
Activity 1. National hotline operation

The national hotline for the victims of domestic violence 8-801-100-8-801 was launched in August, 2012 as the service by IPA "Gender Perspectives with the support of UN Trust Fund to End Violence against Women, UNFPA, UNICEF and IOM in the frames of the international technical assistance project "Developing national capacity to counteract domestic violence in the Republic of Belarus.

The hotline functions from 8:00 A.M to 8:00 P.M every day without breakouts. Lawyer consults two days a week. Calls from landline phones are free-of-charge for clients. Calls from mobile provider (VELCOM) are possible, local charges apply.

National toll-free hotline for victims of domestic violence 8-801-100-8-801 is an entry point into support system for those suffering from family abuse. Hotline operates in 7/12 format and provides anonymous unconditional and immediate social, psychological and legal assistance as well as referring those affected to other specialized state and non-state institutions all over Belarus.

Since the launch of its operation the hotline responded to almost 4 200 calls. In most cases the calls are conducted by those who experience domestic violence (84%). 16 % of calls are made by the victims' relatives and acquaintances. General profile of domestic violence survivors describes a woman (95 %) of 27-40 y.o. (33%), married (56%) or in the process of divorce (10 %), residing in Minsk (36%), and having one or two children. The increase of calls from women over 60 y.o. has been observed, currently consisting of 19 %. 70 % of those who suffered from domestic violence noted that they had undergone physical abuses, 50% - economical, 97% - psychological, 5% - sexual. But most of the victims suffered from several types of violence simultaneously.

The analysis of hotline's requests shows that in 87% men appear to be aggressors, i.e. those who commit violence. Mainly the male aggressor is a spouse (45%) or former spouse (14%). 59 % of aggressors are alcohol addicts; about 4 % of aggressors have other forms of addiction. However the fact of having any type of addiction is not a crucial element that influences the behavior of an aggressor and justify it: 75% of all domestic violence cases took place regardless of the aggressor's addictions and conditions.

Special concern is to be paid at the fact that in 42% of all thematic calls children also suffer from violence within families, experiencing direct abuse or witnessing it. 22% of children are physically abused. But only 3% of hotline clients approached relevant authorities in this regard. The reasons for not reporting child abuse are lack of information how and where assistance can be obtained, as well as fears that making such case public would aggravate the situation in family.

For those clients who are in need of long-term support and counselling the referral mechanism is in place – the police and law-enforcement, social providers and shelters, health clinics, child protections organisations, faith-based organisations, etc. The referral is tailored to clients' needs and ensured by contacts directory run by hotline staff. Twenty victims of domestic

violence have benefited from direct services of “Gender Perspectives, where social staff of the organisation acted as case-managers.

As part of constant staff capacity building activity and hotline staff management, 12 staff meetings took place: on counselling quality control, 2 written examinations, meetings with police representatives, a psychologist and some other specialists. During the reporting period hotline staff underwent individual psychological supervision. Additionally, the individual evaluation of phone counselling took place (14 hours), followed by recommendations for each consultant and hotline manager.

Activity 2. Assistance to the DV survivors

Starting from 2013 **1325 survivors** of domestic violence addressed Gender Perspectives with request for help for various types of assistance via hotline.

Those clients in need of long-term support and counselling are being referred to other institutions – the police and prosecution authorities, state and non-state social providers including crisis rooms and shelters, health clinics, child protections organisations, faith-based organisations, entities working with elderly people, etc. However, capacities and competencies of different institutions remain limited and inadequate in regards to needs of victims/survivors. Most of practitioners do not have professional attitude towards the issue of domestic violence, but express their personal often biased opinion: i) women provoke male violence and therefore share responsibility for the consequences, ii) alcohol is the major reason for violent act and family abuse should be treated as consequences of alcohol addiction, iii) domestic violence is a problem of poor and law-educated people and rarely happen to those who are wealth and have high status in the society, iv) domestic violence is a private matter and partners/spouses have to find a way how to deal with it without speaking out, v) counselling of women victims of domestic violence lead to their divorce and destroying the family, thus prevention of domestic violence contradicts family values. These predominant stereotypes often determine the quality of services and motivation of specialist to look for effective solutions of the problem.

In 2012 – 2013 **117** female survivors of domestic violence have obtained direct assistance by Gender Perspectives. Clients suffered from psychological violence (97%), physical violence (72%), economic violence (47%), and sexual one (4%). Typical aggressor is a man (87%), dominantly an (former) intimate partner or spouse – 69%.

Table 2. Type of direct assistance provided for survivors of domestic violence

<i>Type of assistance</i>	<i>Number of clients</i>
Social support	117
Counselling	117
Psychological assistance	59
Legal aid, including attorney’s services	32
Medical aid and examination/tests	5
Local travel coverage	3

Main achievement for reporting period was the elaboration of new monitoring system of client’s life situation in order to assure the social services quality for survivors of domestic violence (and human trafficking). The system is inspired by case-management technology aimed at coordination of assistance provided by different institutions, but managed by one

case-manager. Monitoring the client's life situation is based on dynamic matrix in 6 spheres, vitally important for survivors' recovery: accommodation/well-being, education and employment, family situation/skills to combat domestic violence, dependency/co-dependency, psychological well-being, social skills. Each sphere has its own indicators of achievement aimed at measuring changes in clients' situation. The results of the initial, repeated/interim and final evaluation allow to assess the progress of each case, to monitor the dynamics and to highlight the challenging areas.

Activity 3. Advocacy actions

The advocacy activities are mainly directed to inform responsible stakeholders about the consequences of domestic violence for victims, children, the aggressor and the society as a whole. GP specialists were already engaged in the following advocacy and lobbying activities:

- **interviews** of *Gender Perspectives* specialists to mass media;
- **publications of articles** on the theme of prevention of domestic violence at newspapers and Internet;
- taking part at the thematic **round tables, trainings** and **conferences**.

The specialists provided for 2012-2013 **473** interviews and press-appearance for media. The negative phenomenon of domestic violence has a key reason of gender inequality in the Belarusian society. Therefore project specialist's publications and interview always concern not only dangerous results of domestic violence but also themes of promotion of gender equality. The main focus is on recommendations how domestic violence could be recognised and avoided, what kind of support victims of domestic violence need, and where they can obtain proper assistance. The negative and dangerous consequences of gender inequality are addressed and how they could be tackled.

Activity 4. A desk review of existing social quality standards (SQS)

To guarantee that services offered to victims of gender-based violence are in line with international and national rules/legislation and to obtain basis for sustainable in-kind support from the state, a desk review of existing social quality standards (SQS) was done in 2012. Working group of national state and NGO experts was evaluated the methodology of the desk review. The desk review included expert poll of NGOs having extensive experience in social assistance to survivors, analysis of available documents regulating their work and short overview of state social standards.

Main results of the desk review:

- NGOs' work is a project-based activity and depends largely on donor requirements.
- The majority of NGOs do not base their work on social service standards.
- Many NGOs (especially in regions) do not feel the necessity and benefits from the standards elaboration in their fields of activity.
- The key services, rendered by NGOs which need to be standardized prior to state social contracting system in use, are indicated.

Based on results of the desk review and working group's discussion key services in DV area were described and passport of social service were elaborated.