



WOMEN AGAINST VIOLENCE EUROPE

WAVE-HANDBOOK

The Strength-Based, Needs-Led Approach as a Tool
of Empowerment in Women's Specialist Services
Supporting Survivors of Domestic Abuse

A pilot study

WAVE-HANDBOOK

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Table of contents

Acknowledgements	4
Abbreviations	4
1. Introduction	5
2. A definition of the strength-based, needs-led approach in women's services	6
3. To what extent are elements of the SBNL approach embedded in international legal documents?	11
4. Methodological framework of the pilot study	14
5. Analysis of the questionnaires	18
6. Main issues and recommendations	25
7. Pilot study questionnaires	27
Albania	27
Italy	28
Kosovo	30
Lithuania	32
The Netherlands	34
Wales	35
8. Survivors' stories	37
9. References	39
10. Website links	40
11. Glossary	41

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Abbreviations

CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
IC	Convention on preventing and combating violence against women and domestic violence (also known as the Istanbul Convention)
NGO	non-governmental organisation
SBNL	strength-based, needs-led
SHC	specialist help centre
VAWG	violence against women and girls
WSS	women's specialist support services

1. Introduction

Strengths and skills of women survivors of violence have historically not been sufficiently taken into account when creating support services for them. This handbook is aimed at setting a milestone, with which we aim to incentivise services to go beyond focusing on the risks a woman experiencing gender-based violence faces and to also explore her strengths and skills together with her, which will serve her as key tools in building a new life.

During the WAVE Network Advisory Board meeting in 2016, the strength-based, needs-led (SNBL) approach in women's specialist support services (WSS) was identified as one of the four key working fields the Network would be focusing on in the coming years. Our handbook is the result of a brief, but intense collaboration of the WAVE Working Group on the SNBL approach, established in early 2018.

The aim we set at the beginning of our journey was, first, to provide a useful, operational definition of what the strength-based, needs-led approach is, and second, to start building a tool-kit and a body of knowledge which we could use to guide our research and practice further. Here, we recognised that an inquiry into which SNBL elements the group members currently already use in their own organisations would offer a good starting point. We opted for a pilot study, with the goal of defining key themes and priority issues, and to come up with recommendations on the next steps of developing this work-approach. We used a qualitative questionnaire within six women's organisations from across Europe which are presented in the Appendices of this handbook.

A persistent issue, emerging from the results of the pilot study, seems to be the presence of patriarchal traditions, regardless of the country, cultural tradition, and the organisation itself. These can also impact the culture of support services which at times relate to a woman mainly as a "victim to be supported" rather than a survivor with her own strengths and abilities. All the WSS who took part in the study found that, for their work to show impact in the long run, working from a SNBL approach is much more effective in supporting women than just focusing on risks and a criminal justice led response.

However, there seem to be two distinctive pathways of how the SNBL approach was introduced; while in the majority of organisations included in this study, SNBL elements emerged through a bottom-up¹, feminist practice (Albania, Italy, Kosovo and Lithuania), in one case (the Netherlands), the strength-based approach was first researched and then introduced in most organisations dealing with VAWG through a top-down approach). In Wales, the SNBL approach is currently being piloted through Welsh Women's Aid.

We hope to have provided a good case why the SNBL approach needs to be further developed within the WAVE Network. This handbook is an invitation – to join our group in its ongoing dialogue and in promoting the SNBL approach in women's specialist services.

¹ The **bottom-up approach** works through reviewing and refining working practice to make it more empowering. The **top-down approach** works through the introduction of a new work policy through formal procedures and mechanisms. It relies on management to determine key goals and then to introduce these to the working practice of staff.

2. A definition of the strength-based, needs-led approach in women's services

2.1 Background

Grassroots women-only services have traditionally worked through an advocacy-based approach to uphold women's human rights and ensure social justice when supporting survivors of gender-based violence. This model was centred on a feminist model of empowerment, that focuses on addressing a woman's self-defined needs, building on her strengths and supporting her to achieve safety and freedom from abuse.

A strength-based approach gives a woman control over what happens to her during the time she is accessing a support service. Assessment, safety planning processes and tools are tailored to self-identified needs, experiences and the complexities of a woman's situation. Workers trust women to guide the support process and in turn women trust their workers' judgement and can negotiate the type of support they receive.

The Social Care Institute for Excellence is an independent charity based in the UK working with adults', families' and children's care and support services across the UK. They offer the following definition of a strength-based approach (SCIE, 2014):

Strengths-based practice is a collaborative process between the person supported by services and those supporting them, allowing them to work together to determine an outcome that draws on the person's strengths and assets. As such, it concerns itself principally with the quality of the relationship that develops between those providing and those being supported, as well as the elements that the person seeking support brings to the process.² Working in a collaborative way promotes the opportunity for individuals to be co-producers of services and support rather than solely consumers of those services.

The term 'strength' refers to different elements that help or enable the individual to deal with challenges in life in general and in meeting their needs and achieving their desired outcomes in particular. These elements include:

- *their personal resources, abilities, skills, knowledge, potential, etc.*
- *their social network and its resources, abilities, skills, etc,*
- *community resources, also known as 'social capital' and / or 'universal resources'.*

A feminist strength-based approach expands on this definition and acknowledges that women experience violence differently to men, that perpetrators of gender-based violence are predominantly men and that this violence is rooted in women's inequality (UN Declaration on the elimination of violence against women, 1993). It is for this reason that women need women-only services and for those working in the violence against women and girls (VAWG) sector to adopt a feminist lens, underpinned by an understanding that gender inequality is both a cause and consequence of domestic abuse (Dobash, 2004, p. 341).

A feminist SBNL approach takes into consideration the role of power and control, and how men's violence against women is used to subordinate a woman's position in both the home and across society. Coercive control is at the heart of domestic abuse; it is a devastating pattern of abuse that also enables other forms of abuse, like economic abuse and physical abuse.

Evan Stark is a forensic social worker and author of the landmark book *Coercive Control* (Oxford, 2007). This book – along with significant campaigning and lobbying efforts by women's organisations – was one of the reasons behind the United Kingdom's government's decision to expand the definition of domestic abuse by introducing a new criminal offence of coercive control in an intimate or family relationship (HM Government, 2015). Stark defines coercive control as “a strategic course of oppressive conduct that is typically characterised by frequent, low

² See also: Duncan, Miller and Sparks, 2004; Morgan and Ziglio, 2007; Skills for Care, 2014; Graybeal, 2001.

level physical abuse and sexual coercion in combination with tactics to intimidate, denigrate, isolate and control victims” (Stark, 2013). It’s a deliberate act to take away control and agency over another person’s self, body and mind (Stark, 2009).

The topic of power and control has been a part of the feminist theory of intimate partner abuse since the 1970s and was conceptualised in different models that aimed at understanding men’s tactics of power and control over women. Domestic abuse support often begins with a psychoeducational element of helping women to name their experiences as abuse and recognising the power imbalance within the relationship. An acute awareness of these power dynamics creates opportunities for women-only services to model healthy expressions of power to women and children. They do this by seeing women as equals, seeking their consent before taking action or sharing their personal information, and by working collaboratively throughout the support planning process, keeping the needs, wishes and experiences of women at the heart of their work.

Women-only services also engage in broader social justice efforts to address the root causes of abuse and oppression that women face as a result of gender inequality. They offer women a collective voice that challenges oppressive power structures on both relational and societal levels.

Equally important is the working environment of staff. Working with domestic abuse can cause vicarious trauma³ (Bemiller and Williams, 2011). Staff who listen to women’s stories and the injustices that they have endured bear witness to their pain. A needs-led, strength-based and trauma-sensitive approach takes this into account and intentionally considers the wellbeing of support staff. A service becomes safe for all women who access or work for the service when explicit attention is given to the power dynamics occurring within the service environment.



Combating vicarious trauma

The expectation that we can be immersed in suffering and loss daily and not be touched by it, is as unrealistic as expecting to be able to walk through water without getting wet.⁴ A service utilising the SBNL approach actively considers the wellbeing of their staff and takes concrete action to support it. Prevention and management of vicarious trauma do not fall solely on the professional providing support, but also on the employer and the workplace. Research points to effective approaches that can be taken at both the individual and organisational level to combat vicarious trauma (Whitfield and Kanter, 2014):

Individual level

- › Self-care strategies such as exercise, proper nutrition, sleeping hygiene, spirituality and social support from friends, family and community.
- › Healthy balance of professional and personal activities.
- › Monitoring own emotional and cognitive states.

Organisational level

- › Manageable caseloads and other work responsibilities.
- › Structured and trauma-specific supervision by a clinical professional.
- › Regular managerial supervision.
- › Professional training and education on the impact of trauma on mental health.

³ For the definition of this term, please refer to the Glossary at the end of the Handbook.

⁴ This concept was introduced by Rachel Naomi Remen, M.D.

2.2 Space for action

The perpetrators' continuous "micro-regulation" (Stark, 2009) of everyday life involving a combination of threatening, isolating, controlling and coercive behaviours progressively decreases a woman's **space for action**, a concept that Liz Kelly (Kelly, 2003), a professor and director of the Child and Woman Abuse Studies Unit at London Metropolitan University has developed and is inspired by Lundgren's earlier work on "women's life space" (see Lundgren's chapter in Dobash, 1998⁵):

These restrictions on a woman's freedom and ability to make her own decisions is often described as the most serious harm caused to them.

Research conducted by Sharp-Jeffs, Kelly and Klein (2017) found a significant correlation between coercive control and space for action, with women's space for action in this context being increasingly limited by the coercive control they are experiencing. The more a woman adapts her behaviours to cope with and limit the consequences of coercive control, the more restricted her space for action becomes. As part of their research, they developed **Coercive Control** and **Space for Action** scales for women to measure their experiences and document their ability to restore agency and freedom while recognising that post-separation abuse and negative experiences of seeking support can obstruct safety, freedom and independence.

Women-only services offer women a safe space to begin the process of restoring control and expanding their space for action. A SBNL approach creates conditions, which validates her experiences and self-worth.

A safe and trusting relationship between the woman and the domestic abuse service and crucially her support worker is a key element of empowering support a service should provide. Rapport building between a woman and her support worker starts from the first point of contact. When women begin to feel safe and trust their support worker, this can help restore their sense of trust and safety that was lost through the relationship with the abuser. This process in itself is therapeutic and can help expand a woman's space for action and support her in overcoming the harmful and traumatic effects of domestic abuse.

2.3 Change that Lasts model

Women's Aid Federation of England developed the **Change that Lasts** (Women's Aid, 2018c) model to create behaviour change within a whole community. **Change that Lasts** aims to raise awareness of domestic abuse⁶ and offer knowledge and skills so that communities can give the right response the first and every time a survivor speaks out about their experiences (Women's Aid, 2018a).

Misunderstandings and lack of awareness about domestic abuse within communities – whether that be friends, family or professional agencies – can lead women who are actively seeking help to withdraw and become further isolated. And many women are not aware that a dedicated women-only domestic abuse service exists until their situation reaches crisis point or they learn about this several years after experiencing domestic abuse (Women's Aid, 2018c).⁷ The Women's Aid Annual Survey (2017) shows that 46 % of women in refuges had spent between two and ten years in an abusive relationship. Data taken from Women's Aid On Track national dataset (Women's Aid, 2017) showed that 13 % of service users had experienced abuse for 20 years or more⁸ (Marwood, 2017).

5 The Hand That Strikes and Comforts: Gender Construction and the Tension between Body and Symbol.

6 Because of the concept of work of Women's Aid Federation of England, we are referring to domestic violence in this chapter. However, SBNL concept can be equally implemented in other support services for women experiencing gender-based violence.

7 See also the Women's Aid infographics in the link referenced (Katrina*, Sarah* and Yasmin*'s stories - *names have been changed to protect identities).

8 Out of 1,217 female survivors supported by 25 domestic abuse services between 1st April 2016 and 31st March 2017.

Change that Lasts works by engaging communities to provide a wide range of opportunities to access support and information and by training also general members of the public to effectively respond to domestic abuse survivors. Local domestic abuse organisations are at the heart of **Change that Lasts**, creating a system that works best for survivors.

Change that Lasts is a strength-based and needs-led approach in that it focuses on the needs of survivors and not just the risks associated with the dangerousness of the perpetrator, which is beyond a woman's control to manage.

In the UK, current policy and funding for women-only services focuses on short term risk reduction which has resulted in recovery becoming secondary with some survivors experiencing a "job done delusion" and others deemed "intractable cases" (Abrahams, 2010). Recovery and feeling safe can be a lengthy process that means women may need to access services over the long term. Kelly, Sharp and Klein (2014) recommend that all women and children who have experienced domestic violence should be able to access support for a minimum of two years after separation.

Change that Lasts recognises that rebuilding lives and overcoming the impacts of domestic abuse can take a long time. The model promotes supporting women before and after the crisis point and for as long as necessary. The model consists of three main schemes (Ask Me, Trusted Professional and Expert Voices) that speak to different audiences and work together so that wherever and whenever a woman reports abuse, they get the right response the first time around.

There are currently not many routes to support through informal community networks in the UK (Kelly, Sharp and Klein, 2014). It is important that women get the right response, the first time they reach out for help. The **Ask Me** scheme will upskill members of a local community to better understand coercive control, gender inequality and what a helpful response to women experiencing domestic abuse looks like in practice.

Research in the UK has shown that, across all statutory agencies such as the police, health and social services, responses to domestic abuse are still mainly focused on incidents of physical assault. This not only results in some women being excluded from services but maximises the risks of post-separation abuse and the long-lasting impacts of abuse on women and children. A focus on short-term risk reduction fails to recognise women's current and persisting support needs, resulting in barriers to long-term recovery and increasing costs to public services. The **Trusted Professional** scheme builds upon trusting relationships established with survivors and raises awareness of the ongoing nature of domestic abuse and its long-term impacts. Professionals are trained to identify domestic abuse and provide a sensitive, appropriate, needs-led response to survivors. They are also encouraged to work collaboratively with and refer on to local WSS.

The **Expert Voices** strand of **Change that Lasts** is for Women's Aid member domestic abuse services who are already delivering expert services to survivors in their communities. It offers a framework for a strength-based, needs-led service response. It builds upon Women's Aid National Quality Standards (Women's Aid, 2018b), the benchmark for quality domestic abuse support in England. The diverse range of experiences, needs and strengths of women and children are at the heart of the **Expert Voices** model; and the specialist services delivering the **Expert Voices** model in their local area.

2.4 Conclusion

To summarise, the key elements of a feminist SBNL approach are:

- › Respecting women's human rights, her universal and citizen rights.
- › Accepting that women are free to choose support services.
- › Acknowledging women's inequality in the patriarchal society and offering a collective voice to challenge oppressive structures and systems.
- › Creating interventions that focus on helping women to rebuild their lives and heal and recover from the impacts of abuse and the injustices they have experienced.
- › Enable women to set the pace of the support they receive, which helps restore their control over their lives.
- › Work in small steps towards women's self-defined priorities and goals.
- › Coping strategies and behaviours are framed as strengths and signs of resilience.⁹
- › Working towards outcomes that are defined by and are meaningful to women.
- › Considering what support staff need to maintain an optimal level of wellbeing and modelling of healthy power dynamics.

⁹ It is worth noting that, sometimes, coping strategies can be also rather destructive (e.g. substance abuse). In such cases they should be acknowledged as inevitable surviving strategies, but they are not signs of resilience.

3. To what extent are elements of the strength-based, needs-led approach embedded in international legal instruments?

When women survivors of violence get support, what may appear self-evident (i.e. that their agency should be acknowledged, and their voices heard), often does not happen in practice. Listening to survivors' needs, acknowledging and building on their strengths, is only to a limited extent embedded in the every-day practices of service provision encountered in WSS and to a lesser extent in general statutory services, i.e. police or social services.

Currently, there is a body of international legal instruments and guidelines that seek to enforce a set of minimum standards, globally and regionally, for women affected by violence who seek support and assistance. Such instruments, like the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), also make explicit the position of inequality and discrimination women face in society, as they are still simply not enjoying the same rights as men (CEDAW, Articles 1, 2 & 7).

To this day, the most comprehensive legal instrument tackling the issue of violence against women in Europe is the Council of Europe Convention on preventing and combating violence against women and domestic violence, also known as the Istanbul Convention (IC). In its preamble, it stipulates that "violence against women is a manifestation of historically unequal power relations between women and men, which have led to domination over and discrimination against women by men." Moreover, Article 2 of the IC defines "violence against women as a human rights violation and a form of discrimination." This very discrimination, which is also the source of the gender-based-violence they are subjected to, is encountered again, when women seek support and assistance in an attempt to leave an abusive intimate partner (be it in police stations, at court or even counselling centres). In many cases where women seek to report abuse to police officers they are not believed or are forced to answer questions that subject them to repeat victimisation (Logar et al, 2016, pp. 54–56). Furthermore, pervasive evidence suggests that throughout divorce and child custody proceedings, women are often subjected to victim blaming and their histories of abuse and safety concerns are trivialized or dismissed by family court staff (Rivera, Sullivan and Zeoli, 2012).

Article 22 of the Istanbul Convention stresses the importance of providing access for women and children affected by violence to specialist support services that seek to empower them and cater to their needs. Article 23 calls for establishing measures to provide the best and quickest possible help, and to "reach out pro-actively to victims, especially women and their children". Since the SBNL approach is based on collaborative work between WSS in order to comprehensively meet the needs of survivors (which may also entail reaching out proactively to one another), the Istanbul Convention is currently the only existing binding legal document that protects the rights of women to have access to such life-saving services. It implicitly obliges states to ensure such services are available and staffed by professionals who have been adequately trained to effectively support women survivors of violence.

There are also other international legal instruments which address the issue of violence against women, the most important being the CEDAW Convention and the Universal Human Rights Declaration. However, neither of these make a specific reference to the right of women to live lives free from violence, or to the obligations of states to ensure that specialist support services, tailored to women's needs and strengths, are widely available. The European Union's Victims' Directive states that "Member States shall encourage victim support services to pay particular attention to the specific needs of victims who have suffered considerable harm due to the severity of the crime." (EU Directive 2012/29/EU Article 9, para. 2). Both these legal documents acknowledge the specific needs of women survivors of violence and emphasize that services should be provided in an adequate way. However, they do not mention a woman's own strengths or the need to recognise her potential when determining what she needs from service providers to be able to identify her own path away from violence.

At this stage, it is important to acknowledge how interlocking systems of power impact women who are most marginalized in society. As such, a woman who is an undocumented migrant, has a disability or belongs to an ethnic minority, is often even less likely to have her strengths acknowledged by service providers.

The Office of the High Commissioner for Human Rights lists in a report on Protection orders and shelters – Country visit information a set of gaps and priority issues that need to be addressed in the field of service provision to women affected by violence. In Eastern Europe, the enforceability of protection measures is very limited, while free, sustainable and state-supported services for women affected by violence are scarce (United Nations Human Rights Office of the High Commissioner, n.d., p. 4). In Western Europe, devolution of power to local authorities is said to have a negative impact on service provision to women affected by violence. To be more precise, in the United Kingdom, devolution on issues such as service provision has led to changes in commissioning models, including open tendering and short-term commissioning, and the increased participation of sectors that do not necessarily have the expertise to provide responsive and appropriate services to women (Manjoo, 2015, p. 11), e.g. Housing Associations providing refuge services, although they have neither the training nor expertise to do so.

The aforementioned report by the Office of the High Commissioner for Human Rights recommends that all European governments take the necessary measures to ensure that women's support services operate according to international and national human rights standards and that accountability mechanisms are put in place to monitor the support provided (United Nations Human Rights Office of the High Commissioner, n.d., p. 4). The Essential Services Package for Women and Girls subjected to Violence, developed by UN Women and the World Health Organization in collaboration with other UN agencies, presents a set of guidelines to governments and policy makers. These should ensure that a country meets a set of minimum standards for service provision and that the key needs of women and girls are met when seeking support. The guidelines indicate that services should use a range of risk management options, and providers should ensure that women and girls receive a strength-based, individualised plan that also includes strategies for risk management (UN Women, 2018, p. 15).

To conclude, the legal documents presented in this chapter only issue recommendations and highlight existing gaps. They do not place any obligations on governments to allocate necessary funding for women's specialist support services, or to train relevant professionals to ensure that support is provided in an empowering way. The only comprehensive binding legal document to do so is the Istanbul Convention, ratified, to this day, by 33 European states. The SBNL approach, in itself, remains a long way from being implemented in regular service provision practices – by WSS and statutory services. Moreover, existing legal documents do not make any reference to the approach per se, but only to some of its principles.



Council of Europe Convention on Preventing and Combating Violence Against Women and Domestic Violence (2011)

Article 22 – Specialist support services

Parties shall take the necessary legislative or other measures to provide or arrange for, in an adequate geographical distribution, immediate, short- and long-term specialist support services to any victim subjected to any of the acts of violence covered by the scope of this Convention.

Parties shall provide or arrange for specialist women's support services to all women victims of violence and their children.

Article 23 – Shelters

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.



Standards for Women's Shelters

The WAVE-Handbook on Prevention and Support Standards for Women Survivors of Violence addresses Article 23 (Shelters) of the Istanbul Convention and lists 15 standards for women's shelters which guarantee a human rights-based, gender sensitive and survivor-safety-oriented approach (Logar et al., 2017, pp. 27–39). These should be the basis for governmental policies and funding of women's shelters. Among these standards, the following four specifically address the SBNL approach:

Clear stance against violence and for a survivor-centred approach

Acting against violence means adopting a clear stance and condemning violence against women in all its forms. Women who come to the shelter should not have to offer proof of the violence they have undergone. Survivors need advocates who stand beside them and support them throughout the entire process.

The right to stay for as long as necessary

Time limits on the stay in women's shelters are problematic, especially if they are short. If a woman is only allowed to stay a few days or a few weeks, and if she is not offered a good move-on option after this time, she will be experiencing high levels of stress from the beginning and be worried about where to go with her children. Thus, the possibility to stay in a women's shelter as long as needed is essential; only this standard guarantees a human-rights-based approach, which has the needs and safety of survivors at its centre.

The principle of women helping women with the aim of empowerment

Women survivors of gender-based violence suffer greatly from being dominated and abused by men. It is therefore important for women to receive support and help from a woman advocate specialised in the field. Women's shelters serve as a model for women to experience their own ability to lead an active and self-determined life. This needs to be reflected in an empowering structure of a women's shelter where women not only work at grassroots level but also take on leadership roles.

Comprehensive and holistic support for women and children

Women's shelters need to offer comprehensive and holistic support to all women and their children.

Support for women survivors of violence should include the following:

- › Immediate crisis support when coming to the shelter.
- › Individual counselling and support throughout the stay in the shelter and afterwards.
- › Legal counselling and accompaniment to police, courts or other authorities.
- › Health care and wellbeing, self-defence.
- › Support in their role as a mother.
- › Support with securing post-shelter housing, financial matters, employment and training.
- › Adequate support for migrant or refugee/asylum seeking women as well as women from a minority ethnic background and women with disabilities.
- › Support to personal and civil rights.
- › Support to break isolation and access to culture, sports and leisure.

4. Methodological framework of the pilot study

4.1 Aims of the pilot study

This study was designed as a pilot study, aimed at:

- › testing our initial hypothesis, that elements of the strength-based needs led (SBNL) approach when working with women survivors of gender-based violence already exist in the working practice of women's specialist support services (WSS), across Europe;
- › providing a practical working definition, and description of the SBNL approach as well as a method with which it would be possible to compare the praxis of participating organisations;
- › providing an initial set of qualitative data on SBNL service provision from a small sample of participating women's specialist support services;
- › testing and critically evaluating the questionnaire we used.

With the analysis of the data generated, we aim at providing an initial overview of the SBNL approach in a number of European sample countries, of commonalities, differences, and gaps, as well as common denominators of what a feminist SBNL method can look like.

We also aim to provide the direction of the next steps the SBNL working group shall take in the development of its work.

4.2 Initial limitations which influenced the data generation method

In our understanding, this pilot study is a key initial step within a larger research endeavour which we plan to undertake within the WAVE Network over the next years. This initial pilot study enables us to identify potential problem areas and gaps in our research approach prior to potentially creating and implementing a study on a larger scale. It also enables us to further develop our study methods.

Being aware of the key practical limitations that we are facing – a pioneering research into this topic, as well as a short timeframe for conducting the study – we opted for a pilot study, using a set of qualitative data, in this case a questionnaire.

The questionnaire was consequently aimed at organisations participating in the WAVE Working Group on the SBNL approach. The participation in the study was voluntary, and altogether we collected responses to the questionnaire from six organisations.

4.3 Brief history of the working group

In 2016, the WAVE Network defined four strategic key topics for the next four years, including a focus on the SBNL approach (see upper box on the next page). A panel discussion on the SBNL approach took place at the annual WAVE Network conference in Budapest, in October 2017 (see lower box on the next page). After the conference, a call for voluntary applications to the working group was sent out to all WAVE member organisations in late 2017. The group was established in early 2018. It commenced its work in February 2018, collaborated online (mostly via emails and video conferencing, and to a lesser degree through a closed Facebook group), and met in person during a study visit to the United Kingdom in July 2018.

We generated the data through the questionnaire between July and early September 2018, from six women's organisations who are members of the WAVE Network and provide specialist support services. Each of the respondents operates in a different European country, and each is a member of the WAVE Working Group on the SBNL approach.



Key questions the Working Group on SBNL approach aims to address

At the WAVE Network Advisory Board meeting in 2016, four thematic working groups were designated, one of them focused on the strength-based, needs-led approach in supporting women survivors of violence. In the group discussion, the following key questions and aims for this group's work were articulated:

- › Challenge the family approach, put women at the centre of the support work: what does she want? What are her needs?
- › Enhance survivors' independence, elaborate integration programmes, create jobs for them.
- › Develop criteria for how to introduce a similar approach in other countries, pick what would work on each national level.
- › Involve women in decision making, link to the IC (service provision).
- › Draft handbook of policy standards.
- › Workshop at the WAVE Conference in Budapest.
- › Link the approach to international law.



Three main conclusions of the SBNL panel at the WAVE Conference in Budapest, October 2017

1. Remove the barriers to women accessing effective, survivor-centred services:

- › Respect and dignity.
- › Do treat women as experts about their own lives
- › Clearly acknowledge all the barriers that stand in the way of women who experienced violence and want to start a new life
- › Support women in accessing all the necessary information and support to make an informed choice about her next steps

2. The importance of centring the survivor in the narrative, listening and believing her:

- › "Respect, listen, believe."
- › "Nothing about us without us."

3. We need to learn to communicate the importance of the SBNL approach in a way that is heard and understood by decision makers, in particular funders:

- › People in decision making positions need to hear. A combination of sound statistical evidence AND survivors' stories, with concrete examples where the SBNL approach has made a significant difference to a woman's life, are usually the best way to ensure this.
- › We need to learn to speak their language, whilst always ensuring the women's interests are at the heart of all our actions.

4.4 Study context and location

The organisations¹⁰ that took part in this qualitative study were:

- › Gruaja tek Gruaja (Woman to Woman), Albania,
- › Donne in Rete contro la violenza (D.i.re), Italy,
- › Women's Wellness Center, Kosovo,
- › Vilniaus Moterų namai (Vilnius Women's House), Lithuania,
- › Arosa, the Netherlands,
- › Welsh Women's Aid Direct Services – Colwyn Bay and Wrexham, Wales, UK.

These organisations share common elements while also presenting unique aspects of their service provision. This is partly due to the different socio-political contexts within which each service has been developed and operates. The level of civic engagement in the political sphere varies. Some countries and regions have a history of civic engagement going back to the late middle ages (the UK, northern Italy), while in other countries, such engagement attempts were suppressed, resulting in the emergence of NGOs only in the last three decades (in Eastern European countries). The prevalence of patriarchal traditions is obvious in some responses (Albania, Italy, Kosovo), while less visible – though still existing – in others. And not all participating countries have ratified the Istanbul Convention (it is ratified in Albania, Italy and the Netherlands, and not ratified in Kosovo, Lithuania, and the UK). Finally, the structure, scope and service reach of each participating organisation varies. We analysed the collated responses and identified relevant common themes that turned out to be key findings which enabled us to reach a clearer definition of what a feminist SBNL approach can look like in practice.

4.5 Data generation and analysis

Given the research limitations that we were facing, we opted to generate qualitative data for the pilot study via a questionnaire. The questionnaire was aimed at identifying a basic understanding of the respondent's work in relation to the SBNL approach, the particular issues they face, as well as the common and different approaches of service provision amongst the participating organisations. The members of the working group furthermore conducted desktop research of literature on the SBNL approach.

4.6 The structure of the questionnaire

We created a short questionnaire that would enable a simple comparable analysis. The first four questions asked respondents to provide general information about their organisation (name, services offered, geographical region covered).

The second part asked how they have been delivering elements of the SBNL approach in practice over the past three years. This consisted of 11 questions. Firstly, we wanted to know how many women per year approach the service, how many can be supported, and to follow the organisation's working practices and procedures from the start of a woman's engagement with their services until her service exit. Next, we asked about any knowledge the organisation took from delivering elements of this approach and about the kind of support that they provided to their staff members. Third, we asked about any challenges the organisations faced in implementing an SBNL approach.

And finally, we wanted to check whether the SBNL approach is widely (i.e. nationally) recognised, and if not, what would be required for this to take place.

We also included a comment section to provide respondents with an opportunity to add additional comments on the issues we might have omitted in the questionnaire.

¹⁰ Links to their websites are at the end of the handbook.

4.7 Sample size

All organisations participating in the study are members of the WAVE Network and women's NGOs. The majority are direct members of WAVE (Albania, Italy, Kosovo, Lithuania), while two of them are part of a larger national network (i.e. a federation), that is a member of WAVE (respondents from the Netherlands and Wales).

The respondents cover different geographical areas. Some of them work on local and others on regional level. The Italian respondent provided data for the federation of women's organisations and covered the largest part of a country's territory (17 out of 20 regions) of any of the participating organisations.

The data was collected for the calendar year 2017.

4.8 Limitations and risks of the study

We are aware that the sample size is small and consists of organisations that were able to commit to respond to the questionnaire within the timeframe available for this study. If we would have had a larger time-frame at our disposal, we would have been able to reach more countries. However, we still believe that this is a good sample of countries to start with. We are also aware that the respondents are organisations that already recognise and apply the SBNL approach in their work. We have not been able to include an organisation which does not use elements of the SBNL approach.

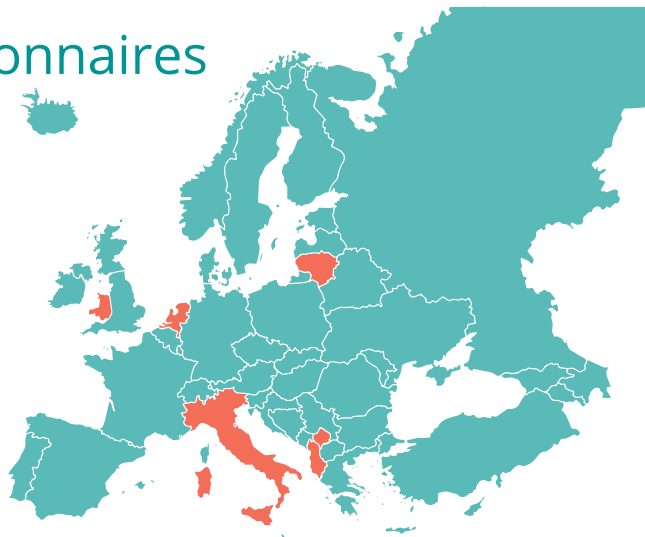
To conclude, we believe that the hypotheses presented in this study can be used and tested in other settings as well.

5. Analysis of the questionnaires

5.1 Respondents

The six respondents to the questionnaire are all WSS from the following countries:

- › Albania
- › Italy
- › Kosovo
- › Lithuania
- › Netherlands
- › Wales



One respondent provided data for the federation i.e. a network of centres fighting gender-based violence (Italy). Five other respondents provided data for their organisation's scope of work, i.e. residential and non-residential support services.

The Italian network covers the largest part of a country's territory of any of the participating organisations – 17 out of 20 regions. Apart from the respondents from the Netherlands (Arosa) which stated that they provide services to both women and men – survivors of domestic violence, all other respondents are women-only. The Albanian respondent stated that they also offer counselling for violent men and boys.

5.2 Services offered

All respondents to the questionnaire offer psychological assistance. Shelter services are provided by most of them, the exception being Lithuania which provides only non-residential support services.

Legal counselling and representation is provided by two respondents, Albania and Kosovo. Some respondents (Albania, Kosovo, Italy) stated that they are able to provide tools for economic empowerment of vulnerable groups of women and girls, including employment support, which is one of the key elements in the process of reaching independence for women. Among other services the participating organisations are able to offer to women, are capacity building, advocacy, medical support and self-help groups. The Welsh respondent offers a range of support services. They were the only respondents which are piloting a SBNL approach in their support work. This pilot is called **Change that Lasts** and is currently being piloted in both England and Wales.



Key services offered by the respondents

- › psychological assistance
- › shelter services
- › economic empowerment
- › job orientation, vocational courses
- › feminist counselling
- › rights advocacy
- › capacity building
- › self-help groups
- › medical support
- › providing information and awareness-raising to the general public

5.3 How many women do the respondent organisations support

Respondents were asked to state the number of women they were able to support in 2017. The numbers vary widely due to the different geographical areas covered. Lithuania is one of the most strikingly different, since the respondent was only able to provide services to approximately two thirds of women who approached them, due to insufficient capacities both related to funding and human resources.

Considering the number of shelter beds missing in many of the respondent countries, the organisations are doing remarkably well under the given circumstances.

Respondent's country ¹¹	Albania	Italy	Kosovo	Lithuania	The Netherlands	Wales
Geographical area covered	Region of Shkoder (4 municipalities)	17 out of 20 regions	Peja District	Region, also national	Region	North Wales
Number of women supported in 2017	344	21,351	187 (123 counselling sessions, legal services and courses, 64 women in the shelter)	1082	600	37
Number of women who approached service in 2017	344	21,351	187	1669	600	?
Percentage of shelter beds missing in the country¹²	42 %	89 %	21 %	100 %	71 % ¹³	5 %

5.4 First point of contact and assessment tools

From the data provided, we are able to conclude that most of the respondents offer some level of support which is in accordance with the core principles of the SBNL approach:

- ▶ Women are welcomed by specialist staff, invited to talk about their issues and needs. Staff in turn present all services available to the woman, based on an assessment of her needs and jointly identify the best tailored approach to her support.
- ▶ In Italy and Lithuania, first contact is usually made via telephone.
- ▶ In Kosovo, there is a 48-hour-rest policy after women enter a support service. After this period is concluded, staff start to provide information and counselling sessions. Where medical support is needed, the cases are referred to appropriate agencies.

¹¹ For more details about the data presented in tables, please refer to the questionnaire section.

¹² Data used from: Futter-Orel et al., pp. 18–19.

¹³ The respondent added that in the Netherlands, a great deal of care is provided through ambulant care, where survivors and WSS work together in survivors' home.

- › In Lithuania, police are obliged to inform specialist help centres (SHC, there are 17 such centres altogether) when women report incidents of violence, and to provide the contact details of the victim. The woman is then contacted by the service with a pre-defined set of assessment-questions. According to this initial needs-assessment, other services are then offered, and together they represent an initial support plan.
- › The most utilised tools in the respondent organisations are risk assessment tools, followed by needs assessment tools. In some cases, information about a woman is collected via a questionnaire. In one case (the Netherlands), Brief Symptom Inventory (BSI)¹⁴, a financial scan as well as a forces inventory (i.e. creating a list of client's strengths) are utilised.



Krachtwerk in the Netherlands

In the period from 2011 to 2013, most shelter institutions in the Netherlands started utilising the same basic method of supporting survivors, the Krachtwerk model. This model of support work is based on the results of a “concept mapping”¹⁵ research (Jonker et al., 2014) within WSS, where survivors of domestic violence and professionals were interviewed to provide insight, a US-service provision model, as well as elements of a family approach. Krachtwerk looks at the whole family / generations / supporting network to understand and attempt to change the patterns of gender-based violence and toxic communication.

Krachtwerk utilises the ‘forces inventory’ to determine the strengths of clients. Based on this inventory, specific and tailored support goals are determined with the woman and further steps agreed upon. This includes making use of the social network and other resources in the environment of the client. In addition, staff use team discussions to exchange best practice support approaches, helping each other to find creative solutions to the complex support needs of survivors. All care providers, team-leaders and other employees are trained and certified to provide the best possible and empowering support to survivors.

Krachtwerk considers the ambitions, wishes and strengths of their clients and their relatives. In this model, the power of the client is central, so is the connection between empowerment and the recovery process. By believing in their own strengths, abilities, talents, and dreams, the client gains confidence and creates new perspectives. Krachtwerk works according to the following principles:

- › Believing that clients are capable of recovering and re-taking control of their lives.
- › The focus is on individual's strengths, instead of shortcomings.
- › The client is in control of the recovery process.
- › Recovery starts with trust and building the relationship between the client and support service staff.
- › Community is a crucial source of support; its settings need to be maximised, institutional settings minimised.
- › The client makes use of sources available in their environment.

¹⁴ For the definition of this term, please refer to the Glossary at the end of the Handbook.

¹⁵ A mapping exercise with the aim to identify perspectives on appropriate support work by both survivors and professionals.

5.5 Length of support

Most of the responding NGOs stated that they do not define the exact length of time the support they provide will last, which is an important practice in utilising the SBNL approach. 5 out of 6 responders stated they are able to provide a certain level of support for as long as this is needed. It is clearly observable that this support is provided on a continuum, where the goal is to ensure that a woman's independence keeps increasing, to the point where she is fully equipped and empowered for an independent life. This also demonstrates a strong feminist approach in working with survivors by most of the organisations involved in the study.

Respondent's country	Albania	Italy	Kosovo	Lithuania	The Netherlands	Wales
Support for as long as needed?	Yes, in cooperation with partner organisations / public services	Yes	Yes	Yes	Yes	Yes, in One Stop Shop
Average length of support	3 – 5 months	Not applicable as a measure	8 months	Not applicable as a measure	1 – 1,5 years	3 – 6 months (refuge)

5.6 Key issues and common barriers

The following issues and barriers were identified through the questionnaire:

- › Every individual is different and has different needs, therefore tools of response need to be individually tailored.
- › Women are often unaware of their rights (Albania).
- › Strong patriarchal values → domestic violence is traditionally comprehended as a family issue and therefore private matter (Kosovo, Albania).
- › Low reporting-rates of domestic violence, which is also grounded in strong patriarchal values (Italy, Kosovo, Albania).
- › A trend of transferring the decision-making, which impacts WSS, from the national to the municipal level (The Netherlands).
- › Insufficient funding of women's services leads to human resource shortages and hence more than a third of women seeking support could not be supported in 2017 (Lithuania).
- › Working hours of women's services do not correspond to the hours when women are most likely able to approach them (i.e. they are not open in the afternoon, when women return from work; Wales).

Albania

"The barriers are particularly high for women living in remote areas. Any available resources of help are located far away, and there is a significant lack of public transportation. We also noticed a lack of support for women by the police forces in rural areas."



Italy

"The awareness of women around gender-based violence is growing and affects the levels of recognition of violence. However, violence against women continues to be a serious and widespread phenomenon. The percentage of women who report violence or approach services for help continues to be low, while the number of forms of violence suffered is still high."

5.7 Response to different needs of women

A SBNL approach requires that all circumstances of a woman are taken into account when she comes to a WSS, and crucially, both the issues she is faced with, as well as her specific strengths. All respondents are aware of this. Their approach is clear in cases where specific needs of a woman cannot be addressed within their own organisation. The woman is then referred to organisations which can provide the appropriate support (Albania, Kosovo), or the whole case is managed in collaboration with other organisations and institutions (Lithuania). Here, networking with other agencies, beyond the voluntary sectors, is the key to providing quick and effective responses to a woman's needs.

Overall the respondent organisations provide services and support to a wide range of women: women with disabilities, trafficked women, migrant women, and women from minority ethnic backgrounds. The majority provides their services in a variety of languages where this is appropriate.

In Italy, the majority of support centres, as well as almost half of the shelters are located in buildings, which are accessible to women with physical disabilities. Yet, they mention that only four centres provide services or initiatives specifically designed to address the needs of women with physical and mental health issues. 11 centres offer special support to trafficked women, and almost one half of the centres in their network offer services to migrant women.

5.8 New services introduced in the last three years

With this question, we wanted to identify how many new types of services, or ways of supporting women to better meet their needs when accessing the service, were created over the past three years. Italy seems to have developed a whole range of innovative services as they stated that they are now applying seven new support tools and services which were developed only over the past three years.

Respondent's country	Albania	Italy	Kosovo	Lithuania	The Netherlands	Wales
New services offered in the past 3 years	Economic empowerment programme Emergency shelter for women, girls and children	Doti di autonomia Memorandum of understanding Denim's Day Action Samira project Training for cultural mediators Darsi Parola Handbook	Counselling designed at addressing strengths and needs of women	–	Power Woman New Future Hear my Voice	Introduced different hours for group work and support services

5.9 Staff support

In order to support women experiencing gender-based violence in an empowering way, WSS also need to ensure that their staff receives sufficient support and resources to enable their adequate self-care.

Supervision and intervision¹⁶, ranging from weekly meetings to three times per year, seem to be the most commonly utilised tools of staff support. Next, respondents mentioned psychological support, retreat events and relevant training. Italy was not in a position to provide exact data to answer this question. A very detailed description was provided by the Lithuanian respondent.



Lithuania

Every week starts with a staff meeting utilising the 'Community Building Technique'. Sitting in a circle, every member is invited to tell something about her personal/professional joys, anxieties, gratitude and constructive suggestions for the organisation's work. Then the team discusses pending tasks of that week. The meeting is concluded with each member of the circle summarising the most important points she will take away from the meeting. The regular application of the community-building technique contributes to building a friendly and supportive work atmosphere and facilitates horizontal relations among staff members.

The centre also runs regular supervision – intervision groups, where staff members present their most difficult cases and get the needed support from other group members. This provides the opportunity to vent their difficult feelings connected to service provision and vicarious traumatisation, while also helping to prevent burnout syndrome and providing a regular basis for the improvement of staff's consulting skills. Furthermore, these sessions give the team an insight into emotional needs and problems that other staff members might have and/or share.

5.10 Implementation of the SBNL approach on a national level

With the last two questions, we wanted to incentivise the respondents to reflect on the overall situation regarding the SBNL approach in their countries.

To begin with, we asked participants how well the SBNL approach is applied nationally in their view. It turned out that, in most cases, the approach is already applied at least to some extent in the organisations' casework, but not on the national scale. The Italian respondent is a federation of women's NGOs which are present in most Italian regions. They stated that most of their members utilise elements of the SBNL approach. This also applies to the Netherlands, where Krachtwerk is used in most shelters in the country. In Albania and Kosovo, the application of the SBNL approach is very sporadic, and not applied consistently on a national level. In Lithuania, it is only well applied within the respondents' own service, however they make an effort to introduce the SBNL method to other organisations. In Wales (as well as in England), the SBNL approach is currently being piloted via the **Change that Lasts** model.

We continued with a question on what respondents believe is needed to successfully implement the SBNL approach in their country. The Albanian respondent stated that a national coordination body would be most useful in their country. Their view is that the SBNL approach should be integrated into public services, and that professionals across the field should be trained on using this approach to respond in the most effective way to the needs

¹⁶ For the definition of these terms, please refer to the Glossary at the end of the Handbook.

of women experiencing gender-based violence. This point is also reflected in Kosovo's response: they believe that tailored trainings for professionals from both the voluntary and statutory sector, as well as specific training manuals would best ensure the effective implementation of SBNL support in their country.

Lithuania is the only case where, although the method is not nationally applied, regular specialist trainings are organised in accordance with SBNL, aiming at successful implementation of the SBNL approach on national level.

The Welsh respondent sees increased funding and a better understanding of why SBNL is necessary as the key factors contributing to its implementation. They hope to provide an evidence base in support of the SBNL support approach once their pilot (**Change that Lasts**) is evaluated.

In the Netherlands, they implement continuous staff training and intervision.

Italy did not provide an answer to this question.

5.11 Summary

- › The SBNL approach focuses on the particular strengths and needs of survivors and not just the judicial, practical and legal risks associated with their situation. However, the respondents clearly indicated that a risk assessment is still the most utilised tool in their support work, followed by a needs assessment.
- › As Kelly, Sharp and Klein (2014) recommended, all women and children who have experienced domestic violence need to have access to support for a minimum of two years after separation, since recovery can be a lengthy process. 5 out of 6 respondents are able to provide a certain level of support for as long as needed.
- › 5 out of 6 respondents provide a range of support to their staff (through supervision, intervision, team meetings etc.) to allow them to support women effectively.
- › The low level of implementation of the SBNL approach on a national level in all respondent countries, calls for further training and awareness raising about its benefits.

6. Main issues and recommendations

6.1 Main themes that emerged from the pilot study

According to the majority of the respondent organisations, the SBNL practice emerged mainly as a grassroots practice in their organisations and is implemented through a clear feminist approach to support work with survivors of gender-based violence.

The SBNL approach in women's services is complex and addresses a wide range of women's needs. One of its key qualities is that services are tailoring their support according to a woman's particular needs and strengths, not only the risks she faces. These organisations generally also offer a wide range of support, be it within their organisation, or through networking and cooperation with other support services. This approach is mainly geared towards enabling women to reach independence and the capacity to rebuild their own lives.

Another important issue that this study has highlighted is the insufficient funding available to women's specialist support services in many countries, which leads to a lack in human resources and consequently sufficient capacities to accommodate women escaping violence. Funding shortages also affect the capacity of WSS to implement innovative and empowering working methods such as the SBNL. Consequently, not every woman who needs support is able to access it. Regardless of the country, we recognised the inescapable presence of patriarchal traditions, which not only lead to, and perpetuate violence against women, but also prevent efficient and long-term support provision for women.

6.2 Priority issues that need to be addressed in the future

1. Elements of the SBNL approach need to be assessed within all member organisations of the WAVE Network to help enhance the exchange of knowledge, good-practice examples and strategies on how to overcome barriers to the implementation of this approach.
2. A training manual on the SBNL approach would be an effective tool in helping to introduce the method in other members organisations and regions, and to start training professionals adequately.
3. Stakeholders need to be more effectively lobbied to provide improved funding for WSS. Funding stability and sufficient human resources also enable services to implement and develop new work-approaches.

6.3 Key recommendations for developing and enhancing the SBNL approach in women's services

1. Within the WAVE Network, we need to build on good practices already implemented, enable the effective exchange of expertise and further research into existing elements of the SBNL approach in the daily working practice of WSS. Our recommendations are:
 - › Introduce research on the presence of SBNL elements in all member organisations of the WAVE Network (from 2019).
 - › Create a platform for good practice exchange.
 - › Explore if any key SBNL tools could also be integrated in other WAVE activities and projects.
 - › Since **Change that Lasts** is a currently-running a pilot study of the SBNL approach in England and Wales, the working group will keep track of its progress and results.
 - › Where possible, identify any long-term impact of the SBNL approach in survivors' lives.

2. Create a training manual on SBNL for WSS which can be translated into various languages, followed by the design of a training programme. Start training trainers which can support the implementation of the SBNL model in their home countries (in 2019 and 2020).
3. Start creating a wider dialogue around the SBNL approach, improve cooperation with public services, as well as dissemination of the SBNL know-how. Provide training to social service providers on using this approach to respond in the best possible manner to the needs of victims and survivors of domestic violence (2020 onwards).
4. The SBNL approach is not yet adequately recognised by international legal agencies. We need to explore ways of creating a dialogue about it and improving the interaction and collaboration between the legal sector (courts, lawyers, judges) and WSS.

6.4 Other conclusions and recommendations

1. To be truly feminist, the SBNL approach in WSS needs to address power structures, which favour men over women, as well as inequalities within a society, by providing advice, information and access to further support services to women. These tools enable a woman to address her immediate needs, but also to identify, her particular strengths which she can rely on to build an independent life. The SBNL approach, when implemented correctly, ultimately leads to independence and avoids that a woman becomes dependent on a support service, which could replicate the dependency structure of an abusive relationship.
2. The work environment is an important component of service delivery in the SBNL approach. The SBNL approach also needs to consider the health and wellbeing of staff working in women's services and provide sufficient resources and opportunities to ensure their wellbeing.
3. The Italian respondent suggested it would be useful, given the current political situation in her country regarding migration policies, to include specific longitudinal observations, as well as data generation on the complexities of supporting migrant women and children. This is currently complicated because of racist and populist policies which not only fuel discrimination and violence but also cause significant funding cuts to women's support services. These developments also cause substantial shortages in human and other organisational resources, which makes it increasingly difficult for WSS to practise a genuine needs-based approach, or to develop either new forms of support work or integrate existing SBNL models in their working practise.
4. Another methodological conclusion that emerges from this study is that interviews and close observation of the organisations which apply elements of the SBNL approach, would produce more conclusive data than a questionnaire. This is caused by different approaches to data generation, as well as language differences and barriers, which make it difficult to evaluate the data provided in a uniform manner.

7. Pilot study questionnaires

ALBANIA

GENERAL COUNTRY INFORMATION

Population	2,870,324
Female population	1,423,050 ¹⁷
Member of Council of Europe	1995
Member of European Union	No
Member of United Nations	1955
CEDAW ratified	1994
CEDAW optional protocol ratified	2003
Istanbul Convention signed	2011
Istanbul Convention ratified	2013



THE QUESTIONNAIRE

Name of organisation	Gruaja tek Gruaja (Woman to Woman)
Description of services offered	We provide psycho-legal and shelter services for victims of violence, counselling for violent men and boys, economic empowerment of vulnerable groups of women and girls, capacity building for various actors, public information and education, as well as advocacy.
Region covered (local city, province, national)	Region of Shkoder

How many women approached your service for help in the last year?	We have provided psychological assistance, legal counselling and representation to 344 women - victims of domestic violence.
How many can you support?	We have provided legal services to 151 beneficiaries, realised 5 psycho-social assessments (to be presented during juridical sessions), and sheltered 22 women with 11 children (victims of domestic violence) at the crisis centre.
Describe what happens during the first point of contact with a woman?	Women are welcomed in the advocacy centre by a psychologist and/or social worker. Depending on their situation, women are invited to talk about their problems and needs. The employees present all the services available to women, and accompany them through different processes, which are based on the needs assessment.
What are you learning about women who come to your services: what are their differences, what are their needs?	We understand that the present economic situation is very unfavourable to women, meaning that, in majority of the cases, women are forced to continue living in abusive situations. Another big issue is the rights and entitlement to property. Women and girls are very often unaware of their rights to the conjugal property and this weakens their position in taking decisions to leave their abusive husbands. Very often, women will not accept the possibility of starting a divorce process because they fear to lose the custody of their children, considering that in many cases women are unemployed and do not own a house. Particularly the women who come from rural areas have big difficulties to be integrated in city life. Their families of origin do not support them, because they think it is a shame to leave your husband. There are cases of extreme violence which require immediate sheltering and protection for women and their children. These require the involvement and coordination of different services and stakeholders.

¹⁷ Female population data from 2017.

In the last three years, have you introduced any new types of services or ways of supporting women to help better meet the needs of women accessing your service?	During the last three years we have introduced economic empowerment programmes and the emergency shelter for women, girls and children.
Are there any barriers to women being able to access your services?	The barriers are particularly high for women living in remote areas. Any available resources of help are located far away, and they lack public transportation. We also noticed lack of support for women by the police forces in rural areas.
How do you support women who have different needs? Marginalized women? For example, do you offer wheelchair accessible services? Support for women with insecure immigration status?	Through our network, we cooperate with other organisations who provide different services for different target groups. We can refer cases with specific needs to organisations which can provide appropriate services for them.
What assessment tools do you use at the point of entrance?	Needs assessment and risk assessment tools. Emergency shelter has specific form to be filled in during the entry point and stay.
Are you able to support women for as long as they need and want the support?	Depending on the type of need we provide support through our services or through our referral channels.
What's the average length of time that you support women for?	This depends on the type of services they need. If they are going through different juridical services, it is usually 3 to 5 months.
What support do you offer for your staff members?	Psychological support, protection, retreat events.

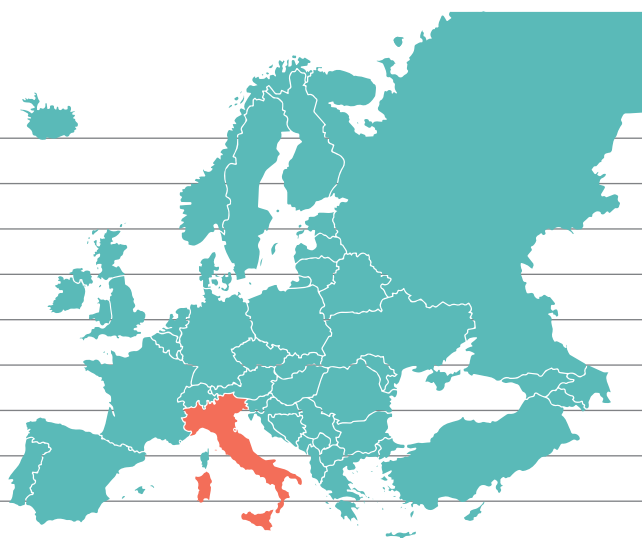
How well do you think your national response reflects a SBNL approach?	The connection is very weak.
If this approach isn't applied nationally, what is needed to successfully implement a SBNL approach?	We would need a national coordination body that monitors the application of a coordinated response for the victims of gender-based violence.

Are there any other comments you would like to share?	This approach should be integrated in the public services and professionals should be trained on using this approach to respond in the best manner to the needs of the victims of domestic violence.
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ITALY

GENERAL COUNTRY INFORMATION

Population	2,870,324
Female population	1,423,050
Member of Council of Europe	1995
Member of European Union	No
Member of United Nations	1955
CEDAW ratified	1994
CEDAW optional protocol ratified	2003
Istanbul Convention signed	2011
Istanbul Convention ratified	2013



THE QUESTIONNAIRE

Name of organisation	D.i.Re (Donne in Rete contro la violenza)
Description of services offered	Donne in Rete contro la violenza is a network of feminist centres against gender-based violence. 72 out of our 73 centres are connected to national helpline (1522). We offer individual counselling, based on feminist principles. A good half of our services offer help 24/7 (57,4%). The services we are able to provide are: psychological counselling, job orientation, refuge, parental counselling, self-help groups, counselling for undocumented women and a refuge for undocumented women.
Region covered (local city, province, national)	Our centres are available in 17 (out of 20) Italian regions: Abruzzo and Molise, Calabria, Campania, Emilia-Romagna, Friuli-Venezia Giulia, Lazio, Liguria, Lombardy, Le Marche, Piemonte, Puglia, Sardinia, Sicily, Tuscany, Trentino-Alto Adige, Umbria and Veneto.

How many women approached your service for help in the last year?	21,351
How many can you support?	21,351
Describe what happens during the first point of contact with a woman?	Generally, the first contact is made by phone. We find this useful to focus on needs and provide information about the centre.
What are you learning about women who come to your services: what are their differences, what are their needs?	The awareness of women around gender-based violence is growing and affects the levels of recognition of violence. However, violence against women continues to be a serious and widespread phenomenon. The percentage of women who report violence or approach services for help continues to be low, while the number of forms of violence suffered is still high. Moreover, the percentage of women who recognise violence as a crime, who report it or approach centres or services for help, continues to be low, while the number of forms of violence suffered is still high. So, there is a need to intensify policies to prevent and combat gender-based violence.
In the last three years, have you introduced any new types of services or ways of supporting women to help better meet the needs of women accessing your service?	Through private donations, we were able implement the following projects to support women's needs: › DOTI DI AUTONOMIA (Thanks to the contribution of BENEFIT): is a fund for women leaving the shelters. It covers the cost of deposits and the first months of rent, as well as any agency costs, the activation and the first utilities bills (electricity, gas, water and waste), and the purchase of household appliances or furniture. › the memorandum of understanding between D.i.Re and the CAMST Cooperative, signed in 2014, ensures employment in the catering sector for women coming from anti-violence centres of the D.i.Re network. › GUESS Foundation, Denim Day's action, supporting women's autonomy through career guidance and the activation of training programmes › Samira project was realised thanks to the contribution of CONAD. It is dedicated to a competent and timely reception of women and girls in situations of violence. It advocates improvement of the identification and the quality of the reception of women and migrant victims of sexual violence. The model is the base for an action of advocacy. › In 2017, the first training course for cultural mediators on the theme of "Cultural mediation in support of women and girls who survived sexual and gender-based violence" was conducted. › Moreover, thanks to the project Donne in-formazione, it was possible to create the D.i.Re School of Policy Darsi Parola, to train D.i.Re's anti-violence centres operators and to publish the handbook Ri-guardarsi. I Centri antiviolenza fra politica, competenze e pratiche di intervento
Are there any barriers to women being able to access your services?	74,6 % of centres and 46,9 % of refuges are accessible for women with physical disabilities.

How do you support women who have different needs? Marginalized women? For example, do you offer wheelchair accessible services? Support for women with insecure immigration status?	Only 4 centres provide services or initiatives for women with disabilities: 2 of them have a specialised counselling point; 2 are active in awareness initiatives. 11 centres offer specialised support for "trafficked women". Almost half of the centres (49,3 %) also provide services for migrant women.
What assessment tools do you use at the point of entrance?	Risk assessment which involves risk management - the identification of the most appropriate intervention for that case, aimed at preventing recidivism, protecting victims and avoiding the escalation of mistreatment, which could also lead to murder.
Are you able to support women for as long as they need and want the support?	Yes.
What's the average length of time that you support women for?	There is no official or standard length of time for support. As time goes by, counselling meetings usually become less frequent, because women acquire more and more self-determination through the relationship established with the centre's operators.
What support do you offer for your staff members?	We don't have exact data.

How well do you think your national response reflects a SBNL approach?	Methodologically, every service offered is gender-oriented, adapted to women's need for overcoming trauma. The centre's team structures with them, and for them, a project of redefinition, reorganization of lives; the team never replaces her, neither in the relationship with other services.
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Are there any other comments you would like to share?	1. A note on the limitation of the data we were able to provide: the answers were extrapolated from official data and information of the national network of anti-violence centres (D.i.Re) because the representation of only a part of the centres would not have a scientific value / present an adequate picture. 2. It would be useful, given the general political situation regarding the current migration policies, to include specific observations of migrant women and children's hosting in recent times, which is being made even more difficult by government policies which fuel racism and violence and, consequently, make the network services even more lacking. Consequently, it is increasingly difficult to practice a true needs-based approach. But more time would be needed to collect this data.
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KOSOVO

GENERAL COUNTRY INFORMATION

Population	1,771,604 ¹⁸
Female population	901,303 ¹⁹
Member of Council of Europe	No
Member of European Union	No
Member of United Nations	No
CEDAW ratified	No ²⁰
CEDAW optional protocol ratified	No
Istanbul Convention signed	No
Istanbul Convention ratified	No



¹⁸ Latest data available on Eurostat was from 2016.

¹⁹ Latest data available on Eurostat was from 2017.

²⁰ CEDAW was signed while Kosovo was still part of the former Yugoslavia. While Kosovo was part of the former Yugoslavia, CEDAW was signed in July 1980, and ratified in February 1982. Kosovo is currently not recognized by the United Nations.

THE QUESTIONNAIRE

Name of organisation	Women's Wellness Center
Description of services offered	Women's Wellness Center is more than a place to find shelter from domestic violence. We provide a range of services, support and education to help women and children who have left behind a life of domestic violence. These services enable women to start a new life with dignity and self-esteem. The services provided are based on the empowerment of women, on their needs (food, clothing, medicines, health services, psycho-social counselling, legal presentations, reproductive health presentations, presentations on the legislation in force and offer employment assistance, expanding education and vocational courses). In addition, women are encouraged to engage in support groups focusing on the process of recovery from domestic violence, rehabilitation and reintegration into society. Women are accepted 24/7.
Region covered (local city, province, national)	Peja District in the western part of Kosovo (municipalities: Peja, Klina, Istog, Deçan and Junik).

How many women approached your service for help in the last year?	123 women and children came for support on counselling sessions, legal services and courses.
How many can you support?	64 women and 23 children found safe place at our centre.
Describe what happens during the first point of contact with a woman?	We have 48 hours rest policy. After that we start with information and counselling sessions. The one that need medical support we refer to other institutions. We make a plan together with the women depending on her needs and resources.
What are you learning about women who come to your services: what are their differences, what are their needs?	Every woman comes with her own needs and strengths, we only help her put them in order, and show them the opportunities.
In the last three years, have you introduced any new types of services or ways of supporting women to help better meet the needs of women accessing your service?	We started utilising counselling that refers to different elements that help women to deal with challenges in life in general and in meeting their needs and achieving their desired outcomes in particular. The strength-based approach includes assessing their personal resources, abilities, skills, knowledge, potential, etc., as well as their social network and its resources, abilities, skills.
Are there any barriers to women being able to access your services?	Yes, there are some cultural barriers that mostly women from urban places say that domestic violence is a private matter and they should keep it close in the family and not report the case.
How do you support women who have different needs? Marginalized women? For example, do you offer wheelchair accessible services? Support for women with insecure immigration status?	We have RAE ²¹ women reporting and asking for help and we do the same procedures for all of them. We do not have cases with immigrant women, or disabled women.
What assessment tools do you use at the point of entrance?	Our method of collecting information from women include a questionnaire with personal information and experiences of domestic violence, including health and children conditions.
Are you able to support women for as long as they need and want the support?	Yes.
What's the average length of time that you support women for?	Average time is 8 months, but it could be anything from 1 month to 36 months.
What support do you offer for your staff members?	Supervision 3 times per year, depending on the project.

How well do you think your national response reflects a SBNL approach?	SBNL approach is not applied nation-wide.
If this approach isn't applied nationally, what is needed to successfully implement a SBNL approach?	Introductory training in the SBNL approach, plus a manual, translated to local language, would help to introduce the method.

21 RAE is a common term for groups of ethnical minorities in Kosovo who refer to themselves as Roma, Ashkaly and Egyptians.

LITHUANIA

GENERAL COUNTRY INFORMATION

Population	2,808,901
Female population	1,535,718
Member of Council of Europe	1993
Member of European Union	2004
Member of United Nations	1991
CEDAW ratified	1994
CEDAW optional protocol ratified	2004
Istanbul Convention signed	2013
Istanbul Convention ratified	No



THE QUESTIONNAIRE

Name of organisation	Vilnius Moterų namai (Vilnius Women's House)
Description of services offered	Specialised complex support and assistance for women victims of domestic violence, including feminist consulting, empowerment and rights advocacy, directly corresponding to and including SBNL approach.
Region covered (local city, province, national)	Regional and national

How many women approached your service for help in the last year?	1669
How many can you support?	1082
Describe what happens during the first point of contact with a woman?	According to the Law on Protection from violence in immediate surroundings, written by NGOs, police have the obligation to inform Specialised help centres (SHC) run by NGOs, and to provide contact information of the victim and short description of the event. Specialised help centre proactively contacts the victim and offers her information about existing laws and practices, about her rights and about duties of the authorities during the legal proceedings. According to her needs and motivation other services are offered (such as specialised psychological and legal help, victims needs advocacy) while dealing with institutions (preparing statements, case management, etc).
What are you learning about women who come to your services: what are their differences, what are their needs?	All 17 SHC, including Vilnius Women's House, have a pre-set structure of information gathering about the victim, including: 1. Information about the actual episode of violence, 2. History of abuse, 3. Resources (relationship with the abuser, education, activity in labour market, housing conditions, property, resources of social support, social networks, etc.). 4. Her needs, including divorce, custody issues, etc. We learn if she is a migrant, disabled, having mental health issues, etc. and how these conditions contribute to her current situation.
In the last three years, have you introduced any new types of services or ways of supporting women to help better meet the needs of women accessing your service?	–
Are there any barriers to women being able to access your services?	SHC services are not fully available for every woman in need because of insufficient number of consultants, which can be traced down to lack of proper funding. During 2017 Vilnius Women's House was able to provide help less than 2/3 of women approaching the services.

How do you support women who have different needs? Marginalized women? For example, do you offer wheelchair accessible services? Support for women with insecure immigration status?	Firstly, SHC operate as telephone services. If we learn about women's special need, we do case management of violence in collaboration with other organisations and institutions.
What assessment tools do you use at the point of entrance?	During first contact (usually via telephone) we usually ask a pre-set of questions (see above) and together with the victim draft a plan for further help to ensure her safety.
Are you able to support women for as long as they need and want the support?	Yes. Our flexible model of assistance provided by SHC gives us the possibility to stay in contact with a woman for as long as she needs, not limited to the last outburst of violence. Keeping record of all previous cases of violence allows SHC to help women to prove their case with law enforcement agencies, when they are ready to do so. Domestic violence is a recurring problem. Having in mind a vicious circle of violence, that a woman experiencing partner abuse is trapped in, the long-term collaboration is necessary and inevitable. Being a constantly available source of help and assistance, SHC can gradually build a woman's awareness of existing means to terminate the violence and deliberation to do so.
What's the average length of time that you support women for?	The question does not reflect specificity of our work. We support a woman for as long as she needs. From one call to several years.
What support do you offer for your staff members?	Every week is started with general staff meeting during which we apply the Community Building Technique. We sit in a circle and every member is asked to tell something about her personal/professional joys, anxieties, gratitude and constructive suggestions for organisations work. After that we discuss pending jobs of that particular week. We finish the meeting by each member of the circle summarising to her view the most important points. The regular application community building technique contributes to building general friendly atmosphere and facilitates horizontal relations among staff members. We run regular supervision – intervention groups (usually on Wednesdays), where consultants present their most difficult cases and get the needed support from other group members. This provides the opportunity to vent their difficult feelings connected to help provision and vicarious traumatisa-tion, and it also works as a preventative measure for the burnout syndrome while providing a regular basis for the improvement of their consulting skills. This also gives us an insight into emotional needs and problems that staff members might have.
How well do you think your national response reflects a SBNL approach?	We believe that the practice of the Vilnius Women's House reflects SBNL approach quite well.
If this approach isn't applied nationally, what is needed to successfully implement a SBNL approach?	It is not applied nationally. In 2016 and 2017 Vilnius Women's House published Methodical recommendation for help providers for victims of domestic violence, commissioned by the Ministry of social security and labour. Besides sharing this with other NGOs, running the SHC as well as other professional groups involved into help provision for the victims of domestic violence, we also regularly organise specialist training in accordance with these methodical recommendations. We believe that these measures could help successfully implement the SBNL approach.

THE NETHERLANDS

GENERAL COUNTRY INFORMATION

Population	17,118,084
Female population	8,606,405
Member of Council of Europe	1949
Member of European Union	1952
Member of United Nations	1945
CEDAW ratified	1991
CEDAW optional protocol ratified	2002
Istanbul Convention signed	2012
Istanbul Convention ratified	2015



THE QUESTIONNAIRE

Name of organisation	Arosa. Arosa is the part of a federation, consisting of NGOs Arosa, Blijf Groep, Moviera and Perspektief, and together, they are called The Combine.
Description of services offered	Prevention activities, crisis centre, shelter and ambulant care for women, men and children.
Region covered (local city, province, national)	The Rotterdam region.

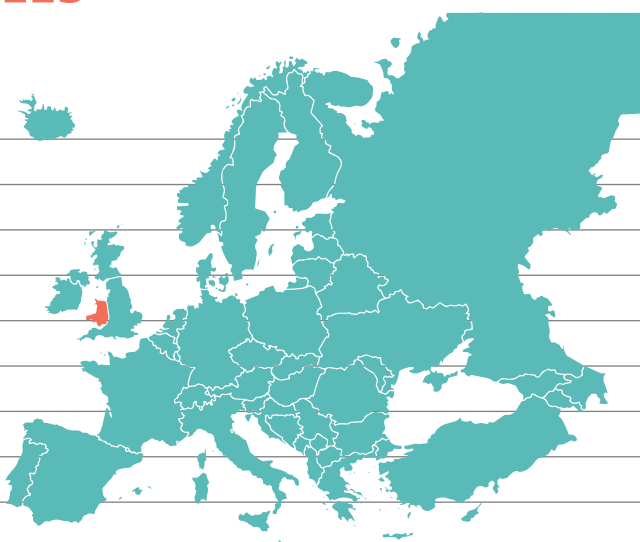
How many women approached your service for help in the last year?	Approximately 200 women and 250 children. Also, approximately 350 women were trying to escape from domestic violence by means of ambulant care and empowerment.
How many can you support?	Arosa supported all women who approached.
Describe what happens during the first point of contact with a woman?	Safety and the situation of a client are evaluated during the first contact. There is a national network of local government's points, called "Safety home". Their duty is to locate an organisation which can help women escaping violence. Arosa offers crisis centre accommodation, followed by a period of the so-called "intramural" shelter. Arosa offers several possibilities for sheltering within Rotterdam: 24-hour shelter with close attention and care for women and children, offering protected housing with continuous surveillance. It is provided for women and children. Ambulant care after shelter aims at the areas of social and personal functioning, finance and voluntary care. Families stay in their home, and the care-taker visits them. This care is aimed at preventing a fall-back to the old situation whereby the client would again need shelter. We try to engage the social network of the survivor, in close cooperation with the team and other local welfare workers.
What are you learning about women who come to your services: what are their differences, what are their needs?	The Research Centre social care of Radboud University in Nijmegen, conducted a concept mapping exercise to gain insight into the perspectives held by abused women and professionals regarding appropriate care in Dutch women's shelters. Most important clusters were "help with finding a safe house if necessary," "safety and suitable care for the children," and "a personalized, respectful approach", while the most important statement was "take women seriously and treat them with respect." We use these elements in developing a new intervention for shelter-based abused women in the Netherlands.
In the last three years, have you introduced any new types of services or ways of supporting women to help better meet the needs of women accessing your service?	- Power Woman, introduced in the municipality of Rotterdam and surrounding area in 2015 - New Future is a project of the federation of Dutch shelters and Dutch Women's Council, introduced on National level in June 2016 - Hear my Voice was introduced in March 2018 as one of the projects of the Combine

Are there any barriers to women being able to access your services?	Since the central government decided to decentralise several tasks, municipalities have become responsible for women's shelters in 2015. In practice, this means that the subsidies are now dependant on contracts. This resulted in several changes for Arosa. From 2015, all arrangements except shelter for men, emergency shelter and AWARE, are now dependant on the municipalities in the Netherlands. This way of working requires one director for one family. More intense cooperation with other organisations is thus required. Consciousness about the influence of housing in offering shelter has also increased. Adaptations have been made to provide separate housing and shelter in several locations, to increase the potential of clients to be self-supporting. The period of shelter care was shortened. Thus, shelter organisations offer what is called "ambulant help, unless...", based on the assessment of the strengths and the network of the client. Shelter placement is provided only if the safety of a client demands it.
How do you support women who have different needs? Marginalized women? For example, do you offer wheelchair accessible services? Support for women with insecure immigration status?	We support all women with different needs, we offer support to marginalised women, women with disabilities, women with insecure immigration status. Arosa's position is that every human being, from whatever cultural background, has the right of a safe life without violence. Arosa aims at providing clients and their children a safe and protected home, as well as preventing the escalation of violence and repetitive abuse.
What assessment tools do you use at the point of entrance?	Risk screening, Brief symptom inventory, financial scan, the forces inventory.
Are you able to support women for as long as they need and want the support?	Yes.
What's the average length of time that you support women for?	Crisis centre: 6 – 8 weeks. Shelter: up to 1 year. Ambulant care: 1 to 1,5 years. In some cases, an extension of 6 months can be obtained from the government.
What support do you offer for your staff members?	Every staff member has interventions. They also work within team strength discussions, in which staff encourage and help each other find creative solutions to guidance issues.
How well do you think your national response reflects a SBNL approach?	Most shelters in The Netherlands use the same method of work, Krachtwerk.

UNITED KINGDOM – WALES

GENERAL COUNTRY INFORMATION

Population	3,113,200 ²¹
Female population	1,579,100 ²²
Member of Council of Europe	1949
Member of European Union	1973
Member of United Nations	1945
CEDAW ratified	1986
CEDAW optional protocol ratified	2004
Istanbul Convention signed	2012
Istanbul Convention ratified	No



²² Office for National Statistics. (2017, June).

²³ Ibid.

THE QUESTIONNAIRE

Name of organisation	Welsh Women's Aid Direct Services – Colwyn Bay and Wrexham
Description of services offered	WWA Colwyn provide support to survivors through: › Communal refuge › Community Support (including Drop In and resettlement) › Survivor Participation Groups (Freedom Programme, New Beginnings Programme, Out & About Group) › Children and Young People programmes (S.T.A.R. groups/one-to-one sessions, activity and play groups for children of survivors accessing refuge or community support, Crucial Crew) WWA Wrexham provide support to survivors through: › Self-contained refuge › Community Support (including One Stop Shop²³) › Independent Domestic Violence Advisors (IDVAs) › Survivor Participation Groups (Freedom Programme, Power to Change Programme, Friendship Forum) › Children and Young People programmes (activity and play groups for children of survivors accessing refuge or community support, Crucial Crew)
Region covered (local city, province, national)	North Wales – Colwyn Bay and Wrexham

How many women approached your service for help in the last year?	727 adults were supported in their own right, 85 children and young people were supported through group and activity sessions, 196 survivors accessed the IDVA service. 37 women were supported through the refuge services: 9 were aged 18 to 24, 28 arrived at refuge with children, 69 children were accommodated in refuge alongside their mothers. Survivors supported in refuge experience an average of 3 types of abuse, with 76 % of those in refuge experiencing at least 3 types of abuse. Leavers spent an average of 17 weeks in refuge.
How many can you support?	This varies for each community service. Wrexham refuge has 5 units (15 beds to accommodate mother and children). Colwyn Bay has 5 units (17 beds to accommodate mother and children).
Describe what happens during the first point of contact with a woman?	It depends which service, but all service starts with a risk and needs assessment to identify what the women feel they need support with and for the service to identify what risks need to be addressed in order to support the women. Each form is discussed with the women and explained so that they are able to understand the support that is being offered as well as the remits of confidentiality when discussing risks to her and her children. Upon completion of the risk and needs assessment, the staff member will discuss the next steps to support and that will be dependent on which service that they access.
What are you learning about women who come to your services: what are their differences, what are their needs?	Individuals have individual differences and needs. Women are presenting with multiple needs and they need tailored support, unique to them.
In the last three years, have you introduced any new types of services or ways of supporting women to help better meet the needs of women accessing your service?	We have tried introducing different hours for group work and support services, this was primarily to offer services to women who work or have young children.

²⁴ One Stop Shop is first point of contact for any victim of gender-based violence. It provides free, immediate, confidential access to legal, benefits and housing advice, and a Women's Aid support worker.

Are there any barriers to women being able to access your services?	Work and childcare as most services in the area are within office hours and working women struggle to get a service to meet outside of these hours. It is very rare for a service to be able to offer childcare for the women to attend groups or support and this too is a barrier.
How do you support women who have different needs? Marginalized women? For example, do you offer wheelchair accessible services? Support for women with insecure immigration status?	Most of our services are wheelchair accessible and we have access to Language Line for women who do not speak English/Welsh. If a woman with no recourse to public funds is referred or presents at our service for refuge, we assess this case by case and work with partners such as the local authority to try and secure funding/payment of rent that way. We would not turn away a woman with no recourse to public funds, rather we would accept her in and create a plan, ensuring that safety is the first priority. We do not however have any resource in reserves to assist with this and this does cause a risk to our service financially.
What assessment tools do you use at the point of entrance?	Risk and Needs assessment forms including the RIC (Risk identification checklist).
Are you able to support women for as long as they need and want the support?	In our One Stop Shop (as long as we have funding available). In the refuge we are only funded to offer resettlement support for 2 weeks after residents leave.
What's the average length of time that you support women for?	Refuge average is 3–6 months.
What support do you offer for your staff members?	Supervision and relevant training to support in the best way with multiple needs of survivors.

How well do you think your national response reflects a SBNL approach?	Welsh Women's Aid are the national umbrella organisation and we have co-created the ' Change that Lasts ' model with Women's Aid Federation England which aims to support survivors with a needs-led, strengths-based, gender-informed and trauma-informed approach. The model is being piloted across Wales and England, to introduce this approach with specialist services, to attempt to create services that fit the needs of the survivor rather than the survivor needing to fit in with the services on offer. The whole ethos of the model is to ensure that survivors get the correct response every time they disclose, whether that is from the community, specialist services or other professionals.
If this approach isn't applied nationally, what is needed to successfully implement a SBNL approach?	More funding and commissioners understanding the importance of SBNL approach. To inform this, an evidence base is needed and hopefully the pilots, which are all being evaluated, will provide this evidence base.

8. Survivors' stories

The story of B. Kosovo

B., a young woman from our region was being threatened by her father and brothers who wanted to kill her, because they found her at home with her boyfriend. The family considered her act a crime. Although the boyfriend ran away, the father found B. and wanted to kill her. The younger brother asked the father to take her to our centre instead of killing her, since he learned about our place from radio and TV advertisements. The father agreed, and said he never wanted to see her again. She was feeling unwell and we took care of her different medical, juridical, and other psycho-social issues. After a while, she started recovering and said that she would like to continue her education, as she had quit high school. After 2 years, B. finished her high school, while staying at our centre. We helped her find a good job, and now she is studying to become a lawyer. Her goal is to be able to support other women in need.

The Story of L. Lithuania

L., 26, turned to the specialised help centre (SHC) after she was sexually assaulted by her stepfather. This happened while she spent a night at her mother's house. During the episode she was intoxicated, and her son slept next door. Her mother called the police, pre-trial investigation was started, the police informed child protection services, by whom the client was contacted. She was afraid that due to the incident of violence and her being intoxicated her child might be taken away.

In the beginning of her collaboration with SHC, L. was deeply disturbed and suicidal. During consultations, the SHC consultant proactively asked her about any incidents of previous abuse. It turned out that L. had a history of childhood sexual abuse. The SHC consultant addressed this previous trauma and helped her recognise its impact on her life. This helped her to connect her acute feelings of anxiety and occasional alcohol abuse with the dormant trauma never addressed before. Understanding that recent trauma was aggravated by previous experience helped L. to cope with panic attacks and suicidal states.

On L.'s behalf, the SHC contacted children's rights agency and further facilitated their communications with her. As the result of our intervention, L. was empowered to decide on what kind of help she needed. She chose to continue working with the SHC, the social worker she liked, and decided to join AA group. With our help she decided to demand alimony from her child's father, from whom she was divorced, as well as compensation for moral and material damage from the actual abuser. This too contributed to her stability and security, restoring her hopes for the possibility of justice.

The story of M. Albania

M. lived in Lezhe, having been married to her husband for 5 years. They lived in his parents' house and had no children. All members of the family were unemployed and receiving state-provided social income.

M.'s husband was diagnosed with schizophrenia and was often violent towards her, abusing her physically, sexually, psychologically and economically. After yet another violent episode, M. escaped and sought help at the nearest police station. Unfortunately, her family could not accept that their daughter would denounce her husband and decide to leave him. Her actions were considered a shame for the family, so they refused to support her. The case was referred to "Woman to Woman" for immediate emergency sheltering and providing safety to M.

We accompanied M. through the legal process for the provision of immediate protection order as well as protection order. After creating an assessment of needs and risks together with her, we developed a case management plan and identified supporting actors. After a while, M. was accommodated in a residential shelter for longer psycho-social rehabilitation. During that period, she was offered psychological support and was assisted in dealing with her fears, post-traumatic stress disorder, anxiety, and self-esteem. She decided to enter the integration and empowerment programme, as well as one month of coaching and training on capacity building and career advice. M. was supported and advised on different job opportunities that best suited her skills, leading to her employment in a factory. She received a grant which covered the first ten months of her social and health insurance and had her rent paid for the first two months after leaving the shelter. Thus, M. was able to get out of the abusive situation and was empowered to start living an independent life.

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10. Website links

These are the website links of the organisations who took part in the pilot study:

- › <http://www.gruajatekgruaja.com>
- › <http://www.direcontrolaviolenza.it>
- › <http://www.qmg-ks.org>
- › <http://www.vmotnam.lt>
- › <https://www.arosa-zhz.nl>
- › <http://www.welshwomensaid.org.uk>

11. Glossary

BSI or Brief Symptom Inventory is a test that evaluates psychological distress and psychiatric disorders in people.

Domestic violence are all acts of physical, sexual, 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.

Gender-based violence against women is violence that is directed against a woman because she is a woman or that affects women disproportionately.

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 gendered understanding of the violence experienced by women, its specific dynamics and consequences, and should focus on victims' empowerment.

Intervision is a method of analysing work-related problems within a group of staff in a WSS when possible solutions or alternative problem-solving skills in women affected by violence in behaviour need to be looked into. It is best utilised in issues arising out of specific case work, but less suited to impact on longer-term support processes.

Specialist women's support service This term is used as a collective term covering all services supporting women survivors of violence and their children, such as women's shelters, women's helplines, 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. Services using a gender-specific approach that predominantly serve women victims of gender-based violence and their children are also included in the definition of specialist women's support services.

Supervision is a formal process by which a trained, more experienced, senior professional helps a less experienced staff member to learn and develop professionally through engaging in a process of review of and reflection on their work. The aims of supervision are: improving the supervisee's work with clients, supporting the supervisee's work and professional development, emotional support, or ensuring client welfare. Clinical supervision is distinct from managerial supervision and describes a process intended to support staff to provide a better service to clients.

Vicarious trauma (secondary trauma) is caused through indirect exposure to traumatic events through first-hand accounts or narratives of those events. Counsellors and therapists in WSS may be at risk of vicarious traumatisation. Symptoms of vicarious trauma generally fall into one of the following categories: emotional, behavioural, psychological, cognitive or spiritual symptoms.

Victim / Survivor We are using the terms "victim" and "survivor" interchangeably. The term survivor is used in the context of support services and protection, empowering women by recognizing that the woman has survived the violence and is not defined by it. The term victim is a legal term, recognizing the person has been victimized. It is used in the context of the legal process.

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 in private life.

Women's centre the term includes all women's services providing non-residential specialist support to victims, serving only or predominantly women survivors of violence and their children. 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; services focussing on the support of survivors of sexual violence such as rape crisis, sexual assault centres and centres for girls who experienced sexual violence; regional crises centres on domestic violence; pro-active intervention centres serving victims 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 accompaniment, pro-active support, outreach and other services. Women's centres are a specialist service for women survivors of violence and their children, if any, providing empowering short and long-term support, based on a gendered understanding of violence and focusing on the human rights and safety of victims.

Women's shelter is a specialist residential support service for women survivors of violence and their children, if any, providing safe accommodation and empowering support, based on a gendered understanding of violence and focusing on the human rights and safety of victims. Women's shelters offer immediate and unbureaucratic services and safety precautions. In some cases they also offer longer-term support (e.g. resettlement support after a woman leaves the shelter) in order to provide women and their children, if any, with the opportunity and resources necessary to resume their lives free from violence. To qualify as a women's shelter, the service must serve predominantly women and their children.

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