 regions of Ukraine and Kyiv city and 10 day centres for people suffering from violence. These shelters offer services to people suffering from domestic violence and/or violence against women and are run by local state authorities, NGOs, and faith-based organisations. On average, women can stay in the shelters for up to three months, but there is also the possibility to prolong their stay in case it is necessary. There are no specific shelters for women from marginalised groups such as migrant or undocumented women and BME women. The three main reasons for having to decline referrals in 2020 were no capacity to support the survivor and no space to accommodate the survivor with her children. Other reasons included a survivor not having the necessary documents, limited mobility, or the shelter being unable to meet the survivor's special needs. The most common type of violence reported by the clients in shelters was domestic violence and the three types of services provided most often were casework, counselling, and referrals with other services.

3. WOMEN'S CENTRES

Total number of centres	Types of centres	Types of services provided
N/A	For all survivors of violence, including women	Counselling, legal advice, financial/social welfare support, housing advice, employment, referrals, representation at court, SV specialist support

There are women's centres in Ukraine although there is no available information on the number of centres for women survivors of violence or for all survivors. Due to decentralisation processes a lot of changes have occurred in the local social service structure, making it harder to estimate the number of centres providing assistance to women survivors of VAW. However, it is known that there are at least 24 centres social-psychological assistance centres for mothers and children, although the total number is a lot higher. There are centres offering counselling, legal advice, financial and social welfare support, housing advice, employment, referrals, representations at court. It is unknown whether there are centres offering support for FM, FGM, and migrant and refugee women, although there are centres for women survivors of human trafficking. Women's centres that provide specialist support for survivors of SV offer specialist psychological care including psychotherapy, counselling, and peer support groups. Funding for women's centres comes primarily from donations, international sources, or a combination of local state authorities and foundations' support. The total number of women supported by all women's centres in Ukraine in 2020 is unknown due to the majority of centres having broader categories of potential beneficiaries, such as domestic violence, gender-based violence and difficult living conditions.

4. SUPPORT SERVICES FOR SURVIVORS OF SEXUALISED VIOLENCE (SV)

Ukraine has services for women and girls who have experienced sexualised violence, but there is no available data on the exact number of services. The services available include crisis and medical intervention as well as specialised helplines but there are no rape crisis centres or sexual violence referral centres. Funding for sexualised violence support services comes from the Ukrainian authority as well as international funding. These services are mostly located close to the

⁶⁵ This number is from the WAVE Country Report 2019 that only covers the women-only shelters. The number of beds accessible to women is likely higher, but more recent estimates are not available.

available helpline but also in some other regions and are available for all population groups (women aged over and under 18 as well as others).

COVID-19 PANDEMIC AND ITS IMPACT ON WOMEN'S SPECIALIST SUPPORT SERVICES

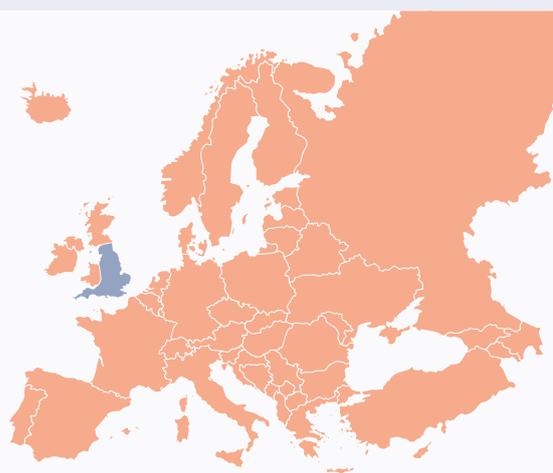
The COVID-19 pandemic impacted the work of women's specialist support services in Ukraine, as most services have to transform their work to a distance or online format because of the lockdown restrictions. During the lockdown, public transport in Ukraine was stopped which made it harder for employees in women's specialist support service to get to their place of work, thereby minimising the number of specialists in the office. It was furthermore difficult to arrange services for clients as most of the respective institutions were working from home and shifted their priorities to address COVID-19 related health challenges. Organisations had to develop or extend various alternative and electronic channels for service and consultation provision as the women experiencing violence were often forced to stay with their abusers day and night and were not able to use their phone freely.

The COVID-19 pandemic also affected funding to WSSS, especially in the context of state funding and resources as the government prioritised funding to the health sector in order to address COVID-19 challenges. As during the lockdown most of the services (including state-ones) began operating online, it was difficult for women to receive support. There were cases when police didn't issue urgent prohibition orders to abusers (in cases of DV and high-risk situations the police can issue an urgent prohibition order to oblige abusers to leave the premises immediately for a period of up to 10 days), arguing that the abuser would have nowhere to go because of strict lockdown measures. Women survivors had difficulties finding shelters, and even when they did they were often unable to get to them when public transport was halted.

UNITED KINGDOM – ENGLAND

GENERAL COUNTRY INFORMATION

Population ⁶⁶	56,550,160
Female population	28,567,340
Member of Council of Europe (year)	1949
Member of European Union (year)	No
Member of United Nations (year)	1945
CEDAW ratified (year)	1986
CEDAW optional protocol ratified (year)	1984
Istanbul Convention signed (year)	2012
Istanbul Convention ratified (year)	No



SUMMARY

There is one national women's helpline in England which is free of charge, available 24/7, and offers multilingual support. Therefore, England **does meet** the Istanbul Convention standards for the provision of a national women's helpline. There are 263 shelters, 230 of which are women-only, with in total 3,935 beds available, meaning that England **does not meet** the IC standards for women's shelter provision as 44% of beds are missing. England has almost 600 women's centres, including 205 women-only centres, and 391 centres for all survivors of violence. There are also 39 rape crisis centres and 47 sexual violence referral centres which support survivors of sexualised violence. The state does collect data on women's specialist support services and this information is publicly available.

SERVICES FOR WOMEN SURVIVORS OF VIOLENCE

1. NATIONAL WOMEN'S HELPLINES

Total Number	Free of charge	24/7 service	Multilingual support	Total number of callers in 2020
1	Yes	Yes	Yes	98,550 ⁶⁷

⁶⁶ Population data from the UK Office for National Statistics. <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesqualitytools>

⁶⁷ This number is based on the average of 270 calls per day.

There is one national women's helpline in England called the National Domestic Abuse Helpline (tel.: +44 8082000247) that is specifically for survivors of domestic violence. The helpline is free of charge, available 24/7, and offers multilingual support via an external interpreter service. Funding for this national helpline comes from the state as well as donations. On average, the helpline was contacted 270 times per day in 2019 and 2020, by phone and email. The most common forms of violence reported by callers in 2020 were psychological and physical abuse, threats to life, and sexual assault.

There are 137 other regional helplines supporting survivors of VAW in England. These helplines are run by various organisations covering local or regional areas, and support types include domestic abuse and violence, rape and sexualised violence, culturally specific support, legal and financial advice, and counselling. There are also live chat services which provide support to survivors of VAW.

2. SHELTERS ACCESSIBLE TO WOMEN

Total number of women-only shelters	Total number of all shelters accessible to women	24/7 access	Existing number of beds	Number of beds missing	% of beds missing	Current number of population per bed
230	263	Most	3,935	1,720	44%	14,371

There are 263 shelters in England with a total of 3,935 available beds. Of these shelters, 33 are also accessible to men, although they are likely to be in separate or dispersed accommodation. Most women-only shelters offer 24/7 access, and some services have a designated 'duty' officer (an on-call worker on a rota basis who facilitates access to shelters outside of business hours). Women are not expected to pay for their accommodation in the shelters. State or local authority welfare payments fund women's accommodation, though fees and contributions may be applicable within shelter accommodation. For example, housing benefits cannot be accessed by women who have been denied recourse to public funds due to immigration status, and thus they are not able to access shelters unless special provisions are made.

There is no specific data on which organisations are providing women-only shelters. However, a global shift toward more gender-neutral service provision has been noted. The shelters are run by local authorities, services for homeless people, or NGOs for emergency accommodation. They provide a range of types of in-house services, including casework, referrals/collaboration with other services, practical advice, and group work. Survivors in shelters receive a planned programme of therapeutic and practical support from staff and have access to peer support from other residents. Women-only shelters exist in all cities in England and women can stay on average for three to six months. There is, however, a lot of variation in these numbers depending on individual circumstances and differences in shelter policy and availability of move-on accommodation and support. Many women-only shelters also provide non-residential support.

There are specialised shelters for women from marginalised groups, including one shelter for women with insecure immigration status, three for women with substance use support needs, 28 for BME women and women from specific ethnic groups, two for women with learning disabilities, two for young women, one for women aged over 45, and one shelter for LGBTQ+ women. Reasons for having to decline referrals to women-only shelters included a lack of space/capacity to support the survivor and her children as well as survivors' ineligibility for support. Most women-only shelters also cannot accept women in cases of substance abuse, if the shelter is in an area that can be easily accessed by the perpetrator, if survivors have male children over 16 years or more children than the shelter can safely accommodate, and if the shelter cannot adequately support the women's mental or physical health needs.

3. WOMEN'S CENTRES

Total number of centres	Types of centres	Types of services provided
596	For all survivors of VAW, including women, only for women survivors of VAW	Counselling/psychological support, legal advice, financial and social welfare support, housing advice, employment, referrals, representation at court, police, social services, specialist support (including for survivors of SV)

There are approximately 596 women's centres in England, of which 205 are only for women survivors of VAW and 391 for all survivors of violence, including women. Women's centres are more commonly referred to as "Community Based Services" and are present in all regions of England. They are funded by the state as well as through donations. All centres, but specifically those for women, offer legal advice, financial and social welfare, housing advice, employment, referrals, representation at court, police, and social services. Women's centres may also offer specialised support to survivors

of sexualised violence including specialist forensic and medical care, needs assessment, specialist psychological care, advocacy, and community awareness and education for prevention. Specialist support is also available to marginalised women and children including survivors of forced marriage, honour-based violence, female genital mutilation, and human trafficking. There are also 29 centres that specifically support BME women, the majority of which are part of the Imkaan network, and 20 centres supporting migrant or refugee women and asylum seekers.

Other types of services provided by women's centres in England include group/peer-support work, children and young peoples' support, independent domestic violence advisors, independent SV advisors, "target hardening" or the provision and fitting of personal and home security devices/equipment, and provision of basic subsistence items (foodbank vouchers, clothing, household items).

4. SUPPORT SERVICES FOR SURVIVORS OF SEXUALISED VIOLENCE (SV)

There are approximately 39 rape crisis centres in England and 47 sexual violence referral centres offering crisis and medical services for survivors of sexualised violence. Furthermore, most community-based VAW services provide local, confidential helplines during business hours. There is also the Rape Crisis National Helpline (tel.: +44 8088029999) which is free of charge and offers support on rape, sexual assault, and SV. In 2019 and 2020, the helpline received 194,881 calls and online messages. Support provided by specialist services includes forensic and medical care, needs assessment, specialist psychological care, community awareness and education for prevention. Support services for survivors of sexualised violence are funded by the state or by donations. Services may be commissioned by state or local authorities and receive funding and grants from charitable organisations and trusts. Sexualised violence services are located in all regions of England and offer support to women, young women, and children.

COVID-19 PANDEMIC AND ITS IMPACT ON WOMEN'S SPECIALIST SUPPORT SERVICES

During the COVID-19 pandemic, many organisations had to rapidly reshape their support services, which essentially meant closing the face-to-face and community-based aspects of their provision.⁶⁸ This required an intense period of adjustment, work and additional resources. The service providers are continually concerned about the possible future loss of income from fundraising. Many services faced issues of compliance with existing funding agreements to provide in-person services and many services lacked adequate IT resources and internet access to facilitate working remotely, or to move support online. Domestic abuse services experienced high demand and extra funding was needed to ensure services could continue to meet the demands. Services could apply to the state for emergency funding and grants to support survivors and charitable organisations.

Women also had to prioritise meeting their immediate needs (such as housing, food, childcare or caring responsibilities) throughout the pandemic rather than reporting or seeking support for themselves, particularly at a time when they were more aware of systems being under increased strain. While campaigns by police forces reassured survivors that they can continue to report and receive the same level of police support, this was not always the case, with the police workforce being reduced due to illness and self-isolation.⁶⁹

Women's organisations have also raised concerns about interviews and evidence reporting not being carried out when reporting sexualised violence, as well as a lack of available female translators and sign language interpreters.

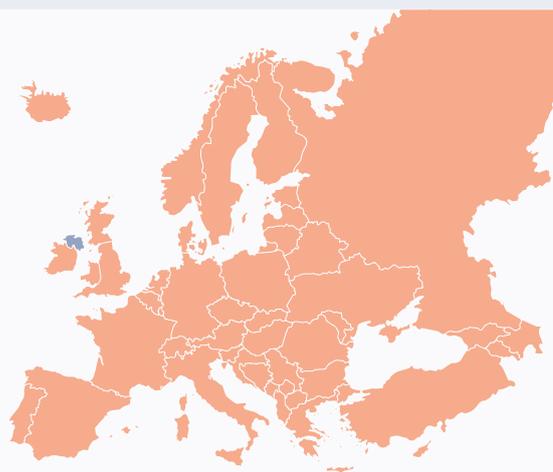
68 Imkaan, The Impact of the Dual Pandemic's: Violence Against Women & Girls and COVID-19 on Black and Minoritised Women & Girls, Position Paper Series VAWG and COVID-19, May 2020, ISBN 978-1-913486-38-9

69 EVAW, 2020 – EVAW COVID-19 brief series | Digital library: Publications | UN Women – Headquarters

UNITED KINGDOM – NORTHERN IRELAND

GENERAL COUNTRY INFORMATION

Population	1,895,500 ⁷⁰
Female population	961,400 ⁷¹
Member of Council of Europe (year)	1949
Member of European Union (year)	No
Member of United Nations (year)	1945
CEDAW ratified (year)	1986
CEDAW optional protocol ratified (year)	1986
Istanbul Convention signed (year)	2012
Istanbul Convention ratified (year)	No



SUMMARY

There is one national women's helpline in Northern Ireland that is free of charge, available 24/7, and provides multilingual support. Therefore, Northern Ireland **does meet** the Istanbul Convention standards for the provision of a national women's helpline. There are 14 women-only shelters in Northern Ireland with approximately 332 beds, which **does meet** the IC standards for the provision of women's shelters. There are nine women's centres in Northern Ireland that provide support services to women, children, and young people who have experienced domestic abuse. There is also one centre that operates as both a rape crisis centre and a sexual violence referral centre. The state does collect data on women's specialist support services which is available upon request.

SERVICES FOR WOMEN SURVIVORS OF VIOLENCE

1. NATIONAL WOMEN'S HELPLINES

Total Number	Free of charge	24/7 service	Multilingual support	Total number of callers in 2020
1	Yes	Yes	Yes	N/A

Northern Ireland has one national helpline called the Domestic and Sexual Abuse Helpline (tel.: +44 8088021414) which is run by Nexus Northern Ireland (and was previously run by the Women's Aid Federation Northern Ireland). The helpline is free of charge, available 24/7, and multilingual support is available on request for any language. Funding for the helpline comes from the state as well as private donations. The helpline offers support for domestic and sexual abuse and the three most common forms of violence reported by callers in 2020 were intimate partner violence, sexualised violence, and domestic abuse. There is no other state or regional women's helpline in Northern Ireland.

2. SHELTERS ACCESSIBLE TO WOMEN

Total number of women-only shelters	Total number of all shelters accessible to women	24/7 access	Existing number of beds	Number of beds missing	% of beds missing	Current number of population per bed
14	14	Most	332 ⁷²	0	0%	5,709

There are 14 women-only shelters in Northern Ireland. Northern Ireland is a small region with only two major cities, Belfast and Derry, both of which have 24/7 shelters and most other women-only shelters offer 24/7 access. The women-only shelters have in total 147 units with approximately 332 beds, although an exact number is not available. All shelters are run by a women's NGO with a gender-specific and feminist approach; Women's Aid Federation Northern Ireland. Women are not required to pay for their accommodation in women-only shelters, though women without recourse to public funds must pay for their accommodation. The two main sources of funding for women-only shelters are from the state as well

⁷⁰ Data comes from the Northern Ireland Statistics and Research Agency, 2021: <https://www.nisra.gov.uk/publications/2020-mid-year-population-estimates-northern-ireland>

⁷¹ Ibid.

⁷² Number of beds from the WAVE Country Report 2019.

as donations. Women survivors can stay in a women-only shelter for up to a year, however, each woman's situation is assessed on a case-by-case basis, and it is ensured that accommodation is secured for her before she leaves.

There are specific shelters for women from marginalised groups in Northern Ireland such as migrant women and women with disabilities. The main reason for declining referrals was that the survivor was ineligible for support. The most common types of violence reported by clients in women-only shelters in 2020 were intimate partner violence, sexualised violence, and psychological violence. The types of in-house services most often provided by the women-only shelters were casework, counselling, referrals, and practical advice.

3. WOMEN'S CENTRES

Total number of centres	Types of centres	Types of services provided
9	Only for women survivors of VAW and for all survivors of violence, including women	Counselling/psychological support, financial and social welfare support/advocacy, housing advice, employment, referrals, representation at court, police, social services, specialist support (including for survivors of SV)

Northern Ireland has nine women's centres run by Women's Aid Federation Northern Ireland. They operate in every county in the region and provide support services to women, children, and young people who have experienced domestic abuse. Funding for women's centres comes from the state as well as donations. Women's centres only provide non-residential support services, however, all centres are linked to shelters run by the same organisation. Therefore, if women need a place in a shelter, the necessary arrangements can be made. In addition, two centres offer counselling and psychological support to women survivors of human trafficking as well as migrant and refugee women. All centres offer financial and social welfare support and advocacy, housing advice, employment referrals, and representation at court, police or social services.

4. SUPPORT SERVICES FOR SURVIVORS OF SEXUALISED VIOLENCE (SV)

Northern Ireland has one centre, the Rowan Sexual Assault Referral Centre, that operates as both a rape crisis centre and a sexual violence referral centre. The centre provides crisis and medical services to all survivors of sexualised violence and a specialised helpline (tel.: +44 8003894424), as well as specialist forensic and medical care, needs assessment, specialist psychological care, specialist sexualised violence advocacy services, and community awareness and education for primary prevention. This centre is funded by the state and private donations, and provides support to all survivors of sexualised violence.

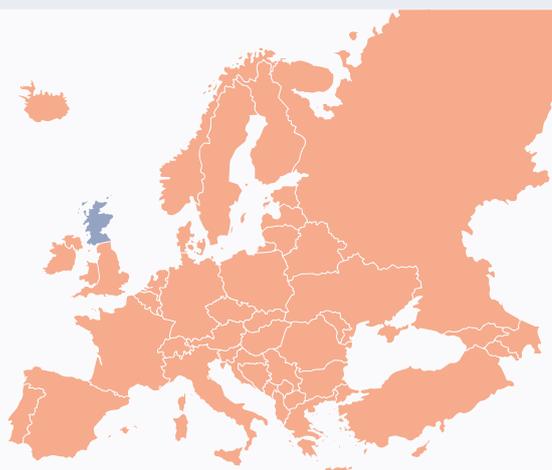
COVID-19 PANDEMIC AND ITS IMPACT ON WOMEN'S SPECIALIST SUPPORT SERVICES

During the COVID-19 pandemic, specialised support services for women in Northern Ireland had to adapt rapidly. For example, face-to-face services were limited and had to be provided by video and telephone calls. Agencies were however provided with Personal Protective Equipment (PPE) and strict protocols were put in place to ensure that face-to-face services were maintained as much as possible. Women's shelters were particularly affected by the pandemic. Staff who had contracted COVID-19 and those around them had to self-isolate, which had an impact on staffing levels. Fortunately, the COVID-19 pandemic did not have a negative impact on funding for specialist support services for women in Northern Ireland. Community donations decreased slightly, but government funding increased.

UNITED KINGDOM – SCOTLAND

GENERAL COUNTRY INFORMATION

Population	5,466,000 ⁷³
Female population	2,800,788 ⁷⁴
Member of Council of Europe (year)	1949
Member of European Union (year)	1973
Member of United Nations (year)	1945
CEDAW ratified (year)	1986
CEDAW optional protocol ratified (year)	1986
Istanbul Convention signed (year)	2012
Istanbul Convention ratified (year)	No



SUMMARY

Scotland has one national women's helpline which is free of charge, operates 24/7 and provides multilingual support, and therefore **does meet** the Istanbul Convention standards for the provision of national women's helplines. There are 38 women-only shelters with a total of 487 beds, meaning Scotland **does not meet** the standards of the IC for women's shelter provision, missing 11% of beds. There are a number of women's centres that are run by women's NGOs and exist in all regions of Scotland. There are 17 local rape crisis centres across Scotland and three independent centres, eight of which are women-only and nine provide services for men and women.

SERVICES FOR WOMEN SURVIVORS OF VIOLENCE

1. NATIONAL WOMEN'S HELPLINES

Total Number	Free of charge	24/7 service	Multilingual support	Total number of callers in 2020
1	Yes	Yes	Yes	10,881

There is one national women's helpline in Scotland called Scotland's Domestic Abuse and Forced Marriage Helpline (tel.: +44 8000271234) which is run by Scottish Women's Aid. The helpline is free of charge, available 24/7 and offers support to survivors of domestic abuse and forced marriage. The helpline also offers multilingual support, and a confidential interpreter service (Language Line) is used to provide support in a wide variety of languages. The main source of funding for the helpline is state funding from the Scottish government as well as donations.

2. SHELTERS ACCESSIBLE TO WOMEN

Total number of women-only shelters	Total number of all shelters accessible to women	24/7 access	Existing number of beds	Number of beds missing	% of beds missing	Current number of population per bed
38	38	Some	448	99	18%	12,201

There are 38 women-only shelters in Scotland with 448 available bed spaces, and they are run by Women's Aid groups. "Shelter spaces are calculated as family spaces that a woman or a woman and her children could occupy⁷⁵, rather than individual beds, and are provided by Women's Aid groups situated across the country. Funding for women-only shelters in Scotland comes primarily from national and local Government as well as donations. There is technically a charge for shelter spaces, but UK citizens are entitled to housing benefits which covers this. Some shelters take a limited number of women with no recourse to public funds, and accessing support services is free, although this approach did change with the COVID-19 pandemic. Moreover, 34 of the 38 Women's Aid groups are affiliated to the national lobbying and campaigning body (Scottish Women's Aid) which advocates for systemic change on the group's behalf and support groups in

73 National Records of Scotland, 2021 <https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/population/population-estimates/mid-year-population-estimates/mid-2020>

74 Ibid.

75 For example, a household space could be a two bed self-contained apartment or a bedroom in a communal refuge.

service delivery. All affiliated Women's Aid groups support BME (black minority ethnic) women, and two of the groups are specialised in supporting BME women.

There is a Women's Aid group in every local authority and on average, women stay in shelters for more than a year. The three main reasons for having to decline referrals were that there was no space or capacity to support the survivor, the survivor was ineligible for support or declined the offer (for example because she preferred to stay with a friend or was waiting to hear from a housing officer). Other reasons included personal factors such as the shelter being too close to the perpetrator. The most common type of violence reported by clients to the women-only shelters was domestic abuse. The three types of in-house services provided most often by women-only shelters in Scotland were casework, referrals or collaborations with other services, and practical support. Women's Aid shelter spaces always provide support to help women and children understand domestic abuse, and process what has been done to them. They also provide support to tackle any practical issues that will enable women with young children to live empowered independent lives again.

3. WOMEN'S CENTRES

Total number of centres	Types of centres	Types of services provided
N/A	Only for women survivors of VAW (and children/young people)	Advocacy, counselling, legal support, financial/social welfare support, housing support, employment, referrals, specialist support (including for survivors of SV)

Women's centres are run by women's NGOs and exist in all regions of Scotland, although the exact number is unknown. Such centres offer a variety of services for women and many of these local centres are part of the Scottish Women's Aid and Rape Crisis Scotland networks. Regional crisis centres for survivors of domestic abuse serve predominantly women with a gender-specific approach. All 34 affiliated Women's Aid groups support BME women, and two of the groups are specialists in supporting BME women. Furthermore, two centres provide support on forced marriage (FM) and honour-based violence (HBV), and one centre offers support to survivors of female genital mutilation (FGM). Other available services include counselling and emotional support, legal support, financial and social welfare support, housing support, employment, referrals, and support through the court process. Women's Aid is not allowed to represent survivors in court as they are considered biased in favour of the women and young people they work with. Women's centres are funded by local authorities, state funding, and other funding bodies such as the Lottery Fund.

There are also centres run by other women's and feminist NGOs providing specific or specialised services to women survivors, such as the Scottish Women's Rights Centre, for those affected by VAW. It provides free legal advice, information, advocacy, representation, and support. Furthermore, ASSIST (Advocacy, Support, Safety, Information, Services Together) is a specialist service established when domestic abuse courts were set up in Scotland. Although also available to men, it works with a gendered understanding of domestic abuse. There are other women's centres that do provide services for survivors, including BME women, such as the Women's Support Project, TARA (for trafficked women), DAISY project and SAY Women (for young women).

4. SUPPORT SERVICES FOR SURVIVORS OF SEXUALISED VIOLENCE (SV)

There are 17 local rape crisis centres across Scotland and three independent centres. All of them offer free and confidential support and information. Some centres offer outreach which means they can travel to other towns and villages in the area. Of these centres, eight are women-only and nine centres provide services for men and women. Female survivors are the overwhelming majority (over 88%) of people seeking help from local rape crisis centres in Scotland.⁷⁶ The Rape Crisis Scotland Helpline (tel.: +44 8088010302) is the main helpline supporting survivors of sexualised violence and is run by Rape Crisis Scotland. This helpline is free of charge and offers multilingual support, although it is not available 24/7. The Rape Crisis Scotland helpline received a total of 5,581 support and information contacts in the course of the 2020, 4,364 of which were calls.

COVID-19 PANDEMIC AND ITS IMPACT ON WOMEN'S SPECIALIST SUPPORT SERVICES

The COVID-19 pandemic affected women's specialist support services in Scotland, with Scottish Women's Aid closing its office in early March 2020. Support services had to drastically change the way they provided their support, often remotely. Using new digital means to support survivors meant an increase in costs. On top of these changes, there was a negative

⁷⁶ According to the Rape Crisis Scotland's 2019-20 Annual Report: <https://www.rapecrisisscotland.org.uk/resources/RCS-Annual-report-2019-2020.pdf>

impact on staffing levels, due to instances of self-isolation among staff as well as staff working reduced hours due to their family situation or caring responsibilities.⁷⁷

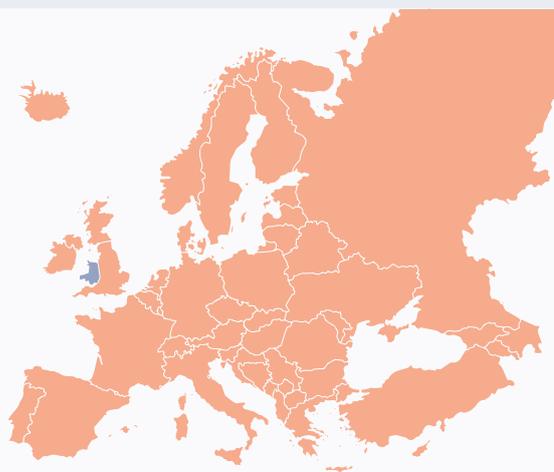
Notably, several shelter spaces were lost due to COVID-19, as some communal refuges had to reduce the number of beds available in order to meet national guidelines. During the pandemic, the Scottish government provided support to both the Rape Crisis and Women’s Aid network with one-off, short-term grants to help with adapting to the pandemic. This helped to cover costs such as new IT software and hardware, cover the cost of shelter spaces that could not be filled due to restrictions, as well as working from home costs. Subsequent government emergency grants have also provided funds for recovery work and to tackle the huge waiting lists created by the pandemic.

Changes to the criminal justice system due to the pandemic resulted in greater risks to women. Additionally, a backlog of court cases due to court closures will have a negative effect on women’s access to justice in Scotland.⁷⁸

UNITED KINGDOM – WALES

GENERAL COUNTRY INFORMATION

Population ⁷⁹	3,169,620
Female population ⁸⁰	1,606,070
Member of Council of Europe (year)	1949
Member of European Union (year)	1973
Member of United Nations (year)	1945
CEDAW ratified (year)	1986
CEDAW optional protocol ratified (year)	2004
Istanbul Convention signed (year)	2012
Istanbul Convention ratified (year)	No



SUMMARY

There is one national women’s helpline in Wales which is free of charge, operates 24/7, and provides multilingual support. Wales, therefore, **does meet** the Istanbul Convention standards for national women’s helpline provision. There are 34 shelters accessible to women in Wales, which **does not meet** the IC standards for women’s shelter provision, as 48 beds are missing. Wales does have a women’s centre offering a number of services, as well as one rape crisis centre and eight sexual violence referral centres. The state does collect data on women’s specialist support services, which is collected by Welsh Women’s Aid on behalf of the state. This information is publicly available and is then fed into various national publications, as well as more detailed data, available on request.

SERVICES FOR WOMEN SURVIVORS OF VIOLENCE

1. NATIONAL WOMEN’S HELPLINES

Total Number	Free of charge	24/7 service	Multilingual support	Total number of callers in 2020
1	Yes	Yes	Yes	26,651

There is one national women’s helpline in Wales called Live Fear Free Helpline (*Llinell Gymorth Byw Heb Ofn*, tel.: +44 8088010800) which is run by Welsh Women’s Aid. This national helpline is free of charge, available 24/7, and offers multilingual support in Welsh and English (other languages are also available via the LanguageLine). Funding for Live Fear Free Helpline comes primarily from state funding by national authorities as well as donations. Support is provided for all types of violence against women including domestic abuse, sexualised violence, coercive control (including but not limited to

77 'Crisis and Resilience: The Impact of a Global Pandemic on Domestic Abuse Survivors and Service Providers in Scotland', Scottish Women’s Aid, September 2020. [SWA-COVID-Report.pdf \(womensaid.scot\)](#)

78 Ibid.

79 Population data from the UK Office for National Statistics <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesqualitytools>

80 Ibid.

psychological abuse), and physical violence. The total number of requests that the helpline received in 2020 was 29,357 of which 26,651 were calls, 346 were emails, 1,971 were webchats and 389 were texts. The three most common types of violence reported by survivors contacting the helpline were coercive control (including emotional, psychological, and economic violence), physical violence and sexual violence.

There are two other regional helplines supporting survivors of violence in Wales; the DYN Helpline and the *BAWSO Helpline*. The *BAWSO Helpline* (tel.: +44 8007318147) provides 24/7 support to BAME women who have experienced any form of VAW. The DYN project provides specialised support for men experiencing domestic abuse and sexualised violence (tel.: +44 8088010321).

2. SHELTERS ACCESSIBLE TO WOMEN

Total number of women-only shelters	Total number of all shelters accessible to women	24/7 access	Existing number of beds	Number of beds missing	% of beds missing	Current number of population per bed
24	34	All	269	48	15%	11,783

There are 24 women-only shelters in Wales which offer a total of 269 beds for women survivors of violence. All of these shelters offer 24/7 access and are run by women's NGOs with a gender-specific approach. Women-only shelters exist in most cities, and while some shelters are located outside of cities in more rural areas, locations are spread throughout the county and at all major cities and towns. Women are expected to pay for their accommodation in a shelter, although the majority of survivors are eligible for benefit assistance which are utilised to cover the costs of accommodation. Survivors who are ineligible for benefit support would be required to pay for accommodation unless another funding stream is available (for example survivors with No Recourse to Public Funds – NRPFF). Funding for women-only shelters comes primarily from state funding from national or local authorities and donations.

Women survivors stay in shelters for an average of three to six months; however women can stay for longer periods of time if required.⁸¹ There are specific shelters for women for marginalised groups including, but not limited to, support for BAME survivors, specific support for Traveller women and children, ex-offenders, women with insecure immigration status, refugees and asylum seekers, women with HIV/AIDS, women with insecure immigration status, and young women. The main reasons for having to decline referrals included no space to support the survivor both alone and with her children as well as the survivor being ineligible for support for a multitude of reasons (for example, a survivor may be ineligible due to safety concerns linked to the perpetrator).⁸² The most common types of violence experienced by women in shelters were psychological/emotional violence, physical violence, and economic violence. The three types of in-house services most often provided by women-only shelters were casework, referrals, and practical advice.

There are also 35 beds in ten shelters in Wales which are specifically for male survivors of violence but can also be used flexibly for women survivors if necessary.

3. WOMEN'S CENTRES

Total number of centres	Types of centres	Types of services provided
20	For all women (not only those who have experienced violence)	Counselling/psychological support, financial/social welfare support, housing advice, referrals, specialist support for survivors of SV

There is one women's centre in Wales which is available for women of all walks of life but includes specific support and advice for those who have experienced VAW, domestic violence and sexualised violence. This centre offers counselling and psychological support, financial and social welfare support, housing advice, skills workshops and courses, and referrals. The women's centre also provides specialised support for survivors of sexualised violence including specialist psychological care and community awareness and education for prevention. The women's centre is funded primarily by the state, as well as through donations and is run by a women's NGO. Furthermore, the women's centre provides only non-residential support and is located in a more rural location which covers a wider geographical area than a city.

In addition, there are 19 services that offer community support such as crisis and outreach support, specifically aimed at survivors of VAW.

81 The data for length of stay in refuge can be found in the Annual Welsh Women's Aid reports: www.welshwomensaid.org.uk/about/annual-reports/
 82 Further details can be found in the Annual Welsh Women's report (linked above).

4. SUPPORT SERVICES FOR SURVIVORS OF SEXUALISED VIOLENCE (SV)

There are services for women and girls who have experienced sexualised violence in Wales, including one rape crisis centre and eight sexual violence referral centres. Medical services are also available at sexual assault referral centres (SARCs) but also on request at genitourinary medicine (GUM) or sexual health clinics, and hospital A&E departments. A range of support is provided by these services including specialist forensic and medical care, needs assessment, specialist psychological care, specialist SV advocacy services, community awareness for education for prevention and primary prevention. Funding for these services comes from the state as well as donations. Specialist support services for survivors of sexualised violence are located in most regions, but there is greater coverage in the South, which reflects the larger populations in the south compared to Mid and North Wales. The national helpline for survivors of domestic violence, Live Fear Free Helpline, also offers a range of support to survivors of sexualised violence. These services are available for all survivors of sexualised violence, including women of all ages and children.

COVID-19 PANDEMIC AND ITS IMPACT ON WOMEN'S SPECIALIST SUPPORT SERVICES

The COVID-19 pandemic affected the work of women's specialist support services in Wales as additional pressure was put on services to continue to provide support in spite of lockdown restrictions. For instance, there was a great increase in the need for shelters to deep clean units; abide by social distancing rules and personal protective equipment (PPE) requirements; and react swiftly to incidences of self-isolation. All of this impacted the services' ability to support. Services have remarked about creating processes and policies in reaction to COVID-19; adaptations to distanced or safe virtual delivery; greater co-working and seeking alternative funding streams to ensure survivors do not fall through the gaps at this time.

Trusts and specific NGO funding agencies created additional opportunities to seek funding related to COVID-19. After campaigning by the VAWG sector⁸³ both the UK and Welsh governments provided additional short-term funding for the VAWG sector. The Welsh Government provided an additional investment of 1.5 million GBP to be spent by March 2021, for equipment to adapt services, PPE, staff training and support for children.⁸⁴ Furthermore, 90% of specialist services reported that during the first lockdown funding was impacted. There has however been increased partnership and engagement from the statutory sector and government agencies. The Welsh Government set up a strategic COVID-19 VAWG partnership that has met regularly bringing together specialist services and government agencies to discuss issues facing survivors and the sector. Police forces saw a drop in calls, however, due to the drop in other crimes, domestic violence became more visible in their data. Welsh Women's Aid has worked with the government and partners to provide information to education professionals on handling disclosures from children on their return to school.⁸⁵

83 Link to the Welsh Women's Aid campaign: <https://www.welshwomensaid.org.uk/2020/04/welsh-womens-aid-stresses-urgent-need-for-funding-for-support-services-due-to-covid-19/>

84 Further details available here: <https://gov.wales/new-welsh-government-funding-will-help-victims-and-survivors-domestic-abuse-live-fear-free#-content>

85 You can read more about this here: <https://www.welshwomensaid.org.uk/2020/10/safeguarding-pupils-against-violence-and-and-abuse-fact-sheets/>

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Glossary

Additional services

All other services which are **not specialised or gender-specific**, but that **still provide some level of support for women** survivors of violence, are considered in the WAVE Report as additional services. Services that qualify as additional can be, for example, centres that specialise in supporting victims of trafficking.

By-and-For

By women and for women (by-and-for) distinguishes specialist organisations tackling VAW from generic organisations. By and for organisations have the following features: they are gendered, meaning that they deliver services to women and girls only in women and girls safe space; the by and for ethos is organic to these organisations meaning that they developed historically as VAW organisations under diverse feminist perspectives addressing patriarchy, structural inequality, oppression, disadvantage, marginalisation and exclusion; they centre the voices and representations of women and girls in governance, service delivery and development; the by and for identity is embedded historically in the vision, policy and practice of these organisations and form the fundamental principles around which governance frameworks are developed; leadership and management of by and for organisations as well as staffing structures address structural inequality by ensuring that they reflect the women and girls who use services; and, a key feature of diverse feminism is addressing structural inequality and patriarchy (sexism and misogyny). Within by and for, there are also specific and nuanced specialism such as organisations working with Black and minoritised women and girls, disabled women and the many other categories of women that make up protective characteristics. These by and for organisations work under an intersectional framework where all forms of VAWG are recognised and oppression is viewed as interlocking. By and for is not an add-on or a label that can be used for convenience in funding. It does not describe generic organisations whose main function is activity that is not centred around VAWG.

Centres for child sexual abuse

Centres for minors experiencing sexual abuse are facilities that provide specialist support, among others, to minors up to the age of 18, who have experienced any form of sexual abuse at some point in their lives.

Centres for survivors of human trafficking

These are specialist services for survivors of human trafficking, providing a comprehensive, human-rights and gender-based approach to meet their specific needs. Services provided by such centres may include but are not limited to the following: counselling, legal advice and assistance concerning the victim's migration process and legal status in the country, accompaniment within the

justice system, empowering support and assistance to improve the victim's living and working conditions including training and education.

Coercive control

Coercive control is a form of psychological violence. Legislation is moving towards the explicit inclusion of coercive control within the definition of domestic violence and can be defined as a persistent and deliberate pattern of behaviour by a partner/ex-partner designed to achieve obedience and create fear, which may include coercion, emotional/psychological abuse, isolation, physical violence, degradation and control.¹

Domestic violence (DV)

Domestic violence (DV) means all acts of physical, sexual, coercive, psychological, or economic violence that occur within the family or domestic unit or between former or current spouses or partners, whether or not the perpetrator shares or has shared the same residence with the victim.²

Femicide

The term 'femicide' refers to the gender-related killing of women and girls. In broad terms, these can be understood as **killings of women and girls perpetrated by men because they are women**. These crimes are ultimately connected to stereotyped gender roles associated with women and historically unequal power relations between women and men, which instil a sense of possessiveness and superiority in men over women.

Gender-based violence (GBV)

Gender based violence against women means violence that is directed against a woman because she is a woman or that affects women disproportionately.³ Gender-based violence is understood to be a form of discrimination and a violation of the fundamental freedoms of the victim and includes violence in close relationships, sexual violence (including rape, sexual assault and harassment), trafficking in human beings, slavery, and different forms of harmful practices, such as forced marriages, female genital mutilation and so-called 'honour crimes'. Women victims of gender-based violence and their children often require special support and protection.⁴

- 1 <https://www.rcni.ie/wp-content/uploads/RCNI-Statistics-2019.pdf>
- 2 Article 3(b) of the Council of Europe Convention on preventing and combating violence against women and domestic violence (Istanbul Convention)
- 3 Article 3(d) of the Council of Europe Convention on preventing and combating violence against women and domestic violence (Istanbul Convention).
- 4 Recital 17, Directive 2012/29/EU of the European Parliament and of the Council of 25 October 2012 establishing minimum standards on the rights, support and protection of victims of crime, and replacing Council Framework Decision 2001/220/JHA.

Gender-neutral

Gender-neutral practices are those set of policies and regulations governing funding and service provision required by the state and governments to provide services that have been funded through public money to both men and women. Gender-neutral practices and policies hide or diminish the root causes of gender inequality and gender-based violence by placing women-only services under threat. Moreover, they obscure the prevalence rates and different impacts on/needs of women and men who are survivors. Gender-neutral is a way of thinking that specifically targets women-only organisations to provide access to services to both men and women without consideration of historically unequal power relations between men and women. Gender-neutral threatens to dismantle the ethos of women-only organisations that challenge patriarchy as a root cause of women's inequality and violence against women. Gender-neutral denies women access to safe women-only space.

Gender-specific approach

Article 18 §3 of the Istanbul Convention recognises violence against women as gender-based violence. As such, all measures to eliminate violence against women must be implemented using a gender-specific approach, meaning a gendered understanding of the violence experienced by women, its specific dynamics and consequences, and should focus on victims' empowerment.

Independent Domestic Violence Advisors (IDVAs)

The main purpose of independent domestic violence advisors (IDVAs) is to **address the safety of victims at high risk of harm** from intimate partners, ex-partners or family members to secure their safety and the safety of their children.⁵ They serve as a **victim's primary point of contact** and regularly work with their clients from the point of crisis to assess the level of risk. They also discuss the range of suitable options leading to the creation of a workable safety plan.

Independent Sexual Violence Advisors (ISVAs)

Independent sexual violence advisors (ISVAs) **offer specialist support to victims of rape and sexual assault**, including legal counselling. They are an independent, non-judgemental and confidential service, working closely with relevant agencies to ensure survivors get the advice, information and support they need.⁶ Survivors have access to an ISVA from the point of referral through to any case that arises and in the aftermath of one. Support is given either through face-to-face visits, telephone contact or both.

Intervention centres with a pro-active approach

These are organisations that **support women victims**

of violence and their children, if any, in all matters concerning their protection and the securing of their rights, in civil as well as in criminal lawsuits. Intervention Centres also have the task to take a variety of legal and social measures in order to prevent further violence. By taking a pro-active approach it means that **rather than waiting for the victims to contact them, the staff from the intervention centre write letters or make phone calls to the victim to offer help**.⁷ Of course, it is up to the victims to decide whether they want to accept the help being offered.

National women's helpline

A helpline qualifies as a national women's helpline if it is a service provided specifically for women and if it only, or predominantly, serves women survivors of violence. A women's helpline **should operate 24/7, should be free of charge, should serve survivors of various forms of violence against women, and should provide assistance in several languages**. The latter can enable survivors of violence to overcome any language barriers. It should operate state-wide and provide adequate support to women from all regions; this means staff must be properly trained, have effective communication skills and be knowledgeable about regional situations and all relevant provisions.

Other shelters

Shelters included under this category **do not have to be specialised or gender-specific**, but they should still provide some level of support to all survivors of violence. Shelters under this category **can also include services that provide temporary housing and general shelters**.

Rape crisis centres (RCC)

Rape crisis centres are understood to be **specialist centres for sexualised violence which offer immediate, medium and long-term specialist support to survivors of rape, sexual assault, or any form of sexual violence**. They offer survivor-centred empowerment, advocacy and counselling for survivors, both in terms of personal well-being and in providing advice, information and accompaniment, primarily, but not limited to, accompaniment to the police, the court and the Sexual Violence Referral Centre (SVRC) processes within health settings, legal advice and assistance throughout legal proceedings. They may also engage with the community and in an interagency manner to ensure a better response for survivors and to effect prevention.

They may also have a helpline that provides specialist counselling to the aforementioned types of survivors, gives them relevant information about their rights and refers them to other specialist support services, as required by the situation. The minimum standards from the Istanbul Convention recommend that one RCC/SVRC should be provided per every 200,000 inhabitants, and in terms

5 Against Violence and Abuse: http://www.ccrm.org.uk/index.php?option=com_content&view=article&id=176&Itemid=239

6 Rape and Sexual Abuse Counselling: <http://thesurvivorstrust.org/isva/>

7 Logar, Rosa (2005), The Austrian model of intervention in domestic violence cases, p.10, UN Division for the Advancement of Women, retrieved from: <http://www.un.org/womenwatch/daw/egm/vaw-gp-2005/docs/experts/logar.dv.pdf>

of geographical coverage, they should also be accessible in rural areas as much as in cities.

Sexual violence referral centres (SVRC)

A sexual violence referral centre (SVRC) may specialise in **immediate medical care, forensic practice, storage of evidence and crisis intervention**, and can be placed in hospital settings to respond to survivors of recent sexualised violence. These centres can also carry out medical assistance and refer survivors to other specialist community-based centres.

Support services for survivors of sexualised violence

Support services for survivors of sexualised violence may include **rape crisis centres (RCC)**, offering long-term support including counselling and therapy, support groups and support in contact with other services, and **sexual violence referral centres (SVRC)**, specialised in immediate medical care, high-quality forensic practice and crisis intervention, as well as other services for women survivors of sexualised violence.

Survivor/victim

This report uses the term “survivor” as a preferred term, to empower women by recognising that the woman has survived the violence and is not defined by it. The term victim is a legal term, which means a natural person who has suffered harm (including physical, mental or emotional harm or economic loss) that was directly caused by a criminal offence.⁸

Violence against women (VAW)

Violence against women is understood as a violation of human rights and a form of discrimination against women and shall mean all acts of gender-based violence that result in, or are likely to result in, physical, sexual, psychological or economic harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life.⁹

Women’s centres

The term “women’s centre” includes all **women’s services providing non-residential specialist support to survivors, serving only or predominantly women survivors of violence and their children** (if any). Women’s centres provide empowering short and long-term support, based on a gender-specific approach to violence and focusing on the human rights and safety of victims. The following services are subsumed under the term: women’s counselling and women crises centres, supporting women survivors of all forms of gender-based violence; regional crises

centres on domestic violence; pro-active intervention centres serving survivors as a follow-up to police interventions; specialist services for black, minority ethnic women, migrant and refugee women victims of violence; outreach services; services providing independent domestic or sexual violence advisors, and other newer types of services. These centres usually provide the following kind of support: information, advice, advocacy and counselling, practical support, court/police/social services accompaniment, pro-active support, outreach, and other services.

Women’s specialist support services (WSSS)

Women’s specialist support **services cater to the specific needs of survivors of gender-based violence**. This term is used as a collective term covering all services supporting women survivors of violence and their children, such as women’s helplines, women’s shelters, women’s centres, rape crisis and sexual assault centres, specialised services for migrant and minority ethnic women, national women’s helplines, outreach services, independent domestic violence advisors, intervention centres and others. Such services are often run by non-governmental organisations and **are best ensured by women’s organisations that apply a gender-specific approach and are based on feminist principles**, putting the survivor and her needs at the centre of all interventions.

Women-only shelters

The term “women-only shelters” refers to shelters that are **specialist support services for women survivors of violence and their children (if any) and ensure immediate access to safe accommodation**. These provide empowering support, **based on a gender-specific approach** to violence and focusing on the human rights and safety of victims, therefore the functions of women’s shelters go beyond providing an emergency safe place to stay. They **also offer long-term support** in order to provide women and their children, (if any), with the opportunity and resources necessary to resume their lives free from violence. Some examples of services provided by women’s only shelters include counselling, legal advice and assistance throughout legal proceedings, support to enter/re-enter the labour market, move-on support to find long-term accommodation after staying in the women’s shelter. To qualify as a women’s only shelter, the service must serve exclusively women and their children. The minimum standards from the Istanbul Convention recommend that safe accommodation in specialised women’s shelters should be available in every region, with one shelter place per 10,000 head of population. One shelter place is equivalent to one bed in WAVE’s methodology.

8 Directive 2012/29/EU of the European Parliament and of the Council of 25 October 2012 establishing minimum standards on the rights, support and protection of victims of crime, and replacing Council Framework Decision 2001/220/JHA.

9 Article 3(a) of the Council of Europe Convention on preventing and combating violence against women and domestic violence (Istanbul Convention).

List of National Women's Helplines

The following is a table of the national women's helplines available in the 46 European Countries. If there is no national helpline, a regional or general helpline is listed (these countries are marked with a *). Women's national helplines are among the most vital services for women survivors of violence, they are one of the first places women can turn to receive immediate counselling and advice.

It is important to note that some of the following phone numbers cannot be called from abroad, as they are strictly national helplines and can only be used within the country. In such instances, we invite you to get in touch directly with the WAVE Members in relevant countries.

Country	Name	Phone number
Albania	National Counselling Line for Women and Girls (<i>Linja Kombetare e Keshillimit per gra e vajza</i>)	+355 116/117 + 0 800 40 20
Armenia*	Ministry of Social Affairs' Helpline	+374 114/119
	<i>Spitak</i> Human rights	+374 93252017
	Women's Rights House	+374 77570870
	<i>Arevamanouk</i>	+374 77159470
	Women's Community (<i>Martuni</i>)	+374 94876502
	<i>Gavar</i>	+374 94876505
	<i>Sose</i>	+374 98848453
	Women's Empowerment Resource Center NGO	+374 77380053
	You Are Not Alone	+374 98886077
	<i>Young Tavush</i>	+374 099788770
	<i>Young Vanguard</i>	+374 93574657
	<i>Talin-Huys</i>	+374 91482035
	Women's Rights Center	+374 91416249
	Women's Support Center	+374 99887808
Austria	Women's Helpline Against Violence (<i>Frauenhelpline gegen Gewalt</i>)	+43 800222555
Azerbaijan*	A helpline run by the Ministry of Internal Affairs	+994 12151
	"Clean World" Social Union (<i>"Təmiz Dünya" Qadınlara Yardım İctimai Birliyi</i>)	+99 4124085669 +994 125111151
	+994 125111151	0800 333 883
Belarus	N/A – The National Hotline for Survivors of Domestic Violence was indefinitely suspended in July 2021 due to ongoing political unrest and attacks on human rights defenders. The civil society organisation Gender Perspectives that operated the hotline since 2012 was liquidated by authorities on the 28 th of September 2021.	
Belgium*	Domestic violence helpline (<i>Écoute violences conjugales</i>)	+32 80003030
	My Marriage Belongs to Me (<i>Mon Mariage M'appartient</i>)	+32 0800 90901
	SOS Rape (<i>SOS Viol</i>)	+32 80098100
	Listening Ears (<i>Luisterende Oren</i>)	+32 1712
	Centres for General Welfare Work and Child Abuse Trust Centres helpline (<i>Centra voor Algemeen Welzijnswerk en Vertrouwenscentra kindermishandeling</i>)	+32 1712
Bosnia and Herzegovina	SOS helpline for survivors of domestic violence (<i>SOS telefon za žrtve nasilja</i>)	+387 1265
	SOS line for domestic violence (<i>SOS telefon za žrtve nasilja</i>)	+387 1264
	Unique telephone line for support and help to survivors of war rape and sexual violence and their family members (<i>Jedinstvena telefonska linija za pomoć i podršku preživjelim ratno silovanje i seksualno nasilje i članovima njihovih porodica</i>)	+387 80022334
	Unique telephone line for support and help to survivors of war rape and sexual violence and their family members (<i>Jedinstvena telefonska linija za pomoć i podršku preživjelim ratno silovanje i seksualno nasilje i članovima njihovih porodica</i>)	+387 80022334

Country	Name	Phone number
Bulgaria	Alliance for Protection against Gender-Based Violence (<i>Алианс за защита от насилуе, основано на пола</i>)	+359 80011977
	National Helpline for Survivors of Violence (<i>Национална гореща телефонна линија за пострадали од насилуе</i>)	+359 80018676
	Association Demetra (<i>Асоцијација Деметра</i>)	+359 56815 618
Croatia	National Call Centre for Victims of Crime (<i>Nacionalni pozivni centar za žrtve kaznenih djela i prekršaja</i>)	+385 116006
	Women's Help Now (<i>Ženska pomoć sada</i>)	+385 800655222
Republic of Cyprus	Helpline 1440 (<i>1440</i>)	+357 1140
Czech Republic*	White Circle of Safety - Victims Helpline (<i>Bílý kruh bezpečí - Linka Pomoci Obetem</i>)	+420 116006
	Support Centre for Child Sexual Abuse Women Survivors (<i>Elektra – Centrum pomoci ženám sexuálně zneužitým v dětství</i>)	+420 603812361
Denmark	Live Without Violence's National Hotline (<i>Lev Uden Volds nationale hotline</i>)	+45 1888
Estonia	Victim's Crisis Helpline (<i>Ohvriabi Kriisitelefoni</i>)	+372 116006
Finland	Zeroline against domestic violence and violence against women (<i>Nollalinja</i>)	+358 80005005
France	Women Violence Info (<i>Violence Femmes Info</i>)	+33 3919
Georgia	Agency for the State Care and Assistance to Victims of Trafficking (<i>სახელმწიფო ზრუნვისა და ტრეფიკინგის მსხვერპლთა დაზარალებულთა დახმარების სააგენტო</i>)	+995 322395111
Germany	Violence Against Women Helpline (<i>Hilfetelefon Gewalt gegen Frauen</i>)	+49 80001160116
Greece	SOS Helpline (<i>Γραμμή SOS</i>)	+30 15900
	Helpline against domestic violence (<i>Γραμμή Ελπίδας</i>)	+30 8011116000
Hungary	NANE Helpline (<i>NANE Segélyvonal</i>)	+36 80505101
Iceland	The Women's Shelters Helpline (<i>Neyðarsími Kvænnaathvarfsins</i>)	+353 1800341900
Ireland	Women's Aid 24hr National Freephone Helpline	+353 1800341900
Italy	National helpline against violence and stalking (<i>1522 - Numero nazionale antiviolenza e stalking</i>)	+39 1552
Kosovo	Helpline Number (<i>Numri i Linjës Ndihmëse</i>)	+383 80011112
Latvia	NGO Association "MARTA Centre" (<i>Biedrība "Centrs MARTA"</i>)	+371 67378539
Liechtenstein	Women's Shelter Liechtenstein (<i>Frauenhaus Liechtenstein</i>)	+423 3800203
Lithuania	Helpline for Women (<i>Pagalbos moterims linija</i>)	+370 880066366
Luxembourg	Domestic Violence Helpline (<i>Helpline-Violence domestique</i>)	+352 621612774
Malta*	APPOGG Agency within the Foundation for Social Welfare Services	+356 179
	Victim Support Malta	+356 2122 8333
The Republic of Moldova	Trust Line for Women and Girls (<i>Telefonul de Încredere pentru Femei și Fete</i>)	+373 80088008
Montenegro	National SOS Hotline for Domestic Violence (<i>Nacionalna SOS linija za porodično nasilje</i>)	+382 80111111
Netherlands*	Safe At Home (<i>Veilig Thuis</i>)	+31 8002000
	Fier	+31 882080000
	Stay Group (<i>Blijf Groep</i>)	+31 882342450
	Moviera	+31 883744744
	Centre for Sexual Violence	+31 8000188
	Against Your Will	+31 592347444
North Macedonia	SOS Mobile National Line (<i>Национална СОС мобилна линија за жртви на семејно насилство</i>)	+389 70/75/77 141700
	National SOS Line – Telephone for Trust (<i>Национална СОС линија - Телефон на доверба</i>)	+389 15315
	National SOS Line 15 700 (<i>Национална СОС линија 15 700</i>)	+389 15700

Country	Name	Phone number
Norway	National Domestic Violence Helpline (<i>Vold- og overgrepslinjen</i>)	+47 116006
Poland	Emergency Helpline for Women Victims of Violence (<i>Telefon Interwencyjny</i>)	+48 600070717
Portugal	Information Service for Domestic Violence Victims (<i>Serviço de Informação a Vítima de Violência Doméstica – SIVVD</i>)	+351 800202148
	Victim Support Portugal's helpline (<i>Apoio a Vítima – APAV</i>)	+351 116006
	Association of Women against Violence's helpline (<i>Associação de Mulheres contra a Violência – AMCV</i>)	+351 213802160
	Women's Alternative and Response Union's helpline (<i>União de Mulheres Alternativa e Resposta</i>)	+351 218873005
Romania	National Helpline for Victims of Domestic Violence (<i>Număr unic național de urgență pentru victimele violenței domestice</i>)	+40 800500333
Russia	National helpline for women suffering from domestic violence (<i>Всероссийский телефон для женщин, пострадавших от домашнего насилия</i>)	+7 88007000600
Serbia	SOS Helpline for women with experience of violence (<i>COС Телефон за жене са искуством насиља</i>)	+381 800222003
Slovakia	National Helpline for Women Experiencing Violence (<i>Národná linka pre ženy zažívajúce násilie</i>)	+421 800212212
Slovenia	SOS Helpline for Women and Children - Victims of Violence (<i>Društvo SOS telefon za ženske in otroke - žrtve nasilja</i>)	+386 801155
Spain	Telephone service for information, legal advice and immediate psychological attention by specialised personnel for all forms of violence against women (<i>Servicio telefónico de información, de asesoramiento jurídico y de atención psicosocial inmediata por personal especializado a todas las formas de violencia contra las mujeres</i>)	+34 016
Sweden	Sweden's National Women's Helpline (<i>Kvinnofridslinjen</i>)	+46 20505050
Switzerland*	Rape and sexual assault helpline (<i>Association Viol-Secours</i>)	+41 223452020
	General crisis helpline (<i>Dargebotene Hand</i>)	+41 143
Turkey	Emergency Domestic Violence Hotline (<i>Aile içi Şiddet Acil Yardım Hattı</i>)	+90 2126569696
Ukraine	National hotline on prevention of domestic violence, trafficking and gender discrimination (<i>Національна "гаряча" лінія з попередження домашнього насильства, торгівлі людьми та гендерної дискримінації</i>)	+380 800500335 or +380 116123
	State Call Center on the prevention of human trafficking, domestic violence, gender-based violence, and violence against children (<i>Урядова "гаряча лінія" для осіб, постраждалих від торгівлі людьми, домашнього насильства, насильства за ознакою статі, насильства стосовно дітей, або про загрозу вчинення такого насильства</i>)	+380 1547
United Kingdom	ENGLAND: Freephone 24hr National Domestic Violence Helpline	+44 8082000247
	NORTHERN IRELAND: 24hr Domestic and Sexual Violence Helpline	+44 8088021414
	SCOTLAND: Scotland's Domestic Abuse and Forced Marriage Helpline	+44 8000271234
	WALES: Live Fear Free Helpline (<i>Llinell Gymorth Byw Heb Ofn</i>)	+44 8088010800

List of WAVE Members

	NAME OF ORGANISATION	COUNTRY
1	Gender Alliance for Development Center (GADC)	Albania
2	Counselling Line for Women and Girls	Albania
3	Human Rights in Democracy Center (HRDC)	Albania
4	Women's Association "Refleksione"	Albania
5	Women's Forum Elbasan	Albania
6	Albania Women Empowerment Network (AWEN)	Albania
7	Woman to Woman	Albania
8	Psycho-Social Centre "Vatra"	Albania
9	Center for Legal Civic Initiatives	Albania
10	Women Center "Light Steps"	Albania
11	Women's Rights Center (WRC)	Armenia
12	Women's Support Center (WSC)	Armenia
13	Sexual Assault Crisis Center (SACC)	Armenia
14	Austrian Women's Shelter Network and Information Centre against Violence (AÖF)	Austria
15	Domestic Abuse Intervention Centre Vienna	Austria
16	Network of Austrian Counselling Centres for Women and Girls	Austria
17	Renate Egger (Individual Member)	Austria
18	Clean World AID to WOMEN (Clean World Social Union)	Azerbaijan
19	International Public Association "Gender Perspectives"	Belarus
20	Law Initiative – Commission on Women's Rights	Belarus
21	Collective Against Family Violence and Exclusion (CVFE)	Belgium
22	Garance ASBL	Belgium
23	Foundation "United Women" Banja Luka	Bosnia and Herzegovina
24	"Medica" Zenica Information	Bosnia and Herzegovina
25	Bulgarian Gender Research Foundation	Bulgaria
26	Alliance for Protection against Gender-Based Violence	Bulgaria
27	Gender Alternatives Foundation (GAF)	Bulgaria
28	Autonomous Women's House Zagreb	Croatia
29	B.a.B.e. Be active. Be emancipated	Croatia
30	Women's Room – Center for Sexual Rights	Croatia
31	Centre for Women War Victims – ROSA	Croatia
32	Domine – Organization for the Promotion of Women's Rights	Croatia
33	Mediterranean Institute of Gender Studies (MIGS)	Cyprus
34	Association for the Prevention and Handling of Violence in the Family (SPAVO)	Cyprus
35	Association of Women to Support Living (KAYAD)	Northern Cyprus
36	ProFem – Center for Victims of Domestic and Sexual Violence	Czech Republic
37	ROSA – Centre for Women	Czech Republic
38	L.O.K.K – National Organization of Women's Shelters in Denmark	Denmark
39	Danner	Denmark
40	Women's Support and Information Centre	Estonia
41	Pärnu Women's Support Centre	Estonia
42	Federation of Mother and Child Homes and Shelters	Finland
43	Women's Line Finland	Finland
44	National Federation of Women Solidarity (FNSF)	France
45	Women for Women France	France
46	Cultural Humanitarian Fund 'Sukhumi'	Georgia
47	Union Sakhli – Consultation Centre for Women	Georgia
48	Anti-Violence Network of Georgia (AVNG)	Georgia
49	Democrat Women's Organization fo Samtskhe-Javakheti	Georgia
50	BIG e.V. – Berlin Initiative against Violence against Women	Germany
51	Women's Refuge Coordination	Germany
52	bff – Federal Association of Rape Crisis Centres and Women's Counselling Centres	Germany
53	GESINE Network „Gesundheit.EN“	Germany

	NAME OF ORGANISATION	COUNTRY
54	Prof. Carol Hagemann-White (Honorary Member)	Germany
55	kofra – Communication Center for Women on the Work and Life Situation	Germany
56	papatya – Crisis Facility for Young Migrant Women	Germany
57	ZIF – Central Information Center for Autonomous Women's Shelters	Germany
58	Karin Heisecke (Individual Member)	Germany
59	Alina Kuhl (Individual Member)	Germany
60	European Anti-Violence Network (EAVN)	Greece
61	Union of Women Associations of Heraklion Prefecture	Greece
62	NANE – Women's Rights Association	Hungary
63	Stigamót – Counseling and Information Centre on Sexual Violence	Iceland
64	Women's Shelter Association	Iceland
65	Sexual Violence Centre Cork	Ireland
66	Rape Crisis Network Ireland	Ireland
67	Safe Ireland	Ireland
68	Women's Aid Ireland	Ireland
69	D.i.Re – National Women's Network against Violence	Italy
70	National Association of Volunteers of the Telefono Rosa Onlus	Italy
71	Differenza Donna – Women and Girls against Violence	Italy
72	BeFree Social Cooperative	Italy
73	Dr. Cristina Gamberi (Individual Member)	Italy
74	Silvia Menecali (Individual Member)	Italy
75	Paola Degani (Individual Member)	Italy
76	Women's Wellness Centre (WWC)	Kosovo
77	Kosovar Gender Studies Center	Kosovo
78	Crisis and Counselling Centre "Skalbes"	Latvia
79	Women's Shelter Liechtenstein	Liechtenstein
80	Vilnius Women's House	Lithuania
81	Women in Distress ASBL	Luxembourg
82	Commission on Gender-Based Violence and Domestic Violence	Malta
83	Network Forum Malta	Malta
84	Migrant Women Association Malta	Malta
85	Dr. Marceline Naudi (Individual Member)	Malta
86	Association against Violence 'Casa Marioarei'	Moldova
87	Center for Support and Development of Civic Initiatives "Resonance"	Moldova
88	Rehabilitation Center for Torture Victims "Memoria"	Moldova
89	Women's Law Centre	Moldova
90	National Coalition "Life without Violence in the Family"	Moldova
91	SOS Hotline for Women and Children Victims of Violence Niksic	Montenegro
92	Women's Safe House	Montenegro
93	Association "Valente"	Netherlands
94	National Network to end Violence against Women and Domestic Violence – Voice against Violence	North Macedonia
95	National Council for Gender Equality (NCGE)	North Macedonia
96	Secretariat of the Shelter Movement	Norway
97	Centrum Praw Kobiet	Poland
98	Autonomy Foundation	Poland
99	AMCV – Association of Women against Violence	Portugal
100	A.L.E.G Association for Liberty and Equality of Gender	Romania
101	Anais Association	Romania
102	Artemis – Counselling Centre against Sexual Abuse	Romania
103	Necuvinte Association	Romania
104	Filia Center	Romania
105	ANNA – National Center for Prevention of Violence	Russia
106	Crisis Center Ekaterina	Russia
107	Nizhny Novgorod Women Crisis Center	Russia
108	Interregional Non-Governmental Organization for the Support of Family, Motherhood, and Childhood "Doctors to Children"	Russia

	NAME OF ORGANISATION	COUNTRY
109	St. Petersburg Regional Public Organisation "INGO – Crisis Center for Women"	Russia
110	We Believe You – Tebe Poveryat	Russia
111	Autonomous Women's Center (AWC)	Serbia
112	Association Fenomena	Serbia
113	Oasis of Safety	Serbia
114	The Association of Women Sandglass	Serbia
115	Daje – Roma Center for Women and Children	Serbia
116	Human Rights Committee Vranje	Serbia
117	...IZ KRUGA - VOJVODINA, organization for the support of women with disabilities	Serbia
118	Alliance of Women in Slovakia	Slovakia
119	Fenestra	Slovakia
120	SOS Helpline for Women and Children – Victims of Violence	Slovenia
121	Association for Nonviolent Communication	Slovenia
122	Aspacia Foundation	Spain
123	HELIA – Women Association	Spain
124	Association "Otro Tiempo"	Spain
125	Federation of Women's Associations Arena and Laurisilva	Spain
126	Roks – National Organisation for Women's and Girls' Shelters in Sweden	Sweden
127	Unizon	Sweden
128	Women's Solidarity Organization of Switzerland and Liechtenstein	Switzerland
129	Violence que Faire (Violence What to do?)	Switzerland
130	Brava – Together against Violence Against Women	Switzerland
131	Foundation for Women's Solidarity	Turkey
132	Mor Çatı Women's Shelter Foundation	Turkey
133	Mor Salkım Women's Association	Turkey
134	AKDAM – Adana Women's Solidarity Center and Shelter Association	Turkey
135	Kadriye Bakırcı (Individual Member)	Turkey
136	International Women's Rights Center La Strada	Ukraine
137	Women's Information Consultative Center (WICC)	Ukraine
138	Women's Perspectives Center	Ukraine
139	Imkaan	United Kingdom
140	Latin American Women's Aid (LAWA)	United Kingdom
141	Refuge	United Kingdom
142	Scottish Women's Aid	United Kingdom
143	Welsh Women's Aid	United Kingdom
144	Women's Aid Federation of England	United Kingdom
145	Women's Aid Federation Northern Ireland	United Kingdom
146	Latin American Women's Rights Service (LAWRSS)	United Kingdom
147	Solace Women's Aid	United Kingdom
148	Standing Together against Domestic Abuse (STADV)	United Kingdom
149	Greta Squire (Individual Member)	United Kingdom
150	London Black Women's Project	United Kingdom
151	Shazia Choudhry (Individual Member)	United Kingdom
152	Beverley Gilbert (Individual Member)	United Kingdom
153	Lily Greenan (Individual Member)	United Kingdom



Women Against Violence Europe Network (WAVE) is a European-wide network of over 150 members (including women's NGOs, NGO networks and individual members) in 46 European countries, who are dedicated to addressing and preventing violence against women and girls. Since its foundation in 1994, WAVE has been working to promote and strengthen the human rights of women and children, and to enable women and their children to live free from violence, particularly through building and sustaining a strong European network of specialised support services, experts and survivors.

WAVE Network and European Information Centre Against Violence

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