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Regional Strategy for an integrated response to incidents of domestic violence (Cyprus)

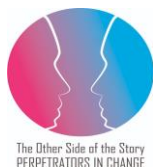
"The Other Side of the Story: Perpetrators in Change" (OSSPC)

Grant Agreement No. 881684 OSSPC

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The Other Side of the Story
PERPETRATORS IN CHANGE

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Organisation Information

Organisation: Association for the Prevention and Handling of Violence in the Family (APHVF)

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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 |
| VAWG | Violence against Women and Girls |





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A. The extent of Domestic Violence at Regional level

Cyprus: the extent of Domestic Violence

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.

The 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.

Yet even though national statistics on VAWG in Cyprus are limited, 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.

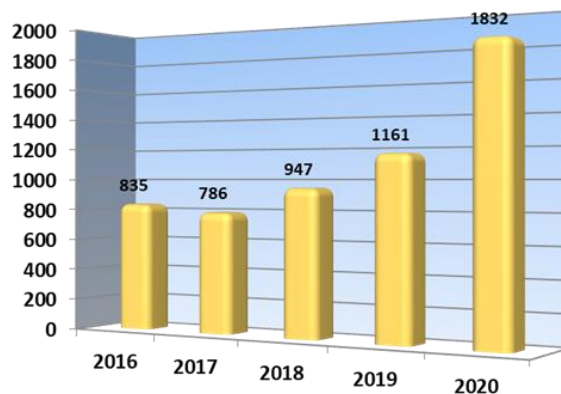
According to a study by the Advisory Committee for the Prevention and Combating of Violence in the Family (2012), 60% of women victims did not report the incident. Overall, gaps and challenges involve "both functional and substantial deficiencies and barriers which prevent an integrated and holistic 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



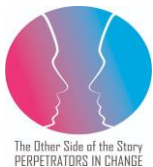
victims support services, and the court procedures; which results to the lack of a coordinated and systematic implementation of protection measures for the efficient protection of victims and their families throughout the criminal proceedings.

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 programs. Even though there is an increase of the DVA cases reported and handled by the Police, which is consistent with the increase of DVA cases reported to and handled by APHVF; this observed increase still does not reflect the pragmatic number of the DVA cases.

Results of the first nationwide epidemiological research on the extent, forms, frequency and effects of domestic violence against women (Apostolidou, Mavrikiou, Parlalis, 2014) showed that at least 28% of the women in the sample had been abused in some way by their husband / ex-husband or partner / ex-partner. DVA statistics by the Cyprus Police show an increase in reporting over the years (see figure below, source: Cyprus Police website).



Due to the COVID-19 pandemic, APHVF reported an increase of reports of DVA up to 47-50%; these rates have been alarming but not unexpected. As evidence shows, major crises often lead to increased gender-based DVA, which further worsens following the 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.

APHVF statistics – 2021

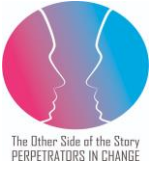
During 2021, APHVF handled 2854 cases of domestic violence in total.

- The National Helpline 1440 responded to 1688 calls for DVA incidents of which 844 were new cases. In 74% of the cases the victims were women.
- 272 new cases requested individual appointments for counselling, while over 660 women and children were hosted at the shelters.
- The types of violence reported were (in a priority order based on their frequency: psychological violence, physical violence, financial violence, spiritual violence, stalking, sexual violence, cyber violence.
- About 40% of the cases had been reported to the Police.
- About 40% reported that there was an increase of the violence during the last three months.
- 404 cases were referred to the one-stop-shop centre 'Woman's House'.
- 40 cases of perpetrators were referred to the perpetrators' program 'Proteas'.

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





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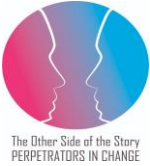


for compensation in civil proceedings where they take the role of a plaintiff. Yet victims' role in reporting a crime to the Police is essential.

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





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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.

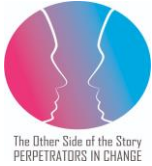
Cyprus has also ratified the Istanbul Convention since March 2018. The objectives and provisions of the Istanbul Convention (Council of Europe, Treaty Series - No. 210- Council of Europe Convention on the Prevention and Combating of VAWG and DVA - Istanbul, 11.V.2011) are providing training to professionals (Article 15) and providing preventive intervention and treatment programmes (Article 16) to DVA perpetrators and sex offenders, in order to adopt non-violent behaviour 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.

Best practices examples in victims' support and perpetrators treatment in Cyprus

A range of good practices for the prevention and tackling of VAWG exist in Cyprus, including 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). Specifically for DVA cases:

- **Perpetrators' program 'PROTEAS'**: only the APHVF runs a programme for perpetrators of DVA and IPV, a programme which was created and established in July 2020. 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 behaviour 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. The program has its own





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hotline 1406, where someone may receive information, appointments for counselling to perpetrators, and referrals to other APHVF services.

- **The Woman's House:** the centre was assigned to APHVF following a Ministerial Decision, as a safe place, operating as a one-stop-shop based on the European Family Justice Centres approach, for women victims of gender –based violence and DVA. It operates as an interdisciplinary centre, friendly to victims of violence, where professionals from various specialties and government officials work under the same roof to provide adequate support to women victims of violence, in a way that promotes the rights and interests of victims of violence and their family members. The services provided are: immediate/ short-term psychological support, socio-financial support, medical examination, referral and / or escort to services (whenever needed), legal services, written and audiovisual testimony of the victim to members of CID Domestic Violence Unit and, security and protection measures, as well as Social Welfare services. All women and their children, and girls (under 18) who are victims of gender-based or/and domestic violence can get support.

- **The Children's House:** the house was created as a safe place operating under the one-stop-shop approach of Barnahus model, for cases of child sexual abuse and exploitation. The services provided there include the evaluation of the child and his/her family, the conduct of the forensic examination and of the audiovisual recorded statement of the child, individual assessment of the victims' and their families' needs for support, as well as providing support and treatment services for the child victim and his/her family. Since the establishment of the Children's House, the processing time of the cases' investigation and prosecution has been reduced, while secondary victimisation of the child victims is prevented as all examinations are held in child-friendly environments and by especially trained professionals.

- **APHVF Live chat and SMS services:** during the first lockdown due to the Covid-19 pandemic, APHVF expanded its services to allow more DVA victims to reach its services. To this end, a live chat and a SMS service were established and still operating. The services support the Helpline 1440, in cases where victims are unable to contact the helpline 1440 because of the perpetrators being present. Further the new services allow victims, especially victims with audio-visual disabilities, as well as victims who are abroad, to contact the organisation. Just like the helpline 1440, the live chat and the SMS services provide information about the rights, possibilities and options as needed; support / counselling; information and cooperation with other relevant services; referrals to competent services via written reports to the Competent





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Authorities; and operate as a gateway to other services of the organisation such as, Shelters, Counselling services, 'Proteas' program, Woman's House.

B. Multi-Agency Orientation for an integrated response to incidents of DVA

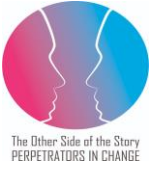
1) The need of Multi-Agency cooperation to minimise and eliminate DVA (justification of strategy and framework of action)

Research shows that cooperation between agencies is important to help reduce the risk of cases slipping through the safeguarding system and stopping domestic abuse at an early stage or preventing it from happening in the first place. In order to achieve this it is important to have early effective risk identification, improved information sharing, joint decision making and coordinated action to assess, manage and reduce risk.

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. 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.

Moreover, in order to have an effective coordinated approach the multi-agency cooperation system may take a variety of forms based on the availability of resources, the general services, women's organisations and NGOS as service providers. Regardless of how large or small a





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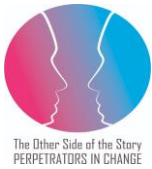


community is or how varied their needs are, there are certain necessary components that must be developed and incorporated to make this a functioning mechanism.

First and foremost is the safety of the victim. The design and implementation of the response must consider safety in all decisions, protocols and responses that are initiated. The safety of the victim should be considered a priority at every level of the mechanism. Any response to a victim must include an assessment of current and future safety. The development of a safety plan for each victim should identify levels of violence and the patterns of escalation that have occurred. Victims are not always ready or able to free themselves from the abuser. In fact, when asked, most victims do not want to lose their marriage, family or home. They simply want the violence to stop. Victims can return again and again back to the abusive relationship before they are able to have enough resources and willpower to get themselves free from violence. For this reason, the members of the mechanism should be prepared for these choices and carry out risk assessments and safety planning with each victim they serve. When discussing solutions for victims, it is necessary to consider safety as a primary factor for any plan of action. Ensuring that the mechanism provides necessary focus and attention to safety is the primary component of assisting victims.

Due to the very nature of violence against women and domestic violence cases, the cooperation among the services must be available at all times, particularly at the immediate response level. Once the team is identified and becomes operational, a system of co-operation must be consistently available. Membership can be shifted and adapted based on restrictions of available personnel but there must be a consistent and immediate response to each call. It takes a great deal of strength and courage for a victim to finally reach out for help and finding no support could be more damaging than not reaching out at all. Often, victims can make choices that are not in alignment with the desire of the members of the mechanism or may choose not to pursue avenues that would seem to be in their best interest. These cases can be difficult to work with and there can be a strong sense of frustration and a sense of helplessness on the part of the professionals. It is, however, important to understand that the victim is part of a larger system of violence and may not be thinking clearly, may be feeling frightened and overwhelmed by what is being presented as options and may be making a choice based on a real understanding of the danger of the situation whether an outsider can understand this or not. It is the responsibility of the services to provide options, support and understanding to the victim.





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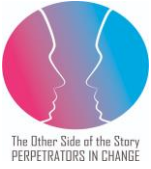


Victims' privacy and confidentiality must be observed and monitored. Victims can be extremely concerned about seeking help out of fear that everyone in their neighbourhood, community or local religious institution (e.g. church) will find out what happened to them. They are often ashamed and certainly afraid of being judged by others. When victims cannot be assured of confidentiality, they are clearly hesitant to seek the help they need and deserve. If victims do not feel safe, they will most likely make the choice to remain in a violent situation, regardless of the consequences. It is important to develop, implement and consistently enforce comprehensive confidentiality policies and procedures across all levels of services to ensure the safety and accessibility for victims. This can, at times, require a review and change in the local and national policies regarding the handling of personal information, and procedures and laws that protect victims' right to privacy. The details of the incident must be kept confidential and respected at each and every level of the services delivered to victims. There are times when existing policies and procedures of services will be in conflict with this need for confidentiality and these discrepancies should be quickly and fully addressed by the services as well as the local/regional or central government authorities as appropriate.

In addition, perpetrators must be held accountable for their actions anyhow, especially if there will be any hope of changing the dynamics of violence within the domestic unit. This accountability comes in many forms and can be supported or mistakenly diminished by the response of services. One of the most important factors in holding the abuser accountable for the violence is the initial response and the seriousness with which it is addressed. Any type of mediation between the perpetrator and the victim can easily be perceived by the perpetrator as an easy way out that justifies its conduct. For this reason, it is crucial that services must respond in a way that clearly refers to the law and the citizens' right to live without violence. Beyond this effective response to violence, the courts play a key role in applying legal sanctions. In doing so, they should demonstrate that domestic violence is not acceptable and that there will be consistent and real consequences for that violence.

Coordination is a key to a successful multi agency response. Each professional of each service must be willing to respect, understand, and support the role of all other professionals. Each member will play a specific role within the team and his/her responsibility will be different from that of other professionals. An effective team recognises this individuality and understands and appreciates the value of each agency's point of view regardless of the differences. Each professional plays a crucial role in building an effective and collaborative team that is not controlled or dominated by any specific entity or perspective.





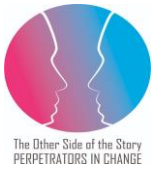
Another important component of the successful multi agency response is sustainability. All involved services must develop protocols and procedures in a way that clearly defines the roles and responsibilities of each agency. Clarity of roles, responsibilities and protocols for response must be determined for each key agency and must be included in the development and implementation phase of each service. This clarity ensures that, regardless of any changes the agency is committed to its role within the identified mechanism of co-operation.

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).

In general, 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 committees, the generalised application of practices, and the constant efforts for improvement. 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 order to justify the strategies and framework of actions the National Advisory Committee of Prevention and Handling the Violence in the Family, has developed several national protocols of cooperation, manuals of interdepartmental procedures and action plans, along with other relevant organisations, aiming in promoting and facilitating the cooperation and coordination of services. These include the **Strategic Action Plan for Equality between Men and Women**, 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 National Action Plan for the Prevention and Combating of Violence in the Family** which includes policies and measures for the prevention and handling of DVA and the the **Manual of inter-departmental procedures for handling incidents of violence in the family**, which 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.





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2) The objectives and benefits of working together

Due to the already established protocols of cooperation with the Competent Authorities, this allows the relevant organisations, authorities and professionals to work together for the benefit of the victims. Also, this gives the opportunity for the agencies to cooperate in a multi-agency orientation, which is one of the objectives when working with victims. Due to the fact that victims need multiple services and professionals of various specialties, it is very important for the agencies to collaborate and work closely to handle the cases, proceed with appropriate referrals, and thus avoiding/minimising secondary victimisation, trauma, drop out of cases, delays, time-consuming procedures etc.

In Cyprus, 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; all over 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. APHVF, as the only association in Cyprus working with DVA abuse victims and offering services, cooperates with these special units of the Police. Due to the well established and good cooperation and communication, the APHVF cooperates with the Police for the cases by proceeding with Written Reports to the Police, by receiving referrals by the Police for cases, and by connecting/referring the cases to the Police and by organising multi agency meetings to discuss the cases.

Also, the Social Welfare Services are responsible for handling cases of DVA and IPV, especially in cases in which minor children, elderly, people with psychological/psychiatric issues and/or victims of other vulnerable groups are involved. Moreover, the Social Welfare Offices employs Social Workers who conduct house visits to these cases. APHVF receives referrals by the Social Welfare Office of both victims and perpetrators and refers cases to the Social Welfare Office. 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





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Social Welfare Office, the victims can request a shelter and initiate the procedure for admission while at the Police Station. Also, the association proceeds with Written Reports of the cases to the Social Welfare Services and organises multi agency meetings to discuss the cases.

All these benefit the target groups - the victims, as victims receive the appropriate services by the relevant professionals. Also, perpetrators are benefited as they are referred to the perpetrator's programs at which they can receive help for their abusive behaviour.

Moreover, 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, 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 maximise the motivation/intent of the perpetrator to join the programme after the completion of the rehabilitation programme.

To sum up everything it is important for all the corresponding agencies working for DVA and IPV, to work together in a common line. That will give a more comprehensive and holistic approach when working both with the perpetrators and the victims. Adding to this we prevent second victimisation and better outcomes both for victims and perpetrators of DVA and IPV.

3) Principles for an integrated community response

According to the findings of the National Reports conducted under the European Program "*OSSPC: The other side of the story, perpetrators in change*", there is a need for a Coordinated

community response (CCR) in response to DVA, in line with recommendations in the Istanbul

Convention (2020) and local, regional and national priorities, legislation, practice and policies.

However, a lack of funding and inconsistent service provision was commonly reported.

CCR programs may focus on a single type of violence or on gender-based violence generally. Whatever the level of coordination or the focus, the primary goal should always be the increased victim safety and support. Coordinating responses without focusing on victim safety can, in fact, be harmful to victims. Other goals for CCR programs might include:





a. Short term

- i. Increase knowledge about laws that protect women and girls
- ii. Support and empower women and girls
- iii. Ensure sanctions for perpetrators

b. Long term

- i. Change harmful attitudes and beliefs about violence against women
- ii. Reduce prevalence and ultimately end violence

The goals of a coordinated community response program should be reflected in principles of intervention and action. Key principles for any CCR effort should include:

- Respond to the expressed needs of victims: Intervention practices must respond to the articulated needs of victims, whose lives are most impacted by the interveners' actions.
- Focus on changing the perpetrator and the system: The system, not the victim, must hold the offender accountable from initial response and continuing through restrictions on offender's behaviour. Focus must remain on changing the offender's behaviour and the system's response.
- Recognize differential impacts on different people: All intervention policy/practice development must recognize how the impact of intervention differs, depending on the economic, cultural, ethnic, immigration, sexual orientation, and other circumstances of the victim and offender. Non-majority-culture community members must review and monitor policies and practices.
- Address the context of violence: Most incidents of violence are part of a larger pattern of violence. The need for protection from further harm and the need to create a deterrent for the assailant should determine the intensity of the intervention.





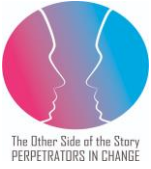
- Avoid responses that further endanger victims: Intervention practices should balance the need for standardised institutional responses with the need for individualised responses which recognize potential consequences to the victim from confronting the offender, validate victim input, and support victim autonomy.
- Link with others: The intervention response must be built on cooperative relationships with other community members and on communication and interdependent procedures to ensure consistency across sectors.
- Involve victims/survivors in monitoring changes: Women advocates and victims should continually monitor intervention policies and procedures to evaluate their effectiveness in protecting victims and to identify training needs.

C. Shortcomings and Challenges in the Regional Systems of coordinated response

As stated before, Michael and Argyridou (2019) identified a range of gaps and challenges in relation to DVA victims' needs in Cyprus. 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".

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 by the APHVF, as a need and obligation to cover all victims of violence, having the





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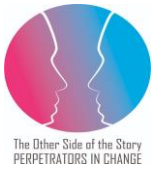
Competent Authorities (Police, Social Welfare Services), the Professionals (Psychologists, Social Workers), the Lawyers and Medical health representatives, working together under the same roof, thus allowing/assisting the victims to access all necessary services at once - one stop shop philosophy. However, 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 order to be able to achieve these, funding is necessary.

A great challenge faced is the support of APHVF's perpetrators' treatment programme. APHVF, was running a perpetrators' treatment programme for several years, however, since July 2020, the Association created a new perpetrators' treatment programme, in order 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 (Police, Social Welfare Office), rehabilitation programmes, Mental Health Services etc.

The professionals of the perpetrators 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 behaviours of prisoners as well as to handle the emotional distress, anger and violent behaviours towards them from the prisoners and handle the emotional distress, anger and violent behaviours between inmates of the prison. The fact that such a program is not yet available, is a challenge of coordinated response.

In order to achieve coordinated response, for the in prison program as well as for the perpetrators program, cooperation, protocols, memorandums of understanding, and manuals need to be developed in order to be able to reach a well established and well running coordinated response. Reaching a coordinated response is quite challenging as it needs time, effort, good understanding and cooperation, staff capacity etc. As currently, there is no such program running in prison settings, and the perpetrators program is the only program run in





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Cyprus, APHVF will set these programs for the first time, thus the know-how and already established procedures and the experience and evaluation of such services is not available.

Regarding the victims, a great challenge is the support and follow-up of the women victims and their children hosted in the shelters following their exit. The women and children accommodated at the shelters of the organisation 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 institutionalisation 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), delays in court procedures and court orders, unavailability and/or high pricing of renting apartments/houses, obstacles in vocational rehabilitation and unemployment.

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/speak nor Greek nor English. In these cases, the victims and/or perpetrators find it 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 a few cases, the Association has received interpretation services by volunteers. Also, difficulties exist regarding the availability of translators, as well as the quality of the interpretation and the training of the translators and/or interpreters. Due to the fact that they are dealing with sensitive issues, the professionals need appropriate and continuous training. 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.

Regarding the court proceedings, 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).

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 us to study and outline the situation of DVA in Cyprus. Instead, each service keeps





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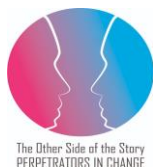
and publishes its own statistics. For example, APHVF publishes statistics only for DVA and IPV cases that reach the Association. However, with respect to the victims' privacy and the Law 138(I)/2001 on protection of personal data, all organisations and authorities should develop a data system where they could keep record of the incidents and the victims' reports. This could contribute in recording statistical data which can be used to identify 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. Also, this will strengthen the development of a coordinated response in tackling and preventing DVA in Cyprus.

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 training 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.

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.

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.





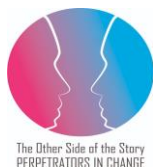
D. Potential regional organisations in the Multi Agency Approach divided in three thematic areas a) Prevention of GBV b) Protection, Care and Support Services c) Capacity Development

This section should provide the following data:

- 1) Fill in the table below with the regional organisations according to thematic areas a) Prevention of DVA b) Protection, Care and Support Services c) Capacity Development.

| ORGANISATIONS ACTIVE IN THE PREVENTION OF DVA | | | | |
|-----------------------------------------------------------------------|--------|--------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| Name of Organisation | Status | Level of action (national/ regional/local) | Services Provided | Is there any coordination mechanism in place/protocol of cooperation; |
| Association for the Prevention and Handling of Violence in the Family | NGO | national | <ul style="list-style-type: none"> • helplines • shelters • counselling for victims • perpetrators program • research center • prevention and policy department (trainings, presentations etc) • social service | YES |
| Mediterranean Institute of Gender Studies | NGO | national | MIGS promotes and contributes to social, political and economic projects related to | |





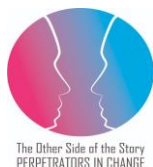
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| | | | | |
|------------------------------------------------------------------------------|------------------|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| | | | gender equality and women's rights. | |
| Advisory Committee for the Prevention and Handling of Violence in the Family | Public Committee | national | National Coordinating Body for the Prevention and handling of Violence Against Women and the Family | |
| National Machinery for Women's Rights | Public Committee | national | Promotes equality and the rights of women in all areas of life, is subordinate to the Ministry of Justice and Public Order, and includes Government Officials and other organizations. | |
| 'Hope for Children' CRC Policy Center | NGO | national | It works on humanitarian and development policy relevant to the defense and promotion of children's rights. It does so through research, grassroots program design and implementation and advisory services offered to governments and | |





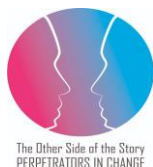
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| | | | | |
|-----------------------------------------------------------------------|----------------|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| | | | international organizations. | |
| PROTECTION, CARE AND SUPPORT SERVICES | | | | |
| Association for the Prevention and Handling of Violence in the Family | NGO | national | <ul style="list-style-type: none"> ● helplines ● shelters ● counselling for victims ● perpetrators program ● research center ● prevention and policy department (trainings, presentations etc) ● social service | YES |
| Woman's House | Public service | regional | It operates as an interdisciplinary one-stop-shop centre, friendly to victims of violence, where professionals from various specialties and government officials work under the same roof to provide adequate support to women victims of violence, in a way that promotes the rights and interests of victims of violence and their family members. | YES |





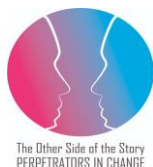
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| | | | | |
|---------------------------------------|----------------|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| Cyprus Police | Public service | national | special units for DV cases - reports, referrals, court orders, arrests | YES |
| Social Welfare Services | Public service | national | support services for adults and children, social services, empowerment, allowances, protection and care | YES |
| 'Hope for Children' CRC Policy Center | NGO | national | It works on humanitarian and development policy relevant to the defense and promotion of children's rights. It does so through research, grassroots program design and implementation and advisory services offered to governments and international organizations. | |
| Mental Health Services | Public service | national | mental health and psychiatric services and clinics, evaluations, hospitals, day care centres, rehabilitation centres | YES |
| CAPACITY DEVELOPMENT | | | | |





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| | | | | |
|------------------------------------------------------------------------------|------------------|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| Association for the Prevention and Handling of Violence in the Family | NGO | national | National Coordinating Body for the Prevention and Handling of Violence Against Women and the Family | YES |
| Mediterranean Institute of Gender Studies | NGO | national | MIGS promotes and contributes to social, political and economic projects related to gender equality and women's rights. | |
| Cyprus Police | Public service | national | special units for DV cases - reports, referrals, court orders, arrests | YES |
| Advisory Committee for the Prevention and Handling of Violence in the Family | Public Committee | national | National Coordinating Body for the Prevention and handling of Violence Against Women and the Family | |
| National Machinery for Women's Rights | Public Committee | national | Promotes equality and the rights of women in all areas of life, is subordinate to the Ministry of Justice and Public Order, and includes Government Officials and other organizations. | |

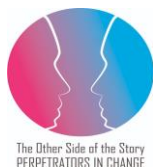




2) **Overview of the Key strategic Actions to prevent new DVA /Analysis of Protection, Care and Support Services for effective protection, care and support of DVA survivors /Analysis of Capacity Development strategies) – (summarise data from the above categories)**

Key strategic Actions include protocols of cooperation, manuals of interdepartmental procedures and action plans. Below is a description of the strategic action plan for equality between men and women, of the national action plan for the prevention and combating of violence in the family, and the manual of the inter-departmental procedures, in Cyprus.

1. **The Strategic Action Plan for Equality between Men and Women 2019-2023** as issued by the National Machinery for Women's Rights, is 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.
2. **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.
3. **The Manual of inter-departmental procedures for handling incidents of violence in the family was published by the Advisory Committee for the Prevention and**



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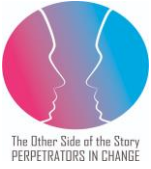
Handling of Violence in the Family in 2002 and describes the procedures and provides guidelines for all competent services in regards to the protection and support of minor and adult persons which are involved in and affected by DVA. The manual was developed to respond to the need for collecting and 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.

Also, 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 Mediterranean Institute of Gender Studies promotes and contributes to social, political and economic projects related to gender equality and women's rights. The National Machinery for Women's Rights promotes equality and the rights of women in all areas of life, is subordinate to the Ministry of Justice and Public Order, and includes Government Officials and other organizations. The organisation Hope For Children works on humanitarian and development policy relevant to the defense and promotion of children's rights. It does so through research, grassroots program design and implementation and advisory services offered to governments and international organizations. It operates the Children House (sexual abuse cases), national helpline for children and shelters for children.

APHVF cooperates with the Police, the Social Welfare Services, Ministries, and other competent authorities and organisations. Moreover, the Association has established protocols of cooperation with the Ministry of Health, Ministry of foreign Affairs, Anti-Drug Board of Cyprus, Ministry of Education and Culture, Cyprus Police and the Ministry of Justice and Public Order. These protocols/memorandums of understanding, assist the Association and the competent authorities to work closely together and have effective cooperation in order to handle the cases in the most effective ways possible.

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





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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.

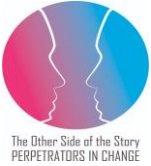
A separate individual assessment tool is already available and has been used by the police for the needs' assessment of victims of DVA (Ministry of Justice and Public Order, Cyprus Police, 2018). This tool is usually used to assess the level of risk for further victimisation of victims of DVA and to 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.

Regarding the capacity development strategies, (APHVF) offers basic training seminars to professionals and volunteers regarding domestic violence and gender-based violence/ violence against women and children. The training (eight seminars in total) is offered annually and covers issues on domestic violence, victims support, legal procedures, and social support. Moreover, APHVF organises seminars and workshops in schools, universities, professional bodies and other social entities. Some of the subjects of our trainings are 'Domestic violence/ neglect', 'Recognizing the signs of violence', 'Sexual abuse', 'Communication skills', 'Anger management', 'Building healthy relationships'. Also, APHVF has offered and offers specialist training to professionals regarding violence in the family and gender-based violence/ violence against women and children. These trainings are usually delivered following an invitation/request by the Competent Authorities, organizations, associations, schools, public etc. and/or as part of EU-funded projects Moreover, APHVF offers on a regular basis, training to its staff members i.e. training for helpline 1440, for live chat service, for trauma, for victims and perpetrators programs in other countries etc., in order to ensure a continuous development of skills and knowledge.

3) What kind of information is shared between the organisations in the different thematic areas?

The information shared between the organisations includes the risk assessment evaluation form, demographics of victim and perpetrator and their children, current and previous situation of DVA, forms of violence, whether a report has been filed at the Police, contact details, preferred time to contact the victim (according to the possible risk/danger of the situation), type of service the victim and/or perpetrator wishes to receive (referral) and any other relevant information. Due to the fact that APHVF has established protocols of corporations with the Competent Authorities and other relevant organisations, the communication regarding the cases is more immediate and possible.





Information is also shared between the victims and/or perpetrators directly with the professionals. For example, during the investigation procedure for the shelter entry which is conducted by the professionals of the organisation with the victims directly, the indicators asked are:

- whether there is an immediate danger
- whether there is a written report of the case to the Police
- whether the Social Welfare Office has been informed for the case
- Physical and Psychological functioning
- Health/medical issues of the victim
- Health/medical issues of the children
- Medicines use of the victims
- Medicines use of the children
- Active Suicidal ideation
- Past Suicidal ideation
- Drug and/or alcohol use
- Transmitted diseases
- Whether the victim has received services in the past by the association, which services, duration, how many times etc.
- any other useful information

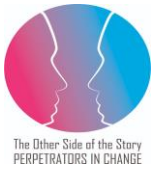
Also, information is shared between the professionals of the APHVF (referrals between the services of the organisation). For example, if a person joins the counselling services of the association for victims, and during the procedure this person is evaluated as a perpetrator then the professional will refer this person to the perpetrators program of the association. For this case, the professional will give the file of the person to the other professionals of the other program, which additionally to the information described in paragraph one, the professional of the perpetrators program will receive (if available) an intake form, screening/evaluation reports, social history intake form, notes/report session(s). This can also happen between the 3 shelters of the organisation, when for example a victim is accommodated at a shelter of one district and needs to be transferred to a different district shelter.

4) Relevant referral procedures for frontline workers

Referral procedures between services i.e. the frontline workers at the Cyprus Police and the frontline workers of the Association for the Prevention and Handling of Violence in the Family, are included in the protocol signed between them (see part 3).

Additionally to part 3, following a fixed risk assessment evaluation by the Police officer of the victim's situation, the officer completes and sends to APHVF, following a telephone





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conversation, the referral form. The referral can include, for example, counselling services to the victim, which will be offered by a psychologist and/or social worker of the APHVF. Also, victims are referred by the Police officers to the shelters of the organisation. The procedure is standard and includes the victim going to the Police station to file a report, and if the individual asks for a shelter or/and if the Police officer, following the risk assessment, suggests to the victim to consider to be accommodated at a shelter, then the Police officer communicate via telephone with the APHVF, in order to investigate the availability of a shelter for the victim.

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, communicating via telephone or/and via the referral form sent via FAX to APHVF. APHVF also refers cases and proceeds with Written Reports regarding the case to the Police and Social Welfare Office and any other relevant service.

Moreover, APHVF receives referrals by the Social Welfare Office, the Mental Health Services for perpetrators. The frontline workers of the Social Welfare Officer and the Mental Health Services refer the perpetrator to the perpetrators program of the APHVF. Also, rehabilitation programs in Cyprus proceed mostly with referrals to APHVF's services and perpetrators' treatment program. Perpetrators can join the program after the completion of a rehabilitation program. However, during the rehabilitation procedure, if possible, the professionals of the perpetrator's treatment program have contact with the officers of the rehabilitation program as well as with the perpetrator, in order to maximize the motivation/intent of the perpetrator to join the program after the completion of the rehabilitation program.

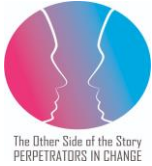
Currently, there is no referral procedure available from courts (lawyers, judges) to the perpetrators program.

APHVF evaluates the procedures and if needed, adaptations are made, as well as further corporations and protocols are signed with relevant organisations and authorities.

E. Proposed Multi agency cooperation mechanism/structure and recommendations for an effective integrated response to DVA incidents

- More dissemination and awareness-raising efforts should be made regarding the Perpetrators' program, as the public, victims, perpetrators, and professionals to be informed about the services that the program provides. Due to the fact that the perpetrator program is a newly established service of APHVF, and thus the competent authorities are not sufficiently aware of it, by informing relevant authorities and services, by establishing protocols, memorandums of understanding will result in a

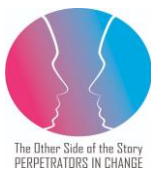




better collaboration, better understanding of how the program can help both the victims and the perpetrators and referrals of perpetrators to the program will be achieved, increasing the exchange of information on violence prevention and establishing cooperation among the relevant services and political parties to aid prevention. Collaboration is important for strategy planning and for exchanging information to prevent and combat violence. Each professional brings in their skills and knowledge. By having professionals with different skills working on the program can bring in different views on the issues that will potentially arise considering that the program has only been running for a couple of months. Professionals give their intake and plan in on an orderly matter to help perpetrators change through the program. Collaboration among all related authorities and services are essential to avoid re-victimization of the victim. When all related authorities collaborate, the DVA victims will have a supportive network that will better read any red flags and use skills/techniques to help victims avoid re-victimization in the future. Special focus should be given in informing the judicial authorities about the perpetrators' program so as to increase awareness and protect the victims by having the perpetrator being engaged in the program.

- 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 program, in order to know how to refer individuals to the perpetrator program.
- The professionals of the perpetrator program should find ways to encourage perpetrators to participate in the program and reduce withdrawal rates.
- An evaluation of the newly established perpetrator intervention programme of the APHVF 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.
- Awareness raising of local authorities on domestic violence issues and gender-based violence in general. Awareness raising should be promoted on national and local level, so as to reach a wide range of beneficiaries and the public. Research has shown that awareness raising in rural and remote areas remains limited.
- Development of safe referral pathways for domestic violence victims to victim support services by local authorities and services.



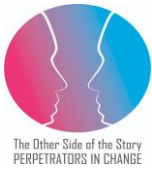


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- Development of referral pathways for domestic violence perpetrators to the perpetrators' program by local authorities and services.
- Many domestic violence cases are disclosed to community members and local authorities and services, as local authorities and services, e.g., municipalities, local cultural centres, local youth centres are often considered safe places by domestic violence victims to seek help. Yet local authorities are often unaware of victims' support services. APHVF is making efforts to reach as many local authorities and services as possible to create safe referral pathways for domestic violence victims. However, more systematic and organized action should be taken to inform all communities and develop referral pathways with each community to competent services for the support and protection of domestic violence victims.
- Also, many domestic violence cases are disclosed to community members and local authorities and services. In some of these cases local authorities are making efforts to advice the perpetrator and prevent further escalation of violence. Yet local authorities are unaware of APHVF's perpetrators' program. APHVF is making efforts to disseminate its perpetrators' program. However, more systematic and organized action should be taken to inform all communities and develop referral pathways of perpetrators to APHVF's perpetrators' program.
- Extensive cataloguing of available general and specialist support services for victims and offenders of domestic and intimate partner violence in each region that will be available for the development of referral pathways, will strengthen the support and protection for domestic violence victims, as well as the prevention and handling of domestic violence cases.
- Establishment of domestic violence support services for victims and perpetrators in both urban and rural areas in all provinces of the Cyprus Republic, especially developing infrastructures to support the victims of DVA. Victim support services are not available throughout the country making it difficult for victims to seek help and report the offences. 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 with the completion of the pilot phase as well as the expansion of the Emergency Center to other cities. By supporting the victims of DVA in a professional and ethical manner, victims are more likely to receive the support needed. By helping victims break the silence of abuse, perpetrators may be more likely to make the first step towards asking for help and working towards change. The need for change may arise from the perpetrators' fear of criminal prosecution, their need to save their marriage, the fear of losing their spouse and or their children and the need to become better role models for their children.
- The use of new technologies includes a range of services, professionals, methods and

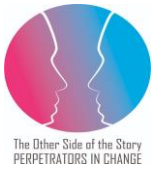




tools - such as electronic communication with the Police, online counselling, electronic surveillance of places and perpetrators. Also, the use of special safety gadgets consists of a new trend used by the women survivors of IPV and DVA, as an additional protection measure allowing them to gain greater control of their daily lives. 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.

- Research can aid the development of evidence-based interventions, the definition of the priorities and goals as to combat domestic violence. When combating DVA and understanding the difficulties associated with running a program so as to find ways to work on any upcoming issues, can help the program evolve in order to help in the best possible means the victims and perpetrators of DVA. 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. Professionals will have the opportunity to identify gaps and needs for improvement and proceed to necessary changes in order to improve the program as to reduce violent behaviours and establish a safe environment for the children.
- On a national level, we provide primary prevention programs. The improvement of communication as a way to change perpetrators behaviour and attitudes; the development of more anger management programs, the need to take into account the trauma caused as a result of the DV, and the development of more awareness raising activities disseminated especially to older people. It is important to help perpetrators recognize their abusive behaviour towards their partners and family members, and to motivate them to work for change in order to break the cycle of violence and to achieve a safe family environment. As research suggests, abused children are more vulnerable to delinquent behaviours and often become victims and/or perpetrators themselves. Primary prevention should be targeted towards schools, other professionals and communities, to increase awareness. Increasing awareness especially in schools helps children understand that violence should not be accepted and targeting communities will help victims have the strength to speak up about the violence.
- A national record of domestic violence cases could contribute in recording statistical data which can be used to identify vulnerable victims or in high-risk of victimisation, to studying the geographical distribution of victimization, and to analyse 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.
- In order to harmonise with the national legislation of the Istanbul Convention, support





from political leaders is also necessary, in order to ensure proper funding and effective legislation, but also to give prevention efforts increased legitimacy and a higher profile within the public consciousness. In addition to working at their own level of government or authority, decision-makers and practitioners can and must work together across levels for significant progress to be made.

- Training is essential for all professionals to enhance their knowledge and for the exchange of best practices. The more training is provided to professionals either working with victims or perpetrators, the more competent they will be to handle diverse cases of DVA by using a range of techniques. Each case of DV is different and needs to be handled in a certain way. This complies with the relevant articles of the Istanbul Convention and the Victims' Directive. Continuous and long-term training will help professionals understand how to tackle diverse issues with regards to domestic violence and provide science-based means to support both the perpetrators as well as the victims of DV. Awareness raising seminars on the notions of 'victims' and certified training 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.
- A perpetrators program in prison settings can help in the reduction of recidivism when the offender is re-integrated in the society. The creation of programs in a prison setting may help perpetrators change their behaviours and help them start a new life away from violence. Giving offenders the option to join programs while in prison can make reintegration easier either by helping perpetrators of DV be role models for their children, helping them establish new relationships and/or modifying violent behaviours.
- Translators working with cases of DV need to be trained as to acquire skills in order to understand how to handle the cases in a professional and confidential manner. To this end, a possible solution could be to employ 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 translation.
- 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 include 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. The development of protocols that



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inform about duties and responsibilities, ensures the smooth and effective collaboration between all relevant DV services. When following protocols which outline in detail the responsibilities of front-line professionals and key-stakeholders so as more coherent and holistic services will be offered to the victims of violence. It is important that the protocols are revised and updated/improved when needed.

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