



Understanding the Impact of Domestic Violence on Children in Armenia



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I. Introduction



I. Introduction

Responding effectively to children's experience of domestic violence (DV) is a major challenge for those planning and implementing support services for DV survivors and their children. It is estimated that at least **60%** of women worldwide have been physically beaten, coerced into sex or psychologically abused during their lifetimes (OSCE 2011). Sadly, most of the time, this abuse is perpetrated by an intimate male partner, therefore making domestic violence an undeniably gendered issue. Domestic violence is not limited by geography, ethnicity, race, status or power and remains a hidden problem that few countries, communities or families openly confront. Bringing the issue of domestic violence into the public sphere can evoke shame and stigma. Unfortunately, Armenia is no exception: between 2010 and 2020 (to date), over **100** known women have been killed by their partners or family members. In 2019 alone, **956** domestic violence cases were reported to police in Armenia and non-governmental organizations received **4592** hotline calls from female victims of domestic abuse seeking help, advice and refuge (Coalition to Stop Violence against women, 2016). These figures are felt to be a gross underestimate as many victims are too frightened, intimidated and scared to

seek support. Domestic violence is so deeply embedded in some communities that victims, perpetrators and children may not recognize or define their experiences as domestic violence and this creates a further barrier to seeking help.

What is perhaps most shocking is the attitude of the general Armenia population to domestic violence in the home. Only **36.8%** of Armenians believe that domestic violence is a crime. In a 2016 UNFPA survey study in Armenia, it was found that **76%** of respondents believe that there are times when a woman deserves to be beaten, for example if the woman were to be unfaithful to their partner (). Whilst Armenia has signed the Convention on Preventing and Combating Violence Against Women and Domestic Violence (known as the Istanbul Convention), this convention has not been ratified and domestic violence is not a criminal offence in Armenia. At present, victims of domestic violence rely on support from Non-Governmental Organizations (NGOs) such as the Women's Support Center (WSC). The center offers victims psycho-social support, legal assistance and physical refuge for both women and their children. The center, alongside support from the Ministry of Labor and Social Affairs has trained 10 NGOs to become domestic violence support centers across all regions of Armenia.

Whilst the impact of domestic violence on women is well documented, little focus has been given to the impact of domestic violence on children. It is conservatively estimated that as many as **257 million** children are exposed to violence in their homes (UNICEF paper). Many argue that children are not exposed to domestic violence if they are in a different room from the incident or if they are asleep. There are now increasing calls for this perspective to change: children do not just “witness” domestic violence on the periphery, but they “experience” it with each and every one of their senses (Holden, 2003).

Children exposed to violence in their homes can be equally traumatized and this has lasting effects on the development of the child. In her seminal work, *Trauma and Recovery*, Judith Herman writes:

“Repeated trauma in adult life erodes the structure of the personality already formed, but repeated trauma in childhood forms and deforms the personality. The child trapped in an abusive environment is faced with formidable tasks of adaptation. She must find a way to preserve a sense of trust in people who are untrustworthy, safety in a situation that is unsafe, control in a situation that is terrifyingly unpredictable, power in a situation of helplessness. Unable to care for or protect herself, she must compensate for the failures of adult care and protection with the only means at her disposal, an immature system of psychological defenses” (Herman, 1997, p.97).

This paper aims to carefully consider the social, emotional and behavioral development of a child living in a world in which they see their mother or primary caregiver physically, sexually and/or emotionally abused.

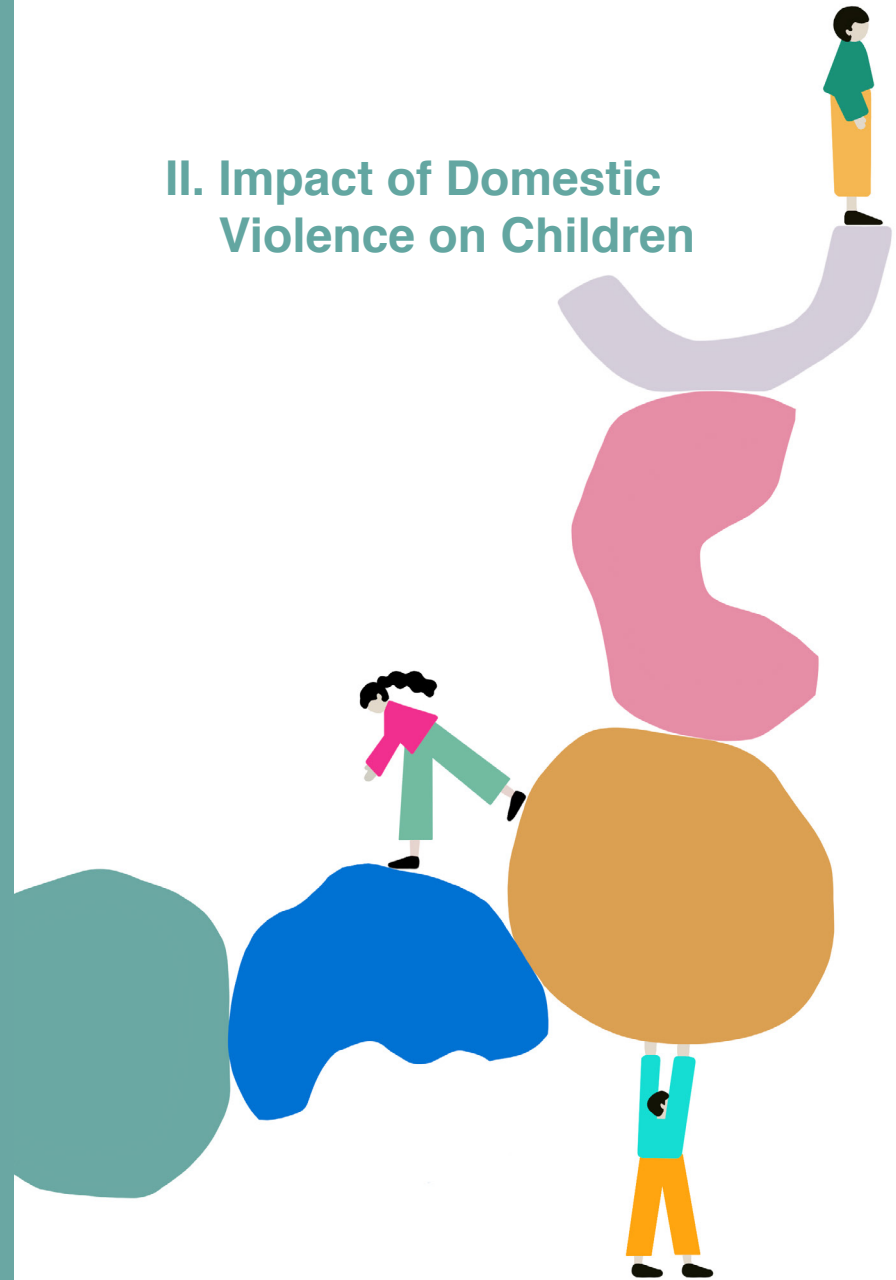
This paper highlights that children have the right and need to a safe and secure home alongside caring and supportive parents who love and protect them. Children need routine and stability and they also need to know what to expect from their primary caregivers on a day-to-day basis - whether that be the knowledge that their parents will always hug and care for them when they are sad or the knowledge that their parents will respond appropriately and proportionately when they misbehave. Children need this sense of safety and protection so that when they feel scared or threatened in the outside world, they have a safe place to which they can retreat and can seek comfort and warmth from their caregivers.

Sadly, children who are exposed to violence are denied their right to a safe and stable home. They do not know what to expect from their primary caregivers from one minute to the next; sometimes they live in a calm, warm and nurturing environment, and other times they live in an environment of fear, chaos, screaming, shouting and crying. Even during those times of calm and warmth, children living with domestic violence at home are unable to relax as they are waiting for the next episode of abuse to begin. These children may seek support from their

caregivers, but often receive little in the way of warmth and comfort as their parents are preoccupied with tending to their own physical and emotional needs in the aftermath of a violent or abusive episode.

Many children living with domestic violence at home suffer silently and with little support. They need trusted adults to turn to and services that will help them cope with their experiences. Decisions about interventions in families where children are experiencing domestic violence need to be informed by a deep understanding of exactly how domestic violence impacts on children - both in the short- and long-term. Domestic violence impacts not only women but destroys the fabric of families, which directly affects children who grow up in very toxic family environments. Far more must be done to protect these children and prevent abuse from happening in the first place.

II. Impact of Domestic Violence on Children



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A. What is Domestic Violence?

“Domestic violence or intimate partner violence is a pattern of assaultive and coercive behaviors including physical, sexual and psychological attacks, as well as economic coercion used by adults or adolescents against their current or former intimate partners. Examples of physical abuse include slapping, shaking, beating with fist or object, strangulation, burning, kicking and threats with a knife. Sexual abuse includes coerced sex through threats or intimidation or through physical force, forcing unwanted sexual acts, forcing sex in front of others and forcing sex with others. Psychological abuse involves isolation from others, excessive jealousy, control of his or her activities, verbal aggression, intimidation through destruction of property, harassment or stalking, threats of violence and constant belittling and humiliation” (Ellsberg, 2005).

Domestic violence differs from other forms of violence because the abuse is perpetrated by someone who the victim loves and trusts and who is in constant proximity to the victim. It is common for abusive relationships to begin happily and healthily; slowly, the perpetrator then begins to exert power and control, which isolates the victim and creates a strong sense of dependency. This state of dependency and feelings of love for the perpetrator make it extremely difficult for the victim

to leave and to protect themselves and their children. It is then possible that the perpetrator uses repeated aggression and violence that escalates in nature and can result in serious harm and even death to the victim.

B. Women’s Reproductive Health and The Prenatal Period

The impact of domestic violence on children begins before pregnancy and continues throughout the duration of the prenatal period. Many victims of domestic abuse report some form of contraception control prior to pregnancy, such as condom refusal, pregnancy coercion, contraception sabotage and forced abortion. As a result, many women are unable to have their preferred number of children or birth spacing. Many women express a desire to use condoms, but feel unable to voice this to their partner or are met with outright refusal on behalf of the perpetrator. This is one reason for the high rate of sexually transmitted infections across Armenia (WSC paper). Some women who fall pregnant are also forced by their partners or by their families to have an abortion, including sex-selective abortions that carry with them greater risk (WSC paper). This is one reason for the serious sex ratio imbalance, as far fewer girls are born than boys, and this has resulted in Armenia having one the highest known imbalances in the world (UNFPA 2013).

Following conception, it is common for perpetrators of domestic violence to prevent their partners from accessing medical care until very late into pregnancy; this is highly dangerous and can lead to a variety of maternal, fetal, and newborn health complications (WSC paper). In Armenia, it has also been shown that mothers-in-law can be highly abusive towards women during pregnancy; some pregnant women are forced to carry out heavy labor and denied access to adequate nutrition and medical care by their in-laws (WSC paper). Again, this can be highly dangerous as pregnancy complications can be left undetected and the unborn child may not develop properly as a result.

There is a growing recognition of the heightened risk of domestic violence to women during pregnancy. It has been estimated that among abused women, approximately 30% of women first experience domestic violence during pregnancy and that up to 44% of women ever abused were assaulted again during pregnancy. In 90% of all cases, this abuse was carried out by the father of the unborn child (British Medical Association). In Armenia, too, the vast majority of Women's Support Center beneficiaries attest that they have been physically abused during pregnancy. Pregnancy can be a stressful time for many couples, but some men will become increasingly jealous and controlling when their partner

falls pregnant; they may not like that their partner's attention is diverted away from them towards the needs of the unborn child and become violent as a result. An especially concerning form of physical violence during pregnancy occurs when an abusive partner specifically targets a women's abdomen (UNICEF paper).

The presence of violence during pregnancy is associated with maternal mortality, fetal mortality, prenatal bleeding, fetal fractures, fetal infections, maternal infections, premature rupture of the membranes, and gestational hypertension. There is also added risk and complications for those women who have contracted sexually-transmitted diseases due to the refusal of their partner to use protective measures such as condoms. It has been found that women who have experienced any form of spousal violence have a 50% increased risk of any type of fetal loss (i.e. miscarriage or stillbirth) during a single or repeated episode as compared with a non-abused women (Liu et al, 2016). There is also a well researched link between violence and premature birth of the child and low birth weight.

Violence and abuse during pregnancy can also significantly impact a woman's mental health; depression, anxiety and suicidal ideation are common in pregnant women suffering abuse. This again can have a negative

impact on the child as the mother may struggle to develop a bond with her unborn child. It has been estimated that women who have suffered violence are 50% more likely to develop postpartum depression than non-abused women; this in turn affects their ability to be attuned and sensitive caregivers to their children and may lead to inadequate attachment between mother and child (Garebedian et al, 2008).

C. Infants, School Age Children and Adolescents

Research doesn't consistently show better or worse outcomes for children of different ages exposed to domestic violence, but it does suggest that the effects manifest differently for children of different age groups (RIP paper). It is also suggested that the impact is likely to be greater for those children who are repeatedly exposed to domestic violence over time; it is not thought to be the case that children become habituated to domestic violence.

Infants

For infants and pre-school children, it has been shown that domestic violence in the home can harm the development of a child's brain and this can impair cognitive and sensory growth (Perry, 2001). This impairment can manifest itself in a number of ways, including delayed speech, difficulties with toilet training, poor motor skills

and delayed development of empathy and emotional responsiveness. Children of this age can also struggle with sleep disturbance, emotional distress and a profound fear of being left alone or separated from their caregivers (Osofsky, 2003; Lundy and Grossman, 2005).

It is widely accepted that the early attachment between the primary caregiver (usually the mother) and the child is crucial for the healthy development of the child (Prior & Glaser 2006). An infant is more likely to develop a secure attachment when the mother is able to offer sensitive and responsive care and provides a safe and secure haven for the child. The mother encourages and supports the child to learn and explore through risk-taking, but welcomes the child back to the haven when the child needs comforting. Sadly, where domestic violence is present in a household, it is not always possible for a mother and child to develop a secure attachment relationship: domestic violence can be considered a direct attack on the relationship between the child and their mother (Humphreys, 2007).

Sometimes, victims of domestic violence are unable to offer comfort and reassurance to their infant and this can result in an avoidant attachment behavior; the child may present extreme despondency and self-soothing coping mechanisms as they try to avoid further upsetting

or aggravating their caregivers. Alternatively, a victim of abuse may be unpredictable in her responsiveness to her infant's cues and an ambivalent attachment style may prevail; the infant may present with increased distress and arousal and may reach out for comfort, but is not easily or willingly comforted by the mother. Of the greatest concern is where a disorganized attachment develops. In this situation, the infant perceives their mother as both comforting and frightening. Mothers experiencing domestic violence are often terrified and infants can view this terror as a direct threat. When this happens, the infant struggles to understand that their intended source of comfort is also their source of fear; infants then display a disorganized mixture of approach and avoidance behaviors towards the caregiver. This is highly concerning as there is significant potential for infants with disorganized attachment to go on to develop mental health problems later in life (Liotti, 2005).

Mothers who give birth to a child as a result of marital rape or unwanted pregnancy may struggle to develop a bond and attachment with their child. Following conception, mothers may find it difficult to come to terms with their pregnancy and may feel disgusted with their body and with their unborn baby. The birth itself can be deeply distressing for the mother as it may trigger flashbacks and result in re-traumatization. Following the

birth, it is common for victims to experience conflicting emotions of love and hate towards their child, which can result in constant oscillation between rejection and acceptance of the infant (Tyano, 2010). These mothers must try and care for an infant whilst also trying to recover from the trauma associated with the assault. Feelings of fear, anger and shame are likely to emerge. Looking at the infant can be painful for these mothers as the child may remind the mother of the perpetrator and they may view the child as punishing and evil. Mothers may try and push the child away and may even find it uncomfortable and deeply distressing to touch their infant or attempt to meet their child's basic needs. In such cases where pain, shame and fear arising from the assault remain unresolved for the mother, it is possible that the infant and mother develop a disorganized attachment behavior. Infants conceived by rape can evoke fear in their mothers, which the infants then interpret as a direct threat to their safety; these infants develop coping mechanisms of freezing or hypervigilance to cope with fear and feeling unwanted. In some cases, victims of rape can wish that they and their babies would die; some mothers want to give away their babies and others may attempt to kill their children as a way of trying to end their own suffering. Unwanted children or children conceived by rape are more likely to face stigma, rejection and abuse by immediate and extended

families as they grow older. This stigma can extend to the wider community, leading these children to experience problems accessing education, food and health care as a result.

At the Women's Support Center shelters in Armenia, staff have observed several such cases when mothers had no connectivity, affection or interest in their child's well-being. Many hours of counseling and support groups with social workers and psychologists have addressed such behavior and achieved positive results.

School-Age Children

In school-age children, it has been found that those who have experienced domestic violence are more likely to develop conduct disorders and behavioral difficulties. These children may display aggressive behaviors, challenge boundaries and struggle to build healthy relationships with their peers (Baldry, 2003). Any developmental delays from infancy may continue into early childhood; these delays can include inappropriate bed-wetting due to nightmares, speech problems such as stuttering and difficulties with emotional responsiveness and empathy towards others.

At school, these children may struggle with hyperactivity and concentration and are more likely to under-achieve

and under-perform academically. Alternatively, some children living with domestic violence can become very quiet and withdrawn; they may disengage from their family, peers and education which leaves them increasingly vulnerable to social isolation. Some children may struggle to make friends due to confusion about what is expected of them and a lack of understanding how to relate to other children. School attendance can also be a challenge as some children refuse to go to school due to fear about what might happen at home whilst they are not present; children sometimes feel that their presence may help to placate the abuser and prevent further incidents of violence. Some children may struggle to complete their homework as they were unable to sleep during incidents of violence or due to the fear that an incident might take place. In missing out on their education, these children lose valuable opportunities to learn and develop, which hinders their ability to actively engage in society as they grow older.

Many children feel that they are at fault or to blame for violence at home. Children can believe that they are the cause of the violence; they may place pressure on themselves to be better behaved and believe that their misbehavior or stress caused by their presence is causing the conflict in the home. When at home, children living with domestic violence risk being injured

themselves, particularly if they try to intervene and protect their caregivers or if they are being carried in the arms of their caregiver at the time of an incident. Often, the child will try and stand between their parents and act as a physical barrier in the hope that this will stop their father from lashing out. Sadly, this has the potential to result in serious physical harm to the child; when the perpetrator in an extreme state of anger, he is often unable to exercise control and resorts to attacking both the child and mother. In such situations, children may feel anger towards their parents for being forced to take on adult responsibilities in the home and for being forced to try and protect themselves, their mother and their siblings. Even during calmer times, children are often waiting in anticipation of violence in the home and this tension can significantly impact their emotional wellbeing. They may feel that they are in constant alert or hypervigilance as they want to be able to prevent an incident from escalating out of control. This is highlighted in the testimony from a Women's Support Center beneficiary shown below:

"Constantly on edge. Never free, never safe. It was like, there was no safe [place] ... Being at home wasn't safe at all, it was just that's the place where you are and you're constantly alert. You don't sleep properly, you just sit there and wait for something to happen. I couldn't sleep or do homework so I had to miss school and I hated it. I was so fed up with it all" (Knarik, aged 15, WSC beneficiary).

It is common for families to hide what is happening at home due to fears of stigma, shame or judgement from their friends, family and wider community. Some children can be forced or threatened by their parents to stay quiet and not to speak about what is happening at home; this can leave children feeling very isolated and alone and is likely to further contribute to feelings of fear and anxiety.

Adolescents

In adolescence, a child's behavioral needs can become more pronounced. Those adolescents living with domestic violence are more likely to be diagnosed with mental health difficulties such as depression, anxiety or post-traumatic stress disorder. Feelings of fear, sadness, loneliness and despair are all commonly reported among teenagers living in a world of violence and abuse. Suicidal ideation and intent is also common ((Song et al 1998). Some adolescents may become increasingly violent and aggressive as they grow older and this anger can be directed towards other young people or towards their parents. It has also been noted that many young people living with domestic violence seek refuge and a sense of belonging outside of the home; this leaves them vulnerable to both criminal and sexual exploitation. With parents preoccupied with their own needs and unable to provide their children with stability and safety, adolescents are vulnerable to being

approached and groomed by adult gangs. These gangs can offer something that the child's own family cannot: reliability, consistency, affection and a sense of purpose and belonging. In exchange, children may be forced to deal drugs, carry weapons or perform sexual acts under extreme coercion. It has also been suggested that there is a link between young people experiencing domestic violence at home and then also experiencing abuse in their own intimate relationships during adolescence (Barter, 2009). This abuse can be physical, sexual and emotional abuse. Violence in young people's intimate relationships is linked with mental health issues, depression and suicide (Collin-Vézina et al 2006).

Children living in a world of domestic violence feel constantly threatened and are unable to rely on their parents to provide them with a consistently warm, nurturing and calm home environment. Growing up in a high stress environment causes children's *fight or flight* system to be continually activated. This response refers to a physiological reaction whereby the body's nervous system is activated due to a sudden release of hormones. The nervous system stimulates the adrenal glands to release adrenaline which results in an increase in a person's heart rate, blood pressure and breathing. This is a perfectly natural reaction when faced with a frightening or threatening situation; the body must

then decide whether to fight against the threat or to disassociate itself from the situation.

For children and adolescents that have experienced high levels of stress over a long period of time (such as is the case in families of domestic violence), the body's *fight or flight* response becomes hyper vigilant to danger and threat and this means that cortisol can be released even without the presence of danger. This continued release of hormones can result in permanent brain changes, and we can observe the effects of trauma at this stage.

Young children can exhibit delayed developmental milestones that by adolescence may begin to show as oppositional behavior or struggle with alcohol and substance misuse. As these adolescents develop into adulthood they may struggle with poor interpersonal relationships, distrust of others, challenges maintaining relationships and mental health disorders. There is also a growing body of literature that recognizes a direct link between domestic violence and physical health problems in children: those children living with violence at home are more likely to develop conditions such as asthma, allergies and ADHD (Graham-Bermann and Seng, 2005).

It is important to note that children (whether they be infants, school age or adolescents) with physical,

emotional or learning disabilities are particularly vulnerable to the effects of domestic abuse. These children may have communication difficulties and may be unable to talk about their experiences. Without a voice, these children tend to become isolated as professionals focus more on the needs of the parents than those of the child.

Furthermore, girls reaching adolescence often encounter sexual advances from their abusive father or mother's partner. Sexual assault of young girls is extremely devastating and at times mothers, instead of protecting the child, cover up for the abusive partner in fear of retaliation. However, we also see that attacks on teenagers can be the definitive moment when mothers make the final decision to leave abusive partners.

D. Domestic Violence and Parenting

Domestic violence can have a profound impact on the ability and capacity of a mother to care for her children. It is common for many women to internalize the humiliating and undermining messages from their partners. Mothers may be belittled in front of their children and told by their abusive partners that they are worthless, useless or stupid, thus leading them to lose confidence in their parenting skills. Abusive men may seek to disrupt the

mother-child relationship by forging alliances with the child against their mother or encouraging the child to challenge their mother's authority (Bancroft and Silverman, 2002). In doing so, the abuser targets the woman's sense of identity and her role as a mother to her child. This form of emotional abuse can be deeply harmful for children as they struggle to understand with which parent their loyalties should lie. For the mother, this abuse can be associated with neglectful parenting and a reduction in maternal warmth and nurturing of the child; such behavior can impact upon the mother-child attachment relationship and thus leave the child feeling unloved, unsafe and uncontained (Kelleher et al, 2008b).

Mothering may also be impacted by the anticipation of violence in which the mother is constantly living in fear of attack; the mother may work hard to placate her abusive partner such that the child's needs come second place (see Humphreys et al, 2006a). In such cases, it is not the mother's intention to neglect her child's needs; rather, she is so deeply impacted by the trauma that she has suffered that she is unable to care for her children. Sadly, this neglect is often misunderstood by professionals (including the police and social workers), and fathers use the situation to their advantage by encouraging professionals to grant them custody of the child. In these cases, the mothers are more than capable of caring for

their children, but require support to overcome the deep physical and emotional trauma that they have suffered so that they are able to focus on the needs of their children.

More generally, domestic violence has been shown to have a significant impact on the psychological functioning of victims. Many women who have suffered domestic violence are deeply traumatized by their experiences and are much more likely to develop mental health conditions such as depression, anxiety or post-traumatic stress disorder (Herman, 1997). These mothers may struggle with distressing nightmares, intrusive thoughts, insomnia, emotional detachment and suicidal ideation. Those mothers suffering with such conditions are inevitably less available to care for their children as they may need to place their own emotional needs above and beyond those of their children. These mothers may struggle to display warmth and affection towards their children and may also struggle to use positive and consistent discipline techniques. They may also use drugs and alcohol as a way of trying to cope with the day-to-day abuse that they are suffering. In some cases, abusers can force the victim to take drugs as a way of trying to control her or secure custody of the children. It is also possible that mothers may also lose control and engage in abusive behavior towards their children in the context of heightened fear and extreme emotional distress or

when under the influence of substances. This issue is described below by a Women’s Support Center social worker:

“The majority of mothers in Armenia consider physical punishment a method of educating the child. This is even more prominent in women who come to our shelters as often the child is slapped or beaten without even an explanation. It seems as the mother feels the only place she can have a say, authority or to take her frustration out is on the children. It takes the social worker a long time to remedy this situation. We systematically offer parenting skills to mothers who are at the safe house” (WSC Social Worker).

In other cases we see teenage girls in particular making decisions for their mothers who are unable to express themselves, make decisions or perform even simple daily household chores like cooking due to the effects of trauma, as they are distracted and can’t focus. Children are often put in position to take care of a parent or younger siblings.

There is also a strong link between domestic abuse and authoritarian parenting styles used by perpetrators towards their children. Abusive men can be rigid in their parenting and can require that the child meets their father’s needs rather than vice versa. Punitive behaviors and fewer positive parenting behaviors are common, and it has been suggested that some abusive fathers may

be under-involved or neglectful of their children (Bancroft and Silverman, 2002). There is evidence to suggest that children who have experienced domestic violence at home are 40% more likely to suffer physical, emotional and sexual abuse themselves (World Health Organization, 2002). In such situations where a child suffers direct abuse alongside domestic violence, the two forms of abuse together are thought to have a serious and compounding effect on a child's mental and emotional wellbeing (Herrenkohl et al, 2008). Abusive fathers are also more likely to misuse drugs and alcohol; when intoxicated, they are more likely to lose control and perpetuate abuse towards the mother or the child. Evidence suggests that where domestic violence and alcohol co-exist, domestic violence is more likely to be frequent and the injuries sustained more serious (Leonard, 2001).

It has been shown that many victims of domestic abuse lack social support as perpetrators often work to isolate their partners from existing networks. Isolation from family and friends and limited freedom to go out and spend time with others can further impact on the poor psychological functioning of victims of domestic abuse (Graham-Berrman, 2001). Those women who try and leave their abusive partner may find that they are uprooted from their homes, communities, friends and family to flee the abuse; this can leave the victim feeling a sense of deep loneliness

and further exacerbate any mental health difficulties. Sadly, domestic violence does not always end when a woman leaves her abusive partner, and many children experience domestic violence in the setting of contact arrangements post-separation. Many children will continue to have contact with their abusive father (or live with them) and this may leave the child feeling confused and angry; on the one hand, they are attached to their father as one of their primary caregivers and, on the other hand, they fear and may condemn his violence (Peled, 2000). Sadly, it is common for fathers to interrogate their children for information on their mothers' living arrangements with the aim of trying to find the victim and to continue to perpetrate the abuse. In some cases, children are encouraged to convey abusive and threatening messages to their mothers or even encouraged to become involved in plans to kill their mother (Humphreys and Thiara, 2003).

E. Impact in Adulthood

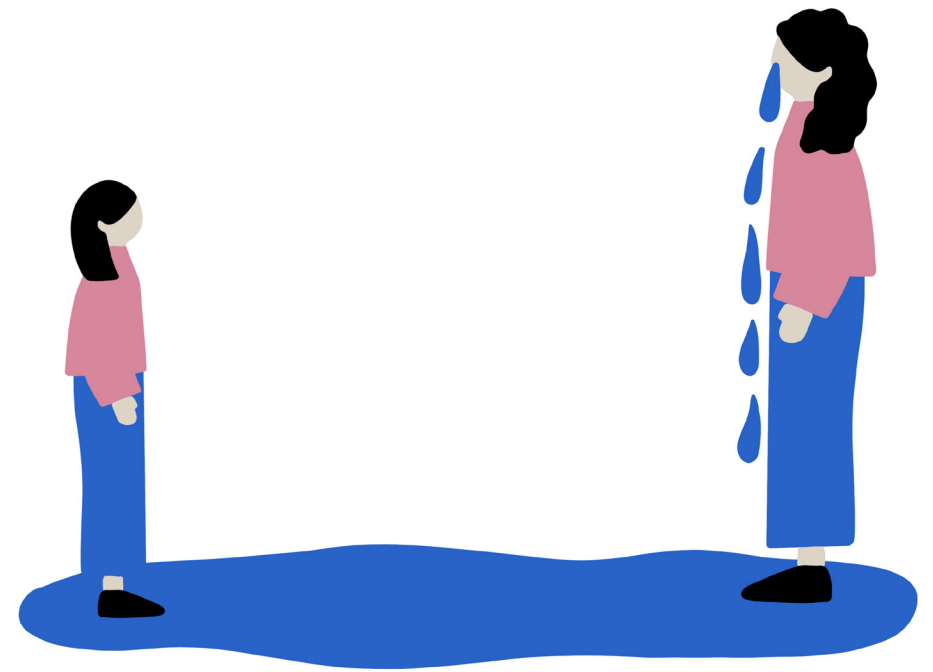
The single best predictor of a child growing up to become a perpetrator or victim of domestic violence is whether or not they experienced domestic violence in their own childhood (UNICEF paper). Children who witness violence at home learn that violence can be used to try and resolve conflict in interpersonal relationships. Children learn about the world from their primary caregivers. When they

see one or more of their caregivers use or fall victim to psychological, sexual and/or physical abuse, they believe that this is the norm. As children grow to become adolescents and then adults, they may struggle to build healthy peer, personal and romantic relationships. In adulthood, these women may believe that it is acceptable to be abused, beaten, controlled and coerced by an intimate partner and will struggle to challenge their partner's behavior or seek support. These men may also feel that it is acceptable to abuse, beat, control and coerce their intimate partners, as they believe that this is a normal way of treating a spouse. These individuals may then go on to have their own children who will inevitably witness and experience domestic abuse in the home: thus, the generational cycle of violence continues ((Whitfield et al, 2003).

It has also been shown that those who have experienced domestic violence in childhood are significantly more likely to develop mental health conditions into adulthood (Howells and Rosenbaum, 2008). These conditions can include depression, anxiety, post-traumatic stress disorder and personality disorder. The trauma of witnessing a loved one subjected to emotional, sexual and physical abuse can be deeply traumatizing; without adequate support and counselling, it can be difficult for victims to understand and process their experiences.

Personality disorders are largely thought to be the result of prolonged or repeated exposure to childhood trauma such as domestic violence (statistic on DV). This disorder causes a person to have problems regulating their thoughts, feelings and emotions and can lead to persistent feelings of emptiness, shame and guilt. Around 75% of those diagnosed with borderline personality disorder attempt suicide at some point in their life (reference). Those with the diagnosis struggle to provide consistent boundaries and effective parenting to their children. Children of mothers with personality disorder find it difficult to learn how to process and regulate their own emotions, which leaves them susceptible to developing a personality disorder into adulthood.

III. Response Models to Domestic Violence and Children



III. Response Models to Domestic Violence and Children

For many years assistance and support was offered only to women victims of abuse. In the last years it has become understood that children are equally impacted and traumatized by the effects of DV. In addition, the wellbeing and recovery of mothers has a strong correlation with the wellbeing and safety of their children. There are a number of different models used in countries across the world that have been designed to support victims of domestic violence and their children, two of which are described below. Although not perfect, these models go a long way to help protect victims and children living with domestic violence and are a useful reference point when thinking about how to improve the current system in Armenia.

The UK Domestic Violence Model

In the UK, multiple agencies work together in order to protect victims and children living with violence at home. In emergency situations, victims can call the police and receive an immediate response; police attend the scene and ascertain the risk to the mother and child. Police are trained to assess safeguarding risks to children and, where appropriate, will make onward

referrals to children's social care for an assessment to be undertaken. Children's social care is government-funded and employs social workers located across the country who are trained to assess and support families in need. In extreme cases where the police feel the child is in immediate danger, the police can 'police protect' the child and remove them from the family home until a social care assessment is undertaken. When necessary, the police may arrest the perpetrator or issue a restraining order for 48 hours, which prevents the perpetrator from contacting the victim. The police can then apply to court for a 28-day extension of this order. Breaches of any orders are taken very seriously, and the perpetrator can face significant prison sentences should they break the terms of a protection order. The police will then refer the victim to an Independent Domestic Violence Advocate who will help guide and support her. The advocate can help with safety planning, exit planning, and can also help the victim apply for longer term protection from the courts. Where victims feel uncomfortable calling the police, they can call a national domestic violence hotline that can refer them and their children to a shelter and offer advice and guidance.

As in most countries, there are two different types of British law: criminal law and civil law. Domestic violence crimes are prosecuted under criminal law; in serious

cases of violence, the state prosecution service will prosecute regardless of whether the victim wants to pursue charges. Civil law can be split into family law and disputes between two private parties. Civil law deals with divorce, employment, negligence and land law. Civil law also includes family matters; however, these are dealt with in the family courts. Family courts can resolve custody disputes and deal with matters when social work authorities apply to the court asking to remove a child from their family for protection and safety. In terms of protective orders, restraining orders can be granted within criminal proceedings and non-molestation orders can be granted within civil proceedings; both of these orders are similar in that they give significant protection to the victim and can also include children.

If a victim wants to pursue a criminal case against the perpetrator, their legal costs are covered by the taxpayer (in the form of LegalAid) and they are fully supported throughout the process by their advocate and solicitor. Where a victim wants to seek protective orders in the family court (for themselves and their children), their expenses will also be covered by LegalAid. There is also a system in the UK whereby members of the public who are concerned that their partner may have a history of perpetrating violence against women can make an application to something called the Domestic Violence

Disclosure Service (informally known as Clare's law); the police will then notify the applicant if their partner has ever been arrested or involved in an incident of domestic violence. This is a very positive way of attempting to try and prevent violence against women and break the cycle of repeated offending on the part of perpetrators.

In medium- or high-risk cases of violence, children's services in the UK will undertake an assessment of the family in order to ascertain the risks to the child. All social workers are trained to work with victims of domestic violence as part of their degree or master's program; social workers are also expected to continually refresh and improve their knowledge and approach in this area. Assessments undertaken by social workers have tight timescales and typically must be conducted within 8 weeks. Following the completion of an assessment, social workers will offer support to the family to try and minimize the risks to the child and to encourage the perpetrator to seek support to change his behavior. Support will also be offered to the victim in the form of counselling and group-work to help the victim learn about the dynamics of domestic violence and how to protect their children. Social workers can be involved in supporting a family for months, if not years.

For low-risk cases, support will only be offered when

a family consents to work with the social worker; where the family refuses to work with the social services, the case will be closed. For higher risk cases, the child will be placed on a child protection plan which means that the family must legally work with the social worker and consent is not considered. Where it is felt that the risks to the child are too significant or where the family refuses to engage, the social work team may issue care proceedings and apply to the court requesting to place the child with extended family or with foster carers. It is generally preferred practice to place children with extended family or friends who have been thoroughly assessed and deemed able to meet the needs of the child.

Before making a decision, the family judge will then refer to relevant legislation and make a decision based on the best interests of the child at that time. Where it is felt that the child is at risk of immediate significant harm, the judge will make a short-term order (known as an Interim Care Order) in which the child is placed outside of the family home throughout the duration of care proceedings. If the child is not felt to be at risk of immediate significant harm, the child will remain at home for the duration of care proceedings. Public care proceedings refer to the process in which the local authority and parents use the court arena to try and determine the best outcome for a child. Care proceedings should be concluded within 26 weeks

and it is expected that during this time that the parents work on the areas of concern; if the parents demonstrate that they have addressed these areas, they can keep their child or the child can return home. If the parents fail to show that they are able to keep their child safe, the child will go to an alternative carer or remain living with an alternative carer until they turn 18.

Family judges also consider cases of child custody disputes; these cases will only have a social worker present when there are concerns about the parenting capacity of either the mother or father. In the majority of custody cases, a representative from the Children and Family Court Advisory and Support Service (CAFCASS) will undertake an assessment of the parents and provide a recommendation to the judge about what is felt to be in the child's best interests. These assessments consider the extent to which each parent can meet the needs of the child and whether contact with either parent would be harmful in any way to the child. It is common for the judge to order that contact between a child and father (perpetrator of violence) should take place in a supervised manner; this is usually on a short term basis to assess the extent to which the father can meet the emotional needs of the child and as a stop-gap until the father completes a perpetrators program. Supervised contact takes place in a neutral contact center with a supervisor present

during contact at all times; victims are also protected and measures put in place to ensure that they do not come into contact with the perpetrator during handover.

More generally, all professional agencies have a safeguarding responsibility to protect victims and children living with domestic violence (Working Together, 2015). When a doctor or teacher, for example, has a concern that a woman or child is living with violence, they must make a referral to children's social care and must also make a referral to a Multi Agency Risk Assessment Conference (MARAC). Multiple agencies participate in MARAC meetings (including psychologists, social workers, doctors, housing workers, police officers, and substance abuse workers) and a strategy is discussed to help keep the mother and child safe from further abuse. Children who have lived with domestic violence at home are often referred for psychological support from child and adolescent mental health specialists; these specialists work with the child to help them process their experiences and explore their emotions. Many schools across the UK also employ learning mentors, psychologists and counsellors who help children exposed to violence process and recover from their experiences; this in turn, reduces the likelihood that these children will go on to develop mental health difficulties into adulthood.

There are also self-help groups run for children who have experienced domestic violence at home that gives them the opportunity to meet other children in similar situations. These groups often run parallel to support groups for victims of domestic abuse in which women learn about healthy relationships and the impact of domestic violence on children. In some areas of the UK, there are also perpetrator programs in which men are offered the opportunity to learn how to change their behavior; these programs often last for many months and support the perpetrator to explore their views and opinions on violence and to develop an awareness of the impact of domestic violence on children. These programs will only consider working with a perpetrator if the perpetrator has begun to acknowledge their behavior and wants to seek support. It is also common for family court judges to make orders (in both custody cases and care proceedings) in which perpetrators must engage in domestic violence perpetrator programs; again, this will only go ahead if the perpetrator accepts some wrong-doing.

The Swedish Domestic Violence Model

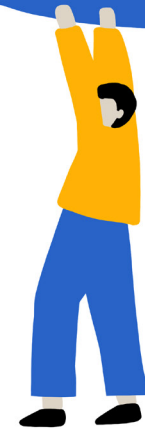
The Swedish response to domestic violence has many similarities with the UK model. Swedish police provide an emergency service that victims can call when in immediate danger. Police that respond to calls of domestic violence come from highly specialized units with trained officers

that undertake risk assessments to establish the kind of protection that is needed; police can issue protection orders and can also provide technical aids such as GPS enabled phones and alarms to help keep the victim safe. These officers are also specially trained to speak with children and carry out risk assessments to establish the risks to the child; where the risk is considered to be sufficiently high, the police will make a referral to the child protection social services. Swedish domestic violence police officers now carry cameras with them that they can use when called to incidents to record statements. These recordings can be used as the basis for prosecution, even if the victim has been pressured to withdraw their statement. The prosecutor then makes a decision on whether to prosecute, not the victim, thus giving extra protection to victims and their children. Prosecution services can also impose contact bans which prevent the perpetrator from contacting the victim. After a call-out, the police can make referrals to specialized victim support officers that will support the family going forwards. These victim support officers will provide information to the victim and offer safety talks and victim support groups. Like the UK, there is also a national domestic violence hotline that victims can call if they feel unable or too afraid to call the police. Through this hotline, they can also become informed about how to access the various domestic violence refuges across the country.

In Sweden, there is also a government-funded and government-run child protection agency. When a police officer, teacher, doctor or neighbor is worried that a child is living with domestic violence at home, they can call anonymously and make a referral to the local child protection service. When this happens, a dedicated social service unit is notified; this unit has been trained in victim-centered approaches to help victims and children living with violence at home. As of 2014, this unit must legally carry out a child protection investigation where there is any concern that a child has been living with violence at home. Social workers will then go and meet with the child and family and undertake an in-depth risk assessment. This assessment will detail the needs of the family and will outline a plan of support for the family to help keep the child safe from further harm. Where the risk to the child is felt to be too significant, social workers may apply to court to try and remove the child from their current situation and place them in a safer home environment. The court model is very similar to that in the UK. Again, custody decisions are made based on who can provide better care for the child and who can better meet the child's physical and emotional needs. Children do not give live evidence in court hearings, and children are given the option of whether or not they wish to give evidence at all; if the child agrees, they are interviewed by specially trained officers and the interview is then recorded and shown in court.

More generally, the Swedish government is working hard to try and promote gender equality throughout all areas of Swedish society. As part of this goal, the government ratified the Istanbul Convention in 2014 and has since developed a 10 year strategy (2016-2026) to prevent and combat violence against women. This strategy encourages a change in thinking from a reactive to a more proactive approach to tackling violence against women, which includes a number of initiatives that have been designed to achieve this aim. The Swedish government has suggested that a broader and more constructive engagement take place on behalf of boys and men across society such that the norms that justify violence are confronted. With this in mind, groups for young men have been developed across the country to teach about macho-culture in society alongside its signs and consequences. Programs in schools have also been developed to raise awareness of violence against women and to help empower young people to prevent and respond to violence and abuse. In addition to this, 28 organizations are working to provide support and counselling to male perpetrators of violence as part of a model called the Integrated Domestic Abuse Program. This all attests that domestic violence response must have a holistic approach dealing with boys from a young age.

IV. National Policy and Current Programs in Armenia



IV. National Policy and Current Programs in Armenia

The section below describes the gaps in legislation, the poor domestic violence response of law enforcement and criminal justice actors, and the lack of child protection services in Armenia.

Domestic Violence Legislation

The first gap in the current system relates to legislation. In 2018 a domestic violence law was passed in Armenia. Whilst a step forward, this law does not criminalize domestic violence as a stand-alone crime as part of the criminal code. Rather, domestic violence is considered within the domestic violence law which is inadequate in its punishment of perpetrators. The law recognizes physical, sexual, economic, and psychological violence, but only physical and sexual violence are criminalized at present. Additionally, there are multiple references in the legislation calling for the need to “restore family harmony”; this is dangerous as it can potentially encourage or pressure victims to reconcile with perpetrators. The law also omits an adequate definition of domestic violence as it does not consider violence inflicted by intimate partners, nor does it consider stalking as a form of domestic violence. There is also a very dangerous clause (Article 105) in the

legislation which details that the immoral behavior of the victim (such as an accusation of adultery) can lead to temporary “insanity” in the perpetrator; this mitigates the criminal liability of the perpetrator and has led to very light sentences for a number of homicide cases in Armenia. The law also states that if police respond to a first reported incident of domestic abuse, a warning should be given to the perpetrator. This law gives no regard to the severity of the incident, nor does it consider that domestic violence generally takes place for years before a victim finds the courage to seek support. This is extremely erroneous and dangerous and is not accepted by international standards (see Council of Europe Police Guidelines). The current legislation does not have any measures for protecting children living with violence and the police are unable to take any action to protect a child who has witnessed abuse or is in danger.

Notably, the Armenian government is a recent signatory to the Istanbul Convention. All member states that have adopted the Convention use it to close gaps in their existing legislation to offer better protection of women and children victims of violence and facilitate the prosecution of abusers. Though the Armenian government signed the Convention, it has yet to ratify it due to the existence of a strong opposition movement perpetuating the misconception that the Convention is an attack on

traditional family values and family structure. Many of the pervasive misconceptions surrounding domestic violence are rooted in harmful gender stereotypes. Combatting these stereotypes and educating the public on the extensive harm that violence causes to children, women and society will help to create room for necessary change across Armenia. In this sense, the convention provides frameworks to prevent violence against women, to protect victims, to appropriately prosecute the abusers and to educate wider society on the effects of domestic violence. The Convention also details how countries should support children who have been exposed to domestic violence. At present, without the ratification of the Convention, there are many gaps in the work of those agencies that are trying to support families living with domestic violence in Armenia.

Domestic Violence and Law Enforcement

The second gap relates to the current system of law enforcement and first response officers, including the police. At present, Armenia does not have a national domestic violence hotline which is a requirement upon ratifying the Istanbul Convention. Generally, hotlines are run by NGOs which do not operate outside of working hours and those answering calls are not always trained to assess risk and do not know how to offer victim-centered support. At present, victims tend to call the general police number to report an incident and ask for protection. The

law in Armenia clearly states that police officers responding to a domestic violence call must speak confidentially with the victim and also with any children present. The police must also determine the severity of the injuries and to risk assess the situation and either detain the perpetrator, offer the victim an Emergency Intervention Order (EIO) or give a warning to the perpetrator. Domestic violence law also requires that victims be reimbursed for damages/injuries up to 15,000 drams to cover medical care or costs of temporary accommodation. To date, no applications for financial compensation have been made as the process is not victim-centered and is extremely complex and only applies to those from a low socio-economic background. Most marriages in Armenia are common law marriages, which means that there is no right to divorce and therefore no right to assets or property upon separation. It is therefore very difficult for women to separate from their partners (regardless of their socio-economic status) as they often have nowhere to go and no form of income.

Unfortunately, the police do not follow the existing laws at present. When police attend a call-out, injuries to a victim are rarely reported or described in police documentation. Officers are not trained to observe the demeanor and behavior of the victim and children in the home and they do not seek out any witnesses. The risk assessments offered by the police are inadequate and do not include

questions focusing on the severity of the abuse or the kinds of violence that the victim has suffered; it is known that certain types of violence (such as strangulation) pose an extremely high risk of death to victims and this is not considered in any risk assessments undertaken by the police. Children are often very scared when police attend the home and can blame themselves for what has happened; police officers do not reassure children or offer them any support. In general, the police tend to diminish the gravity of an incident and provide only a warning, even if the abuse has been continuous for many years. Perhaps most worryingly, some police officers take it upon themselves to convince the family to reconcile, which is highly inappropriate and places the rights of the abuser above that of the victim. The values, beliefs and opinions of a police officer should not interfere with the support offered.

Sadly, even when the law demands action of the police, officers rarely enforce it. At present, there also seems to be a problem where police are incapable of identifying the abuser. It has been formally reported by police that women are the abusers in 40% of all domestic violence call-outs; this directly contradicts evidence gathered from all over the world in which it is estimated that 98% of perpetrators are male(Presentation by Police during meeting with Council of Europe and Civil Society, 2019). In this sense,

police are not trained to understand the dynamics of domestic violence and identify coercion, control and threatening behaviors. Moreover, police tend only to identify an incident of domestic violence when there is a bodily injury and do not know how to identify other forms of abuse.

It is essential that the police prioritize the safety of women and their children. Sadly, this does not happen. According to police reports, in 75% of all cases the police simply issued warnings to perpetrators and do not provide any meaningful protection to the victim (Presentation by Police during various meetings - 2019). Warnings are internationally recognized as inadequate in keeping women and children safe. Where an emergency intervention order (EIO) is issued, it is often done arbitrarily and subjectively and only holds for 1 to 5 days, which does not give the victim enough time to plan her and her children's safety. Victims often have to attend the police station to access the EIO and are not provided with any paperwork to evidence that the EIO has been granted. Furthermore, when a protective order is breached, the police should immediately sanction the perpetrator; to date, there have been many breaches of orders, but not a single perpetrator has been held accountable. As a result, victims of domestic violence have no faith that the police will keep them safe.

If a victim does have the courage to press charges against the perpetrator, they face a long and painful process. Firstly, the abuser and victim are often taken to the police station together and the victim is forced to give her account in front of her abuser. This is wholly inappropriate as the victim is unable to speak openly and freely about what has happened in front of her abuser and, as a result, many victims retract their statements at this stage. In some cases, women are forced to undergo grueling and humiliating physical examinations for the collation of evidence; this can include virginity testing in the case of sexual abuse which is contrary to international standards on basic human rights. If the victim then has the courage to persevere and press charges, they must then repeat everything again to the prosecution investigator. Sadly, these investigators often minimize the experiences of the victim or place the victim under significant pressure to drop charges. Sadly, this pressure often works and many victims feel unable to continue with the process at this stage. It is also important to mention that both the police and inspector's office frequently violate the confidentiality of the victim and notify the perpetrator about the victim's location, placing the victim at very high risk of further abuse and violence.

Domestic Violence and the Criminal Justice System

The third gap in the system relates to the judicial system in Armenia. Court prosecutors do not have training or knowledge of domestic violence; they are not sensitive to the experiences or needs of victims. At present, there are no specific regulations or guidance as to how cases of domestic violence should be handled and cases are therefore considered within the remit of general criminal procedures. In reality, this means that domestic violence cases can go on for months (if not years) whilst the victim continues to be in danger. It also means that procedures for interviewing victims and children inside or outside of court lack any consideration of safety. Moreover, the costs of any court trial must be paid by the applicant (the victim), which prevents many women from being able to seek justice. In court, a victim can apply for a protective order (PO) which forbids the perpetrator from contacting her for 6 months and which can be renewed upon expiry for another 6 months. With the order, the perpetrator must stay away from the victim (and children in her care if deemed necessary) at all times and cannot approach the victim's residence, place of work or places of leisure. Unfortunately, the process of securing a PO is very difficult: victims are unlikely to get a PO unless there is already an EIO in place and the court does not allow reports from professionals, such as social workers

or psychologists, to be submitted as evidence. POs are also frequently violated, and the state rarely holds the perpetrator accountable when this happens.

The Istanbul Convention states that visitation or custody rights should not jeopardize the safety or rights of children and victims. Unfortunately, the safety of victims and their children are frequently ignored in Armenia. With court proceedings taking so long, it is normal for children to continue to live with the perpetrator, therefore subjecting the child and victim to further abuse. If the mother lives separately at this time, she is often deprived by the abuser from seeing her children. Sadly, judges are highly subjective in their decision-making; judges often reflect wider societal gender stereotypes in their judgements and struggle to maintain impartiality. Judges often ask children as young as five to appear in court and answer their questions. This is highly inappropriate, a violation of children's rights, and inevitably causes the child emotional distress as they struggle to balance the loyalties that they feel towards both parents.

Decisions made by judges are made on the principle that perpetrators and victims have the same rights, therefore the presence of domestic violence makes very little difference to the decision-making of judges. In reality, it is not uncommon for perpetrators to be given more

favorable judgements than victims; significant importance is placed on the material wealth of each party as it is believed that this indicates how well a parent can care for their child. After a judgement is made, it is common for abusers to breach orders and create obstacles, which prevent the mother from assuming her parental responsibility, custody or visitation rights. These breaches are very rarely prosecuted and enforcement officers often side with the perpetrator. Armenia needs to have parental supervised visitation centers since, in the majority of cases, the abuser's visit with the children is not safe and there is a heightened danger of child kidnapping.

Finally, a coordinated, multi-sectoral response is lacking, which hinders women and children from receiving support from criminal justice actors. The Istanbul Convention states that professionals such as doctors and medical workers should report to the relevant authorities if they see that a victim has been subjected to a serious act of violence or where they have reasonable grounds to believe that violence may reoccur. When this happens, professionals can breach confidentiality rules in order to safeguard victims. At present, this does not happen in Armenia as professionals are generally wary of getting involved in areas outside of their specialty and often have very little knowledge or understanding of domestic violence. As Armenia has not ratified the Istanbul

Convention, professionals are not legally obliged to report safeguarding concerns to relevant authorities.

Given the aforementioned gaps, it is not surprising that domestic violence remains rampant in Armenia. In 2018, the Investigative Committee of Armenia examined **519** criminal cases of domestic violence of which to date, **393** investigations have been completed. Out of those completed investigations, **297** have been dismissed: **91** on the grounds of acquittal and **206** due to a lack of evidence. From this data, it can be seen that over half of all cases have been dismissed by the Investigative Committee; this again points to the lack of criminalization of domestic violence in Armenia and shows that many abusers are not held accountable for their actions. The low possibility of justice for victims means that many victims are not willing to report domestic violence to the police. When women are willing to report violence to the police, they are often very reluctant to pursue long-term court trials due to the low likelihood that the courts will rule in their favor and the degrading and oppressive treatment they are likely to face from all those involved in the criminal justice system.

Domestic Violence and Child Protection Services

One of the largest gaps in the system is that of child protection and social services. In 2019, it was announced

that all domestic violence cases should be dealt with in children's day care centers. Social workers at these centers are not trained and don't know how to assess risk or help victims develop a strategy or safety plan. Many of these social workers also have preconceived ideas about victims of abuse and sometimes blame the woman for provoking the abuser. Victims often don't contact the day care centers and prefer to call the police. The police then send a letter to the nearest center, which usually takes over a week to arrive; the letter does not contain any information about the victim or the situation and most centers just ignore the letter. Some centers will write to the victim inviting them to the center, but very few victims feel comfortable enough to attend. The entire process is slow, lacks confidentiality and threatens the safety of the victim. There is a severe shortage of domestic violence experts, support workers and advocates available to support victims of abuse in Armenia. In this sense, Armenia lacks a multi-sectoral response to domestic violence in which professionals work together to support victims and their children and to help them rebuild their lives after such significant trauma.

Sadly, at present, the child protection system in Armenia is cumbersome, ineffective and poorly coordinated. Armenia has very few experts who specialize in the protection of children. Across Armenia, there are thousands of children

living with difficulties at home, including issues related to substance misuse, mental health, neglect, sexual abuse, physical chastisement, and domestic violence.

At a national level stands the Ministry of Labor and Social Affairs and the Department of Family, Women and Children's Issues. The Ministry is largely responsible for creating and advising on nation-wide policies, while the Family, Women and Child Protection Units operate at the level of each province, or *marz*. Each of these units has 5-6 representatives including a social worker, teacher, lawyer and doctor. The units are largely decision makers and coordinators for the community-based Guardianship and Trusteeship Commissions; however, the role and remit of the units is extremely unclear and coordination with policy-makers, NGOs and Commissions is very poor.

The Commissions are composed of volunteers who lack basic training and professionalism. Whilst their role is to attend to the well-being and safety of children, very little action is taken to that effect and little to no effort is made by Commissions to coordinate with NGOs. Volunteers are selected from the local community, which means that they often know the families that they are working with; this can cause issues relating to bias, prejudice, and vested interest. There have been many incidents in which NGOs have contacted commissions and called for

action to be taken to protect children; these calls largely fall upon deaf ears and follow-up action is rarely taken. In 2017, the Human Rights Defender's Office published a report, which clearly stated that Guardianship and Trusteeship Commissions do not perform their functions adequately and that employees lack professionalism, motivation and a working methodology. These findings were echoed in a shadow report on the UN Convention on the Rights of the Child (prepared by 45 local and international organizations) that found that the protection of children's rights is not a priority for Commissions.

More specifically, community-based Commissions do not have an understanding of domestic violence nor do they appreciate the seriousness and danger associated with violence against women. Volunteers have little to no understanding of the impact of trauma on women and children who have lived with violence. Commissions can make decisions that place women and their children at further risk of harm by advocating for the abuser and recommending in court that the abuser receive custody of the children. It is also common for Commissions to support contact between children and fathers, but no provision is made to keep the victim safe during handover or to ensure that the children do not suffer further emotional harm during contact. Sadly, there are many Armenian children living with unthinkable and intolerable

violence at home; to date, there has not been one known case where Commissions have acted to remove a child from such a situation and to place them in safety. The commission does not work outside of working hours and the police are unable to remove a child from home without the presence of a commissary representative. The only way that a child has been protected in Armenia has been through lengthy court proceedings, which can take years and leaves the child living in very high risk and harmful environments.

Finally, there is a general view taken by professionals who work with children that matters such as domestic violence are private and do not warrant interference. Teachers are often the first professionals who children talk to when feeling scared or frightened at home; however, it is very rare for teachers to take any action following a disclosure. In fact, school teachers and staff can sometimes place children at additional risk by disclosing a child's new school to an abuser or even disclosing the location of the mother. In terms of education, the domestic violence law in Armenia mandates that teachers be regularly trained on their role in preventing violence in the family and that the curriculum in schools should include material on the nature of violence and its impact on society. In reality, these provisions are not implemented, nor are there mechanisms for the implementation of these mandates. This is an area

that would be covered by the Istanbul Convention, which stipulates that domestic violence cases involving children be reported to the relevant state bodies dealing with child protection. Delaying ratification of the Convention continues the status quo, whereby there is no obligation for professionals to report cases and it remains uncommon to do so.

V. Recommendations



V. Recommendations

By reducing the prevalence and incidence of domestic violence in Armenia, the risks associated with childhood exposure to domestic violence will also decrease.

Therefore, a strong action plan for reducing violence against women is necessary to ensure the wellbeing of both victims and their children. This action plan must also incorporate a fully functioning child protection system to ensure that where violence cannot be prevented or stopped, the safety, health and wellbeing of children are fully prioritized. The overall plan must be both preventative and reactive in nature: it must work to try and stop violence against women in the first instance and must also support those children and their mothers who have been exposed to violence to help them recover from their experiences and begin to rebuild their lives.

In this section of the paper, recommendations are made about how the system in Armenia should change and develop in order to better protect women and children living with violence at home. Recommendations made are based on professional experience working with victims in Armenia and international best practice, including lessons from the UK and Swedish responses to domestic violence and child protection.

Education and Awareness Raising

1. In line with the Istanbul Convention, national awareness-raising campaigns should be run in order to educate Armenian society on the negative effects of domestic violence and the importance of gender equality. The media and private sector need to be involved in this work so that high-profile and targeted campaigns can be created to begin breaking down the harmful gender stereotypes that persist in the majority of Armenian households. These campaigns should be run by an interdisciplinary team of communication experts, NGOs, private and public sector representatives and include, if possible, celebrities.
2. All schools must implement age appropriate workshops that promote gender equality and healthy relationships as part of the curriculum. These workshops should focus on challenging harmful gender stereotypes and should teach children about the warning signs of domestic violence and how to seek help. More generally, workshops should help children develop emotional awareness by supporting them to identify different feelings in themselves and in others; this will help children to learn relationship building skills, empathy, communication, self-regulation and problem solving skills. Research shows that these programs have long-term benefits in terms

of domestic violence prevention as children become better informed about gender-based violence and discrimination.

3. Training programs need to be implemented across all schools in Armenia to train teachers and educational staff on how to detect early signs of domestic violence exposure and how to respond to disclosure and non-disclosure cases. Teachers should also be trained on how to use a 'trauma-informed' approach to learning, such that students who present with behavioral difficulties are not labelled and punished with punitive methods, but are supported and their difficulties viewed within the context of potential difficulties at home. In doing so, teachers can then try to overcome some of the negative behavioral and emotional impact of domestic violence on children.
4. Schools should employ in-house counsellors, play-therapists and learning mentors who are well trained to support children who have been exposed to domestic violence. This should be made possible by additional funding from the government. In employing these specialists, children will be able to access vital services free-of-charge in an environment that is familiar to them and in which they feel safe. The variety of services is necessary as children exposed

to domestic violence will present with different needs - emotional, psychological, behavioral, academic and social - and support must be tailored accordingly.

5. Universities in Armenia should develop a domestic violence curriculum for social work students. This should cover 'trauma-based' and 'victim-centered' approaches and should equip graduates with the skills necessary to work with both victims and perpetrators of domestic violence. The curriculum should also equip graduates with the skills to risk assess cases of domestic violence and protect and safeguard children living with violence at home.
6. Where possible, more universities in Armenia should run social work degrees and master's programs with curricula based on modern research and international best practices. The government should develop relevant curriculum for social work courses at universities accompanied by 1-2 year practical work under the supervision of an experienced social worker.

Child Protection and Social Services

1. As a top priority, Armenia must establish a functioning child protection service. This service should replace the current Family, Women and Child Protection Units

and Guardianship and Trustee Commissions. The new service must not be run by volunteers, but by paid, fully-trained social workers. Mechanisms, procedures, guidance, and legislation must be developed by the government to ensure that social work practice is consistent across the country. Social workers must draw upon this legislation and practice guidance in order to do their job effectively. Every town and city in Armenia must be covered by a social work team to ensure that all children in need are protected and supported.

2. Any professionals who are worried that a child has been exposed to domestic violence should report this to the child protection service: this should be a legal requirement. When the child protection service receives a referral, an assessment should be conducted immediately and concluded within set timescales.
3. Social workers who investigate cases of domestic violence should carry out a standardized risk assessment that considers a multitude of factors: the nature, extent and history of the violence and the impact of the abuse on the victim and the children. Separate interviews must be conducted with the victim and perpetrator, and the children must be spoken to separately in order to gain their wishes and feelings. Throughout the risk-assessment process, the social worker should work with the family to develop a safety

plan in the event that another incident occurs in the future.

4. Following the assessment, social workers must decide what package of support to offer the family. Referrals to community-based programs should be made where appropriate. Community programs and NGOs (such as the Women's Support Center) can offer psychological support to women and their children to help them process and overcome their experiences. It is also important for parents (both perpetrators and victims) to be offered parenting classes to help them learn about the impact of domestic violence on children.
5. In cases where it is felt that the risks are too significant for the child to remain living at home, the social worker must apply to court to seek to remove the child from home. This should only occur in cases of domestic violence when the child is in immediate danger or when the victim and perpetrator refuse to accept support services and all other options of potential safety have been explored. When removal of the child is determined to be necessary, the child must be placed with family or friends or with a foster family. Further, an evidence-based assessment process for family and foster family placements is necessary to ensure the child's new environment is nurturing, safe and welcoming.

6. Neutral contact centers should be established in order to supervise contact between children and their fathers (perpetrators of domestic violence) when ordered by court. These contact centers should ensure that children do not suffer any further emotional abuse during contact and that children are not used as weapons to further abuse victims. Centers should also ensure that the victim does not come into contact with the perpetrator during handovers.

Support for Victims

1. Any professionals who suspect that a woman is the victim of domestic violence should attempt to speak with the victim alone about her experiences. Where possible, the professional should encourage the victim to seek assistance from relevant NGO support centers. Contact with an NGO cannot be made without the consent of the victim. The only exception to this rule is where a child is involved, and a referral must then be made to child protection services regardless of whether or not consent has been obtained.
2. Support for victims of domestic violence must come from support centers run by NGOs. In 2019, eight NGOs were trained by the Women's Support Center

as part of an agreement with the government. These centers can now replace the state social service support offered to victims of domestic violence. Professionals at the newly trained centers can now offer women the help and support they need both for themselves and for their children and can also offer emergency accommodation. More support centers need to be established and professionals trained going forward to help cope with the demand for services. These centers must be victim-centered and follow international best practices.

3. NGO shelters should have a confidential location and provide wrap-around services that address the needs of both the mother and the child. Children should be provided with structured daily activities, play and art therapy, individual psychological counseling, group counseling, parent-child therapy, and if possible, school integration. These have all been shown to be effective at reducing the negative impact of exposure to domestic violence. Children also indirectly benefit from services offered to mothers, as they help to foster a healthy child-parent relationship. These services include child care, psychological counselling, vocational training, parenting classes, help accessing healthcare, legal assistance and domestic violence awareness through self-help groups and longer term accommodation. While the Women's Support Center

provides an excellent example of how this type of program can be executed in Armenia, there is a need for more shelters of the same kind to manage the volume.

4. A national domestic violence hotline must be established as a matter of urgency. This hotline should be run by staff that are fully trained in supporting victims of domestic violence. Staff must be able to assess the level of risk to the victim and their children and to be able to discuss safety and exit planning where appropriate.
5. New mechanisms need to be developed by relevant government ministries to ensure that victims can still receive government benefits after separating from an abuser. This ensures that the victim can access financial support for herself and for her children post-separation. This will then help prevent victims returning to abusive relationships for the sake of financial security.
6. The system in which victims can apply for financial compensation following an incident of domestic violence needs to be reviewed and revised. The process of claiming compensation needs to be amended to make it simpler and less complicated for victims to navigate. The scheme should also cover all victims, regardless of financial status or socio-economic background. References from a social worker or case manager must accompany the application.

Legislative Amendments

1. Domestic abuse must be fully criminalized within the Armenian criminal code and must include criminal sanctions for economic and psychological violence. Additional criminal sanctions should be given for crimes committed because of gender bias, crimes committed with the use or threat of a weapon, crimes committed in the presence of a child and crimes committed against a former or current spouse.
2. Article 105 from the 2018 legislation must be removed immediately. This will mean that the actions of perpetrators cannot be mitigated by the actions of the victim and perpetrators are thus held fully accountable. All references to “restoring family harmony” in the legislation must also be removed.
3. A national database should be created in which it is legally mandated that police officers formally register perpetrators of gender-based violence. The domestic violence law should be updated to ensure that no perpetrator can ever be removed from this list. Consideration should be given to creating a law in which applicants can check whether or not their partner has ever perpetrated domestic violence in previous relationships.

4. The law must be updated to ensure that victims of violence cannot be confronted by perpetrators when attending a police station. 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.
5. The domestic violence law needs to be amended so that protection orders (POs) can and should be granted within 24 hours regardless of whether an emergency intervention order (EIO) has been issued in the past.
6. The law should be modified so that children can immediately be temporarily removed from their families by the police in extremely high risk and life-threatening situations. This should happen without the presence of a representative of child protection services. Following removal, an immediate referral to child protection services should be made and social workers should consider making an application to court to determine the next steps for the child and whether or not it is safe enough for the child to return home.
7. The domestic violence law must be modified to prohibit children from giving repeated testimonies. Children should only give testimonies when they give consent to do so and these testimonies should never take place in the courtroom. Children should be testified once, and

they should be interviewed by a specialist investigator who has been trained in techniques such as “Achieving Best Evidence” (https://www.cps.gov.uk/sites/default/files/documents/legal_guidance/best_evidence_in_criminal_proceedings.pdf).

8. Prosecution investigators should be able to continue a prosecution against a perpetrator if it is felt to be in the public's best interests, even if the victim decides to drop the case. This helps to hold perpetrators accountable even in situations in which victims feel too scared or overwhelmed to pursue legal action. The law should clearly state in which circumstances this should take place and should consider the amount of evidence collated and the seriousness of the crime.

First Responders

1. Police officers must undertake mandatory in-depth training on domestic violence and gender-based violence. This training should cover how to recognize the signs of domestic violence and respond sensitively and appropriately to victims. Officers must be trained on trauma and its impact on victims and children. This training must also include teaching on how to identify victims of domestic violence and the nature and dynamics of violence against women.

2. Officers should be trained on how to engage children in a way that is age-appropriate and recognizes the child as an individual with their own rights. Officers must speak with children at home when responding to domestic violence call-out to reassure and comfort them and to establish their wishes and feelings.
3. Officers must be trained to carry out thorough risk assessments when responding to a domestic violence call-out. As part of this assessment, officers must speak confidentially with the victim, perpetrator and children. The current risk assessment that is being used by the police must be updated to ensure that the danger to the victim is fully assessed. Police must be clear with the victim as to why they are carrying out the assessment and ensure that the victim understands what is being asked of her.
4. Officers must detain perpetrators where it is felt that the victim and her children would be unsafe should the perpetrator remain in the home. Warnings should not be given to perpetrators as they are ineffective.
5. Officers must act proportionally to the nature of the incident and immediate protection must be given to the victim and children in the form of an emergency intervention order (EIO). Orders must be given for a minimum of 20 days so that victims have time to prepare and plan for their safety. When an order is issued, this should be done immediately and without the need for the victim to come into the police station. Where a victim must attend the police station, they should be interviewed separately to the perpetrator and kept safe at all times.
6. Police must enforce EIOs and strictly implement punishment for any violations to ensure the safety of victims and their children.
7. Officers must stop trying to act as mediators by encouraging victims to stay with perpetrators for the sake of 'family-values'. This is beyond the scope of their role and is unethical.
8. Officers should fully determine the severity of the injuries sustained by the victim and must document these injuries and take photographic evidence. Witnesses should be sought at the time of the first call-out and any witness statements should be fully and accurately recorded.
9. Officers must be aware of what services exist for the abused and their children. Having knowledge of all existing options enables officers to refer victims and promptly notify the proper organizations. Referrals to domestic violence NGOs can only be made with the

consent of the victim; where consent is given, referrals must be immediate and must include contact details for the victim. Where a child is concerned, a referral must be made to child protection services regardless of consent.

10. An independent regulatory body must be created in order to check that police officers are responding appropriately to domestic violence. Disciplinary measures must be taken where officers are seen to breach legislation and guidance.
11. Prosecution investigators must be trained on the dynamics of trauma and how to best support victims. Investigators should be sensitive to the needs of the victim and conduct interviews at the preferred place of the victim. The training provided must also cover the importance of impartial investigations so that investigators do not allow their own views to influence decision-making. In order to ensure this happens, decision-making by prosecution investigators must be overseen by a regulatory body.
12. Police officers and prosecution investigators must maintain victim confidentiality at all times. They cannot release information about the victim to the perpetrator and any breaches of confidentiality must be taken extremely seriously. A culture of 'whistle-blowing' needs

to be established amongst first responders so that officers and investigators report to regulatory bodies if they feel that their colleagues are breaking the law.

13. Physical examinations of victims must be undertaken sensitively, and doctors must be trained on how to respond to victims of domestic violence. Victims should be offered the choice of an examination by a female doctor.

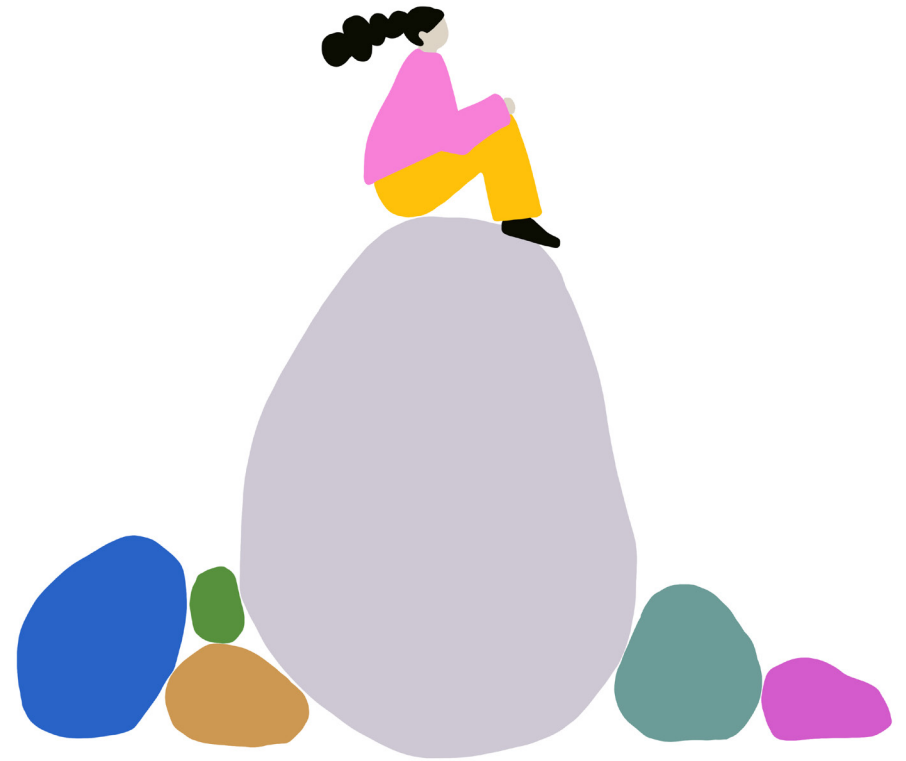
Judicial System

1. Where longer term protection is needed, victims must be supported to apply to court for a protection order (PO). NGOs can help support victims to make these applications. Protection orders must be issued within 24 hours of an application so that victims and children are fully protected. These orders should be issued regardless of whether or not an EIO has been issued in the past. Lifetime POs should be offered to women who fear for their lives and the safety of their family and children.
2. Comprehensive and specialized training must be provided for prosecutors to help them improve their awareness of domestic violence and gender-based abuse. This will enable prosecutors to be more supportive of victims throughout the court process and

is likely to encourage more victims to carry through with the court process.

3. Victims should not be obligated to pay the state fee when making an application to court. The cost associated with making an application to court (for protective orders or for punishment of the perpetrator under domestic violence law) acts as a significant deterrent for victims to pursue justice and must be abolished.
4. The courts should allow specialists, such as social workers and psychologists, to give evidence or prepare reports in court including during applications for POs and for custody cases. Support centers should be permitted in court to support the victims and ensure their right to a fair trial.
5. Cases involving domestic violence must be heard in front of a judge who has been specially trained in domestic violence. These judges must have a in-depth understanding of the impact of domestic violence on women and children so that they can make an informed judgement. Judges must not approach issues with subjectivity and display gender stereotypes in their judgements and training must attempt to address these issues.
6. Court hearings must have timescales to ensure that children are not left in dangerous situations for extended periods of time. Court hearings dealing with the perpetrator should also not be lengthy in nature so that victims can get closure and begin to heal and move on with their lives.
7. Judges must ensure that the exercise of any visitation or custody rights does not jeopardize the rights and safety of the victim or children. Custody decisions must not be based on which party has more money, but on who is able to provide better care and meet the needs of the child. Judges should consider ordering supervised contact in cases where it is felt that it would be too risky for the perpetrator to see their child alone.
8. A system should be established whereby each child is granted a court “guardian” who promotes the best interests of the child throughout court proceedings. This could be a representative of a support center or NGO if necessary.

VI. Conclusion



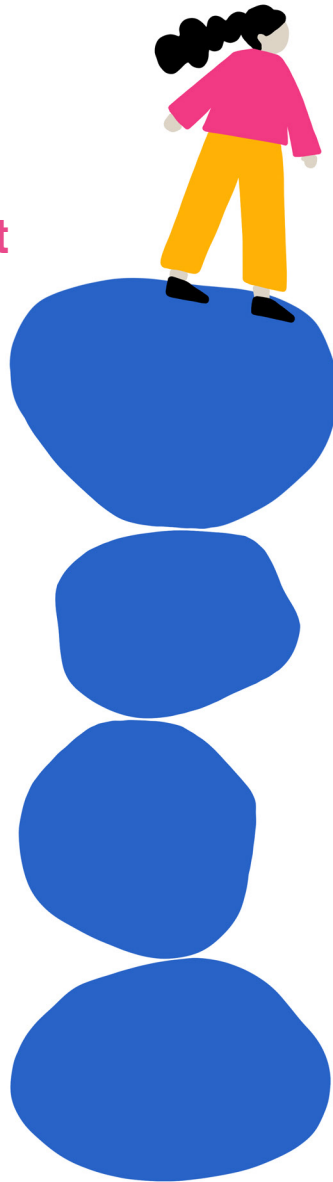
VI. Conclusion

Domestic violence is a public health issue that threatens the physical, psychological, and behavioral health of millions of women and children worldwide. The negative health repercussions women and children experience as a result of domestic violence reverberates throughout generations and impedes the social and economic development of entire countries. Armenia is no exception, and while there has been recent momentum to protect the women victims of domestic violence, children remain a forgotten secondary victim. To ensure the wellbeing of the current and future population, it is imperative that Armenia deploys domestic violence education efforts concurrently with comprehensive social services to prevent, mitigate and treat the deleterious effects of both direct and indirect childhood exposure to domestic violence.

Domestic violence occurs within a system of different factors that allow, facilitate and support violence against women. This means that instead of focusing on individual cases, we must look to recognize, address and change the system. In this sense, Armenia must develop a multi-sectoral, coordinated response to domestic violence that ensures that the needs of children are fully prioritized. The response requires government agencies to make

legislative amendments and conduct relevant training, as well as introduce a variety of community services and measures. Armenia does not yet have a multi-sectoral and coordinated system; therefore, it must first begin by strengthening each part of the system as presented above in the Recommendation section and then move on to look at its functioning and coordination as a whole.

Reference List

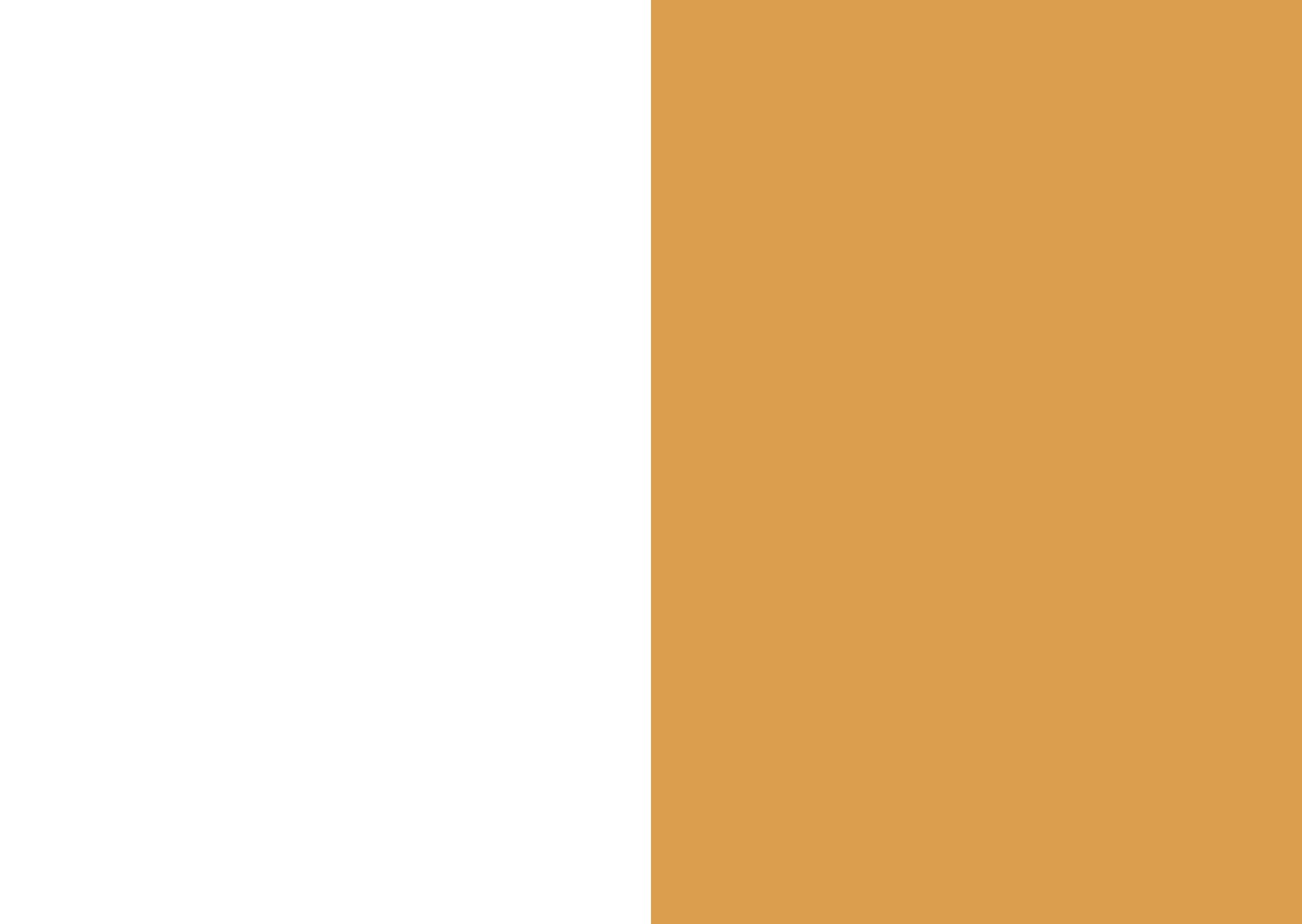


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