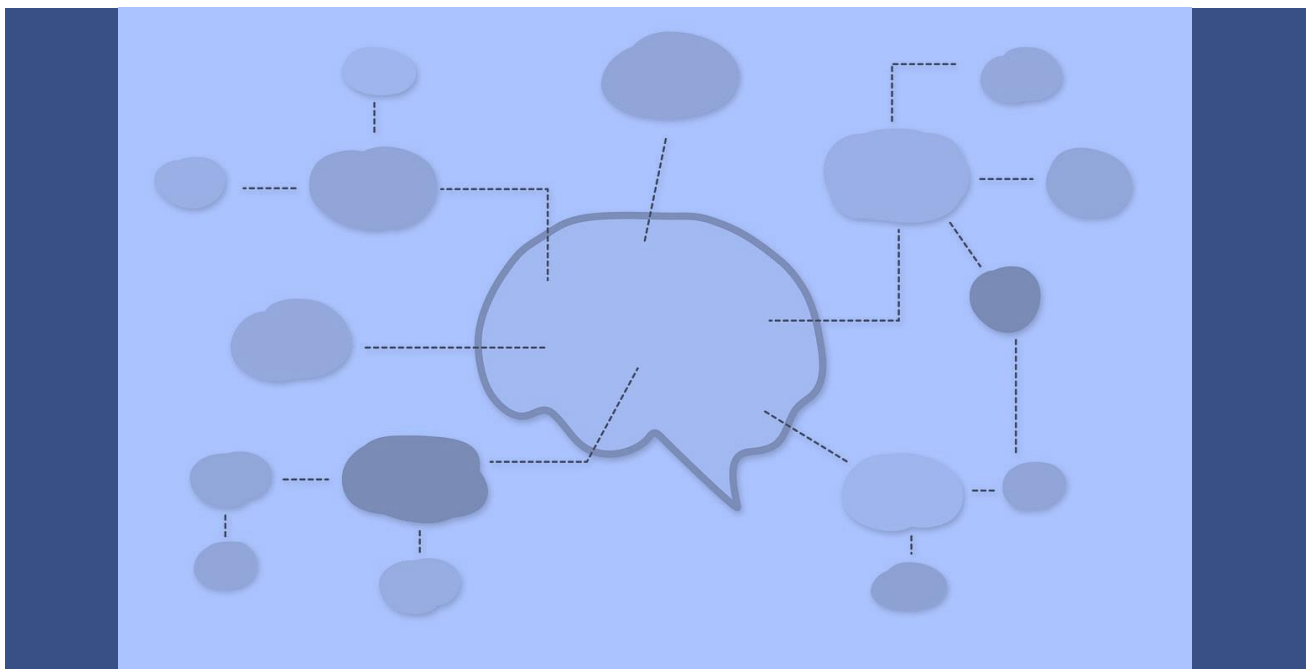# Victims' Mental Maps of Institutional Response to Domestic Violence and Needs Regarding AI Chatbot

Public version of Deliverable D1.2 "Victims' mental maps of institutional response to DV and needs regarding AI Chatbot"

About this document

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Contributors (in alphabetical order)

Tananau Blumenschein, Emanuel[8]; Hopf, Stefan[8]; Leonhardmair, Norbert [8]; Vogt, Catharina [3]; Kersten, Joachim[3]; Köpsel, Natalie[3]; González Cabezas, Sandra[1]; Hellbernd, Hilde[5]; Houtsonen, Jarmo [4]; Izaguirre Choperena, Ainhoa[7]; Lopez Belloso, María[7]; May, Angelika[5]; Mela, Marianne[5]; Nipuli, Suvi[6]; Parekh, Seija[6]; Romero Gutierrez, Lorea[7]; Vassileva, Margarita[2]

No.	Acronym	Institution	Country
1	Askabi	Asociación Askabide Liberación	Spain
2	CNRS	Centre National de la Recherche Scientifique	France
3	DHPol	Deutsche Hochschule der Polizei	Germany
4	POLAMK	Poliisiammattikorkeakoulu	Finland
5	SIG	S.I.G.N.A.L. e.V. – Intervention im Gesundheitsbereich gegen Häusliche und Sexualisierte Gewalt	Germany
6	THL	Terveyden ja hyvinvoinnin laitos	Finland
7	UDEUSTO	Universidad De La Iglesia De Deusto Entidad Religiosa	Spain
8	VICESSE	Vienna Centre For Societal Security – Vicesse, Wiener Zentrum für Sozialwissenschaftliche Sicherheitsforschung	Austria

Contents

1. Introduction

1.1 Aim

The purpose of conducting interviews with victim-survivors of domestic violence (DV) within the framework of the IMPROVE project was to identify obstacles and barriers they have encountered to access the services of frontline responder organisations. Obstacles and barriers refer to any internal state as well as their relationship to the external environment, which deterred them, delayed them, or created hurdles to look for and seek help out of their painful situation. Furthermore, focusing on victim-survivors who have successfully accessed FLR services provides an opportunity to further explore strategies for overcoming such barriers. These range from changes in believes about themselves, their situation, or their social context and the services themselves; attitudes and expectations towards people who are victimised, seek help, as well as towards the services and their impact on them and their situation; motivations to seek help; considerations and decisions to do so. This investigation complements the factors identified in IMPROVE deliverable *D1.1 Factors leading to low reporting and restricting access to service*[1] and indicates important changes within the person or of their view of the services which made them get external help. This knowledge will feature into the development of training contents in IMPROVE work package *WP3 Building capacity in FLR organisations through training* and the suggestions and tools on how to implement changes in frontline responder organisations. In addition, the interviews investigate knowledge, attitudes, and expectations toward the development an AI Chatbot to guide the development in IMPROVE work package *WP2 Conversational AI tool prototype to support domestic violence experiencers*.

1.2 Ethical safeguards

All ethical guidance to implement this research have been outlined in detail in IMPROVE deliverable *D6.3 GELSA Guidance on responsible implementation of IMPROVE* as well as the deliverables of IMPROVE work package *WP7 Ethics requirements*. These describe the explicit consent procedures and additional safeguards when conducting research with vulnerable groups, including safety protocols. Furthermore, the partnership organized a workshop on "Trauma-sensitive interviewing" conducted by experts for all interviewing personnel. All partners complied with the European Commission's and their organisational ethics requirements. All ethical measures are furthermore described in the ethical mid-term report of IMPROVE (*D6.4 GELSA Midterm Monitoring Report*).

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[1] https://www.improve-horizon.eu/s/D11-Low-Reporting-of-Domestic-Violence-and-Restricting-Access-to-Service.pdf

2. Methodology
2.1 Data collection

2.1.1 Sample description

The following table provides an overview about the sample characteristics of 108 interviews of which 84 were conducted during the IMPROVE project and 24 interviews from a secondary data source have been obtained to investigate the situation of DV victim-survivors in Austria.

	Interview sample						
					Austria		
	Germany	**France**	**Finland**	**Spain**	**Primary data**	**Secondary data**	**Sum**
Total number of participants	16	14	21	27	6	24	108
Gender distribution							
Male victims	-	3	-	-	-	3	6
Female victims	16	10	21	27	6	21	101
Non-binary victims	-	1	-	-	-	-	1
Geographic location							
Urban	6	9	16	12	3	-	46
Rural	10	5	5	15	3	24	62
Special categories of victims							
Migrant victims	11	2	3	4	3	-	23
Victims with disabilities	3	-	-	-	-	Information not available	3
Victims with mental health conditions	5	3	15	-	-		23
LGBTQI* victims	1	2	1	-	-		4
Elder victims	-	2	-	2	-		-
Refugees	1	-	-	-	-		1
Mothers	10	5	3	27	6		51
Closed religious community	-	-	3	-	-		3
Victim with substance abuse issues	-	-	1	-	-		1

2.1.2 Recruitment

Austria. VICESSE approached the contacts in the field already established within the IMPRODOVA project[2]. Recruitment based on the sampling strategy posed difficult due to victim support services being overworked and their recent participation to an academic evaluation of their services where they already had given access to a sample of interviewees. Finally, to reduce the impact of additional work on the frontline responder services as well as the risk of retraumatising victims by repeated interviews, VICESSE established contact with the university conducting this specific evaluation study,

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[2] www.improdova.eu

and through the victim support group, requested and was given access to anonymized interview transcripts, resulting in the split sample of primary interviews and secondary data analysis.

Germany. DHPOL started recruiting participants for the interviews immediately after ethical approval was obtained firstly focusing on utilizing already existing personal contacts to women's shelters and women's counselling organisations. Two interviews originated from these contacts. Afterwards, one German umbrella organisation for shelters and one German umbrella organisation for social work were approached. One sent an invitation email to all shelters in their network leading to four interviews. Due to the contact with the social work organisation two more interviews could be conducted. S.I.G.N.A.L. e.V. started recruitment in April 2023 after the finalization of the questionnaire and project-description in German language. They were using existing personal contacts to shelters (including the shelter for LGTBIQ), specialised counselling services for DV, counselling services for members of the queer community, the network for women with disabilities and public health services. S.I.G.N.A.L. e.V. contacted the organisations per email and attached one information sheet for the teams and one for potential interviewees. The teams of one counselling service and one shelter then invited the researchers to report personally about the IMPROVE-Project.

Finland. Twelve interviews out of fourteen, were one on one. Two interviews were carried out in the company of a translator/confidant. One of these two interviews was arranged in the support structure premises. Out of all the interviews, four were carried out face to face. Nine interviews were held online via Microsoft Teams application, and one interview via mobile phone. The main reason for remote interviews was long distance (person lived on the other side of the country). Some interviewees also preferred online interviews over face-to-face interviews due to the delicate subject; it was easier to talk about one's experiences remotely. Two interviewees fell ill just before the face-to-face interview, but they were still willing to carry out the interviews online. Four interviewees out of seven were conducted in person; one interview with two interviewers, three interviews with one interviewer. Four interviews were held online via Teams application for the reason that two interviewees lived far away and one interviewee felt easier to talk about her experiences remotely. There was no need for a translator/interpreter.

France. Once the categories of surviving victims of domestic violence (SVDV) had been determined, we contacted some of the association leaders who had taken part in the IMPROVE project presentation meeting organised in Paris by the Gendarmerie Nationale (GN), member of the French research team. The National Gendarmerie School's Research Center sent the request for interviews to association leaders who were already familiar with the project, in particular victim support associations and victim protection associations. In addition, the GN called on the people in charge of Domestic Violence – "referral persons" - in certain Gendarmerie companies and brigades in the Paris region and on the Island of La Reunion. Through these referral persons, social workers within the Gendarmerie in these territories were also informed about the project and invited to put French researchers in touch with SVDV. The researchers also used the contacts created during the IMPRODOVA project to enlist the victim support associations they already knew or planned to meet. In particular, a case reported by a gynaecologist put the researchers in touch with a young mother in an extremely vulnerable situation (accumulation of several vulnerabilities: homeless, pregnant, with a small child, unprotected against the aggressor). After this initial contact work, largely carried out by the GN, the CNRS team wrote directly to the victims who had agreed to participate in order to send them a letter of invitation and presentation of the project, as well as to arrange the interviews' time and place. As the interviews with victims and FLRs progressed, the snowball strategy led to further contacts for interviews. In three cases, the interviews did not take place: the head of a disabled victims' aid association asked to be paid for making contact, but this did not work out; in the second case, a mother who lived alone with her two small children had noted the date wrong, and the interview could not be rescheduled because custody of the children was a problem; the third person had to cancel his interview due to a death in the family.

Spain. The Spanish research team contacted local services for women and gender-based violence (GBV) victims (public services and private organisations that manage these public services), women's organisations, charities in charge of programs for gender-based violence victims, services for women in trade unions, services for people in social exclusion, and organisations that manage the international protection program for refugees. The research team prioritized personal contact with services and organisations with whom they have already worked or facilitated by third party professionals. The services and organisations interested in participating in the project requested the approval of the municipal or regional government, in the first case, and of the board members, in the second case. Once granted, they contacted (former) female clients of their services. The organisation process of the interviews was led by the psychologist or the social worker of the FLR. This process appeared to be time-consuming as in Spain a broad network of public services for gender-based violence victims in almost each municipality exists, so the NGOs assistance is secondary (but not of lesser value) and these public services depend on the approval of the local or regional government to participate in projects such as IMPROVE. Moreover, at the time of research, Spain has been involved in a municipal, regional and state electoral cycle which, occasionally, affected the potential participation of services, which additionally delayed the recruitment process. Other difficulties were related to the term of 'domestic violence' used in the project IMPROVE, which has led to distrust and even refusal to participate by some organisations. This term is used in Spain by those who deny the structural origin of gender inequalities. Both the Spanish laws and social organisations use the term 'gender violence' when referring to intimate partner violence in heterosexual relationships.

2.2 Data analysis: Thematic analysis

2.2.1 General Aim

In general, thematic analysis aims to obtain an overview of the topics addressed in an interview as well as their structural arrangement. Thus, the focus of the analysis is on manifest, i.e., explicit, content. In addition to the manifest content the thematic analysis enables researchers to explore the structure of the argumentation or narrative. The goal of this "structural reconstruction" is the contextualisation of the thematic statements, i.e., in which factual, temporal, and social context a topic was introduced into the conversation or a change of topic took place. In this way, information about the relevance of a topic can be gathered. The final step is the condensation and categorisation of topics which enables the grouping and comparison of the various perspectives. The final result of this approach is an overview of the topics that the participants talk about in relation to the access to and use of help and support services and how the topics addressed are related to each other.

2.2.2 Data preparation and transcripts

Since the primary object of analysis is the manifest content, the thematic analysis does not require an exact (i.e., taking into account colloquialisms, pauses in speech, tonal emphasis, etc.) or full transcription of a conversation. Rather, it is sufficient to transcribe only those passages that represent a topic. Thus, we proposed the following approach: Instead of transcribing or journaling the whole interviews, researcher should listen to the interviews and only transcribe those passages that, upon hearing, represent a theme. Important contextual notes that should be added to the passage were: identification number/code of the interview, time stamp of the transcribed passage, thematic coding of the transcribed passage as well as notes on the temporal, factual and social context of the transcribed passage (see details below).

2.2.3 Identifying themes and contexts

What constitutes a topic depends on the specific research question. Topics ought to be as concrete as possible. Instead of coding an interview passage with the term "access barrier", it would be preferable to assign a more specific topic, e.g., "access barrier: language" or "access barrier: prejudice", etc. In this way, it is easier to analyse how the "main topic" "access barriers" can be broken down in terms of content (i.e., which access barriers exist), but also how these access barriers (i.e., topics) differ from each other. For example, prejudice as a barrier to access could be linked to specific organisations, or the fear of prejudicial treatment could be a more important barrier than the actual experience of prejudicial treatment, or prejudice could be fuelled by one's own community/media (e.g., one should not turn to women's shelters because they destroy families). In this way, it is also easier to distinguish or relate topics, e.g., "access barriers" and "drop out reasons" (reasons to stop using the support).

2.2.4 Factual, temporal and social context

In order to go beyond the manifest level, when doing a thematic analysis, the context in which certain topics appear can also be taken into account. For this purpose, the first step is to analyse the relationships between the emergence of topics. For example, if respondents mention the topic "Access barriers: Language problems", this is usually connected with the topic "Sense of belonging: community of origin" or "Sense of belonging: social exclusion". In this way, the analysis achieves a thematic structuring of the narrative, which can provide deeper insights into the reasons for action: E.g.: people who face difficulties in accessing support services because they do not have suitable interpreters voice their perception of being socially excluded, which decreases their motivation to seek further help or causes them to turn away from "official" support services.

- *Social context*: Social context indicates (1) who (i.e., which participants) introduces a topic and (2) which social actors are associated with a particular topic (e.g., prejudice and police officers)

- *Temporal context*: Temporal context concerns the sequence of themes within a narrative and asks whether a particular temporal sequence results in a pattern of argumentation. On the basis of this argumentation structure, in conjunction with the social context it is possible to draw conclusions about supra-individual issues, such as social discourses on vulnerability to violence.

- *Factual context*: The factual context asks about the inner structure of topics. For example, the topic "Access barriers: Language problems" is always composed of: Reference to not belonging to the majority society, subjective problems with language acquisition (missing or too expensive courses), fear of not saying the right thing, of not being understood, etc.

2.2.5 Comparison

The final step is the comparison between interviews and the development of groups. The aim is to identify similarities and differences. For this purpose, the statements of different participants on the same topic (e.g., "access barriers language problems") are compared with each other.

3. Analysis

The analysis consists of four separate sections. The first section, *Pathway to support*, focuses directly on the perception of respondent's situation, specifically on factors encouraging and impeding support seeking, as well as steps towards seeking support. The second section, *Experience with support services*, discusses respondents retelling of said experiences. The third section collects *Ways to improve access to support services*, based on the interviewees input. The fourth section, *Chatbot solution for providing victim support*, addresses the questioned victim-survivors' assessment of chatbot solutions for DV, and expectations and wishes voiced.

3.1 Section 1: Pathway to support

This first section of the report will present a structured analysis of themes present in the interviews, reconstructing respondents' path to seeking support. This will entail, firstly, presenting factors that, according to the interviewees, helped motivate them to seek help. Afterwards, antagonizing forces, i.e., experiences and factors that were perceived to discourage or impede reporting by respondents, will be listed. At the end of this section, an overview of steps taken towards reporting will be presented. All of these elements will be cross-cut with a look at any national and victim-specific differences, where they arise within the thematic analysis.

3.1.1 What motivates people to seek help?

The motivating factors for people to seek help can be numerous. As can be deduced from to the interviews, these factors are by their nature very tightly interlinked with factors that also hinder from seeking support. As such, it is unavoidable, that there will be content overlap with point "*3.1.2 What discourages/impeded victims' capacity to seek help?*". Regardless of this, the coding of the interviews has allowed for motivating factors to be divided into internal and external driver. The internal ones being related to the feelings and thoughts that lead the victim to make the decision to seek help; and external factors being the conditions that impose the choice on the victim. These two types of factors can, at points, be intertwined and interrelated.

3.1.1.1 Internal drivers

Under the heading of internal drivers, this report collects thematic points interviewees presented as factors that influenced their choice to report, that are related to their own agency. While being aware that choice is a possibly problematic term in the context of intimate partner violence, where choice might be heavily limited and constrained by the violence, available resources, as well as other externalities defining access to support; this subchapter aims to present victim-survivors recounting of factors that engender agency and motivate support seeking. This serves to also differentiate factors, in which external actors, such as family and friends, exert pressure to report, especially in situations where reporting was not yet a choice made by the victim-survivor.

3.1.1.1.1 Escaping violence

The difficulty in differentiating between internal factors explained above and external factors, which are forces exerted on them to seek support or report abuse, is especially present in how the experience of violence motivates actions. On the one hand, violence can further a person's

understanding of their own victimisation, especially when a perceived boundary of more trivialized emotional abuse is crossed by a clear recognition of physical abuse. On the other hand, the escalation of violence can leave victim-survivors feeling like there is no option but to report. Regardless of the agency victim-survivors felt during their decision to report their abuse, violence and the escaping from it have been presented within the interviews as a possible motivator for seeking help.

The *"crescendo"*, with which French interviewees described the violence suffered, is representative of the **escalating nature of violence** some interviewees reported on. This incremental or sudden increase has been motivating some interviewees to escape their abusers and to report. The escalation was presented within the interviews in various forms, with some interviewees even stressing the danger the abuse meant on their life. One interviewed woman stated that she *"would not want wait until he kills me"* (Germany).

Even in cases where no risk to a victim-survivor's life was mentioned, the theme of escalating violence was present in other forms. A recurring topic, for instance, was how the first instance of physical violence –when abuse appeared mostly in emotional forms of violence– was perceived as a crossing of a line, as is discussed in 3.1.1.1.2. Similarly, the spill over of violence to others was, at times, also presented as the escalation of violence (see 3.1.1.1.3). Other forms of escalation reported were being increasingly locked up, controlled and socially isolated. Such behaviour is often backed up by threats. Another form of "crossing the line" is when children are instrumentalised, for example by the perpetrator telling them that the victim is to blame for the situation.

Another concurring theme related to the escalation of violence, was the feeling that the interviewees were **not able to sustain any more abuse**. One Spanish interviewee put it the following way:

> *"I didn't consider […] you have little time left, I didn't care […] I knew I couldn't keep on any longer".* (Spain)

The ongoing abuse, as multiple interviewees reported, had caused various problems including depression, burn-out, a constant state of fear and various psycho-somatic symptoms. Given the emotional and physical toll abuse exerts on those affected, some felt unable to cope with the perpetrators' behaviour, and consequently motivated, if not forced, to report.

3.1.1.1.2 Understanding violence and victimhood

A recurring theme within the interviews was the victim's **understanding of violence**. Given the different shapes abuse can take within an intimate relationship, as well as the diverging experiences interviewees had with violence in their past, perpetrator's abuse was not always immediately perceived as such. An example of this is an interviewee from Finland, who after over 10 years of psychotherapy came to understand that she experienced violence in the past and now in her relationship (Finland). Interviewees regularly reported having experienced somewhere from a year to decades of violence before seeking help. While this might be partially tied to the barriers victims have to overcome, some interviewees have indicated that the delay in reporting is at times due to a delayed realization of being victimised as in the example above.

Within the wider context of different understanding of violence, and related to 3.1.1.2.1 and 3.1.2.1.1., numerous respondents from Austria, Finland, France, Germany and Spain indicated that **violence might be solely equated with physical forms of abuse**. Consequently, other forms of abuse, such as coercive control, might not be understood as violence. One German victim summed it up like this:

> *"Most women think domestic violence is physical abuse. […] But after doing a lot of research, I realised that it is financial abuse, it's a form of domestic violence for example. Or another one was emotional abuse which is very common but people don't talk about it."* (Germany)

Given that a broader understanding of violence can play a role in understanding one's victimisation, the significant role of **therapy, education campaigns and other forms of support** in this context is not surprising. As mentioned above, interviewees in a few instances came to the realisation that they had experienced violence after undergoing therapy, having others pointing out the abuse, or otherwise being informed on the multi-facetted nature of violence.

Furthermore, in accordance with existing research, such as published by Ahmad (2022) or Hoppe and Heubrock (2013),[3] and in line with 3.1.2.1.1, there seems to be a **component of socialization in understanding violence**. Especially within the Finnish context, though not likely to be country-specific, victims who had experienced violence in their youth reported understanding it as something normal. This seems to be further compounded by a **strict religious upbringing**, such as within strict Christian communities (in the sample Laestadian-ism and Jehovah's Witnesses were discussed), in which violence within a family is either not talked about and/or normalized. Likewise, **elderly victims**, who are more likely to have been socialized with traditional gender norms and an understanding of DV as a private matter, as discussed amongst others in Nägele et al. (2009), have been educated not to bother, not to ask for help, not to make mistakes and to prioritize the family over their well-being and personal choices (see 3.1.2.1.1). Following this, an understanding of violence and with it, the realization that one has been a victim of such, serves as an internal drive for victims to report.

3.1.1.1.3 Wishing to protect others

A strong theme within the retelling of interviewees' reporting was the motivation to protect others. The other that is to be protected has taken various forms within these interviews. In cases where victim survivors had children, it often involved **their children's safety that was to be guaranteed by their reporting.**

The protecting of children seemed to become especially salient, when the children were also victimised by the perpetrator.

Individuals that additionally were to be protected by reporting, as shared by the interviewees, were **other family members**. Interviewees in Germany, for examples, had mentioned wanting to protect a brother or a sister from a perpetrator or from any problems arising from their own abuse. Similarly, Spanish, Finish and Austrian data collection efforts have brought about cases, in which interviews, at least partially motived by the safety of a relative, decided on seeking formal support.

There seemed to be a recurring theme in which the responsibility for others, who might also be victimised or affected by abuse, serves to drive victim-survivors' reporting. One example of this is an interview in Austria, where the importance of a new responsibility, represented by the birth of the first nephew, motivated the interviewee's support seeking and reporting of the violence:

> *"Then my nephew arrived. He was the point where I realized that this is it. I have to change my live […]. I always say he is my angel, my guardian angel."* (Austria)

Lastly, for some interviewees, reporting also served to, at least initially, **protect the perpetrator**. The reasoning for this, as was presented during the interviews, can be manifold. The French interviews, for example, had elderly interviewees report on how they were hoping that reporting could help their partner and ultimately saving their relationship.

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[3] An overview on current research on this topic is available in form of the IMPROVE Deliverable "D1.1 Factors leading to low reporting and restricting access to service" (https://www.improve-horizon.eu/s/D11-Low-Reporting-of-Domestic-Violence-and-Restricting-Access-to-Service.pdf).

Other examples in which interviewees sought to help perpetrators by reporting, were found in Finland, where two interviewees felt that by seeking help, they could aid the perpetrator, who had mental health issues.

While such cases where victims sought to protect the perpetrator were not found within all countries, it seems to be unlikely that these findings are country-specific. The impact of concerns for perpetrators and their influence on reporting and support seeking have been discussed within literature from other countries.[4] Consequently, this is likely to be linked with the relationship the victim has with the perpetrator. Interviews indicate that **when victims are caring for their perpetrators**, the need to protect and support them might be more present. Lastly, it should be pointed out, that the need to protect children, family members or perpetrators can also have the opposite effect, as is discussed in 3.1.2.2.1.

3.1.1.1.4 Certainty

Uncertainty is a big part of the reporting process. Interviewees recounted uncertainty during most, if not all, steps taken, from an uncertainty of being believed, to an uncertainty of being protected from reprisal by the perpetrator. These various uncertainties have been reported to hinder their ability to report safely and confidently. Thus, the importance of certainty as an internal driver becomes apparent. The irregularity of certainty and the overwhelming presence of various themes of uncertainty seem to highlight the endemic nature of insecurities with which victims of intimate partner violence are confronted, and the importance of certainty.

Regardless of this, the topic of certainty has been identified directly in multiple interviews. For some interviewees, it was crucial to ensure that they had a way out of a given abuse relationship. For example:

> *"I wanted to make sure that, if I leave, there will be a home, there will be food, there will be safety and everything. Not just leaving and not knowing what to do next."* (Germany)

As can be seen from this quote, certainty includes numerous aspects. One aspect pertains to the certainty that there would be **shelter and housing**. In cases, where victims were **migrants** and had not yet received a permanent residence permit, certainty entailed at least **securing the requirements for a residence permit**. This was, for example the case for a migrant woman living on French territory, i.e. La Reunion, who hoped to be able to obtain her residence permit so that she could *"live in France to the full, a rich and social country [sic!]"* (France).

Likewise, the **certainty that there would be (formal) support** was reported to be motivating. Having knowledge of available support structures or having been in contact with persons, who had experience with receiving support in dealing with intimate partner violence, was reported to encourage interviewees. Consequently, women reported feeling empowered in their ability to report, thinking that there were structures in place to support them. Some respondents highlighted the benefits of having one constant professional accompanying the reporting process, as this would impart a feeling of security and certainty.

Support can be understood more broadly here as well. Interviewees at times stressed how family and friends had been crucial in helping and encouraging to seek support. This held true for interviews conducted across the whole support seeking process, indicating that **certainty provided by social relations** would not only encourage reporting but help navigate the reporting process (cf. 3.1.1.2.1).

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[4]Literature suggests that concerns regarding negative consequences for the perpetrator hinder reporting. Examples of this include Nägele (2009) for Austria, and Wetzels and Pfeiffer (1995) for Germany.

Other factors related to certainty are discussed across various themes in 3.1.2, especially as risks in 3.1.2.1.3.

3.1.1.1.5 Punishing the perpetrator

One factor motivating reporting is the wish of some interviewees to see the perpetrator punished for the abuse. Interviewees in France and Austria voiced this. In the French case, one migrant victim was motivated by the need to charge her perpetrator in order to obtain a sentencing for sexual abuse.

The topic of inadequate punishment was generally a theme that was common in Austrian interviews. One interviewee, where the perpetrator was facing incarceration due to an unrelated fine, stated:

> *"In what kind of world do we live in, where money is more important than protecting someone … no matter if man or women … and where is the justice when money is more important than the protection of [a child]. Showing, that on can trust the law. You cannot trust the law, how could you, he is still free. […] This must change, before that [victims] will not dare."* (Austria)

As the quote shows, this could be due to an understanding that punishment could entail a degree of protection. Nonetheless, it is difficult to ascertain in how far there are country-specific differences.

3.1.1.2 External drivers

In contrast to the internal drivers, the external drivers, represent the parts of the interviews, in which interviewees experienced outside pressures or motivation to report their abuse. External factors in the coding of the interview material could be split along the lines of external motivation coming from the informal network of victim-survivors, as well as the formal network of victim survivors. It should be noted that external networks can also serve to discourage victim survivors from reporting. More information on this is listed under 3.1.2.2 and 3.1.2.3.

3.1.1.2.1 Informal network

Informal Networks have received ample attention within the interviews. These informal networks have taken multiple different roles, in addition to consisting of different actor groups with vastly different types of relationships to the reporting victim-survivors. They can be made up of family members, friends, neighbours and other members of a community in which a victim-survivor is/was situated.

Noteworthy, is the role of **children** in reporting. While the importance of children is present throughout the analysis, such as in 3.1.1.1.3, the pressure they can exert on victims to seek support or report violence deserves further elaboration here. Besides a feeling of responsibility that drives parents to report abuse to protect their children, interviewees have also recounted how children exerted direct influence on parents to report. One Interviewee, who had an adult child at the time of reporting, retold how the child, together with the interviewee's mother, were cooperating to convince the interviewee to go to the police. While it remained unclear how important the pressure was to the reporting, the interviewee pointed out that *"without the support from them [i.e., the mother and child who accompanied the interviewee to the police], I wouldn't have made it."* (Austria)

Another mother clearly highlighted the role of the son:

> *"It was my son who told me, I will never set a foot in this house again [...] he said always, you have to separate, you have to separate".* (Spain)

Children can thus, serve as both – factors that exert pressure to report, as well as support providers to make the process more bearable.

As was already indicated, other family members, in particular **parents and siblings,** can take a similar role as the children. Although interviewees appeared to be less likely to report feeling the need to protect them in comparison to children, they would also work to convince victim-survivors to report, besides providing support during the reporting process. For example, one German interviewee stressed that it was their sibling who *"kept pushing it like 'You don't have to stay, you can leave'"* (Germany). Likewise, another interviewee shared how her mother helped her, by providing shelter and using her contacts to secure a place to stay (France).

The role and support of **friends** was also a theme that was presented within interviews as an external motivator. In some cases, friends took a direct supporting role, very much akin to the role of family members. For instance, one victim-survivor explained how a colleague-turned-friend noticed that the victim had lost 20kg and was not feeling well, so the friend invited him to their home to provide shelter from abuse (France). Similarly, other interviewees reported how friends worked to convince interviewees to report.

In some cases, where friends have had experience with support services or DV, the feeling of relatedness and their convincing could be of importance, such as was the case for two German interviewees who knew each other.

Regarding the support provided by family and friends, examples provided included the provision of temporary shelter, accompanying the victim-survivor throughout (parts) of the support seeking process, helping with reporting (such as documentation or paperwork), protecting the victim-survivor from the perpetrator after the reporting (for example by helping installing security measures), taking care of children throughout the reporting process, et cetera.

The role of **neighbours** within the reporting seemed to be a conflicted one. One Austrian interviewee, who saw their helpful neighbours move out and, thus, saw a past source of help subside, painfully recalled how there would be *"a moment of peace after [the neighbours] knocked on the door"* when the abusive ex-partner would throw a loud tantrum (Austria). Neighbourly intervention seemed, at least within the interviewed cases, to serve as a welcome reprieve from violence, though likely not to be the norm for victims. In addition to these interruptions to the violence, neighbours can serve other functions. In another case, one interviewee stressed how neighbours could have served as witnesses in a case of a break-in after the separation from the perpetrator, although they did not do so (Austria). A French interviewee shared how neighbours, in their case, acted as encouragement for them to go to the closest Gendarmerie Brigade (France). Lastly, another role of neighbours presented in the interviews, is their function as reporting instances. For example, one Finish respondent shared how a neighbour had called the police because of sounds of a quarrel (Finland). Similar stories were present for Austria, France and Germany.

Regarding the role of **other community members** as a motivational factor within the reporting process, details within our interview efforts remained comparatively limited. Nonetheless, the importance of the extended community should not be understated. Community members included a wide variety of relationships victim-survivors had. The Spanish sample in particular presented numerous instances, in which interviewees reported that other community members had served as external motivators. They ranged from perpetrators' friends and ex-partners to workmates and a female hairdresser. This could be further completed by communities of school friends and teachers supporting victim-survivors, as was the case in France (France), and online sub-communities, such as it was the case for victim-survivors within Jehovah's Witnesses in Finland (Finland). The aid they provide varied, just as their artificial delineation from friends present in this report could change, as

one interviewee in France had shown with his story, in which a colleague-turned-friend provided shelter to the interviewee (France).

3.1.1.2.2 Formal network

Besides the informal network, interviews also highlighted the importance of formal networks. Formal networks, within this report, refer to professional actors with whom the interviewee interacts on a professional level. These professional relationships are directly or indirectly tied to support services, as such, they do not include colleagues, employees, or employers. These actors are discussed in *3.1.1.2.1 Informal Network*. As this chapter is aimed at focusing on external motivators within the formal networks of victim survivors, cases of external reporting, i.e., cases where professional actors reported the violence without the interviewees saying so, are also not included. For information on this see *3.1.3.3 External Reporting*.

One external motivator presented in interviews are **health practitioners**, who treat victim-survivors for issues related to the abuse they experience. This entails both, medical, as well as psychological care providers. Regarding the former, interviews indicate that intervention and discussion of intimate partner violence by medical professionals is not routine in many places. For Instance, a French queer woman recounted how only the gynaecologist asked her about possible abuse, even though she would see multiple doctors. Cases were doctors failed to discuss signs of abuse were also reported in the other four countries, i.e., Austria, Germany, Finland and Spain. Nonetheless, interviewees across all countries also recalled having been approached by medical staff. Such as a German interviewee, who shared how a visit to a doctor for high blood pressure ended up with them being directed to the closest police station after discussing the abuse (Germany). In such cases, respondents at times felt encouraged to discuss the violence, serving as a first step in the support seeking process that facilitates further actions.

Regarding **psychological care**, especially therapists have been mentioned. Some respondents pointed out, how undergoing therapy helped them come to terms with their own victimisation and combating prevailing normalization and rationalization of violence. In some instances, therapists intervened more directly and worked to directly motivate victim-survivors to seek further help.

One actor group that strongly motivated reporting or further support-seeking activities were **dedicated victim support services**. Especially **women shelters** and **victim support services**, once contacted, worked to motivate victims to seek further assistance and report abusers, where service experience was positive. In Austria, for example, victims who were contacted by the victim support organisations, that were notified by the police about incidents, positively highlighted the role of these organisations in seeking further support. One example, when asked about the services provided by such a centre stressed:

> *"It was indescribable. I was understood. My situation was understood. I was believed. I was supported everywhere – my children, too. […] Justice came, thanks to [the social worker]. They helped me with everything – the how, what and where."* (Austria)

It is difficult to fully separate their motivational impact from the possibility of a momentum that builds up during the reporting and support seeking process for some victim. This momentum was at times perceived positively by interviewees. A French interviewee, put this momentum more negatively, remembering feeling "trapped" by a process that was intended by her to help the perpetrator (France). Similarly, interactions with **LEAs** could engender further support seeking activities, where officers were perceived to be cooperative and informative. Although, as discussed in 3.2.1, experiences were often marred. Nonetheless, within the interviews, dedicated support services for victim-survivors and police were at times presented as actors that helped and motivated interviewees to take further steps.

Another important actor groups, that were mentioned, were **Child and Youth Welfare Services** or similar national equivalents, as well as social worker. Regarding the former, the possibility of losing custody of children, no matter how likely, served as a strong motivator to seek help, as much as it can deter reporting.

3.1.1.2.3 Other

Additionally, reporting was **perceived to be a bureaucratic requirement** by some interviewees. In France, a minor experiencing abuse by their mother, saw themselves obliged to report the abuse, to ensure that monthly social aid payments would not continue to go to the abusive mother and instead reach the father, who was to take over custody (France). Two migrant interviewees in Germany recounted how they saw themselves required to report, either to receive money from the job centre, or to be able to secure a place to stay for official registration. Consequently, the exact reasoning for this motivation can vary and is likely to be related to the perceived and factual regulations in a given country. Nonetheless, given how limited the collected data is in this regard, no generalizing statements are to be made.

One external motivator that was only reported once and is difficult to classify, is the role of counter-reporting, i.e., when victims are being reported as abusers by their abusers forcing them in turn to counter-report the abuser (France). Given the limited lack of information, with only one instance being reported on, the importance of this should not be overstated, nonetheless, it deserves being mentioned.

3.1.2 What discourages/impeded victims' capacity to seek help?

A simple comparison of the host of factors that interviewees listed as having impeded or discouraged help seeking and reporting in contrast to those that helped them, indicates how fraught the process is with obstacles. As one interviewee put it:

> "*What I missed most was practical information: where you're going when you leave, what you need to do to prepare before you leave, what you need in an emergency bag, how to put it in a safe place, where there are emergency shelters... I've been out in the street but I didn't know what to do, so I came back home. I needed emergency information. It's only when you're safe that you can start to think, because fear is paralysing.*" (France)

Obstacles are consequently abundant. It should therefore not surprise, that women who initially leave their partners may return to the relationship several times before leaving and never returning thereby, experiencing repeated victimisation (Lacey 2010). Regardless of returning or multiple tries, interviews have at many times highlighted how much of an uphill battle reporting can be, as well as how unsuccessful support seeking and reporting process can be often explained by failures of the support system to provide adequate help. In one such case, the victim was left alone without support on the day of the trial against the abuser, leading to them testifying towards exculpation of the partner:

> "*If at that time someone had accompanied me, a lawyer or [the psychologist from GVB specific services who recommend her to report] herself, I would have gone, I would have saved myself [X] years*". (Spain)

In some instances, this caused interviewed victim-survivors to forego the support and reporting infrastructure completely. One such victim stated how available information was useless, as *"everything was mixed up and you couldn't understand anything"* (France). For more Information on the experiences with the individual support services, see 3.2.

Factors that impede and discourage are often inherently linked to motivators, as well as to each other, a clear differentiation of themes is, thus, difficult. For the sake of the report, barriers were categories in accordance to their situation. To this end, barriers were divided into personal barriers, social barriers, and structural barriers. Different categories of vulnerable victims are affected to a more or less specific degree by these. Consequently, where strong differences were presented within the interviews based on these vulnerabilities, these differences will be highlighted specifically.

3.1.2.1 Personal barriers

Personal barriers are themes positioned within the immediate surrounding of the victim survivor and their personality. This is not to say that these personal barriers do not have underlying societal or structural causes – this becomes apparent within the interviews, when, for instance, a victim survivors' normalisation of violence is nested in their community's normalisation of it. Instead, this category should be understood as obstacles that, in the context of the interviews, can be coded as an issue presented as an individually situated experience. For example, a victim survivor's lack of information on available support can be presented as an experience, such as:

> *"My problem was that I don't know nothing. That was my problem. If I know something before - I was seeking for help, I don't know where to go".* (Germany)

This would be coded as a personal experience, even if a general lack of available information, thus a structural issue, might be the underlying cause. In contrast, where interviewees report a lack of information in their language or not being able to find information, this would be, for the context of this report, be coded and presented as a structurally situated.

3.1.2.1.1 Not recognizing themselves as victims

A prerequisite for the reporting is the **recognition of the violence perpetuated and the victimhood resulting from it**. Available literature has shown that this is by no means an easy process (e.g., Goodey 2017; Hellmann 2014). Interactions with the abuser and the environment, as well as societal and community specific norms can work to undermine the process. The interview material provided retelling of various obstacles that kept victims from recognizing themselves as victims, or as one respondent put it:

> *"I think many women don't ask for help, because –maybe– they don't really know what's happening to them."* (Spain)

3.1.2.1.1.1 Normalizing and rationalizing violence

A common reasoning victim-survivors recalled, was their believe that their abuse was not so bad, or that others are off worse. Consequently, they would have to just "*tolerate*" (Finland) or "*deal with*" (Spain) the violence. One victim shared how she worried about burdening the shelters, as others might be in "*even worse situations*" (Finland). Given how violence, as presented in 3.1.2.1.1.2., was by numerous victims understood as pertaining to physical abuse, this seems particularly impactful for victims who have experienced mostly non-physical abuse. At these instances, **rationalisation and normalisation** were either based on or further compounded by normalisation within a victim-survivor's community or cultural background. For the Finish context, interviewees named their **religious background**. One interviewee, who grew up as one of Jehovah's Witnesses, recalled the wide-spread presence of abuse within the isolated community, its handling thereof and how this

normalised the violence (Finland). A similar community-nested normalisation was recounted by women with a **migrant background** and **elderly women** in Spain.

One Finish interviewee also pointed out, how they did not recognize the violence by the mother, because "there was always more talk about the violence of men or fathers" (Finland). In her case, **gender norms** coexisted with religious rationalization.

Getting used to abuse was present in a number of interviews. The French data in particular suggests that multiple victimised mothers, who have experienced violence for longer periods of time, find themselves numbed to the repeated abuse. This devalues victims and causes them to lose previously essential existential bearings. One Finish interviewee explained how the long-lasting violence experienced, starting during her childhood, formed her believe that violence was a common occurrence and that she herself was the reason for any abuse (Finland). Victims in several countries, in particular France and Finland, discussed how their **past experience** with abuse had served as an obstacle to recognizing intimate partner violence. Interviewees reported having developed a *"high tolerance"* (Finland) or becoming *"less sensitive"* (France) to it, due to these childhood experiences.

Lastly, a small number of victims reported not wanting to believe that they were experiencing violence. One Austrian interviewee recalled that she had often heard about it, but she could not believe that she was a victim. Another victim stated:

> *"It was clear to me before that this is domestic violence, but I didn't want to admit that this is the case now."* (Germany)

The admission of victimhood can thus, in itself, be seen as a hurdle that victim-survivors need to overcome in order to seek support.

3.1.2.1.1.2 Misunderstanding abuse

Linked to the normalisation and rationalisation of violence, is the **misunderstanding of violence**. This took mostly the form of not **identifying non-physical abuse as violence**. One German interviewee recalled her reaction after finding out she had experienced another form of violence - coercive control:

> *"For me it was like this, that I have been in it for many years and I was not even aware of it."* (Germany)

Misunderstanding violence seems especially prevalent in the Finish sample, though it is unclear whether this due to country-specific issue, or due to a difference in recruiting. As such, 16 Finish interviewees said they did not know their experiences of violence or the different forms violence can take. Nonetheless, this misunderstanding of violence as mostly physical, was present throughout all countries. Sometimes, victims even differentiated between serious and non-serious physical abuse. One Spanish women put it followingly:

> *"He only headbutted me, for example, but he never laid a hand on me afterwards."* (Spain)

Another misunderstanding of abuse is more specific. It is a **misunderstanding of who is affected by abuse**. This appears to be in relations to public debates on intimate partner violence. One Austrian victim pointed out how it was difficult to discuss abuse with her parents, as she had the impression that they believed abuse does not happen to children of academics. Similarly, Spanish interviews included women with greater economic capital, who found that their privileged position came with a limit to being self-perceived or identified by the social environment as victim. A notable finding stems from Finland, where professionals were interviewed. These professionals, who had knowledge of abuse, became victims themselves. The wide range of professions included, a nurse, a police officer,

a priest, or a social worker – they did not associate their professional knowledge of abuse with their own situation. The French sample also indicated that this is the case for male victims of violence, although this has not been made explicit by the respondents. It consequently appears, that this misunderstanding seems to be relevant for **victims in higher educational and social classes**, as well as from **professions handling DV**.

3.1.2.1.2 Lack of knowledge

Interviews in all countries have pointed out a lack of information and knowledge on available support, as well as who is eligible for the available support. The available information furthermore suggests that this is especially true **for victims from marginalized communities**. Within the available data, this pertains to **migrant, LGBTQI- and male respondents**. Seeing how prevalent the issue is, and how it is worsened for these special groups, the interviews confirm existing studies showing the need for more public awareness, such as Zakar et al. (2012), Ohms (2020) and Fiedeler (2020). Furthermore, this also indicates that there is a systemic issue with the provision of information.

A number of interviewees reported to have been **unaware of the existence of dedicated support structures** for victims of intimate partner violence, or the services included therein, such as women shelters and dedicated help hotlines. General information, as was hinted on at the beginning, is seemingly less available to **migrant victims**. This is by no means a problem limited to individual migrant victims or a singular national context. Similar problems were hinted on or expressed in Austria, Finland, France, Germany and Spain. Reports indicate that there is a lack of translated information. Furthermore, experiences with a different national context, as well as a lack of understanding the special need of migrant victims on the side of professionals, that further compound this problem. One French migrant victim pointed out that the staff conducting a medical examination after having been sexually abused did not inform her about any available support (France).

Where general information on support services was present, **knowledge of specific needed support** might not. This can be especially problematic, when someone might need specialised care or when one belongs to a marginalized group. In other instances, knowledge on the extended support activities was not present. For instance, a Finish victims noted how they were unaware that support was also available in medical institutions. It appeared that the information available on the internet might work to crowd out some support services. At times interviewees were informed about low-threshold support services after they already had gone to the police, women shelters or victim support organisations. One German victim said:

> *"When I go on the internet and search, I hardly find any information where to get help or anything like that except police and women's shelter."* (Germany)

Another knowledge gap identified by interviewees, is knowledge on **who is eligible** to receive support. While it was less commonly reported on, it is by no means an unimportant issue. Seeing as in 3.1.2.1.1.2 numerous victims did not identify non-physical abuse as violence, victim-survivors might feel like they are not able to access the support infrastructure. If physical abuse serves as the standard for defining abuse, the conclusion that anything below this standard is undeserving of help is a natural conclusion. One interviewee shared:

> *"[I] knew that the women's shelter existed […]. You already know that there is something like that, but you don't think about the fact that you can belong there, […] that any form of violence is something that gives you access to the women's shelter."* (Germany)

Furthermore, even where physical abuse was experienced, one victim stated how she felt that *"a women's shelter is something you go to just before you are beaten to death [...]"* (Germany).

Experiences of violence are thus, at times compared, with less injurious instances of violence being perceived as less deserving or eligible for support.

3.1.2.1.3 Victim-survivors well-being

Interviewees frequently brought up issues to their own personal well-being during these interviews. Support seeking and reporting was, consequently, at least for some time perceived as a risky endeavour for some interviewees. While interviewees by no means only feared for themselves, and for many the fears in regarding their own socioeconomic well-being were tied to their responsibilities as parent, for the sake of the report and a clear structure, themes related to fears will be divided into multiple separated categories, with worries about the protection of others falling under 3.1.2.2.2.

At times, the risks to themselves and their immediate surrounding were at times formulated as **general doubts and fears**. One Finish interviewee, for instance, shared that she had fears that disclosure would have led to uncontrollable consequences (Finland). Likewise, a German woman discussed ambivalence after deciding to leave, with fear and doubt giving her a short pause (Germany). Still, these fears regarding their own personal safety and well-being, were usually formulated in clear terms. As such, numerous victims voiced fear of reprisal or severe physical violence if they would seek help. One Finish interviewee recalled:

Besides the threat of physical violence, the fear of **economic repercussions** was a barrier for some interviewees. These repercussions can take the shape of losing housing and shelter, due to separating from the abuser. These fears can be further reinforced by the abuser threatening homelessness or by the victim having limited financial or social resources. Another anticipated economic repercussion that discouraged reporting was the fear of unemployment, although rare. In particular, a French man discussed how he dreaded losing his job as security, if he would be outed as a victim of intimate partner violence (France). Similarly, fears of **social repercussions** were voiced, given that some perceived a stigma or taboo. More on this in 3.1.2.1.4.

Another recurring theme was the **risk of loneliness**. While it does not appear to have been commonly present in interviews, a handful of interviewees did discuss it. For example, one interviewee shared that at the time of reporting, she was around 50 years old and had no friend, so she was afraid of being lonely later on (Germany). The issue of loneliness seems especially potent for **victims, who are dependent on the perpetrator**, e.g., where they need to be cared for, as well **as elderly victims**. This further reinforces their vulnerability, given how the fear of loneliness might discourage any action on their part. For more information on the barrier of dependency, see 3.1.2.2.2.3.

3.1.2.1.4 Guilt, stigma and shame

Interviewees across all five countries pointed out having felt or fearing stigma, shame and guilt; either attached to the abuse they had experienced or as a result of reporting it. A number of them also presented reasons for why they did so.

For some victim-survivors, domestic violence in itself can constitute a taboo or shameful topic. This might be due to perceiving the abuse or subsequent separation as a personal failing. For example, one migrant interviewee recalled feeling indignation over the fact, that her abuser already had been married and prosecuted for intimate partner violence before. This resulted in her feeling humiliated over the fact (France). A different example from a woman, who had been experiencing violence since her childhood, shows a different line of reasoning. For her, abuse constituted a personal failing, given that she felt she was the cause for it (Finland). Hence, being abused can be linked to guilt and shame for a perceived personal failing.

Besides the experiencing of violence, the **act of seeking help and reporting can also feel shameful, stigmatising, or guilt-ridden** for some victim-survivors. A Spanish victim shared:

"After reporting I felt hollow. I had imprisoned the father of my children." (Spain)

A very specifying type of shame attached to the reporting process was reported by one Finish interviewee, who was a FLR. According to her, her profession prevented her from seeking help, because she was afraid of running into her clients/patients in the services like shelter (Finland).

Feelings of guilt, stigma and shame were further compounded by specific backgrounds of interviewees in our data. One theme was the influence of **a religious background** for the Finish interviewees. The strict religious upbringing can serve to normalize violence, isolate community members from support and reporting infrastructure and impart feelings of guilt that are unsanctioned reactions to the abuse. Consequently, one interviewee argued that talking about violence can feel like betraying the community and the family (Finland). Similarly, separation from the perpetrator can run contrary to one's own or the communities' believes. These group-specific themes of betraying the community and acting against a moral code, thus serve as additional barriers in the help-seeking process for religious victims.

While only four interviewees were from the **LGBTQI community**, these interviewees also indicated that a group-specific stigma was discouraging reporting. A lesbian women shared how for her, a main barrier to deciding to report was the fear of seeking help as a socially stigmatised lesbian couple in the face of judgement and lack of understanding from services (France). Interviews with **elderly victims**, also representing only a small sub-sample, also pointed towards group-specific guilt, shame and stigma. For instance, interviews conducted in France indicated that the **elderly victim-survivors** interviewed there were very attached to good old days with their partner, the relationships with their children and the time they spent with their grandchildren. For them, seeking help could be seen as a failure. Lastly, another underrepresented group of interviewees in the sample, that also discussed group-specific issues, were **male victim-survivors**. In the sample, two out of three men reported on fearing how others would perceive them, should they report the abuse.

3.1.2.1.5 Low trust and past experiences

The interviewees indicated how their perception of institutions can serve to deter reporting. Where there is no trust in authorities in general, or past experiences have marred the perception of them; victim-survivors report to hesitate reporting.

Past experiences with support institutions can have been made as a part of previous support seeking instances, or in other unrelated interactions with them. These past experiences can cause serious doubts in the efficacy of institutions or the support seeking process as a whole. For example, one victim who had experienced abuse and inadequate help shared:

"I was also abused as a child in my family, my sister called the police at that time […] but nothing happened […]. There was just a stupid article in the newspaper that there was a fight and they didn't know whether to protect the [the man or the woman]. We were six children, nothing happened at all at that time, that was actually horrible, the whole childhood, now it just continues again, of course. But I think there is more [help] available nowadays than the police." (Germany)

Seeing the negative experiences numerous victim-survivors underwent during reporting, which are discussed in 3.2, they are by no means rare. Furthermore, this is not an issue that relates only to dedicated support services. The help received by health professionals, such as psychologists or

psychiatrists, who have not addressed the situation of gender-based violence, is also a barrier to continuing to seek help.

Besides negative experiences that have been made in direct contact with these organisations, a general **low level of trust or a high level of negative perceptions** of these institutions a limiting factor. **Migrant victims** in particular reported having negative perceptions of institutions, especially the police, based on experiences and narratives of other members of their community. Within the dataset, this was in particularly true for German victims, although it remains difficult to conclude how country-specific this is. One German victim, had heard from the internet and other migrant victims, that the police would not take an outsider's side. She remembered:

> *"So it is that fear, you can't talk, you can't say anything, it is better if you try another way of leaving than calling the police."* (Germany)

This can be further complicated by experiences or perceptions based on their country of origin. Another migrant victim recalled.

> *"I did not trust police. At the beginning. Because I thought here is like in [my country of origin]."* (Germany)

This is further complicated for victim-survivors, who perceive their residency to be at risk. The low trust and high-risk environment that results from this, can serve as a large perceived obstacle for victims considering taking actions. Lastly, there seems to be a country-specific difference in low trust. The **Austrian** data set indicates that some of the victim-survivors had doubts in regard to the competence and responsibilities of the victim support organisation (Gewaltschutzzentren), prior to using their services.

3.1.2.1.6 Limited resources

As is being alluded to in numerous parts within the report, limited resources on the side of victim-survivors can serve to inhibit their ability to report. This is partially due to heightened worries in regard to their wellbeing, as discussed in 3.1.2.1.3; a financial dependency on the abuser resulting from limited resources discussed in 3.1.2.2.1.3, as well as structural issues, such as those described in 3.1.2.3.2. Limited resources are therefore best understood as a cross cutting dimension that serves as an additional vulnerability.

Nonetheless, interviewees also described examples of how **a lack of resources directly limited access to support**. One victim, for example, described how every time she needed to travel, she had to rent a car and drive with the baby. The lack of transporting possibilities was a serious difficulty for the mother, who had to travel frequently between different support services (France). Another interviewee described having problems communicating with support organisations, due to not having the means:

> *"Then she [police counsellor] gave me phone numbers of x women's shelters: I should look for a place. Of course - I'm a proud person - I didn't let on that I had no money, no credit, […] Then I always looked for free WLAN, where there was something (shelter), then I wrote e-mails to these places."* (Germany)

According to the interviewees, limited financial resources also limited their perceived options as housing, legal aid and therapy were often understood as costly.

3.1.2.2   Social barriers

Adding to the list of personal barriers that impede support seeking, are obstacles situated in the social environment of victims. The interviews have indicated that, just as well as the informal network can serve to motivate victim survivors, it can also consciously or unconsciously work to impede reporting. The social barriers identified are the safety of others, the relationship to the perpetrator and the abuse experienced, as well as other social ties and relations.

3.1.2.2.1   Protecting others

Interviewees have in numerous instances pointed out how their worries that their child, a family member or the perpetrator would need help served as a strong motivator to seek help. As discussed in 3.1.1.1.2, seeking help is often seen as an inherently risky endeavour, that might not just put the victim-survivor, but also people they hold dear at risk.

Especially **worries about the well-being of children** are both a motivator, as well as an obstacle for parents who are being victimised. The perceived risk for a child is represented in various themes in the interviews. One major theme was **the worry, that separation from the perpetrator and the consequent dissolution of the core family unit would harm the child**. Family unity, in line with prevailing norms, is seen as inherently beneficial to children. It is consequently unsurprising, that numerous victimised mothers describe being torn between preserving the family environment and protecting themselves and their child from the abuser. A feeling that has been also true for fathers in the interviews.

Besides fearing how growing up without a second parent would impact the child, **the process of seeking help and separating was also identified as a potential source of harm for children**, especially when interviewees worried that the perpetrator might lash out in retaliation to victim-survivor seeking help. At times, the general uncertainty of any support seeking activity was feared to impact the child. One victim recounted how she thought that going to the shelter would have shocked the children (Finland). A further consideration is how the stigma of domestic abuse might affect the children, should the abuse become public. One Spanish interviewee voiced fears over the possible loss of the son's social capital for having a father that is potentially dangerous to other children.

A further important obstacle is **the fear that the victim survivor might be separated from the child**. The fear of losing custody to the abuser or having the children taken by Child and Youth Welfare Services or other national institutions, deters parents from reporting, as it is seen to be to the detriment of the children. These fears also include temporary separation. One Spanish victim reinforced how the potential separation was seen as another act of violence against her and her children:

> *"We were victims of the evilness of another person, but if we do not get better, we suffer the risk of our children being removed from us." (Spain)*

Besides possible risks to children, interviewees shared how reporting and support seeking might affect other persons they hold dear. This includes other **family members**. Whether parents, siblings, or a new partner, all of whom could be harmed in some way, either by the former partner lashing out, or by otherwise causing loss of social or financial capital. One Austrian victim voiced worries over her brother, who has kept up contact with the perpetrator to shield the sister from having to contact him (Austria). Likewise, **persons providing support** might become targets of the perpetrator. Furthermore, victims belonging to **close-knit or marginalized communities** might dread that seeking support could bring about further stigma and marginalization. As such, French LGBTQI-interviewees voiced being hindered by fears for their community (France).

A variety of themes presented in interviews that constitute a social barrier to the willingness or opportunities to seek support, are related to the perpetrators themselves. As was partially addressed in 3.1.1.1.3, some victim-survivors report hesitation to seek support or openly discuss abuse, as they might still feel obliged to protect, care for and love the perpetrator. In some instances, the abuse might be limiting the agency and availability of options and opportunities for reporting. In a few cases perpetrator and/or the victim were dependent on each other/ the other. Lastly, some perpetrators held positions of power, making reporting very difficult.

3.1.2.2.1.1 Feelings towards the perpetrator

Interviewees mentioned the **love felt for the person and believing in the possibility that their behaviour would change in the future**. Some felt sorry for the perpetrator, at least in an initial phase. Based on these feelings towards the perpetrator, some interviewees report struggling with the choice of leaving and/or reporting the perpetrator. One woman recalled the spiral of abuse and the subsequent temporary periods of improvement; that made leaving difficult (Austria). Besides continued feelings of attachment, a feeling of responsibility towards the abuser was also discussed at multiple occasions. Another woman explained that it is not lack of information that prevented her from leaving. Instead, she felt that she "*must help him*" (Germany). Another interviewee said that he was very much in love and was trying to recover his wife by leading her along the right path (France). Closely related to this is the fact that victims often develop strong self-doubt and insecurity in their judgements due to the ongoing psychological violence, which increases their hesitation to report.

Some victim-survivors **fear that any support seeking activity might harm their partner**, by causing reputational damage, or impact their mental health. The worry for their partner can at times cause victim-survivors to feel responsible for them, with some helping them with their mental health problems. One Finish respondent shared how she had slowly prepared for separation, by steadily ensuring her partner was cared for.

3.1.2.2.1.2 The type of abuse

The abuse can, according to interviewees, also severely limit the access victim-survivors can have or perceive to have to support seeking infrastructure. One interviewee described **controlling behaviour** by the perpetrator. One Austrian women, whose abuser had worked in law enforcement, recalled that there were times where she was unable to do much without the perpetrator watching:

> "*He was a sick human. He was watching me. All mails, all messages, at home a camera system. Yeah, this really is not normal. At the job I was working at, there was also a camera system. Just watching everywhere, paying attention to what you do. This is also just a lot of psychological pressure … and he was very strict. (Austria)*"

Other victims recalled perpetrators using a wiretap, checking their phones, limiting outside contact, and so on, to ensure control. In such cases, the surveillance and harassment can complicate seeking support. This is further complicated, where victims are isolated or dependent on perpetrators, or where support is not easily, quickly and secretly accessible. For example:

> "*So, I have a car, it's our family car. My husband thinks he has the claim right to this car and it would be just his and I am only allowed to go where he approves. I could also take the bus or bike which would only be four kilometres to the town. The problem is, depending on what relationship you're in, it's not easy to get in the car and go somewhere quickly.*" (Germany)

In some instances, the abuse can almost completely limit any chance to seek support without any outside interference. The sample includes one person, who was trapped (locked up). She was only able to escape with the help of her mother (France).

Other abuse that limited victim-survivors' capacities, **were threats and misinformation**. Seeing how victims are concerned about the wellbeing of themselves and those close to them, as well as a systematic lack of high-quality information for some victim groups, credible threats and disinformation by the perpetrator can discourage reporting. These threats can range from threats to a person's live or well-being, such as one victim recalling a perpetrator saying that *"he can pay someone to do something to me"* (Germany); to threats to having the child taken away from the victim. One victim quoted him saying that *"he would take the child away and he will make sure that I get nothing from him and I will end up on the street"*. These threats went hand in hand with misinformation. Interviewees remembering being told that they would *"never manage financially without"* (Finland) them, would lose the children, be deported, jailed or discriminated against by the law enforcement. The interviews indicate that misinformation was especially able to leverage **migrant victim-survivors'** vulnerabilities against them.

3.1.2.2.1.3 Dependency on the abuser

Interviews hinted towards various ways, in which victim-survivors could be depending on a perpetrator. These dependencies seemed to largely coincide with specific victim categories. **Victims who struggled with mental or physical health issues or disabilities** requiring varying degrees of care, showed a **dependency based on that care**. One victim with a physical disability, encapsulated her fears by describing how she *"will end up on the street under the next bridge"* (Germany), if she would leave her husband. These fears were compounded by a lack of dedicated help facilities in her small village, as well as an impression, that shelters would not take her due to being wheelchair-bound. For **elderly victims**, psychological fragility, chronic illness and fear of falling ill weaken their capacity to fight, with the victim's care pathway perceived as a *"battle"* to be fought. Elderly victims also seem to be prone to loneliness, leaving them with the impression that they need the perpetrator. This could also be true for other victims.

Another type of dependency is **economic dependency**. In some cases, victims felt unable to cope financially without the perpetrator, regardless of being employed or not. This fear was often also played up by the abusers, who warned about possible financial repercussion for victim-survivors. These fears are by no means only imagination either. One Austrian victim disclosed, that after leaving her abuser and returning to Austria, she was facing homelessness while being pregnant, due to a number of factors. Only family support was able to secure her a place to stay. Lastly, a perceived dependency on the perpetrator due to the **status of their residency**, can also play a role for **migrant victims**. While this can be a general fear of deportation, such as when threats by abusers warn the victim that she would be sent back if she would report the abuse, in rare cases within the sample, it was explicitly expressed as the lack of a residence permit.

3.1.2.2.1.4 Abusers with positions of power

One last issue that needs to be discussed on the basis of the interviews, are the limitations imposed on victims where perpetrators hold a **position of power**. Within the interviewee sample, this was usually a position within the police. In one case, the perpetrator had moved into a position within the local administration from the police. In such cases, interviewees described additional difficulties in reporting. Firstly, this did **reflect negatively on these institutions**. The two victims detailed that the fact that the perpetrator was an officer and that colleagues knew of the abuse, they lost trust in the

institution. One recalled that his co-workers *"know the situation and do nothing, because they owe each other favours"* (Spain). In one case, one victim detailed her abuser, an officer in training:

> *"How is it that police officers [in training] are allowed to bring alcohol and drink in school? […]… When he's at home, he's a torturer… He doesn't have to put his service weapon on the coffee table or put it in the drawer where he sleeps?"* (France)

The **entitlements these positions bring** with them, such access to a weapon, can be used to further threaten the victim. This is also true for other entitlements. Another victim shared that her ex-partner used his ties within the police to find out her new address, so as to harass her further. The same victim also described, how the perpetrator was able to use his knowledge of the law to get away from paying support and exert further pressure on her:

> *"He has all the documents; he has them all scanned in the computer. I have nothing. He reports me everywhere, at the labour services, at the ... everywhere being reported. He's a sick police officer."* (Austria)

One last issue tied to this position of power, is the fact that it can also imply **social influence**. The same Austrian women, for example, illustrated, that the abuser was also able to ruin her reputation, by using his public standing and slandering her. Given the difficulties that arise from reporting such perpetrators, it is understandable that victim-survivors feel powerless and are faced with additional barriers to seeking support.

3.1.2.2.2 Other social ties and relations

The importance of a supportive informal network during the reporting process is discussed in 3.1.1.2.1 and 3.1.3.2.1. Seeing the aid social ties can provide and how fraught the support seeking process can seem and be, it follows **that discouraging social relations** can also work as obstacles to reporting. This is because such relationships might not provide the support needed and because they can actively work to discourage activities. One example of this is the following:

> *"Sometimes I felt, yes, because I even have friends that I could talk to about my problems. You know, they tell me about I should learn to be grateful because I am living in a very big apartment, I am driving a very expensive car, […] I should learn to be grateful".* (Germany)

This kind of discouragement can also come from community-wide interaction. As pointed out in 3.1.2.1.1, interactions within a community can serve to normalize violence, belittle the experiences, as well as to discourage interactions with outsiders, including support and reporting infrastructure.

The **lack of social ties**, i.e., an informal network, can also impede victim-survivors' ability to report. Given the role of such support during the often-difficult reporting process, as is discussed in 3.1.3.2.1, this should not serve as a surprise. Lastly, in line with how past violent relationships can serve to normalize violence, it appears that **previous instances of intimate partnership** violence can leave victim-survivors in a vulnerable state that can cause them to fall prey to another abusive relationship, as was reported by one French interviewee.

3.1.2.3 Structural barriers

Lastly, victim-survivors' reports of structural barriers were identified across the interviews. The structural barriers consisted of hurdles located at the point of provision. In this context, they referred solely to the provision of formal, professional support. Structural barriers discussed were categorized

along the quality of support, the availability of support, the legal framework underpinning support, access to support, and other miscellaneous structural barriers.

3.1.2.3.1 Inadequate quality of support

A recurring theme that is largely related to the experiences with the support infrastructure and that is discussed therefor more in detail in 3.2, is the inadequate quality of support provided to interviewees. In this current chapter, we refer mainly to the quality of interactions respondents had with institutions and their personnel. This is discussed in 3.1.2.3.2. Seeing how widespread and frequent the lack of quality can be for some support services, with numerous respondents pointing to negative interactions, it becomes difficult to define this as an individual problem.

Inadequate quality can manifest itself in instances in which **support services neglect their duty**. This can take various forms. In one Finish example, neither the police, the health care sector nor the early child care institution, who were aware of the abuse, forwarded reports to the children's welfare unit, leaving it wholly unaware of any abuse. In such cases, services do not adequately cooperate, further burdening victim survivors and pushing them away. Spanish interviews indicated how institutional negligence in dealing with situations of special vulnerability constituted institutional violence, as several victims did not receive a proper evaluation of their situation, leaving them without adequate help. This is by no means country-specific. Respondents across all countries reported negligence or outright malpractice detailed in 3.2. An important form in which negligence was presented, was failure to address victims' abuse during general procedures. One interviewee highlighted:

> *"Well, if they are not doing anything there [in the public mental health services], then why send me here or there, they won't do anything either [at the NGO attending GBV victims]".* (Spain)

The lacking quality is also, in part, attributed due to the **lack of adequate training**. It is consequently not surprising to see numerous negative examples of various professionals failing to adequately address victims' needs during the interviews. This impression of inadequate training has also been confirmed by professionals present during some of the interviews. Regarding judges, interviews in Austria and Spain have indicated, that different judges are sensitized to different degrees to gendered violence:

> *"Go directly to the court, because there is so-and-so, a judge who believes what you are going to tell him, because maybe you go tomorrow, and you don't..."* (Spain)

The lack of training is largely reflected in examples, where victims felt their experiences being belittled or minimized. One Finish interviewee reported, how her abuse was not taken seriously due to her religious background (Finland). The Finish sample also included cases in which perpetrators were experiencing mental health problems or were victim-survivors had professional expertise on the matter of intimate partner violence. In such cases, some interviewees reported professionals not focusing on the abuse of the victim, and instead centring the perpetrators experience or choosing to believe a perpetrator instead.

The lack of quality is an impediment during an ongoing support seeking process, which is then interrupted by some victims and survivors. Seeing how low trust and past experiences, addressed in 3.1.2.1.5, have been presented by respondents as deterring reporting, a lack of quality present in the interaction of staff is likely to impede future support seeking, should a victim-survivor require it.

3.1.2.3.2 Lacking availability of support

Interviewees also identified a **lack of support** in numerous instances, that made the support seeking process more difficult. The lack of support can result from a lacking infrastructure, as well as constraints and requirement to receive support. In contrast to the inadequate quality, this will focus less on the interaction with personnel. Instead, the focus is on information provided by respondents regarding the facility and infrastructure of support services.

Regarding a lacking infrastructure, three problems were identified in the interviews, that served as obstacles for victim-survivors. The first one was a **lack of available housing and shelter**. Interviewees described examples, in which they were provided with spaces too small for them and their children, were moved to shelter space made out of former prison cells (one instance reported by Finland). In rare cases, housing and shelter were not available at all. While it is not always clear why this was the case, some interviewees discussed the issue of shelter availability within the greater context of a housing crisis. One German victim shared her believe, that:

> *"The housing problem is a big thing, that there just aren't enough apartments for women who need to get out. I was also told that probably, I would have to wait months before I could probably get somewhere."* (Germany)

The importance of shelter and housing security is also a theme present in 3.1.2.1.3 and in 3.1.2.2.1, where parents see shelter as an integral part of a child's wellbeing. Where shelter space or other housing alternatives are limited, victim-survivors might reconsider risking housing for themselves or their children.

Besides the lack of shelter and housing, victims requiring special care were faced with additional hurdles. The second one, identified by a victim-survivor with a physical disability and an elderly victim requiring care, was the perceived **inability of available support to address their additional care needs**. One disabled woman shared, that she felt that shelters are not wheelchair-accessible/friendly, as well that there was a lack of general care facilities in the area she lived at (Germany). When interviewees required special psychological care for themselves or their children, a lack of therapy or psychiatric treatment was also reported to be a problem. This was especially true for interviewees, that could not afford therapy otherwise. One Austrian victim, discussing her abuse, described the ongoing mental anguish she was experiencing. While she felt that she was in dire need for therapy, she also said that, considering she almost ended up homeless, was facing welfare cuts and had no way of affording it. Interviews indicate that mothers who have been victimised, as well as their children, seem particularly affected by the lack of psychological health care options.

Even where the available support might have been adequate, victims reported that some **support services only cater to a specific type of victims**. In particular, they felt that shelters had limitations on who could use their services. One victim explained that she stopped her help seeking process, after she found out that her youngest son was not able to come with her to the shelter (Germany). Where shelters impose age limitations on children, parents feeling responsible for their children might not be able to continue making use of support offers. For victims who had pets and felt unable to separate from them, shelter space was also no option. As shelters might have a strict no-pet policy, they felt unable to use these services. In some cases, addiction problems might also serve to further exclusion of victim-survivors. While no such case was present within the sample, one interviewee disclosed, how she was able to leave the support seeking process, by claiming to have an addiction (Finland).

3.1.2.3.3 Inadequate legal framework

Structural issues do not just entail problems with the quality and the availability of support services. Interviewees discussed problems, that indicate issues situated within the legal framework underlying support provision and reporting. They can arise from limits to support, that are due to measures to cut spending, reduce misuse, or other reasons. Other such barriers can be due to gaps in responsibilities, in parts caused by residency or nationality requirements.

3.1.2.3.3.1 Limits and gaps within the support structure

Limitations and prerequisites to support due to legal stipulations were a problem for a hand full of interviewees. These are usually nested within a national context. For example, it appears that shelter housing in some places can limit other kinds of welfare payments, such instances are highlighted, amongst other, in FHK (2022) and BMFSFJ (2022). Within the sample, this was also the case for a small number of Spanish victims, where they were not being able to benefit from two different programs for victims of GBV founded by the public system. Another example pertains to a Finish interviewee, who sought help from a child health clinic for her childhood experiences of violence but was not allowed to get a psychologist because she had already received support for seeking a therapist previously. In some cases, very specific situations caused by the abuse or the flight form an abuser, can give rise to situations that are incongruent with bureaucratic procedures. One Austrian interviewee had encountered cuts to welfare spending, because she did not want to list the abuser as the father of her child, as that might give him rights to custody. At the social welfare bureau, she was required to provide proof or certification of her homelessness. Given how a lack of housing usually does not come with documentation, this proved as an insurmountable obstacle to her. These individual examples from different national samples show how difficult it is to identify clear national tendencies within the entirety of the sample.

Support can also be limited, where victims are faced with multiple problems. Given how the provision of support can be very fragmented, while victim-survivors might be facing multiple types of problems related or unrelated to the abuse, limitations on eligibility for or availability of support can result in the complete unavailability of (specific types of) support. Within the sample, this only applied to a very limited number of individuals. More likely is that non-specialised public services find themselves unable to provide comprehensive assistance for psychological violence, sexual violence, violence against children.

Gaps in responsibility represented additional problems within the legal framework defining access to and provision of support. This can be in relation to different services. One German interviewee, who was facing homelessness, recalled how different institutions did not feel responsible for her case:

> *"Getting no help. I called the homeless [shelter]. No help. They always said […], that it's my own fault with him. […] And then I even wrote to the district administrator and also to the mayor, I wrote an e-mail. But they said -they answered so quickly, but couldn't help- […] I should contact [the] homeless drop-in centre. I did that and before that I had already done everything and public housing for me, because my child is now 24 years old, [...] would take eight years in that city." (Germany)*

Gaps in responsibilities were also reported in other institutions, such as the police, or Child and Youth Services. These gaps can be situated at a local, national, as well as international level. One Austrian Interviewee, who had her abuser kidnap the children across country boarders, was faced with different institutions shifting responsibilities nationally and transnationally, until she contacted the embassy to file a request to the child and youth protection agency in the other country based on the Hague Convention on the Civil Aspects of International Child Abduction. In the limited number of **cases**

spanning across national-borders, victims reported a number of problems arising from gaps within and unclear delineation of responsibilities.

Lastly, **residency and nationality** were also discussed as sources of possible obstacles. **Migrant women**, who did not have a permanent residency status, did not only fear and worry about deportation. In one instance, the lack of a residence served as a barrier to receiving financial aid. The perceived and experienced issues only complicate and discourage potential support seeking. Furthermore, where support is tied to residency, even persons with a permanent residency status or a citizenship can encounter problems. One Austrian woman described, how she tried to access the shelter in the town where her son lived, after she had fled from the abuser. The shelter was unable to provide help, as she had to seek aid at the locality she had registered as her place of residence.

3.1.2.3.3.2 Limited actions against perpetrator

The importance of the perpetrator to victim-survivors' support seeking process and their limiting or impeding of a victim-survivor's capacity to do so has been discussed in 3.1.2.2.2. Adding to this is the danger a perpetrator can pose to the victim-survivor, as shown in 3.1.2.1.3, or people close to them, as discussed in 3.1.2.2.1. Consequently, interviewees seem to, in some instances, see **possible actions against an abuser as an important part of the support seeking and reporting process**. This is by no means only to attain justice or revenge. It can also serve **as a tool for protecting themselves and close one's** (as shown in 3.1.1). Given all of this, limited available actions against the perpetrator, can present a discouraging factor.

In some instances, respondents considered actions against the perpetrator as a possibility to help them change their way and possibly repair the relationship. Consequently, some interviewees argued that perpetrators could be obliged or incentivized to seek treatment or therapy. For example:

> *"My husband has always been left out. They always said he had to come along, but he always refused, he never saw it as his problem [...]. It was said, my husband is not treatable at all, [..] as if there was no brain in his head or so, yes okay, and then they send us home again and then everything remained the same as always."* (Germany)

If problems within the abuse are not addressed, especially where coercive control is part of the abuse, victims will be limited in their ability to seek support. Furthermore, when perpetrators are believed to pose a risk to victim-survivors or people they feel close to, the perception of limited available actions against perpetrators might limit reporting. Punishment could entail a degree of protection for victims, as was discussed in 3.1.1.5. This seems to have been of salience for Austrian victims, where half of the victims discussed related themes. One victim, whose abuser lived across the border in another country, voiced her worries that the perpetrator could harm her or her kids well after having reported him. As police was not able to do anything against his continued tries to approach her and the children, due to conflicting jurisdictions. When action seems to be available, it often only is after severe incidents. Respondents have presented cases, where police were unable to interfere, as long as no substantial crime was committed:

> *"'If there is no body, there is no crime' – do you think that gives me security?"* (Spain)

Actions against perpetrators can serve as a way to assuage fears.

3.1.2.3.4 Limited access

A structural barrier that directly hinders victim-survivors' capacity to access support services is access limitations. One of these is related to **geographic distribution of support**. Some victims living in rural areas reported difficulty in accessing aid. The issues do not only arise from long and resource intensive commutes, although these can also be problematic, especially where resources are limited. Instead, they also make victims more vulnerable to monitoring from abusive partners. Lastly, long commutes coincide with less visibility and exposure of support services to victims, who find themselves wondering where support might be, as one Finish interviewee did, or whether they provide specialised support, as one wheelchair-bound victim pointed out (Germany).

Given the small sample, little information is present on the topic of **accessibility for persons with disabilities or person requiring care**. The scant examples indicate how respondents at least feared that facilities would be inaccessible or unsuitable. Given available literature, these fears are founded.[5] Another limitation to access is the **available space at the given support facilities**. Especially when victims require specialised help, such as psychotherapy, slots are limited. This can lead to long waiting times or multiple rejections. In emergency cases, this can also endanger the victim.

The last limiting factor to access was **language.** Interviewees with a **migration background** discussed language barriers and how they can be encountered throughout the whole support seeking process. Starting with the preparatory phase, where victim-survivors might want to look up information and available services, the lack of information available in a victim's native language meant they were not aware that GBV was a crime that could be reported, and that there was a support network to fight against it. Furthermore, reporting itself presented a language hurdle. Victims who did not speak a country's given language well-enough at the time of reporting or help-seeking, also encountered difficulties. In one instance, a victim recalled not having any German proficiency at the time of reporting, having to rely on an interpreter provided by the refugee shelter to talk to the police. Though even with an interpreter present, language barriers still somewhat persisted, as the interpreter did not speak her language properly. The issue also came into play when talking to medical staff, where her son, who was a minor, had to translate (Austria). As seen within the available literature, language barriers can impede the victim-survivors' ability to report and communicate abuse.[6] Furthermore, interviewees pointed out how the support seeking process can be further complicated, when information and documents are provided only in a country's language.

3.1.2.3.5 Other

Besides the structural barriers identified above, there have been two additional themes from the interviews, that point to specific problems: A localized case is the French context. There, the association Planning familial is often confused with Plannification Familiale which is part of department council as well as the Child Welfare (ASE in French). The association's role is to help victims of violence, while ASE's social tasks include placing children with a family assistant. The confusion between these two support structures – Planning familial and Plannification Familiale – deters some parent victims from reporting. Another structural barrier that was identified in one case is a lack of public awareness for signs of domestic abuse. One victim shared, how she tried using the official hand/help sign for domestic violence at an official event. Nonetheless, no one reacted (Germany).

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[5] For information on this, see Gabler et al. (2016), Nägele et al. (2009), FHK (2022) and Senate of France (2019).
[6] For more on this, see Nublat and Karzabi (2017) and Kjaran and Halldórsdóttir (2022).

3.1.3   What were the steps to seeking support?

Analyses of the country-specific interview reports indicate that there are overlapping structures in victim-survivors' individual ways of seeking support. These overlapping structures, which have been reported across the five countries in which data has been collected, can be summarized into possible steps and access-points for support victim survivors reported on having taken when seeking support. It is important to note here that there likely is a certain amount of path dependency informed by victim-survivors' personal history and motivations, that cannot be addressed within this report. Furthermore, from their retelling, it appeared that individual victim-survivors can undertake single steps multiple times or skip steps entirely, as well as move some of these steps around. This is further complicated by possible redundancies that are added by the overlapping and interlinking of individual actors. Regardless of this, the identified steps are the following: a preparatory step, seeking support, with a differentiation between seeking support from generalised or specialised support services, and external reporting.

3.1.3.1   Preparatory steps

The conducted interviews indicate that any **reporting attempt is likely to be preceded by a longer preparatory phase.** As such, interviewees have at times given waiting period that can range from several months to well over a decade. During this step, **victims might seek information on possible steps to be undertaken or formulate a plan** of reporting.

As pointed out in *3.1.1.1.4 Certainty*, knowledge about a safe and secure reporting and post-reporting environment helps victim-survivors report. Consequently, acquiring information and drafting a plan might help facilitate such an environment.

Within the interviews, preparatory steps included making use of their informal network, i.e., slowly reaching out to family, friends and colleagues; looking up available support services, and reaching out to anonymous and no-strings-attached support services, such as help-hotlines and online support groups.

Still, preparation has to be understood more broadly, especially considering that some interviewees have indicated that there was little in the way of classical research or planning done prior to their first reporting. Hence, thematic points also include **coming to terms with one's own victimhood**, as was discussed in 3.1.1.1.2, grappling with the question of whether to seek help, and whether separation from the perpetrator is the goal. One victim framed the struggle in coming to terms with the own experience of abuse the following:

> *"Shame is the most destructive feeling that a person can have. If you are ashamed of your situation, you don't seek help, and no one can help you."* (Finland)

Overcoming this shame and the fear of reporting, as well as acquiring information on where to report, thus can make up an important part of the preparation preceding some cases of reporting. Nonetheless, this is not a prerequisite, as reporting can happen without any preparation at all, especially where victim-survivors feel forced to report, or where reporting happened outside the purview of victim-survivors.

It should also be pointed out, that there can be a certain **randomness and unconsciousness to the preparatory steps**. In one German case, a victim had memorized the number of a shelter found on a flyer (Germany). Similarly, a French interviewee had found a help organisation on her routine dog walking route, while an Austrian victim had seen a poster by a support organisation in a hospital, she was visiting due to an injury stemming from the abuse.

It needs stressing that access to information for victims seems to vary according to their characteristics. Within the interviews, especially **migrant women**, report lacking or difficult access to information. While targeted information campaigns, such as discussing intimate partner violence and support during integration classes and social-media campaigns, have been pointed out as effectual tools, the issue persists. This is further complicated by language barriers. Additionally, the small sample **of LGBTQI and male victim-survivors** also pointed towards an information gap. As such, LBGQI specific information seems to be lacking, while men report not having or understanding information.

3.1.3.2   Seeking support

It is important to note that misconceptions regarding a woman's ability to leave the violent relationship unfortunately remain to this day (Eckstein 2011). Society in general, often raises the question of why victims of violence do not leave the violent relationship and still perceives victim's decision to remain in the violent relationship as passive, naive, irrational and, where children are involved irresponsible (Koepsell et al. 2006). Studies have demonstrated that women who choose not to abandon the violent relationship base their decision on a variety of good reasons (Lacey 2010) including limited economic resources, fear of more severe future violence, emotional attachment, worries about community and family responses or even murder (Bostock et al. 2009).

Where victim-survivors have decided to seek help, sources of support available for victims can be classified as formal and informal (Belknap, Melton, Denney, Fleury-Steiner & Sullivan 2009). Informal support, defined as "the belief that one is cared for, loved, esteemed, and valued by others in a network of common and mutual obligation" (El-Bassel, Gilbert, Rajah, Folleno & Frye 2001) involves, among others, of friends, family, acquaintances, and spiritual leaders (Frias & Agoff 2015). Family, friends, even perpetrator friends, and workmates also play an important role in most interviewee's road to reporting. Thus, the category largely overlaps with the informal network identified in 3.1.1.2.1. In contrast, formal support refers to the levels of encouragement or assistance from individuals that an abused woman may have contacted or who have contacted her, where their relationship is based on professional responsibilities to her (Belknap et al. 2009) such as public, private or non-profit organisations like public authorities, the police, women's shelters etc. This somewhat corresponds with 3.1.1.2.2's Formal Network. Studies have demonstrated the importance of both supports, formal and informal, as they prevent GBV and mitigate the health effects that GBV causes in women (Buesa & Calvete, 2013; Taket, O'Doherty, Valpied & Hegarty 2014). The experiences with the individual support services are discussed in detail in 3.2 Section 2: Experience with support services, as this chapter focuses on retracing steps to seeking support commonly found within the interviews.

3.1.3.2.1 Informal support

Within the support seeking process, interviewees reported often relying on informal support, where informal support was available. This needs to be stressed, seeing that interviewees reported isolation from family and friends due to the violence they experience. Reasons for this isolation can be plenty and range from trying to minimize the need to lie about the abuse, perpetrators working to isolate victim-survivors, the informal network distancing themselves due to the abuse, and so on.

Furthermore, the **importance of informal support, especially during further steps during the support seeking and/or reporting process** was underpinned by numerous interviewees. This seems especially true, where available support is limited. Limitations can stem from lacking infrastructure, especially in regards to available shelter or child care. Examples of this include cases, in which a brother, a mother or a sister provided shelters temporarily during the flight from the abuse.

The support of the informal network can also be crucial during negative experiences with support services, as discussed in 3.2. One Austrian victim who had a police officer not taking her experience seriously recalled:

> *"If it would not have been for my sister accompanying me to the police, I wouldn't have been able to make it. […] I would have left right then and there." (Austria)*

Lastly, as was discussed in 3.1.1.2.1 Informal Network, family and friends have served in a number of cases presented as **a driving factor for reporting**. After disclosing violence to them, they can work to convince a victim-survivor to seek further, usually professional, support and report abusers. One such example was a German interviewee, who shared that it was her sister who was insisting on reporting after she had run to her.

The importance of informal support as a facilitator of further support seeking activities, reinforces how difficult it can be for victims who are isolated. Given how some abusers have been reported to consciously or unconsciously work to isolate victims from family, friends and colleagues (as discussed in 3.1.2.2), this becomes even more salient.

3.1.3.2.2   Formal support

Formal support, in this report, is further subdivided into general support services and dedicated support services. The distinction is important, as general support services who are not directly specialised on providing immediate support for victim-survivors and instead provide aid on a broad range of issues, might be consulted without the direct intention of a victim-survivor to report abuse. In contrast to that, dedicated support services, due to their specialisation on violence, are usually frequented with the intention to seek support directly for the abused. Consequently, these support services at times can reach victim-survivors in different ways.

3.1.3.2.2.1   General support services

General support services consist of any support service that provides aid to potential victims of intimate partner violence, without an expressed focus on or need to address the violence. Within the sample, such services are made up of medical professionals providing medical aid where victims have been physically hurt, psychological care provided by therapists, and psychologist for victim-survivors struggling with the psychological ramification of the violence, social workers dealing with related and unrelated issues, such as addiction, and school staff handling underage victim-survivors or their children.

A commonly addressed general support service within the interviews are the **medial care providers**. The abuse victim-survivors experience can result in medical complications, ranging from bruises and broken bones to high blood pressure and chronic pain. It is therefore not surprising, that some interviewees reported frequently visiting doctors to address the said ills. As pointed out in 3.1.1.2.2 Formal Networks, it appears that health care practitioners across all 5 countries do not routinely address any signs of abuse, and that discussions of signs can be easily averted by lying to professionals. For instance, one victim undergoing a reproductive procedure reported lying to her doctor, to not risk the procedure (France). Nonetheless, multiple interviewees have shared experiences in which they did discuss the issue with doctors and nurses. In these cases, medical professionals served as the first openly taken step in seeking support and discussing their abuse. In other cases, medical professions are accessed later during the reporting process, where they help document or treat signs of abuse.

Another common access point that appeared in interviews, are **psychological care providers**, from therapists to psychologists. Interactions with these might differ, with some interviewees accessing services in order to address traumata seemingly unrelated to the abuse, while others seeking to alleviate problems arising from it. An example of the former is an interviewee from Finland, who, during the therapy, came to terms with her history of family abuse and consequently also moved to address the on-going abuse by her partner (Finland). During the interactions with this professional group, some interviewees had decided on disclosing their abuse, as discussed in 3.2, with mixed results. Psychological care professionals, thus, can also serve as a first step in openly discussing abuse. Additionally, as is the case with health care professionals, psychological care can also be a part of an ongoing support process, to help with the processing of the abuse. A difference to medical professionals, is that the psychological care sector might also be accessed in the hope of finding aid for the perpetrator. This is by no means a unique occurrence, as was pointed out in 3.1.1.1.3.

Other general support services that were part of interviewees' support seeking process, regardless of how much support they provided, included school staff, especially psychological and health care providers within schools, such as school nurses. Others were counselling services, for example for relatives of persons with mental health problems and educational counselling centres, and embassies, especially were cross-border cooperation between agencies is necessary. Lastly, state institutions, such as child and youth welfare services, at times can serve as a start or stepping stone within the support seeking process.

3.1.3.2.2.2 Dedicated support services

In contrast to general support services, dedicated support services provide aid tailored to persons who have experienced abuse, with some specialising in intimate partner violence. In contrast to the generalized support services, interviewees seeking these services usually entails more acceptance of one's abuse. They, therefore, usually come with a higher barrier to entry. One notable exception being help hotlines and other anonymous support services.

The seemingly most common dedicated support services appear to be **shelters and victim support organisations**. While there are notable differences between them, they appear to serve overlapping functions. Due to their specialisation of the abused person, a lot of **support activity is concentrated within them or facilitated through them**. In the German sample, numerous respondents report having been consulted on further steps by shelters, this includes being advised on suitable lawyers, receiving help with youth welfare services, and court appointments. Similarly, in the Austrian sample the regional victim protection centres (Gewaltschutzzentrum) took over a central role in supporting and coordinating support for respondents. Seemingly less explicit but based on the experiences akin to Austria and Germany, Spanish dedicated support services also seem to take a central role within the provision of support. While this is likely in parts due to the sampling strategies within these countries, their functionality is not. **Shelters and victim support organisations can serve as a first formal step, as well as one further down the reporting process,** especially where police cooperation and referral with shelters or support organisations are in place.

Whether **the police and other LEAs** (for France mainly the Gendarmerie**)** are to be understood as a general or dedicated support service can be debated. For the sake of the report, and given how, during the interviews, decisions to involve police or gendarmerie was more frequently presented as a conscious step towards seeking support; they are here presented as a dedicated support service. Within the support seeking process, the LEAs were largely presented to serve two primarily roles, according to interviewees. On one hand, they can serve as a **first instance of reporting** abuse, on the other hand, they also deemed responsible to **ensure the safety** of the victim survivor. In some

cases, respondents did so at times of escalating violence, in which intervening LEAs can not only be reported to, but they might also serve to avert possible danger.

Another, less commonly present role within the interviews, was in regards to their role to **ensure justice** (with justice often being understood as punishment). Within the Austrian sample, three interviewees directly called out the police for failing to reprimand and punish the perpetrator. It should be noted, that the punishments presented during the interviews were largely understood as ways to discontinue harassment by the perpetrator, and thus are intertwined with the police's role as protector. Nonetheless, seen as how lawyers are at times perceived to be costly, use of them during the support seeking process is limited.

Similarly, to the police, **lawyers** can be understood as both general and dedicated support service. Here, the differentiation becomes even more difficult, as interviewees have reported to have contacted lawyers on a wide variety of matters. For example, one interviewee shared how she had contacted the lawyer to ensure that the prenuptial agreement would hold in the case they would separate due to intimate partner violence. Given that her partner might, according to Austrian law, qualify for special support payments from the victim due to his addiction (Austria). More commonly, lawyers were most widely present as a **source of legal expertise**. Consequently, interviewees saw them involved in legal matters, such as custody, restrictive orders, as well as criminal or civil charges. A handful of interviewees have also pointed out, how having a lawyer was beneficial to the overall reporting experience. As one person recalled, having a lawyer made social services "became less intrusive" (France). Some lawyers have been reported to get more involved in the support seeking process, with one lawyer, for instance, helping a German interviewee find a shelter place.

Lastly, there are **anonymous support services** dedicated to victims of intimate partner violence. They include hotlines and chats. Due to their low access barrier, some interviewees mentioned using them as a point **to gather information**. They thus, might appear within the preparatory steps.

3.1.3.3 External reporting

Another way support was received, was via external reporting. External reporting are instances, in which reporting is done by external parties. Common examples are neighbours, family and friends calling the police or the ambulance upon hearing or seeing signs or abuse. Such as in the following case:

> *"He had a lot to drink and came back home, hitting me. After he had already run away, the neighbour called the ambulance."* (Austria)

Another interviewee in France recalled how a neighbour at one point called the Gendarmerie, after hearing the perpetrator threatening the victim. By its nature, external reporting seems to relegate the victim-survivor to a passive role. Nonetheless, as the interviews have indicated, a support process started via external reporting might require active participation by the victim-survivor. This seems especially true, when initial external reporting is followed up by inadequate support or gaps in their provision. This also applies where initial reporting by external parties addresses the wrong target. An egregious example of this is a school nurse, who reported abuse by a parent to the parent, *"worsening the situation"* (Finland). The victim-survivor, therefore, still navigates and participates within the support seeking process. External reporting, while seemingly at odds with other steps within 3.1.3, can still serve as a stepping stone and lead to other support-seeking interaction.

The role of external reporting to authorities presents a complicated picture within the cases presented, as in some interviews, it provided impetus for victim-survivors to seek support and report the abuse; but in other instances, complicated the matter. This is mirrored in the opinions voiced in regards to

the agency of victim-survivors in the actions of support services, as well. One French interviewee, described being caught in a *"trap"*, after reporting her partner in the hope of finding help for his drinking and subsequent aggression without the intention to punish the perpetrator. On the other side, an Austrian interviewee, recalling her own difficulties cutting ties with her abuser, argued for mandatory reporting by medical staff and other professionals, without a victim's consent.

While external reporting has usually been to the police, the sample includes cases in which family members reported abuse to anonymous support hotlines to acquire additional information for the victim, as well as within their own informal network.

3.1.4 Interim summary

Summarizing the analysis of these themes, the victim's perception of their own situation, as well as their perception of available institutional response, appears to be filled with potential risks. Regarding the former, and which factor influence support seeking by encouraging or impeding it, the thematic analysis has yielded a number of insights. For one, their perception of risk to themselves can influence whether victim-survivors are considering seeking support. Where victims perceive their abuse to be unbearable or where they have been subjected to further escalation of violence, respondents discussed that they felt driven to seek support. In contrast to that, where respondents feared that support seeking or reporting would pose a risk to them, any actions on their part were discouraged. General doubts and fears about the consequences of reporting, fears of economic and/or social repercussion, as well as loneliness; within the sample, all of these were presented as possible risks to victim-survivor's seeking support. Additional fears were also discussed by those feeling dependent on the perpetrators. Dependencies could be financial in nature, as well as based on the provision of care and securing of a residence permit. Consequently, these were especially relevant for victims who reported requiring care, largely people with disabilities, age related health problems, other medical reasons, as well as people who had migrated.

Regarding social repercussions, themes representing guilt, stigma and shame were at times linked to the experienced violence, just like any support seeking and separating measures by the victims. Respondents with a religious background, as well as elderly and LGBTQI victims pointed to these perceptions of guilt, stigma and shame.

A victim survivors' capacity to seek support is also dependent on their understanding of the domestic violence they have experienced. An understanding of one's situation was presented as beneficial. Here, the role of therapy, education, and other forms of support for the process of understanding need highlighting. In contrast to that, interviewees have shown how normalizing and rationalizing, as well as a misunderstanding of violence can cause affected persons to not identify as victims. There seem to be a number of elements, that contribute to this. Firstly, where respondents had past experiences with violence or have been socialized in communities that rationalize or normalize violence, the barriers to understanding one's own victimhood appear to be higher. Secondly, there seem to be stereotypes about who is and who is not affected by domestic violence. Respondents, who identified as groups that are not affected by DV, such as FLRs, men and persons from privileged backgrounds, reported struggling with recognizing the abuse.

Certainty, or the lack thereof, especially in regard to perceived available support, was also present in various themes. Where victims felt certain about existing support, especially shelter, they were more empowered to act. This certainty can also be provided by social relations, i.e., the informal network. Where victim survivors were reporting knowledge gaps in regard to available support, they reported a large degree of uncertainty for the support seeking process. Knowledge gaps were not just regarding what kind of support was available and where it could be found; but also in regards to who was eligible, linking to respondents misunderstanding of violence. The former two were especially

present amongst migrant respondents, who also reported a lack of information in their language. The last one affected respondents who were subjected to non-physical forms of abuse. Additionally, low trust in or past experiences with institutions and support providers can cause uncertainty in the support seeking process. This was especially true for migrant victims, who highlighted the police in particular. Limited resources were also discussed as a discouraging factor for respondents to seek support. These can result in connection with other factors, such as dependency on the abuser or barriers to access, to compound problems within the support seeking process or add to feelings of uncertainty.

Other important factors that define respondents' perception of their situation and their reflections on support seeking, are related to their interaction with their social environment. In particular, the protection of others consists of a number of reoccurring themes present in interviews. Especially children and perceived risks to their wellbeing were important in shaping support seeking behaviour. Where support seeking was seen as beneficial to them, respondents recalled feeling encouraged to take actions. The same held true for other family members, people providing support, community members, as well as the perpetrator. Where support seeking was seen as posing a risk to any of them, respondents shared feeling hesitant. Risks were identified not just due to possible retaliation by the perpetrator, but also due to the consequences of support seeking and a possible separation from the perpetrator.

The relationship to the perpetrator also provided a number of possible barriers to seeking support. Firstly, where victims felt dependent due to any number of reasons, support seeking was more commonly seen as risky, as was discussed above. Secondly, the aforementioned feelings of guilt and shame might discourage actions, especially where victims felt that the perpetrator might change their ways or where victims were socialized to disregard separation as wrong. Thirdly, the abuse can also limit possible support seeking options, especially regarding controlling behaviour, threats and misinformation. Migrant victim-survivors seemed especially vulnerable to the last two. Lastly, where abusers held positions of influence, such as within the police, support seeking was hindered with additional, difficult to overcome obstacles.

Additionally, informal networks, which include family, friends, colleagues, and so on, were seen as very impactful on the overall reporting process. They can exert influence on victim-survivors to seek support, as well as discourage it. Furthermore, they can provide certainty and support, especially, where formal support organisations fail to properly address needs. Consequently, a lack of social ties, can leave victims in a position where seeking support feels difficult.

Victim-survivors' perceptions of their own situations are also informed by their perception of the available support services for DV. As was shown in the report, this is not just because formal support institutions can serve to provide aid and motivate further actions by the victim-survivors. Instead, experiences with inadequate quality of support, lack of support, limitations to access, as well as an inadequate framework underpinning the provision of support can be detrimental to victim-survivors hoping for and requiring aid.

3.2   Section 2: Experience with support services

The following chapter will describe the experiences of the respondents with the support services they have been in contact with. For this purpose, the positive and negative experiences will be discussed in the following sub-chapters. Where the results are elusive to one of the countries studied, or where they are particularly typical of those countries, this will be highlighted separately. The same applies to group-specific experiences. Otherwise, the following descriptions are valid for all countries as well as for all groups.

3.2.1   Experiences with law enforcement

Across all countries, experiences with the police are mixed, ranging from very good to very negative. The collected data indicate that victims' expectations and requirements as to whether interactions with the police and their interventions are experienced as positive are relatively modest.

In a nutshell, victims who turn to the police expect the police to **simply fulfil their legal duties**, i.e., to take complaints seriously, to take up reports, to treat victims with respect and their experiences with appropriate discretion, to follow basic victim protection measures, e.g., to interview victims separately from possible perpetrators, and to have information available about contact points for victim protection. Positive experiences with police contacts therefore often include descriptions of victims being "*believed*" and "*understood*", the police doing their job "*neutrally*" and "*without emotion*", undertaking a risk assessment and informing victims about a possible risk, as well as giving them information about intervention centres or women's shelters or contacting such a facility directly.

In addition to such basic expectations that contributed to an overall positive experience, there are also descriptions of police actions that had an **empowering and liberating** effect on victims. As the following quote shows, this was the case when police officers showed special compassion to the victims and motivated and supported them to report their case.

> *"At first, I didn't want to say anything, I thought I would be judged again so I might as well not say anything. But this time it's not like that at all, the police officer found just the right words to reassure me […] a bouquet of empathy and tolerance. It was the first time in a year that I would have felt protected by the forces of law and order, it was the first time I would really felt supported."* (France)

In some cases, this kind of behaviour, which goes **beyond professional duty**, manifests itself in police officers taking victims directly to shelters and personally taking care of their accommodation and protection. The monitoring of prohibition orders by police in the form of unannounced visits to the victim's home was also seen as particularly positive. According to the respondents, such monitoring contributes immensely to the feeling of security. However, respondents suggested that it might be better to announce such measures to the victim.

These positive experiences are contrasted by a number of negative and sometimes humiliating stories. One of the main reasons for negative experiences was the **lack of training and expertise** in engaging with victims of domestic violence. For example, a participant from Spain described that:

> *"The policemen who attended me had no fucking idea, they said they had gone to a course, a short course, they even called it that way, a short course."* (Spain)

Such lack of training can easily which typically manifests itself in a **lack of empathy, and doubt** in the victim's account doubting or not believing the victims' stories is particularly dangerous. As our findings and a large body of international research show, one of the most important needs of victims

is to be believed.[7] Yet, doubt and scepticism about victims' stories may discourage them from contacting the police in the future. Closely connected to such doubts are **stereotypical role expectations towards victims**. Repeatedly, our data includes stories that police officers would not believe victims, because, despite (or sometimes as a result of) the assault, they were calm and self-confident in their reports of the violence.

The lack of expertise and training in responding to victims can also influence what is **recorded by the police**. For example, the police may only record those aspects of a case that are relevant from a "routine police" point of view (e.g., the narration of concrete acts of violence, photos of injuries, etc.). In contrast, interviewees stated that police would often not ask about psychological or financial acts of violence which are then not included in the police report. In addition, the **adequate provision of information** can also be influenced by a lack of expertise, for example when victims are informed about further procedures and options while they are still in shock or emotionally and physically affected by the violent incident.

Even more drastic are those cases in which a lack of respectful treatment and understanding for victims lead to **degrading situations**. A participant from Finland reported that she had to give her victim report about her rape in the middle of the police station. A participant from Germany reported the following:

> *"So, the policeman said: 'Why did you marry such a man? He's from Turkey, and we know that this is a well-known fact that they hit their wives'."* (Germany)

Besides racial prejudice against certain minorities, the quote also shows a typical case of **victim-blaming**. Such behaviour can lead victims to withdraw from support services due to fear of being blamed again, and it consequently becomes even more difficult and dangerous to leave the violent relationship. Moreover, such actions, especially by state authorities, trivialize the act of violence by suggesting that it was one's own responsibility to prevent it, as it could have been expected. International studies on the topics show the negative (long-term) consequences of such acts for the mental health and general well-being of victims, such as Hornyik (2020) and Nagy et al. (2020).

Even more drastic than such humiliations are the cases where a police officer in charge of the case **harasses or even abuses the victim**. One respondent from France reported that the police officer in charge of her case called her several times to ask her out. One of the Finnish participants even reported sexual assault and threats by the police.

Report about experiences in relation to courts and lawyers were rare. **Court experiences tend to be described as slow, laborious and difficult**. Similar to experiences with the police, victims are particularly affected when they are not believed in court. Furthermore, it is perceived as problematic when victims are not questioned separately but have to testify in front of the violent partner, if they have to testify multiple times or are requested to bring psychological assessments. Some participants suggested that judges lack gender awareness, which would result in negative stereotypes towards women, but especially **towards male victims**. Whether these statements refer to civil or criminal proceedings was not always comprehensible form the obtained data. Experiences with lawyers are more positive, especially when they are provided by victim protection organisations. In most cases, the **comprehensive explanation of procedures and the provision of information** on the topic of victim protection and/or custody are emphasised. Cases where participants first meet their lawyers on the day of the trial are perceived as less positive. The high costs of lawyers are also problematic.

Distinctions between victim groups in accessing law enforcement and justice are found with regard to three categories. For **participants with a migrant background**, access to the police can be culturally

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[7] For examples, see Brzank et al. (2005) and Fiedeler (2020)

biased. One respondent from Germany reported that she did not dare to go to the police for a long time because she was afraid that they would not be trustworthy, as it was the case in her country of origin. Other stories confirm the lack of interpreters known from literature in connection with police statements. It should be emphasised, however, that in our data we also find positive experiences in this regard. Reluctance, mistrust, or fear of the police is also found **among participants who have had negative experiences with the police in the past**. An example of this is a participant from Finland who in her youth often ran away from home because her parents' abusive treatment. However, despite her reports, the police always brought her back home. Negative experiences are also reported by male victims for whom, as the data from France suggest, it is even more likely that they will not be believed by the police or the judiciary.

3.2.2 Experiences with general social and health services

A number of respondents reported experiences with non-specialised support services, such as social work, youth and family welfare, homeless shelters and health services. Generally, the experience with these institutions appears to be **more often negative than positive**, with **child welfare services** and **family support services** being particularly negative. The main reason for this is that the professional focus of these organisations is on the wellbeing and safety of children and, from the perspective of these services, a victim's emotional distress or psychological disorder may be perceived as endangering the child. Thus, these organisations focus their interventions on the child's safety, instead of the violence experienced by the victim. The interviewed victims however perceived that these services and interventions fail to recognize that the origin of the child's risk is not the victim's psychological or emotional condition, but the partner's violence. Such a **one-dimensional focus**, as our data show, can easily lead to children being placed in the care of the youth welfare services. This approach can have serious consequences for the victims and their future willingness to report. The following example of a participant from France, whose child was taken in custody by the Child Welfare services after she filed a report expressing her fear and emotional distress about her violent ex-partner's release from prison, illustrates this well.

> *"They [refers to youth welfare service] finished me off. I don't know what I think anymore. In the blink of an eye, I've changed. I'm dressed all in black, it's too complicated to walk, I've got a ball and chain on my foot, I've stayed in my house for 4 days without moving, people scare me too much, I didn't want any more follow-ups […] I'm sorry for filing a complaint, I really am."* (France)

Individual respondents also reported that such organisations would not believe them, e.g., when victims are advised to allow visitation even though they report that the children have been subjected to violence or have at least witnessed the violence against the mother.

Another problem of organisations that are not specialised in domestic violence is that there is often a **lack of adequate victim protection measures**. Participants repeatedly reported to have experienced that both, they themselves and their violent partner were invited to a joint counselling or clarification meeting. Moreover, in such cases, concrete support to break the violent relationship is usually limited to referring the victims to women's shelter.

Another issue that can prevent positive interventions and lead to negative experiences was that social services **focus on other problems**, like the alcohol or drug addiction of a victim instead of violent experiences, as one participant form Spain recounted:

> *"They always identify my problems with drugs, alcohol. […] and I said no, that's not the problem. The problem is the [ex-partner] abuse. And they have stuck to that."* (Spain)

Furthermore, alcohol or drug addiction can prevent the allocation of free places in shelters to the victims.

The experiences with responses from **health care professionals**, who - as is well established in the literature[8] - are usually the first point of contact for the majority of victims, were mixed. One of the most common negative experiences is the **lack of interest, engagement, courage and/or knowledge in identifying and addressing domestic violence**. For example, several participants reported that doctors had noticed during treatment that the injuries might have been caused by violence but did not dare to follow up on their suspicions.

> *"I have to be honest, the doctors, they notice that something was going wrong .... I don't know for what reason; they don't take the courage."* (Germany)

The lack of expertise in identifying and dealing with domestic violence can also lead to **inadequate engagement and/or treatment** victims. Some participants stated that they had been consulted in the presence of the violent partner. In the context of psychiatric or psychotherapeutic treatment victims report that therapy is often limited to the administration of medication, while the root cause remains untreated. Even more problematic are those cases in which medical staff **do not believe victims and downplays their situation**. One participant from France for example reported that the emergency doctor at the hospital she went to after she was raped ruled her case a *"sexual accident"* and discharged her from the hospital without proper treatment, documentation or information. A similar report was given by a Finnish participant who told the examining doctor about the acts of violence. Nevertheless, the doctor did not document the incident and did not provide the victim with further information.

Nevertheless, there are also a number of positive experiences. Especially among the Spanish participants there are many who describe the attending doctors as **empathetic, patient and helpful**. Treatment is found to be particularly good when it is carried out by **medical staff with expertise in dealing with victims of DV**.

3.2.3 Experiences with specialised victim protection services

A large number of respondents had mainly **positive experiences with specialised victim protection**, counselling or support services. One of the most important reasons for these positive experiences is that respondents always **felt that they were taken seriously**. Counselling and support staff would always be oriented towards **the needs and capacities of the persons concerned**, who would generally be met with a lot of openness, trust and credibility.

> "*Everything was explained to me. I had to explain again what had happened to me, but she [the women from the protection centre] was kind. She was very understanding. She just had to document it, why I was there. But that was all, everything was so peaceful. It was so incredibly calm. I was incredibly scared anyway. But everybody was nice."* (Germany)

The following quote from a participant from Austria shows how important it is for victims to feel understood

> "*It was especially helpful that I felt understood, that I didn't, that I didn't imagine all of this, all of the madness [refers to violence of ex-partner]. Because I wasn't sure of myself, that was actually the main problem, that I doubted myself so much."* (Austria)

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[8] For example, in Nagy et al. (2020), Röntynen (2021) and Wallin et al. (2018).

Overcoming such self-doubt and regaining confidence in one's own judgement are important prerequisites for initiating and enduring the separation process and possible interventions against the perpetrator.

In the face of such similarly, calm and considerate counselling practices interviewees usually had the feeling that they could decide how the support process should proceed. This dynamic of **retaining agency** is a crucial moment in overcoming the violent relationship, as the following quote from a Spanish participant illustrates:

> *"It's a process of empowerment in every way and in all areas of life."* (Spain)

In addition to these positive and supportive methods, there are also a number of concrete measures and offers that are highly appreciated by victims. In particular, the **broad range of information available** and the **disclosure of this information** are perceived as important elements of a successful protection of victims. Also, in cases where this was necessary, the **long-term duration** of the support was repeatedly mentioned as helpful. Another such support measure that directly helps in the escape from violent relationships is described by a participant from Germany:

> *"It was a great relief, I did not know how to get out of the situation and now there is someone I can tell, who can help me to get out of it, I am very grateful that this is now. [...] I didn't dare to go to the lawyer for many years, and she [staff of the counselling service] accompanied me to the lawyer, she also tells me what I can do with regard to an apartment, I can't afford an apartment where I can go and she would accompany me everywhere where I don't dare to go alone. If there is an 'emergency' I can always call her, she is always there and ready to listen to me, it's just good just to talk to someone quickly about what's going on. [...] it gives you courage again, that you do not have to accept the situation as it is, but that there is someone who helps you."* (Germany)

The core of this description is the **immediate and constant availability of a contact person** who **understands and supports victims** in those things they are currently not able to do on their own. In our data, there is a whole series of such narratives in which victims describe how they are supported by the staff of specialised organisations in for example their search for a flat, a place in therapy, in completing administrative procedures applications, or the way to the police and court.

Another positive element of specialised victim protection centres, reported by participants from all countries, is the **possibility to exchange experiences with other victims**. Such meetings and workshops were experienced as a safe space to address and learn about domestic violence and contributed to the participants self-esteem. Finally, special mention should be accorded to those support **measures that remain in place after the successful first intervention** and the break-up of the violent relationship, as described by a participant from France.

> *"I'm regularly followed up by the association and it really helps me to deal with everything that has happened to me, to find myself again, to heal my wounds, to learn to recognise myself."* (France)

Finally, for many participants the contact with specialised victims' protection centres, **increased and shaped their knowledge about DV**, and raised their awareness for non-physical forms of violence. However, aside from these positive experiences, the interviewees also report a number of negative ones. Occasionally, as the participants' stories illustrate, in the context of victim protection, **the wishes of the victim and the tasks and obligations of victim protection may be in conflict with each other**. In the case of victim counselling centres, some respondents reported that it was difficult and tedious because they **had to talk to a different counsellor** every time they called.

"Unfortunately, I have to say that it wasn't that good, I mean, the expectations were much higher [...] the expectation of how you would feel when you left, or what you could get rid of there, that you would be supported or accompanied, and unfortunately that wasn't the case, so I left relatively disappointed [...] I didn't get much help [...] that was a bit of a bummer for me [...] I had the feeling that I had done something wrong and that's exactly what I didn't really need, because I'd had this feeling for years in my relationship." (Austria)

Another reason for such negative experiences was that **counsellors sometimes did not react professionally**, but instead acted emotionally themselves, talked about their own bad experiences and challenges, or sometimes even criticised victims, e.g., for staying so long with the violent partner, for wishing he becomes like he used to be before the violence started, or for agreeing to child visitation arrangements. Such negative counselling experiences are often accompanied by a perceived lack of involvement in a broader support network (e.g., counselling and psychological support for children) and a lack of information on a long-term support process. This kind of behaviour, even by individual counsellors, can lead to victims avoiding the respective violence protection centre in the future. Participants from Austria also report that they would have expected more support from victim protection organisations, such as **accompaniment to court.**

Another issue reported was, that the telephone counselling would often be one dimensional, typically only directed victims to seek the help of a victim protection centre or a women's shelter. However, in practice victims may experience difficulties in accessing women's shelters. On the one hand, places in **shelters close to the victim's home are often occupied**, which means that they are referred to shelters in distant locations. Yet, it is often difficult to stay at these because of their distance to workplace or to childcare facilities or schools, especially if the victim does not have a car.

In addition, two **specific victim groups**, **namely mothers and persons with disabilities**, reported particular barriers that led to negative experiences. A participant from Germany reported that not all women's shelters were **wheelchair accessible**, which is why she could not be admitted in many places with her wheelchair. Another respondent was deterred by the fact that there are often **age limits for children**, especially sons:

"At that time, there was also the issue of a women's shelter, yes or no, but at that time the problem was that my youngest son, because was over the age limit and would not have been allowed to go to the women's shelter, exactly, then everything was much too difficult, I broke everything off, it came to nothing, then I never had any contact with institutions or with anyone again." (Germany)

As the quote demonstrates, policies and procedures that are in place to serve the protection of women can result in the **cessation of the help-seeking process** and have a negative impact on future attempts to escape from the violent relationship with the help of the specialised organisations.

3.2.4 Interim Summary

In summary, it can be noted that in the course of contact with frontline responders, positive experiences are primarily reported with specialised victim protection services and organisations. Although there are also individual interviewees who reported negative experiences in terms of access and interaction with specialised services facilities, the low-threshold access, the trusting and victim-orientated approach in interactions and the support process, as well as the information and networking offered by specialised organisations, lead to overwhelmingly positive reports.

The experiences with the police were mixed. Especially in the direct police-victim interaction, respondents repeatedly experienced problems, some of which are fatal, such as when the officers

themselves harassed the victims, downplayed the violence they experienced, blamed them for what happened or did not believe them. This is a disappointing finding, as victims' expectations of help from the police are comparatively low. For positive experiences, it is usually enough for officers to do their job dutifully and with respect for the person. Particularly positive experiences were reported by those participants who received special support or special courtesy from police officers. Examples of this were when officers themselves took care of the placement or accommodation of victims in victim protection facilities or encouraged victims to report the case.

Rather negative experiences are reported in contact with non-specialised social institutions, such as youth or family welfare services. One of the main reasons for this seems to be that - at least from the perspective of some respondents - such organisations often do not focus on the safety or well-being of potential victims, but on other aspects such as the safety of children, parent-child relationships or custody issues. This can lead to victims' expectations being disappointed. Furthermore, such organisations sometimes lack expertise in the field of victim protection, e.g., when they do not offer separate counselling appointments.

3.3   Section 3: Ways to improve access to support services

In the following chapter, we present measures which, according to the respondents, would contribute to improving access to victim protection and frontline responder services. The chapter is divided into two sections. First, those measures will be described that are directly addressed to support institutions and front-line responders and that are supposed to contribute to the improvement of engaging with and supporting victims. Subsequently, we discuss those suggestions for improvement that are directed at victims and are intended to lower their barriers to obtaining information and accessing support services.

3.3.1   Measures directed at front line responders

One of the key requests of the interviewees was that the most common front-line responders, contacts point and institutions, i.e., hospitals or local health services (e.g., general medical practices), police, social work or welfare institutions (e.g., family or child and youth welfare) and in courts have dedicated experts who know how engage and support people who were affected by domestic violence and/or adhere to minimum victims' protection measures. Participants across all countries expected that professionals, who engage with victims need to be able to create an atmosphere of trust and encouragement, so that victims feel safe and taken seriously. Another important aspect is transparency. Victims should at all times be informed about what support options are available and what the consequences are, especially whether a specific measure automatically results in a report of the violent act to the police. In this context, it is particularly desirable that victims are informed about the expiry of restraining orders, injunctions or release from prison. Trust and transparency are highly important because it enables victims to regain some of the agency and control that was taken away from them by the perpetrator, as the following quote from a participant in Germany shows:

> "My husband controls everything and every step, he mistrusts. I want to trust and understand what is going on and what should be done why." (Germany)

In particular, such calls for improvement are directed at the health and general social services and the police i.e., those institutions with which the respondents have had less positive experiences (see Chapter 3.2). Another important concern, which refers to health services in particular, is that they professional often lack the time and commitment to follow up on signs of violence and to provide the affected people with appropriate care. A participant form Germany emphasised this issue:

> "If someone comes to a medical practice and you describe the problems, they usually have a cause, you don't just get sick like that and maybe there should be a place where you are simply sent to or that they [refers to health care professionals] also ask: 'Why do you have that [injury]?' That one questions […] takes up the whole psychological 'thing' much earlier then or sends one also much earlier somewhere. […] The general practitioners would also need a bit more time, because you can't tell your life story in five minutes, they would have to be much more sensitized when someone comes in with psychological problems, whether there is domestic violence behind it." (Germany)

Furthermore, respondents in all countries emphasised that all organisations and institutions that are likely to come into contact with victims introduce or comply with minimum standards of victim protection measures. Here, all organisations must offer the possibility for victims to choose to be attended by professional of their gender. Furthermore, the potential victim and the perpetrator should not be jointly invited and questioned, for example in court or counselling sessions by family or youth welfare services. Particularly in the course of the criminal prosecution process, care should be taken to ensure that victims are not subjected to undue stress, e.g., that they do not have to recount their experiences of violence against their will several times or even in public (e.g., at a court hearing).

With regard to the court process, the participants advocated for speeding up divorce proceedings in cases of suspected domestic violence. The victim remains in a relationship with the perpetrator until the divorce is granted. The interviewees would like to see this very distressing psychological situation taken into account and for the divorce procedure to be speeded up. Victims who have been waiting for more than a year to get divorced do not understand what the courts need to approve a divorce after domestic violence has been legally reported.

In addition, individual respondents felt it important to significantly increase judicial sanctions for domestic violence in cases where the perpetrator is a member of the support services, especially the police:

"I would have liked to see harsher punishments for police officers who had abused their spouses and children. And I find it unacceptable that a police officer should be able to carry out his duties after putting his gun to his wife's head and shaking his sleeping seven-month-old baby. I'd like to see him prosecuted and removed from the force." (France)

Participants also mentioned possibilities for improvement for specialised violence protection services. Some wished for a more "proactive" approach on the part of victim protection services, urging victims to leave the perpetrator and take appropriate action, as the following respondent from Austria pointed out.

"And then the [refers to violence protection centre] actually pushed me to do it, because you easily fall back into the pattern, yes, and you think to yourself, 'Well, before I go down the rocky road [and leave my partner], maybe it would be more comfortable to go back' and it was tough for me to leave, although the relationship was terrible and bad, but to break out of it was tough, and I think I needed the kick a bit or the push from the violence protection centre." (Austria)

Respondent findings from France and Finland suggest that these services and professionals can be overwhelmed when dealing with complex situations where victims are affected by multiple vulnerabilities or where victims suffer from addiction or mental health problems. Moreover, participants addressed structural deficits, such as the unavailability of certain services on weekends, opening hours that conflict with working schedules, lack of translators and counsellors with diverse cultural background or respective cultural knowledge, or frequently changing contact persons, or the insufficient availability and resources of rural as opposed to urban victim protection services.

Finnish participants stressed that for many victims of DV it would be important to hear from a professional that they live in a violent relationship, and they should try to leave this relationship before facing serious violence. In addition, these respondents emphasised that front-line responders should be trained to act professionally and, besides being emphatic and understanding, should themselves not show emotional reaction, because it may overload the emotional burden of the victim.

Finally, participants form Spain and Finland emphasised the need for financial support structures for the victims of DV, who want to leave violent relationship and start a new life. In such cases women are often in dire need for financial support, especially in the transitional phase, where they are looking for a new apartment.

3.3.2 Measures directed at victims

Interviewees across all countries reputedly stressed the importance of having access to relevant information at the right time, i.e., information that enables them to understand their situation, the procedures to be followed and the options they have. The adequate provision of such information concerns all the support services involved, the police, medical and health care services, legal

proceedings and the activities of organisations and associations supporting victims of domestic violence.

A crucial factor in making information available is that their dissemination and availability should be as diverse and inclusive as possible. Thus, participants mentioned that information about DV and DV related services and procedures should be advertised in television and radio, via posters in public places like metro-, -train or bus-stations, or as leaflets or 'calling cards' in supermarkets, bakeries or bars and public women's restrooms. In addition, medical and social services should always provide leaflets and comparable information sheets about DV in their facilities. In terms of 'special-victims' groups' participants voiced the need for targeted information provision. A refugee from the German sample proposed to use language courses and integration courses to disseminate information, as many female migrants could be reached this way. Other participants stressed that Information must easily be available outside of the internet, as many older people would not have access to or use the internet.

In terms of content, these information sheets should provide victims with the most important facts about gender-based violence so participants can assess their situation. Here, it is especially important to point out alternative forms of violence such as financial, psychological or emotional violence. In terms of identifying DV respondents from Spain suggest the provision of (online) self-identification tests as a victim of GBV in combination with campaigns based on evidence from respective research. Participants also mentioned that in the distribution of information it would be important to include legal information, like the course and possible costs of legal proceedings or contacts details of specialised lawyers. Furthermore, it is crucial to prepare such information specifically for different target groups, considering difference in socio-economic, religious and cultural backgrounds. Some participants suggested to not use the term victims and some women may have perceived this term as a form of stigmatisation.

Beside information targeted at victims, according to our participants more information campaigns should be directed and made available for the social environment of victims (friends, family) and the broader public.

> *"Maybe people should be sensitized in general, including friends, so that friends can also contact them, so that they can find out if something is wrong, maybe there should be information on TV, so that people can confide in friends and that they also have the opportunity to contact such institutions. Because you can't do it alone, and before you go in that direction, you need someone to go with you."* (Germany)

Another very important and repeatedly advocated measure was to offer victims more and better opportunities to share their experiences and stories with other women who have suffered domestic violence in a protected setting. Many interviewees felt encouraged to seek help themselves through such talks and recommend promoting exchange between victims, for example in the context of events exclusively for women or support groups. In addition, victim protection organisations should offer victims the opportunity to get involved in victim protection themselves. The interviewees believed that mentoring between victims, would be a great help on their way back into life and help to avoid the loneliness and helplessness experienced as a result of the abuse.

Finally, participants stressed the demand for free and continuous psychological and legal support, as these services would often not be available to people with limited financial capacities. Especially, long-term psycho-social support or therapy should be available free of charge as part of public health care cost, in cases where people have suffered from extended or severe forms of domestic violence.

3.4   Section 4: Chatbot solution for providing victim support

3.4.1   What are the attitudes of Interviewees in regards to an AI chatbot providing help to victims of DV?

3.4.1.1   Potential opportunities

A large proportion of the interviewees expressed a positive attitude towards using a chatbot as a first place to find information and guidance when experiencing domestic violence. Most interviewees saw it as a positive option, which they would use if it was anonymous. This issue was regularly emphasised. However, the widespread lack of experiences with chatbots led them, on many occasions, to prefer a human being to answer their questions and concerns. Most of the interviewees were not familiar with the use of chatbot services. Yet, the majority of them are using the internet on a daily basis, and use is to seek information on a wide range of subjects.

Advantages of the chatbot were seen in its availability for use at anytime and anywhere. Also, the instantaneous availability of answers, and the fact that a machine would not express moral judgements. Interviewees considered the chatbot as an initial aid for asking for help, and where help is available. It is especially useful for persons who have no or very little social support. Following this initial step of providing information, the chatbot ought to transfer to a human agent.

Regarding the question of texting with or talking to the chatbot, there is wide agreement that talking could be more useful than but this would largely depend on the context. When under emotional stress, it seems to be easier for some women to speak than to chat. Nonetheless, most interviewees would prefer to write rather than speak, as it is perceived to be more discreet – no one can listen and it can be used at public places, e.g., in the subway. Also written information could easily be translated on the phone. Some interviewees had no preference for the chatbot's voice, whether masculine or feminine, while others preferred a female voice because many of them have experienced violence at the hands of men: *"I don't think I'll trust any man again."* Yet, it would be nice to be able to select the gender of the chatbot's voice. It ought to be soft, calm, gentle, friendly, empathetic, and have a neutral accent or be spoken with the accent of the victim's nationality. A chat bot could be a good conversation partner in moments when victims are by themselves and time to reflect about past events.

Using a phone call to a helpline, interviewees felt that they might burden the answering person in a helpline, and, thus, victims minimise the violent situation. Often, they would simply have the need to get an answer to some question that they consider as 'trivial' to start reflecting upon the situation. The threshold to ask trivial things is lower if they feel they are just 'burdening' a bot instead of a real person.

After experiencing social workers' downplaying the violent experiences for years, no trust was left for one interviewed respondent. She would have more trust in a bot that would not convey emotions but rather state clearly that violence was wrong. A chatbot ought to state the wrongdoing of the perpetrator and his/her responsibility as the victim cannot end the cycle of violence by herself, through her own behaviour.

When considering to leave a violent relationship, or after specific threats or violent events, interviewees talked about an essential 'time of orientation' when it was open to whom they could address their questions: regarding their situation, forms of DV, "confirming" whether they actually were victims of DV, as well as finding contact persons, services and shelters, get clear about their legal status, about the impact on children, and forms of economic support.

Chatbots would offer a possibility to receive immediate help at any time. And for getting answers to one's questions when more and more new questions would arise. Being able to choose the time would be an advantage, especially at night, when victim-survivors have a 'clear head' but no counselling

centre is available. Also, chatbots might be helpful for migrant women who do not know their host country's language.

3.4.1.2   Challenges, concerns and barriers

Despite the mentioned advantages, the majority identifies a chatbot on GBV as cold, with a lack of closeness. They consider that reading or listening to automatic information does not help as a human person could with a personalised response on this matter. For this reason, they stress the importance of having human agents to whom they can refer after a first AI response.

The topic of lacking trust into the technology and its safety has been repeatedly mentioned by interview partners. A few interviewees would not use the chatbot, due to doubts about whom they would be talking to and who could read or listen to what they express. Some migrant interviewees mentioned the fear of the police being able to listen to the conversation. They would be afraid of sharing personal data. Someone with substance abuse issue mentioned the distrust towards telling anything to anyone. Interviewees raised doubts whether the chatbot would be anonymous which is related to the high threshold to write anything. There might be a risk that confidential conversations are transcribed, when chatting on the computer and cell phone. Thus, the chatbot should not be implemented on WhatsApp as most women are afraid of someone taking control over their cell phones. In general, the fear of being found out in their search for information on help is terrifying DV victim-survivors as they have to think of every detail that could put them into danger. One interviewee aid, she could not trust the chatbot because she would be uncertain about privacy and security of her information and feared that the chatbot could recognise her identity or reveal her physical location. Moreover, there is a possible risk of misusing the chatbot, for example crank calls. Nonetheless, the chatbot could be used as a platform for seeking information. Also, the threshold to push a chat button might be too high. Therefore, there should be information available that could be read online. Yet, the question remains how users will know and validate that they can trust that the information received stems from a credible source.

If there was a chatbot for victims of DV, it should really work. The worst thing, interviewees imagined, would be that they put their problems into the digital world and then the connection would be lost, or the chatbot would not work. As DV victim-survivors often experience that they are not being heard, a chatbot should by no means cause any similar experience. Likewise, interviewees reported their fear that the content could be limited and that the Chatbot would be "overwhelmed" by their responses, due to the complexity of DV and wondered how a Chatbot could solve that.

Further important critical points mentioned were the chatbot usability for persons who do not speak the chatbot's language well and for persons who are exposed to extreme control by their (ex-)partner. One interviewee stated, that for her, it would seem impossible to access a chatbot in an acutely violent relationship situation, as she considers it too risky for the women in situations of acute threat and control. Another woman reported that she had been controlled to such an extent that it would not have been possible for her to use the computer unobserved at all. Her husband knew all her passwords, and she did not have her own access to social media. For her, the question was, in which neutral places a chatbot could be used. The greatest barrier to use the chatbot thus would be the perpetrator who usually controls the electronic communication devices like mobile phone or computer of victim-survivors. Moreover, it should be taken into account that conversations with the chatbot could trigger traumas: What if the chatbot replies that everything is fine or if it does not guide the victim to seek help? What, if it gives false information about where to get help or that help is available (although the mentioned institution that is open for two hours once week)?

3.4.2   What experiences with chatbots do interviewees have?

Almost all interviewees currently used the internet. However, there are examples of older persons who said they do not use the internet or do not use computers due to physical impairments. Some interviewees reported experiences with chats or their exchanges in Facebook forums with other individuals who suffered DV.

One young female interviewee was aware of the existence of the "Elle Caetera" chatbot[9] accessible via the Messenger application. However, she had not used it to look for answers to questions concerning herself. One queer victim interviewed found the LGBTQI community association's chatbot to be very fast, and well organised to make the user feel 'welcomed'. Nevertheless, she did not really use it because she had been informed in other ways: She had read books on homosexuality, seen films and discussed it with her psychologist. She felt safer in a library consulting a document rather than chatting because she would risk being found out by her partner.

Within the German sample, about half of the women were familiar with the concept of chatbots. Few of interviewees in Spain have used chatbots. The few that have used chatbots rated automated and non-personalized responses negatively. In any case, the interviewees expressed their enthusiasm at being able to use a chatbot on DV matters confidentially and safely. They said they were ready to take part in testing its implementation. Doubts were formulated regarding the technical side of chatbots. One of the respondents was concerned that communication is inadequate due to technical deficiencies citing her experience with automated responses on the phone as an example.

3.4.3   What expectations and wishes have interviewees voiced in regard to a chatbot?

3.4.3.1   Technology and functions

The interviewees would like the chatbot to be an application that can be loaded onto a mobile phone without possibility of being traced. The evidence of using chatbot should not be seen in the browsing history of the mobile phone/computer. This application must not be installed in any visible position. Preferably, it would be a sort of hidden - disguised - application that user could open by clicking on an ordinary application, such as the weather forecast or the daily news. Another idea mentioned was that the chatbot should leave no trace and camouflage itself well on the mobile phone (it should look like a gaming app, requiring facial or fingerprint recognition to open it). The chatbot would need to be anonymous, although having the option to speak to someone by camera if wanted and use sentences that encourage the person. It would be useful if it could be used by another person who can transmit the information to the victim. Anonymity could also work for neighbours or the social network to report violence.

This application could be linked to GPT chat or another one as source of information about, for example local associations, lawyers that help victims of domestic violence, the nearest police station, the comments of other victims on their experience, etc. Thus, the chatbot should offer a way to connect directly with police, hospital, and especially shelters for victims of DV. Having direct access to psychologist or police through an emergency button is considered crucial. So, it would be good if the chatbot could forward the client to a real person in chat, but the chatbot could also forward the conversation to a professional (with victim's consent) who would get information about the client in advance, before starting a conversation with the victim. Moreover, it would be good to be able to take

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[9] https://www.vizir.co/en/blog/chatbots/a-messenger-chatbot-to-help-women-victims-of-violence/

photos or videos (e.g., of the physical injuries) and to be able to send them directly to the health station via the chatbot. It would also be helpful, if users could save the conversation so that they could show it to a professional and not would have to explain the same thing several times. Besides, it would be good if there was a positioning function, so the chatbot could map the service providers of the area, and e.g., directly suggest booking an appointment with a service, e.g., offer the appointment time directly. This would remove the extra effort of calling someone. In a nutshell, it would be good if users would be directed to the right professionals in different cities. Overburdened victims may not call if they just receive a brochure for a service. Because of stagnant trauma, victims can find it difficult to write. Thus, it would be good to be able to click on an answer and move forward in conversation that way. If such a mapping was not possible, it still would be good to recommend specific addresses, for example what youth welfare service to go to.

For users, it is necessary to avoid technical errors, e.g., if someone falters or cries while speaking, that the chatbot does not then break off. Chatbot interface should be clear, concise, and simple, without much colour, visually pleasing, without too many buttons and screens. The tool should respond immediately and would have to be fast.

The languages that were mentioned to be important for users in Germany were Albanian, Afghan, English, French.

3.4.3.2   Style and content

The interviewees emphasised that AI should be geared toward personalization and empathy in response. The chatbot's communication should be calm and collected, and helpful. When contacting the service, the DV victim-survivors often feels ashamed of her own situation. It would be nice to have the chatbot say something like, "I believe you. Don't worry, I believe you and we will do something about it." This had been left unsaid by the professionals as interviewees reported – they felt the hurting being left alone suffering. Thus, a robotic attitude is good, because otherwise victim-survivors will have more emotional burden if they feel that they are burdening the listeners. Victim-survivors sense easily if the listeners get frustrated or start to blame them or perpetrators. In such cases, victim-survivors may feel a need for defensive action. Therefore, the facts-as-facts approach would be good. Likewise, the chatbot should ask directly about problems and encourage the victim to act. Interviewees stated that important topics for which they would seek answers via chatbot, would include to *"being able to talk about fear, about life and the future"* and *"explanations or answers. What can you do and for what?"* Users who are unsettled, need clear statements on issues such as dealing with guilt they might feel, blame shifting and responsibility of perpetrators of domestic violence. Education about characteristics of domestic violence and exonerations would be helpful.

The chatbot should start with an open question, avoiding the concept of "violence" at the beginning, and gradually go deeper into the situation, with questions that engage and keep them engaged. According to the interviewees, the first contact with a chatbot should begin with an explanation of the nature and different types of violence. It might be very difficult for victim-survivors to put into words what they are experiencing with a violent partner. But this would be an essential step, and the presentation of a digital violence monitor or risk assessment that victims could fill in seemed a good way to start. It would be good, if the chatbot would provide instructions on the security plan and case conferences or MARACs and would explain what is asked in the MARAC questionnaire, et cetera. Moreover, practical advice for different periods in relationship like when users are in a relationship, when they are breaking up, when they are divorced and how to take care of safety in different situations would be very useful.

The chatbot would be particularly useful if it solved doubts, helped identifying victims, especially those about which there is less awareness (psychological and vicarious violence), assessed on procedures

and offered specific information about the violence itself, available services and aid. Information that can be read, information what is e.g., stalking or sexual violence was considered as helpful by the interviewees. The chatbot could offer self-identification tests, knowledge (books, evidence-based information about GVB) and audio-visual resources (videos, series, films) that can help raise awareness about the situation of violence experienced. The chatbot could also offer the possibility of listening to the testimony of other women survivors of every type of violence. The chatbot could be used to advise on what to do at any given moment, with an immediate response. Hence, it should be able to evaluate a person's situation and give guidance about different forms of DV and local services in the area where one lives. It is important to recognize the right risks, to recognize the situation and, when it is necessary, to refer the person to the help offered by the real person.

According to the interviewees, the chatbot could also warn users that professionals are not necessarily always correct or treat them right – then it could provide instructions on how to react in such cases. Furthermore, the chatbot could evaluate users' emotional states and give tips to help them notice how their bodies react and explain how these are normal reactions in certain situations. By doing this, the chatbot would validate users' emotional states and nervous system reactions.

3.4.3.3 User groups and distribution

The chatbot might be useful in the initial phase, when a victim needs some general information on DV, and services related to it. It might be easier for some people to contact a robot than a real person in case of a sensitive topic like DV. Besides, the chatbot might be useful also in the later stage of the process when person is recovering from DV. It could give support, for example in supporting victim not to return to the perpetrator. Moreover, the chatbot might be a useful tool for people staying in remote areas far away from services. Additionally, children and young people should have their own version/s of the chatbot to get more information on DV and how to seek help. Besides, information about how friends can intervene in violent situations and what to do when their friends are in violent relationships would be crucial as some users probably would be friends of victim-survivors.

According to the interviewees, it would be important to be directed to the chatbot as fast as possible by simple search terms. Simple search words could be "violence" or "help", "help for women", "women's aid", or "domestic violence".

Once the chatbot is up and running, it should be widely disseminated and advertised wherever people go like kindergartens, schools, health stations, and workplaces etc., but especially in feminized spaces. It should be advertised in a reliable place like on (DV) victim organisations' websites as well as on different channels of social media like Facebook, Instagram, SnapChat, TikTok, and Jodel. It would be important to reach young people too. It is important to provide easy access to the chatbot via advertising. It is suggested to advertise via homepages of organisations as intensely as via posters and other types of non-digital messages. In addition, it should also be promoted in newspapers/journals and via stickers that stick everywhere (at bus stations, at train stations) so that potential users are informed that such options exist. The chatbot should be advertised *"maybe in the waiting room and in ladies' toilets or even men's toilets"*. Also, schools (including language schools for migrants) could be utilized for promoting the chatbot. Access to these kinds of tools would be more effective if they were available in bars and other public places where people feel more protected than in the privacy of their own homes.

4. Conclusion

The thematic analysis of the interviews conducted in Austria, Finland, France, Germany and Spain, as well as the 22 interview transcripts made available to VICESSE by a regional victim protection centre allow for deeper insights into how victim-survivors perceive their own situation, as well as available institutional responses to DV. While the different country samples can, in part, hamper cross country comparisons, victim-survivor's mental maps can be differentiated and summarized into a number of tangible results, that will be taken into account during further steps in the IMPROVE project.

Section 1 of the analysis discussed in depth the themes in the interviews pertaining to how they viewed their own situations and the available institutional responses. Perceptions of one's own situation, and their influence support seeking behaviour, are dependent on various elements. One of them being risk-benefit calculations, which include risks to the victim-survivors own well-being, physical, financial, social and otherwise, and the well-being of others, from family and friends to the perpetrators themselves. Tied to this are certainties about one's own situation and the support provided by formal and informal actors. Knowledge also contributes to any decision making. Knowledge, or lack thereof, of support services and eligibility, as well as an understanding of domestic violence and the ability to frame one's own experiences as such, can impede or empower victims. The relationship to the perpetrator, the perpetrator's standing within a community, and the type of abuse inflicted also serve to further limit the possibility of respondents. Furthermore, given the importance of social networks within the support seeking process, encouragement or discouragement on their part, in addition to any support or lack thereof, has unmistakable consequences on the perception of one's situation. Lastly, past experiences with support seeking services and general levels of trust strongly inform perceived institutional response and willingness to make use of them. It is important to note, that additional vulnerabilities, such as old age, health problems, migrant status, et cetera, can further complicate these matters.

Regarding the pathways, interviewees input has indicated that approaches to help are various, but they can be dissected into different steps that might take place. Firstly, respondents often reported a preparatory step, this includes seeking out information, planning contingencies, and acknowledging one's own victimisation. Secondly, direct support seeking measures can be undertaken, often reaching out to informal networks, where available. Support seeking steps often included the use of formal support structures as well, whether general or dedicated support services. These range from LEAs and shelters, to general practitioners and therapists. Lastly, instances where reporting was done externally, i.e., without the go ahead of respondents, can play an important role within the support seeking process, as it might serve as a starting point or a first negative experience with support services, either motivating or hampering further activities by victims.

As Section 2 on the experience of victim-survivors with the support system has shown, once a person has overcome a host of barriers for seeking support, they are likely to encounter further obstacles. As such, respondents hoping that law enforcement would fulfil their legal duties, have not faced help, but at times a lack of training and expertise, doubts and missing empathy, stereotypes, victim blaming, degrading situations and negligence. This has been echoed especially, by migrant women. Experiences in the court were described as slow, laborious and difficult, particularly for male victims.

Respondent's feedback indicates that experiences with general social and health services were also wrought with problems, being more often negative than positive. Services, especially child protective services and social services, were described as, at times, having a one-dimensional focus, consequently failing to address the issue of DV, and lacking adequate victim protection measures. Health care professionals, according to respondents, in a number of situations also show lack of interest, engagement, courage and/or knowledge in identifying and addressing domestic violence.

This can result in inadequate handling of the situation and unfitting treatment, as well as an unprofessional interaction with persons affected by DV.

Experiences with specialised victim protection services were more positive for the interviewees, who largely recalled being taken seriously. These services seem to address victim survivors' need and capacities, as well as respect for their agency. Informative, well-reachable and understanding were commonplace descriptions. Problems did occasionally arise, especially where wishes of the victim and the tasks and obligations of victim protection can conflict with each other; as well as where victim-survivors require additional care or do not conform to the limitations of these services, such as when children are too old to be sheltered. Furthermore, counsellors were occasionally described as not behaving professionally.

All these barriers that respondents reported as experiences during the support seeking process, make it difficult for them to undergo the whole process, and highlight the underlying reasons why many victims return to the abusers, cease support seeking activities, and so on. Consequently, it is not surprising that victim-survivors mental maps of their own situation and available institutional support are filled with obstacles and hurdles. Given this, there is further work to be done in addressing their needs. To this end, the collected measures to improve reporting and access to support; will serve as an important basis for WP 3. Furthermore, the feedback collected in regard to the chatbot will feed into WP 2, so as to provide them with another low-threshold aid-service that can effectively address the target audience's needs.

5. References

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