



The Other Side of the Story  
PERPETRATORS IN CHANGE

# Country Report: Cyprus





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**Cyprus: Association for the Prevention and Handling of Violence in the Family.**

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## ***The Other Side of the Story: Perpetrators in Change***



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## Abbreviations

APHVF	Association for the Prevention and Handling of Violence in the Family
CJS	Criminal Justice System
DVA	Domestic Violence and Abuse
EU	European Union
FRA	EU Agency for Fundamental Rights
IPV	Intimate Partner Violence
UNODC	United Nations Office on Drugs and Crime
VAWG	Violence against Women and Girls
WHO	World Health Organisation



## Organizational Information

### **The Association for the Prevention and Handling of Violence in the Family (APHVF)**

The Association for the Prevention and Handling of Violence in the Family (APHVF) was founded in 1990 and is the only Non-Profit, Non-Governmental Organization in Cyprus specialised in DVA and Intimate Partner Violence (IPV) issues. The mission of the association is helping people to change their lives, maximizing every possible source of help. Since its foundation, the vision of the Association is:

- National Centre providing preventive services of DVA.
- Support and protection to receivers of DVA.
- Support and guidance to user of DVA.

The goals of the Association are:

- Prevention of DVA and IPV.
- Provide direct help to people experiencing or exercising DVA.
- Provide shelter and protection to victims of DVA.
- Provide information and support to battered women through counselling.
- Provide theoretical and practical training to people who are interested in offering their voluntary help.
- Provide information and raise awareness to competent authorities and citizens about the social phenomenon of DVA.
- Locate shortcomings and weaknesses in legislation and formal procedures and submit suggestions to the related national services in order to undertake correctional measures and develop a wider policy of DVA.

APHVF cooperates with the Police, the Social Welfare Services, Ministries, and other competent authorities and organisations. More specifically, the Association has signed protocols/memorandums of understanding with the Ministry of Health, Ministry of the Interior, Youth Board of Cyprus, Anti-Drug Board of Cyprus, Police, Ministry of Transport, Communications and Works, Ministry of Education and Culture, Ministry of Justice and Public Order and Ministry of Labour, Welfare and Social Insurance. These protocols/memorandums of understanding assist the Association and the competent authorities to work closely together and



have an effective cooperation in order to handle the cases in the most effective ways possible. Furthermore, APHVF is a member of the European Family Justice Centre Alliance, Child Helpline International, Missing Children Europe, Women against Violence Europe (WAVE) network, Working with Perpetrators European Network (WWP), and European Women's Lobby (EWL).

APHVF Help Centre operates the National Helpline '1440' for DVA and IPV, a live chat service, an SMS service, while provides information through the social media accounts of the Association, services which operate 24/7. The officers (Social Workers, Psychologists) provide support, counselling, motivation, empowerment to both victims and perpetrators; provide referrals to other governmental and/ or non-governmental bodies according to each case needs; connect the cases to other services of the Association i.e. counselling services for victims, shelters for women and their children, perpetrators programme etc.; and proceed with written reports to the Competent Authorities.

Also, APHVF provides individual counselling services to victims, and operates the only perpetrators' programme in Cyprus. More specifically, the individual counselling services are provided by Psychologists and Social Workers to victims over 18 years old. In cases of minor victims, the professionals proceed with the necessary referrals to bodies/organizations providing support to minors as well as proceed with written reports to the Competent Authorities, as required by the law.

The current perpetrators' treatment programme named "PROTEAS" comprises of individual counselling services as well as group sessions to perpetrators over 18 years old, by Psychologists and Social Workers. In cases of minor perpetrators, the professionals proceed with the necessary referrals to bodies/organizations providing support to minors as well as proceed with written reports to the Competent Authorities, as required by the law. Before that, the association was running a different perpetrators' treatment programme named "Love without pain", which included individual and group counselling sessions, as well as a programme for perpetrators in prison settings. After evaluating the programme, the needs and requests by the participants, the Association established the current perpetrators programme, which is running since July 2020.

Moreover, APHVF operates the only 3 shelters in Cyprus for women and their children fleeing from DVA, which are located in three main cities of the island (Nicosia, Limassol and Paphos).



Due to the Covid-19 pandemic and the high demand of shelter, the Association operated supplementary safe hosting spaces to overcome the fullness of shelters.

The Shelters and supplementary hosting spaces provide a safe place for the women and their children, counselling services to women, assistance in procedures and rehabilitation (i.e. finding an accommodation), and workshops for children. Moreover, a newly established service was established in December 2020 for safe-guarding, educating and supporting the children in shelters operated by kindergarten teachers and/or babysitters. Also, after evaluating the requests and needs of the victims and the society, the association is planning to operate its fourth shelter in the province of Larnaca, in order to reach and assist more victims by expanding its area of availability and accessibility of services.

After the victims and their children exit the shelters, the Association connects them with other services of the organization, i.e. Social Service, and counselling services, in order to ensure the follow up of the case, to support/assist their rehabilitation procedure and empowerment

Following an evaluation of the needs of the victims and their children in daily life and in an effort to assist victims' rehabilitation, APHVF has established a new service named Social Service. The APHVF Social Services provides practical support, evaluation and coverage of needs (essentials i.e. food, furniture, clothes etc.), assistance in procedures (i.e. applying for allowances and social benefits) to women and their children who are hosted at the shelters, as well as women and their children who have escaped DVA and from the perpetrator. This service assists the women and their children in an economical, dependence and practical manner which helps towards their rehabilitation procedure as well as hinder the possibility of the victims in returning back to the perpetrator.

On prevention and awareness raising level, APHVF organizes educational and awareness raising trainings, seminars, and workshops, by qualified scientific personnel to professionals, organizations, universities, volunteers, youth, children, teachers, general public, professional bodies, governmental and non-governmental bodies etc. Due to COVID-19 crisis since 2020, the Association continues its awareness raising and prevention actions, by organizing and implementing all of the prevention and awareness raising actions online. The Association organizes and/or participates in national and international days' campaigns i.e. 16 days of activism, Women's day etc.



Following a Ministerial Decision, APHVF has undertaken the coordination of the Women's House which has been running since the 1st of December 2020. The Women's House is a multi-disciplinary victim-friendly centre operating as 'one-stop-shop' where professionals of various specialties and Government Officials, such as, Clinical Psychologists, Social Workers, specially trained members of the Police, work under the same structure. The Women's House provides protection and specialized support for women victims of gender-based violence and DVA, and their children. More specifically, all women (and their minor children) and girls (under 18 years), including women immigrants or refugees regardless of their immigration refugee status and status in general, who are victims of violence can access the services of the Women's House. The services of the Women's House include:

- Taking measures/actions (concerning both the victim and the perpetrator) for the immediate protection and safety of the victim.
- Immediate / short-term psychological support and the possibility of referral to the Mental Health Services and/or to associations for long-term monitoring and psychological support.
- Socio-economic support (access to benefits/allowances, housing, care services, referral to labor market reintegration services etc.).
- Medical examination for physical and sexual abuse and possible referral to specialists of the General Health System for long-term medical treatment/care. In case of sexual abuse of a minor, the case is co-managed in cooperation with the Children's House (a specialized center for sexually abused children).
- Taking victim's testimony, including video-recorded testimony, by specialised Police officers of competent Departments of the Police.
- Referral and / or safe escort services - whenever required – to shelters for accommodation purposes, to the Police, to the Court, to Hospitals, to Psychiatric Services, to Social Welfare Offices etc.
- Legal aid services.

Finally, APHVF operates a Research Centre which organizes and implements preventative actions, trainings and support to society, professionals, schools, victims, perpetrators etc., through the implementation of European and National (co) funded projects. Also, the Research Centre conducts research and statistical analysis, and publishes each year the Statistics regarding the services of the Association i.e. National Helpline, Individual Appointments/Counselling, Shelters etc. Moreover, the Research Centre handles requests by students, professionals etc., who intend to proceed with research on the issues of violence



and/or interviews of APHVF officers and/or victims of violence. All of the services of the organization operate 24/7 and are free of charge.

### **Challenges/obstacles faced, regarding abuse/violence prevention within the association**

A great challenge faced is the support of APHVF's perpetrators' treatment programme. According to the objectives and provisions of the Istanbul Convention (Council of Europe, Treaty Series - No. 210- Council of Europe Convention on the Prevention and Combating of VAWG and DVA - Istanbul, 11.V.2011) requires Parties to the Convention to set up and support preventive intervention and treatment programmes (Article 16) to DVA perpetrators and sex offenders, in order to adopt non-violent behaviour in interpersonal relationships with a view to prevent further violence, repeating the offense and changing violent behaviour. APHVF, was running a perpetrators' treatment programme for several years, however, since July 2020, the Association created a new perpetrators' treatment programme in order be able to better approach the issues of DVA and IPV, taking into account both victims and perpetrators. Also, the creation of such a programme, stems from the need for an integrated/comprehensive approach towards preventing and addressing VAWG, and ensuring that the safety, support and human rights of victims are paramount. Due to the fact that in Cyprus, only APHVF provides a perpetrators' treatment programme, constant and targeted awareness raising is needed to be implemented, in order to receive referrals to the programme by Competent Authorities, rehabilitation programmes, Mental Health Services etc. The professionals of the current programme are in the process of setting up a perpetrators' treatment programme in prison settings; aiming, also, in training the prison staff to acquire/develop/strengthen their knowledge and skills in an effort to handle their emotional distress, the anger and violent behaviors of prisoners as well as to handle the emotional distress, anger and violent behaviors towards them from the prisoners and handle the emotional distress, anger and violent behaviors between inmates of the prison.

Another challenge is the support and follow-up of women hosted in the shelters following their exit. The women and children accommodated at the shelters of the organization, have a maximum period of stay allowance up to 8 weeks; although each case is unique and is evaluated constantly (i.e. the risk of danger the women and her children are), and if needed, exceptions



are made for the safety of the women and their children. This limit of 8 weeks is to prevent the development of feelings of institutionalization of the women, as the aim is to protect them and empower their rehabilitation as independent people. However, a range of obstacles are observed that prevent the victims' rehabilitation. Such obstacles include financial and practical difficulties of the women, delays of the procedures at governmental bodies (i.e. financial aid allowance), unavailability and/or high pricing of renting apartments/houses, obstacles in vocational rehabilitation and unemployment. These obstacles/challenges need to be taken into serious consideration and handled by the Association in general, the staff working at the shelters, society and governmental bodies. In an effort to assist the victims to rehabilitate, the Association set up the APHVF Social Service. Yet a coordinated approach is needed with the cooperation of all competent agencies in order to develop a supportive framework of victims' rehabilitation.

Another challenge/obstacle faced during the communication/screening/assistance and/or counselling with victims and perpetrators is the use of language. Victims and perpetrators are in many cases foreigners and may not understand and speak nor Greek nor English. In these cases, the victims and/or perpetrators are difficult to receive counselling services, as the Association does not have the budget for professional translators and/or interpreters neither these are provided to the Association by Public Bodies in Cyprus. Only in few cases, the Association has received interpretation services by volunteers.

An additional challenge is the fact that the Statistics for DVA in Cyprus are not kept in a joint data set by all the services and Competent Authorities which handle cases of DVA. This fact does not allow to study and outline the situation of DVA in Cyprus. Instead, each service keeps and publish its own statistics. For example, APHVF publishes statistics only for DVA and IPV cases that reach the Association. Discussions and efforts are made so that all services and Competent Authorities, create a joint data set in order to publish the statistics of DVA, as well as all forms of violence. This will strengthen the development of a coordinated response in tackling and preventing DVA in Cyprus.

Finally, Cyprus faced several challenges due to the COVID-19 pandemic worldwide since 2020. The crisis affected the DVA rates which in turn affected the demand of services offered by APHVF. Specifically, the organisation had to challenge and overcome the obstacles derived from this crisis, such as the increase of reports of DVA and IPV due to the lockdown, the accessibility of victims to the services of the Association, the communication and coordinated



response among competent agencies, and the availability of the public/professionals in participating in seminars/trainings/briefings regarding the issues of DVA. In order to better serve the victims' needs and increase the accessibility of the victims to the services of the organization during the pandemic, APHVF developed internal protocols for handling COVID-19 crisis and updated all of its manuals; established new services, i.e. SMS service, live chat service, teleconferencing or telephone counseling and online trainings/seminars/briefings. In order to meet the high demand of APHVF services, the organisation hired external associates (professionals) and rented additional safe accommodation places, in order to accommodate as many victims and their children as possible.



# Overview of Cypriot Response to DVA

## Background

Domestic violence and abuse (DVA) is defined as any kind of physical, sexual or psychological violence perpetrated against the victim by the ex or current spouse or partner, as well as by family members. The main manifestations of DVA are violence between spouses or partners, adolescent attacks on parents, abuse and exploitation of minors or elderly family members. DVA can take the form of psychological violence, economic exploitation, physical abuse, spiritual abuse and sexual abuse; all of which may be manifested by using electronic means. One of the most common forms of DVA is that manifested by the (former or current) spouse or partner to the spouse or partner respectively.

Violence against Women and Girls (VAW) constitutes an important priority of the European Union (EU) and it is linked to the fundamental principles of equality and non-discrimination recognized in the Treaty of Lisbon and in the Charter of Fundamental Rights of the EU. It is estimated that 1 in 3 women in the EU (or 61 million out of 185 million) has experienced physical or sexual violence, or both, since the age of 15 (FRA, 2014).

The United Nations Office on Drugs and Crime (UNODC) estimates that the deaths of women and girls resulting from intentional homicide perpetrated by an intimate partner or other family member amounted to a global total of 50,000 in 2017 (UNODC, 2019). The number of women killed purely by their intimate partners (i.e. not including other family members) was 30,000 (82 every day), are killed by someone whom they would normally trust and expect to care for them. Also, children are either directly or indirectly victims of DVA as they are often the only witnesses of DVA (Kashani & Wesley, 1998). Apart from the VAWG, another form of violence is the sexual abuse and sexual exploitation of children, including child pornography which are particularly cruel crimes and constitute serious violations of fundamental rights.

An attempt to reduce the problems and consequences associated with DVA is the implementation of batterer treatment programmes (Connors, Mills, & Gray, 2012; Novo, Fariña, Seijo, & Arce, 2012). In recent years, treatment programmes for batterers have greatly increased in number around the world; as many countries (United States, Canada, Spain, etc.) have



adopted some form of batterer intervention programme development (Lehmann & Simmons, 2009; Rueda, 2007). Batterer intervention programmes for men have evolved into the most prominent and visible form of intervention aimed at ending IPV. . In a meta-analytic examination of the effectiveness of court-mandated offender programmes, Feder et al. (2008) observed reductions in reoffending of 13% among participants who had undergone treatment. Research results demonstrate the effectiveness of batterers' programmes on recidivism rates (Bennett, et al., 2007, 2005; Gondolf, 2004). A woman is 5% less likely to be re-assaulted by a man who was arrested, sanctioned, and sent to a batterers' programme than by a man who was simply arrested and sanctioned (Babcock et al., 2004).

Given the research that male perpetrators use violence to coerce, to control and dominate women and children and deny the responsibility for their actions by trying to pass it on to others, these programmes can help the perpetrator recognize that he is solely responsible for his behaviour and that his violent behaviour is his choice and to accept that he is acting out of intent, in order to realize and change attitudes, positions and beliefs and make different and better choices (other than violence). Thus, these programmes help the offender to change his attitude towards interpersonal relationships, to define the male expectations of power and control, to find positive ways to handle his anger, to gain self-control, to develop his ability to realize the short-term and long-term consequences of his violent behaviour on his partner and his children. Furthermore, the implementation of these programmes reduces the risk of violence, its frequency and intensity as the ultimate goal always remains to end violence. Correspondingly, the implementation of these programmes also reduces the incidence of other social problems related to violent behaviour such as alcohol abuse, illicit drug use and gambling addiction. Factors such as the use of alcohol, drugs or the mental health problems of the perpetrator prove in some cases aggravating and serious, but not decisive, in the majority of cases, for violence (General Secretariat for Equality, 2005). It is found that abuse of alcohol and illicit substances in cases of violence play an important role since perpetrators often rely on their dependence, as addiction can exacerbate the violence they carry out.

### **Cyprus: The state of DVA and IPV**

European data show that 1 in 5 of Cypriot women have suffered physical and/or sexual violence by a partner and/or a non-partner since the age of 15, and 39% of Cypriot women have suffered psychological abuse by a partner and/or a non-partner since the age of 15 (FRA, 2014). National



statistics on VAWG in Cyprus are limited and lack a comprehensive collection and analysis of the phenomenology of the phenomenon, as there is no national database.

VAWG still remains one of the least reported crimes mainly due to the ingrained socio-cultural attitudes and misconceptions about gender roles and patriarchal views, which render victims' attempts to disclose the abuse and violence. As research (Mediterranean Institute of Gender Studies, 2010, 2011; Vasiliadou, 2004) show, Cyprus society seems to maintain conservative perceptions in regards to gender roles, migration, sexuality or diversity, as this is also reflected on social norms in all aspects of the society and laws related to GBV issues.

According to a study by the Advisory Committee for the Prevention and Combating of Violence in the Family (2012), 60% of women victims of violence did not report the incident. Overall, gaps and challenges involve "both functional and substantial deficiencies and barriers which prevent an integrated and holistic implementation of the victims' rights" (Michael and Argyridou, 2019). A recent research in Cyprus as part of the EU-funded project VOciare (Michael and Argyridou, 2019) showed that the main gaps and challenges for the adequate implementation of the Victims' Rights Directive, are the work and case overload in all competent authorities, the lack of professionals, the lack of adequate training of the professionals, the lack of research and statistics. The lack of training seems to affect the level of coordinated actions and procedures in which victims are involved and the cross-sector cooperation between the authorities, the victims support services, and the court procedures; which results to the lack of a coordinated and systematic implementation of protection measures for the efficient protection of victims and their families throughout the criminal proceedings.

APHVF Research Centre team collects statistics for DVA and IPV for the cases that reach the organisation's services. Overall, an increase in reported cases is observed over the years, which may be due to awareness raising efforts to prevent and tackle DVA, as well as the development and improvement of the legal framework and relevant services. APHVF statistics for the years 2019 and 2020 can be found below.

### **APHVF statistics – 2019**

- *During 2019*, the National Helpline 1440 handled 1384 cases of DVA of which 704 were new cases; where in 94.5% of the cases, the abuse was repetitive. In 82% of the cases the victims were women.
- 108 new cases requested individual appointment for counselling, having recorded a total of 766 hours of individual appointments. The type of violence reported during the individual appointments by the victims were 97% psychological violence, 60% financial



violence, 57% physical violence, 22% stalking, 8% cyber violence, 1.6% sexual violence and 18.5% attempts for strangulation. 53% of the cases requested phone counselling and 192 of the cases requested a shelter.

- 66% of the cases experienced psychological and physical violence, 24% experienced Psychological and economic violence, 10% experienced psychological violence and repetitive stalking, 5.5% experienced psychological and cyber violence and 5% experienced psychological, physical and sexual violence.
- 94.5% reported that the incident had happened before.
- 13% received threats with an object, 6% received an attempt for strangulation.
- 5.7% attempted to harm themselves.
- The victims reported violence 48% from their husband, 8.3% from their mother, 8.2% from their partner, 3.7% from their son, 6% from ex-husband, 5.8% from their father, 4.5% from their parents, 3% from their ex-partner, 1.5% from their brother and 5.3% from other person.
- Regarding the victims' actions already taken for the abuse they experienced, 11.4% requested medical care, 14.7% consulted a lawyer, 13.6% consulted a mental health specialist, 50% are auxiliary receivers and 47% did not request help from the Social Welfare Office.
- 37% of the cases were reported to the Police.

During 2019, the demographics of the victims included: 29 women were pregnant and 63% of the women had children. 12.4% of the women were unemployed, 12% were private employees, 7% were housewives, and 10% were student-university student. 56% of the women were the wife or partner of the perpetrator, 9% were the ex-wife or ex-partner of the perpetrator and 72% were living with the perpetrator. 72.4% of the women were Cypriot, 8.4% were non-EU nationals, and 8.2% were EU nationals. In 73% of the cases, the victims were adults; in 10% were minor victims and in 15% were both adults and minors. 44% of the victims were married, 18% were single, 9% were divorced, 8% were separated, 8% were in a relationship, and 3% were widow/widower. 24% of the victims were unemployed with zero income, 10% threat to commit suicide and 50% attempted a suicide.

For the year 2019, data regarding the perpetrators include: 80% of the cases the perpetrators were men, 15% were women and 5% included male and female perpetrators. 67% of the perpetrators were Cypriot, 3.3% were Greek, 3% were from Syria, 2% were Romanian. 8% of



the perpetrators had alcohol issues, 3% had gambling issues, 9% were using drugs and 9% had a psychiatric issue. 44% were married, 15% were divorced or separated. 8.5% of the perpetrators received individual counselling services from APHVF's perpetrators programme.

Data regarding the minor victims for the year 2019: 28.5% experienced psychological violence, 54.2% experienced psychological and physical violence, 7% experienced psychological, physical and sexual violence and 10.4% experienced neglect.

The National helpline 1440, during the year 2019, made the following referrals to victims and perpetrators of DVA:

- 70% to Police departments,
- 58% to Social Welfare Offices,
- 32% to lawyers,
- 9% to hospitals,
- 27% to psychologists/psychiatrists,
- 19% to APHVF'S shelter,
- 25% to APHVF's individual counselling sessions.

### **APHVF statistics – 2020**

- *During 2020*, the National Helpline 1440 handled 2147 cases of DVA of which 1260 were new cases. In 76% of the cases the victims were women.
- 316 new cases requested individual appointments for counselling, of which 92.80% were women. The total hours of individual appointments were 900.
- The types of violence reported during the individual appointments by the victims were: 20.30% psychological violence, 62.10% psychological and physical violence, 43.40% psychological and financial violence, 3.3% stalking, 14.30% cyber violence, 1.3% sexual violence and 18.8% attempts for strangulation.
- Through the national helpline 1440, 97.15% reported experiencing psychological violence, 63.57% of the cases reported also physical violence, 28.26% reported economic abuse, 21.05% reported spiritual abuse, 14.01% reported stalking, 8.01% reported cyber violence, and 7.03% experienced sexual violence.
- 47.64% of the cases were reported to the Police.



- 40.61% reported that there was an increase of the violence during the last three months. This result is not surprising and may be due to the measures for the restriction of Covid-10 pandemic.

During 2020, the demographics of the victims included: 31 women were pregnant, 20 had recently given birth and 62.64% of the women had children. 15.74% of the women were unemployed, 29% were employed, and 7.40% were students-university students. 42% of the women were the wife of the perpetrator and 7.26% were the partner of the perpetrator, 9.68% were the ex-wife or ex-partner of the perpetrator; where in 63.99% of the cases victims were living with the perpetrator. 70.14% of the women were Cypriot, and 17.15% were foreigners (including EU and non-EU nationals). 76% of the victims were adults, 9.59% were minor victims, and where in 12.53% of the cases included both adult and minor victims.

Data regarding the perpetrators for the year 2020 include: in 73.50% of the cases perpetrators were men, 15.88% were women and 7.55% were men and women. 61.57% of the perpetrators were from Cyprus, and 17.1% were foreigners (including EU and non-EU nationals). 13.97% of the perpetrators had alcohol issues, 3.12% had gambling issues, 9.92% had drug abuse issues. In 8.85% of the cases it was reported that the perpetrator had visited a Psychiatrist. 48.44% of the perpetrators were married and 9.41% were divorced or separated. 4.38% of the perpetrators had access to weapons, and in 10.69% the perpetrator had previous criminal activity and record. During 2020, there were a total of 206 cases concerning child abuse (9.59%), while in 1345 cases the adult victims had children. Of these 1345 cases involving children, the children experienced in 16.44% psychological violence, 13.87% were witnesses of violence, and 9.26% experienced psychological and physical abuse.

During the year 2020, the following referrals were made by the National helpline 1440 in order to help and support victims and perpetrators of DVA:

- 69.07% to Police
- 53.28% to Social Welfare Service
- 23.14% to other professionals
- 22.77% to APHVF'S shelter
- 29.71% to APHVF's individual counselling sessions.
- 8 cases (0.37%) to Women's House (started operation on 1<sup>st</sup> of December)



### ***Women's House***

Since the operation of the Women's House (December 2020), more than 32 cases of violence against women were handled by the Women's House. The full statistics of the cases will be available by the end of 2021-beginning of 2022.

### ***Perpetrator's Programme***

Regarding the current perpetrators programme, since its operation in July 2020, the programme has handled 11 requests by perpetrators wishing to join the programme. The full statistics of the cases will be available after the 1-year operation of the programme.

### **Cyprus Police statistics**

The full statistics on DVA of the Cyprus Police for the year 2020 have not been published yet. What has been reported is that the Police handled 1400 cases of DVA until November 2020, in comparison to the 1161 cases handled in the year 2019. Moreover, until November 2020, there were 16 reports for rape to the Police, in comparison with the 11 reports of rape and 1 attempt of rape in the year 2019.

### **Other studies on DVA in Cyprus**

The first nationwide epidemiological research on the extent, forms, frequency and effects of domestic violence against women was conducted in 2012 (Apostolidou, Mavrikiou, Parlalis, 2014). 3,973 questionnaires were randomly distributed to households, municipalities and villages (sub strata), of which 1,162 women responded and finally 1,107 were considered valid. Results showed that at least 28% of the women in the sample have been abused in some way abused by their husband / ex-husband or partner / ex-partner. The average percentages of the various forms of violence (rarely even daily) as follows: financial violence: 19.4%, emotional / psychological violence: 19.3%, sexual violence: 15.5%, social violence: 14.8%, and physical violence: 13.4%. Age, family status, financial status, financial management and place of residence appeared to be related to domestic violence. Concerning the consequences of violent behavior against women in the sample: injuries and health problems, bleeding, fractures and termination of pregnancy after violent behaviors against them, as well as anxiety, depression, insomnia, and nightmares were reported by women in the sample. The research showed that the women who took part in the research consider physical violence (cutting with a knife and punching / kicking), emotional / psychological violence, when it concerns life-threatening acts to themselves or their children, coercion in sexual intercourse as the most serious acts of violence,



while verbal violence as less serious acts. The findings of the present study did not reveal any particular characteristics in regard to the profile of perpetrators of domestic violence. However, all the women in the sample reported being abused by their husband / partner cited anger and jealousy as the “main causes” of abuse, as well as the desire of perpetrators to exercise control, financial problems and, to a lesser extent, the use of alcohol. 57.5% of the sample stated that they did not make any report or complaint of the incident, and mentioned friends, mother and sister as the ones most abused women turn to.

Another nationwide survey conducted by Andronikou et. al. in 2012 concerned violent behavior in interpersonal relationships of young adults in Cyprus aged 18-25, where a total of 667 women and 333 men participated. The results revealed that 70% of the participants had perceptions and attitudes that favored violent conditions, expressed victim blaming and the view that violence from a close partner is a "private" issue, while the use of force is acceptable in certain circumstances such as for the 'correction' of certain behaviors. Moreover, many of the participants in the study understood violence as a pattern of behaviors, which may present in their general relationships. The results suggested that perceptions and attitudes supporting victim blaming, specifically with regard to VAWG, persists in Cypriot society, while gender discrimination and violent behaviors are often seen as acceptable.

In November 2019, a research was conducted by Andronikou and Zachariou (2019) concerning the children hosted at the shelters of APHVF. The research indicators included their experience in staying at the shelters, child and mother interactions, role, attitude and behaviour of the mother towards the children, visible effects of violence, and challenges for professionals. Suggestions for meeting the needs of child victims were also included. The variables of the research were the age, the mental and perceptual ability, the experience of violence, the developmental relationship with both parents, the frequency, danger and intensity of violence, the preparation procedure of the child in order to enter a shelter, the psychological condition of the mother and, the attitude and behaviour of the mother in the shelter. Eleven professionals working or had worked at the shelters of APHVF were interviewed, using a semi-structured questionnaire which contained open-ended questions.

According to the research results, the experiences of the children residing at the shelters included cognitive, emotional-psychological and behavioural responses (i.e. Instant Adjustment - Relief - Safety - Interaction - Exploration - Teamwork – Childhood, Aggression - Vandalism -



Anger - Emotional outbursts, Crying – Fear – Anxiety – Shock – Withdrawal – Suspicion - Introversion, Cautiousness - Confusion, Hyperactivity - Attachment - Attracting Attention - Paternal figure search - Emotional release from the mother). Regarding the dysfunctional elements in the mother-child relationship, boundary difficulties, insufficient response to the needs / feelings of children, role confusion, and inability to resolve conflicts were identified. These elements, result in pushing children into addictive behaviours, disobedience and aggressiveness. Regarding the child and mother interaction, it is often observed that children modify their behaviour to meet the needs of the mother (to remain silent, to not ask for food, to not ask for play time, etc.) and the mother to "stop" with eye contact any reactions of the children.

The role, attitude and behaviour of the mother towards the children seems to be affected, as mothers seem to express apathy, overprotection, neglect, guidance, empowerment, anger, nagging, affliction, violence, self-destructiveness, nervousness, false reports/statements, lack of patience and understanding. These result in aggressiveness, children developing parental roles, indifference to the mother, confusion and addictive behaviours of children. The visible effects of violence include, among other, reduction of parental role, difficulty in following the shelter's regulations, alienation, institutionalization, isolation, withdrawal and inability to perceive danger, aggressiveness, lack of motivation, difficulties in expressing and handling their emotions, child-neglect. Also, it includes physical effects such as fever, bruising, scratches, headaches, stomach ache, post-traumatic stress, sleep difficulties, physical exhaustion as well as mental health effects such as fear, anxiety, guilt, feeling helpless, depression, insecurity, suspicion, low functionality, low self-esteem and self-image.

The professionals working at the shelters experience work burnout and are affected by the work environment where there are intense behaviours from women and children hosted at the shelters, violation of boundaries, cultural differences, and difficulties in cooperating with Government Services. These may lead to shelter officers undertake the mother role for children, stimulate personal experiences of violence, lack of privacy, constant vigilance, self-identification with women hosted at the shelters, emotional connection with the children, difficulty distancing oneself from the cycle of violence and expressing perpetrator-victim behaviours. The study concluded that professionals working at shelters for abused women and their children are now themselves in the cycle of violence.

COVID 19: Impact of the pandemic in relation to DVA in Cyprus



Due to the COVID-19 pandemic, the association had to challenge and overcome the obstacles derived from this crisis, such as the increase of the reports of DVA due to the lockdown, the accessibility of the victims to the services of the association and the availability of the public/professionals in participating in seminars/trainings/briefings regarding the issues of DVA. The APHVF reported an increase of reports of DVA up to 47-50%; these rates have been alarming but not unexpected. As evidence show, major crisis often lead to increased gender-based DVA, which further worsens following crisis' recession.

APHVF, as the only association working with DVA issues kept all of its services running and additionally, in order to adapt and respond to the increased needs, the Association expanded its services and human resources. Thus, in order to better serve the victims' needs during the pandemic, APHVF developed protocols for handling this COVID-19 crisis in the associations' services and updated all of its manuals, established new services, i.e. SMS service, live chat, teleconferencing or telephone counselling and online trainings/seminars/briefings and employed external associates (professionals). Overall, during March-May 2020, 745 incidents of DVA were reported to the National Helpline 1440, the SMS service and live chat, of which 420 were reported during May - significantly higher rates than previous months. Respectively during these months, a total of 54 abused people (29 women and 25 children) were hosted in APHVF's shelters and, temporary additional safe accommodation places which have been operated by APHVF since the increase in shelter requests, in order to accommodate as many victims and their children as possible.

## **Cyprus: Response to DVA**

### **Legal framework**

A victim of a crime is considered a person who has suffered harm (e.g. physical harm, property damage or loss, etc.) as a result of a criminal offence according to national law. In Cyprus, victims participate actively in criminal proceedings as witnesses, retaining also their right to sue for compensation in civil proceedings where they take the role of a plaintiff. Yet victims' role in reporting a crime to the Police is essential.

The Directive 2012/29/EU establishing minimum standards on the rights, support and protection of victims of crime (hereinafter the Victims' Directive) was transposed in Cyprus as national legislation under Law N° 51(I) in April 2016 (hereinafter Law 51(I)/2016). Overall, Law 51(I)/2016 consists of 25 articles and follows more or less the same structure as the Victims' Directive,



divided into four thematic Chapters: Interpretation and Scope; Provision of Information and Support; Participation in Criminal Proceedings; Protection of Victims and Recognition of Victims with Specific Protection Needs. The Law 51(I)/2016 clearly states in its Article 4 that every service involved and non-governmental organisation (NGO) shall treat victims with respect and sensitivity, based on the principle of non-discrimination, using a tailored and professional approach. Special consideration is given to the protection and support of vulnerable and/or high risk groups of victims, i.e. child victims, persons with disabilities, victims of terrorism, victims of gender-based violence, and victims of violence in close relationships. The status of the 'victim' is maintained "regardless of whether an offender is identified, apprehended prosecuted or convicted and regardless of the familial relationship between the said person and the offender" (Law 51(I)/2016 Art 2), while the Law "shall be applied without discrimination and independently of the status" of the victim's stay in the Republic (Law 51(I)/2016 Art 3).

Cyprus has a comprehensive legal framework to address DVA. The Laws 119(I)/2000 and 212(I)/2004 on DVA (prevention and protection of victims) define 'violence' as "any act, omission or behaviour which causes physical, sexual or mental injury to any member of the family by another member of the family and includes violence used for the purpose of having sexual intercourse without the consent of the victim as well as of restricting its freedom" (art. 3); where 'family members' include the husband and wife (married or cohabiting), the parents of the couple, the children (natural or adopted, of either or both parents) of the couple, as well as any person residing with the above mentioned persons (art. 2). Law on DVA (Laws 119(I)/2000 and 212(I)/2004, art 35A) state that when a citizen, especially if he/she is an educationalist, welfare officer, lawyer, police officer, health professional, such as psychologist, psychiatrist or doctor, or any other professional working in relevant field of practice, omits to report cases of violence against a minor or a person with severe psycho-social disability, which came to his knowledge, shall commit an offence. The Law states that the complaint by a victim of the predefined offences provided in these Laws, to any police officer, social welfare officer, family counsellor, psychologist, doctor, educationalist, members of NGOs (e.g. APHVF), or members of the close family environment of the victim within a reasonable time from the commission of the offence, shall constitute evidence. In the case of DVA incidents, the Law on DVA foresees that harassing the victim or another person in a way that causes emotional turmoil to the victim or the witness and affects the criminal procedures of the case, represents a separate crime which is chargeable to the offender.



Cyprus has also ratified the Istanbul Convention since March 2018. The objectives and provisions of the Istanbul Convention (Council of Europe, Treaty Series - No. 210- Council of Europe Convention on the Prevention and Combating of VAWG and DVA - Istanbul, 11.V.2011) are providing training to professionals (Article 15) and providing preventive intervention and treatment programmes (Article 16) to DVA perpetrators and sex offenders, in order to adopt non-violent behavior in interpersonal relationships with a view to prevent further violence, repeating the offense and changing violent behavior. This will ensure that the safety, support and human rights of victims are paramount. In order to harmonize with the national legislation of the Istanbul Convention, bills criminalizing various forms of VAWG and harassment, as well as sexist behaviour and acts, are pending to be voted by the House of Representatives.

## **Policies**

Several national protocols of cooperation, manuals of interdepartmental procedures and action plans have been developed, promoting and facilitating the cooperation and coordination of services, such as: the Manual of Interdepartmental Procedures for Handling Incidents of Violence in the Family for Children (Ministry of Labour, Welfare and Social Insurance, and Advisory Committee for the Prevention and Handling of Violence in the Family, 2017), the Action Plan against Trafficking in Persons 2019-2021 (Multi-Disciplinary Coordinating Group for Combating Trafficking in Human Being), the Strategic Action Plan for Equality between Men and Women 2019-2023 (National Machinery for Women's Rights), the Risk Assessment Protocol in cases of DVA (Ministry of Justice and Public Order, Cyprus Police, 2018). More specifically:

- The **Strategic Action Plan for Equality between Men and Women 2019-2023** as issued by the National Machinery for Women's Rights, was used as a guide in planning actions and policies to ensure the equal treatment of women and men in all sectors of the society. The Plan includes a chapter for the prevention and handling of VAWG.
- The **Strategic Action Plan against Trafficking in Persons 2019-2021** was developed by the Multidisciplinary Coordination Group against Trafficking in Persons in accordance with the Preventing and Combating Trafficking Exploitation of Persons and the Protection of Victims Law 60 (I) of 2014. It's illustration of the effort made by the Republic of Cyprus for integrated treatment of trafficking in human beings, with actions aimed at suppressing the phenomenon and the prosecution of perpetrators, the protection and support of victims and the prevention. The National Action Plan covers the years 2019 to 2021 and involves all



relevant government agencies and non-governmental organizations who are members of the Multidisciplinary Coordination Group for Combating Trafficking in Persons.

- The **Advisory Committee for the Prevention and Handling of Violence in the Family** was established in accordance with the Violence in the Family (Prevention and Protection of Victims) Laws 119(I) of 2000 and 212(I) of 2014, and its objectives include the monitoring, as well as the planning and realisation of awareness-raising activities, trainings and researches on DVA issues in Cyprus. The Committee meets on a monthly basis, while it cooperates with relevant services and organisations.
- The **National Action Plan for the Prevention and Combating of Violence in the Family (2017-2019)**, was developed by the Advisory Committee for the Prevention and Handling of Violence in the Family (2017) and includes policies and measures for the prevention and handling of DVA. The National Action Plan was developed taking into account the results of the evaluation of the previous National Action Plan (2010-2013), which showed the need for strengthening interdepartmental and interagency cooperation, the gender mainstreaming in preventing and handling DVA, as well as the expansion of services to DVA victims (i.e. 24/7 operation of the Helpline for victims of violence in the family, and shelters) and the enhancement of actions for the prevention of the phenomenon through education and the media. The Plan sets priorities and strategic objectives for monitoring, preventing and handling DVA; for the sufficient implementation of the relevant legislation; for the training and capacity building of professionals; for the strengthening of protection and support services for victims of violence in the family; and for the coordination and evaluation of the National Action Plan. This is the most recent National Plan for the Prevention and Combating of Violence in the Family. The new National Plan is being prepared.
- The **Manual of inter-departmental procedures for handling incidents of violence in the family** was published by the Advisory Committee for the Prevention and Handling of Violence in the Family in 2002 and describes the procedures and provides guidelines for all competent services in regards to the protection and support of minor and adult persons which are involved in and affected by DVA. The manual was developed to respond to the need for collecting and monitoring the set of appropriate procedures to be followed by the professionals and competent authorities and organisations who come into contact with incidents of DVA. The manual and its implementation was assessed internally in 2004



(Apostolidou, 2004). The evaluation presented positive results in regard to the professionals' awareness of the manual and the procedures; while it stressed the need for more training, for safeguarding collected data, and for the promotion of interdisciplinary working groups. Some gaps were revealed concerning the coordination of the procedures, e.g. minor delays in the communication among the competent services, lack of coordination during the meeting of inter- and multi- disciplinary meetings. The evaluation report provided useful suggestions for the improvement of the inter-departmental services, e.g. simplify procedures, production of communication material for professionals, awareness-raising and training of professionals. Overall, the Manual used since its publication as a guidance for the coordination of inter-departmental procedures and a point of reference for the tasks of each service when handling DVA cases.

- The **Code of practice for combating of sexual harassment and harassment in employment** was published by the Commissioner for Administration and Human Rights in 2015. The Code is consisted by two volumes, - one which includes directions and advice, and another which presents general principles and examples. The Code was also adopted by the Ministry of Labour, Welfare and Social Insurance in June 2018, as a Code of practice for *the prevention and handling of sexual harassment and harassment in public service*. This Code of practice is a necessary measure pursuant to Public Service legislation, while it has been used as a guide for all employees in public services and authorities for the elimination of harassment and sexual harassment in public service and for the equal treatment of all employees.

### **Individual Assessment**

Article 22 of the Victims' Directive was transposed into national legal framework under Article 21 of Law 51(I)/2016. Under this legislation, the police shall proceed with a timely individual assessment of the victim, with the close involvement of the person concerned. This assessment will be conducted taking into account victim's wishes, aiming in identifying their specific protection needs and the extent that special protection measures will be provided in the course of criminal proceedings. The police shall cooperate, where necessary, with the social welfare services, the mental health services and the health services for further assessment of victim's needs, while the individual assessment will be updated throughout the criminal proceedings.

A separate individual assessment tool is already available and has been used by the police for the needs' assessment of victims of DVA (Ministry of Justice and Public Order, Cyprus Police,



2018). This tool is usually used to assess the level of risk for further victimisation of victims of DVA and to enable police officers to make necessary referrals of the victims to the social welfare services and to the APHVF based on the Risk Assessment Protocol in cases of DVA. Especially in cases of child victims of sexual abuse, the victims' needs assessment includes a home visit as well as ongoing needs' assessment during the victim's involvement in criminal proceedings.

## **Agencies**

### ***Cyprus Police***

In cases of DVA and child abuse, the DVA and Child Abuse Office of Cyprus Police is the central agency charged with monitoring cases and incidents of DVA and child abuse that are reported to local Police Stations all over Cyprus and collaborating with the investigators as well as with professionals from other relevant Services. Furthermore, recently (November 2020) the Cyprus Police recommended and established special units to handle DVA and IPV; one for the province of Limassol, a second in the province of Nicosia, while a third is about to start operation for the province of Pafos. Additional teams will be established to the rest of the province/cities in Cyprus. These units are enforced with specialised officers working at the Criminal Investigation Departments and are trained specially for the issues of DVA and IPV. Before this, the cases were handled by local police stations, according to the location of the incident.

APHVF receives referrals by the Police for cases which following a risk assessment conducted by the Police are considered by the Police as high risk. Such referrals can be the request of the victim to be accommodated at APHVF's shelters. The procedure for the accommodation at the shelter can begin while the victim is at the Police or at the Social Welfare Office.

### ***Social Welfare Services***

The **Social Welfare Services** are responsible for handling cases of DVA and IPV, especially in cases which minor children, elderly, people with psychological/psychiatric issues and/or victims of other vulnerable groups are involved. Moreover, the Social Welfare Offices employ Social Workers who conduct house visits to these cases. APHVF receives referrals by the Social Welfare Office of both victims and perpetrators. Also, the Association cooperates closely with the Social Welfare Offices especially in cases where victims and their children have a request to be accommodated at the shelters of the Association. It is a standard procedure for the officers of the Social Welfare Office to escort the victims to the Police Station and/or to be invited by the Police Officers to join the victims when at the Police Station for filing a complaint and/or report.



This is compulsory when minor children are involved in the case, as this is one of the responsibilities of the Social Welfare Office. When the victims are at the Police Station, due to the cooperation of APHVF with the Police and the Social Welfare Office, the victims can request a shelter and initiate the procedure for admission while at the Police Station.

Rehabilitation programmes in Cyprus also proceed mostly with referrals to APHVF's services and perpetrators' treatment programme. Perpetrators can join the programme after the completion of a rehabilitation programme. However, during the rehabilitation procedure, if possible, the professionals of the perpetrator's treatment programme have contact with the officers of the rehabilitation programme as well as with the perpetrator, in order to maximize the motivation/intent of the perpetrator to join the programme after the completion of the rehabilitation programme.

### ***Mental Health Services***

**Mental Health Services** in Cyprus also proceed with referrals of victims and/or perpetrators to APHVF's services.

### ***APHVF***

**Referrals are also conducted by APHVF to the above agencies.**

Finally, the **APHVF** has created a new programme for perpetrators of DVA and IPV, which was established in July 2020. This is currently the only programme running for perpetrators of DVA and IPV in Cyprus.

### **Cyprus: Needs in relation to domestic abuse perpetrator work**

Michael and Argyridou (2019) identified a range of gaps and challenges in relation to DVA victims' needs. In sum, the main gaps and challenges which were identified are the lack of adequate training of the professionals, the lack of professionals (especially of translators), the work and case overload in all competent authorities, the reduced geographical coverage of services, the lack of research and statistics, and the absence of restorative practices. The researchers concluded that "such burdens cause the lack of full implementation of victims' rights, affect the quality of services provided to victims and may reduce the victims' satisfaction and trust in the CJS". Many these also affect the domestic abuse perpetrator work. These are:



## **Victim Support Services**

Even though there has been an improvement in recent years regarding access to victim support services, the number of services that victims can access is quite limited and there is no generic national victim support service. Specialist services exist but are limited to victims of DVA, trafficking, and child victims. Only recently, in December 2020, the Women's House was established, as a need to cover all victims of violence, having the Competent Authorities, the Professionals, Lawyers and Mental and Medical health representatives, working together under the same roof, thus allowing/assisting the victims to access all necessary services at once. However, these services are not available throughout the country making it difficult for victims that reside in rural areas for example, as this may discourage them from reporting a criminal offence. Also, efforts are made by APHVF, to expand its services' accessibility in other cities such as the creation of a fourth shelter in the province of Larnaca (covering also the province of Ammochostos), as well as, the expansion of the services of the Women's House outside Nicosia.

In addition, practical issues regarding the coordination and cooperation of different services and the case overload cause unnecessary delays. The existence of a detailed protocol regarding the duties and responsibilities of each service as well as trained individuals with the appropriate responsibilities, could improve some issues regarding delays and coordination.

## **Perpetrators' Treatment Programmes**

APHVF established a new perpetrators programme in July 2020, which is currently the only programme for perpetrators of DVA and IPV, which offers individual and group counselling sessions. Before that, APHVF was operating a different programme named "Love without Pain" which offered individual and group counselling sessions. The current programme, is running either by self-referrals or referrals by agencies (Police, Social Welfare Office, Mental Health Services, and Rehabilitation Programmes). However, due to the fact that this is a new programme, further awareness raising and collaborations needs to be achieved. Also, the evaluation of the programme will be implemented after completing 1 year of running. Moreover, APHVF is intending to establish a perpetrators programme in prison settings, in order to reach a different target group, at a different setting, at a different time of their lives.

## **Interpretation and Translation**

Difficulties exist regarding the availability of translators, as well as the quality of the interpretation. These issues cause delays in offering services to victims and/or perpetrators and



may affect the criminal proceedings and put the victim in an unfavourable position, if performed inappropriately. Some private law-firms and organisations hire their own private translators when required in order to avoid issues with delays and quality. There is no official evidence regarding the identification and training of translators which is also an issue. A solution to this situation could be seen in employing translators who are specially trained to deal with sensitive cases in a professional and confidential manner. Also, the number of translators speaking a wide variety of languages could reduce delays and increase the quality of the interpretation.

### **Court and Trial Delays**

The trial period for most cases may last for approximately 2-3 years. This may be due to case overload, as well as to difficulties concerning the cooperation and coordination of different organisations and authorities involved as well as practical issues that arise during the criminal proceedings, which are time consuming (Michael, and Argyridou, 2019). The use of electronic means and online communication between the judicial authorities and the lawyers could benefit the faster processing of cases. In general, the development of computerised systems to avoid delays during criminal proceedings is recommended.

### **Data Collection, Statistics and Research**

With respect to the victims' privacy and the Law 138(I)/2001 on protection of personal data, all organisations and authorities should develop a data system where they could keep record of the incidences and the victims' reports. This could contribute in recording statistical data which can be used to identifying vulnerable victims or in high-risk of victimisation, to studying the geographical distribution of victimization, and to analysing the efficiency and efficacy of victim support services. New research regarding the victims' needs, the state of VAW, as well as the identification of the challenges and gaps that both professionals and victims meet in practice should be promoted as a preliminary stage for the design and implementation of new policies as well as the evaluation of the existing ones.

### **Training of professionals**

Even though training for professionals who come in contact with victims are available in Cyprus, it is uncertain how often and to what extent they are available to all professionals; hence this may result in lack of constant update of the knowledge and capacity building of professionals.



Moreover, there is a lack of evaluation of those trainings and there is no system of quality assurance. Awareness raising seminars on the notions of 'victims' and certified trainings on methods, practices and techniques for the support and protection of victims and the treatment of perpetrators are essential for practitioners in public services and NGOs who deal with cases of VAW and DVA.

### **Coordination and cooperation between services**

While protocols and other manuals promote the cooperation between all competent authorities and services, as well as suggest ways and mechanisms for the coordination of services, there still seems to be some minor gaps in providing coordinated actions and procedures in which victims are involved. These gaps are usually caused by the lack of sufficient training of all professionals involved, and the coordination of the inter-departmental procedures in handling DVA cases, e.g. minor delays in the communication among the competent services, lack of coordination during the meeting of inter- and multi- disciplinary meetings, case- and work-overload in competent services (Apostolidou, 2004). The evaluation of existing policies, the constant renewal of the guidelines and the development of protocols of cooperation among all the relevant services will contribute to better coordination of services and the improvement of the services provided to victims and perpetrators.

### **Use of Technology**

The use of New Technologies for the prevention and handling of VAWG includes a range of services, professionals, methods and tools - such as electronic communication with the Police, online counselling, electronic surveillance of places and perpetrators. Also, the use of special safety gadgets consists of a new trend used by the women survivors of IPV and DVA, as an additional protection measure allowing them to gain greater control of their daily lives. There is no use of such gadgets in Cyprus yet.

### **Cyprus: Best practice in victims' support and perpetrators treatment**

A range of good practices include the design and implementation of action plans, national strategies, manuals for professionals, codes of practices, the development of coordinating (interdepartmental) committees, the generalised application of practices, and the constant efforts for improvement (Michael and Argyridou, 2019). Such good practices should be



broadened in all sectors for the protection and support of victims, as well as the treatment of perpetrators. Also, the constant awareness raising and training to the public, society, professionals, governmental and non-governmental bodies is of essence.

In Cyprus, only the APHVF runs a programme for perpetrators of DVA and IPV, a programme which was created and established in July 2020. Before that, APHVF was running a different programme named “Love without Pain”, but due to the increased needs of the programme, the association established a new programme. Before the creation of the current perpetrators programme, the Association conducted a research regarding the existing perpetrators programmes in other countries, as stated in Cyprus there is no perpetrators programme available, took into consideration books and journals around abuse, perpetrators as well as the evaluation/effectiveness of existing perpetrators’ treatment programmes. The mission of the current programme is to prevent the worsening of DVA and to avoid the recurrence of acts of violence, with the ultimate goal of ending acts of violence. Also the modification/shift of the perpetrators’ perceptions, the change of their violent behavior and taking responsibility for their actions are considered aims of great importance. Also, at the same time, the mission of the current programme is to protect women and children who experience DVA and abuse. The current programme is divided into 6 phases: phase 1 is the screening/evaluation by the Forensic Psychologist; Phase 2 is the screening/evaluation by the Social Worker/Clinical Psychologist; Phase 3 are the individual counselling sessions; Phase 4 is the preparation for joining the group therapy sessions (Phase 4 can run parallel with Phase 3); Phase 5 is the implementation of the group therapy sessions; and Phase 6 is the follow up of the case.

As stated, competent agencies proceed with referrals to the current programme. Also, self-referrals have been noticed which is quite promising for the course of the programme. However, further awareness raising regarding the availability of the programme is required, while further collaborations are necessary in order to receive as many referrals as possible by agencies/associations/rehabilitation programmes etc. who have direct or indirect contact with victims and perpetrators of DVA.

Also, the perpetrators’ treatment programme is intended to be expanded in prison settings as well, providing both individual and/or group sessions, in collaboration with Psychologists and/or Psychiatrists working at the prison premises. Additionally, training the prison staff is of importance, as anger is a strong predictor of aggression amongst incarcerated adolescents



(Cornell, Peterson, & Richards, 1999) and has been shown to be associated with physical assault on staff (Gentry & Ostapuk, 1989). Therefore, it is important for prison staff to receive training in order to acquire/develop/strengthen their knowledge and skills in an effort to handle their emotional distress, the anger and violent behaviors of prisoners as well as to handle the emotional distress, anger and violent behaviors towards them from the prisoners and handle the emotional distress, anger and violent behaviors between inmates of the prison.

According to the objectives and provisions of the Istanbul Convention (Council of Europe, Treaty Series - No. 210- Council of Europe Convention on the Prevention and Combating of VAWG and DVA - Istanbul, 11.V.2011) requires Parties to the Convention to set up and support preventive intervention and treatment programmes (Article 16) to DVA perpetrators and sex offenders, in order to adopt non-violent behaviour in interpersonal relationships with a view to prevent further violence, repeating the offense and changing violent behaviour. Therefore, due to the fact that APHVF has a newly established perpetrator programme since July 2020, referrals can also be made to the programme by court/judges/lawyers. Further awareness raising of the availability of the perpetrators programme as well as further training to judges and lawyers is necessary in order to increase referrals rates to the programme.

Regarding the services offered to the victims and their children, in December 2020, the Women's House was established, as 'one-stop-shop' to provide services to victims of gender-based violence; having the Competent Authorities, the Professionals, Lawyers and Mental and Medical health representatives, working together under the same roof, thus allowing/assisting the victims to access all necessary services at once. Moreover, efforts are made by APHVF, to expand its services' accessibility in other provinces, such as the creation of a fourth shelter in the province of Larnaca (covering also the province of Ammochostos), as well as, the expansion of the services of the Women's House outside Nicosia. The expansion of these services are intended to cover the needs/requests available throughout the country in an effort to also reach for victims that reside in rural areas, as under the current circumstances may be discouraged in reporting a criminal offence.

The obstacles/challenges faced by the women residing at the shelters of the Association such as economical and practical challenges/obstacles, are possible factors which in many cases lead the women to return back to the abuser. In order to assist and overcome some of the challenges faced due to financial and practical issues, either during their stay at the shelters or



when the women and their children exit the shelters, the Association has established a new service named 'Social Services'. The service includes psychological support, evaluation and coverage of essentials (i.e. food, furniture, clothes etc.), assistance in procedures (i.e. applying for an allowances and social benefits) to women and their children hosted at the shelters, as well as women and their children who have escaped from the perpetrator, in order to help them start over, to be able to rehabilitate independently in the society, and hinder the possibility of returning back to the perpetrator.

Moreover, the victims and the perpetrators can be foreigners, and in some cases do not speak nor Greek nor English. Public Bodies in Cyprus do not provide to the Association professional translators and/or interpreters. For this reason, in order to overcome this obstacle, the association pays external associates - translators and/or interpreters in order to be able to provide their services to the victims and the perpetrators; a cost which raises the budget of the Association. Yet it is a vital service, in order to be able to communicate and assist the victims and the perpetrators. Furthermore, discussions and efforts are made so that all services and Competent Authorities, create a joint national database in order to publish statistics of all forms of violence.



# OSSPC Research Study: Cyprus

## Introduction

"The Other Side of the Story: Perpetrators in Change" (OOSPC) project was launched on May 1<sup>st</sup>, 2020. The APHVF– APHVF in Cyprus is the Coordinator of the project and the partners are: Bournemouth University (BU)- United Kingdom, Centro di Ascolto Uomini Maltrattanti Onlus (CAM) - Italy, The Union of Women Associations (UWAH) - Greece, European Knowledge Spot - Greece and Direcția de Asistență Socială și Medicală din Cluj-Napoca (DASM).

The aim of the OSSPC project is to prevent further DVA and change violent behavioral patterns by increasing the capacity of frontline workers, which will further teach perpetrators of DVA to adopt non-violent behavior in interpersonal relationships and understand the impact of DVA on them, their family and community.

One of the objectives of the project is to facilitate national agencies and or community-based organizations in formulating or re-formulating action plans, for better and more effective responding to DVA through the provision of evidence-based research on the effectiveness of perpetrators programme. For this reason, all the participating countries organized focus groups with frontline workers, conducted questionnaires to victims of DVA in order to study the victims' view on perpetrators' treatment programmes; implemented interviews with perpetrators in order to explore the their attitudes and perceptions of DVA; and finally, collected the statistics and demographics available by the Police regarding DVA.

## Methodology



## Ethics Procedure

Prior to any fieldwork being carried out the fieldwork methods and associated documents (see appendices) went through the rigorous Bournemouth University's ethics procedures. The fieldwork protocol in the UK was repeated in the data collection processes in the partner countries (Greece, Cyprus, Italy, and Romania) and which will be reported on in more detail as a collective in the OSSPC Time to Change Report (Forthcoming).

## Sampling and Data Collection

The following data collection methods were conducted:

- Interviews with perpetrator of DVA
- Focus groups with professionals working in the field of DVA
- Online survey with survivors of DVA
- Analysis of available national crime data

With regards to the data collection process from those who have experienced DVA, a standard approach was followed across the five countries involved in the OSSPC Time to Change Report (Forthcoming). Three types of participants were recruited to the study:

- Victims: Recruited via the professionals working at the shelters for victims (and their children) of DVA of the organization and victims who attend individual counselling at the organization.
- Perpetrators: Recruited via the professionals of the organisation who implement the perpetrators individual counselling programme. Perpetrators attending the individual counselling programme were contacted by the professionals and invited to take part.
- Keyworkers: Recruited through local support service organisations and connections.

As with all forms of data collection, participants were provided with an information sheet and consent form prior to their participation.

*Victims/ Survivors of DVA:* A questionnaire was devised to seek out survivors' perspectives on their own experiences of interacting with support services, and their views on and experiences of the support offered to the abuser. The anonymous questionnaire consisted of both quantitative and qualitative questions. The questionnaire was completed by 17 participants. The



proposed number (20 participants) was not reached due to difficulties of the COVID-19 pandemic and the fact that some of the victims did not consent to participate in the questionnaire.

*Perpetrators of DVA:* As this is an understandably secretive and potentially high-risk population and for the safety of unidentified potential victims and the researchers, participants will be accessed via gatekeepers, where participants are or were receiving support from services. A semi-structured interview questionnaire was designed to seek out participants' views about their knowledge and experiences of support, and how potentially it could be improved. Perpetrators were also asked to complete a short questionnaire to obtain some simple demographical information. We interviewed three (3) male perpetrators. The proposed number (5 participants) was not reached due to the fact that the newly established perpetrator programme begun in July 2020, thus, the number of participants is still growing and the fact that some of the participants did not consent to participate in the survey.

*Keyworkers:* The aim of the focus groups was to engage with stakeholder and key informant professional participants to gauge their opinions on best practice and challenges in addressing DVA in their respective fields. A semi-structured questionnaire was designed for use with focus groups of professionals who either worked with victims/survivors or perpetrators of DVA. Three short vignettes were also developed to aid discussion of how those impacted by/or who perpetrate DVA are supported. The focus group vignettes can be found in Appendix 1, the key worker focus group questions can be found in Appendix 2 and the focus group themes can be found in Appendix 3, both in English and in Greek. Two (2) focus groups were conducted in the Cyprus study, with a total of ten (10) participants - a mix of professionals, including front-line professionals working with victims and/or perpetrators of DVA. More specifically professionals were issued from the Cyprus Police, the Cyprus National Addictions Authority, the Women's House, the KENTHEA Drug Rehabilitation Centre and the APHVF (Help Centre Officers, Shelter Officers, Psychologists and Social Workers providing counselling services and perpetrators' treatment programme officers).

*Data Analysis Process:* Descriptive statistical analysis was used for quantitative data. The qualitative data was coded thematically according to the project outcomes, and dominant themes that occurred using a coding framework developed by Bournemouth University.



## **Data Analysis**

As part of the OSSPC project all partners carried out fieldwork. More specifically, the fieldwork done in Cyprus included:

- 3 Perpetrator interviews
- 17 Victim Surveys
- 10 Professionals in focus groups
- Statistics of police data

Once translated into English the data gained from the fieldwork was submitted to Bournemouth University (BU) by all partners. Descriptive statistical analysis was used for quantitative data. The qualitative data was coded thematically according to the project outcomes, and dominant themes that occurred using a coding framework developed by BU. Once the findings were analysed, they were sent back out to partners by BU for inclusion in their country reports, as well as for inclusion in the *Time to Change: International Report*. Below, the findings from the fieldwork can be found, according to each target group identified.

## **Findings Victims/Survivors' Survey**

A questionnaire on survivors' perspectives regarding their own experiences of interacting with support services, and their views on and experiences of the support offered to the abuser was prepared by the WP's leader Bournemouth University, and was translated in Greek by APHVF for the needs of the field research in Cyprus. The questionnaire consisted of both quantitative and qualitative questions and was available online both in Greek and in English, while in some cases was administrated by hand to victims who consent to participate. Overall, 17 victims of DVA in Cyprus completed the survey over the period of October 2020 to January 2021. The template of the questionnaire of the survey can be found in Appendix 4, both in English and in Greek.

## **Participants' demographics**

The participants were all women over the age of 18 years old, who either were hosted at APHVF's shelters or were offered counselling services by APHVF psychologists and social workers. In 16 cases the perpetrators were male, while in 2 cases the victims reported abuse



by more than one perpetrator (one case by 2 male ‘abusers’; and one case by her family). The range of ages for the participants was 20 – 69 years old (see Figure 10-1.).

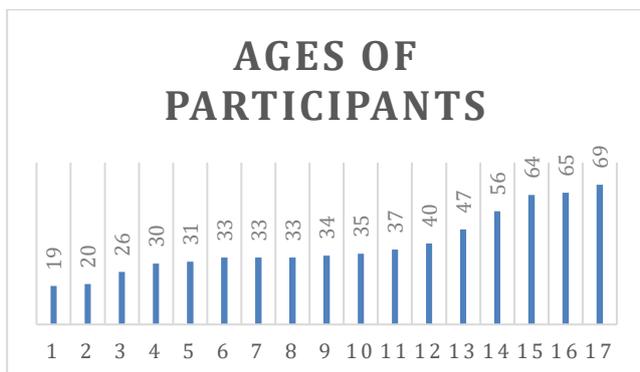


Figure 0-1

The participants' ethnicity included both Cypriots and foreigners; specifically, 8 women were Cypriots, 7 women from other EU countries, and 2 women were non-EU nationals. Of the 17 participants, 5 women reported unemployed, 8 women reported to have a job, and 2 women are retired. The majority of the participants (81%) have children.

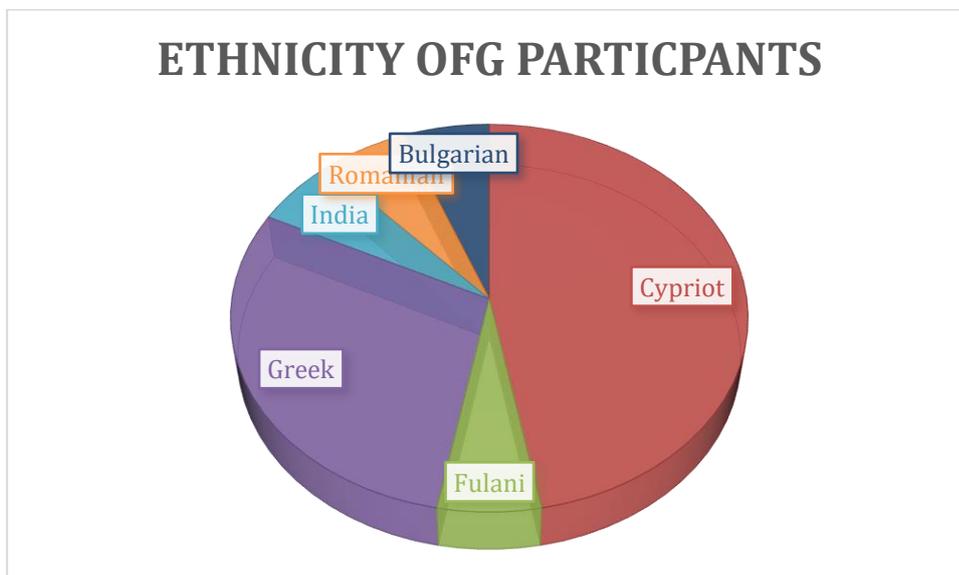


Figure 0-2

The findings are reported aligned to the coding framework provided by BU, under the following overarching themes:

- Barriers to Accessing Support
- Effective Support
- Attitudes to Perpetrator Interventions



## **Barriers to Accessing Support**

The majority of the responders (64.7%) reported that there is insufficient awareness of DVA and abuse (DVA) as a social problem in the community. The same percentage of responders (64.7%) were not aware where to get help; yet the same percentage reported that they were able to access DVA support when they needed it. However, the participants seemed not to be fully satisfied by the time that help was offered, since 58.8% of the participants answered that help was offered at the right time, while 41.2% neither agreed nor disagreed or disagreed that help was offered at the right time. These percentages express the importance of time for the victims and promptitude of the services when responding to incidents of DVA. As reported by the victims, half of the participants began to think about getting help, sometime between 1-2 years of abuse, while 25% had been experiencing abuse or over 10 years before thinking of getting help.

## ***Criminal Justice agencies responses***

Survey results showed that even though in many cases (52.9%) Criminal Justice agencies (Police, courts, legal support) were involved when victims experienced DVA, in 47% of the cases Criminal Justice agencies were not involved. Specifically, in regard to the Police involvement, half of the victims mentioned that they had call the Police, and some of them more than one time. Indeed the victims' decision whether to report the crime to the competent authorities constitutes a complex process affected by personal (cognitive and emotional) and social factors (Greenberg and Ruback, 1992; Greenberg and Beach, 2004, p. 178-179; Sparks, 1985, p. 246; Greenberg, Ruback, and Westcott, 1982).

The majority of the victims (over 80%) reported that the criminal justice responses were not effective, nor helpful, while the abusive partner was not held accountable through criminal justice responses. 64.7% of the participants mentioned that the criminal justice responses were not vital to their safety. Their disappointment was also profound in their answers of the worse things about the help received for DVA, which included the lack of support from the legal system, the Police, the Social Welfare Services, and their work environment, the inappropriate professional behaviour, the insufficient safety, the victims' blaming, as well as the lack of awareness.

These results show the dissatisfaction of the victims regarding the support and responses of the CJS, reflecting international evidence that show the lack of the CJS to effectively and sufficiently respond to victims' needs (e.g. European Parliament, 2018; Ivanković et al., 2019; Biffi et al., 2016;



FRA, 2019), and generally the lack of trust between the public and the police and the public's confidence in the CJS (in Maffei and Markopoulou, 2013, pp. 109-197; Jackson et al.2014).

### **Effective Support**

The participants' answers of the best things about the help they received for DVA reflect the overall victims' needs and rights, e.g. information and guidance, counselling and psychological support, safety protection at shelters or by the Police, professional response (appropriate professional behaviour, personalized approach), feeling of support in general, the empowerment, practical help (essentials), and the importance of a supportive environment from family and friends.

### **Attitudes to perpetrator interventions**

The results on victims' views regarding the perpetrators' abusive behaviour and treatment are mixed. These results seem to be related with the fact that, 53% of victims answered that If their abusive partner were not violent, then most of the time their relationship was fine, while 47% of victims more or less disagreed. Yet if the abuse had stopped, 47% would have stayed in the relationship, while 53% would not.

Notably only 4 victims mentioned that their abusive partner was offered support by the services to change their behaviour. Yet there were 4 victims that neither agreed nor disagreed; a result that might be due to the fact that either the services mentioned that the perpetrator could get support but did not referred him to the relevant agency, or they referred him but he did not wish to attend. It is important to note that the majority of victims (76.4%) agreed that for an abuser to accept help, they need to realise there is a problem with their behaviour; a fact that is linked to their acceptance of the responsibility for their actions and that they are accountable.

In regard to victims' expectations if there had been help for their abusive partner, 8 victims agreed that things might have been different, while 9 victims neither agreed nor disagreed or disagreed. Yet the majority of the participants (76.5%) would have preferred to have accessed support for themselves, their abusive partner, and (if applicable) children; a result that highlights the importance of a holistic approach. Indeed, by providing services to victims without providing treatment to perpetrators is inconclusive in breaking the cycle of violence. As most victims



agreed (64.7%) their abusive partner could have been helped if the right help had been available.

With regard to the victims' suggestions for changes in the way abusers are responded to, the victims mentioned the improvement of communication as a way to change perpetrators behaviour and attitudes, the development of more anger management programmes, the need to take account of the children and trauma caused, as well as more awareness raising on violence, especially to older people.

### **Findings: Professional Focus Groups**

Two focus groups were organised in Nicosia, Cyprus on 01/12/2020 and 3/12/2020. The participants in the focus group were ten front line professionals working with victims and/or perpetrators of DVA. More specifically, this included participants from Cyprus Police, the Cyprus National Addictions Authority, the Women's House, the KENTHEA Drug Rehabilitation Centre and the Association for the Prevention and Handling of Violence in the Family. . Below, the analysis and findings of the Focus Group Themes can be found.

### **Successful interventions and programmes**

Focus group participants explained how police and social welfare services have responsibility for responding to reports of DVA and abuse. Victims can report directly to them, or via the 1440 Helpline. In many cases organisations respond and investigate and then signpost referrals to APHVF who, as well as supporting victims and family members, offers the only perpetrator prevention programme currently in operation in Cyprus.

Participants are keen to point out that APHVF is a new perpetrator programme and therefore there is no available data yet in terms of its success. Once APHVF are engaged they are able to refer victims through different pathways of support and to ensure that victims are aware of their choices. These can include shelter accommodation, exclusion orders and counselling via



psychologist or psychiatrist referrals. In this way APHVF offer services to both victims and perpetrators through different programmes.

Police can bring charges against perpetrators, or refer them to other social welfare pathways, but where there are children involved, there is a legal requirement to go through the courts:

*“The law on DVA is clear that when it comes to children there is criminal liability if we know and do not report so for the investigation to proceed” (FG1)*

*“As mentioned before... she is a minor, this is a key element, and for this reason the Police had to be respond to immediately” (FG2)*

One police officer participant noted that regardless of intervention:

*“For us as the Police, it is important... to empower the victims so that they can overcome with the process that will follow” (FG1).*

Key to this is getting witness testimonies so they can progress with prosecutions. A positive example of dealing with victims includes:

*“I would say that it would be good to keep the victim in counselling so that she can be empowered through the process, in order to make the decision and until then, to develop the security plan to give her ways to manage the situation so that she can bear it while being empowered. To be able to leave or at least make some moves to file a complaint for a start” (FG2)*

Finally, referrals for perpetrators often include detoxification programmes and counselling services, for example, perpetrators *“may need a referral to either an addiction programme or addiction counselling” (FG2).*

### **Inter-agency collaboration**

Participants were keen to emphasise that successful response to DVA and abuse involves a holistic approach to perpetrators across multiple agencies (in line with the CCR model discussed in the report). This includes criminal justice processes, social welfare interventions and making services available after detox or counselling, so that they are available when perpetrators need to access them and are ready to. There is over-riding view that inter-agency collaboration is crucial in terms of response:



*“it would be good to have a cooperation between the perpetrators programme and the detox centre just to follow up the perpetrator's course, and not to lose him/the possibility to join afterwards the perpetrators programme, to be able to more easily include him possibly in the perpetrators programme”(FG2)*

*“the fact that he cannot receive support now from the perpetrator's programme does not mean that he can never receive it, he may receive it sometime later, so it may be important to keep him in touch with you, as [name] said, he can call the helpline for support, in order to keep him in contact with the association” (FG2)*

As you can see from the examples below, however, there is a difference of opinion between participants as to the value of criminal justice interventions with some advocating that counselling is not enough and legislation is needed, and others stating that the law does not provide a solution:

*“Often in order to mobilise the perpetrators to recognize their behaviour as abusive, pressure from the penal system is also needed. Counselling alone is not enough, because there is often, as in this scenario, a complete denial that ‘I’ engage in abusive behaviour. [...] Therefore, I believe that the services could and should notify the Attorney General about this” (FG1)*

*“Punishment through the CJS is often not the solution to the problem, a drastic and holistic solution to these cases is imperative. We need something more structured for perpetrators for efficiency and effectivity. A multidisciplinary approach” (FG1)*

*“Counselling may not be immediately helpful ... criminal intervention will be needed to assist with all other actions that are good to be undertaken” (FG1)*

Ultimately however the emphasis is on the perpetrator being motivated to address their behaviour in order to effect real change, despite how difficult this may be:

*“It is very important that the perpetrators recognize that they need help and make an effort to change, it is a very big challenge to stop exhibiting abusive behaviours (being a perpetrator). It is not something that we meet very regularly, the perpetrator himself, being willing to get involved in such proceedings” (FG1)*

*“Unless someone is forcing him from the outside, say a court, it is very difficult for an individual to be so motivated and requires a great deal of mobilization to attend several programmes and services, so a programme that contains all of the services in one place would be more ideal” (FG1)*



*“The issue now here is that [APHVF] runs on a voluntary basis; there is no court decision that forces the perpetrators to participate, so it is up to the same perpetrator to decide if he will participate or not, and as previously mentioned, perpetrators often lack insight to the problem” (FG1)*

*“The law needs to be put in effect and exercised in some cases also upgraded, but solely the law i.e. the imposition of decrees is insufficient to stop the violent behaviours” (FG1)*

As some of these participants note, trying to use the law to encourage the perpetrator to attend a programme may not work, and so perpetrators can only be encouraged but not mandated. Additional, participants acknowledge that there is “social stigma” in Cyprus, by nature of its small population and rural environment, and perpetrators may worry that neighbours or friends will identify them if they participate in a programme.

*“Cyprus is a small place so someone can be easily identified in a face to face group” (FG1)*

Despite this, participants advocated for a combination of both group and individual sessions with perpetrators. Regardless of approach, promoting awareness of DVA and abuse is “crucial” and all of the participants appear to advocate for a multi-agency, holistic approach as *“it is important for everyone to support the family, to work together” (FG1)*.

What is evident from the contributors is the role of inter-agency collaboration and cooperation in achieving successful outcomes for all involved:

*“The collaboration with the social welfare office is absolutely necessary. The role of the police, is also important, but for our intervention to be more catalytic, witnesses are very important as well as the General Attorney” (FG1)*

*“There must be a cooperation between the competent bodies, i.e. the Police, the Social Welfare Office and in this case a detox centre” (FG2)*

## **Barriers to Accessing Services**

A significant barrier for access, as mentioned above, is that many perpetrators with a history or alcohol or drug abuse must complete a detox programme first, if required. There was concern



from one participant that sometimes key workers are not sure where to refer first, although they were keen to emphasise that so long as contact is maintained, the perpetrator can join an intervention programme at a later date.

*“It was a little difficult for them on how to manage it, how to prioritize, if they have to deal with the drug use part first or refer to a programme for DVA” (FG2)*

*“if called on the helpline again of our association, perhaps a second evaluation could be made, in order to investigate how much a DVA association could help him, mobilize him and go to this detox programme or to motivate him to call again for anything on the helpline, in relation to violence” (FG2)*

Additionally, perpetrators are not required by law to complete a perpetrator programme, rather they are encouraged to do so. This means that for those perpetrators who deny responsibility for DVA, there is no means of mandating their attendance. As such another significant barrier is perpetrators not accepting or acknowledging their actions.

*“It is an important part of the law that has not been applied until now, that a perpetrator can be referred to a “perpetrator programme” was not being applied through law. Us as [APHVF] need to inform the competent authorities about the existence of the programme and that it is important to also help the perpetrators as we help the victims. So I believe that this is a gap in the perpetrator programme” (FG2)*

*“The ideal would be to acknowledge that I use violence or to acknowledge that I accept violence” (FG2)*

Additionally, participants mention a lack of support for victims despite repeated requests for it, which means intervention programmes will not be offered to perpetrators. There is also a degree of subjectively highlighted in terms of how “each social welfare officer” will respond to a particular case. Some advocate for greater legislation “to be used as tools” whereas others highlight barriers within other areas of the CJS:

*“We cannot ignore the phenomenon of all the cases that get withdrawn from the victims during the investigation and the trial phase of the case” (FG1)*

Where coordination and cooperation is highlighted as a success in many cases, its failure can lead to unsuccessful outcomes for victims and their families:



*"It is key that the different organizations act in a coordinated and cohesive manner" (FG1)*

*"I should also say about the synchronization (of the different organizations) which is extremely important because if we take into account the exclusion order where the law gives you 8 days (in this amount of time) you have to really chase everyone after, the psychologists etc. because if this deadline passes and you do not succeed and it is a real case then everyone is exposed" (FG1)*

In addition, the APHVF programme for perpetrators remains relatively new and therefore not all organisations are aware of what it has to offer. It is also difficult to predict whether issues will be identified from its delivery, though participants feel any challenges, or 'gaps', identified through this initial delivery period will not be insurmountable:

*"The programme that is taking place now is something new. I cannot tell you if there are any gaps, in order to see if there are any gaps in the programme it needs to run for a certain period" (FG2)*

*"In a year we will be able to have results" (FG2)*

*"It's a new programme and it needs time. Like you said. We will learn from this gaps, and we will learn from our mistakes. The programme will evolve" (FG2)*

Participants also highlighted concerns about a lack of referrals from healthcare services and "some doctors" who may not identify a particular report as one of DVA, as well as schools.

*"I think that school is an important part that should intervene in such incidents... many times children report that they were beaten on their own... And many times nothing happens on behalf of schools due to fear" (FG1)*

*"First and foremost I consider as very important raising the awareness of health professionals in general, especially doctors as it is the first professionals that women come in contact with, it is the most frequent contact to recognize the symptoms and then the teachers and the school, so I would say awareness and knowledge of what the symptoms of DVA are, are crucial" (FG1)*



Another barrier was that of group sessions. One participant admitted that with limited numbers of clients they did not always have the “opportunity to have group sessions” (FG2). They go on to say:

*“Another gap is that we have not communicated with the competent authorities to the extent needed, or even with the prison system. Because surely someone who is in prison does not make him a perpetrator of DVA” (FG2)*

Further barriers listed include language “which is a very big obstacle” to accessing services and support..

## **Typology of Perpetrators**

Perpetrators of DVA were exclusively described as male, often husbands and fathers (although there was one example of child to parent violence from a son towards his mother). They were described as commonly having a history of drug or alcohol misuse or abuse, and it was suggested that these addictions were contributing factors to their violence towards their partners and children. There were benefits to this argument, in that an awareness of multiple motivating factors meant a referral to a variety of services through a holistic, inter-agency approach, but the discussion does not include any consideration of perpetrators beyond these stereotypical facets (with one exception, below):

*“The fact that the perpetrator uses drugs and exerts violence is a common problem and requires the coordination of several services for him to get help” (FG1)*

*“So how you compare the stories, I hold that there is a common ground and that is the issue of drug addictions. It's something we encounter in the counselling sessions we do” (FG2)*

*“Through the experience I have from the helpline 1440, calls from victims several times that perpetrators used substances” (FG2)*

*“We also had an incident in the shelter which used substances, specifically crystal, and there was a comorbidity with a psychiatric history, with substance use” (FG2)*



*“Substance abuse has greatly contributed to the way the perpetrator expresses himself violently towards the victim but there is some other psychopathology too...” (FG1)*

*“I find that it is very common after the use of substances and often cannabis, less of painkillers and opiates...their deprivation can cause outbursts” (FG1)*

*“We see very often the use of cannabis combined with some outbursts of violence, and there is usually a connection with mental health disorders, both the issues of mental disorder and the drug abuse by themselves, (can cause angry outbursts)...the outbursts can be even worse when combined” (FG1)*

*“We also come across this at the shelters. We come across the issue of drug abuse and danger” (FG1)*

Additionally, some focus group participants stated that the example used in vignette 3 was very similar to what they experienced in their practice, in terms of the perpetrator being a Muslim with strict religious views:

*“...this (referring to vignette 3) is something we face quite often” (FG1)*

*“...such scenarios, taking into account the migratory flows of recent years, will be more and more increased... the multiculturalism... which now enters our own ‘once more closed’ society...” (FG1)*

*“The reality is this is an incident (referring to vignette 3) that we often deal with at the shelters or the Helpline 1440” (FG1)*

*“These (referring to vignette 3) are cases that exists in our society” (FG1)*

Others speak of a “Muslim mentality” with one focus group participant stating that:

*“You have to understand one thing that this person is a Muslim, Muslims have the strictest religions in the world they are stricter in saying exactly what their religion says” (FG2)*



Referring to the third vignette, another contributor said that the DVA perpetrated upon the wife in the case was *“because he considers it his right due to his religion”* (FG2). Another states:

*“Because in such religions men are considered to have the upper hand over the women. So in theory they believe that they are entitled to many more rights than a woman in these countries and these religions”* (FG2).

This is a recognition by some participants however that there is a point at which culture (and religion) cannot be used as an excuse:

*“...each one as a professional should at a point put the line where the cultural respect ends in regards to the way the other is religiously expressed as a citizen and where the line begins and crosses so there are abusive behaviours...”* (FG1)

Initial analysis of these comments suggests some possible discriminatory and stereotypical perspectives of Muslims communities on display here. However, it may be that traditional patriarchal structures are more prevalent within migrant and minority Islamic communities, where women are positioned as inferior to their husband or spouse. This warrants further investigation in terms of perpetrator and victim typology and increased risk factors in some communities.

Therefore, notwithstanding a recognition from some that there is “a complexity in the cases” two typologies of perpetrators are presented here: one constructed as a member of a cultural and religious minority; the other an individual with a history of drug and alcohol misuse and mental ill-health as motivating factors. One participant acknowledged that a trigger event such as the birth of a child used in one of the vignettes was often an associated factor.

### **Typology of Victims**

Aligned with the perpetrator descriptions above, victims were exclusively women and children. There was no mention of social class, sexual orientation or other identity factors, apart from the association with Islam mentioned in relation to perpetrators also above.

Many participants were compassionate in terms of acknowledging the support that needs to be available for victims to feel able to come forward:



*“The ideal intervention includes the synchronization and coordination of all services to be able to provide all that the victim needs. I think many pieces need to come together for the victims’ needs to be met in a systemic way and within each service” (FG1)*

Another recognised the cultural and religious barriers that can contribute to women not coming forward to report their experiences:

*“in individual counselling... I talk mainly about the cultural differences for the part of how much limits a woman can have. Even for the part that even though the violence is obvious and there are children and the part that I love him and I do not want to divorce and this is very common and I think it is something that certainly all of us has encounter, and it is very challenging yes” (FG2)*

*“Because in such religions men are considered to have the upper hand over the women. So in theory they believe that they are entitled to many more rights than a woman in these countries and these religions... So it is very difficult to convince the wife to make a complaint or to ask for some psychological support, or ways to handle the situation” (FG2)*

Some participants also appeared to suggest that female victims had a responsibility to report their experiences to police, particularly when children are involved, and one cited an example of a female victim of child to parent violence who “bothers us constantly” and who is “overacting, she is exaggerating”. Another says:

*“From our side (as police), it would be important for the wife to come forward and make a report, and from the moment that a child came to life, she has criminal responsibility for reporting it” (FG1)*

One participant however acknowledges the challenges in doing so as they describe the threat by some perpetrators in relation to removing children from the victim. They recognise this a potential contributing factor as to why victims do not report their experiences, or are fearful of doing so:

*“The husband threatening to take the baby away from her, if she (the victim) threatens to leave him or ask for help, is something that we (at the shelter) experience very often and it constitutes a reason for the woman, the victim, to stay in the abusive relationship. We live it many times, either via the 1440 Helpline or at the shelter. Something that all residents mention when they come to the shelter, is not having known before leaving the perpetrator if he could take the baby away from them” (FG1)*



*The fear of losing their children is echoed by another participant, recognising how difficult it is to “come forward... because they have this fear they may lose their children forever” (FG1).*

Without acknowledging this very real fear experienced by victims of DVA, institutions and individual practitioners risk reinforcing a victim-blame narrative, as in this example below:

*“It is very important that the mother herself is clearly a victim, but on the other hand she also has the same criminal responsibility towards her children that they are victims of violence” (FG1).*

### **Conclusions: Focus groups**

Ten participants took part in the focus groups and highlighted specific cultural, religious and patriarchal barriers to successful interventions with perpetrators and victims. They were keen to emphasise that the new APHVF perpetrator programme has not yet been evaluated and therefore there is limited data as to whether it is a success. Nevertheless, they advocate for a collaborative, inter-agency approach to perpetrator interventions and for greater awareness raising programmes with the general public, education and healthcare settings in order to promote socially acceptable behaviour. There was some disagreement between participants who favoured greater legislative powers and those who believed legislation could hinder uptake. They highlighted a particular difficulty in identifying victims of DVA in cases where victims and perpetrators were Muslim migrants, due to traditional, patriarchal gender stereotypes. They also emphasised how perpetrators must be motivated for change, in order for an intervention to be successful, however, that motivation is sometimes constrained because of the stigma associated with being labelled a DVA perpetrator.

### **Findings: Perpetrator interviews**

Three (3) perpetrators were interviewed in Cyprus. Akin to other Countries there were some consistent findings. The participants were asked about their knowledge and experiences of support provided. Thematic analysis identified common themes. These mainly considered the ‘*current organisational response*’, and ‘*barriers to accessing or engaging with services*’. There was also consideration of a ‘*typical presentation*’ – common features of perpetrators, and finally



what was useful to the participant and could be considered areas for potential good future practice – i.e. ‘*What works*’. Each will be discussed in turn.

### **Current organisational response**

Overall there was one negative comment in relation to the response from police:

*“What I did not particularly like was how the policeman treated me when I was called to the police station. He was very “macho”; policemen in Cyprus do not show respect because of their power” C1*

However, another participant stated:

*“The police helped me to first realise the consequences of my actions” C3*

There was mixed response in relation to finding appropriate support when required, one participant stated whilst there are good services, they did not know where perpetrator support services were located, nor did they have a phone number for them. Another highlighted:

*“They are not properly and widely publicized. They are not well known... if I could change anything from DVA services I would do more advertising for the services provided.” C2*

This also highlights one of the physical barriers to perpetrators attempting to gain assistance, which will be expanded in the following section.

### **Barriers to accessing or engaging with services**

Participants described some of the physical and psychological barriers faced when attempting to obtain assistance.

#### ***Physical barriers:***

One stated until he discovered the perpetrator programme, he ‘accidentally’ came across a meditation teacher that helped him (C2) but that,



*“At first I went to a psychiatrist, but he did not help me. Then I went to a private psychologist but even there I did not find the help I was looking for” C2*

*Psychological barriers:* Another perpetrator outlined:

*“At first I was a bit apprehensive to call and schedule an appointment but then I thought that I had nothing to lose so I agreed to attend a session” C1*

This apprehension potentially indicates feelings of fear, shame, guilt, and embarrassment. However, another perpetrator (C3) indicated the perpetrator programme helped him realise his mistakes and identify his anger issues and he wishes he could have talked about the problem at the start.

Changing behaviour is not easy: One perpetrator stated that whilst he was happy with the programme, *“At times I feel impatient about sorting things out” C3.*

This highlights the difficulties and frustrations in behaviour change. Such barriers reflect similarities witnessed between offenders. Other similarities are highlighted below.

### **Typical presentation of perpetrators**

*Socially learnt violence and the need to regain control:* Whilst two interviewees discussed their home life as being free from abuse, one described:

*“I was a victim of physical and psychological violence by my father but also a victim of verbal violence from my relatives. I was always underestimated and considered incompetent.” C2*

Whilst speculative, witnessing such violence and wishing to reassert his own power, importance, competence and control, appears to be connected to the way he conceptualises his own abusive behaviour.

### **Stress:**

A key theme was the perception of stress as a trigger for violent incidents:



*“we were arguing about the infant as he was constantly crying and she kept yelling at me despite having repeatedly told her to calm down” C1*

In this passage it not only looks to externalise the source of his abusive behaviour in relation to the stressors of early-years parenting, but also shows an element of victim blaming of his partner, who he notes did not “calm down” when asked.

### **What works?**

Support and strategies learnt from others had positive effects: Assistance was particularly valued from perpetrator programmes.

*“helped me to go more in depth with regards to handling the situation...how my actions affected members of my family and learning anger management techniques” C3*

*“I am really happy about the services, initially I was a bit sceptic about attending the programme but I am really happy that I did.” C1*

*“Avoiding confrontation when I am angry. Also when I argue with my wife removing the baby from the room so that he is not present...Having a third person to talk to about the things that bother me.” C1*

### **Positive effects included:**

Participants shared a variety of positive effects of engaging with specialist perpetrator support, which included better parental relationships with children, as well as enhanced conflict resolution skills.

*“tensions at home decreased; my kids are calmer and less reactive; my partner and my children express themselves without fear...the frequency and intensity of the violence I exercised decreased; my interpersonal relationships improved; I developed empathy for others; I learned to express my emotions; I developed anger management skills” C2*

*Self-awareness and behaviour change:* As found in other countries, the importance of self-awareness was also recognised, and this led to internalised motivation for change:



*“Deep down, I knew that my behaviour was not acceptable. I am not a patient person. At times I feel like I am becoming a person that I do not want to be. So far, there were 2 incidents of DVA and to prevent any more from happening I decided to sign up to the perpetrator programme” C1*

*“When I recognized that my behaviour had abusive elements, I felt very strange and immediately asked for help...I realized that my behaviour was abusive when my son started behaving like me” C2*

*“I felt very sad. I was able to recognize my mistakes” C3*

These comments clearly indicate that there was a sense of realisation that arose from engaging in specialist perpetrator support work. They noted that they were able to actually recognise their past behaviour as it had been perceived by others.

### **Conclusion: Perpetrator Interviews**

There were different experiences of the police reported, with one participant noting that the police's approach was 'macho', however another participant reflected that it was the police who helped them first realise the severity of their actions. The participants called for more awareness and access to perpetrator support services. We heard reports of participants who had tried to engage help from a range of sources before they finally came across specialist service provision and were able to get support to change. Finding and accessing support was imbued with a sense of fear, shame, guilt, and embarrassment. However, when participants talked about their experiences of engaging with perpetrator services, they reported positive feedback in gaining strategies to cease the abusive behaviours. All of the participants reported that they had recognised their past behaviours as problematic and harmful as they engaged with the programme. This demonstrates a real perspective shift and is an accolade to the specialist support they received.



## Findings: Police Data Demographics

Below are the statistics as reported by the Cyprus Police for the year 2019, as these are publishes on Cyprus Police website:

Incidents: Reported Incidents of DVA by type of Violence

- Sexual: 26
- Physical: 779
- Psychological: 356
- Total: 1161

Victims: Complaints made for DVA by gender/age

- Men: 208
- Boys <18: 144
- Women: 776
- Girls <18: 128
- Total: 1256

Offenders: Complaints made for DVA by gender/age

- Men: 896
- Boys <18: 9
- Women: 291
- Girls <18:1
- Total: 1197

Regarding the Statistics reported by the Cyprus Police for the year 2020, the full statistics have not been published yet. What has been reported is that the Police handled 1400 cases of DVA until November 2020, in comparison to the 1161 cases handled in the year 2019. Moreover, until November 2020, there were 16 reports for rape to the Police, in comparison with the 11 reports of rape and 1 attempt of rape in the year 2019.



## Conclusions

In conclusion, both the review of existing data and the fieldwork findings show that socio-cultural attitudes and misconceptions about gender roles and patriarchal views exist in Cyprus; which in turn affect the support of victims of violence, especially of women victims of DVA and IPV, and the lack of establishment and support of DVA perpetrators' treatment programmes. Even though there is an increase of the DVA cases reported and handled by the Police, which is consistent with the increase of the DVA cases reported to and handled by APHVF; this observed increase still does not reflect the pragmatic number of the DVA cases. National statistics on VAWG in Cyprus are limited, while VAWG still remains one of the least reported crimes. Yet Cyprus has a comprehensive legal framework to address DVA, and policies to support the work of professionals in the field.

The victims' survey results reflect the state of support and protection of DVA victims in Cyprus. The victims acknowledge the importance of a getting help and support by practitioners and the competent authorities in a professional manner. The victims' dissatisfaction of the CJS responses was evident and reflect the gaps that are generally observed in practice, and are related to the lack of adequate trainings, the lack of services coordination, as well as the lack of evaluation (Michael and Argyridou, 2019).

According to the research conducted by APHVF (Andronikou and Zachariou, 2019), suggestions for meeting the needs of women and child victims who are accommodated at the shelters of the Association, included the evaluation and strengthening of the mother role, parenting skills development programmes, individual counseling and guidance, supportive training courses, liaison with organizations according to their needs (e.g. language, work), music therapy and painting groups, psychosocial support and vocational guidance programmes, babysitting services etc. Also, frequent supervision to the professionals who work at shelters with abused women and their children, is essential.

With regard to the victims' suggestions (obtained by the survey implemented to the victims) for changes in the way abusers are responded to, the victims mentioned the improvement of communication as a way to change perpetrators behaviour and attitudes, the development of more anger management programmes, the need to take account of the children and trauma caused, as well as more awareness raising on violence, especially to older people.

The findings derived from the survey to the perpetrators are also interesting. One of the participants of the programme, in an effort to explain his own abusive behavior as a parent,



described that, as a child, he was a victim of physical, psychological and verbal abuse from the individual's family environment. This suggests through research that abused children are more vulnerable to delinquent behaviours and often become victims themselves. Many experts argue that parts of the parents' behavior seem to be passed on to the next generations, which suggests that when they become parents they behave in similar ways towards their family. The same perpetrator mentioned how he felt as abused child that he was "underestimated and considered incompetent". This makes the perpetrators have the desire as an adult to use his own strength, ability and control, but also the need to prove his usefulness. Based on this, it could also partly explain his own course as an adult with a tendency for violent behaviors. Moreover, perpetrators' interviews presented stress is a trigger for violent incidents. Experts claim that the modern stressful lifestyle causes intense stress which has a negative effect on a person's behavior (irritable); a fact that may explain the abusive behavior of a perpetrator. Notably when perpetrators were able to understand and recognize their violent behaviour through a self-awareness process, they were motivated to change in an attempt to improve their relationship with their partners and children. This findings reveale the importance of perpetrators' treatment programmes in helping perpetrators recognizing their abusive behaviour towards their partners, and in motivating them to work for change in order to be a better role models towards their children. The development of the perpetrators' treatment programme in Cyprus stems from the need for an integrated/comprehensive approach to prevent and address DVA against women. The programme officially launched on July 2020 and its objective is to enhance the safety of the victims of DVA by reducing the intensity and frequency of the violence exhibited.

The programme has five main aims namely, (1) to help perpetrators become aware and take responsibility for their actions, (2) to recognize the consequences that the violent behaviour brings to the victims, (3) to reduce the perpetrator's negative emotions and maladaptive behaviours, (4) to assist in the acquisition of self-control skills and the creation of healthy interpersonal relationships, and (5) to increase their wellbeing and quality of life.

'PROTEAS' perpetrators' programme in Cyprus was established and is coordinated by the APHVF. Due to the complexity of the perpetrators needs, the programme would not have been feasible to implement without the close collaboration of other public and non-public infrastructures, with key players being the Social Welfare Service, the Ministry of Labour, Welfare and Social Insurance, the Ministry of Justice and Public order, and the Cyprus Police.



The route that a perpetrator must follow to get involved to the programme is either via referral by other services and bodies such as the Cyprus Police or Social Welfare Services, by court order or self-referral, i.e. the perpetrator calling himself to the 1440 Helpline run by APHVF on a 24/7 basis. Taking into account that the perpetrator programme “PROTEAS” has only been running for a couple of months, its visual identity has not been yet established, something that has been translated in the findings of the current organisational response and structure outlined, derived from the perpetrators’ interviews, victims’ survey, and the focus groups with key-professionals.

Following the analysis of the fieldwork findings, the following recommendations for practise have been identified:

- More dissemination and awareness-raising efforts should be made regarding the Perpetrators’ programme, as the public, victims, perpetrators, and professionals to be informed about the services that the programme provides.
- Engaging with GPs and other medical services, and schools, to promote awareness and the ability to recognise forms of DVA,
- Various professionals that are involved in issues related to violence, should be informed through meetings with professionals running the perpetrators programme, in order to know how to refer individuals to the perpetrator programme.
- The professionals of the perpetrator programme, are invited to find ways to encourage perpetrators to participate in the programme.
- An evaluation of the newly established perpetrator intervention programmeme should be made in due time.
- An investigation into purported associations between traditional minority religious ideology and DVA,
- Acknowledgement of the barriers to reporting victimisation faced by women, in particular the two elements of criminalisation because children are victims, and the fear of children being removed from their houses.

Experience of the perpetrators’ programme thus far show that there are perpetrators that acknowledge their abusive behaviour and decide to change. In other cases, there are many individuals who, when starting a programme they don’t understand to what extent their violent behaviour is harming their relationship and their partner and children. By building self-awareness, the perpetrator can find ways to reduce their anger, or their violent behaviours. They

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can also be aware of what triggers them from losing control. Current fieldwork findings support previous research finding on DVA and victim support in Cyprus. Yet the findings support the need of the perpetrators programme and show that there are many positive outcomes that can help a perpetrator manage his abusive behaviour.



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## Appendices

### Appendix 1: Focus Group Vignettes (English and Greek Version)

#### Vignette 1: Maria and Tony

Maria and Tony are in their thirties and have been married for four years. Tony is currently taking a break from a job that he said had caused him mental health issues and a persistent back injury, for which he received welfare benefits and self-medicated using cannabis and medicinal painkillers. Maria has post-graduate qualifications and was working in a well-paid position but has just gone on maternity leave as she is pregnant with her first baby.

Since experiencing mental health problems Tony has had several appointments at his local doctors' surgery, where he discussed his concerns with stress and his own anger at home. The doctor prescribed antidepressants. Maria asked Tony and his friends not to smoke cannabis near her. Tony refused. Currently, Tony is also refusing to make any contribution to rent or other living expenses and, when asked, gets angry, yells and throw things, including a computer on one occasion. This scared Maria so she spoke to the midwife, mentioning that she was afraid but trying not to react, trying not to hurt Tony's pride or impact his mental health. The midwife talked with Maria about a referral to social services early support team. Maria agreed and was allocated a keyworker (Jessie).

As there were concerns about the risks of Tony's behaviour concerning the unborn child, the case worker also talked to Tony. At first Tony was not happy to talk about the situation and wanted Maria to stop seeing Jessie, but after a couple of weeks, when he realised that Maria was not going to do this, he agree to talk with the keyworker again, and said he would try to keep his temper under control. A few weeks later, Maria told Jessie that Tony's behaviour had initially improved but shortly after the baby was born Tony became frustrated with the baby's crying and tried to take the baby from Maria.



Maria spoke to Jessie and together they were able to convince Tony to access a local support perpetrator programme. Maria gives regular reports to the perpetrator programme facilitators on Tony's progress, and also to Jessie. Six months on and Maria is reporting a marked improvement in Tony's behaviour towards her and the baby.

### Vignette 2: Jason and Amy

Jason is twenty-two years old and Amy is seventeen. They have been dating for 6 months. Amy lives with her parents, whereas Jason lives independently.

Amy was very studious when at school, however since starting college and becoming involved with Jason she has shown less interest in her work. She stays out late and her parents are concerned that she has started drinking and possibly using drugs. Amy's parents are not aware that she has asked her doctor for contraception, and Amy knows they would not approve. They have threatened to throw her out of their house if she continues spending time with Jason. If this happens Amy said she will live with Jason.

Jason is a likeable guy who is popular with his peers. As he has a car and lives on his own he often has young people around him and they regularly stay over. He is known for being able to access drugs and is developing a drug dependency. The police were called out to a DVA incident at Tony's home as neighbours reported hearing Amy screaming and shouting. No charges were brought. On another occasion Jason had been seen with his arms around Amy's neck aggressively down an alley way in town late at night. Amy has since told her college health worker that she has experienced sexual violence but wouldn't say with whom.

Amy's college tutor has noticed that she has become very anxious. Jason is constantly calling her and takes notes of her movements when she is away from him, including at the beginning and end of her classes. Her tutor noticed some bruising on her wrists and also on her face but when asked, Amy would not talk about it.

Jason has tried to access substance misuse support from his local doctor. A referral was made to a support service who have been in touch with him to offer support. In the



meeting with his counsellor he told them that he gets angry when intoxicated and it has sometimes got out of hand. They referred him to a local DVA and abuse perpetrator service however they won't work with him whilst he is taking illegal substances. He feels that he is in an impossible situation.

### Vignette 3: Lucy and Amil

Lucy and Amil are in a relationship for around 13 years and had four children together. Amil was born in Iraq but moved to the UK 18 years ago and runs a small business. Amil is committed to his faith and spiritual beliefs, following a rigorous daily worship practice and requiring that their children strictly comply. Lucy works full-time now all the children are at school. She does not want more children but Amil is opposed to contraception on religious grounds. When Lucy raised suggested a vasectomy, Amil refused to consider this option as he said it would make him feel less like a man.

Lucy sought help from her doctor who offered contraception, which she received but never disclosed to Amil because she knew he would object. Recently, Lucy feels a great deal of tension around multiple issues that Amil had strong views about and that Lucy has been unable to discuss with him without it resulting in him shouting and a friend suggested she contact a local women's support service. Lucy did so and explained to the keyworker that Amil exercised a high level of control over her life and also her children's.

The children do hours of prayers in the mornings and evenings, which makes them late for school and behind with their homework. Amil dictates how prayers should be performed, and then often changes the rules without explanation. If the children perform incorrectly, Amil hits them across the face, or swings them around on one arm. While Lucy experiences some physical violence, she says the children were frequent victims and subjected to the constant threat of more severe harm. Lucy told her keyworker (Candy) about a number of specific incidents where Amil had hurt her.

Lucy told Candy, that she feels as if she is always walking on eggshells. She does not have any friends, rarely leaves the house, and does not have her own bank account.



Lucy says she loves Amir and wants to stay in the relationship, she just feels Amir needs to be a bit more understanding about her needs. Candy suggested to Lucy that she needed to talk with social services as Lucy had mentioned that her children were experiencing physical harm. Lucy said she understood but was not prepared to talk to them herself. Social services contacted Lucy, who said there was no issue and that she had made up the stories about Amil because they had a row. Amil and the children also said there was no issues when asked. The school and doctor did not have concerns regarding the children. No further action was taken.

### Ιστορία 1: Μαρία και Αντρέας

Η Μαρία και ο Αντρέας είναι περίπου 30 ετών και παντρεύτηκαν πριν από τέσσερα χρόνια. Ο Αντρέας έλαβε αναρρωτική άδεια από την εργασία του διότι όπως ισχυρίζεται, του προκάλεσε προβλήματα ψυχικής υγείας καθώς και επίμονους πόνους στην πλάτη. Λαμβάνει ωστόσο επίδομα ασθένειας ενώ κάνει και χρήση κάνναβης και παυσίπονων για να αντιμετωπίσει τους πόνους. Η Μαρία είναι απόφοιτη πανεπιστημίου με μεταπτυχιακό τίτλο σπουδών, εργαζόμενη σε υψηλά αμειβόμενη θέση εργασίας και είναι στο σπίτι με άδεια μητρότητας αφού εγκυμονεί με το πρώτο της παιδί.

Λόγο των διαφόρων ψυχικών προβλημάτων που ο Αντρέας αντιμετωπίζει, ο ίδιος έκλεισε ραντεβού με ψυχίατρο όπου συζήτησε τις ανησυχίες του σχετικά με το άγχος και τον θυμό του στο σπίτι. Ο ψυχίατρος του χορήγησε αντικαταθλιπτικά. Η Μαρία ζήτησε από τον Αντρέα και τους φίλους του να μην καπνίζουν κάνναβη ενώ αυτή είναι παρούσα. Ο Αντρέας αρνήθηκε. Την δεδομένη περίοδο, ο Αντρέας αρνείται επίσης να συνεισφέρει στα τρέχοντα έξοδα του σπιτιού όπως ενοίκιο και ρεύμα, και όταν του ζητείται θυμώνει, βρίζει, και ρίχνει πράγματα όπως η περίπτωση ενός ηλεκτρονικού υπολογιστή. Αυτή η αντίδρασή του φόβισε την Μαρία με αποτέλεσμα να μιλήσει στην γυναικολόγο της για την κατάσταση στο σπίτι, αναφέροντας ότι φοβάται μεν, αλλά ότι δεν αντιδρά για να μην πληγώσει την περηφάνεια του Αντρέα και να αποφύγει αρνητικές επιπτώσεις στην ψυχική του υγεία. Η γυναικολόγος ενημέρωσε την Μαρία για τις υπηρεσίες που προσφέρει ο ΣΠΑΒΟ και η Μαρία επικοινωνήσε με την λειτουργό του Συνδέσμου, Ελένη.



Καθώς υπήρχαν ανησυχίες για τις επιπτώσεις που θα είχε η συμπεριφορά του Αντρέα στο αγέννητο μωρό, η λειτουργός επικοινωνήσε και με τον ίδιο. Αρχικά, ο Αντρέας ήταν απρόθυμος να συζητήσει για την κατάσταση και προέτρεπε τη Μαρία να σταματήσει να βλέπει την Ελένη. Μετά από κάποιες εβδομάδες που συνειδητοποίησε ότι η Μαρία δεν είχε τέτοια πρόθεση, συμφώνησε κι αυτός να ξαναμιλήσει με τη λειτουργό του ΣΠΑΒΟ και υποσχέθηκε ότι θα διαχειριζόταν καλύτερα τον θυμό του. Μετά από κάποιες συναντήσεις, η Μαρία είπε στην Ελένη, ότι ενώ αρχικά η συμπεριφορά του Αντρέα βελτιώθηκε, μετά την γέννηση του μωρού χειροτέρευσε. Ο Αντρέας άρχισε να γίνεται οξύθυμος λόγω του ότι το μωρό έκλαιγε και απείλησε ότι θα της το πάρει.

Η Μαρία μίλησε με την Ελένη και μαζί κατάφεραν να πείσουν τον Αντρέα να παρακολουθήσει το πρόγραμμα δραστην που προσφέρει ο ΣΠΑΒΟ. Η Μαρία σε τακτά χρονικά διαστήματα δίνει ανατροφοδότηση για την πρόοδο του Αντρέα και έξη μήνες μετά η Μαρία ανέφερε στην Ελένη ότι η συμπεριφορά του προς την ίδια και το μωρό βελτιώθηκε σημαντικά.

### Ιστορία 2: Χριστόφορος και Μικαέλλα

Ο Χριστόφορος είναι είκοσι δύο ετών και η Μικαέλλα δεκαεπτά. Είναι μαζί 6 μήνες. Η Μικαέλλα ζει με τους γονείς της, ενώ ο Χριστόφορος ζει μόνος.

Παρόλο που η Μικαέλλα ήταν επιμελής στο σχολείο, όταν άρχισε το κολλέγιο και γνώρισε τον Χριστόφορο έχασε το ενδιαφέρον της για τα μαθήματα. Μένει έξω μέχρι αργά το βράδυ και οι γονείς της ανησυχούν ότι άρχισε να πίνει αλκοόλ και ενδεχομένως να κάνει χρήση ναρκωτικών ουσιών. Οι γονείς της Μικαέλλα δεν γνωρίζουν ότι ζήτησε από τον γυναικολόγο της αντισυλληπτική αγωγή αφού η ίδια ξέρει πως δεν θα το εγκρίνουν. Οι γονείς της την έχουν απειλήσει ότι θα την διώξουν από το σπίτι αν συνεχίσει να συναντά τον Χριστόφορο. Η ίδια τους λέει ότι και να την διώξουν θα πάει να μείνει στον Χριστόφορο.

Ο Χριστόφορος είναι ένας πολύ συμπαθητικός τύπος και δημοφιλής στον περίγυρο του. Καθώς έχει αυτοκίνητο και μένει μόνος, τον επισκέπτονται συχνά στο σπίτι του φίλοι οι οποίοι διανυκτερεύουν εκεί. Είναι γνωστό ότι έχει πρόσβαση σε ναρκωτικά και ότι είναι στα πρώιμα στάδια του εθισμού. Η αστυνομία κλήθηκε να εξετάσει ένα περιστατικό



ενδοοικογενειακής βίας στο σπίτι του Χριστόφορου καθώς οι γείτονες άκουσαν την Μικαέλλα να τσιρίζει. Δεν του ασκήθηκαν κατηγορίες. Σε μια άλλη περίπτωση περαστικοί είδαν σε ένα στενό δρομάκι στο κέντρο της πόλης τον Χριστόφορο να έχει βάλει τα χέρια του γύρω από τον λαιμό της Μικαέλλα και να τη σφίγγει. Η Μικαέλλα από τότε είπε σε μια σύμβουλο υγείας του κολλεγίου της ότι την κακοποίησαν σεξουαλικά αλλά δεν ήθελε να πει ποιος το έκανε.

Η σύμβουλος της Μικαέλλα παρατήρησε ότι στο κολλέγιο είναι πολύ ανήσυχη. Ο Χριστόφορος της τηλεφωνά συνεχώς και παρακολουθεί κάθε της κίνηση ακόμα και στην αρχή και στο τέλος των μαθημάτων της. Η σύμβουλος παρατήρησε επίσης, κάποιους μώλωπες στους καρπούς και το πρόσωπο της Μικαέλλα αλλά όταν την ρώτησε πώς προκλήθηκαν, η Μικαέλλα αρνήθηκε να απαντήσει.

Ο Χριστόφορος ζήτησε βοήθεια για την χρήση ναρκωτικών ουσιών από τον προσωπικό του ιατρό και αυτός τον παρέπεμψε σε μια υπηρεσία συμβούλων. Σε μια συνάντηση που είχε ο Χριστόφορος με τον σύμβουλό, του, ανέφερε ότι όταν είναι υπό την επήρεια ναρκωτικών θυμώνει τόσο πολύ που βγαίνει εκτός ελέγχου. Τον παρέπεμψαν σε πρόγραμμα για δράστες ενδοοικογενειακής βίας αλλά όταν επικοινωνήσε με λειτουργούς του προγράμματος του είπαν ότι δεν μπορούν να τον δεχτούν λόγω της εξάρτησής του από τα ναρκωτικά. Νιώθει ότι βρίσκεται σε αδιέξοδο.

### Ιστορία 3: Λουκία και Αμίλ

Η Λουκία και ο Αμίλ είναι ζευγάρι εδώ και 13 χρόνια και έχουν τέσσερα παιδιά. Ο Αμίλ γεννήθηκε στο Ιράκ αλλά μετακόμισε στην Κύπρο πριν από 18 χρόνια και διευθύνει μια μικρή επιχείρηση. Ο Αμίλ είναι αφοσιωμένος στην πίστη του και τις πνευματικές του πεποιθήσεις, και απαιτεί από τα παιδιά να ακολουθούν αυστηρά και σε καθημερινό επίπεδο συγκεκριμένα τελετουργικά. Η Λουκία δουλεύει σε πλήρη απασχόληση τώρα που τα παιδιά της πηγαίνουν σχολείο. Η Λουκία δεν θέλει άλλα παιδιά αλλά ο Αμίλ αντιτίθεται στην αντισύλληψη για θρησκευτικούς λόγους. Όταν η Λουκία του πρότεινε να προχωρήσει σε αγγειεκτομή αυτός αρνήθηκε να συζητήσουν τη συγκεκριμένη επιλογή καθώς είπε ότι θα τον έκανε να νιώσει λιγότερο άντρας.



Παρόλα αυτά η Λουκία έλαβε αγωγή για αντισύλληψη από τον γυναικολόγο της, κάτι το οποίο ποτέ δεν αποκάλυψε στον Αμίλ επειδή ήξερε ότι θα αντιταχθεί. Τον τελευταίο καιρό η Λουκία νιώθει μεγάλη πίεση σχετικά με διάφορα θέματα για τα οποία ο Αμίλ είναι κάθετος και νιώθει ότι δεν μπορεί να συζητήσει μαζί του χωρίς αυτός να αρχίσει τις φωνές. Μια φίλη της εισηγήθηκε να επικοινωνήσει με το ΣΠΑΒΟ. Η Λουκία ακολούθησε την συμβουλή της και όταν βρέθηκε με την λειτουργό του ΣΠΑΒΟ της εξήγησε ότι ο Αμίλ ασκεί μεγάλο έλεγχο πάνω της και στα παιδιά τους.

Τα παιδιά προσεύχονται για ώρες πρωί και βράδυ, με αποτέλεσμα να αργούν για το σχολείο και την ολοκλήρωση της κατ' οίκον εργασίας τους. Ο Αμίλ τους υπαγορεύει τον τρόπο που πρέπει να προσεύχονται και στη συνέχεια αλλάζει συχνά τους κανόνες χωρίς κάποια επεξήγηση. Εάν τα παιδιά δεν προσευχηθούν όπως ο ίδιος τους υπαγορεύει τα χτυπά στο πρόσωπο και το σώμα. Ο Αμίλ κατά διαστήματα χτυπούσε και την Λουκία, ενώ τα παιδιά ορισμένες φορές ήταν παρόντα και άκουγαν τον Αμίλ να απειλεί την μητέρα τους ότι θα της κάνει πολύ μεγαλύτερο κακό. Η Λουκία ανέφερε στην λειτουργό (Χριστίνα) συγκεκριμένα περιστατικά που ο Αμίλ την χτύπησε.

Η Λουκία είπε στην Χριστίνα πως νιώθει σαν να περπατά πάνω σε μια λεπτή γραμμή. Δεν έχει φίλους, σπάνια βγαίνει από το σπίτι και δεν έχει δικό της τραπεζικό λογαριασμό. Η Λουκία λέει ότι αγαπά τον Αμίλ και ότι δεν θέλει να χωρίσει, αλλά ότι θα ήθελε τον Αμίλ να δείχνει περισσότερη κατανόηση για τις ανάγκες της. Η Χριστίνα εισηγήθηκε στην Λουκία να μιλήσει με τις Υπηρεσίες Κοινωνικής Ευημερίας καθώς τα παιδιά έχουν δεχτεί σωματική κακοποίηση. Η Λουκία καταλαβαίνει την ανάγκη, αλλά αναφέρει ότι δεν είναι έτοιμη να τους μιλήσει η ίδια. Οι Υπηρεσίες Κοινωνικής Ευημερίας επικοινωνήσαν με την Λουκία η οποία αρνήθηκε οποιαδήποτε κακοποίηση λέγοντας ότι η ίδια δημιούργησε τις ιστορίες περί κακοποίησης επειδή ήταν θυμωμένη με τον Αμίλ. Ο Αμίλ και τα παιδιά αρνήθηκαν επίσης οποιοδήποτε πρόβλημα στην οικογένεια όταν ρωτήθηκαν. Το σχολείο των παιδιών και ο προσωπικός ιατρός της οικογένειας δεν εξέφρασαν κάποια ανησυχία σχετικά με τα παιδιά. Δεν ελήφθησαν περαιτέρω μέτρα.



## Appendix 2: Key Worker Focus Group Questions (English and Greek Version)

Length of Focus group: 45 minutes - 1 hour (maximum)

Focus Group Introductions:

- Remind participants the session is recorded, and they can participate via audio only (i.e. turn their cameras off) if they wish.
- Start recording.
- Confirm that the participants have all read the information sheet and signed the consent form.
- Ask if they have any questions at this stage?

Please ask each participant to introduce themselves by first name, who they support (*and how*), and job title

First half of the focus group: Using the vignettes. You should allow 15-25 minutes per case for the discussion. Vignettes should be sent out in advance, alongside these question prompts:

*Vignette Topic Prompts: Questions:*

- How does each story compare to types of cases you experience in your professional role?
- At which points could an intervention have been offered?  
(CJS and voluntary options)
- If you could imagine your ideal intervention in this context, to end the DVA and offer support to both the victim and perpetrator, what would it include?

Supplementary questions (for last 20-30 minutes)

*Scoping Question- Views on existing DVA support provision*

I want to ask your views about current perpetrator work:



- In your opinion, are there gaps in the current provision of perpetrator work in your community? If yes, what are they?
- In your opinion, are there barriers faced for perpetrators accessing timely and effective support? If yes, what are they?
- If you could change one thing about the situation for perpetrator intervention in your community, what would it be?

#### End of focus group

- Thank the participants for taking part.
- Let them know you will be sending out an email and asking if, on reflection they have any further information they wish to share.
- Remind them of their local support services should this focus group raised any sensitive issues for them.
- *Stop the recording and save it as per the guidelines on the focus group guidance sheet.*

#### Βασικές ερωτήσεις ομάδας εστίασης επαγγελματιών πρώτης γραμμής

Διάρκεια ομάδας εστίασης: 45 λεπτά – 1 ώρα (μέγιστη διάρκεια)

#### Εισαγωγή ομάδας εστίασης:

- Υπενθυμίστε στους συμμετέχοντες ότι η συνεδρία καταγράφεται και μπορούν να συμμετέχουν μόνο μέσω ήχου εάν το επιθυμούν (απενεργοποίηση τις κάμερας τους).
- Ξεκινήστε την ηχογράφιση.
- Επιβεβαιωθείτε ότι όλοι οι συμμετέχοντες έχουν διαβάσει το φύλλο πληροφοριών και έχουν υπογράψει τη φόρμα συναίνεσης.
- Ρωτήστε εάν έχουν οποιοσδήποτε ερωτήσεις σε αυτό το στάδιο.

Ζητήστε από κάθε συμμετέχοντα να κάνει σύντομη παρουσίαση του εαυτού του/της αναφέροντας το όνομα τους, τη διάρκεια εργασίας σε αυτόν τον τομέα, με ποια άτομα εκ των θυμάτων/δραστών εργάζονται, και τη θέση εργασίας τους.



Πρώτο μισό της ομάδας εστίασης: Επιλέξτε 2 από τις βινιέτες που περιγράφουν ένα περιστατικό βίας. Θα πρέπει να δώσετε 15-20 λεπτά ανά περίπτωση για συζήτηση. Οι βινιέτες πρέπει να σταλούν εκ των προτέρων, μαζί με τις πιο κάτω ερωτήσεις:

Θέματα παρακίνησης συζήτησης βινιέτας: Ερωτήσεις:

- Πώς συγκρίνεται αυτό το συγκεκριμένο περιστατικό με τα είδη των περιστατικών που αντιμετωπίζετε ως επαγγελματίας;
- Σε ποια σημεία θα μπορούσε να προσφερθεί παρέμβαση; (Σύστημα ποινικής δικαιοσύνης και εθελοντικές επιλογές δραστών)
- Πώς θα μπορούσατε να φανταστείτε την ιδανική παρέμβασή σας σε αυτό το πλαίσιο, για να τερματιστεί η ενδοοικογενειακή βία και να προσφερθεί υποστήριξη τόσο στο θύμα όσο και στον δράστη, τι θα περιλάμβανε;

Συμπληρωματικές ερωτήσεις (για τα τελευταία 20 λεπτά)

Διερευνητικές Ερωτήσεις – απόψεις σχετικά με την υπάρχουσα παροχή υποστήριξης σε θέματα ενδοοικογενειακής βίας

Θέλω να ρωτήσω τις απόψεις σας σχετικά με τα τρέχουσα προγράμματα δραστών:

- Κατά τη γνώμη σας, υπάρχουν κενά στην τρέχουσα παροχή προγραμμάτων/θεραπείας δραστών στην κοινότητά σας; Εάν ναι, ποια είναι;
  - Κατά τη γνώμη σας, υπάρχουν εμπόδια για την έγκαιρη και αποτελεσματική υποστήριξη των δραστών; Εάν ναι, ποια είναι;
- Εάν μπορούσατε να αλλάξετε ένα πράγμα σχετικά με την κατάσταση παρέμβασης των δραστών στην κοινότητά σας, τι θα ήταν;

Τέλος της ομάδας εστίασης

- Ευχαριστείστε τους συμμετέχοντες που συμμετείχαν.
- Ενημερώστε τους ότι θα στείλετε ένα email και θα ρωτήσετε εάν μετά από περαιτέρω σκέψη, έχουν οποιοσδήποτε περαιτέρω πληροφορίες που επιθυμούν να μοιραστούν.
- Υπενθυμίστε τους τις τοπικές υπηρεσίες υποστήριξης σε περίπτωση που αυτή η ομάδα εστίασης εγείρει ευαίσθητα ζητήματα γι' αυτούς.



- Σταματήστε την ηχογράφιση και αποθηκεύστε την σύμφωνα με τις οδηγίες στο φύλλο οδηγιών της ομάδας εστίασης.

### **Appendix 3: Coding Frame of Focus Groups**

Thematic Codes Part 1- Key themes as specified in the funding bid

- TC1A- What currently happens: Organisational response and referral pathways
- TC1B- Negatives: Barriers for perpetrators accessing services
  - o Why don't people engage?
- TC1C- Positives: Good Practice/What works
  - o Motivational factors for engagement
- TC1D- Needs: Gaps in provision
- TC1E- Typologies of Perpetrators: Typical presentation/issues
- TC1F- Typologies of Victims: Typical presentation/issues
- TC1G- Victims perspectives- Misc

Thematic Codes Part 2- Important thematic areas to explore for further exploration/future publications

- TC2A- Rural DVA: Localised issues specific to regional/rural DVA
- TC2B- Masculinities: I.e. the perceived gender specific ways men cope/perpetrate/relate to DVA.
- TC2C- Controversies: Pro-feminist vs. gender neutral discourse
- TC2D- COVID-19114



Thematic Codes Part 3- All team members are welcome to highlight key points which touch areas of their own interest, for wider discussion by the team.

- TC3A- Noteworthy: Misc areas which are important to note



## **Appendix 4: Victim Questionnaire (English and Greek Version)**

### Participant Information Sheet – Research Questionnaire

My name is XXX and I work in a research team from XXX. As part of a European project we are conducting research into DVA and Abuse (DVA), so that we can better understand how to develop programmes to support survivors and support and potentially change the behaviours of perpetrators.

All details and information collected through the research will be completely confidential and anonymised, and no individual will be identifiable. Before you decide whether to answer the questionnaire, please take time to read the following information and discuss with others, should you wish. You can also contact me directly should you have any questions.

**Participants:** To take part in the study, you must be 18 years or older, and currently be experiencing DVA or have experienced DVA within the last 10 years.

**Purpose:** The aim of the OSSPC project is to prevent further DVA and change abusive behavioral patterns by increasing the capacity of frontline workers to support and further teach perpetrators of DVA to adopt nonviolent behaviour in interpersonal relationships. The questionnaire will take approximately 15 minutes to complete and features several questions where the answers are 'free text' boxes, to give you the opportunity to share your thoughts and opinions. Please be as open and detailed as you can when answering any question. The more honest you are the more helpful and meaningful the data will be.

**Benefits:** Whilst there are no immediate benefits for those people participating in the project, your participation in this research study will make a valuable contribution to our understanding of DVA and the potential for future support for survivors.



**Confidentiality:** Only the research team will be able to access the study data. Anonymised data collected in this study may be used in future reports. However, all details are anonymous, and no individual will be identifiable through such publication of data. For the protection of yourself and the researchers conducting this study, this research has been reviewed and approved in line with Bournemouth University's research ethics code of practice. BU's Research Participant Privacy Notice sets out more information about how we fulfil our responsibilities as a data controller and about your rights as an individual under the data protection legislation.

**Withdrawal:** You can withdraw from the questionnaire at any time. Please note that to withdraw you would only need to close the browser page (if completing online) or not return the questionnaire to the researcher. However, once you have completed and submitted the questionnaire, we are not able to remove your anonymised responses from the study.

Thank you for taking the time to read this. If you have any questions regarding this research, please feel free to contact me using the information below.

**Contact Information:** *Researchers: XXX. Email: XXX. If you have a concern about any aspect of this study and wish to complain, please contact: XXX*

Experiences of DVA and Abuse (DVA): Questionnaire

By completing this questionnaire, it is assumed that you have given full informed consent.

Thank you so much for taking part. We hope to learn from you to help other people in future.

We stress there are no right or wrong answers, it is your opinion that matters.

**SECTION 1:** To what extent do you agree or disagree with the following statements - please tick one box?



	Strongly Agree	Agree	Neither agree or disagree	Disagree	Strongly Disagree
There is a good general awareness of DVA as a social problem in my community.					
I knew where to go to get help.					
I was able to access DVA support when I needed it.					
The help was offered at the right time for me.					
When I experienced DVA criminal justice agencies were involved (Police, courts, legal support).					
The criminal justice responses were effective					
The criminal justice responses were helpful					
The criminal justice response was vital to my safety.					
My abusive partner was held accountable through criminal justice responses					
If my abusive partner was not violent, then most of the time my relationship was fine.					
If the abuse had stopped, I would have stayed in the relationship.					



	Strongly Agree	Agree	Neither agree or disagree	Disagree	Strongly Disagree
My abusive partner was offered support by the services to change their behaviour.					
For an abuser to accept help, they need to realise there is a problem with their behaviour.					
If there had been help for my abusive partner, things might have been different.					
I would have preferred to have accessed support for myself, my abusive partner, and (if applicable) children.					
My abusive partner could have been helped if the right help had been available .					

## SECTION 2:

From Your Experience:

I began to think about getting help, \_\_\_\_\_ years of abuse

Did you call the police? Yes/No

If yes,

How many times did you call the police? \_\_\_\_\_

Please, explain, in your own words:

- i) What, if anything, were the best three things about the help you received for DVA?



ii) What, if anything, were the worst three things about the help you received for DVA?

iii) If you could change one thing about how abusers are responded to, what would you change and why?

Please tell us a little bit about yourself:

How old are you (in years)?	
What is your ethnicity?	
Are you male or female, prefer to self-describe?	
If you are working, what is your job?	
My abusive partner was/is male/female/other? If other, please state defined gender:  <i>If you have had more than one abusive partner, please tell us how many in the box below, and what gender(s) they were/are?</i>	
Do you have children?	

If you have any further comments to make about this topic, please add them here:

Would you like us to send you some information about the results of this project?
If yes, please enter your email address* here:



\*This email address will only be used for the purpose of sending you a copy of the research summary, and will not be stored as part of the research data. All personal data relating to this study will be held for 30 months from the date of publication of the research. BU will hold the information we collect about you in a secure location and on a BU password protected secure network where held electronically. Access to your personal data will be restricted to members of the research team and for the purpose of the research project only, in line with data protection guidelines. BU's Research Participant Privacy Notice sets out more information about how we fulfil our responsibilities as a data controller and about your rights as an individual under the data protection legislation.

Finally, please could you tell us where you heard about the link to this questionnaire?

Facebook	Twitter	OSSPC Webpage	Local services webpage	A friend	A poster in the local DVA services	A professional from the local services	Other

If other; please tell us where you found the link?

Thank you for completing this questionnaire. *Should you have any further questions, please do not hesitate to contact me (XXX) at: XXX*

Should you wish to find out further information on DVA the following websites provide useful information, advice, and support: *In the XXX*

XXX

Confidentiality Confirmation: The collected data will only be accessible by researcher and her supervisory team. Anonymised data collected in this study may be used in future



reports such as academic journal and conference presentations. No individual will be identifiable through such publication of data.

*For further information about the overall project please contact: XXX*



This project is funded by the EU's Rights, Equality and Citizenship Programme (2014-2020)

Έντυπο Παροχής Πληροφοριών Για Τους Συμμετέχοντες/ Έντυπο Ενήμερης Συγκατάθεσης – Ερωτηματολόγιο Έρευνας

Είμαστε η ερευνητική ομάδα του Συνδέσμου Πρόληψης και Αντιμετώπισης της Βίας στην Οικογένεια. Ως μέρος ενός Ευρωπαϊκού Προγράμματος «OSSPC: Οι Δράστες σε Διαδικασία Αλλαγής» διεξάγουμε έρευνα για την Ενδοοικογενειακή Βία και Κακοποίηση, ούτως ώστε να υπάρξει μια καλύτερη κατανόηση σχετικά με τον τρόπο ανάπτυξης προγραμμάτων υποστήριξης για επιβιώσαντες του τραύματος και την υποστήριξη και δυναμική τροποποίηση των συμπεριφορών των δραστών.

Όλα τα στοιχεία και οι πληροφορίες που θα συλλεχθούν διαμέσου της έρευνας θα είναι απολύτως εμπιστευτικές και ανωνυμοποιημένες και κανένα άτομο δεν θα είναι αναγνωρίσιμο. Προτού αποφασίσετε εάν θα συμπληρώσετε το ερωτηματολόγιο, παρακαλώ πάρτε το χρόνο σας ώστε να διαβάσετε τις ακόλουθες πληροφορίες και να τις συζητήσετε με άλλους, εάν και όπως επιθυμείτε. Μπορείτε επίσης να επικοινωνήσετε απευθείας μαζί μου εάν έχετε τυχόν απορίες.

Συμμετέχοντες: Για να συμμετάσχετε στην έρευνα, πρέπει να είστε άνω των 18 ετών και να έχετε βιώσει πρόσφατα Ενδοοικογενειακή Βία και Κακοποίηση ή να έχετε βιώσει Ενδοοικογενειακή Βία και Κακοποίηση τα τελευταία 10 χρόνια.



Σκοπός: Σκοπός του έργου είναι η πρόληψη περαιτέρω Ενδοοικογενειακής Βίας και Κακοποίησης, η τροποποίηση των κακοποιητικών συμπεριφορικών μοτίβων, η αύξηση των δεξιοτήτων των εργαζομένων στην «πρώτη γραμμή» και η περαιτέρω εκπαίδευση των δραστών Ενδοοικογενειακής Βίας και Κακοποίησης στην υιοθέτηση μη βίαιων συμπεριφορών στις διαπροσωπικές τους σχέσεις.

Η συμπλήρωση του ερωτηματολογίου διαρκεί περίπου 15 λεπτά και διαθέτει ποικίλες ερωτήσεις με κουτιά απαντήσεων ανοιχτού τύπου, δίνοντάς σας την ευκαιρία να μοιραστείτε τις σκέψεις και τις απόψεις σας. Παρακαλώ να είστε όσο πιο ανοιχτοί και λεπτομερείς γίνεται όταν απαντάτε στις ερωτήσεις. Όσο πιο ειλικρινείς είστε, τόσο πιο βοηθητικά και μεστά από νόημα θα είναι τα δεδομένα.

Οφέλη: Παρότι δεν υπάρχουν άμεσα οφέλη για τους συμμετέχοντες στην έρευνα, η συμμετοχή σας σε αυτή αποτελεί πολύτιμη συμβολή στην κατανόηση της Ενδοοικογενειακής Βίας και Κακοποίησης από πλευράς μας και στην δυναμική μελλοντική υποστήριξη των επιβιωσάντων του τραύματος.

Εμπιστευτικότητα: Μόνο η ερευνητική ομάδα θα μπορεί να έχει πρόσβαση στα δεδομένα της μελέτης. Τα ανωνυμοποιημένα δεδομένα που θα συλλεχθούν σε αυτή τη μελέτη μπορεί να χρησιμοποιηθούν σε μελλοντικές εκθέσεις. Παρόλα αυτά, όλα τα στοιχεία είναι ανώνυμα και κανένα άτομο δεν θα είναι αναγνωρίσιμο από αντίστοιχη δημοσιοποίηση των δεδομένων. Για την προστασία τη δική σας αλλά και των ερευνητών που διεξάγουν την έρευνα, η εν λόγω έρευνα έχει εξεταστεί και εγκριθεί, όντας σε συμφωνία με τον ερευνητικό ηθικό κώδικα πρακτικής του Πανεπιστημίου του Bournemouth. Το Έντυπο του Πανεπιστημίου του Bournemouth (BU's Research Participant Privacy Notice) παρέχει περισσότερες πληροφορίες για το πώς εκπληρώνουμε τις ευθύνες μας ως διαχειριστές δεδομένων και σχετικά με τα δικαιώματά σας ως άτομο βάσει της νομοθεσίας προστασίας προσωπικών δεδομένων.

Απόσυρση: Μπορείτε να αποσυρθείτε από το ερωτηματολόγιο ανά πάσα στιγμή. Παρακαλώ κρατήστε κατά νου ότι προκειμένου να αποσυρθείτε πρέπει μόνο να κλείσετε



τη σελίδα περιήγησης (εάν η συμπλήρωση γίνεται διαδικτυακά) ή να μην επιστρέψετε το ερωτηματολόγιο στον ερευνητή (εάν συμπληρώνεται χειρόγραφα). Εντούτοις, εάν έχετε ήδη συμπληρώσει και καταθέσει το ερωτηματολόγιο, δεν μπορούμε να αποσύρουμε τις ανώνυμες απαντήσεις σας από τη μελέτη.

Στοιχεία επικοινωνίας: Φιλιά Κυριάκου ([f.kyriacou@domviolence.org.cy](mailto:f.kyriacou@domviolence.org.cy)), Ιωάννα Πετρίδου ([i.petridou@domviolence.org.cy](mailto:i.petridou@domviolence.org.cy)), Ηρώ Μιχαήλ ([i.michael@domviolence.org.cy](mailto:i.michael@domviolence.org.cy)).

Εάν ανησυχείτε για οποιαδήποτε πτυχή αυτής της έρευνας και θέλετε να υποβάλετε παράπονο, επικοινωνήστε με: κα. Φιλιά Κυριάκου, Συντονίστρια Ευρωπαϊκού Έργου OSSPC, μέσω email: [f.kyriacou@domviolence.org.cy](mailto:f.kyriacou@domviolence.org.cy)

Εμπειρίες Ενδοοικογενειακής Βίας και Κακοποίησης: Ερωτηματολόγιο

Με τη συμπλήρωση αυτού του ερωτηματολογίου θεωρείται ότι έχετε δώσει την ενήμερη συγκατάθεσή σας.

Σας ευχαριστώ θερμά για τη συμμετοχή σας. Ελπίζουμε να μάθουμε από εσάς για να μπορέσουμε να βοηθήσουμε και άλλους ανθρώπους στο μέλλον.

Υπενθυμίζουμε ότι δεν υπάρχουν σωστές ή λάθος απαντήσεις, η γνώμη σας είναι που μετράει.

ΕΝΟΤΗΤΑ 1: Σε ποιο βαθμό συμφωνείτε ή διαφωνείτε με τις ακόλουθες προτάσεις;  
Παρακαλώ τσεκάρτε ένα κουτί.



	Συμφωνώ απόλυτα	Συμφωνώ	Δεν συμφωνώ/Δεν Διαφωνώ	Διαφωνώ	Διαφωνώ απόλυτα
Υπάρχει μια καλή γενική ενημερότητα για την Ενδοοικογενειακή Βία και Κακοποίηση ως κοινωνικό πρόβλημα στην κοινότητά μου					
Ήξερα που να απευθυνθώ για να λάβω βοήθεια					
Μπορούσα να έχω πρόσβαση σε υπηρεσίες υποστήριξης Ενδοοικογενειακή Βία και Κακοποίηση όταν το χρειάστηκα					
Η βοήθεια που μου παρασχέθηκε ήταν άμεση					
Όταν βίωσα Ενδοοικογενειακή Βία και Κακοποίηση ενεπλάκησαν οι υπηρεσίες ποινικής δικαιοσύνης					



	Συμφωνώ απόλυτα	Συμφωνώ	Δεν συμφωνώ/Δεν Διαφωνώ	Διαφωνώ	Διαφωνώ απόλυτα
(Αστυνομία, Δικαστήρια, νομική υποστήριξη)					
Οι αποκρίσεις της ποινικής δικαιοσύνης ήταν αποτελεσματικές					
Οι αποκρίσεις της ποινικής δικαιοσύνης ήταν βοηθητικές					
Οι αποκρίσεις της ποινικής δικαιοσύνης ήταν ζωτικής σημασίας για την ασφάλειά μου					
Ο δράστης κατέστη υπόλογος/ υπεύθυνος για τις πράξεις του εξαιτίας των αποκρίσεων της ποινικής δικαιοσύνης					
Εάν ο δράστης δεν ήταν βίαιος, τότε τον περισσότερο καιρό η σχέση θα ήταν ικανοποιητική					



	Συμφωνώ απόλυτα	Συμφωνώ	Δεν συμφωνώ/Δεν Διαφωνώ	Διαφωνώ	Διαφωνώ απόλυτα
Εάν η κακοποίηση σταματούσε θα είχα παραμείνει στη σχέση					
Παρασχέθηκε υποστήριξη από υπηρεσίες στο δράστη για να αλλάξει τη συμπεριφορά του					
Για να αποδεχτεί ο δράστης τη βοήθεια, πρέπει να συνειδητοποιήσει ότι υπάρχει πρόβλημα με τη συμπεριφορά του					
Εάν υπήρχε βοήθεια για τον κακοποιητικό σύντροφό μου, τα πράγματα θα ήταν διαφορετικά					
Θα προτιμούσα να υπήρχε πρόσβαση σε υποστήριξη για τον εαυτό μου, τον κακοποιητικό σύντροφό					



	Συμφωνώ απόλυτα	Συμφωνώ	Δεν συμφωνώ/Δεν Διαφωνώ	Διαφωνώ	Διαφωνώ απόλυτα
μου και (εάν υπάρχουν) τα παιδιά μου					
Ο δράστης θα μπορούσε να είχε βοηθηθεί εάν υπήρχε διαθέσιμη η κατάλληλη βοήθεια					

## ΕΝΟΤΗΤΑ 2:

Βάσει της εμπειρίας σας:

Άρχισα να σκέφτομαι τη λήψη βοήθειας, στα \_\_\_\_\_ χρόνια της κακοποίησης

Καλέσατε την αστυνομία; Ναι/ Όχι

Εάν ναι,

Πόσες φορές καλέσατε την αστυνομία; \_\_\_\_\_

Παρακαλώ, εξηγήστε με δικά σας λόγια:

- iii) Ποια ήταν, εάν υπήρξαν, τα καλύτερα τρία πράγματα σχετικά με τη βοήθεια που λάβατε για την Ενδοοικογενειακή Βία και Κακοποίηση;
- iv) Ποια ήταν, εάν υπήρξαν, τα χειρότερα τρία πράγματα σχετικά με τη βοήθεια που λάβατε για την Ενδοοικογενειακή Βία και Κακοποίηση;
- v) Εάν θα μπορούσατε να αλλάξετε ένα πράγμα σχετικά με το πώς οι δράστες ανταποκρίνονται, τι θα αλλάζατε και γιατί;

Παρακαλώ πείτε μας λίγα πράγματα για τον εαυτό σας:



Πόσο χρονών είστε (σε έτη);	
Ποια είναι η εθνικότητά σας;	
Είστε άντρας, γυναίκα ή προτιμάτε να μην αυτοπροσδιορίζεστε;	
Εάν εργάζεστε, ποιο είναι το επάγγελμά σας;	
Ο κακοποιητικός σύντροφός μου ήταν/είναι άντρας/γυναίκα;  <i>Εάν είχατε πάνω από έναν κακοποιητικούς συντρόφους, Παρακαλώ πείτε μας πόσοι ήταν στο παρακάτω κουτί, και ποιο ήταν/ είναι το φύλο/ τα φύλα τους;</i>	
Έχετε παιδιά;	

Εάν έχετε επιπλέον σχόλια σχετικά με αυτή τη θεματική, Παρακαλώ προσθέστε τα εδώ:

Θα θέλατε να σας στείλουμε πληροφορίες σχετικά με τα αποτελέσματα αυτού του έργου;
Εάν ναι, Παρακαλώ γράψτε το email* σας εδώ:

\*Αυτό το email θα χρησιμοποιηθεί μόνο για να σας σταλεί αντίγραφο της περίληψης της έρευνας και δεν θα αποθηκευθεί ως μέρος των προσωπικών δεδομένων της έρευνας. Όλα τα προσωπικά δεδομένα που σχετίζονται με αυτή την έρευνα θα διατηρηθούν για 30 μήνες από την ημερομηνία δημοσίευσης της έρευνας. Το Πανεπιστήμιο του Bournemouth θα φυλάξει τις πληροφορίες που θα συλλέξουμε σχετικά με εσάς σε ασφαλή τοποθεσία ενώ



θα φυλαχθούν ηλεκτρονικά σε προστατευμένο, ασφαλές δίκτυο, με τη χρήση κωδικού ασφαλείας. Η πρόσβαση στα προσωπικά σας δεδομένα θα περιορίζεται αυστηρά στα μέλη της ερευνητικής ομάδας και μόνο για τον σκοπό του ερευνητικού έργου, ακολουθώντας τις οδηγίες προστασίας δεδομένων. Η Σημείωση Απορρήτου Συμμετεχόντων σε Έρευνα του Πανεπιστημίου του Bournemouth (BU's Research Participant Privacy Notice) παρέχει περισσότερες πληροφορίες για το πώς εκπληρώνουμε τις ευθύνες μας ως διαχειριστές δεδομένων και σχετικά με τα δικαιώματά σας ως άτομο βάσει της νομοθεσίας προστασίας προσωπικών δεδομένων.

Τέλος, μπορείτε να μας πείτε από πού ακούσατε γι' αυτό το ερωτηματολόγιο;

Facebook	Twitter	Ιστοσελίδα OSSP C	Ιστοσελίδων ΥΚΕ/Αστυνομίας ή άλλης αρχής	Από κάποιο φίλο/η	Από πόστερ σε ΥΚΕ/Αστυνομία ή άλλη αρχή	Από επαγγελματία ΥΚΕ/Αστυνομίας ή άλλης αρχής	Άλλη πηγή

Αν άλλη πηγή, σας παρακαλώ όπως μας ενημερώσετε από πού;

Σας ευχαριστούμε που συμπληρώσατε αυτό το ερωτηματολόγιο. *Εάν υπάρχουν τυχόν απορίες, παρακαλώ μη διστάσετε να επικοινωνήσετε μαζί μας: XXX*

Εάν επιθυμείτε να βρείτε περισσότερες πληροφορίες σχετικά με την Ενδοοικογενειακή Βία και Κακοποίηση, οι ακόλουθοι ιστότοποι παρέχουν χρήσιμες πληροφορίες, συμβουλές και υποστήριξη

- Σύνδεσμος Πρόληψης και Αντιμετώπισης της Βίας στην Οικογένεια: [www.domviolence.org.cy](http://www.domviolence.org.cy), Γραμμή Βοήθειας 1440 (24/07),



[info@domviolence.org.cy](mailto:info@domviolence.org.cy), Live Chat μέσω της ιστοσελίδας, Υπηρεσία SMS 99-984042.

- Γραφείο Χειρισμού Θεμάτων Βίας στην Οικογένεια της Αστυνομίας, 22-808442, 22-808731.
- Συμβουλευτική Επιτροπή για την Πρόληψη και Καταπολέμηση της Βίας στην Οικογένεια, 22-775888, [familyviolence.a.c@cytanet.com.cy](mailto:familyviolence.a.c@cytanet.com.cy)

Επιβεβαίωση Εμπιστευτικότητας: Τα δεδομένα που θα συλλεχθούν θα είναι προσβάσιμα μόνο από την ερευνήτρια και την ομάδα εποπτείας της. Τα ανωνυμοποιημένα δεδομένα που θα συλλεχθούν σε αυτή την έρευνα μπορεί να χρησιμοποιηθούν σε μελλοντικές εκθέσεις όπως ακαδημαϊκά άρθρα και παρουσιάσεις σε συνέδρια. Κανένα άτομο δεν θα είναι αναγνωρίσιμο σε αυτές τις δημοσιεύσεις δεδομένων.

Για περισσότερες πληροφορίες σχετικά με το γενικότερο έργο παρακαλώ επικοινωνήστε με: Φιλώ Κυριάκου, Συντονίστρια OSSPC, μέσω email: [f.kyriacou@domviolence.org.cy](mailto:f.kyriacou@domviolence.org.cy)

«Το περιεχόμενο αυτού του υλικού αντιπροσωπεύει μόνο τις απόψεις του συγγραφέα και είναι αποκλειστική ευθύνη του / της. Η Ευρωπαϊκή Επιτροπή δεν αποδέχεται καμία ευθύνη για τη χρήση των πληροφοριών που περιέχει. »



Το έργο συγχρηματοδοτείται από το Πρόγραμμα Δικαιώματα, Ισότητα, Ιθαγένεια της Ευρωπαϊκής Ένωσης (2014-2020)

### *Disclaimer*

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