



**Roadmap for establishing specialist support
services for victims of violence against women
and domestic violence in Latvia
in line with the Council of Europe standards**

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List of acronyms

BiH	Bosnia and Herzegovina
BME	Black and Minority Ethnic
CoE	Council of Europe
DV	Domestic violence
IC	Istanbul Convention
IDVA	Independent Domestic Violence Advisor
MARAC	Multi-Agency Risk Assessment Conference
NGO	Non-Governmental Organisation
PTSD	Post-Traumatic Stress Disorder
UK	United Kingdom
VAW	Violence against women
SPA	Single Point of Access

Introduction/Purpose of the report

This report offers a roadmap for the establishing of specialised support services for victims of violence against women and domestic violence in Latvia in line with the Council of Europe standards. The report is intended to support the Ministry of Welfare of the Republic of Latvia to develop further national measures to eliminate all forms of violence against women. As such, the report is guided by the principles of the Council of Europe Convention on preventing and combating violence against women and domestic violence (Istanbul Convention).

The aim of this report is not to “monitor” the situation in regard to violence against women and domestic violence in Latvia nor explain all of the requirements set forth by the Istanbul Convention as a whole. Rather, it seeks to provide an overview of what exists in Latvia for victims of violence against women, where the gaps and challenges are for victims needing a specialist service, and what is available that might be built upon. The report works to recommend a “roadmap”, a basis for a strategy for establishing a network of specialist support services for victims of violence against women and domestic violence across Latvia which meets the needs of victims, and has the potential for embedding the Council of Europe standards.

Scope and Methodology of the report

Alongside desk-based research, in depth interviews with key stakeholders such as ministries, members of parliament, academic experts on violence against women, and NGOs working with victims provided insight into the gaps, challenges and potential opportunities for the roadmap. These interviews were of great value in understanding the environment for both stakeholders working with or on behalf of victims and for victims themselves. The National experts also provided a comprehensive report on the available statistical data on violence against women in Latvia, on the existing legal and statutory frameworks which victims and those stakeholders supporting them can draw from, and on the wider cultural attitudes and challenges within which these operate.

In developing the Roadmap and recommendations, this report draws upon examples of good practice from within Latvia, as well as from other Council of Europe member states. These are identified as potential ways in which practice that already exists can be built upon, as well as having potential to help develop effective specialist services.

The Council of Europe “Minimum standards for support services for victims of violence against women” (2008) is a key documentation of the standards required in specialist services for victims of violence against women and is the foundation for this report and its recommendations. One of the overarching principles of these standards is “Participation and Consultation”, which focuses on the importance of enabling victims and survivors¹ of violence against women and domestic violence to have a voice in the development of services. While in many contexts, victims are silenced and invisible, a specialist service should work to enable their views and experiences to be visible and heard and should inform the planning and development of services. This report therefore has worked to include the voices of victims and survivors so that their experiences and views are central to the recommended roadmap for establishing a network of specialist services.

With its focus upon a service for victims of violence against women, the scope of the report does not include recommendations for specialist services for perpetrators. Nevertheless, the overarching principle that “perpetrators should be held to account” within the Council of Europe minimum standards underpins the approach to developing a network of specialist services for victims of violence against women. In order for a specialist service for victims to be able to operate effectively, then perpetrators must be held to account for their actions. The minimum standards also require that any work with perpetrators should develop alongside specialist services for victims so that risks are managed.

¹ The terms “victim” and “survivor” are both used in this report, where a victim refers to a woman who is in a position of needing support, and a survivor has used a service and moved forward. The terms are sometimes interchangeable.

Structure of the report

In working to support the establishment of specialist support services, this report is grounded in the “protection” pillar of the Istanbul Convention (Chapter IV, Articles 18 – 27). It is important however to bear in mind that establishing a network of specialist support services cannot be seen outside the more general institutional, legal and cultural context within which it would operate, and therefore all the requirements of all pillars of the Convention (Prevention; Protection; Prosecution; Integrated policies), inform the work and structure of the report. For this reason, the report makes a number of recommendations which are aimed at developing an environment in which specialist services could operate effectively.

The report begins (Section 1) by outlining the overarching principles of the Istanbul Convention and the Council of Europe’s minimum standards for specialist services, recommending that these principles should not only underpin specialist services, but also be embedded more broadly within generic services such as police, social services and health agencies.

Section 2 explores some of the main challenges that stakeholders interviewed for the report identified for victims of VAW and DV in Latvia.

The national context is explored in section 3, looking at the data on violence against women in Latvia, the policy and legal context, identifying further challenges which will impact on developing a network of specialist services.

Section 4 highlights the importance of utilising specialist women’s NGOs for the development and establishment of specialist services for victims of VAW and DV and enabling them to be central and leading stakeholders in this process.

In section 5, the report turns to what exists in Latvia for victims of VAW and DV and offers suggestions on how this can be built upon in order to establish a network of specialist services for victims of VAW and DV.

The roadmap offered here therefore has been mindful of the barriers and challenges in the wider context so that the steps which need to be taken to establish a specialist service for victims of VAW and DV can work alongside other developments in Latvia. In order to achieve these steps, there will need to be an action plan, the first step in the roadmap. While there are significant challenges, the destination for the roadmap is achievable with collective political will and commitment.

Section 6 of the report concludes by bringing together recommendations which aim to provide the direction of travel for establishing Latvian network of specialist services for victims of violence against women and domestic violence.

1. The Council of Europe standards for specialist support services

1.1. The Council of Europe Convention on preventing and combating violence against women and domestic violence (Istanbul Convention)

The Istanbul Convention was adopted by the Council of Europe Committee of Ministers on 7 April 2011. It is based on an international understanding that violence against women is a profound and widespread violation of human rights and a form of discrimination against women. It is rooted in the historically unequal power relations between women and men.

Accordingly, the Council of Europe utilises a definition of violence against women that is underpinned by a gendered perspective (Article 3.a):

“Violence against women is understood as any act of gender-based violence, which results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion, or arbitrary deprivation of liberty, whether occurring in public or private life”.

Article 3.b of the Convention defines domestic violence as:

“...all acts of physical, sexual, psychological or economic violence that occur within the family or domestic unit or between former or current spouses or partners, whether or not the perpetrator shares or has shared the same residence with the victim”

Similarly, the United Nations Declaration on the elimination of violence against women (A/RES/48/104) uses the framework of human rights and gender inequality using the definition of “any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life”.

A key aim of the Istanbul Convention is the prevention of violence against women, and it includes specific requirements to protect victims from further violence and to offer general (Article 20) and specialist support (Article 22) to help overcome the damaging impacts and to rebuild their lives (Article 18).

Article 18 specifies that measures to provide protection for victims of VAW and DV should:

- ▶ be based on a gendered understanding of violence against women and domestic violence and shall focus on the human rights and safety of the victim;
- ▶ be based on an integrated approach which takes into account the relationship between victims, perpetrators, children and their wider social environment;
- ▶ aim at avoiding secondary victimisation;
- ▶ aim at the empowerment and economic independence of women victims of violence;
- ▶ allow, where appropriate, for a range of protection and support services to be located on the same premises;
- ▶ address the specific needs of vulnerable persons, including child victims, and be made available to them.

1.2 Council of Europe minimum standards for support services for victims of violence against women

The Council of Europe minimum standards for support services for victims of violence against women (2008) are embedded in the Istanbul Convention and jointly provide the basis for this report. The minimum standards

not only outline the minimum baseline for service provision across all member states, but also provide aspirational levels that can be worked towards. They are a solid foundation from which to draw in planning the development of a network of support services and offer the possibility of consistency of quality across all local services.

These minimum standards have drawn from a range of experience and understanding of what will work for victims, the best and most appropriate ways to restore their rights to safety, to recover from the impacts of violence and abuse, and to rebuild their lives. Engagement with the full document will be important to taking any strategy for establishing a network of specialist support services forward.

This section looks at the general principles informing the Council of Europe minimum standards. The principles are laid out primarily in regard to specialist support services, that is services which use specialist knowledge to provide direct support specifically to victims of VAW and DV. They include services such as helplines, shelters, support and advocacy services, sexual assault centres and rape crisis centres. The Council of Europe minimum standards are key to such services being defined as specialist. They exist to empower, support and advocate on behalf of victims and survivors of VAW.

The report also refers to more “general” services as those agencies who are likely to support victims of VAW and DV, but are not specialist, or focused entirely upon this group of people. This would include agencies such as the police, social services, health and education.

The overarching principles of the Council of Europe minimum standards define what a specialist service should look like and how it should operate. It is important however for these principles to be integrated into the practices and responses of more “general” services to enable victims to be protected and access “specialist” support when needed.

Overarching principles of the Council of Europe minimum standards

The key principles that underpin the Council of Europe minimum standards are the starting point for developing a network of specialist services. They can be implemented in different specialist services across differing countries and communities and developed and adapted according to local or other specific needs without compromise of principle.

They not only provide practice principles, but at the same time can be developed and integrated into all interventions aimed at combating violence against women. They centre upon the needs and rights of victims of violence against women and are foundational to the development of a strategy for establishing a network of specialist services in Latvia. They are laid out as follows: -

1. Services must operate with a gendered understanding of violence against women and domestic violence.

This means that the services work within the recognition that violence is both the cause and consequence of gender inequalities. From a human rights perspective, this means acknowledging the multiple vulnerabilities and disadvantages women experience. It also means recognising that specialist services, in order to feel safe to users, should be run by women and offering safe women-only spaces.

2. Safety, security and human dignity

These should be ensured within all service practices and interventions. There should be a strong understanding of the levels of risk that victims of violence against women and domestic violence may be living with, and an appropriate management of these.

3. Specialist services

The knowledge and skills base of staff should be appropriately tailored to the specific needs, often complex, of those using the service. This includes an awareness of the traumatic impacts of violence and coercion upon victims, and creating ‘trauma-informed’ working practices based on training to respond appropriately to the fear and lack of trust they may be experiencing, as well as recognising the need for women only spaces.

4. Diversity and fair access

Services should be developed and adapted so that women and children from all backgrounds can access them. They should be available free of charge, equally and appropriately distributed across the geography and demographics of a country. Crisis provision should be available 24 hours a day.

5. Advocacy and support

Working practices should include advocacy and support so that the rights and needs of service users are accessed. This may include support through the court processes where needed, support with accessing financial entitlements, and emotional/psychological support.

6. Empowerment

Services should inform service users of their rights and entitlements, enabling them to make informed choices. They should be treated with dignity, respect and sensitivity.

7. Participation and consultation

Services should place the views and experiences of users at the centre of development and delivery, using evaluation and consultation with users wherever possible. Services should strive to ensure that the voices of victims and survivors are heard.

8. Confidentiality

The right to service user confidentiality should be paramount. In any situation where this confidentiality must be limited in any way (for example if a child is at risk), then service users should be informed of these limitations.

9. A co-ordinated, multi-agency response

Services should operate alongside a range of relevant agencies in cooperation so that the safety and needs of service users can be met. This requires knowledge on the part of all agencies of a gender sensitive approach and an understanding of risks and needs of service users.

10. Holding perpetrators to account

Services should work along the principles of belief and respect for victims, and the understanding that perpetrators of violence against women and domestic violence should be held accountable for their actions. This should be embedded in any services for male perpetrators, and such services should always work in partnership with specialist services for victims.

11. Governance and accountability

Specialist service organisations should be appropriately managed using robust systems of accountability for staff. Staff should be given adequate support, and training for relevant skills and qualifications.

12. Challenging tolerance

Tolerance of violence against women and domestic violence should be challenged within service organisations and their practices. Non-violence models should be promoted by using a gender analysis to raise awareness in the communities within which they operate and with individuals.

The minimum and aspirational standards for specialist service provision

The overarching principles apply to all types of VAW and DV services. The recommended minimum level for service provision is laid out in the table below for each area of service.

Consideration should be given to what already exists in Latvia, and how this can be utilised and adapted to meet the Standards for core provision of specialist services. For example, existing services such as emergency accommodation or established social rehabilitation services could develop specialist VAW and DV provision. This will be discussed in further detail in Section 5.

Service type	Minimum standards	Aspirational standards
<p>Helpline: a single point of contact which is available 24/7 and which can signpost all victims of VAW and DV to local services.</p>	<p>One covering all violence against women or one for domestic violence and one for sexual violence. In smaller countries one may be sufficient.</p>	<ul style="list-style-type: none"> - Should always be answered by someone “live” - Monitoring extent of missed calls.
<p>Advice/advocacy: Providing legal and other practical advice and advocating on behalf of victims.</p>	<p>There should be one per 50,000 women.</p>	<ul style="list-style-type: none"> - Specialist advice and advocacy staff, where appropriate, can be located within other general services, such as police stations.
<p>Counselling: Providing therapeutic support which takes into account the traumas associated with VAW, and which is long term where appropriate.</p>	<p>There should be one per 50,000 women.</p> <p>This can include existing specialist vaw groups such as shelters, rape crisis centres and women’s counselling centres</p> <p>There should be one specialist vaw counselling service in every region.</p>	<ul style="list-style-type: none"> - Ideally located in a female-only venue which is trauma informed.
<p>Outreach: A range of locally developed services providing for and engaging with specific groups of victims of VAW. Can include group work and peer support activities, as well as campaigning.</p>	<p>Should be reaching out to the largest local minority groups, to particularly isolated groups, and to women with disabilities.</p>	<p>Should be targeting women who have limited access to services such as women in prison or mental hospitals.</p>
<p>Shelters: Providing accommodation for women and their children who are fleeing their homes due to VAW and DV. Must provide this service in emergency situations and should prioritise mental and physical safety of women and children.</p>	<p>In member states where shelters are the only or major form of service provision, there should be one place per 10,000 of the population.</p> <p>In member states where shelters form part of a wider network of intervention projects, there should be one family place per 10,000 women</p> <p>There should be at least one specialist VAW shelter in every province/region</p>	<p>Where need is identified, shelter services should be available for victims of honour-based violence, forced marriage, female genital mutilation, child sexual abuse, and trafficking.</p> <ul style="list-style-type: none"> - Provision to be accessible to rural women - Free transport to shelters should be available.

<p>Rape crisis centres:</p> <p>Providing specialist advocacy and counselling services to victims of sexual violence and abuse. Service is available to victims who have chosen not to report to the police. Must be confidential, non-judgmental and trauma informed.</p>	<p>There should be one per 200,000 women. There should be at least one specialist sexual violence centre, specifically in the form of a rape crisis centre in each region.</p>	<p>Rape crisis centres are able to provide both advocacy and therapeutic support. Those who have reported to the police and may attend court will receive specialist advocacy.</p> <p>Those who have not reported to the police can access specialist counselling.</p> <p>Victims can access both elements of support if needed.</p>
<p>Sacs (sexual abuse centres):</p> <p>Providing specialist forensic services to victims of sexual violence. Can be located within hospitals or in independent venues. There should always be a female available for forensic examination, and female crisis workers to support victims through the process.</p>	<p>There should be one centre per 400,000 women.</p>	<p>The sacs should be located with rape crisis centres or should be strongly linked to them so that onward referrals can be made following examination.</p> <p>Victims should be able to access practical and therapeutic support quickly.</p>

Embedding the overarching principles of the Council of Europe minimum standards into general services working with victims

The overarching principles and practice requirements of the Council of Europe minimum standards should apply not only to independent specialist services focussing exclusively on the support of victims of VAW and DV, but should also be integrated more broadly into the practices of statutory services such as law enforcement, health and social services who have contact with victims of VAW and DV. In order for a network of specialist services to operate successfully, it is essential that those agencies that they work with adopt the principles and working practices laid out within the minimum standards. There are specific practice requirements within the minimum standards for law enforcement and other interventions, and steps to embed these are a necessary step to achieving a successful network of specialist services, and to meeting the needs of victims.

Section 2 of the report looks more closely at the challenges that were identified in interviews with stakeholders in Latvia and includes recommendations for embedding the principles of the minimum standards across state agencies such as law enforcement, health and social welfare.

Roadmap recommendation 1: Ensure the overarching principles of the Istanbul Convention and the Council of Europe minimum standards for support services for victims of VAW are the foundation of any strategy establishing specialist services for victims of VAW and DV.

2. Key Challenges when setting up specialist support services in Latvia

This section explores some of the key challenges for victims of violence against women and domestic violence that were raised in interviews with stakeholders. The Council of Europe minimum standards provide practice standards not only for specialist women's services, but also emphasise the importance of the principles of these being embedded in the practices of more general state services such as law enforcement, health and social welfare. Indeed, the minimum standards provide minimum levels for practice within law enforcement agencies, and health agencies. The roadmap to establishing a network of specialist support services must include building capacity into more general support services to respond to victims' needs appropriately, ensuring their protection, and helping them to access specialist support when they need it (Articles 19 and 20 IC).

2.1 Understanding VAW and DV from a gendered perspective

The foundation for establishing a specialist service for victims of violence against women in Latvia should be to build a common approach to the violence and abuse they experience from the perspective of gender inequality. Applying a gender perspective is central to combating and addressing violence against women because it recognises that gender inequality is both its cause and consequence. A gendered perspective also encompasses the notion that women are affected disproportionately by gender-based violence and that they suffer it simply because they are women (Article 3.d of the Istanbul Convention). Article 6 of the Istanbul Convention calls on members states to ensure that a gender perspective is applied in the design of measures and also in the evaluation of their impact.

A significant challenge identified in interviews with key stakeholders in Latvia was a widespread lack of gendered understanding on violence against women and domestic violence. One participant described this as complete "gender blindness". This was not only seen as operating and influencing decisions about the lives of victims amongst statutory bodies such as the Police and the Courts, but also within some of the other services which victims might use. It was seen as a very significant barrier for victims in regard to getting the support and help they have a right to.

One woman in Latvia described the way in which traditional assumptions about gender had forced her to continue living with violence (MARTA, 2018):

"It was the social services that tried to make me feel like I have an obligation to fulfil his needs"

A gendered understanding of violence against women and domestic violence enables agencies to address the problem from a perspective which is more effective in meeting the needs of women at risk and embeds the response in their right to safety and dignity. It also enables an understanding of the abuse of power that perpetrators use to control and coerce victims:

"Everyone believes him because he has a way with words. But they don't know who he really is"

Gender sensitivity is a fundamental and overarching principle of the Council of Europe minimum standards for specialist services and should be established not only within specialist services but within those agencies that work alongside specialist services through training, awareness raising and joint working. It is not only a framework which acknowledges the rights of women and their children to safety but is an essential tool for agencies which helps tackle violence against women and domestic violence and meet needs effectively.

Roadmap recommendation 2: Work to embed a gendered understanding, and the principles of the Council of Europe minimum standards into the principles and practices of state agencies who work with victims of VAW and DV.

2.2 Avoiding victim blaming

Without a gendered perspective based on an equality and human rights framework, victims of violence against women are often judged negatively, blamed for the violence and abuse perpetrated against them, and left feeling that there is nowhere to turn. Stakeholders interviewed for this report raised the phenomenon of “victim blaming” as one of the main reasons victims of VAW and DV are reluctant to seek help, or often feel that seeking help from statutory agencies makes them feel more helpless, or puts them at further risk.

Victim blaming occurs when agencies base their approach on assumptions and myths about VAW and DV which place the responsibility for the violence upon the woman rather than the perpetrator. Often victims are asked “what did you do to make him become violent?” and are judged as having behaved in a way that caused the violence. For example, victims of sexual assault are judged on their behaviour as a possible cause of the assault. This can be seen as “secondary abuse” (Article 18.3 of the Istanbul Convention) or “institutional abuse” because it can impose further psychological harm on victims and as a result agencies do not address the mechanisms of control and coercion that women are subject to, and fail to hold perpetrators to account.

Roadmap recommendation 3: Use a comprehensive programme of training to build understanding amongst stakeholders of the importance of a gendered perspective meeting the needs and restoring the rights of victims. The training should also address the risks faced by victims, the problem of victim blaming, and the importance of multi-agency cooperation and of holding perpetrators to account.

2.3 Understanding the impacts and risks of violence against women and domestic violence

Violence against women is a widespread violation of human rights. Its impacts range from immediate to long-term multiple physical, sexual and mental health consequences for women and girls, including death. It negatively affects women's general well-being and prevents women from fully participating in society. It not only has negative consequences for women but also their families, the community and society at large. It has tremendous costs, from greater health and welfare care and legal expenses and losses in productivity, impacting national budgets and overall development (WHO, 2013).

In 2013, the World Health Organisation carried out a global estimate of the health impacts of violence against women on women's health. It shows that around one in three women will experience VAW at some point in their lifetime, often in forms of psychological abuse and coercive control, and highlights the range of profoundly detrimental impacts upon health, mental health, and reproductive health of women worldwide:

- ▶ **Death and injury** – The study found that globally, 38% of all women who were murdered were murdered by their intimate partners, and 42% of women who have experienced physical or sexual violence at the hands of a partner had experienced injuries as a result.
- ▶ **Depression** – Partner violence is a major contributor to women's mental health problems, with women who have experienced partner violence being almost twice as likely to experience depression compared to women who have not experienced any violence.
- ▶ **Alcohol use problems** – Women experiencing intimate partner violence are almost twice as likely as other women to have alcohol-use problems.
- ▶ **Sexually transmitted infections** – Women who experience physical and/or sexual partner violence are 1.5 times more likely to acquire syphilis infection, chlamydia, or gonorrhoea. In some regions (including sub-Saharan Africa), they are 1.5 times more likely to acquire HIV.
- ▶ **Unwanted pregnancy and abortion** – Both partner violence and non-partner sexual violence are associated with unwanted pregnancy; the report found that women experiencing physical and/or sexual partner violence are twice as likely to have an abortion than women who do not experience this violence.

- ▶ Low birth-weight babies – Women who experience partner violence have a 16% greater chance of having a low birth-weight baby. The study also links higher rates of infant mortality and morbidity where domestic violence is a background factor.

Children who grow up in families where there is violence may suffer a range of behavioural and emotional disturbances. They often live in fear and anxiety and are themselves at risk of abuse from the perpetrator. These impacts on children may also be associated with perpetrating or experiencing violence later in life.

The social and economic costs of violence against women and domestic violence are enormous and have ripple effects throughout society. Women may suffer isolation, inability to work, loss of wages, lack of participation in regular activities and their situation can lead to a limited ability to care for themselves and their children.

Given such impacts, the establishment of a national network of specialist services is vital in addressing the health, welfare and practical needs of women (and children) who are victims of VAW. Such a network can work to meet the complex needs of women who have suffered and help to rebuild their lives.

Stakeholders interviewed for this report frequently suggested that many agencies did not understand or acknowledge the risks that women and their children are living with, or the impacts upon their health and welfare. Because of this, women frequently do not receive the help they need and deserve. One stakeholder working closely with women stated that the police force still often refer to domestic violence as “family conflict”, overlooking the gender/power dynamic which enables violence against women, and not recognising the risk to life, health and welfare. As one stakeholder argued, “a society that allows violence to continue in the home will see violence throughout society because that is where it is learned”.

Stakeholders felt that women did not generally trust the police and other statutory agencies, and that they often give up trying to seek protection.

Women using the MARTA Centre have described their experiences, often suggesting that it might be preferable to live with violence rather than seek help with can make things even more difficult (MARTA, 2018):

“He’s assaulting me with knives and they [the police] tell me they have no reason to do anything until something has happened”

“In the beginning, when he first started to become violent, I phoned the police twice. But after I saw their attitude, I stopped...”

Lack of knowledge and understanding amongst relevant agencies of the high risk many women live with of injury and even death, of the detrimental psychological impacts of violence against women and domestic violence, and of their gendered dimension was highlighted strongly in stakeholder interviews, and is reflected in the comments from women living with violence.

2.4 Holding perpetrators of VAW and DV to account

Alongside lack of understanding of the high risks many victims of VAW and DV live with, one of the biggest challenges that stakeholders raised was a lack of willingness to hold perpetrators to account. There was a view that violence in the domestic sphere was not taken as seriously as other forms of violence, and that perpetrators of violence against women were sometimes judged less harshly through the lens of victims blaming and a lack of understanding of gender inequality and of risk.

Within the Council of Europe minimum standards, a baseline requirement is that “all violence against women should be treated as seriously as other crimes” (2008 p. 53), and this applies to all law enforcement agencies, including police and judiciary. If perpetrators are not sufficiently held to account for their acts of violence and abuse, a specialist service cannot adequately protect victims.

2.5 Working together: multi agency co-operation

In considering the establishment of a national network of services for victims of VAW and DV, it is crucial to be aware of how these services can link in with other relevant agencies such as health, police, and social welfare. There should be a co-ordinated community approach.

The Istanbul Convention addresses the need to coordinate measures and implement them by way of co-operation among all relevant actors playing a role in preventing violence against women and domestic violence (Article 7.2). More specifically the convention requires that in providing support to victims and witnesses, state parties provide for effective co-operation between relevant state agencies, including the judiciary, public

prosecutors, law enforcement agencies, local and regional authorities, as well as NGOs and other relevant organisation (Article 18.2). The Istanbul Convention also recognises the importance of specialist NGOs in the field and asks state parties to co-operate effectively with these organisations (Article 9). Issues around risk assessment and management and the need for regular training on multi-agency cooperation are addressed in articles 15 and 51 of the Istanbul Convention.

In interviews with stakeholders carried out for this report, there was a strong view that a co-ordinated response, with agencies communicating and cooperating to meet the needs of victims was something they did not often see. There was frustration expressed about the fragmentation in working practices, which risks costly reputation and a lack of knowledge sharing. For example, in 2019, the Ministry of Education, the Ministry of Health and the Ministry of Welfare planned three separate training courses to specialists (for teachers, health specialists and social workers) on domestic violence prevention. If shared training would be organised and delivered for these specialists together that would be a crucial step in strengthening collaboration between stakeholders and developing a shared understanding of each's responsibilities when preventing domestic violence. Stakeholders felt however that this was delivered inconsistently and did not lead to inter-agency cooperation.

The importance of training which meets the Council of Europe minimum standards cannot be underestimated. It must be consistent and standardised and is an extremely positive way in which different agencies are able to interact and learn from each other. A co-ordinated, multi-agency response to victims not only meets their needs more effectively but also reduces duplication of work and waste of resources. Most importantly, it is the mostly likely way in which risk and safety of victims can be understood and managed.

Roadmap recommendation 4: Ensure that models of multi-agency cooperation are central to the establishment of a network of specialist services for victims of VAW and DV in Latvia. Any trainings, tools or referral protocols established need to take into account this approach.

GOOD PRACTICE EXAMPLES

Latvian project “One step closer: a co-ordinated community response to violence against women”

The project developed, tested and implemented Latvia's first multi-sectorial victim centred standardised institutional cooperation model for cases of VAW to empower women to report and thus reduce the risk of repeated violence. This local initiative could be built upon or implemented more widely to achieve co-ordinated community approaches.

Three tools were developed by the project:

- ▶ A police risk assessment questionnaire to be completed by the Municipal or State Police and sent to social services was elaborated, piloted, improved and its use was replicated. Guidelines were also produced, and users were trained in their use.
- ▶ A standardised cooperation model monitoring instrument was designed to track individual cases, including interventions provided for the victim and perpetrator by different stakeholders as well as information on repeated offenses and their consequences.
- ▶ The risk assessment questionnaire (MARAC)² was adapted for local use by Tukums Municipality Social Services, as it attempted to deal with the increased caseload resulting from the police information. This was not foreseen in the project proposal but has been welcomed by the municipalities replicating the model because it saves time and engages the victim in designing a plan to avoid repeated violence.
- ▶ As a result of this project, the risk assessment questionnaire for police was implemented at national level.

² The MARAC is an acronym for Multi-Agency Risk Assessment Conference

The MARAC Model

First piloted in the city of Cardiff in Wales, and now practiced across the UK, the MARAC is a multi-agency risk assessment conference. It takes place usually every week or fortnight. The MARAC is designed to respond quickly to victims of domestic violence who are at high risk of injury or death. Key stakeholders such as the police, social services, health agencies, children's services and NGOs all participate, and use a common risk assessment framework. This is scored to assess risk, and a referral is made to the next MARAC if it reaches the high-risk threshold, or if in a person's professional judgement, a victim is at high risk. The MARAC is administered by the police, and a central role is carried out by the Independent Domestic Violence Coordinator (IDVA). This role usually sits within a specialist NGO and supports the victim's journey through the criminal justice system. Her independence from statutory agencies enables her to build trust from the victim. The MARAC meeting is attended by those agencies involved and it is an arena where they share knowledge of risk and agree actions to manage this risk. The victim's safety is paramount.

The MARAC has been extremely influential as a co-ordinated, multi-agency response to domestic violence. Many localities have implemented a similar model for those victims who are not assessed as high risk, but are nevertheless vulnerable, and where interventions are agreed to prevent the risk increasing. This model means that protocols and shared, risk is discussed, actions are agreed, and agencies are continually working together.

3. The national context

3.1 Data on violence against women and domestic violence in Latvia

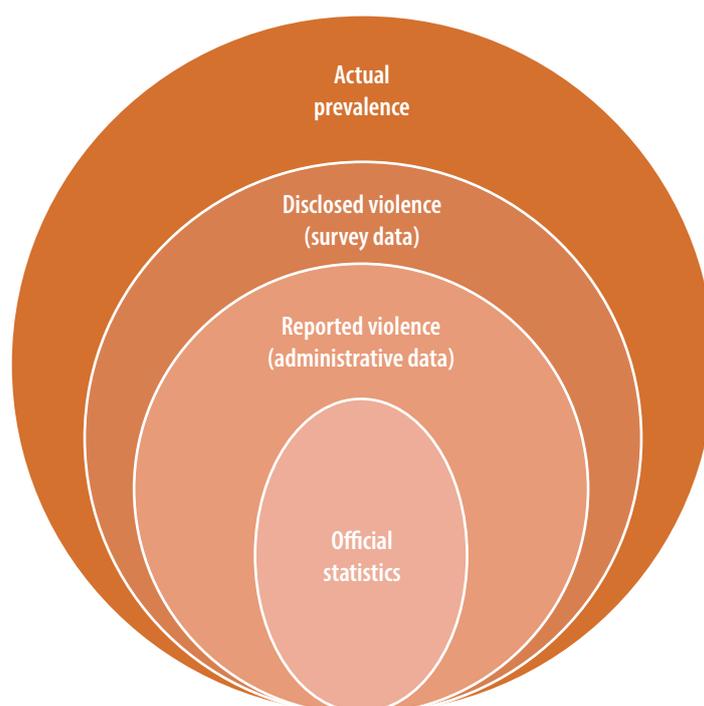
Official statistics and administrated data include registered and reported cases of VAW and DV in Latvia. These data sources represent much lower prevalence than disclosed data compiled in more comprehensive surveys such as the EU-wide survey carried out by the European Union Agency for Fundamental Rights (2014).

According to official national statistics, in 2018, 179 women suffered violence by their partners. This represents a slight increase from previous years.

The Ministry of Welfare 2015 report “Domestic Violence in numbers” indicates that annually approximately 60 women are seriously injured in partner violence incidents. During the period from 2015 to 2018, at least 30 women were killed by their partners.

In 2019, according to data from the Ministry of Welfare of Latvia, 583 violence victims (of which 21 were men) used social rehabilitation in Latvia. Women most often had suffered from emotional violence (546 cases) and a combination of several types of violence physical and sexual violence threats (102 cases). Women suffering physical, sexual and economic violence were rarely among those victims receiving social rehabilitation.

It is important to understand however that gaining a full and informative overview of violence against women and domestic violence nationally cannot rely upon official statistics alone. Reported and disclosed numbers can portray only a small proportion of the real situation, because so many victims do not seek help from the police or other agencies (see diagram below). This problem is well-illustrated by Latvian data where violence disclosed in surveys exceeds multiple times data from the official statistics or administrative data sources.



More comprehensive studies based on surveys, and which include victims who have never used the police or other statutory agencies indicate a different picture.

For example, 32% of women have disclosed that they have been victims of physical and/or sexual violence by a partner since the age of 15 but only 17% of those women contacted the police. Stakeholder interviews strongly suggested that in Latvia, one of the reasons for low levels of reporting the violence is low trust in police. Around one third of the population (27%) tend to not trust police and 63% of the population tend to trust the police (the EU average is more than 70%)³.

The EU-wide survey on violence against women conducted by the European Union Agency for Fundamental Rights, revealed that:

- ▶ Latvia has an overall higher rate of women who experience violence by their partners/ex-partners or other men than the EU country average.
- ▶ 14% of women in Latvia have suffered sexual violence by a partner or non-partner which is 3% higher than the overall EU average.
- ▶ In Latvia, 60% of women have been subjected to psychological violence by current or former partners. This is 23% more than the EU average.

Additionally, the European Institute for Gender Equality has estimated that the cost of domestic violence against women alone in Latvia could amount to EUR 442 million per year.⁴

Addressing the gap between official statistics and more rich and comprehensive data on violence against women in Latvia, which takes into account unreported and undisclosed violence and abuse is a significant step that needs to be taken in regard to developing a strategy for implementing a specialist service. This should aim to enable a broad understanding of what is needed at national and regional levels. It will also need to engage with the views and experiences of victims and survivors, as well as those stakeholders who have an understanding of their needs. This was a key concern for those stakeholders interviewed who are collecting data and researching on violence against women. Some expressed concern that a true picture of prevalence and needs must be at the forefront of developing those services that exist, and a future network of services.

Accurate data collection and critical enquiry and research on violence against women is not only an investment which will enable and support the establishment of an appropriate national network of specialist services but is also embedded in the Istanbul Convention. As such, it must be a key component of any strategy to develop specialist services based on the Council of Europe minimum standards.

Roadmap recommendation 5: Critical data collection should inform the development and implementation of the action plan for establishing specialist services in Latvia and should include qualitative data via consultation with women's NGOs, and victims/survivors of VAW and DV.

Roadmap recommendation 6: Special attention should be paid to collection of data of cases which are not reported to the police and other statutory agencies in order to understand demand and need.

GOOD PRACTICE EXAMPLES

Surveys in Bosnia and Herzegovina

While working towards the ratification of the Istanbul Convention in Bosnia and Herzegovina (BiH), several surveys on the prevalence, causes and consequences of violence against

women were carried out. In 2012, the Gender Equality Agency, in co-operation with a number of relevant stakeholders, including women's NGOs carried out a number of surveys aiming to identify the real extent of VAW. The research was published in 2013 and was the first prevalence research done in BiH. It followed with research specifically looking at the nature and prevalence of domestic violence in BiH (Sesar, 2013).

Such surveys are important because they help policy makers create a plan for harmonisation with the provisions of the IC and developing service responses specific to the needs of women within a specific country. Aligned with an assessment of costs and a social return on investment analysis, this enables forward budgets to be built into both national and regional action planning.

3 European Commission (2019). Public opinion on police. Available at: <https://ec.europa.eu/commfrontoffice/publicopinion/index.cfm/Chart/getChart/chartType/lineChart/themeKy/18/groupKy/88/savFile/927>

4 European Institute for Gender Equality (2016). Available at: <https://eige.europa.eu/publications/combatting-violence-against-women-latvia>

Sweden's building of knowledge on VAW through collecting police and justice data on crime

The Swedish National Council for Crime Prevention (Brottsförebyggande rådet BRÅ) plays an important role in combating VAW by producing Sweden's official crime statistics. The Council is an agency under the Ministry of Justice and a centre for research and development within the judicial system. The Council primarily works to reduce crime and improve levels of safety in society by producing data and disseminating knowledge on crime and crime prevention work. Data include all events reported and registered with the Swedish Police, the Swedish Prosecution Authority, Swedish Customs and the Swedish Economic Crimes Authority. Data concerning rape, sexual coercion, sexual abuse, sexual molestation, gross violation of woman's integrity or gross violation of integrity (the gender-neutral version) and unlawful persecution (stalking) can be found on the Council's home page.

Official crime statistics are based on two different classifications on registering offences. Reported offences, processed offences and suspected individuals are based on crime codes, while persons found guilty and recidivism are based on law section references. Additional information is available for some data based on crime codes, for example the sex and age of the victim. Data based on references to the penal code include information on the sex of the perpetrator, but not necessarily on the victim. Through ongoing analysis over time comparing these different sources of data the Council has been able to follow national changes and trends over many years and also sometimes to compare patterns in relation to VAW between counties and municipalities. The results are a basis for decision-making within the judicial system, the parliament and the government. It also means it is possible to use data for responding to demand, early intervention and prevention of VAW⁵

3.2. National perceptions and attitudes towards violence against women and domestic violence

Stakeholders interviewed for this report frequently expressed their concern that there is a high level of tolerance of violence against women in Latvia which means that women do not receive responses they need, and the risks many of them are living with from the perpetrator are overlooked. This is reflected in the voices of victims and survivors:

"He has friends working for the police and the government. It's as if he can do whatever he wants, and I just suffer."

"I don't have the strength or will to fight anymore! I feel like I'm living in a lawless state"

The prevalence of violence against women is high in Latvia, and alongside this, there appear to be still high levels of tolerance. There is however a positive trend towards changes in attitudes. In 2016, 31% of the Latvian population believed that domestic violence is a private affair that should be handled within the confines of the family (Eurobarometer, 2016), but in 2018 only 19% of the population shared this belief (SKDS, 2018). 2016 data showed that 64% of the respondents in Latvia thought that domestic violence against women can never be justified and a violent person should always be held accountable; 2018 data indicated an increase in this view with support from 75% of the population.

Nevertheless, the trend towards changing attitudes which acknowledge the injustice of violence against women is an opportunity to build upon. The establishment of a network of specialist services can build on this change through awareness raising and engagement with the communities in which they will develop, mobilising support for victims.

Roadmap recommendation 7: Implement an awareness raising campaign on VAW and DV, ensuring that these focus on women in all communities, including for example those in rural communities, young people, older women, women from BME groups.

⁵ For further detail on the Swedish example, see European Institute for Gender Equality (2016): <https://eige.europa.eu/publications/administrative-data-collection-violence-against-women-good-practices>

GOOD PRACTICE EXAMPLE

Austrian campaign “Living Free from Violence”

Austria organised a far-reaching campaign in 2014 and 2015 called “Living Free from Violence” (GewaltFreiLeben). This campaign was co-ordinated by the Federal Ministry for Education and Women’s Affairs but was implemented by a federation of specialist women’s NGOs. Numerous awareness-raising activities were organised within this campaign including dissemination of information about the Women’s Helpline against Violence that runs free of charge throughout Austria, organisation of information events, publication of materials in several languages, and organisation of workshops for different stakeholders. Target groups included the general public, the healthcare sector, professional groups involved in high-risk cases, migrants, young people and journalists. The campaign was financed by the European Union and the Federal Ministry of Women’s Affairs (Council of Europe, 2017)

This collaboration between government ministries and agencies enabled the campaign to speak to victims as well as to build awareness of VAW and DV in communities across the country.

3.3 National response to violence against women and domestic violence

Policy responses

Stakeholders interviewed for this report felt that although there are some areas of progress and change in regard to violence against women within national policy, there is a fragmentation in approach which leads to inconsistency in policy and its practice. It was suggested that the national policy response to VAW and DV has been reactive and much less proactive. They also highlighted the need for a common, national definition of violence against women and domestic violence which aligns with the Istanbul Convention, in particular, its gendered approach.

While there is no specific legal provision or national action plan dedicated to preventing violence against women or domestic violence, they are included in multiple policy-planning documents by the Ministry of Welfare, the Ministry of Justice, the Ministry of the Interior, and the Ministry of Health. Historically, the Ministry of Welfare has been one of the most central policy stakeholders when addressing violence against women prevention.

The first policy-planning document specifically aimed at preventing domestic violence was introduced in 2008 (State programme on the Prevention of Domestic Violence 2008-2011). Its objective included:

- ▶ Investigating the prevalence of domestic violence in Latvia;
- ▶ Raising awareness of domestic violence among the public;
- ▶ Promoting the coordination among relevant institutions.

Following this, DV was incorporated instead into the state family policy (State Family Policy Guidelines 2011-2017) that include several measures for the elimination and reduction of domestic violence, for example expert training and public awareness-raising activities on domestic violence. Domestic violence is also included in the public health policy (Public Health Policy Guidelines 2014-2020).

Stakeholders argued however that while this may represent some progress in national policy and planning, this is fragmented leading to inconsistency in responses and interpretation. There is no overarching, official definition of DV or VAW. As a result, each ministry will approach these issues differently. VAW and DV are complex and wide-ranging issues which requires a common definition in order to be addressed effectively. It is an important step in enabling consistent planning and can inform policy development.

A multi-agency forum which has representation from all of those ministries and stakeholders who have a role to play in combatting VAW, including specialist women’s NGOs as key stakeholders would be an appropriate way in which to progress this recommendation, leading to the development of agreed definitions of VAW and DV which works in line with the definitions used in the Istanbul Convention.

Legislative responses

Since 2014, following a great deal of campaigning from NGOs and other stakeholders, legislation to protect victims of violence in Latvia became available for victims of VAW and DV. Under this regulation the police are authorised to remove a violent person from the home and restrict them from returning, as well as to prevent perpetrators from approaching the victim for up to eight days. When analysing available data, both victim

protection measures have been increasingly used. In 2019, 672 restriction orders for the perpetrator to approach the victim were issued. During 2015-2018 period, 97.2% of these orders were issued against male perpetrators.

Another protection measure - temporary protection of victims⁶ - has also been increasingly applied throughout the last couple of years. In 2019, 940 protection orders were issued (in 2018 – 879; 2017 – 827 orders; in 2016 – 626 orders; 2015 – 524 orders)⁷.

Stakeholders pointed out however that this regulation responds to a gender-neutral understanding of violence affecting women VAW and DV. It states that police have power to remove any person who threatens violence from a shared household. This lack of understanding of the dynamics of VAW and DV means in practice that VAW and DV are not recognised in legislation as a form of discrimination against women and that certain forms of violence, such as domestic violence, are directed to women because they are women or affect them disproportionately.

Similarly, regulation on state funded social rehabilitation services also does not reflect a gendered understanding of DV or VAW but states that that services are available to “adult victims of violence”. “Adult victims of violence (physical, sexual, economic or emotional abuse or threat of physical or sexual abuse, or violent control) shall be provided with services [...]” DV or VAW are not specifically mentioned in these regulations.

It is clear that there has been ongoing progress in regard to utilising legislation to protect victims of VAW and DV. Stakeholders stated however that the implementation of legislation is gender-neutral in its approach which means that it disregards the needs and realities of victims, that there remains a tolerance of VAW institutionally, which means that these instruments are not used effectively and victims feel unable to trust those agencies such as the police and courts to provide protection.

As is the case with policy responses, there is a lack of a single, national definition of VAW or DV that reflects the needs and realities of victims (mostly women) and that could be used across all legislative initiatives. This is a significant challenge to progressing multi-agency responses, to establishing specialist services in line with the Council of Europe minimum standards, and to building legislation and policy which can work in harmony to meet the needs of victims.

Roadmap recommendation 8: Develop common, agreed national definitions of violence against women, and domestic violence which align with the definitions set out in the Istanbul Convention to enable consistency of policy and legislative implementation and practice.

GOOD PRACTICE EXAMPLES

Scotland's national strategy

In 2014, the national Scottish government alongside the association of local governments (COSLA) developed a national strategy to combat VAW and DV. “Equally Safe: Scotland’s strategy for eradicating violence against women” is a multi-agency initiative including participation from the police, housing agencies, social services, children’s services, health services and women’s specialist NGOs. The action plan, which is reviewed annually, forms the roadmap for the strategy, and is reviewed annually. It includes ensuring that victims of VAW and DV receive services which are in line with the CoE minimum Standards, that these are sufficient for the population, and are sustainably funded.

This is an example of good practice because it recognises that VAW and DV are the responsibility of a wide range of agencies. Bringing these agencies and ministries together means that the strategy is led and owned collectively, and each partner to the strategy has a responsibility to implement their part.

Other initiatives developed with a participatory approach include the United Kingdom’s Strategy to end Violence Against Women and Girls⁸ and Sweden’s National Strategy to prevent and combat male violence against women⁹

⁶ Protection order is active for one month to one year (or as long as there is a trial for divorce, children custody, alimonies` and other case proceedings). The victim can ask to prolong the protection up to one year after the final decision has been made.

⁷ Data from the Ministry of Justice.

⁸ <https://www.gov.uk/government/publications/strategy-to-end-violence-against-women-and-girls-2016-to-2020>

⁹ <https://www.government.se/information-material/2016/11/fact-sheet-national-strategy-to-prevent-and-combat-mens-violence-against-women/>

4. The importance of women's NGO's in developing specialist services

The Council of Europe minimum standards draw from significant evidence that specialist support services for victims of violence against women and domestic violence are most advantageously placed within specialist women's NGOs. These have for many years worked to develop appropriate responses for victims and campaigned on their behalf. Such organisations often have survivors working with them, and have a strong knowledge base on the needs, experiences and challenges for victims of violence against women, and can work to share and build this knowledge towards the improvement of services and responses for all agencies. They are able to give victims and survivors a voice in any national or regional strategies or action plans. Their relative independence from statutory agencies, and their user-centred ethos means that victims are more likely to trust specialist women's NGOs, and therefore better outcomes can be achieved in terms of access to rights and long-term recovery. They are the ideal starting point for establishing a countrywide network of specialist services.

It is crucial that these organisations are appropriately funded so that the overarching principles of the minimum standards can be achieved, particularly in regard to skills and training. Sufficient resources should therefore be made available by the state to enable this. Such organisations, because of their value-driven commitment, are likely to provide significant 'social return on investment', meaning that investment in such services ultimately saves significantly in costs to the state (Women's Resource Centre, 2011). A focussed specialist service means reduction in replication of work by other agencies, and perhaps most importantly, this leads to victims being able to access the support and help they need when they need it.

A further advantage drawing from women's NGOs is that they are often strongly engaged with the local communities in which they operate. In Latvia, the Marta Centre in Riga reports that they receive significant individual financial donations from the community, indicating community engagement and the mobilisation of civil society (MARTA, 2018). Such engagement has very strong potential for achieving local community support for victims, and achieving the minimum standards' principle of "challenging tolerance" which builds upon attitudinal change in communities.

One stakeholder interviewed however expressed concern at what he perceived as a lack of acknowledgement by statutory bodies of the crucial work done by the few specialist NGOs that exist in Latvia. Stakeholders also stressed the importance of understanding their specialism and not assuming that any NGO can carry out work safely and appropriately with victims of VAW.

Stakeholders also drew attention to the fact that specialist NGOs remain underfunded. In order to develop a comprehensive specialist service networked across Latvia, sustainable funding will be a necessary step.

The Istanbul Convention recognises that both general and specialist services for victims of VAW and DV have a role to play in responding to the different forms of VAW. This is a recognition that general, social services (as in Latvia) operate as the first entry point for victims. General services therefore should be enabled (through resources, training etc) to adequately respond to victims of all forms of VAW. This support needs to be victim-centred, empowering and based on a gendered understanding of VAW and DV. They can then refer women to a specialist service (run by and NGO) where needed as part of a multi-agency approach.

Roadmap recommendation 9: Ensure that women’s specialist NGO’s are included as relevant stakeholders in any strategy for the establishment of a network of specialist services and that general services are provided with resources to adequately respond to victims of all forms of VAW including by referring them to a specialist service (run by an NGO).

Roadmap recommendation 10: The strategy should identify and build resources towards sustainable funding for women’s specialist NGOs. While this may seem to be a resource challenge, an exercise in social return on investment can demonstrate significant longer-term cost savings.

GOOD PRACTICE EXAMPLE

Women’s Resource Centre in London

In 2011, the Trust for London funded a piece of research from the Women’s Resource Centre, a membership coalition of women’s organisations across the UK. “Hidden Value: Demonstrating the extraordinary impacts of women’s voluntary and community organisations” carried out an exercise in assessing the cost of funding specialist women’s organisations to deliver work supporting victims of VAW, and comparing this to the potential cost to the state without the intervention of these organisations.

This exercise in social return on investment enabled women’s NGOs to evidence the financial as well as human welfare value, and for state stakeholders to understand the importance of investing in sustainable funding for women’s NGOs. It has been a very useful tool for building capacity into women’s specialist NGOs.

5. Roadmap for setting up specialist support services victims of violence against women and domestic violence in Latvia

The Council of Europe minimum standards set out a minimum level for provision of specialist services across each member states (See table in Section 1). Most of these provides an aspirational standard for this level of provision, something which can be worked towards as improving practice. It is important to bear in mind that the standards acknowledge differing needs, contexts and demographics in each different member country, and any action plan for establishing specialist services will need explore how these standards can be applied in a particular state context.

This section looks at what already exists in Latvia in regard to service provision and explores ways that this might be developed in order to meet the Council of Europe minimum standards.

National Helpline

Council of Europe minimum standards

“One national line covering all violence against women or one for domestic violence and one for sexual violence. The number of helplines should reflect the population size. In small countries one may be sufficient. For more densely populated states there should be at least one helpline in each region”. In Latvia, there is MARTA Centre hotline but it is not operational 24/7 and does not receive state funding.

Aspirational standards

- ▶ Always be answered by someone “live”.
- ▶ Monitor numbers of missed calls.

MARTA Centre provides information and crisis support to victims, including women who have been trafficked. It currently receives no state funding, and does not have the capacity to operate 24/7, which is needed in order to reach the minimum standards for provision, and so that those women in crisis have somewhere they know they can turn to at any time of the day or night, on any day in the year. This is however an example of good practice in Latvia that could provide a basis for reaching the minimum standards for provision.

There are also other general national helplines offering information and psychological help to all survivors and witnesses of any form of violence or crime¹⁰, but this support is generalised and not specialist in regard to violence against women. A crisis hotline is operated by the NGO “SKALBES” is available 24/7 but again does not specialise in violence against women which is a requirement of the minimum provision standard. To achieve this standard, a helpline would need to be operated within the overarching principles set out within the minimum Standards. This means being operated by trained specialist staff who have clear protocols for responding to and understanding of the risks to victims of VAW, and a women-only, trauma-informed approach. An in depth understanding of the possible routes to further support and how to facilitate these would also be necessary.

¹⁰ Skalbes helpline; www.cietusajiem.lv – 116006 helpline (also administrated by Skalbes) and hotline for children, young people and their families: 116111

Given that Latvia is a smaller country relative to some other members of the Council of Europe, it is worth considering the step of one integrated national helpline for all victims of violence against women and domestic violence, which would encompass all forms including sexual violence. There is a significant advantage in that one specialist Help Line with national reach is already operating and being delivered by a specialist NGO. Building capacity into this so that it can reach the minimum provision standard of operating 24/7, and ensuring the overarching principles are embedded, is a practical way forward. As well as building capacity into operations, it will be important to invest in strong publicity of a national helpline, ensuring that women in all communities across Latvia are aware of it, including for example those living in more rurally isolated areas, older women, women with disabilities.

Research data shows that 36% of Latvian respondents do not know of any organisation or service that offers support to women suffering from violence (SKDS, 2018). A single national helpline which is widely publicised offers victims of violence against women a recognisable pathway to support, wherever they are living. Many examples of specialist national helplines are networked to the other violence against women services such as shelters and rape crisis centres across the country, so that onward referrals can be made quickly to a local service and ongoing support can be accessed quickly at a more local level.

Interviews with stakeholders also suggested that Latvia has strong working networks in place which could also be drawn upon. The national helpline can be adapted to the specific needs of a country, and these networks can support development, identifying potential for more local helplines to add capacity and outreach over time.

Roadmap recommendation 11: Explore the potential of building capacity into the existing specialist Helpline so that it can provide a national, integrated service 24/7 (for all victims of VAW).

Roadmap recommendation 12: Use the helpline as a central point of contact for all VAW and DV services across Latvia to help network building

GOOD PRACTICE EXAMPLE

Italy's national hotline 1522

In 2006, the Department for Equal Opportunities in Italy launched the national hotline service 1522 in order to provide a central point from which to refer victims of violence to shelters and women's centres. The service is available 24 hours a day, every day of the year and can be accessed anonymously. The call centre operators are all women and speakers of different languages are available. The hotline operators receive specific training and receive psychological support in order to help them to cope with the stress due to their work with victims. The service provides for all victims of VAW and DV and is able to identify what is available locally for victims and refer them on.

Those women who operate the hotline work closely with relevant agencies such as the police, health and welfare services, so that there is a collaborative community response when victims seek help via the hotline. There has been ongoing investment by government into the hotline since it was set up, ensuring continuous improvement and building capacity.

Shelters

Council of Europe minimum standards

"There should be one family shelter place¹¹ per 10,000 women in the population. There should be at least one specialist violence against women shelter in every province/region". This would mean 145 specialist family places required in Latvia.

Aspirational standards:

"Where there is demand, the range of provision should also accommodate women with additional needs – migrant and minority women, women with disabilities, women with mental health and/or substance misuse

¹¹ In the Minimum Standards, a 'family place' refers to one unit for the mother and the average number of children for the member state (Council of Europe, 2008).

issues, and young women needing protection from female genital mutilation, forced and child marriage, crimes in the name of honour”.

The WAVE Country Report (2019) states that there are approximately 8 shelter accommodation projects which are available in Latvia which are based in Riga and other cities¹². These provide approximately 140 family bed spaces overall, and are usually known as Family Crisis Centres, but do not specialise in the needs of women who have lived with VAW or DV. Some do not accept women without children and cannot admit a woman in an emergency as they require extensive paperwork for admission. There are currently no shelters in Latvia specifically dedicated to women suffering from VAW, providing mostly general psychosocial support. In addition, these accommodation projects do not have a gender-sensitive approach and could not therefore meet the minimum standards for service provision. There is one NGO (“MARTA Centre”) that provides anonymous shelter space in crisis situations related to VAW. The location is not publicly known in order to protect the victim and preserve confidentiality. This provision is limited to space for only 2 women and their children.

Furthermore, the Council of Europe minimum standards outline that shelters are required to have specialist support specifically for children and young people. On a practical level this involves finding schools for children, working in partnership with welfare and health agencies to meet children’s needs, and providing therapeutic support. Children who have lived with domestic violence are likely to have experienced a range of impacts, including fear, anxiety, PTSD and lack of self-esteem. It can impact negatively upon their education, their trust in relationships, and their future aspirations. A range of research evidences that there is up to a 50% risk that children who have lived with domestic violence will have also been abused by the perpetrator (Guedes A et al, 2016). It also suggests that this can lead to tolerance in later life, and an increased likelihood of children becoming violent adults.

Included in the Council of Europe minimum standards is the requirement to be able to offer safe accommodation in an emergency, and that women and children are able to stay in the shelter for as long as they need to in order to recover. This will vary according to individual need. Within the minimum standards, it is important work with women in planning to move forward into independence and longer term safe accommodation of their own. Some however will need significant support and time to achieve this. An understanding of the complex impacts of VAW upon women means that unreasonable limits upon the length of time they can stay in a shelter should not be imposed. In addition, support with resettlement is required within the minimum standards.

While there are challenges in regard to provision of specialist shelters in Latvia, there are practical steps available to enable this to happen. The expertise of those NGOs who are already operating can be drawn upon. There are also crisis accommodation projects in existence, and it may be possible to utilise some part of these to develop into specialist women’s shelters which operate within the minimum standards, using the expertise of women’s NGOs. It would also be useful to draw from those Council of Europe states who have established a strong network of shelters, seeking knowledge, experience and support. Many are able to evidence not only minimum, but aspirational standards under the Council of Europe’s requirements. In addition, it is worth considering developing shelters within organisations that already provide community services for VAW and DV so that existing resources are utilised and built upon.

The establishment of a network of shelters is a significant challenge for reaching the destination outlined in this roadmap. It is however possible and has the opportunity to draw from the experience of others which will help in avoiding unanticipated challenges and barriers. Sustainable funding is necessary for this to take place. Evidence shows however that they provide a significant “social return on investment”, meaning that in the longer term, they can save costs to the state, and most importantly, the cost to human life.

Roadmap recommendation 13: Consider utilising some of the existing, non-specialist accommodation towards specialist shelter spaces, utilising the expertise of women’s specialist NGOs in Latvia and other partner countries. It is vital to ensure that shelter accommodation for victims of VAW and DV operates within the requirements of the Council of Europe minimum standards.

¹² Data on shelters across a country is sometimes difficult to estimate accurately because information available is sometimes out of date. For the purposes of this report, the data is based on the WAVE country report, available at: https://www.wave-network.org/wp-content/uploads/WAVE_CR_200123_web.pdf

GOOD PRACTICE EXAMPLES

Women's Aid Federation of England

Women's Aid Federation of England (www.womensaid.org.uk) is a membership organisation for specialist VAW and DV services. The federation has a wide variety of membership from different parts of the country, all of them serving different local communities, mostly delivering a shelter (or refuge) service. The network is linked by a single national helpline which can refer directly to a local service and can assess where there is available shelter space. Women's Aid has developed an accreditation process for its members to reach the national standards, which are grounded in the Council of Europe's minimum standards. In addition, national joint standards have been developed so that all VAW services are aligned, including rape crisis centres, perpetrator projects, and specialist projects working in areas such as FGM.

The Oranje Huis in the Netherlands

The Orange House is a Dutch women's shelter which uses the approach where the shelter is visible and recognisable and has a disclosed location. There is a domestic Violence Support Centre within the shelter, to provide services collectively under one roof.

This model locates accommodation, advocacy, advice and therapeutic services within one centre, and aims to be accessible to individuals coming from a wide range of locations. It means that victims can access the support they need from a single, holistic resource. This co-location of different services enables resources to be aligned and more quickly delivered.

Advice, advocacy and counselling services

Council of Europe minimum standard

Advocacy Services: One per 50,000 women (82 required in Latvia, combining advice/advocacy and counselling).

Within the minimum standards, advice and advocacy are categorised together. They are services provided in local communities and are important in not only meeting needs of victims, but also in working alongside other agencies, and ensuring that the victims' perspectives and needs are acknowledged.

Advice: provision of accurate information on practical matters impacting on victims such as police, court and social services processes. This is based on enabling victims to be able to make informed choices.

Advocacy: Supporting victims with legal and other statutory processes, advocating on their behalf with other agencies, and keeping them informed of developments such as what actions the police are taking with the perpetrator, or what court processes are taking place.

The advice and advocacy can be on a number of issues which have impacted upon victims, such as legal or financial matters. Advocacy indicates that victims will need specialist staff to support them in accessing their needs. It is particularly relevant for victims who are in contact with the police or are going to court, and advocates will need to be trained to be able to provide accurate information, and keep victims updated on legal processes with their safety as a priority. Because of the need for victims to feel they can trust those who are providing this service, it is preferable for advice and advocacy services to be based within specialist VAW services, and they can operate as part of a Single Point of Access (SPA) or Women's Centre model. They can however also be delivered in partnership with other agencies through a model of co-location where the advocate has a base in, or regularly visits a police station or hospital. Whatever model of advice/advocacy is used it will need to be located with or closely linked to counselling services so that victims have access to therapeutic as well as practical support.

Advocates should be trained sufficiently to be able to explain criminal and civil justice processes, reporting options and service users' legal rights. Also they should have sufficient knowledge of other services and should be able to provide information, advice and referrals on the following:

- ▶ Support and health services
- ▶ Law enforcement, legal rights and remedies.
- ▶ Welfare rights, education and job training.
- ▶ Housing legislation and access to safe long-term accommodation

- ▶ Childcare and parenting education
- ▶ Child protection
- ▶ Alcohol and drug services
- ▶ Mental health services
- ▶ Services for people with disabilities
- ▶ Immigration law and assistance.

GOOD PRACTICE EXAMPLE

Safelives in the UK

The organisation Safelives provides a wide range of online resources to help with understanding the MARAC process in the UK (see information on MARAC in section 2.5). It also provides details on the role of the Independent Domestic Violence Advisor (IDVA) which provides advocacy and advice to victims of domestic violence. Included in the resources are job descriptions for the IDVA, and guidelines on appropriate training. Safelives delivers training in advocacy in line with the Council of Europe minimum standards. Resources are provided in a range of different languages, and can be accessed from www.safelives.org.uk

Counselling Services:

Council of Europe minimum standard

One per 50,000 women (82 required in Latvia combining advice/advocacy and counselling)

There should be one specialist violence against women counselling service in every regional city.

Counselling services differ from advocacy services in that they are focused upon psychological recovery from the traumatic impacts of VAW and DV. As well as one-to-one counselling, services can include therapeutic group work designed to help rebuild confidence and make sense of experiences as a group with common experiences.

Within the Council of Europe minimum standards, counselling should include the development of individual action plans with the service user which address safety, support and practical needs. Counsellors should be trained for a minimum of 30 hours and training should cover:

- ▶ A gendered analysis of VAW
- ▶ Crisis intervention techniques
- ▶ Understanding of trauma and coping strategies
- ▶ Confidentiality
- ▶ Well-being and social inclusion.
- ▶ Overview of the criminal justice system in relation to VAW
- ▶ Up to date understanding of state laws in relation to VAW
- ▶ Understanding of how to access community and state resources
- ▶ Non-discriminatory and non-judgmental approaches
- ▶ Empowerment

Since 2014, victims of VAW and DV Latvia can access support within the social rehabilitation system which is funded by the state. Within this system, any person of legal age who has suffered any type of violence or received threats of physical or sexual violence is entitled to receive services that should primarily provide psychosocial support and help to evaluate the threats and risks and plan safety measures. These services aim to enable recovery and eventually independence.

The claim for receiving rehabilitation services for victims can be submitted to an institution that is registered as a social service provider (e.g. crisis centre, NGO, psychologist). However, there are no standards or principles for services or for service providers which align with the Council of Europe minimum standards for specialist services for victims of VAW and DV. There are several organisations working with victims of domestic violence, but stakeholders were concerned that in many cases their approach is largely not gender-sensitive nor

specialist. As a result, it was felt that victim-blaming is often present within the support model offered. The service user is obliged to involve oneself in the individual plan of social rehabilitation and follow the instructions indicated in the conclusion of the specialist. One must abide the timeframe and the order of receiving services. Whether or not a victim of VAW or DV will be able to access a specialist service is something of a “postcode lottery”. Even where this is the case, there will be a limit on the length of support that is funded by the state (up to 20 sessions).

Of particular concern to stakeholders was the lack of awareness of risk in the process of registering for rehabilitation services. Victims of VAW and DV are expected to disclose their personal details in order to access the service, even where this may put them at significant risk. A specialist service will need to ensure that victims are able to recover and resettle into the community before support is withdrawn.

VAW and DV are complex issues which impact on many aspects of life including safety, health/mental health, legislative rights, children, mental health, finances and employment. What stakeholders are seeing is some response to these complexities, but it is fragmented, and time limited. It would be useful to consider the establishment of a “single point of access” (SPA) service network, also known as “one stop shops”, or “women’s centres”. This model would enable integration of different provision, including domestic and sexual violence. It would also allow each SPA to respond to differing local needs.

The SPA model would also enable the development of outreach services which are included in the minimum Standards for service provision. These are services which respond to the needs of women who are disadvantaged in regard to accessing services, such as women with disabilities, or those living in isolated rural areas. They tend develop to the specific needs of local communities and are often part of those communities themselves.

Roadmap recommendation 14: Consider how the existing model of the State rehabilitation service could be appropriately adapted to deliver a as well adequate support for victims of VAW and DV. It would need to be delivered in line with the victims’ needs and risks (including ensuring confidentiality and safety) provided by specialist trained VAW and DV staff, and operate within the Council of Europe minimum standards.

Roadmap recommendation 15: Consider how this might be placed within specialist, women-only centres (one stop shops) which are part of a holistic and integrated offer to victims of all forms of VAW.

GOOD PRACTICE EXAMPLES

Refuge’s SPA model in the United Kingdom

In the UK, the women’s NGO “Refuge” offers a number of single-point-of-access services, which act as the first point of contact for any victim of gender-based violence in a specific area. These services operate across entire local authorities and support those who have experienced domestic violence, rape and sexual assault, prostitution, stalking, human trafficking and modern slavery, forced marriage, female genital mutilation (FGM) and ‘honour’ based violence. Women are able to come to one place to access a variety of specialist support. The SPA services are run by women for women, gender sensitive and trauma-informed and offer a holistic range of services. Services are tailored to individual women’s needs which means that there is no specific time limit on how long women are supported. The support is however based on a recovery plan. They are sustainably funded through a variety of governmental funding streams, as well as through local fundraising support.

The SPA can also operate in the same location as a shelter, enabling a range of services, including accommodation, to be offered in one place. Within the SPA (or Women’s Centre) model, a variety of services such as rape crisis and domestic violence support can co-exist. The value of this holistic model means that it is possible to provide different responses within one centre, for example meeting practical or legal needs via advocacy projects, psychological needs via counselling, and combatting social isolation and building confidence through group work programmes.

Ideally, support should not be time-limited because complex cases may take significant time. It is however important to implement systems of support planning which are outcome focussed so that dependency is avoided. This can be achieved through provision of a range of responses, and the capacity for women to access services more than once, moving in and out of support as needed.

Sexual assault centres and rape crisis centres

Council of Europe minimum standard

Rape crisis Centres

One per 200,000 women in the population, at least one centre per region. This means at least 5 centres in Latvia.

Rape crisis centres provide a holistic response to victims of sexual assault and rape. Advocacy and advice should be provided in particular where a victim has reported to the police and where there is a court case. Therapeutic counselling should be available to all victims, including those who have not reported sexual violence to the police. It is important to bear in mind that the impacts of sexual violence are often profound, and counselling may need to be available long term.

Sexual Assault Centres

One centre per 400,000 women in the population, to enable ease of reporting recent assault. Which would mean 3 centres in Latvia.

Within the minimum standards for support services, Sexual Assault Centres should be available for forensic examination and medical support and advice. They should operate with sensitivity to the victim's needs, and forensic examiners should be female, unless the service user specifies otherwise. The standards specify that victims of sexual assault should receive the same level of care within a sexual assault centre, regardless of the circumstances of the sexual assault, their legal or social status. Sexual assault centres can be based within a hospital or within a separate venue. Where they operate within a hospital, the service should embed the overarching principles of the minimum standards and work from a victim-rights model. Wherever they are based, they should have strong links to local rape crisis centres so that victims can go on to access longer term therapeutic and practical support.

Article 25 of the Istanbul Convention requires countries to set up either rape crisis centres or sexual violence referral centres. Whatever option chosen needs to deliver all the necessary requirements outlined in the Council of Europe minimum standards.

One of the central concerns for stakeholders that were interviewed was the lack of any specialist provision for victims of sexual violence and abuse in Latvia. All felt that this was a huge gap in services, and that victims suffered secondary abuse because they could not access help. At this point, there are no rape crisis centres or sexual violence referral centres in Latvia which clearly falls short of the Council of Europe minimum standards for provision.

Sexual Assault Referral Centres are crucial as survivors of rape and sexual violence require specific services (e.g. forensic testing, medical care) that is time sensitive. Research and experience indicate strongly the highly traumatic impacts of sexual violence and abuse, and the importance of accessing help in a timely manner (NHS England, 2018). Currently, victims in Latvia would (if they chose to do so) go to the police and then to the State Centre for Forensic Medical Examination. The forensic examination could be carried out by a male specialist, and typically victims will encounter a policeman. While the law does state that victims of sexual violence should be examined by a forensic expert of the same gender unless they agree otherwise, there is not always a female forensic expert available. This may leave victims with no choice. One stakeholder pointed out that this lack of specialist practice will mean re-traumatisation for victims. They also suggested that there was often a culture of victim-blaming which caused further damage to the victim.

There are no specialist rape crisis services for survivors providing counselling and psychological support. Theoretically, in Latvia, generic psychological support could be offered through social rehabilitation funding. However, stakeholders consider such support insufficient and temporary and it does not cater specially to the needs of victims of sexual violence nor is provided by trained staff. In addition, there is no publicly available information for victims of rape or sexual assault what they should do or where to get immediate support.

There are however ways to move forward in developing a specialist service for this particularly vulnerable group of victims of violence against women in Latvia. The foundations for an integrated service network (including all forms of violence against women, including sexual violence) already exist within those NGOs who provide specialist services. Specialist sexual violence services in the form of rape crisis centres could be situated within an integrated service or SPA service (see recommendation 17).

The establishment of sexual assault referral centres can be developed by using hospital settings, although they can also be situated outside such a setting. This function must be developed as a multi-agency initiative with input from specialist services, it generally sits within the remit of Public Health. There are a number of national strategies amongst Council of Europe member states that can be drawn upon, and a wealth of experience that can deliver advice and guidance.

Roadmap recommendation 16: It is urgently essential that there are specialist services for victims of sexual violence which include not only specialised forensic examination but also advocacy and counselling, are gender-sensitive and which provide a safe space for victims. This should be a priority in a national action plan for establishing specialist services for VAW and DV in Latvia.

Roadmap recommendation 17: Set up a working group to include relevant departments, including Public Health and Justice, as well as specialist NGOs to focus upon this particular gap in services.

GOOD PRACTICE EXAMPLES

The United Kingdom's NHS Strategy

In the UK, the National Health Service has developed a national strategy on responding to victims of sexual violence. The strategy draws from the experiences of victims and works in a cross departmental approach which seeks to provide sufficient, appropriate and timely services for victims of sexual violence. The strategy has been extremely successful in helping address gaps in specialist services and in developing aspirational standards.

Ireland's network of Sexual Assault Centres and Rape Crisis Centres

Ireland, there are 16 rape crisis centres. Eight of them function under the umbrella organisation Rape Crisis Network Ireland (RCNI). The Dublin Rape Crisis Centre operates a national helpline free of charge. The rape crisis centres offer counselling, advice, advocacy and they accompany the victim to court and police. Some of them provide additional services, such as awareness-raising and educational activities. The centres receive partial state funding from national and local authorities and donations. Most of the services are provided free of charge (all in case of members of the RCNI). Some rape crisis centres charge a portion of the fee for longer term counselling, based on the clients' financial situation.

In addition, Ireland has six Sexual Assault Treatment Units. These are established in hospitals for victims of sexual assaults. They provide help to anyone from the age of 14 who has had unwanted sexual contact of any kind. The service is provided free of charge by the Health Service Executive, which provides all of Ireland's public health services in hospitals and communities across the country. A medical exam, including a forensic sample, can be taken up to seven days after the assault, regardless of whether the victim wants to report the violence or not. They provide examination, treatment of injuries, test for sexually transmitted diseases and provide medication and emergency contraception. All this is explained on a user-friendly website (Council of Europe, 2020).

Conclusion

The present research identified many challenges for victims of VAW and DV in Latvia, and some significant gaps in service provision that would meet the minimum standards for provision set out by the Council of Europe. There are however instances of very good practice, and the potential to work towards an integrated network of service provision that responds to all forms of VAW.

In identifying some of the key challenges for victims in Latvia, the report has sought to show that establishing a specialist service must work alongside addressing the wider context of challenges and problems for victims. The service cannot work in isolation, and so these challenges should be addressed as part of the country's general policy to end violence against women and domestic violence.

Summary of recommendations for establishing specialist services for victims of VAW and DV in line with the Council of Europe minimum standards

The recommendations set out in this report have been divided into two groups. The first set of recommendations apply to the wider context of VAW and DV in Latvia, and suggest the key steps that need to be taken in order to develop an environment in which general support services would be able to support adequately victims of VAW and DV and a specialist service would be able to operate effectively, and therefore, the needs and rights of victims could be met.

The second set of recommendations apply directly to specialist service provision. These recommendations suggest practical ways in which what already exists could be adapted, as well as drawing attention to areas where provision is almost completely absent, for example where services for victims of sexual violence are concerned.

While the roadmap suggests a direction of travel, there is significant work to be done in achieving the destination. In order to achieve these steps, there will need to be an action plan: the first step in the roadmap. The work will require political will and financial planning, and a multi-agency approach which places the knowledge and experience of women's specialist NGOs at its centre and includes the views and experiences of victims as essential and expert knowledge. While there are significant challenges, the destination for the roadmap is achievable with collective political will and commitment.

SUMMARY OF BROADER RECOMMENDATIONS:

1. Ensure the overarching principles of the Istanbul Convention and the Council of Europe minimum standards for support services for victims of VAW and DV are the foundation of any strategy establishing specialist support services for victims of VAW and DV.
2. Use a comprehensive programme of training to build understanding amongst stakeholders of the importance of a gendered perspective in meeting the needs and restoring the rights of victims. The training should also address the risks faced by victims, the problem of victim blaming, the importance of holding perpetrators to account, and the need for multi-agency cooperation.
3. Work to embed this understanding, and the principles of the CoE minimum standards into the principles and practices of state agencies who work with victims of VAW and DV.
4. Ensure that models of multi-agency cooperation are central to the establishment of a network of specialist services for victims of VAW and DV in Latvia.
5. Critical data collection should inform any strategy for establishing specialist services in Latvia and should include qualitative data via consultation with women's specialist NGOs and victims/survivors of VAW.
6. Special attention should be paid to collection of data of cases which are not reported to the police and other statutory agencies in order to understand demand and need.
7. Implement an awareness raising campaign on VAW and DV, ensuring to focus on women in all communities, including for example those in rural communities, younger women, older women, and women from BME groups.
8. Develop common, agreed national definitions of VAW and DV which align with the definitions set out in the Istanbul Convention to enable consistency and synergy across policy, legislation and practice.
9. Ensure that women's specialist NGO's are included as relevant stakeholders in any action plan towards the establishment of a network of specialist services and that general services are provided with resources to adequately respond to victims of all forms of VAW including by referring them to a specialist service (run by an NGO).
10. The strategy should identify and build resources towards sustainable funding for women's specialist NGOs. While this may seem to be a resource challenge, an exercise in social return on investment can identify significant longer-term cost savings.

RECOMMENDATIONS/STEPS FOR ESTABLISHING A SPECIALIST SERVICE FOR VICTIMS OF VAW AND DV

11. Explore the practical potential of building capacity into the existing specialist Helpline so that it can provide a national, integrated service 24/7 (for all victims of VAW).
12. Use the helpline as a central point of contact for all VAW and DV services across Latvia to help network building.
13. Consider utilising some of the existing, non-specialist accommodation to develop towards specialist shelter spaces, utilising the expertise of women's NGOs in Latvia and other partner countries. It is vital to ensure that shelter accommodation for victims of VAW and DV operates within the requirements of the minimum standards, run by trained specialist workers.
14. Consider how the existing model for state rehabilitation services could be appropriately adapted to deliver as well adequate support for victims of VAW and DV. It would need to be delivered with the victims' needs and risk at the centre, by specialist trained VAW and DV staff, and operate within the minimum standards.
15. Consider how this might be placed within specialist, women-only centres which are part of a holistic and integrated offer to victims of all forms of VAW.

16. It is urgent and essential that there are specialist services for victims of sexual violence and abuse which include not only specialised forensic examination, but also advocacy and counselling, are gender-sensitive and which provide a safe space for victims. This should be a priority in a national action plan for establishing specialist services for VAW and DV in Latvia.
17. Set up a working group to include relevant departments, including Public Health and Justice, as well as specialist NGOs to focus upon this particular gap in services.

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