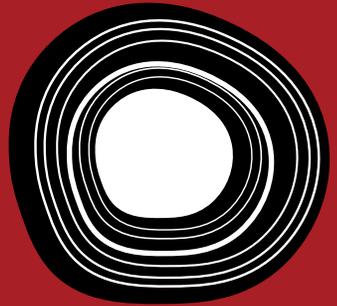


CHALLENGES AND GAPS IN ARMENIA'S RESPONSE TO DOMESTIC VIOLENCE



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Coalition to Stop Violence against Women

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I

INTRODUCTION

There is no simple answer to how to deal with domestic violence (DV) or prevent it. Legislation addressing the violence and the needs of victims is vital, but, in and of itself, insufficient. Punishment of perpetrators is important, but, in and of itself, insufficient. Services and support for victims are absolutely necessary, but require a complex and multidimensional approach.

In order to combat and reduce domestic violence it is necessary to think and act in a systemic way. Domestic violence happens in a system of different factors that function together to allow and even support such violence. Thus, it is a systemic problem and only when the system, and not just individual instances, is recognized, addressed and changed, will domestic violence be combated to a sufficient degree. Therefore, all parts of the system need to be considered and dealt with.

Experts call such an approach a multi-sectoral, coordinated response to domestic violence. That response requires government agencies to make legislative amendments and conduct relevant trainings, as well as to introduce a variety of community services and measures. The comprehensive response to domestic violence involves effective systemic work between communities and state authorities. When a

victim calls a hotline service or when police respond to an incident of abuse, different parts of the system should be immediately activated in order to ensure the safety of the victim and her children, according to their needs; accommodate them in a shelter if needed; support them; and hold the perpetrator accountable.

No single state authority or service can undertake all those functions in a reasonably efficient way. A number of social agencies, with appropriately trained staff, expertise and resources, along with state and legal services are needed. Each of the mentioned services should be prepared to respond to and participate in relevant ways.

However, Armenia does not have such a multi-sectoral system or coordinated responses and actions, neither at the community level nor at the government level. Therefore, it is necessary to begin by strengthening each part of the system and then working on mechanisms of coordination so that the state response to domestic violence itself becomes multi-sectoral.

Over the past decade, Women's Support Center NGO (WSC) has focused its activities on preventing domestic violence and providing assistance to victims of gender-based violence, as well as advocating for necessary systemic changes. Concurrently, through its work, Women's Resource Center NGO has gained crucial experience in issues of sexual abuse and harassment, particularly in regard to the causes and prevention of domestic violence and the protection of women's rights. Throughout this paper we offer numerous evidence-based examples, based on the work of these two organizations.

These examples point out the existing gaps in the system. To address these gaps and existing challenges, this paper will provide recommendations, based on our experience and international best practices. Armenia needs to implement these best practices in order

to protect the victim and prevent domestic violence. Only in this way will Armenia start to combat domestic violence both at the state and societal level.



II

**UNDERSTANDING
DOMESTIC
VIOLENCE**

The dynamics of domestic violence differ from the other forms of violence because the abuse is perpetrated by a person whom the victim loves and trusts. Domestic violence usually involves a long-term pattern of power and control, creating dependencies that complicate the ability of the victim to leave. It is not uncommon for relationships that end with domestic violence to begin as apparently healthy and happy. In fact, it is this emerging and progressive (or escalating) process of abuse that complicates a survivor's feelings about an abuser and makes it harder to leave or get help.¹

Women victims of domestic violence are at risk of developing a range of health problems caused by physical violence. Victims are also at increased risk of sexually transmitted infections, unplanned pregnancies and forced abortion. In far too many cases, domestic violence may end in death.

Psychologically, domestic violence can lead to depression, anxiety, eating disorders, low self-esteem, panic attacks, alcohol/substance abuse, suicide attempts, etc. Domestic violence also has significant

¹ Women's Support Center, *Armenia: Guidelines for Domestic Violence Service Providers*, 2016, p.13.

consequences in the social circle of the victim. Family, friends and co-workers risk retaliation and intimidation from the perpetrator, if they try to intervene or assist the victim living in the abusive relationship.²

Children victims of domestic violence are at risk of having developmental problems, mental problems, psychiatric disorders, educational difficulties, aggressive behavior and low self-esteem. Children living with domestic violence are more likely to commit a crime or to become abusive partners in future relationships. They are more likely to view violence as acceptable. The Istanbul Convention also recognizes the severe impact that domestic violence has on children, both as victims and as witnesses.³

Domestic violence has serious consequences for the society as a whole. Those refer not only to the cost of the fight against violence and the cost of medical and mental health care services, but also to the decreased contributions of victims to society, including the loss of work productivity.

Further, isolating women or forbidding them to get an education or work impoverishes the family and slows down the socio-economic development of Armenia.⁴

If perpetrators are not held accountable, the society sends a message that the violence is acceptable and tolerated. This approach can result in more serious violence, and deters future victims from reporting and seeking help.

² Council of Europe, *Preventing and Combating Domestic Violence against Women: A learning resource for training law enforcement and justice officers*, 2016, p. 15-16.

³ See <https://rm.coe.int/168008482e>.

⁴ Council of Europe, *Police Response to Violence against Women and Domestic Violence in Armenia*, 2018, p.10-11.

Situation Analysis

Domestic violence continues to be a serious social problem in Armenia. The results of the Demographic and Health Survey conducted in 2017 in Armenia showed that 4 out of 10 women victims of physical and sexual violence have never made public the fact of violence.⁵ The “Men and gender equality” sociological research conducted in 2016 by the United Nations Population Fund has revealed that the society in Armenia tends to justify violence against women. 27.7% of the respondents thought that “*in certain cases women deserve beating*”.⁶

According to the annual report of the Human Rights Defender, during 2018, 707 cases of domestic violence were registered, including 673 cases of physical violence, 33 of psychological violence and 1 of economic violence. In 441 of those cases the violence was perpetrated by the husband against the wife. In 32 cases the violence was perpetrated by the wife against the husband; in 48 cases the violence was perpetrated by the parent against the son/daughter; in 48 cases the violence was perpetrated by the son/daughter against the parent; and in 116 cases other family members were cited.

According to data provided by the Police, 435 Warning Orders and 132 Emergency Intervention Orders (EIO) were issued on domestic violence cases in 2018.

During 2018, the Investigative Committee has examined 519 criminal cases of domestic violence, of which 393 criminal cases of domestic violence have undergone completed investigations. 297 of those criminal cases have been dismissed: 91 on the ground of acquittal and 206 cases not on the ground of acquittal.

5 See <https://microdata.worldbank.org/index.php/catalog/2893>.

6 https://armenia.unfpa.org/sites/default/files/pub-pdf/MEN%20AND%20GENDER%20EQUALITY_Final_0.pdf

According to data provided by the Prosecution Office, during 2018, 406 criminal cases have been initiated on the same number of incidents of domestic violence. However, the real number of cases of gender-based violence is unknown because the problem remains hidden. DV Support Centers NGOs normally report a larger number of cases than those reported by state bodies. There are no publicly available detailed official statistics on the problem of gender-based violence and its impact on women and their families.

From the above data we notice that almost half of the DV cases have been dismissed by the investigators of the Investigative Committee and this indicates the lack of a victim-centered approach as well as the lack of criminalization, which leaves the abusers unaccountable for their actions and discourages women from pursuing long-term court trials.



III

**STRUCTURE
OF
THE
REPORT**

The main objective of this report is to identify the existing gaps in the work of different agencies that deal with domestic violence in order to develop better procedures, to offer more adequate responses and to insure justice and social protection in Armenia. This process will include examination of and comparison with established international standards and practices, as well as recommendations for needed practical steps.

This report consists of six main sections: Legislation, Law Enforcement, Social Services, Health, Education and Vulnerable Groups.

The report is based on the national legislation and practice; numerous documents of UN agencies, the European Court of Human Rights and the Council of Europe; and examinations of the best practices of other countries in detecting and preventing domestic violence, as well as protecting victims of domestic violence.

In preparing the report, interviews were conducted with psychologists, social workers, lawyers and stakeholders of non-governmental organisations, and members of the “Coalition to Stop Violence against Women.” Parts of these interviews are quoted anonymously in the

report. The report is also based on the study of criminal and civil cases concerning domestic violence and examination of different judicial procedures and of the organization and methods of social protection.

Here it should be noted, as is the case worldwide, that over 90% of domestic violence is perpetrated by a man against a woman. Hence we call it gender-based violence and in the report we will refer to the victim as female and the abuser as male.



IV

LEGISLATION

The DV law that was passed in 2018 in Armenia is not perfect by any means. However, it is a step forward. Several studies, most specifically three Council of Europe papers address the gaps in the law and in the criminal code, as well as disparities in the Armenian DV law in relation to the Istanbul Convention.⁷

Perhaps the most important flaw in the law is that domestic violence is not criminalized as a stand-alone crime. A good law must include attention to prevention, protection and punitive measures. The Armenian DV law does not include punitive measures. The Armenian criminal code is also inadequate in its treatment of DV as a crime.

Furthermore, references in the law to “restoring harmony in the family” and reconciliation must be removed, as such objectives are counter-productive in cases of DV and can potentially encourage the victim to go back to the abuser. The choice must be hers and must not be dictated by state law. Based on international experience, the application of reconciliation, *per se*, is effective explicitly in the case of the existence of equality among the parties of the legal relationship.

⁷ See <https://rm.coe.int/168008482e>.

This is not the case in the relationship between the victim of domestic violence and the perpetrator, a relationship that is based on gender inequality and power differences. The problematic and ineffective nature of the focus on reconciliation in cases of domestic violence has also been stated in General Recommendation N 33 adopted by UN Committee on the Elimination of Discrimination against Women.⁸

In addition, in its definition of who is a victim of DV, the DV law needs to include “intimate partners” as a category since research indicates that worldwide 38% of all murdered women have been killed by intimate partners.⁹ Intimate partner refers to relationships that are outside of marriage but they can also have domestic violence characteristics. Similarly, the law should list stalking as a form of controlling behavior. These are aspects of DV that have been ignored in the DV law and DV Support Centers in Armenia encounter such cases regularly.

Below we list the most important aspects of the law that need to be revised and which we often encounter when dealing with cases of DV. The information has been collected (as stated below) from Council of Europe, *Gap Analysis and Recommendations of Violence within Family, Protections of Victims of Violence within the Family and Restoration of Peace within Family and Related Police Orders*, written by Lori Mann in 2019.

- “Although the Domestic Violence Law recognises physical, sexual, economic and psychological violence, only physical and sexual violence are criminalized. Consequently, no criminal sanctions can be sought for economic and psychological violence.
- Article 105 mitigates criminal liability based on, *inter alia*,

8 <https://tbinternet.ohchr.org/Treaties/CEDAW/>

9 <http://www.who.int/reproductivehealth/publications/violence/9789241564625/en/>

immoral behaviour on the part of the victim and offences to the dignity or honour of the perpetrator. As a result, in some cases, a woman's sexual history or an accusation of adultery served to justify men being "in a state of insanity" that resulted in murder. In addition to being based on stereotypical and gendered concepts of "immoral" behaviour, the provision remains vague and thus raises issues of legal certainty with respect to its application.

- Eliminate Article 105 from the Criminal Code as it justifies crimes by reference to traditional gendered norms, the so-called "honor" or dignity of the perpetrator, and immoral behaviour.
- Create additional aggravating circumstances based on:
 - crimes motivated by gender bias;
 - crimes committed with the use or threat of a weapon;
 - crimes committed against or in the presence of a child; and,
 - crimes committed against a former or current spouse or partner as recognised by internal law, by a member of the family, a person cohabiting with the victim, or a person having abused her or his authority.
- Consider abolishing the issuance of a Warning to perpetrators as first response by police.
- Article 7(1) should provide for the issuance of an EIO to protect a victim without reference to whether the violence committed by the perpetrator constituted a crime.
- A provision should be added to Article 9 to ensure that the victim is notified upon the release of the perpetrator from detention or prison.
- Violations of EIOs and protection orders should result in criminal, not administrative, sanctions.

- Amend the procedures pertaining to the notification and appeals process on the issuances of warnings, EIOs and protection orders to ensure that both victims and perpetrators receive proper notification and have the same rights to appeal.
- No mention is made in this order to transmit the information to the court for the purpose of issuing a sanction for the breach. Actors across the criminal justice chain do not yet appreciate the level of inter-agency communication necessary for ensuring that the system works.
- Remove the term “alleged” from the (Risk Assessment) questionnaires in the *Criteria for assessing imminent threat of recurrence or continuation of violence in the family*.
- Criteria for professional service providers to refer cases of domestic violence should require the consent of the victim, except when the lives and safety of children are threatened.
- Article 10 of the Domestic Violence Law should be amended to avoid confusion concerning the non-mandatory nature of reconciliation. “

Furthermore, many developed countries have created high-risk teams of professionals who can quickly determine if a perpetrator is a significant threat to the victim or their community. This is an important prevention mechanism which enables police to imprison the person until trial. This can be particularly applied when POs are violated since that is considered very dangerous.

A practice also established in developed countries is that visitation with children be suspended or supervised in cases of high risk to the victim and also if the perpetrator uses drugs and alcohol.



V

**LAW
ENFORCEMENT
AND
FIRST
RESPONDERS**

Hotline

The Republic of Armenia does not have a national domestic violence hotline. Victims tend to call the general police number 1-02 to report an incident and ask for protection. They may call the Ombudsman's office for legal issues or the hotline of the Ministry of Labor and Social Affairs. Mainly victims call hotlines run by NGOs that address gender-based violence (GBV). It should be noted that most state and some NGOs hotlines work only during working hours.

Generally state hotlines are run by individuals who are not sufficiently trained to be able to assess the level of risk, the urgency of the situation, or to discuss safety plans. Moreover, those who answer the hotlines understand domestic violence as a "family conflict", thus they do not provide a professional service. There is also no detailed methodology or set mechanisms for persons providing hotline service on how to communicate with victims of violence and how to refer them to relevant institutions in accordance with the situation.

It should be noted, that the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic

Violence (Istanbul Convention) clearly states that state parties shall take the necessary legislative or other measures to set up state-wide, round-the-clock (24/7) telephone helplines, free of charge, to provide advice to callers, confidentially or with due regard for their anonymity, in relation to all forms of violence covered by the scope of this Convention.¹⁰

Recommendations:

- 1. Create a state-wide, round-the-clock (24/7), free of charge, telephone helpline on GBV**
- 2. Organize comprehensive trainings for all persons answering GBV hotlines**

**Police
as
First
Responders**

Police officers play a most important role since they are the first responders to the scene of the crime. Through their actions they must provide safety to the victim and the children, as well as prepare a proper police report which is used during any court proceedings and also in determining the issuance of an Emergency Intervention Order or a Protective Order.

Police officers in Armenia must understand that a call to the police is rarely the first time that abuse takes place. Based on the Risk Assessment (RA) administered by the police in the hundreds of cases that WSC encountered, the abuse has been present repeatedly over the years.

¹⁰ <https://www.coe.int/en/web/convention/full-list/-/conventions/rms/090000168008482e>

Women are reluctant to report to police and do so only when they are in danger or fear for their lives.

The DV law lays several obligations on the police: to respond to the call, to fill in a report based on investigation of the circumstances, to provide a Warning or an Emergency Intervention Order (EIO), and to offer protection and referral for the victim. The police can also detain the perpetrator. However, in our experience, police officers tend, at times, to take it upon themselves to convince the family to reconcile. This is not the role of the police.

Properly, upon arriving at the scene, the police must gather evidence. Upon entering the crime scene, they also must have a designated officer to speak confidentially with the victim, another officer with the abuser, and also separately with the children. Usually, this practice is not very well implemented and generally no one talks to the children or records if children were abused or witnessed the abuse or were traumatized. The DV law does not have measures for protecting children and does not require any specific actions if a child has witnessed the abuse or is in danger.

The police report must also determine the severity of the injuries, but these are usually not mentioned in the report or there is just a description of the injury. For example, injuries that are not visible are not reported. Heavy blows to the head or chest, which are not visible, are rarely documented. In general, the police diminish the gravity of the incident in their reporting and provide only a Warning, even if the abuse has been continuous for 10 years. According to the DV law, if the police are responding to a first report of an incident, a Warning is given. This is an extremely erroneous and dangerous practice and not accepted by international standards (see Council of Europe Police Guideline). Given that DV is generally systematic and continuous and given that records of DV were not collected by police until 2019, this practice does not keep the victim safe.

The police officers need to observe the demeanor and behavior of those present: who is aggressive, who is afraid, who is traumatized. They need to notice any broken items and look for signs of struggle. Usually, none of these essential aspects are recorded in the police report. The police should also seek out witnesses, such as neighbors or relatives, and be attentive to whether they are impartial. Again, this is generally not done by the police presently.¹¹

Recommendations:

- 1. Develop relevant mechanisms (including legal ones) to establish a victim-centered approach to victims of violence, as well as toward children who have witnessed the violence**
- 2. Mandatory in-depth trainings on gender-based violence and domestic violence for all police officers.**

Dealing with the Victim

We have observed a lack of empathy by the police towards the victims. In fact, the entire process is not victim-centered. Given that Armenia is a patriarchal society, more importance and rights are accorded to men, even if they are the abusers.

The lack of appropriate training of the police often ends in misjudging the victim (which we will discuss further in the section below on the Emergency Intervention Order). There are ample resources

¹¹ For a complete guide to police response see Council of Europe Police Guideline <https://womensupportcenter.org/assets/PDF%20publications/EUR%20ENG%20FINAL.pdf>

available for such training. For example, the Council of Europe’s 2018 publication, “*Police Response to Violence against Women and Domestic Violence in Armenia*,” offers good interviewing techniques. Among other directions, the guidelines suggest that a bond be created with the person being interviewed or that the body language of those interviewing is important to establish trust or, most importantly, that police should not act as judges. The role of the police “is to deliver safety for the victims, allow the perpetrator to be held to account and impose Emergency Protective Orders where necessary. The police officer’s values, beliefs, and opinions should not intrude into the interviews”¹². From discussions with WSC beneficiaries, we are aware that these methods are rarely applied. More often they are ignored.

The police also must be prepared to deal with the children. We do not have one example of children being interviewed and few police officers in Armenia are skilled at interviewing children. Children also need to be told that they are not in any trouble and that they have done nothing wrong. They often believe that they are the cause of the abuse and need to be reassured that they are not.

Recommendation:

- 1. Organize in-depth trainings concerning the issues of gender-based violence, prevention of violence, response mechanisms relevant to the needs of victims;**
- 2. Organize special training for police dealing with children in cases of domestic violence;**
- 3. Revise report forms to be more comprehensive so they can secure a basis for court evidence.**

12 Ibid p.23

Holding the Perpetrator to Account

Unless and until the police take proper action against the perpetrator, an atmosphere of impunity will reign which will allow DV to continue unchallenged. Furthermore, it is the responsibility of the state, including the police, to hold abusers accountable. This cannot happen as long as police view these cases as “family conflicts” and do not understand the dynamics of DV. Too often, instead of holding abusers accountable, the opposite happens, and police place the rights of the abuser above that of the victim. When it is necessary to remove the abuser from the home, we hear police officers say such things as “Poor man, where will he go?” and “We can’t take the man out of his house!” and even, “No one thinks of the rights of the man.” (Accountability of the perpetrator will be further discussed in the section under Judicial System.)

The European Court of Human Rights, in the case of *Opuz v. Turkey*, recognized that states must bear the responsibility when they fail to protect women from domestic violence.¹³ Furthermore, in the case of *Opuz v. Turkey*, and also in the case of *Kontrova v. Slovakia*,¹⁴ the European Court of Human Rights recognized that violence against women is a systemic problem reflecting a fundamental imbalance of power. This imbalance of power is present in patriarchal societies with strong gender stereotypes demeaning the role and value of women and giving preference to men who then have a sense of entitlement.

13 See European Court of Human Rights, Judgement in Case of *Opuz v. Turkey*, <https://hudoc.echr.coe.int/app/conversion/pdf/?library=ECHR&id=001-92945&filename=001-92945.pdf>.

14 See European Court of Human Rights, Judgement in Case of *Kontrova v. Slovakia*, https://www.coe.int/t/dg2/equality/domesticviolencecampaign/resources/Kontrova%20v.%20Slovakia_en.asp.

Recommendation:

- 1. Organize in-depth trainings concerning issues of gender-based violence and domestic violence.**

Other Problems with Police Response

There are many examples of violations by police. These violations are not necessarily violations of the law since the law or the internal police mechanisms do not address these behaviors. However, given best practices for dealing with DV, the police actions are completely inappropriate. Even when the law demands action, police do not enforce it. For example, if a victim is pregnant and the abuser beats her, the abuser must be detained and charged since that is a serious crime under the criminal law. Instead the police give an EIO for a mere 10 days.

Further, we often hear that police demean the victim and blame her for the violence during their interviews and then their reports diminish the gravity of the incident. Due to a lack of training about trauma and its impacts, the police do not take into accounts that victims are traumatized and manifesting symptoms of traumatic injury, such as difficulty in remembering, concentrating, expressing herself or making decisions.

In another case of serious abuse, including inciting a suicide attempt, the abuser received only an EIO for 7 days. In yet another case, the victim ran away from the abuser to save her life, but had to leave behind her 5 underage children. When she came back to see the children, the husband called the police who gave the woman an EIO for 20 days. We also have

noticed that sometimes the police are not capable of identifying who is the abuser. During a meeting with the Aararat Marz Police (and also stated by the head of the Police Department in charge of DV), it was reported that in 40% of their cases women are the abusers. While it is true that in Armenia we have many instances of mothers-in-law abusing their daughters-in-law, this is very questionable data and contrary to reports from all other parts of the world. It raises the question of whether the police are properly trained to identify the abuser or if they understand the dynamics of DV. For example, often we see that if a woman has scratched a partner in self-defense, the police record that as evidence of physical abuse by the woman.

In yet another case, the abuser and his family reported that the victim was mentally unstable, and the police erroneously believed them, rather than interviewing the woman. Upon discussion with the police officers, we were able to identify, from their report, controlling behavior, coercion and threats by the husband and mother-in-law that are characteristic of DV. It was clear that the abusers in this case were the husband and mother-in-law. Yet the police gave an EIO to the victim, thereby preventing her from being able to go to the abuser's house to see her infant baby.

As indicated above, we have also noticed that police do not identify an incident as DV unless they see bodily injuries. As a result, if the victim has not been beaten physically, but abused so seriously emotionally that she is led to commit suicide, it is still not considered DV.

Both for the police and the inspectors investigating the crime, their understanding is very poor when it comes to the victim's situation and state of mind as a survivor of DV. Victims have often lived with the abuse for many years. They have developed coping strategies to enable them to survive in the relationships, even as they are living in traumatic situations. If not properly trained, an interviewer can

misjudge or miss what the situation is and may show no empathy for the victim. Because DV victims will tend to minimize the abuse, make excuses for the abuser, blame others but not the abuser, lie about what has been happening, or be aggressive, in denial, or avoid the subject altogether and even take the blame for what happened, interviewers need to be able to recognize such deflections and reactions. Sometimes the victim can exhibit hyper behavior and laugh when not appropriate or be depressive and unresponsive. Again, all these behaviors can be misinterpreted by authorities and lead to a wrong assessment and response which further injures the victim.

All of the above problems of police handling cases of DV derive from the fact that police do not receive adequate training in domestic violence. During WSC training sessions at the Police Academy, it was obvious that the methodologies and materials used for DV training of police is deficient and insufficient and not compliant with standards for such training. Based on the questions the police asked or the questions that they were not able to answer, it was clear that they had not been trained appropriately. We have asked repeatedly to see the police training manual, but it has not been provided to us. We also don't know how many mandatory hours of DV training a police officer must complete in Armenia. The international standard is a minimum of 40 hours with a yearly refresher training.

In response to the request, of “Coalition to Stop Violence Against Women” NGO on training courses (theoretical/practical parts) about domestic violence at the RA Police Educational Complex, we were informed that they consist only of 2-4 hours. In the Master's degree program to be introduced in 2020: “Legal grounds for prevention of domestic violence” will include 30 hours of lecture, 6 hours of seminars and 54 hours of independent work. It should be noted, that not all police officers dealing with cases of domestic violence apply for the mentioned Master's degree program. Consequently, most police

officers dealing with cases of domestic violence get their knowledge within the course of 2-4 hours. It is undeniable that, in that amount of time, police officers are not able to gain deep and practical knowledge on domestic violence. In comparison, it should be noted that according to international criteria such courses should be at least 40 hours, if designed for specialists who have prior gender sensitivity.¹⁵

Recommendation:

- 1. All police officers entering police force must undertake at least 40 hours of training in domestic violence based on internationally approved curriculum**
- 2. Policemen working directly with cases of domestic violence must have additional in-depth training**

**When
the
Police
Officer
is
a
Perpetrator**

The WSC has had several cases when the perpetrator of DV was a police officer. In these cases, we noticed that the authorities were completely biased towards and protective of the officer and even attempted to intimidate both the victim and staff of the WSC NGO. When the victim arrived at the precinct, together with a WSC social worker and lawyer, she was even addressed as “Officer X’s wife” and the perpetrator was seen drinking coffee and making jokes

¹⁵ See <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4231530/>.

with the other officers. The victim could only distrust that the police would be responsive to her.

Judges, policemen, inspectors and other officials, in all parts of the world, have also been known to be abusers. However, Armenia does not have mechanisms or procedures to remove such individuals from investigating or judging cases of DV, as do other countries.

Recommendation:

- 1. Develop mechanisms for detecting employees of law enforcement bodies who commit gender-based violence and for removing them from the system;**
- 2. Offer punitive sanctions to any police officer who assists another against a DV victim.**

**Emergency
Intervention
Order
(EIO)
and
Warning**

Because the act of reporting an incident of DV can enrage the abuser even more, it is very important that police have ways to keep the victims and the children safe. Generally, this does not happen. According to police reports, in 2019, in 75% of the cases of reported DV, police officers issued Warnings. This is not a viable practice in cases of DV, as attested to by the procedures in other countries and by numerous publications of various international organizations. In trainings of police officers by international experts, it repeatedly was said that Warnings need to be discontinued, especially in cases of

repeated violence. Rather the police need to believe the victim and provide effective protection.

The process of response to cases of DV also needs to be expedited. Presently, once a report of a visit is filed, it may take a few days before the case is labeled as a domestic violence case and those making that judgment have not witnessed the scene of the crime nor seen the victim. During that time, the victim remains in danger. There needs to be an immediate response if the victim is to be protected and EIOs given on the spot.

Issuing an EIO is too often done arbitrarily and subjectively. The EIO requires that the abuser be removed from the house and not approach or communicate with the victim, the children and other family members for up to 20 days. Police generally take pity on the abuser and the EIO is issued for only 1 to 5 days, which gives the victim very little time to figure out what to do, plan her safety and contact a support center. Amendments to the DV law were introduced in 2019, recommending that the EIO be fixed at 20 days without the option of shortening the time.

To further aggravate the situation, the EIO is not given on the spot and the victim is asked to come to the police station for a deposition. This is an unnecessary and bureaucratic practice which does not take into consideration the safety and the well-being of the victim. Often the victim has small children and can't leave them alone. Victims have even been asked to come to the police station in the middle of the night which is not appropriate.

In the past, a copy of the EIO was given only to the abuser. The victim was left with no document/proof for her protection. Upon insistence by the WSC, generally the victim now receives a copy of the EIO or the Warning.

It is obvious that the police need intensive training on how to investigate and record an incident of DV. The police forms must also be changed to address the areas that need to be covered in a report. Consequently, many of WSC beneficiaries report that they don't want to deal with the police as they offer no protection. A woman reported: "When I heard about the law, I called the police after a violent episode. They came and gave a warning paper to my husband. After they left, he beat me severely. I thought I was going to die, and he warned me never to call the police again or I am dead." The police insist that Warnings are deterring abuse since they don't receive reports of further abuse. This is completely unsubstantiated and not accepted in international best practices.

Recommendations:

- 1. Warnings must be discontinued in the DV Law and in police practice;**
- 2. EIOs must be given for 20 days and always when the Risk Assessment indicates that the abuse occurred repeatedly over time;**
- 3. The victim should not be asked to come to the police station for additional depositions and paperwork, especially when children are to be left unattended. The police paperwork must be minimized and be less bureaucratic;**
- 4. Always the victim must be given a DV Support Center hotline where she can further receive assistance.**

Supervision

The police are responsible for supervising the implementation of the EIOs and Protective Orders (PO). (For further information on POs see

section below.) The Criminal Code states the following sanctions are to be given when a violation of these orders take place:

- A fine of 300 to 500 times the minimal salary;
- Arrest and detention from one to three months;
- Imprisonment for up to 6 months.

To date we have no example of sanctions being given to abusers for violations of an EIO or PO. Furthermore, the police must also arrest, or at least detain, the abuser on the spot if serious violence has occurred and a PO must be given immediately. Again, no such instance has been recorded, except in the case of murder.

Recommendations:

- 1. Strict implementation of punishment for violations of EIOs;**
- 2. POs must be issued by court within 24 hours (including weekends and holidays)**
- 3. Amend the DV law so that detention and arrests of violent and dangerous perpetrators must be done more often for protection of victim and also as a message to society that such behavior is not tolerated.**

Risk/Danger Assessment

In order to identify the threat of lethality for the victim a Risk Assessment (RA) questionnaire is given by the police to the victim. This is very important in preventing further harm to the victim and the

children. Yet the RA questionnaire currently used is not adequate or appropriate. There are 21 questions on the police RA form. 7 of them are unnecessary in determining danger to the victim. Other questions, which are essential to determining danger to the victim, such as the severity of the beatings and the kinds of violence the abuser is capable of, are not on the form. Many of the questions have confusing and complicated wording. Upon insistence by WSC, some questions have been changed that were not based on international standards, but rather seemed to be designed to diminish the threat to the victim so the police would not have to give EIOs and remove the abuser from the house. See Appendix A for a comparison between the Police RA and the one used by international organizations with best practices.

The procedure the police use is also problematic. The police do not explain to the victim why she is being asked the questions. When administering the questionnaire, the police read the questions quickly and generally they are not understood by the victim. We had several occasions when the RA was administered by police with a result of low risk for lethality. When the same questionnaire was administered at the WSC, the result was a high risk for lethality. Even when the scoring reveals a high risk for the victim, the police still give only a Warning to the abuser, which does not protect the victim. This most important step in preventing further violence is not being done properly.

In our experience, a victim's own assessment of the risk level is very accurate. Statements such as "He will kill me" should be taken VERY seriously. Unfortunately, this is not normally the case when police deal with the victim. It is another example of how the victim-centered approach, which is emphasized in the DV law, is being ignored.

The wording of the RA is also not compliant with best practices. The questions are worded in a way that is not victim-centered. For example, instead of asking "have you been beaten while

pregnant?” the police ask, “has the *alleged* perpetrator beaten you while you were pregnant?”. We strongly suggest that the RA be revised, both in content and language, and the word “alleged” for the perpetrator be taken out – see Appendix 1.

Recommendations:

- 1. Amend the questionnaire of risk/danger assessment, to remove the word “alleged” from the questionnaire and to bring it in line with international criteria;**
- 2. Train police officers on how to administer the RA questionnaire.**

Removing Abuser from Police Records

The DV law indicates when the perpetrator’s name is to be removed from the police record. However, this is not at all in compliance with the standards of preventing further abuse. For example, the removal of the abuser from police record can be done if the person is diagnosed as being mentally ill (but not institutionalized), if the person resides outside of Armenia (even though he could return at any time), if the record-registration expired (unclear when), if the abuser is doing compulsory military service (2 years) and in other cases prescribed by law which are unclear. In one instance, when police gave a Warning, the abuser went to the social services department and stated that there was no need for police visits to the house. This indicates the lack of procedures and coordination between social services and police.

These exemptions and practices do not protect victims. Since perpetrators normally do not change their behavior and they often repeat their abuse, this is a very dangerous practice. Under no circumstances, other than their death, should perpetrators be taken off the record. Furthermore, it is our understanding that the police record for DV cases is not part of a national registry. Thus, an abuser can move to a different region and have no record there.

Recommendations:

- 1. Review the criteria in the DV law for removal of the person from the police records;**
- 2. Create a national database for perpetrators registered for cases of gender-based violence.**

Investigator's Work

When a DV victim presses charges, the police report goes to the investigator who then does his own examination and the findings are sent to the prosecutor. Before this step is taken, however, there is another pre-investigator's report which we find completely unnecessary, especially since the victim has to repeat her story yet again which can be retraumatizing. Generally, these interviewers lack sensitivity, are not victim-centered and use a tone that does not inspire confidence and calmness. The inspectors are often biased and end up victimizing the victim further. The investigators try to minimize the gravity of the event. If the deposition of the victim is done without her having a lawyer present, the victim is manipulated to use words that diminish the gravity of the event. Often the victim pulls out her claim at this stage. The inspector's office has the power to close the case which is often done under the pretext that there is not sufficient

evidence. As with the police, this body lacks proper training and does not understand the dynamics of trauma and how the victim is affected by the violence.

Another completely unnecessary and problematic procedure in DV cases, which is not allowed by DV standards, is having the abuser and victim give depositions to the police at the same time. The presence of the abuser in the same room with the victim can be very intimidating and traumatic for her and her safety is not guaranteed. In one instance, when the victim left the police station after giving her deposition, she was abducted by the abuser and his family. Police officers need to ensure the safety of the victim once she has left the police station. Further, especially for victims at high risk and who are staying at a shelter, the deposition must be done at the offices of the Support Center or in another safe environment.

We should also note that the Istanbul Convention also includes regulations such as Article 18 which clearly stipulates that Parties (service providers) shall ensure that measures taken shall 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 while aiming to avoid secondary victimization of the victim.

Both police and the inspector's office also constantly violate the confidentiality of the victim. Often, they inform the abuser when the victim is scheduled to come to police station or inform the abuser that the victim is at the WSC. This not only jeopardizes the safety of the victim, but that of the WSC staff as well.

As mentioned above, most of the cases are closed by the inspectors under the pretext that there is not enough evidence, or they change the articles of the crime, so it is less serious. In these instances, the crime never makes it to court, or the victim does not press further because there will be little or no consequences for the perpetrator, other than a light fine.

Such responses do not deter the perpetrator, who may feel impunity to continue the abuse. Nor do they protect the victim or combat DV.

Recommendations:

- 1. Amend the RA Criminal Procedural Code, stating that in case of gender-based violence/domestic violence, the victim cannot be confronted with the perpetrator. Depositions and examinations must be conducted in separate rooms so that the victim and the perpetrator do not see each other and are unaware of each other's presence at the police station;**
- 2. Make amendments to the RA Criminal Code, stipulating special regulations on the grounds of termination of cases of domestic violence;**
- 3. Organize in-depth DV training for inspectors to be able to interview victim in a sensitive, victim-centered approach.**

Forensic Examination

The procedure and conditions of performing forensic examinations within the investigation is an important step to access justice by the victim. When a victim wants to press charges, she must undergo a forensic examination. The experience of this examination is described by victims as traumatic and humiliating. To date, all forensic doctors are male. The Ministry of Health must make an effort to recruit female forensic doctors in the system.¹⁶ No attention is given to the comfort and even the safety of the victim. Usually, for such an examination, a female nurse or social worker, even a friend, should be admitted in the examination room.

16 Interview with the representative of Women's Support Center NGO

In one instance, Women's Support Center NGO recounts how the forensic doctor, being in a rush, suggested that he perform the forensic examination in the room of a hospital's doorman. Another discriminatory process is the virginity test in case of sexual violence, which is contrary to the international standards on human rights. In developed countries, victims of domestic violence or sexual assault do not have endangering or humiliating, intrusive gynecological examinations. Women's Support Center NGO indicates that there were instances when even the Forensic report was manipulated to create doubt on the causes or severity of injuries. This raises questions if the system is bribed, corrupted or just unprofessional.

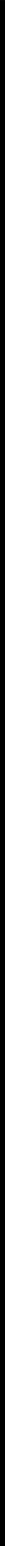
Recommendations:

- 1. Forensic examinations for victims of domestic violence and sexual assault must be provided professionally and with sensitivity;**
- 2. Women doctors should be recruited for forensic examination and/or a woman should be present during the examination by a male doctor;**
- 3. Forensic doctors must be trained on how to respond and treat GBV victims;**
- 4. Basic training on GBV should be provided to forensic doctors.**



VI

**JUDICIAL
SYSTEM**



Prosecutors

A prosecutor in Armenia must defend the rights of the victim and act on behalf of the victim. In practice we see the opposite to be the case. Because prosecutors, by and large, do not have knowledge of DV—and we do not know if they received any training—they cannot defend the rights of the victim. For example, we never witnessed a prosecutor present to the judge a case that is specified as domestic abuse. Therefore, the questions and statements that ensue are not relevant to the situation and display ignorance of the dynamics of controlling behavior. This is also the case with judges.

Prosecutors must coordinate their action with that of the victim's lawyer, but they almost never do and, if they do, it is done superficially. The most they do is to ask the victim's lawyer to bring journalists to the court so pressure can be put on the judge. That is the only action they opt to do.

Recommendation:

- 1. Organize on-going, comprehensive specialized trainings which will guarantee the raising of gender sensitivity of the**

**prosecutors and the development of their professional skills
on the peculiarities of domestic and gender-based violence.**

**Court
Trials
of
Domestic
Violence
Cases**

The main and primary problem is related to the fact that the RA legislation has no separate (or special) regulations on cases of domestic violence, which means that trials of cases of domestic violence in the RA courts are conducted according to general procedure. In other words, legal provisions do not stipulate short terms for trial of cases of domestic violence and trials can go on for years while the victim's safety might be in jeopardy. Procedures for interviewing the victims, including minors, lack consideration for their protection and safety. Moreover, there are no mechanisms to compensate the costs of the trial which fall entirely to the responsibility of the victim, which is an impediment for the victim to access justice. It is also problematic that specialists, such as the social worker and the psychologist who worked with the victim, are not allowed to participate in the trial in support of the victim.

The trials of cases of gender-based violence and domestic violence are not conducted by specialized judges, which is a mandatory requirement for effective consideration of similar cases. As a result, the respect for the principles of gender sensitivity, victim-centered approach and prohibition of secondary victimization during the civil and criminal trials are not guaranteed. The victims of violence may suffer severe psychological-emotional damage during the trial and often in exasperation drop the complaint or the lawsuit.

Recommendations:

- 1. Present legislative amendments to stipulate separate (special) legal trial regulations for cases of gender-based and domestic violence;**
- 2. Trials of domestic violence should be conducted by the specialized judges.**

Protective Order

According to the Armenian DV law, the courts issue Protective Orders (PO). These orders forbid the abuser to approach or communicate directly or indirectly with the victim and members of her family for 6 months and they can be renewed for an additional total of up to 6 months. PO restrictions include: immediately and forcibly removing the perpetrator of violence within the family from the residence of the victim, prohibiting his return until the deadline is established in the order; prohibiting the perpetrator to visit the workplace, school, leisure places or residence of the victim. It also orders the perpetrator to stay away from the victim (and persons under her care, if necessary) at such a distance that will not raise in the latter a reasonable fear for personal safety, etc.

International practice allows for a victim to apply directly to the court to obtain a Protective Order (PO). Usually it is as simple as filling out an application form. It does not require a prior DV report or an EIO from the woman. However, in Armenia there is no such user-friendly process.

Presently, the practice in Armenia is that the victim has more of a chance to receive a PO if there is an existing EIO. The court does

not allow for professionals, i.e. social workers or psychologists, to provide any evidence of the need for a PO or to take such reports into consideration. The process, which must be expedited as soon as possible, usually takes up to 30 days which leaves victims in jeopardy without recourse. Furthermore, it is the responsibility of the state, not the victim, to press charges when there are violations of POs, and even EIOs. 25-30% of the Women's Support Center beneficiaries opt to leave the country in order to escape from the perpetrator. We recommend that life-time POs be offered to the victim in such cases when the woman fears for her life or her life is threatened.

Recommendations:

- 1. Amend the DV law to specifically mention the need to issue POs without requesting EIO in order to prove the necessity of a court order protection;**
- 2. Simplify and expedite the process of applying for and obtaining POs within 24 hours, including weekends and holidays;**
- 3. Release the victim from the obligation to pay state fee for applying to court.**



VII

**SOCIAL
SERVICES**

Social services in Armenia are dysfunctional and uncoordinated. The training and formation of a social worker at the university level in Armenia is different from those in developed countries. The social workers in Armenia receive little or no training in DV. At the university level, there is no curriculum for DV. Nor do social work students receive practical training or engage in shadowing to develop counseling skills. Furthermore, the many types of state social service centers tend to duplicate functions and are generally not effective.

A victim of DV can write or visit a social service center to complain about abuse, but this rarely happens. If it does happen, the social worker does not know how to counsel the victim, assess the risk level or help the victim develop a strategy and safety plan. Moreover, these social services offices are under the jurisdiction of different entities: in Yerevan they are under city hall; in the regions they are under Marzbedaran, and some (the Day Care Centers) are under the Ministry of Labor and Social Affairs (Ministry). There is no coordination among them. However, in 2020 the Ministry launched a program to restructure and consolidate these services.

In 2019, the Ministry announced that all DV cases should be referred to Day Care Centers. These centers deal with children and while

they have social workers, psychologists and legal counsel available, their training in and knowledge of DV is insufficient. A 2019 evaluation of these Day Care Centers, conducted by the Coalition to Stop Violence against Women, established that these centers do not want to work in this field, are unprepared and untrained, lack methodology and are actually doing more damage to victims than assisting them.¹⁷

Rather than contacting the Day Care Centers, more often, the victim calls the police. The police should refer the victim immediately to a DV Support Center. Until this year, however, such a practice was non-existent. The police would send a letter to the Day Care Center by mail (which takes 8 to 10 days to arrive) informing them of a new case. The information the Day Care Center receives is about the abuser and does not include anything about the victim, not even a telephone number. Often these letters are just recorded and archived, since the law requires a response within 5 days and by the time the postal letter arrives that deadline passes and the staff does nothing.

Some Day Care centers then send a letter to the house of the victim, where usually the abuser is still living, asking if the victim is willing to come to the center and receive services. Very few go to the center and because the center is incapable of offering any substantial assistance, those that do go, discontinue their visits. We have also noticed that the staff often have pre-conceived ideas, such as the woman has provoked the abuse or that the victim is not a good mother or wife. Such ideas indicate the staff's ignorance towards the dynamics in DV cases and are not victim-centered.

Two other centers (Social Service departments and SATG) never deal or counsel the victim. They basically archive the letters or sometimes do some house visits which are dangerous and unnecessary. They are

¹⁷ May be provided upon request "Needs assessment of day care centers providing support on cases of domestic violence",2019

mainly mandated to distribute aid to poor families. There is no evaluation, proper intake interview, documentation gathering or general case management even though they are mandated to take these steps. Such performance stems from the poor training and education the social workers have received. Social workers tend to be desk workers, who fill out paperwork and do little or nothing in terms of counseling the client.

However, we cannot put the blame entirely on the state social workers. After identifying a case of DV, the social worker does not have a network to refer to for support since there are no services in place and little training to provide real support to the DV victims. Instead, state social workers offer only food aid packages. People working in this field don't want to do more than that because they are inadequately prepared to take responsible and appropriate action.

In addition, we have noticed that women who arrive at the shelter and who are supposed to be receiving state social benefits generally are not getting the funds, either because the paperwork is under the name of the abuser and he keeps the money or the victim, being in shelter for her safety, cannot present herself to get the funds. The social services department do not evaluate the situation and tend to be very rigid in their approach. WSC requested that this practice be reviewed, especially since the victim needs that money for starting a new life and for new living accommodations.

By the end of 2019, eight NGOs were trained by WSC as part of an agreement with the Ministry. Upon accreditation, these centers were partially subsidized by the state. They will be monitored by WSC and, throughout 2020, they will collaborate to do case analyses. DV workers do not need to be licensed social workers, but they do need to be highly trained and have experience in working with DV. The training WSC does is based on research and best practices in dealing with DV. Four more centers in the regions are slated for

training in 2020 and opening in 2021. We hope that these centers, which will be victim-centered and provide good case management, will replace the state social services that have been to date incompetent.

Recommendations:

- 1. Refer DV victims to Support Centers run by NGOs and accredited by the Ministry;**
- 2. Data collection and recording of cases must be in compliance with the international best practice and be standard procedure for all DV Support Centers;**
- 3. Evaluate the centers by the team of specialists working in the sphere of domestic violence from state and NGO sectors;**
- 4. New mechanisms for victims receiving state benefits must be developed so the money does not still go to the abuser after leaving him.**

**Financial
Support
to
Victims
of
Domestic
Violence**

The DV law requires that a victim be reimbursed for damages/injuries up to 150000 drams. The Ministry is in charge of this process. The money is to be used for the following criteria:

- 1) To meet the minimum needs,**
- 2) To compensate fully or partially for the costs of medical treatment and rehabilitation,**

- 3) To compensate for the rent for living space to provide temporary housing,
- 4) To compensate for the costs of training courses for getting a job, except for courses stipulated in state employment regulation programs prescribed in the RA Law on Employment for unemployed persons and those not competitive in labour market.

However, to date, no applications have been made and so we cannot assess if the process is user friendly and if the allocation is given out quickly. One criticism of this aspect of the law is that it is primarily geared to victims from a low socio-economic status. The problem is that, even if the victim comes from an affluent family, she is most likely to lose all her privileges once she decides to separate from her husband. Many marriages in Armenia are common law marriages and, in this case, there is no legal divorce and, therefore, no right to assets/property. Often abusers do not pay alimony which also aggravates the situation. The parental family of the victim also refuses to support the victim because the separation/divorce is deemed as shameful. The ministry's simple formula of eligibility for the payment for damages is not very well thought out and it needs revisions. In a victim-centered approach an evaluation would be done case by case.

Child Protection Service and Domestic Violence

According to UNICEF, as many as 275 million children worldwide are exposed to violence in the home. This range is a conservative estimate based on the limitations of the available data. In Armenia,

according to Women's Support Center NGO, in 2019, 225 children received psychological support from the organization. According to data provided by Sexual Assault Crisis Center NGO, from their total number of beneficiaries, 80 % are children victims of sexual abuse by a family member.¹⁸ Yearly the number of cases of violence against children within the family increases, yet Armenia does not have a Child Protection Service and has very few experts to handle children. We must also note here that a child is also considered a victim if he/she has witnessed violence which can be as traumatic and as harmful to the child. In such cases children are considered indirect victims of DV.

Studies conducted in the US on the behavioral and emotional responses of children who witnessed domestic violence indicate they have behavioral and emotional problems. The study concludes that the child witnessing domestic violence has the same psychological consequences as the child directly abused by the parents.¹⁹ According to data by the World Health Organization, children witnessing domestic violence will most likely become victims of violence. According to the same source, in 40% of cases of child abuse, the child also witnessed domestic violence among parents.²⁰

In 2006, UNICEF published a report about the impact of domestic violence on children who witnessed violence. According to that report, if a child sees, hears or even is aware of domestic violence, it impacts the child's physical, emotional and social development, both during childhood and in future stages of his/her life. The children exposed to domestic violence are at greater risk for committing an

18 Interview with representatives of Sexual Assault Crisis Center and Womens' Support Center NGOs

19 Ibid

20 See World Report on Violence and Health, ed. By Krug, Etienne G., et al., WHO, 2002, https://www.who.int/violence_injury_prevention/violence/world_report/en/introduction.pdf.

offence such as juvenile pregnancy, use of drugs and alcohol and/or skipping school.²¹ Working with children is a long process which aims to overcome psychological consequences caused by domestic abuse. Since DV is a learned behavior, boys may learn and use controlling behavior against their sisters, and even mothers, from an early age. This authoritative and controlling behavior is often even expected from boys in Armenian families. Boys can have a sense of ownership and entitlement over female members of the family. Furthermore, childhood experiences of DV often result in boys becoming abusers once they are adults and girls entering into abusive relationship as adults. This has a huge impact on perpetuating DV and hinders the process of preventing DV in Armenia.

There are many children in Armenia who live in very dangerous or toxic families where there is drug abuse, violence, neglect, and danger to the life of the child. In the 10 years of working with families we never encountered a situation, even though we asked repeatedly, in which a child was removed from that family, at least temporarily. To do so one must apply to the court and then there is a long and cumbersome process that includes many obstacles. Neither the police nor the social services have the authority to remove a child on the spot from a toxic and dangerous environment.

The DV law requires police to urgently intervene “when there is a reasonable assumption of an immediate threat of repetition or continuation of violence” in the family. In practice, however, law enforcement bodies do not have the awareness or training to make such an assessment and the child’s best interest is completely ignored. In contrast, in the United Kingdom, children are also seen by specialists and, if necessary, children’s services have the legal right,

21 See Behind closed doors. The impact of domestic violence on children. UNICEF, 2006, <https://www.unicef.org/protection/files/BehindClosedDoors.pdf>.

given the evidence, to remove children from parents and, if the mother cannot care for them, to put them into care services.

The victim must be told that the priority is the child's safety which is why the children can be taken away without a court ruling. In the meantime, if necessary, parenting skills and counseling are given to the mother. Children's services then assess, with professionals in mental health, if the mother is well enough to take the children back.

Usually, it is preferable to place the children with family members, such as grandparents, rather than in a children's shelter or orphanage. The relatives are also assessed beforehand, and children's services continue to work with the families and make sure the children are being adequately cared for.

The need to remove the children from the mother's care arises when the mother wants to return to the abuser or when there is drug abuse in the family. We witnessed incidents in which children were crying and imploring the mother not to go back to the abusive partner, and even though they were extremely traumatized, they returned with the mother back to the abuser.

Often, abusers when there is separation from the spouse use children as weapons to manipulate the situation by either punishing the victim so she can never see her children again or using the child as a weapon to bring the woman back to the abuser. In either case, organizations assisting women victims of domestic violence in Armenia sound the alarm on parental alienation syndrome²², which is observed among the children who live with the abuser and are deprived of the right to

22 Parental alienation syndrome is a term introduced by psychiatrist R. Gardner in 1985. The term describes a distinctive suite of behaviors in children that includes showing extreme but unwarranted fear and disrespect or hostility towards a parent. Gardner believed that a set of behaviors that he observed in some families involved in child custody litigation could be used to diagnose psychological manipulation or undue influence of a child by a parent.

visit the mother (or vice-versa).²³ For this reason, it is very important to provide neutral locations for supervised child visitations that can guarantee the safety for the DV victim and the children.

The so-called Child Protection Service in Armenia is the Guardianship and Trusteeship Commission (*Khnamagalutiun*)—herein referred as Commission. This body is cumbersome in its structure, composed of volunteers and individuals who lack training and professionalism. The Law considers the Commission as an authoritative body that attends to the well-being and safety of children. However, the Charter of the Commission does not refer to the rights and needs of child victims of domestic violence as a separate group.

A nine-year-old child was exposed to sexual abuse by the partner of her mother. The mother participated in the process of interrogative interviews as a legal representative and put pressure on the child not to divulge the name of the abuser. The organization tried to involve the Commission in this process, but the latter did nothing. This is just one of many examples indicating how unprotected the child victim of domestic and sexual violence is in Armenia. Moreover, even though the state is informed of these cases, it actually undertakes no measures to help these children.

Representative of Sexual Assault Crisis Center NGO

The Commission also does not cooperate effectively with non-governmental support service organisations, lacks a complete understanding of DV and does not have a victim-centered approach.²⁴

²³ Interview with representatives of Women’s Resource Center and Women’s Support Center NGOs

²⁴ Interview with the representatives of Women’s Resource Center NGO and Women’s Support Center NGO

The woman and her children were exposed to violence by her husband for years. After another incident, the woman was hospitalized with serious bodily injuries, and she begged to save her 4 children. We contacted the Commission, and they did not respond to our demands to protect the children. The representative of Division of Children's Protection of Regional Administration together with the abuser decided that 2 of the children will stay with the mother, and the other 2 with the father, until the court decision is adopted. De facto, the children went to the father who has perpetrated violence against the children for years.

Representative of Women's Support Center NGO

Custody of Children

As noted in the previous example, another challenge for victims of DV is the battle among parents for the custody of the children. Often the abuser parent uses the children as weapons to either make the victim/mother return to him or to punish her by keeping the children away from her.

The abuser does not allow the child to go to the mother. Thus, the perpetrator continues his manipulative and abusive behavior toward the victim. In reality the abuser does not even fulfill his role as a caretaker and lets his mother or a close relative care for the child. The abuser is not involved in childrearing, but rather his demand for the children's custody is more an act of revenge and inflicting emotional pain on his ex-partner.

Psychologist working with victims of domestic violence and sexual abuse

In 2017, Human Rights Defender's office, in a special report, noted that the Commission does not perform its functions properly, that the "specialists" lack professionalism and motivation and they don't have a working methodology.²⁵ The same report referred also to the Shadow Report on UN Convention on the Rights of the Child, prepared by 45 local and international organisations, to point out that one of the main problems of the Commission is that the protection of children's rights is not its priority, and staff is in general uninformed about reforms in the sphere of protection of children's rights.²⁶

Considering WSC NGO's years of experience, here is a list of problems encountered in dealing with these bodies:

1. Child visitations with the abusive father must be suspended when the woman and her children are at a domestic violence shelter. The safety of the victims and the security of the shelter cannot be enforced if the Commission requests visitation with children. Also, Armenia must have supervised, neutral locations in every region for child visitations.
2. The Commission lacks understanding on the specificity of DV and thus jeopardizes the safety and security of the victims. For example, bodies may convene a child visitation, at which both parents should be present, and this is extremely risky and traumatic. Also, they can demand to know the address of the woman which may easily become known to the abuser

25 See Ad hoc report of the RA Human Rights Defender on Guardianship and trusteeship bodies and Coommissions of Guardianship and trusteeship, <https://www.ombuds.am/images/files/615b7bff7bdaac165eeb767625c6adf1.pdf>.

26 Ibid.

- and put the victim's and her children's safety at risk. This is particularly dangerous when the victim is at a secret shelter location.
3. Staff of the Commission lack professionalism, training and expertise in working with DV victims. Generally, they do not realize the seriousness and danger of DV cases, the trauma of the woman and children, and other critical issues. Their conclusive findings often do not reflect the real situation in the family. For example, they ignorantly decide that custody of children should be given to the abusive father simply because his apartment is better furnished.
 4. The bodies do not work 24/7, while often an incident occurs in the middle of the night or on weekends. The Police have no authority to take the children from the abuser without the presence of the representatives of the Commission.
 5. During the 10 years of assistance to victims of DV, there has not been one case, when these bodies took children away from the abusive or dangerous family. In Armenia, this is possible only through court proceedings, which can take years and children, are left under serious safety risk and develop parental alienation.
 6. In cases when the mother decides to return to the abuser even though the child refuses to go, there is nobody to examine the situation and protect the child from DV. Our efforts to activate the system of children's protection have not succeeded because these structures are inefficient and just ignore the best interest of the child.

Representative of Women's Support Center NGO

Given that Armenia lacks a robust Child Protective Service, we offer here a brief description of the Swedish model in order to demonstrate, by and large, what needs to be done and what services need to be offered to children. These notes were taken by a representative of Women's Support Center. ²⁷

In 2005, after decades of dealing with DV, Sweden realized the need for specialized child services. Given the significant effects of DV on children, from traumatic injury to learned behaviors which perpetuate DV in society when these children become adults, Sweden, and many other countries, are giving a lot of attention to children from families where DV exists, whether they have been abused directly or they have witnessed violence. A child is never allowed to continue to live with or return to a family where there is DV.

When the police or a support center notices that there is abuse, they immediately inform children's services which then take appropriate action. Every person that comes in contact with a child -- neighbor, teacher, doctor, police, etc. -- must report what they notice or suspect. Professionals in health care, kindergarten/schools and after school programs work with DV professionals to investigate and to determine how to provide care and attend to the needs of the child. This approach is a child-centered service as well as victim-centered.

The child is assigned their own social worker who coordinates with the DV social worker. The children's protection services evaluate if it is safe and good for the child to live with the parents. The social services investigate and offer information to the judge who makes the final decision. Custody decisions are based on who can provide better care for the child, including their emotional well-being, and be a better role model. In contrast, in Armenia, custody is given to the parent who has more financial means even if she/he is an abuser or an alcoholic.

²⁷ In 2019 this model was introduced by Swedish social worker during the visit to Armenia within TAIEX

It is a customary practice, in the developed countries, that children are only interviewed once and have to tell their story only once. They are not further traumatized by many interviews. The interview is conducted by a police officer, wearing civilian clothes in a child friendly space. The police officer conducting the interview specializes in work with children of all ages, has received intensive training and undergoes refresher training every 2 years. Usually the interviewer is a woman.

The social worker, psychologist, and even police officers can watch the interview in secret and the psychologist and social worker are asked if they have any questions to add. The interview is taped and used as evidence in court. The child does not appear in court, which is quite the opposite in Armenia where children as young as five-years-old, are expected to appear in front of both parents, and must state which parent they like and want to live with. This is a violation of children's rights and an insensitive and harmful practice.

In Sweden, the case is reviewed by professionals who decide on the best solution for the child. The Child Protection center continues to work with the social worker and psychologist at a DV Support Center to decide on the intervention strategy. Consultative meetings with social services, doctors, police, psychologists and educators are followed by the child's case manager. This is part of the multi-sectoral response that is lacking in Armenia.

Work with a child to address and alleviate guilt, fear, nightmares, bedwetting and other effects of PTSD can be a long process. Male children may have particular needs. Boys in Armenia may learn controlling behavior from a young age since it is expected for boys in Armenian families to control the actions and whereabouts of their sisters and, even sometimes, their mothers. Boys are raised with a sense of entitlement and given authority over female members of the family. Often, we see grown boys also physically abusing their mother or siding with the abuser father. When working with children of DV, it is important to address such gender dynamics.

Custody of Children and Court Trials

The Civil Procedure Code of 2018, in particular Chapter 22, identifies the peculiarities of proceedings for family disputes. Especially Article 203 defines the obligation of the courts to act based on the necessity of ensuring the child's best interests. The experience of organizations dealing with domestic violence shows that before the determination of the children's place of residence by the court, those children who continue to live with the abuser are deprived of the right to see their mother and the latter is deprived of her visitation rights. Even in cases when the child is an infant, the child from his/her mother even during the breast feeding period. The legal obligations continue to remain problematic within the judiciary. Court hearings are delayed unnecessarily or not enough importance is given to the best interests of the child. Judges approach the issue with subjectivity and display gender stereotypes in their judgement.

After 2018, several petitions were submitted to the courts requesting that temporary custody of the child be given to the mother (away from the abusive father) until the court made a final decision. In some cases the judges granted the petitions and in other cases they didn't, stating that the case is not well-founded. These varying court decisions speak to the subjectivity of the judges and lack of procedural norms.

Lawyer of Women's Support Center NGO

Article 31 of the Istanbul Convention states that Parties shall take the necessary legislative or other measures to ensure that the exercise of any visitation or custody rights does not jeopardise the rights and safety of the victim or children.²⁸ In cases of domestic violence, issues regarding an offspring are often the only remaining factor that ties the victim and perpetrator. For many victims and their children, complying with contact orders can present a serious safety risk.²⁹ The European Court of Human Rights also addressed this issue in the case of *O.C.I. and others vs Romania*. In the decision the Court stated that when giving custody of a child to a parent, it must consider in advance the severe risk of domestic abuse for that child.³⁰

In Armenia, disputes involving children, such as the right to alimony, the granting of visitation rights, and the custody of the child, are considered based on general regulations without taking into consideration the existence of domestic violence. This is based on the principle that the abuser and victim of violence have equal rights and guarantees. Therefore, the fact of domestic violence, *per se*, does not impose any limitation or sanction on the abuser. Moreover, in practice, in certain cases of domestic violence, the abusers are afforded more favorable judgements than the victims of violence. As a result, the courts often give more weight to the property and personal interests of the abuser, than they do to the victim of violence. Consequently, courts decide for disproportionately low alimony payments and determine visitation schedules that completely ignore the high risk of repetition or continuation of abuse and thus threaten to harm the children psychologically and physically. In practice, judges determine

28 See Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence, <https://rm.coe.int/168046246d>.

29 See Explanatory Report to the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence, paragraph 175-176, <https://rm.coe.int/16800d383a>.

30 <https://hudoc.echr.coe.int/eng#%7B%22itemid%22:%5B%22001-193069%22%5D%7D>:

the place of residence for the child with the abuser because they reason that currently the victim of violence has no luxurious place of residence or a high-paying job, etc.³¹

Recommendations:

- 1. A real Child Protection Services be established and run by paid professionals trained in DV. Mechanisms and procedures should be developed;**
- 2. DV Law should be amended to insure that a child can be immediately temporarily removed from toxic and unsafe families by the Child Protection Services until a court decision is obtained;**
- 3. Children should not be allowed to offer repeated testimonies or appear in court in front of both parents, but rather they should have to testify only once, in a special room, with a skilled interviewer;**
- 4. Custody of children should be given to the parent that is not abusive and custody decisions should be made by the court in an expedited way, within a few months, and not be allowed to drag on in courts for years and years;**
- 5. The RA Criminal Code must include aggravating circumstances for domestic violence committed in the presence of children;**
- 6. Legal amendments must be made to allow and ensure the involvement of support centers in trials to protect the interests**

31 Interview with the representative of Women's Support Center NGO

of victims of domestic violence. The support centers will be the guarantors of the best interests of the child;

- 7. Establish neutral supervised child visitation areas run by specialists;**
- 8. Establish specialized judges in domestic violence who will be victim-centered and protect the interests of the child.**

**Enforcement
of
Court
Decisions
in
Cases
Regarding
Children
(DAHG)**

The process of compulsory enforcement of judicial acts is another problem in cases of DV. After publication of judicial acts by the courts most abusers create obstacles for the mothers to assume their parental responsibilities, visitations or custody as prescribed by the court decision. The process of compulsory enforcement of judicial acts lacks proper regulation. In particular, the officers of the Compulsory Enforcement Service are not trained in the sphere of domestic violence and do not have the necessary skills. Based on established stereotypes and narrow personal perceptions, compulsory enforcement officers often take an obviously biased approach in favor of male perpetrator of domestic violence during the enforcement of the judicial acts. As a result, the enforcement of judicial acts in favor of the victim of violence is artificially delayed and, in some cases, the judicial act may not be enforced at all.

In 2016, a group of mothers with the support of members from the Coalition to Stop Violence against Women NGO, held a protest in front of the building of the Compulsory Enforcement Service. The mothers and victims of DV had court decisions granting them custody of the children, but their enforcement was being hindered by the fathers.³² After this public action, some of the mothers were able to restore their rights through the Compulsory Enforcement Service which finally went into action.

Violations of court decisions are rarely punished and it depends on public pressure, connections and the insistence of the victim for the decisions to be put into effect.

Recommendations:

- 1. Have a provision in the DV law to enforce even stricter punishment of abuser for not complying with a court decision;**
- 2. Amend the DV law to request implementation of a court decision within 7 days or risk fine and detention.**

³² See protest in front of CES demanding the return of the children to the mothers, 01.11.2016, <https://www.tert.am/am/news/2016/11/01/DAHK/2179274>.



VIII

**HEALTH
CARE
AND
DOMESTIC
VIOLENCE**



Reporting Cases of Domestic Violence

Doctors play an important role in preventing and responding to domestic violence. Yet, even though doctors are informed about their obligation to report cases of domestic violence to law enforcement bodies,³³ women's rights organizations attest to the opposite. The Ministry of Health's order is not uniformly implemented and there are many violations of it.

Upon conducting training in Ijevan doctors were of the same opinion, but one of them said: *“It's obvious, for example, if the leg would be broken, regardless of the case, we should report to the Police. But there were cases when the husband*

33 See Order N 44-N of the RA Minister of Health as of 18.10.2019 On Approval of Procedure of Case Management of the Patients at the Reception of the Medical Organization Providing Hospital Medical Care and Services” <https://www.arlis.am/DocumentView.aspx?docID=135660>.

beat his wife, who came to us, and I saw the bruises. I asked whether she was beaten by her husband, and the answer was affirmative. So what could I do? It is their business. I cannot report to the Police and break up the family. If that woman wants to report to the Police, she will do it. It is a small city. How will I continue interacting with those people in the future?"

Representative of Women's Resource Center NGO

According to the aggregated research in “Knowledge, Attitude and Practice of Healthcare Providers Who May Come in Contact With Women Who Have Experienced Intimate Partner Violence in the RA,” the lack of information and skills on how to deal with women victims of violence is the most disruptive factor for medical support and intervention. As the research shows, most therapists, gynecologists and doctors are convinced that the main role of health care providers is to talk to and advise women. However, only about half of the surveyed respondents are comfortable with the idea of directly asking their patients about violence if they suspect it. It is noteworthy that none of the doctors believed that the healthcare provider should have a role in reporting cases of domestic violence.³⁴

Victims of domestic violence generally avoid reporting to the police and prefer to seek medical assistance, believing that it will not be reported to the law enforcement bodies. Hence the healthcare providers have an opportunity to identify incidents of domestic violence at an earlier stage and in far more cases than law enforcement bodies. However, given that in Armenia traditional/conservative

34 See Zaruhi Arakelyan, “Knowledge, Attitude and Practice of Healthcare Providers Who May Come in Contact With Women Who Have Experienced Intimate Partner Violence: a Qualitative Research,” School of Public Health at American University of Armenia, 2016, <http://sph.aaa.am/files/2016/06/Zaruhi-Arakelyan-Masters-Thesis.pdf>.

values are predominant in regard to the family, external intervention in family relations by the state may have the opposite effect and lead to negative consequences. We should also note that in cases of domestic violence the mandatory reporting by healthcare providers is often not helpful to victims of domestic violence and may actually jeopardize their safety³⁵. Therefore, while defining the scope of intervention, it is necessary to carefully consider the necessity of intervention and its possible consequences as well as develop standard procedures regarding reporting an incident to police or DV Support Center.

The Istanbul Convention also refers to the issue of reporting cases of domestic violence by doctors. According to Article 28 of the Convention: *“Parties shall take the necessary measures to ensure that the confidentiality rules imposed by internal law on certain professionals do not constitute an obstacle to the possibility, under appropriate conditions, of their reporting to the competent organizations or authorities if they have reasonable grounds to believe that a serious act of violence covered by the scope of this Convention, has been committed and further serious acts of violence are to be expected.”*³⁶

The Explanatory Note of the Istanbul Convention states, that professionals normally bound by rules of professional secrecy (such as, for example, doctors and psychiatrists) have the possibility to report to competent organisations or authorities if they have reasonable grounds to believe that a serious act of violence covered by the scope of this Convention has been committed and that further serious acts of such violence are to be expected.

35 See Mandatory Reporting of Domestic Violence to Law Enforcement by Health Care Providers: A Guide for Advocates Working to Respond to or Amend Reporting Laws Related to Domestic Violence, https://www.futureswithoutviolence.org/userfiles/Mandatory_Reporting_of_DV_to_Law%20Enforcement_by_HCP.pdf page 2.

36 See Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence, <https://rm.coe.int/168046246d>.

So, according to the Explanatory Note there are two requirements for reporting cases of domestic violence to the Police or rights organizations i.e.

1. when the victim has already been subjected to a serious act of violence
2. that violence is likely to reoccur³⁷

The Explanatory Note also highlights that states may determine how to deal with the obligation of confidentiality, such as by getting “*prior consent of the victim, with the exception of some specific cases such as when the victim is a minor or is unable to protect her or himself due to physical or mental disabilities*”.

Thereby, the Istanbul Convention allows professionals to breach confidentiality rules and report domestic violence as per situations mentioned above.

In the United States, in all but three states, there is mandatory reporting of domestic violence. Each state has determined the considerations for reporting a DV case and stipulated exceptions to mandatory reporting. For example, health care providers in Pennsylvania must NOT report domestic violence to the police³⁸, if the victim:

- Is an adult suffering mild bodily injury as a result of domestic violence;
- The victim is not informed of the reporting requirement;

37 See Explanatory Report to the Council of Europe Convention on Preventing and Combating Violence Against Women and Domestic Violence, Paragraph 146-148, <https://rm.coe.int/16800d383a>.

38 See <https://family.findlaw.com/domestic-violence/mandatory-reporting-of-domestic-violence.html>.

- The victim also does not consent that the doctor reports to the police
- The victim prefers to go to a DV Support Center and not report to the police

Thus, the study of legal regulations of different US states on mandatory reporting of domestic violence by doctors, indicates that the victim's safety and protection is a priority and reporting to police is not a standard procedure.

Organizations dealing with cases of sexual abuse attest that doctors generally report the committed crime. However, this is not generally the case for domestic violence.

Further, the report to law enforcement bodies should not cause new incidents of violence by the partner, nor should it result in discouraging the victim from seeking medical treatment. One of the beneficiaries of Sexual Assault Crisis Center NGO has applied for medical assistance after rape. When the doctor informed the patient that the incident must be reported to Police after the examination, the victim refused medical assistance³⁹.

Presently, there are no properly developed implementation mechanisms in the DV Law regarding doctors' reporting of cases of domestic violence to the Police, Investigation Committee or Prosecution Office. None of the RA laws guaranteeing medical confidentiality clarify the conditions under which one can legally breach it. This situation needs analysis and attention that addresses both rights to confidentiality and safety of the victim. The breaching of medical confidentiality in cases of domestic violence is for the purpose of preventing or disclosing

³⁹ Interview with representatives of Women's Resource Center and Women's Support Center NGOs

crimes. Such disclosure should be prescribed by law, ensuring its parameters and limitations⁴⁰.

Another government decision concerning this issue, refers to the RA Health Minister's N 44-N Order of 18.10.2019, Point 12 Chapter 2. It states: «*Medical staff on duty at the Emergency Room must inform the RA Regional Police Division in cases of unconscious patients, patients with gunshot wounds, suspected stabbing, injuries, fractures, burns, frostbite, traces of violence, poisoning (from alcohol, animal bites, drugs and chemicals), injury in a car accident, who arrive at (or are taken to) a medical center, as well as in cases of transferring the body to the medical center*».⁴¹ The above mentioned provisions do not imply that the state should ignore its obligation to protect victims of domestic violence, but it requires the development of legal mechanisms regulating the field. While doing so, it is important to consider the impact those mechanisms will have on the safety and the right to healthcare of the victim of domestic violence. One should consider that reporting by doctors may cause serious risks for all those persons who continue to live with the abuser, resulting in new and more severe incidents of violence. It should be noted that domestic legislation takes a more lenient approach regarding domestic violence (main incidents of domestic violence are cases of civil prosecution, and mainly administrative sanctions are prescribed as punishment). Thus, the reporting by doctors does not inflict serious punishment on the abuser and at times police do not require accountability from the abuser and so the victim is not guaranteed safety.

40 See Gohar Hakobyan, «Medical Secret and Domestic Violence», State and Law, N 2-3 (76-77), Yerevan, 2017, pages 32-41.

41 See <https://www.arlis.am/DocumentView.aspx?docID=135660>.

Private and Confidential Consultation

Providing consultation to patients in privacy is an important precondition and guarantee, which is stipulated in the Law on Medical Aid and Population Services. This is often violated in case of victims of domestic violence.⁴² During the medical consultation many women victims are accompanied by their husbands and/or mothers-in-law. This creates a serious impediment to receiving accurate information about the health situation of the patient. Fear of reprisal does not allow the victim to divulge to her doctor personal problems or domestic abuse if she is in the presence of the abuser, nor does the doctor have the opportunity to refer the victim to a support center. Therefore, an opportunity to prevent and combat DV is lost.

Recommendations:

- 1. Train doctors and nurses on the specificity of domestic violence, and inform them on how to offer consultation to the victims of violence;**
- 2. Develop procedures and mechanisms for doctors to report cases of domestic violence and sexual abuse while assessing all possible risks;**
- 3. Mandate through internal order that the patient -doctor consultation takes place in private settings, excluding the presence of abuser and other persons accompanying the victims of domestic violence;**

⁴² Interview with the representative of Women's Support Center NGO

4. Develop internal orders for health care providers to refer DV and sexual abuse victims to support centers.

Access to Medical Services

Women victims of domestic violence and sexual abuse have serious health problems caused by violence. Those problems may be classified as follows:

- 1) General problems
- 2) Sexual and reproductive health problems
- 3) Mental health problems

The consequences of domestic violence and sexual abuse may occur immediately after the act of violence, but they also may appear later. According to the World Health Organization, the more severe and ongoing the abuse, the greater its impact on women's physical and mental health.⁴³ The negative consequences can persist long after abuse has stopped. The women who are survivors of intimate partner physical violence and sexual abuse, experience an overall deterioration in health, chronic pain, dizziness and headaches, stomach pains, acute ischemic pain, etc.⁴⁴

According to the experience of Women's Support Center NGO, many women victims of violence have severe headaches due to inflicted

43 See Understanding and addressing violence against women, WHO, 2012, https://apps.who.int/iris/bitstream/handle/10665/77431/WHO_RHR_12.43_eng.pdf;jsessionid=906FA05F5221C272C82C5322834A2840?sequence=1.

44 See Campbell J et al. Intimate partner violence and physical health consequences. Archives of Internal Medicine, 2002, 162(10):1157–63.

head blows and injuries perpetrated by the abusers for years.⁴⁵ The blows to the head generally have no visible consequences, which makes this type of physical violence the most prevalent form. Brain injuries are frequent for DV victims.

Most women exposed to DV and sexual abuse have sexually transmitted infections, pain during sexual intercourse, chronic pains of the female reproductive organs, irregular menstruation and other manifestations. Often abuser threaten to or purposefully infect their partners with HIV. In Armenia, 98 % of women living with HIV have been infected by their intimate partner, and after disclosure of HIV, women are often discriminated against in the family.⁴⁶

As indicated in the research done by Women's Support Center entitled "The Impact of Domestic Violence on Sexual and Reproductive Health of Women in Armenia,"⁴⁷ women victims of violence have a number of problems of sexual and reproductive health, which are especially exacerbated because of many years of violence. Within DV relationships pregnant women are at high risk of violence, which poses a real threat for maternal and fetal health. Women who participated in the research have mentioned that they had quite traumatic births, loss of pregnancy due to violence, were intentionally malnourished during pregnancy and were not allowed to have medical consultations. The problems of forced abortions or pregnancies are also quite common among this group of women.

According to the World Health Organization, both physical and sexual violence have been linked to a greater risk of adverse mental health

45 Interview with representative of Women's Support Center NGO

46 See Alina Poghosyan, «Problems of Persons with HIV/AIDS in Armenia and Policy Response» Research, <https://bit.ly/37JZYEI>.

47 See «The Impact of Domestic Violence on Sexual and Reproductive Health of Women in Armenia» research, https://www.womensupportcenter.org/ARM_SRHR_FINAL_04122017-compressed.pdf.

outcomes among women.⁴⁸ Along with physical and sexual injuries, the abuse also causes psychological problems. The most prevalent include depression, suicide attempts, post-traumatic stress disorder, anxiety, sleeping or eating disorders and other related manifestations. The work at Women’s Support Center NGO shows that women who have been exposed to domestic violence for years need long-term psychological support. Also, it needs to be noted that in certain cases the abusers intentionally force women to take psychotropic drugs and consequently the abusers use this fact in court proceedings to obtain child custody by blaming the victim for being an inadequate mother.⁴⁹

In general, in Armenia people don’t follow preventive medicine guidelines of having regular check-ups or getting necessary medication. Women exposed to DV are more likely not to seek preventive health care services, and often are not even allowed to go to the doctor, which further contributes to their health deterioration.

According to Appendix 1 of Decisions N 318-N and 1515-N of the RA Government on State-Guaranteed Free and Preferential Medical Care and Services⁵⁰ separate/special groups are defined as eligible for access to free medical services. However, survivors of domestic violence and sexual abuse are not in the list of the mentioned groups.

“I would like to refer to the case of Taguhi Mansuryan, who was axed by her ex-husband in 2016. To this day, she continues to have surgeries for restoring her health. The extensive

48 See Understanding and Addressing Violence Against Women, WHO, 2012, https://apps.who.int/iris/bitstream/handle/10665/77431/WHO_RHR_12.43_eng.pdf;jsessionid=906FA05F5221C272C82C5322834A2840?sequence=1.

49 Interview with representative of Women’s Support Center NGO.

50 See Decisions N 318-N and 1515-N of the RA Government On State-Guaranteed Free and Preferential Medical Care and Services, <https://www.arlis.am/documentview.aspx?docid=12227https://www.arlis.am/documentview.aspx?docid=88089&fbclid=IwAR3B304-DDOSJHCbCYptp869q-YfwyfPyOIZ5DOopZEfdDnNbXmWGzsmu7U>.

medical expenses are partly covered by Takuhi and the non-profit organization assisting her. However, this should be the responsibility of the government.”

Representative of Women’s Resource Center NGO

Primary Health Care for Victims Fleeing Abuse

To escape abuse and for safety reasons, victims of domestic violence may urgently leave their home to find refuge at the shelter for victims of domestic violence or with their relatives. After moving to a safe place which usually is in another province, the victim may need primary health care services.

Decision N 420-N of the RA Government⁵¹ refers to the procedure for selection of the primary care doctor near the person’s residence. According to Decision N 420-N, a change in the primary health care doctor and medical institution requires a transfer form accompanied by the patient’s medical card. The transfer card would indicate the new address where the patient has moved. Disclosing this information is a breach of confidentiality and can jeopardize the safety of the DV victim. Additionally, beneficiaries coming to the shelter from regions far from the shelter without such transfer of documents cannot benefit

51 See Decision N 420-N On approval of the Procedure of Selection of the Doctor Providing Primary Health Care Services and the Population Registration Procedure, <https://www.arlis.am/DocumentView.aspx?docid=64108>.

from medical care. Moreover, victims who are at shelter are not allowed to disclose the address of the shelter so that its secret location can be maintained for safety reasons. Special regulations must be provided by the Ministry of Health for transfer of medical records for victims of DV to guarantee their safety and privacy.

Recommendations:

- 1. Provide training in DV for health care providers;**
- 2. Ministry of Health to provide special internal order to allow for transfer of medical records for victims of DV at the request of victim or DV Support Center without disclosing the new address;**
- 3. Provide state-guaranteed free provision of health care services to victims of domestic violence and sexual abuse who fled their residence for safety reasons.**



IX

**EDUCATIONAL
SYSTEM
AND
DOMESTIC
VIOLENCE**

In a number of countries, such as the US and Great Britain, there are legislative regulations, according to which the schools have a direct obligation to report all cases of domestic violence involving children to Child Protection Services.⁵² In Armenia, the schools have no such mandatory obligation and de facto, there is no such body in Armenia as a Child Protection Service with specific mandates and obligations to ensure the safety of children. When a student is absent from school because he/she or the mother was exposed to violence, or when the child comes to school having bruises, there is no procedure, according to which the school can report the committed crime to DV Support Centers. Furthermore, many teachers, as we have seen above with doctors, describe such cases as a private family life matter⁵³. In rural communities, this problem is even more prevalent because the existing gender stereotypes are more entrenched in these communities. The only school in the village often protects the abuser as many deem violence against women as acceptable.⁵⁴

52 See Sterne A., Poole L. (2010). *Domestic Violence and Children, A Handbook for Schools and Early Years Setting*. London: Routledge.

53 Interview with representative of Women's Support Center NGO

54 Interview with representative of Women's Support Center NGO

Transfer of Student to Another School

Orders N 1640-N and N 1365-N of the RA Minister of Education and Science outline the procedure for admission, transfer and dismissal of a student in the secondary school. In the case of transfer, the parent should first submit the transfer card to the new school, where a relevant note is made as to which school is admitting the child. Then the card should be submitted to the former school, which after receiving the information on the new school's location, releases to the parent the child's school documents, current grades and absenteeism record. Thus, the former school is informed of the new school's location. Often abusers go to the child's school on the pretext of wanting to see the child and are able to discover the child's new school location. This can create a serious breach of safety. If the victim is at the shelter or if it is too dangerous for the mother to go to the former school to obtain the transfer forms, the child could be left out of the educational system. To this day, the Ministry of Education is not offering any amendments to its regulations for children victims of DV. Also, the school administration should be trained in safety plans and the dangers for victims of DV so that the child may be protected from the abuser.

Those mothers, who have not yet been granted custody by the court, consider the school as the only possible place to visit the child. We had cases, when the school principal called the mother and told her not to come to school to see her child unless she had a court decision. But instead, when the child lives with the mother and the abuser wants to see the child at the school, the school supports him in every way. Here we see a double-standard.

In Yerevan and in the regions, most principals inform the abusers about the new school of the children. We explain that there is a safety issue, but in many cases the same principals also inform the abusers about the location of the mother.”

Representative of Women's Support Center NGO

Prevention of Domestic Violence in the Educational System

Article 16 of the DV Law mandates the National Competent Executive Authority for Education to: 1) conduct regular trainings for teachers and educators on their role in prevention of violence within the family and procedures for notifying relevant authorities about cases of violence within the family; 2) review curricula with a view to prevent violence within the family and exclude the encouragement of violence within the family in textbooks and teaching materials; and to include in curricula topics on the nature of violence within the family and its impact on family and society.

In reality, these provisions are not implemented nor are there mechanisms for the implementation of these mandates.

Recommendations:

- 1. To train the entire school staff on domestic violence and the best interests of the child;**

- 2. Ministry of Education to introduce internal orders to reinforce the obligations of teachers to report cases of domestic violence to DV Support Centers and penalize schools for concealing such cases;**
- 3. To review the Orders N 1640-N and N 1365-N of the RA Minister of Education and Science, which concern the admission, transfer and dismissal of a student in the RA secondary school, and to stipulate a special procedure for obtaining the transfer card in cases of domestic violence which is based on best practices guaranteeing confidentiality and safety for the victim and her children;**
- 4. To introduce educational material into the school curriculum to combat gender stereotypes and to teach about healthy vs. abusive relationships, as well as the impact of DV on families and society.**



X

**VULNERABLE
GROUPS**

Women and Girls with Disabilities

Women and girls with disabilities are doubly vulnerable: first, because of their gender and second, because of their disability. Women with disabilities are more exposed to physical, sexual and psychological violence. They face numerous forms of discrimination, including discrimination based on gender and disability, which makes them more isolated and vulnerable to violence.

The research conducted in 2019 by Agate Rights Defense Center for Women with Disabilities NGO has revealed that women with disabilities are more often victims of social-psychological violence at home or within the family, which are manifested in insults, isolation and contempt as well as disempowering over-treatment and overcare. Women with mental development problems and other debilitations, such as cerebral palsy, are more vulnerable to violence. Women with mental problems are more vulnerable to sexual abuse. Girls with

disabilities are more often left out of the general education system and so they are noncompetitive in the labor market and become economically dependent on their family members. For these reasons, they are more often victims of psychological violence within the family, especially subject to contemptuous behavior, accusations, and put downs. In addition, family members more often intervene in decision-making in their private life.

The shelters and support centers for victims are not able to provide women with visual, hearing and physical problems with quality services and aid because of the lack of accessible building conditions, the absence or lack of relevant specialists, and the lack of necessary materials, furnishings, supporting technologies and devices. Hotlines for victims are not accessible for women with hearing problems. The statistics on victims do not include data about disability type.

HIV/AIDS and Gender Based Violence

According to data provided by AIDS Prevention Republican Center there are 3825 recorded cases of HIV in the RA as of 31 January, 2020, of which 1172 (30%) are women.

In 2018, National Consortium for HIV Response (“Real World, Real People” Social NGO is a member thereof) conducted “Research on manifestations of discrimination against people living with HIV/AIDS, LGBT people and intravenous drug users in different spheres of public life”, which has revealed that discrimination against women living with HIV and women who are intravenous drug users is often commonplace in health institutions and in families/partnerships.

Violence is one of the main risk factors for women to become infected with HIV. Global and regional studies on violence against women and health problems derived from it indicate that it is a serious public health problem.

According to current global statistics, in 2016 teenage girls made up 58% of the new diagnoses of HIV among youth aged 12 to 24. Every hour, 50 young women become newly infected with HIV worldwide. The AIDS virus is the leading cause of death among women between the ages of 15 and 44. Women exposed to violence are 50% more likely to be infected with HIV. There is a close link between the physical and emotional violence by the partner and HIV infection in women.

It is important to state, that:

- Women victims of violence are among the groups at higher risk for HIV infection,
- Women living with HIV or using drugs, are more often victims of violence.

Further, violence reduces the effectiveness of measures for responding to HIV/AIDS, as it limits access to necessary services.

It is also important to state, that available services for women victims of violence, including crisis centers, lack enough information and sensitivity concerning HIV/AIDS. Sometimes women living with HIV or women using intravenous drugs who are victims of violence are denied or do not receive relevant services. The high level of discrimination against women living with HIV or women using intravenous drugs makes women in the category doubly vulnerable.

LGBT and Gender Based Violence

In Armenia, lesbian, gay, bisexual and transgender (LGBT) individuals may also encounter DV in their relationships. However, in societies where they are discriminated against, these cases rarely surface. These individuals often face harassment, discrimination, and physical and psychological violence. The RA Criminal Code does not recognize homophobia, biphobia and transphobia as circumstances aggravating criminal responsibility.

The discriminatory treatment against LGBT persons in society forces them to hide their sexual orientation and gender identity (SOGI) even from their family members. They are afraid of being exposed to psychological and physical pressure and violence if they disclose their SOGI to their family members.

In most cases, the violence has been perpetrated by parents against their son/daughter after being informed about his/her SOGI, suspecting it, or associating him/her with LGBT people. The physical violence included beating and detention. Physical violence was combined with insults, swearing and threats. The parents also perpetrated economic violence against their son/daughter by limiting necessary financial resources, preventing them from attending school, taking away their clothing consistent with their gender identity. Most victims didn't want to report to law enforcement bodies.

Domestic violence against LGBT people on the grounds of SOGI remains largely unrevealed. The actual number of the cases is not recorded. Furthermore, due to widespread discrimination in society,

victims of this group are shamed, humiliated and unprotected by the police. Thus, they rarely want to make an appeal to state bodies for their protection. This creates an atmosphere of impunity, which increases the risk of repetition of the violence.



XI

CONCLUSION



In Armenia, up until a few years ago, a victim of intimate partner violence could not find any support or protection from her abuser. Now, besides NGOs, the state is also starting to address DV. A lot of work still needs to be done to establish hotlines, more shelters and support centers, and children's services. We also need to have survivors heard and believed and to raise consciousness about women's oppression and, particularly, violence against women. Policies and laws must be changed to address the issues of DV. Procedures and mechanisms used by police, investigators, prosecutors, judges, health providers, social workers and others must be in accordance with international standards. More training must be done with everyone involved in the system. Practices, procedures, mechanisms and laws, both civil and criminal, must be changed to address the gaps that are listed in this document and much more.

Because of the complexity of addressing DV, we must understand that relationships in the community are key in responding to and preventing DV. This means that everyone and every agency must work together because they are all part of the system. Preventing intimate partner violence also requires education and awareness raising in society, and particularly among youth, for the sake of the future. In this respect, state programs have an important role to play.

It is apparent from what was presented in this paper that the current system is not working. There are many gaps in the objectives, processes and procedures of each institution or agency and none of the parts work together in a coordinated way. The police must become a partner in effecting community and cultural change. We have often asked police to identify gaps that need to be addressed and corrected. They have never done so. Only civil society organizations raise issues regarding the incompetence of law enforcement, social services, child protection agencies and legislators. Unless agencies are self-critical and have the political will to improve their services, advancement in combating DV will not be achieved. And, in order for police or other departments to address the gaps, they need to better understand what domestic and sexual violence are.

Police officers, courts and policy makers must understand that they are addressing a crime and, at the same time, the impact of trauma. As long as they maintain their prejudices and have doubts about the validity of a victim's testimony, or if data indicates that 40% of DV cases have women abusing men, advances cannot be made in combating and protecting victims of DV.

Numerous studies, guidelines, analyses, training manuals and modules have been done in Armenia, primarily by the Council of Europe, Coalition to Stop Violence against Women and Women's Support Center which comply with international standards. However, it seems that state agencies do not even read them or incorporate them into their mandatory training or take them into consideration in amending the legislation. This must change and agencies must work together to do so.

To quote again from the Council of Europe findings: "Regular meetings between the key agencies will be necessary to continue to develop the response to domestic violence where necessary and to

address problems. Discussing challenges openly between agencies and providing feedback to the police responding to domestic violence will rapidly improve performance. It appears that no such multi-agency meetings are currently in existence in Armenia. Any such multi-agency process also requires the more effective collection and analysis of data in each agency separately but also collectively. Analyzing collected data will help to further improve the response to domestic violence”.⁵⁵

According to the DV law, the Ministry of Social Affairs is charged with chairing the multi-disciplinary DV Council meetings. It is important that at these meetings, agencies understand and rectify problems within their departments. The first steps in this direction have been taken, but it is still too early to determine if the Council has any power to impose changes towards better and more efficient ways of protecting the victims.

55 Council of Europe, Police Response to Violence against Women and Domestic Violence in Armenia, 2018, p.31 <https://womensupportcenter.org/assets/PDF%20publications/EUR%20ENG%20FINAL.pdf>



XII

**SUMMARY
OF
RECOMMENDATIONS**



To prevent violence against women, as well as to prevent crimes of domestic violence and sexual abuse and to eliminate the atmosphere of impunity, Armenia should undertake multi-sectoral measures to respond to, prevent and combat domestic violence. Armenia needs to make systemic changes in the field of public and community services, including introducing necessary and effective legislative mechanisms and providing for their proper implementation.

Armenia should ratify the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence and make appropriate amendments to the RA Criminal and Criminal Procedure Codes, as well as other legal acts regulating the field.

In addition, Armenia should take the following steps:

I. Legislative Amendments and Changes

- To criminalize acts of domestic violence in all Articles of the RA Criminal Code in compliance with the Istanbul Convention
- To define in the RA Criminal Procedure Code, that in case of gender-based violence the victim cannot be confronted with the abuser, unless the body conducting the proceedings provides technical means to exercise cross-examination in different rooms, without seeing each other, and thus providing safety
- To stipulate the provision in the RA Criminal Code that domestic violence committed in the presence of children must be an aggravated crime
- To stipulate that the committing of a crime based on gender is an aggravating circumstance with respect to accountability and punishment
- To stipulate in the RA Civil Procedure Code the creation of separate (or special) legal regulations for cases of domestic violence, in compliance with international standards
- Through relevant legal amendments, to ensure the involvement of support centers in trials in order to protect the interests of the victims of domestic violence; the support centers will be the guarantors of the best interests of the victim and children
- To make legislative amendments to remove the Police Warning as a protective measure
- To make legislative amendments to change the time limit

stipulated for Emergency Intervention Order and set it for 20 days and to enable the issuing of EIOs on the spot and also to abusers with mental health problems who are not hospitalized

- To make amendments to the Law that would allow the issuing of a protective order in cases when there is no Emergency Intervention Order, for the purpose of ensuring the safety of victims or persons in danger
- To release the victim from the obligation to pay the state fee for applying to the court
- To review the criteria for removal of the abuser from the police records
- To stipulate, in the regulations concerning the admission, transfer and dismissal of a student of the RA secondary school, a special procedure for use of a transfer card in cases of domestic violence, based on best practices, to ensure safety and confidentiality
- To provide legal amendments to DV law to give access to free primary healthcare services for victims of domestic violence and sexual abuse for injuries suffered due to abuse

II. System Development

- To create and introduce a multi-sectoral system of response to cases of gender-based violence
- To set up and publicize a state-wide, round-the-clock (24/7) free of charge telephone helpline for gender-based violence

- To develop a unified database of perpetrators of gender-based violence in police records
- To develop a comprehensive Child Protection Service run by paid professionals
- To create a database of specialized social workers and psychologists, who would be available in cases of domestic violence as independent experts, and who can provide the stakeholders with their recommendations on the child's place of residence, living with parent or parents, visitation rights, restriction of the parent's rights, and other related issues.

III. Introduction of Systemic Mechanisms

- To develop mechanisms for detection of employees of law enforcement bodies who commit gender-based violence and for removing them from service
- To develop relevant mechanisms (including legal ones) to provide a victim-centered approach toward victims of violence by police and other service providers
- To develop the conditions and mechanisms for reporting cases of domestic violence and sexual abuse to law enforcement bodies by doctors, including assessment of all possible risks
- To stipulate the obligation of teachers to report cases of domestic violence to DV Support Centers
- To develop and introduce clinical guidance and criteria for health care services for victims of domestic violence and sexual abuse

- To review the criteria for forensic examinations to be more sensitive and victim-centered in cases of gender based violence

IV. Systemic trainings

- To organize on-going and comprehensive trainings concerning gender-based violence, prevention of violence, and response mechanisms relevant to the needs of victims of violence for all employees of the entire law enforcement system, judges, prosecutors, all service providers of DV Support Centers and Child Protection Service, doctors and educators.

GLOSSARY OF TERMS

Multi-sectoral approach

To prevent and fight against domestic violence the state should have a multi-sectoral approach, which refers to deliberate collaboration among various ministries, agencies and services functioning in different parts of the state and non-governmental organizations to meet the needs of the victim and hold the abuser accountable through strategies and policies. This will create a coordinated and unified system for preventing and combating domestic violence.

Gender

The socially-constructed behavior of the different sexes, a social perception of relationships between women and men expressed in all spheres of life, including politics, economy, health, science, law, culture and education.

Gender-based discrimination

Any distinction, exclusion or preference that restricts rights and interests based on gender prejudice, stereotypes and sex that is aimed at, or leads to, the restriction or elimination of the recognition, enjoyment and exercise of equity between women and men in political, economic, social, cultural and other spheres of public life.

Gender equality

Equal treatment and availability of conditions and opportunities in society that are free from sex-based discrimination and gender stereotypes.

Gender-based violence

Violence that occurs as a result of the normative role expectations and unequal power relationships associated with each gender.

Secondary victimization

Secondary victimization is a form of victimization, which is not the direct result of a crime, but is caused by the reactions of entities providing services or responding to the offence. According to international experience, secondary victimization is most often connected with problems with the justice system.

Victim-centered approach

Victim-centered approach focuses systemically on the priorities and needs of the victims of domestic violence and sexual abuse. It involves placing the wishes, safety and well-being of the victim at the center of the work with the victim. This approach should be applied in all procedures by police, investigators and every service provider. The rights of the victim of violence should be prioritized over the rights of perpetrator. This would build trust amongst the victims of violence and promote cooperation with law enforcement and rapid recovery of the victim. Otherwise, the victim of violence will be doubly victimized and will not believe that she is provided with protection and help. Without a system based in a victim-centered approach it will never be possible to effectively combat domestic violence.

Domestic violence

All acts of physical, psychological, sexual and economic violence that occur within the family or between former or current spouses or intimate partners, whether or not the perpetrator shares or has shared the same residence with the victim.

Domestic violence or intimate partner violence is caused by some people with low self-esteem and adhering to gender stereotypes. The abuser thinks he has the right to control his partner, he is entitled to do whatever he pleases and that women aren't equal to men. Very few cases are the result of mental health issues. Others learn this violent behavior from their families because they saw it with their own parents.

Domestic violence always increases in intensity, it is repetitive and can lead to murder.

Patriarchy

Form of social life wherein the man is the major carrier of political power and moral authority. Patriarchy is characterized by the existence of male power and male privileges, while women are subordinated and subjected to male control. Men exercise control over property and fathers have power over their wives and children.

Controlling behavior

Violence is not just physical. Violence is used to establish power and control over the victim, to violate and subordinate the will of the victim. Many women exposed to violence by their partners, report that they were victims of psychological violence, including different acts such as isolation from others, insults, threats and intimidation, as well as being forced to do humiliating (including sexual) actions. Trauma is inevitable for the victim of violence, who is not able to think and make a decision, since she is always in fear. The abuser alternates these actions with periods of benevolent behavior, which is used to manipulate the victim by giving her a false hope that he will change his attitude and behavior, to make her stay in the relationships. All these tactics are necessary for the abuser to control the victim and make her completely helpless, violating her self-confidence and trust and keeping her completely dependent upon him.

APPENDIX I

Police Risk Assessment Questionnaire

1. Have you been injured due to the current incident?
2. Are you afraid that the alleged perpetrator will harm you or your dependents (people under your care)?
3. Has the alleged perpetrator threatened to harm you or your dependents (people under your care)?
4. Has the alleged perpetrator threatened to kill you or your dependents (people under your care)?
5. Has the alleged perpetrator threatened you or your dependents (people under your care) using weapon / knife or other items?
6. Has the alleged perpetrator ever used physical violence towards you? /In what frequency?
7. Has the alleged perpetrator ever forced you to have sexual intercourse with him?
8. Has the alleged perpetrator ever followed you, has controlled your actions?
9. Has the alleged perpetrator isolated you or deprived you of financial means?
10. Is there a weapon in the alleged perpetrator's possession?

11. Has the alleged perpetrator ever been cruel to your pet?
12. Have you ever tried to divorce the alleged perpetrator (within the last year) or is there a child custody dispute between the two of you?
13. Is the alleged perpetrator suffering from alcoholism, drug addiction, poisoning (թունամոխրություն) or gambling?
14. Has the alleged perpetrator used violence during your pregnancy (if he was aware of pregnancy)?
15. Has the alleged perpetrator ever been given a warning, urgent intervention or protective order or an indictment?
16. Has the alleged perpetrator ever violated the given warning, urgent intervention or protective order?
17. Has the alleged perpetrator ever been convicted of a violent crime?
18. Is the alleged perpetrator registered in a psychiatric or narcological dispensary?
19. Has the alleged perpetrator issued a threat in case you apply to the police or other law enforcement agencies?
20. Is the perpetrator threatening or attempting to commit suicide?
21. Are you pregnant or have you given birth in the last year or do you have a disability?

**Women's Support Center
Risk Assessment based on
international practice**

1. Has the frequency or severity of physical violence increased in the past year?
2. Does he have a weapon?
3. Did you leave him (residing with him) for the past year?
4. If you have never lived with him, indicate here ____
5. Does he have a job?
6. Has he ever used a weapon against you or threatened you with a weapon? (If the weapon was a gun, tick here ____)
7. Has he threatened to kill you?
8. Has he been able to avoid being arrested for domestic violence?
9. Do you have children that are not his own?
10. Has he ever made you have sex with him against your will?
11. Has he ever tried to choke you?
12. Does he use drugs?
13. Is he a drunk (he drinks every day or almost every day) or is he drinking when faced with problems?

14. Is he controlling most or all of your daily activities? For example, he decides who you should be friends with, when you can meet your family members, how much you can spend, and so on. (If he does so but you do not allow him, please indicate here ____)
15. Is he constantly (aggressively) jealous of you?
(For example he says 'if I can't have you, nobody can have you.')
16. Have you been beaten while pregnant? (If you haven't been pregnant, please tick here ____)
17. Has he ever threatened or attempted to commit suicide?
18. Does it threaten to harm your children?
19. Do you think he is capable of killing you?
20. Is he following you, leaving you threatening messages or scraps, ruining your property, or calling when you don't want to talk to him?
21. Have you ever threatened, attempted suicide, or thought about suicide?
____ Write the total number of the ticked.

