



Shelters and intimate partner and domestic violence support services: arenas for help, interventions, and empowerment?

Joint report from Norway and Slovakia

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The Norwegian Centre for Violence and Traumatic Stress Studies (NKVTS) is a centre for research and development, communication and consultation, located in Oslo. NKVTS is the donor project partner in the cooperation with Slovakia within the cooperation financed by the Norwegian Financial Mechanism. NKVTS is a daughter company of NORCE, and is established by, funded by and receives most of its assignments from the central government. The major focus areas of NKVTS are violence and sexual abuse; disasters, terror and stress management; forced migration and refugee health; and implementation and treatment research.

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Zuzana Očenášová and Solveig Bergman

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I Introduction

The needs of women surviving intimate partner violence (IPV) and their children exhibit considerable diversity depending on whether they are still living in a violent relationship, consider separation or have already left the relationship. Throughout the violent relationship, women necessitate awareness of IPV they are surviving, validation of their experience, assessment of the potential risk of continuation and escalation of violence, provision of psychological aid, and development of safety strategies for both themselves and their children. When considering leaving, they in turn need comprehensive guidance on how to do so as safely as possible, and insights into their alternatives for self-sufficiency, encompassing navigation of the welfare system and the penal or civil legal system. Following departure, alongside attending to various practical considerations, they frequently encounter challenges pertaining to legal proceedings such as divorce, child custody, and property division, as well as the issues of recovery from the aftermath of violence of themselves and their children. Furthermore, leaving the perpetrator often fails to terminate the IPV cycle, instead prompting its manifestation in altered forms. It becomes evident that women with a history of IPV need access to a broad spectrum of services ranging from psychological, social, and legal counselling to potential engagement in psychotherapeutic interventions or legal representation during judicial processes.

In responding to these diverse needs, specialized services such as shelters and community counselling centres for women surviving violence have been developed throughout the Europe, promoting need and client-oriented services based on principles of empowerment, safety and respect. Shelters and counselling centres for IPV survivors and their children play a critical role as essential arenas for support and protection, offering secure housing, social and psychological counselling, legal advocacy, and other practical assistance. They serve as vital platforms for addressing gender-based violence together with advocating for societal change. Despite their significance, continued research is needed to enhance the societal role of the shelters and improve their effectiveness, particularly in the context of varying support systems and cultural dynamics.

In 2015, a partnership was established between the Coordination and Methodological Centre for Prevention of Violence against Women (CMC) and the Norwegian Centre for Violence and Traumatic Stress Studies (NKVTS), with support from the Norwegian Financial Mechanism. This collaboration led to further bilateral cooperation starting in 2022, specifically in this joint research project aimed at advancing research on gender-based violence and service provision. The aim of the project is to expand our understanding of the experiences of IPV survivors and their children within the support and protection systems of Norway and Slovakia, focusing on various institutions involved in addressing IPV including shelters, counselling centres, police, child protection services, and family courts. Despite the differences in institutional systems and shelter traditions between the two countries, the study seeks to identify possible similarities faced by IPV survivors and their children, contributing to a broader understanding of effective interventions and support mechanisms. The joint research project respects diverse history and development trajectories of specialized services and institutional support system, alongside with existing research on IPV survivors' needs and related services in both countries. Consequently, the research design varied in Slovakia and Norway.

In Slovakia, a comprehensive evaluation of the accessibility and quality of specialized services was conducted between 2021 and 2022, employing both quantitative and qualitative research methodologies.¹ Furthermore, the shelter and specialized services movement released a report on the institutional protection and support system in Slovakia in 2023.² However, there remains a scarcity of research concerning the direct experiences of survivors of IPV and their children in this context. Consequently, the research in Slovakia was designed to address this gap by focusing on mapping the experiences of women and children through qualitative analysis. This encompassed interactions within specialized services such as shelters or counselling centres, as well as other relevant entities including the police, family court procedures, and child protection agencies. A primary objective of the study was to investigate how these services address the physical and psychological safety needs of women and their children in the context of IPV and post-separation violence. Research participants were recruited through specialized services as proxies. In total, 12 shelters and 15 counselling centres were approached to participate, with 9 shelters and 4 counselling centres ultimately taking part, facilitating the voluntary involvement of 27 women and 10 children. All children and 12 women had either current or prior shelter experiences, while 15 solely utilized counselling services. The research employed qualitative methods such as semi-structured interviews, which were recorded and transcribed verbatim. Subsequently, thematic reflexive analysis³ was utilized to analyse the transcripts. Ethical considerations relevant to research on sensitive topics and research involving children were duly respected throughout the research process. The overarching aim of the research was to amplify the voices of women surviving IPV and their children, and to discern trends and patterns in their interactions with specialized services and institutions within the protection and support system.

In Norway, annual statistics based on reports from the shelters have been collected for more than 40 years. Surveys, evaluations, and research reports focusing on shelter users and services have been carried out since the second half of the 2000s by both NKVTS and other research centres.⁴ A particular

¹ André, Z., & Očenášová, Z. (2023). *Monitoring dostupnosti a kvality podporných služieb pre ženy zažívajúce násilie a ich deti*. [Monitoring of the availability and a quality of support services for women surviving violence and their children]. IVPR. Available at: https://ivpr.gov.sk/wp-content/uploads/2023/11/Monitoring_dostupnost_sluzieb_zaverecna_sprava_2023_PERD.pdf

² Bdžoch Koňáková L., Durbáková V., Filická M., Holubová B., Karlovská D., Králová S., & Takáč Pachová Z. (2023). *Akú ochranu a podporu garantuje súčasný systém ženám zažívajúcim násilie a ich deťom? Správa o stave systému ochrany, pomoci a podpory*. [What kind of protection and support does current system guarantee to women surviving violence and their children? A report on state of the system for protection, help and support]. Fenestra, OZ Hana. Available at: <https://www.fenestra.sk/wp-content/uploads/2023/06/Sprava-stav-systemu-hlavne-zistenia-odporucania.pdf>

³ Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology* 3(2), 77–101.

⁴ See e.g., Jonassen, W., Sogn, H., Olsvik, V. M., & Hjemdal, O. K. (2008). *Kunnskap – kvalitet – kapasitet: En nasjonal utredning om krisesentrenes kompetanse og tilgjengelighet*. [Knowledge – quality – capacity: A national study of the competence and accessibility of domestic violence shelters]. Rapport 2/2008, NKVTS; Jonassen, W., & Skogøy, E. (2010). *«Et hjem for oss, et hjem for deg»: En kartlegging om endringer i brukersammensetningen og bruk av krisesentrene*. [A study about the changing composition of users and the use of domestic violence shelters]. Rapport 1/2010, NKVTS; Bakketeig, E., Stang, E.G., Madsen, C., Smette, I. & Stefansen, K. (2014). *Krisesentertilbudet i kommunene: Evaluering av kommunenes implementering av krisesenterloven*. [Shelter services in the municipalities: An evaluation of the implementation of the Shelter Act]. Rapport 19/2014, NOVA; Bliksvær T., Skogøy, B.E., Sloan, L., Bakar, N., Johnson, R., & Kosuta, M. (2019). *Kommunenes krisesentertilbud: En kunnskapsoversikt*. [Municipal shelter services: A mapping of knowledge]. NF Rapport nr. 13/2019, Nordlandsforskning.

emphasis at NKVTS has been on children and adolescents in shelters.⁵ NKVTS has also conducted research on male victims seeking help from the shelters.⁶ More recently, NKVTS has carried out research on how Norwegian shelters handled the Covid-19-pandemic, and has participated in a project examining the follow-up of users after their stay at a shelter.⁷ The Norwegian study focuses on mothers / fathers, children, adolescents, and young adults seeking support and counselling at the shelters, as well as the shelter staff. We were interested in the victims' experiences of violence prior to the move to the shelter, during the stay and afterwards. One central theme in our study was on the hitherto under-researched topic of experiences of post-separation violence, continued child contact with the abuser and visitation rights. Furthermore, we wanted to learn about life during and after the stay at the shelter, as well as about the help and services offered by the shelters. We also studied the shelters' cooperation with other local services and agencies. Finally, the Norwegian study highlights the societal role of the shelters, both from a historic and current perspective.

We carried out qualitative semi-structured interviews with several groups of informants. These comprised of 7 mothers, 3 fathers and 23 children, adolescents, and young adults (aged 5-24) who had received help from a shelter in Norway (including ethnic and sexual minorities). For this part of our project, we also re-analysed data from earlier research carried out at NKVTS. Furthermore, we interviewed 15 staff members working at 12 different shelters across the country. To collect information from some of the younger children, informal discussions, walk-and-talk, and drawings were used instead of traditional interviews. The informants were recruited through contacts with the shelters. In addition, we sent an on-line survey to the leaders and staff at all shelters (n= 42) in Norway, with the response from 39 of them. In order to examine the societal role of the shelters, we analysed policy documents, research reports etc., and carried out expert interviews with 13 policymakers, shelter leaders and NGO-activists. The qualitative data were recorded and transcribed. The transcriptions were analysed through thematic analysis. The survey data were analysed through descriptive statistics with the help of SPSS. The project complied with the general research ethical set of rules in Norway and was approved by SIKT – Norwegian Agency for Shared Services in Education and Research. For this joint report, we present only a selected part of the rich data collected in the research.

In order to reflect upon different national contexts and research designs the joint report is structured into two separate national chapters, followed by a comparative section. The national chapters initially provide a concise overview of the development and operational framework of specialized services and

⁵ See e.g., Øverlien, C., Jacobsen, M., & Evang, A. (2009). *Barns erfaringer fra livet på krisesenter. En landsomfattende studie om flukten, oppholdet og forestillinger om fremtiden*. [Children's experiences from life at a shelter]. Rapport 2/2009, NKVTS; Øverlien, C. (2013). The Children of Patriarchal Terrorism. *Journal of Family Violence*, 28(3), 277-287; Selvik, S., Raaheim, A., & Øverlien, C. (2017). Children with multiple stays at refuges for abused women and their experiences of teacher recognition. *European Journal of Psychology of Education*, 32, 463-481.

⁶ Grøvdal, Y., & Jonassen, W. (2015). *Menn på krisesenter*. [Men at shelters]. Rapport 5/2015, NKVTS.

⁷ Øverlien, C. (2020). The COVID-19 Pandemic and Its Impact on Children in Domestic Violence Refuges. *Child Abuse Review* 29(4), 379-386; Bergman, S., Bjørnholt, M., & Helseth, H. (2021). Norwegian Shelters for Victims of Domestic Violence in the COVID-19 Pandemic: Navigating the New Normal. *Journal of Family Violence* 37, 927-937; Jahnsen, S. Ø., Kårtveit, B., Lundeborg, I. R., Sivertsen, K., Bergman, S., Sandmoe, A., Selvik, S., & Øverlien, C. (2022). *Krisesenter: kommunenes arbeid og oppfølging i reetableringsfasen*. [Shelters: The work and follow-up of municipalities in the re-establishment phase]. Rapport nr. 20-22. NORCE & NKVTS.

institutional provisions for protecting and supporting IPV survivors in order to contextualize the research findings. Subsequently, a summary of the research results from each respective country is presented. The concluding comparative section highlights noteworthy parallels occurring in both, significantly heterogeneous national contexts, thereby indicating broader trends and gaps in service delivery and in institutional support system to IPV survivors.

II Slovakia

Overview of support system to IPV survivors

The first counselling centres for women surviving IPV in Slovakia were established in the late 1990s. At that time, the issue of violence against women and their children started to be publicly addressed and recognized as a societal issue. This shift followed years of silence and taboo surrounding the issue, rooted in both pre-socialist and socialist eras. Traditionalist views and institutional restrictions inhibited public discourse on gender-based violence, delaying concerted action until the post-communist period. Prior to 1995, the landscape of women's advocacy in the Slovak Republic was characterized by the presence of only four women's rights-oriented organizations. These non-governmental organizations (NGOs) advocated for human rights and played a crucial role in challenging these taboos and advocating for the inclusion of IPV on the public agenda.⁸

In the following years, counselling centres providing assistance to IPV survivors expanded, while the provision of shelters for women in Slovakia remained limited with only three such facilities operational until 2014. However, since 2014, funding for the construction and expansion of IPV survivor assistance systems, particularly shelters, has been secured through the Norwegian Financial Mechanism, resulting in the establishment of an additional five shelters. It is important to emphasize that the funding from the Norwegian Financial Mechanism has been pivotal for the development of shelters and other specialized services supporting IPV survivors in Slovakia. This partnership has contributed to the expansion of the support network for women and their children at risk.

As apparent, the service provision to IPV survivors has been led by non-governmental organizations the fact that has been accepted by responsible state bodies without significant regulation concerning quality and number of services and regional availability from the top level. In addition, the responsibility on regional availability of IPV services is placed within regional self-governments without sufficient regulatory framework.

Specialized IPV services

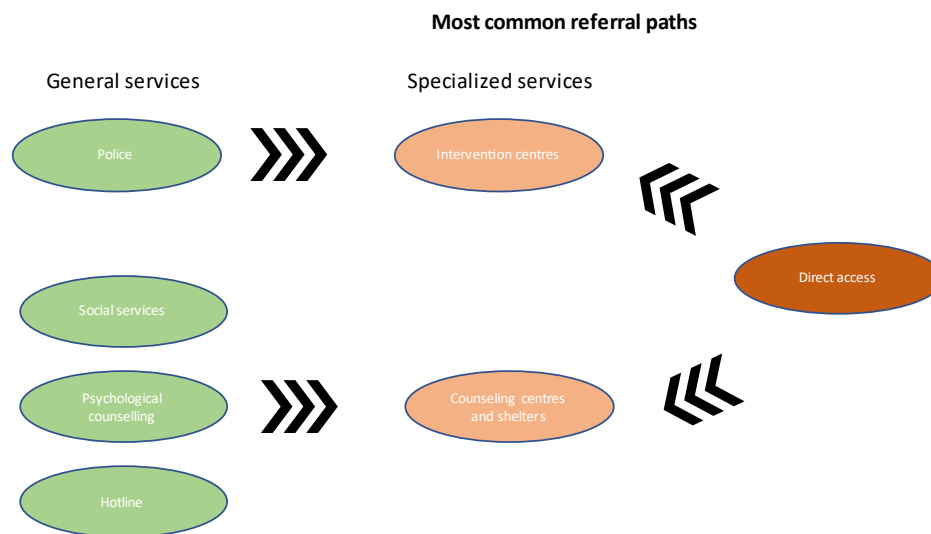
Currently, there are 12 shelters specifically for women experiencing violence and their children, along with 20 counselling centres and a one 24/7 national free-of-charge helpline for women experiencing violence. Although the distribution of counselling and accommodation services is relatively well-balanced regionally (with the exception of some regions), the current number of these services is inadequate. Based on the minimum standards of the Council of Europe, there ought to be 52

⁸ Bútorová, Z. & Filadelfiová, J. (2025). *Násilie páchané na ženách ako problém verejnej politiky*. [Violence against women as a public policy issue]. IVO – Inštitút pre verejné otázky.

specialized counselling centres nationwide. Moreover, the calculation of accommodation capacities also indicates that there is about a half of family places in shelters of the optimal requirement.⁹

Since 2022, a network of 8 intervention centres has been initiated with the primary objective of supporting a coordinated response for victims of violence, including women experiencing IPV and their children. In instances where law enforcement evicts a perpetrator of violence from shared household, statutory obligations mandate the police to promptly notify the intervention centre within 24 hours with person at risk's contact. Subsequently, the intervention centre is obliged to reach out to the person within 72 hours, offering professional services encompassing social, psychological, and legal counselling. IPV survivors can also proactively seek support from the intervention centres. Each intervention centre, except for one, also functions as a counselling centre for women experiencing violence. The establishment of intervention centres and their coordinated approach with the police is a significant step in protecting IPV survivors within the first stage of institutional intervention. A quick response and the provision of professional assistance can have a significant impact on improving the situation of the affected individuals including the possibility to issue protection restraining order by the civil court.

Figure 1: Referrals to specialized services



⁹ André, Z. & Očenášová, Z. (2023). Monitoring dostupnosti a kvality podporných služieb pre ženy zažívajúce násilie a ich deti. [Monitoring of the availability and a quality of support services for women surviving violence and their children]. IVPR.

Apart from two regions out of eight, each region in Slovakia has only one shelter that meets at least 75% of the standards for specialized services.¹⁰ Most shelters are operated by non-governmental organizations, with the exception of two cases where the facility is run by the municipality.

Shelters in Slovakia offer a comprehensive range of services for women who experience violence and need protection and support. The main services provided include:

- Accommodation and safety provision: shelters provide secure accommodation for women and their children in need of emergency refuge from IPV. In some cases, these facilities are located in undisclosed locations to protect the identity and safety of the clients.
- Social and psychological counselling: Women residing in shelters have access to social workers and psychologists who offer individual counselling. These services can help them to cope with trauma, improve their mental health, and support them in the recovery process.
- Legal support: Several shelters provide legal representation to clients via certified attorneys. Legal representation may not be universally available, but social workers or lawyers possess sufficient legal competencies for providing essential guidance. This may include informing clients about their rights, assisting with legal proceedings, or providing legal advice.
- Group support activities: Shelters may organize group activities that allow women to share their experiences and support each other. These activities can include therapeutic groups, workshops, and educational sessions.
- Social support: Shelters assist women in navigation through state social support system, finding employment, securing housing and educational facilities for children, and providing other material assistance.

Counselling centres dispersed over all 8 regions offer similar services besides accommodation, nevertheless, if needed, they assist in a seek for shelter. The predominant focus of specialized services is directed towards women; however, a significant portion of shelters and selected counselling centres extend supplementary provisions to accommodate the needs of children. These provisions predominantly entail psychological counselling tailored for children, alongside activities fostering mother-child relationship. Additionally, shelters incorporate a spectrum of child-centric leisure activities both within their premises and in external settings, such as family excursions and seasonal camps. While shelters typically integrate services for children as integral components of their operational framework, counselling centres' capacity to offer these services relies on the availability of financial resources, particularly for child psychologists and recreational pursuits. Consequently, the range of services to children offered by counselling centres may fluctuate in correspondence with their financial backing. Nevertheless, those services who do not provide psychological aid to children collaborate with local child psychologists and other related services.

Specialised support services for women experiencing violence and their children are not regulated by law as a specific service for IPV survivors, therefore the extent to which they currently provide assistance and support to their clients is not clearly defined. They are registered as social services according to the Act on social services. In case they provide specialized social counselling (which is the

¹⁰ André, Z. & Očenášová, Z. (2023). *Monitoring dostupnosti a kvality podporných služieb pre ženy zažívajúce násilie a ich deti*. [Monitoring of the availability and a quality of support services for women surviving violence and their children]. IVPR, s. 34

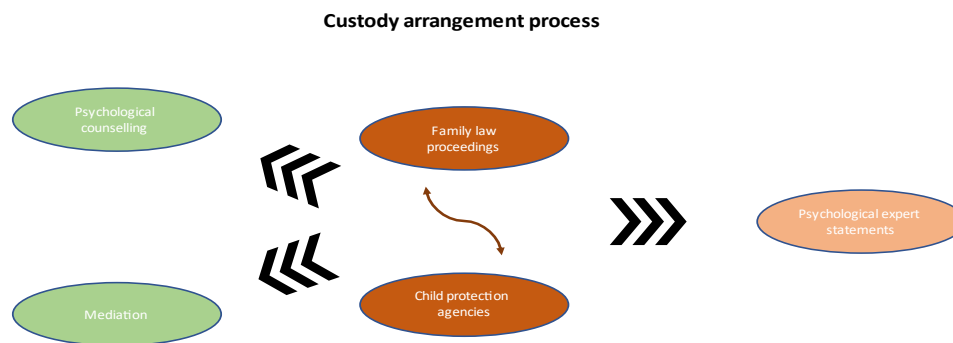
case of all counselling centres) they need to be accredited by the Ministry of Labour, Social Affairs and Family. However, this accreditation covers only social services. In order to be eligible for funding of psychological and legal counselling, services need to get accreditation from the Ministry of Justice on the basis of the Act on protection of victims. Similarly, intervention centres are registered and funded by the Ministry of Justice based on a separate legislation. As a result, the operation and funding of specialized services are regulated by several legislative frameworks and funded from diverse sources that are based on annual applications that do not ensure sustainability of services. The funding to specialized services is not allocated systematically, and the complex service offer often relies on grant mechanisms from external donors. Consequently, the provision of these multifaceted services is characterized by a complex and fragmented regulatory framework and necessitates developed financial strategies to ensure their sustained effectiveness and accessibility.

Non-specialized services and institutions

Apart from specialized services, women surviving IPV might benefit from a range of public and non-governmental services. Nevertheless, these often focus only on one aspect of services needed and their interventions have different goals than protection against violence. For instance, the offices for labour, social affairs and family provide free social, employment, and psychological counselling, including crisis intervention to families. A key player in addressing the issue of violence within the family are the authorities working in child protection agencies. These authorities include offices of labour, social affairs, and family, the Centre for International Legal Protection of Children and Youth, municipalities, higher territorial units, legal entities, or natural persons accredited for such services. These entities carry out measures of child protection and social guardianship in accordance with the applicable law and are obliged to ensure that there is no endangerment or violation of the rights of the child.

In cases of divorce, separation and custody proceedings, the bodies responsible for child protection enter the legal process and assist in determining the custody arrangement. In recent times, employees of child protection agencies together with courts have been actively supporting a trend to facilitate the resolution of custody relationships through the conclusion of a so-called parental agreement. When entering into such an agreement, the courts or child protection services often overlook the fact that such an agreement should be based on equal negotiating power of the participants. It seldom considers the dynamics of intimate partner violence. For women surviving IPV, the difficulty of the situation is further compounded by the fact that the failure to reach a parental agreement is often associated with an unwillingness to assume parental responsibility and the label of being a “non-cooperative parent”. In addition, the process may involve couple sessions on several institutional levels such as child protection agencies, courts, psychological counselling, mediation services or development of psychological expert opinions.

Figure 2: Custody arrangement process



In case that a woman does not have enough financial resources to seek a lawyer, she can turn to Legal Aid Centres, where she can get legal aid free of charge. The Legal Aid Centre provides legal assistance in civil, employment and family law matters. Legal aid is primarily provided to people with low income and those at risk of social exclusion or discrimination and the eligibility criteria are based on low financial limits. Many IPV survivors fail to meet these criteria, rendering them ineligible for assistance, while still facing unaffordable costs associated with private legal services.

Regarding the housing, emergency accommodation facilities or shelters for homeless people are providing lodging and social counselling and they also offer their services to women and their children. However, these services are not specialized for women experiencing violence but serve diverse groups of clients that may compromise the safety of IPV survivors and the provided services may be limited. In addition, there is currently a lack of a system to mitigate the economic impact for women experiencing violence. Social or municipal housing is in acute shortage in most of the Slovak regions. Moreover, to qualify for social housing allocation, women must satisfy conditions that preclude property ownership, a requirement often complicated by protracted legal proceedings related to the settlement of jointly owned property. This fact significantly hinders women's access to housing after separation or leaving the shelter as they rely on commercial renting that is often financially unavailable to them.

Multi-institutional approach

As apparent, the range of institutions and services engaged in support to IPV survivors and their children is significant, often addressing solely partial aspects of their circumstances. Moreover, utilization thresholds of some services make them inaccessible for a considerable part of IPV survivors. Besides specialized services aiming for a complex approach, women are required to navigate an intricate landscape of potential support options. To enhance cooperation among various entities and organizations and facilitate access to specialized services for women experiencing violence, a multi-institutional approach is being implemented in each region of Slovakia. The goal of multi-

institutional cooperation is to connect and actively liaise the relevant representatives from both the governmental and non-profit sectors at the local regional level through regular meetings and working groups. The objective of this collaboration is to address the issue of violence comprehensively by creating regional action plans for the prevention of violence against women, outlining specific tasks, and implementing other related activities.

Summary of research findings – experiences of IPV survivors with services and institutions

Slovak research is based on qualitative interviews conducted with 27 women and 10 children. Among these participants, all children and 12 women had prior or current shelter experience. 15 women exclusively used counselling services. The demographic profile of the women ranged from 22 to 48 years old, while the children ranged in age from 5 to 18 years old. The oldest child had a unique trajectory as she resided in a shelter alone due to experiences of intimate partner violence. Nevertheless, her prior history included child abuse and she spent her childhood in various residential services for children such as foster family and crisis centre. Despite her status as a young adult, her interview data were analysed within the context of children's experiences, given her age, student status, and closer alignment with the children's cohort. Individual interviews were conducted with the children, with the exception of one instance involving siblings. The gender distribution among the children comprised four boys and seven girls.

While interviews provided rich material for analysis, this summary solely synthesizes findings related to the experiences with diverse services and institutions involved in addressing IPV cases, notably specialised services to IPV victims, i.e., shelters and counselling centres. Additionally, attention is directed towards public institutions including, police, child protection services, and family courts, along with the professionals associated with family court procedures. Particularly, professionals and institutions involved in the domain of family law emerged highly within the interviews, oftentimes in the context of post-separation violence. Consequently, the last section illustrates utilization and exploitation of institutions in perpetuation of IPV after separation from an abusive partner.

Experience with specialized IPV services

In general, women expressed high levels of satisfaction with the assistance and support received from specialized services. They underscored physical and psychological safety (*"I am not alone in all this"*), confidence in competence and professionalism of the services, along with the feelings of being understood and trusted (*"I don't need to defend myself as everywhere else"*). Additionally, they valued empowerment fostered by the services (*"they treat me as equal"*, *"she gives me a courage that I can make it"*). Moreover, women acknowledged communication and flexibility of the services, noting their ability to reach out beyond official working hours for discussions concerning their mental well-being or urgent safety concerns. Regarding shelter services specifically, attributes such as safety, tranquillity, and afforded time for reflection and future planning were frequently cited.

The interviews further highlighted the invaluable support provided in comprehending intimate partner violence, acquiring skills to effectively communicate with abusive partners while safeguarding

personal boundaries, understanding and assisting in the recovery of their children, and navigating the landscape of available state support services. Notably, guidance throughout penal and family law proceedings was identified as particularly beneficial, especially in navigating the complexities of the child protection system and negotiations pertaining to parental rights post-separation. Consequently, women used various forms of the services ranging from social, psychological, and legal counselling to legal representation in courts, albeit some services did not offer pro bono legal representation. Additionally, several participants acknowledged material assistance received during their engagement with counselling or shelter stay, including provisions of food, goods, and supplies, which proved instrumental during the immediate aftermath of separation when their financial resources were limited.

Women frequently asserted that the adaptation to shelter life was comparatively smoother for their children, particularly in the case of younger offspring. Conversely, teenagers often encountered greater challenges, as shelter rules apply to all children irrespective of age (e.g., time to be in the shelter in the early evening, time to use common facilities). Children's interviews confirmed it, as teenagers voiced dissatisfaction with curfew rules and lacked space and facility for their leisure activity (playing spaces only for younger children). Particularly those who relocated to a shelter from a different place missed their previous home town and peer groups. Furthermore, several interviewed women maintained ongoing connections with the shelter following their departure, engaging not only in continued counselling services but also participating in activities for children or volunteering.

Experience with institutions

While women generally reported positive interactions with specialized services, their experience with other agencies were mixed, with negative encounters predominating. The following section describes those services, the most frequently referenced in the interviews, namely police, child protection services, various couple counselling they experienced during the negotiations over child custody, courts and experiences with psychological expert statements.

The police

Police encounters were common in the lives of many women, occurring either during violent relationships when they or their closed ones sought police intervention, or subsequent to separation when either they or their partners engaged law enforcement to address issues pertaining to parental contact. Some women appreciated the police approach, mainly due to the emphatic and sensitive behaviour of investigators or the first-contact police. For instance, one participant recounted routine police checks during the enforcement of a restraining order against the perpetrator and how officers advised her to extend the order through judicial means. Contrary, negative experiences occurred repeatedly, including discouraging from filing complaints, long waiting time to provide an explanation to the police, or lack of empathy by police officers. Additionally, a recurring issue pertained to cases being resolved by the police as non-criminal infractions (*"Police is an institution that just register and move cases further on"*), with women often left uninformed about the outcomes. Women also criticized systematic deficiencies, such as repetitive police interrogations, long duration of cases and local connections between the perpetrator and police officers that hindered police action.

Child protection agencies

All women had experience with child protection agencies either before, during or after separation from a violent partner. While a few women regarded their interactions positively, negative encounters predominated in the interviews. Those who viewed their experiences favourably emphasized the staff's familiarity with IPV, referrals to specialized services, proactive efforts in securing shelter accommodations, and filing formal complaints with law enforcement agencies. Additionally, mothers expressed gratitude when child protection agencies prioritized listening to children and factored their experiences into decision-making processes. Nevertheless, many women felt that their experience or the experience of their children were undermined by child protection agencies, they did not feel support and trust and sometimes they encountered instances of inadequate conduct. Women were discouraged from leaving their abusive partners or experiencing pressure to accept parental agreement as suggested by a father. Child protection services organized mutual meetings with the ex-partners or recommended mediation or couple psychological counselling, which women perceived as counterproductive and purely prolonging the process. In addition, during these sessions, women reported experiences of victim-blaming and described them as emotionally burdensome.

Some of the interviewees perceived the child protection services as overly formalistic, prioritizing material conditions over the psychological well-being of children. The concept of a child's best interest was often equated with the father's right to maintain contact and women were encouraged to comply with paternal demands. Some women described their impression of a child protection worker being harassed and pressured by a father to which the workers did not know how to react and sometimes they transferred the responsibility for solution to mothers. They also felt that employees change their assessment throughout the process, including abrupt modifications during court hearings. Women also pointed out to some systematic problems of child protection agencies such as fluctuance of workers (some women experienced 5 different workers during the process), or procedural variations among staff members resulting in uncertainty of a process. In case in which parents lived in different jurisdictions, child protection agencies did not cooperate together. Participants also highlighted lack of professional training and knowledge of IPV, particularly its psychological manifestations, and of reactions to it by survivors or their children.

Family court procedures

The overarching theme across the interviews was the duration of family court procedures regarding custody, alimony or division of marital assets. Only women with experience of severe physical violence against them or their children characterized the procedure as fast and with positive outcomes. The abbreviated duration can be also reached by the agreement via lawyers. In other cases, the court procedures extended over multiple years that had implications to women's economic situation as well as their mental wellbeing or wellbeing of their children. Women criticized bureaucracy, protracted disputes over district jurisdictions, and disregard of opinions of higher appellate court. In particular cases, family court procedures were postponed until the resolution of the criminal proceedings. As a result, women and their children faced extensive periods of uncertainty and continual alterations of custody arrangements that increased stress levels for both children and mothers.

Women reported experiencing retraumatization, victim blaming, and intimidation particularly from the side of father's lawyer, but occasionally the judges as well. There was a pervasive sense among women that judges frequently disregarded the psychological aspects of IPV and lacked comprehension

of its underlying mechanisms. Several interviewees asserted that perpetrators enjoyed preferential treatment within the legal process due to their superior economic status and composed demeanour in the courtroom, which stood in contrast to traumatized state of the women. Women thus usually required profound psychological preparation for the court hearings as well as after it (*"I went to the court completely disconnected from myself, so it does not hurt me. I went there and it took me three days to get back to myself"*). Children are also often traumatized by the uncertainty and disorganization surrounding paternal visits which occasionally happened against their wishes. Their mothers described children's psychosomatic symptoms prior to the time spent with fathers, returning home exhausted and emotionally detached. Women thus sometimes opt for unfavourable solution either in custody arrangement or decrease in alimony in order to prevent further traumatization of themselves or their children. Nevertheless, they felt betrayed by the institutions and expressed a lack of trust towards them (*"My lawyer asked me whether I resigned. I said no, I just see things the way they are. I can only survive only if I accept that nobody there is interested in me, that the decisions do not have a logic, that you have no, that the truth doesn't matter, only then you can survive it"*).

Another potentially traumatic experience related to family court procedures involves psychological expert opinion to the court. Women and their children frequently undergo multiple sessions for the elaboration of opinion. Psychological experts often organize joint sessions with ex-partners and children, a practice that many women found mentally burdensome, particularly when they were not informed in advance that they would meet the perpetrator. The interviews revealed both positive and negative practices of expert opinion elaboration. Some women claimed lack of knowledge of psychological IPV on the side of an expert and complained about insensitive treatment such as being accused by an expert of never having loved their partners or questioning their motives to ruin his life.

Institutional cooperation

As aforementioned, research participants had diverse experience with various institutions. While some of them encountered sensitive and emphatic approach, others felt misunderstood, mistrusted and sometimes even betrayed by the system on various levels. Positive experiences centred mostly around referrals to specialized services. In the research sample, several institutions occurred including social services, child protection, medical professionals, psychologists, lawyers, and mediators. Contrary, other women perceived these institutions as addressing only their respected partial issue and disregarding the complexity of IPV survivor's situation. Even in cases where the violence had been substantiated, either by law enforcement or psychological expert opinion, women did not perceive institutional support aligning with their interests and institutional cooperation. Instead, they often received contradictive information and were directed back and forth between the institutions. Cooperation among other institutions and specialized services was rarely mentioned. While specialized services provided useful guidance and assistance in dealing with other institutions, they were rarely addressed by child protection agencies or courts.

The ignorance of an IPV experience was especially visible in family court procedures and associated agencies where women felt pressured to communicate and reach parental agreement with the perpetrator through numerous joint encounters in various instances and institutional settings. Institutions seem to overlook IPV, especially those forms beyond physical violence, framing them instead as mutual conflicts. Women reported being advised to disregard the past and focus solely on the child and the future, effectively side-lining the significance of the violence (*"as if violence has*

nothing to do with it"). Within this framework, institutions also fail to address post-separation violence, including psychological abuse, threats, or pressure exerted by former partners through perpetual institutional complaints.

Post-separation procedural stalking

All interviewed women experienced some form of post-separation violence including psychological and economic violence, stalking, threats or violence via children or institutions. Fathers commonly used parental contact with children to perpetuate IPV through extensive communication with women, evoking stress, controlling, and undermining women's mental wellbeing. Institutions such as child protection agencies or police were used as a proxy and some women experience as much as 10 institutional complaints per year. Perpetrators frequently sought police-assisted child exchanges, irrespective of children's health status, their refusal to engage with fathers, or scheduled resting periods. Similarly, they frequently lodged fabricated or exaggerated complaints against mothers with child protection agencies, compelling women to provide explanations and proofs and subjecting children to unnecessary medical or psychological evaluations.

Women perceived the perpetuation of violence via institutions as stressful and exhausting, limiting their working time or time spent with children. Perpetrators sometimes extended their harassment beyond women to target the institutions themselves, contacting them even while incarcerated, or initiating official controls of institutions such as child protection services, paediatricians, and even kindergartens. Post-separation procedural stalking is often the reason for extremely long family court procedures as fathers demanded alterations to previously established parental arrangements, necessitating further involvement of child protection services, psychological experts, and healthcare providers, thus subjecting women and children to additional stress. According to the research interviews, institutions are not prepared to deal with this form of post-separation violence and to a certain extent facilitate it.

III Norway

Overview of Domestic Violence Shelters and other Support Services

Norway is a comprehensive Nordic welfare state with a high level of gender equality. Yet, domestic violence and intimate partner violence remain serious societal problems also in Norwegian society. Over the last few decades, violence and abuse has gained increased political attention, and is today acknowledged as a problem requiring action from both public authorities and society as a whole. The Council of Europe Convention on Preventing and Combatting Violence against Women and Domestic Violence (Istanbul Convention) was ratified by Norway in 2017. Although it is an important platform to combat gender-based and domestic violence, many challenges remain as shown by several research reports, policy documents and evaluations.¹¹

In this chapter, we will focus on *domestic violence shelters*, as the most important form of protection and support for victims of all forms of domestic violence and intimate partner violence in Norway.¹² We will also give an overview of other types of *specialized support services* for victims of violence and abuse. In addition to these services, professionals from a range of general services meet victims through their ordinary work, for example in health and social services, child protection and family counselling centres, nurseries and schools, as well as in the police and the legal system.

From grassroots-based activism to professional service providers¹³

As elsewhere in the Western world, shelters established by women activists in Norway in the 1970s and 1980s became important places of protection and support for women escaping all forms of domestic and intimate partner violence. From the beginning, the shelters have offered low-threshold temporary accommodation, as well as support and assistance for victims not living at the shelter, a group called “day-users.” Staying at a shelter is free of charge and does not require referrals. The shelters initially largely relied on voluntary work provided by women activists and received funding

¹¹ See e.g., Dale, M.T.G et al., (2023). *Omfang av vold og overgrep i den norske befolkningen* [Prevalence of violence and assault in the Norwegian population]. Rapport 1/2023, NKVTS; Jahnsen, S.Ø. et al., (2022). *Krisesenter: kommunenes arbeid og oppfølging i reetableringsfasen* [Shelters: The work and follow-up of municipalities in the re-establishment phase]. Rapport nr. 20-22, NORCE & NKVTS.

¹² In this chapter on Norway, we use the concept “domestic violence shelter”. Yet, we acknowledge that an overwhelming majority of shelter residents are women, and in most cases the perpetrator is the present or former partner/spouse. Furthermore, we use the term “victims” when we refer to women, men and children who have been exposed to violence or abuse. When we explicitly write about shelter services, we also use the term “service user”.

¹³ The discussion on the historic development of shelters in Norway is based on Skilbrei, M-L & Stefansen, K. (2018), *Seksuell vold* [Sexual violence]. Cappelen Damm Akademisk: Oslo; Skjørten, K., Bakketeig, E., Bjørnholt, M., & Mossige, S. (2019). *Vold i nære relasjoner: et felt i bevegelse* [Violence in close relationships: a field in movement], and Smette, I., Bredal, A. & Stefansen, K. (2019). *Fra kamp til konsensus? Sivilsamfunnets rolle i framveksten av voldsfeltet* [From struggle to consensus? The role of civil society in the growth of the field of violence], in Skjørten, K., Bakketeig, E., Bjørnholt, M. & Mossige (eds). (2019). *Vold i nære relasjoner: Forståelser, konsekvenser og tiltak*. [Violence in close relationships: Understandings, consequences and policies]. Universitetsforlaget: Oslo. Furthermore, the chapter draws upon our research in the project on Domestic Violence Shelters in Norway.

from charities and other private donors. Yet, from the beginning, most shelters have also received funding from the Norwegian state and municipalities.

Autonomy from public authorities, idealism and activism belonged for a long time to core principles of the shelter movement. Until recently, most Norwegian shelters were private institutions or NGOs, with a flat organisational structure, ideologically anchored in the women's movement's struggle against men's violence against women. "Women helping women" became a catchword for the shelter movement. Women's shelters have not only had a pioneering and pivotal role in the provision of assistance and services to victims, but the shelter movement and its umbrella organisations became important actors in efforts to prevent and combat domestic violence in Norway.¹⁴

Since the 1980s, shelters have progressively integrated into the routine domestic violence interventions conducted by municipalities, with authorities assuming greater financial responsibility for these facilities. This shift aligns with a broader evolution observed in the Norwegian welfare state, wherein aid and support initially instigated by social movements have gradually transitioned towards institutionalisation and integration into the public sector's standard support infrastructure.¹⁵ Presently, the majority of staff members are engaged in either full-time or part-time employment, with volunteer involvement being minimal. Notably, there has been a significant enhancement in the qualifications and expertise of personnel, with over half now possessing tertiary education qualifications. The professionalisation of shelters, alongside the gradual integration into municipal structures, was affirmed through the Shelter Act, adopted by the Norwegian Parliament in 2009.¹⁶

The Shelter Act – new groups of users

The Shelter Act obliges municipalities¹⁷ to provide adequate and comprehensive shelter services to women, men, and children who are subjected to domestic violence or threats of such violence. The Act emphasizes that it is a public responsibility to ensure short-term accommodation at a shelter, as well as day-time services, such as advice, support, and guidance. Currently there are 43 shelters distributed throughout Norway and their funding is mandated by law. Norway is one of the very few countries in Europe that meet the Istanbul Convention requirements for shelter provision. According to the latest shelter statistics in Norway (2022), 2,110 adults and 1,482 children were residents at shelters for at least one night. The average stay at a shelter in 2022 was 26 nights. Over 2,952 persons used the day-time services of the shelters.¹⁸

¹⁴ In Norway, there were two umbrella organisations for the shelters until 2015. Their goals differed, e.g., in issues such as integration with municipalities or whether the shelters should be open to men. One of them decided to close in 2015, but *Krisesentersekretariatet* ("Secretariat of the shelters") has continued to act as a lobby organisation. Currently, about half of the shelters are members of the Secretariat.

¹⁵ Skilbrei, M-L & Stefansen, K. (2018), *Seksuell vold* [Sexual violence]. Cappelen Damm Akademisk: Oslo; Jahnsen, S.Ø et al., (2022). *Krisesenter: kommunenes arbeid og oppfølging i reetableringsfasen* [Shelters: The work and follow-up of municipalities in the re-establishment phase]. Rapport nr. 20-22, NORCE & NKVTS.

¹⁶ <https://lovdata.no/dokument/NL/lov/2009-06-19-44/>

¹⁷ Today, there are 357 municipalities in Norway. Prior to the municipal reform in 2020, they were 422 (Ministry of Local Government and Regional Development, www.regjeringen.no/no/dep/kdd)

¹⁸ All statistical information referred to in this report is based on the annual shelter statistics, compiled by the Directorate of Children, Families and Youth (bufdir.no/).

Traditionally, the shelters have addressed women subjected to intimate partner violence and their children. The Shelter Act extended the services to men and abused fathers with children. Shelter statistics show that men's share of day-users and residents was around one tenth of the total in 2022, i.e., 9 per cent of the day-users and 10 per cent of the residents were men.¹⁹ The law stipulates that the accommodation of women and men at shelters must be physically segregated, an issue that has not been unanimously accepted by all shelters. This matter is likely to be subject to debate during the anticipated revision of the Shelter Act. Currently, about 80 per cent of the residents in shelters report on intimate partner violence as the main form of violence they have been subjected to. Other forms of violence include, e.g., honour-based violence, adult children's violence against parents, and other forms of interpersonal violence and abuse.²⁰

The Shelter Act states that shelter services must be adapted to the special needs of individuals and certain groups. Children and adolescents are defined as independent users of shelter services in their own right and their needs should be met. Furthermore, the municipalities are expected to develop specialised services to especially vulnerable groups, such as persons with problems related to substance use, physical, cognitive or social disabilities, old age or mental challenges. In practice, however, access to shelter services for these groups is often deficient and varies across the country. During the last decades, the proportion of residents at the shelters with migrant and/or ethnic minority background has risen steadily. In 2022, 61 per cent of residents (and 43 per cent of non-resident users) had a non-Norwegian ethnic background. Thus, victims with migrant background are statistically overrepresented among users of shelter services in Norway, compared to their proportion of the inhabitants of the country.²¹ Research-based knowledge about the reasons for this overrepresentation and the need for targeted support to these groups is scarce. Victims with majority Norwegian background often have resources and networks they can turn to in a situation where they need help, whereas many women and children from ethnic minority families who flee from domestic violence, lack such opportunities. They experience multiple constraints in their lives, and service providers and authorities need to address these complex realities. The changed ethnic composition of users also means that policies and services addressing new challenges are needed, e.g., related to honour-based violence, genital mutilation and human trafficking.

Shelters as an integrated part of municipal domestic violence work

The Shelter Act mandates that all municipalities are obligated to provide shelter services, either independently within their own jurisdiction or in collaboration with neighbouring municipalities. Typically, municipalities have forged agreements with pre-existing shelters. It is also possible to fulfil the legislators' demands within the municipal service system or municipalities can establish their own shelter facilities.

In 2009, the year the new law on shelters was adopted, almost 60 per cent of the shelters were run and owned either by a foundation or a private /voluntary organisation, whereas the rest were run by

¹⁹ bufdir.no/ (shelter statistics).

²⁰ bufdir.no/ (shelter statistics)

²¹ bufdir.no (shelter statistics).

municipalities or were inter-municipal entities.²² Following the enactment of the Shelter Act, there has been a notable trend towards the incorporation of more shelters into municipal entities, with nearly 70 per cent currently operated by municipalities or inter-municipal organisations, and the remainder by private foundations or non-governmental organisations (NGOs).²³ It is pertinent to note that this was not an objective of the legislators, that was rather to ensure the continuation of existing shelter services. Opinions on integrating shelters into municipalities vary. Critics fear loss of autonomy and feminist principles, potentially weakening innovative approaches to combatting domestic violence. However, proponents argue that municipal involvement can enhance political interest and cooperation with other services without compromising the shelters' effectiveness in meeting legal requirements.²⁴

The Shelter Act transferred financial responsibility for shelters to municipalities to ensure more predictable funding. State subsidies were integrated into municipal budgets. Regional County Governors oversee municipalities' compliance with legislation, ensuring quality and equal access to shelter services for those affected by domestic violence. The Act further obliges the municipalities to ensure that all victims of violence who seek help and assistance are offered comprehensive follow-up support through coordinated measures and an inter-agency cooperation. Many shelters have introduced a systematic follow-up of the users' needs, e.g., individually tailored plans. Furthermore, they have established more formalised and systematic forms of cooperation with other agencies. The Government advises municipalities to develop local Action Plans to support victims of violence and abuse, aiming to institutionalize efforts against domestic violence locally. However, only slightly over half of municipalities have complied with this recommendation.

Research and evaluation of the implementation of the Shelter Act indicate that several shelters continue to be hindered by limited budgets, and the legal mandate to ensure quality and accessibility across the country remains unfulfilled. The shelter funding relies on the political and financial priorities of the municipalities. Particularly in sparsely populated north, large distances are an additional impediment to accessing shelters and other support services.²⁵ Victims belonging to the indigenous Sami population in the Arctic north, have encountered obstacles in accessing support, especially following the closure of the only shelter with Sami-specific expertise in 2019, due to financial shortcuts. In order to improve the situation, the national Sami competence centres SANKS and

²² Bliksvær T. et al. (2019). *Kommunenes krisesentertilbud* [Shelter services: A mapping of knowledge]. NF Rapport nr. 13/2019. Nordlandsforskning.

²³ Bliksvær, T. et al., (2019). *Kommunenes krisesentertilbud* [Shelter services: A mapping of knowledge]. NF Rapport nr. 13/2019. Nordlandsforskning;

²⁴ Skilbrei, M-L & Stefansen, K. (2018). Jahnsen, S.Ø et al. (2022). *Krisesenter – kommunenes arbeid og oppfølging i reetableringsfasen* [Shelters: The work and follow-up of municipalities in the re-establishment phase]. Rapport nr. 20-22, NORCE & NKVTS; *Seksuell vold* [Sexual violence]. Cappelen Damm Akademisk: Oslo; Smette, I et al. (2019). *Fra kamp til konsensus? Sivilsamfunnets rolle i framveksten av voldsfeltet* [From struggle to consensus? The role of civil society in the growth of the field of violence], in Skjørten, K. et al. (eds). (2019). *Vold i nære relasjoner: Forståelser, konsekvenser og tiltak*. [Violence in close relationships: Understandings, consequences and policies]. Universitetsforlaget: Oslo

²⁵ Cf. Bakketeig E., et al. (2014). *Krisesentertilbudet i kommunene. Evaluering av kommunenes implementering av krisesenterloven*. [Shelter services in the municipalities. An evaluation of the implementation of the Shelter Act]. Rapport 19/2014. NOVA; Bliksvær T. et al. (2019); *Kommunenes krisesentertilbud* [Shelter services: A mapping of knuslede]. NF Rapport nr. 13/2019. Nordlandsforskning; Jahnsen, S.Ø et al. (2022). *Krisesenter – kommunenes arbeid og oppfølging i reetableringsfasen*. [Shelters: The work and follow-up of municipalities in the re-establishment phase]. Rapport nr. 20-22, NORCE & NKVTS.

NASAK²⁶ play an important role in supporting both the victims of domestic violence and the help apparatus in the region.

According to the Shelter Act, the authorities must support shelters and other public services, as well as private or civil society-based organisations and institutions, so that these can provide comprehensive assistance also after the users have left the shelter, as they seek to build a new life free from violence. However, compliance varies across the country, leading to disparities in service provision. A stay in a shelter is intended to be short-term, while it is the municipalities' responsibility to coordinate services and psychosocial follow-up of the users' needs. Yet, research shows that shelters act as door openers and bridge builders to the rest of the support apparatus. The users' experiences indicate that the local services are often dependent on the shelters, and do not always have the knowledge or ability to deal with violence-related issues.²⁷

Other specialized support services²⁸

In addition to the shelters, there is a range of other specialized services, both public and NGO-based, for victims of violence and abuse in Norway. We limit our presentation to examples of specialized support services for victims of sexual violence and of criminal offence. In addition, we present support services addressing children exposed to violence (*Barnahus*), vulnerable adults (*TryggEst*), and treatment aimed at persons who perpetrate violence in close relations (ATV). Information (also in English) about other services, organisations, helplines etc., offering help and support to victims of violence and abuse can be obtained from the online platform dinutvei.no. A nationwide helpline for victims of domestic violence and abuse, the VO-line (Violence and Abuse Helpline), was established in 2019. In 2021, it was expanded with a chat service. The VO-line is operated by the Secretariat of Shelters, in collaboration with the Oslo Shelter, and with funding from the Ministry of Children and Families.

Across Norway, specialized services for victims of sexual violence encompass two categories: sexual assault centres and centres for victims of incest and sexual abuse. The *sexual assault centres* are part of the public health services in Norway and are located at the accident and emergency outpatient clinics or hospitals. The 24 centres provide immediate care and support to persons older than 14 years of age who have experienced rape, attempted rape or other kinds of sexual assault. The services include emergency medical and psychosocial treatment, and forensic examination. Additional medical and psychosocial follow-up is also offered, as well as advice and counselling for next of kin. Referrals to the police and legal counsel is offered to those who wish that. The centres are run by teams of doctors, nurses and social workers.

²⁶ SANKS stands for Sami National Competence Services - mental health and substance abuse, at the Finnmark Hospital. NASAK stands for National Sami Competence Centre – child protection services; family welfare service; shelter services.

²⁷ Jahnsen, S.Ø. et al. (2022). *Krisesenter: kommunenes arbeid og oppfølging i reetableringsfasen* [Shelters: The work and follow-up of municipalities in the re-establishment phase]. Rapport nr. 20-22, NORCE & NKVTS.

²⁸ The information in this chapter has been obtained from Skilbrei, M-L & Stefansen, K (2018). *Seksuell vold* [Sexual violence]. Cappelen Damm Akademisk: Oslo; dinutvei.no ("your way out"), a platform operated by NKVTS and funded by the Ministry of Justice and Public Security, as well as the webpages of the support services presented here.

Starting in 1986, there are currently 23 *centres for victims of incest and sexual abuse*, operating as NGOs with funding from local and state authorities. They offer low-threshold support and self-help for women, men and young people who have experienced incest, rape or other forms of sexual violence, either in childhood, adolescence or as adults. The centres are also open to family members, partners, friends or others affected by sexual abuse, and who need information, counselling and assistance. Most of the users are women. The target group for the centres are adults, sometimes also adolescents or children. Compared to the shelters, the centres for victims of incest and sexual abuse have not the same kind of background in a social movement and have had a less outward going or political profile. On the other hand, the centres aim at more professionalisation and cooperation with other support services in the municipalities.²⁹ In addition, *DIXI Resource Centre* for victims of rape and sexual assault, is a free-of-charge service in Oslo. DIXI provides counselling to individuals and in groups, free legal aid, telephone- and online counselling, and help in contacting other support services.

A form of support offered by police authorities are the *support centres for crime victims*, established in 2017 for victims of crime, including violence, sexual abuse, assault or other criminal offences. The 12 centres that were founded in all police districts in Norway, are located in police stations with funding from the Ministry of Justice and Public Security. The aim of the centres is to meet the needs of victims of crime, give advice and assist them in the contact with other services. The centres' task is also to support these victims during criminal court proceedings. Anyone can contact the centres, but the main target group is those who have reported a criminal offence to the police.

Next, we want to present two models of interagency and interdisciplinary cooperation aiming at helping children and vulnerable adults exposed to violence, abuse and neglect. The purpose of *Barnahus* ("*Children's Houses*") is to offer children who have suffered violence or witnessed violence coordinated support and protection, as well as support them in criminal justice cases. The *Barnahus*-model has been adopted in all Nordic countries and has rapidly spread to other parts of Europe. In most cases, the Scandinavian term "*Barnahus*" is also used in Europe. The *Barnahus* are child-friendly, interagency and multidisciplinary centres, where law enforcement, criminal justice, child protection services and health workers cooperate. The activities are aimed at children under the age of 16, and adults with intellectual disabilities. Currently, there are 11 *Barnahus* operating across Norway.

TryggEst is a new support model developed by the Norwegian Directorate of Children, Youth and Families. Its aim is to prevent, uncover and deal with cases of violence, abuse and neglect towards adults who need help to protect themselves, e.g., concerning mental health problems, cognitive challenges, serious or chronic illnesses, problems with alcohol or drug abuse or challenges related to advanced age. Several municipalities and urban districts in Norway have *TryggEst*-groups which work to help victims of violence and abuse.

Finally, we want to mention a support and treatment service aimed at persons who have used violence and abuse, *Alternative to Violence (ATV)*. This is an NGO that provides treatment and professional expertise on violence with particular focus on domestic violence. ATV's mandate is to provide psychological treatment, develop professional knowledge and disseminate knowledge on domestic violence. ATV was established in 1987 and is the oldest organisation in Europe of its kind. Today ATV

²⁹ Skilbrei, M-L & Stefansen, K. (2018). *Seksuell vold* [Sexual violence]. Cappelen Damm Akademisk: Oslo.

has 13 centres in Norway. ATV's work is primarily financed by state and local governmental contribution. ATV offers services primarily to perpetrators, but some of the centres also provide services to victims of intimate partner violence.

Examples of multisectoral and multi-agency interventions at local level

The Shelter Act provides the framework for multisectoral and multi-agency cooperation and coordination at local level. Coordinated interventions ensure an effective and cohesive response to all forms of violence. Addressing the complexity of domestic violence requires establishing an intervention system which involves all relevant policy sectors and actors at different levels.

The above mentioned *Barnahus* and *TryggEst* are other good examples of such multi-agency support and intervention. Inspired by the Barnahus-model, *Project November* was established by the Ministry of Justice and Public Security in 2015 in Oslo as a multi-agency project for victims of domestic violence. Often called as being a "Barnahus" for adults, the staff of Project November includes police specialists on domestic violence, social workers and psychologists. The approach used by Project November combines risk assessments and psychosocial support for the victims with counselling services and referrals to social, employment and housing services. Currently, the pioneering practices of Project November are being rolled out across the country (as RISK-projects) and will be established in all police districts in the next few years.

Summary of research findings - shelter users and staff

In this chapter, we will summarize some of our major findings based the experiences of mothers, fathers, children, adolescents and young persons staying at shelters, as well as the staff working at the shelters (for information on the informants interviewed for the study, see the Introduction).

Mothers and fathers at shelters

Our study regarding mothers and fathers is based on qualitative interviews with parents who had been subjected to intimate partner violence and therefore had sought help and advice from a shelter. Their experiences varied both in form, i.e., type of violence, and seriousness, and included physical, psychological and sexual violence. The majority of the mothers had been exposed to more severe forms of violence, including physical and sexual violence, and invasive and grave forms of control, such as severe threats, isolation and surveillance, both physical and technological. The fathers in our study had mostly been subjected to psychological violence. Based on our interviews with the fathers, there seemed to be a higher prevalence of violence directed especially towards the children. Considering the fact that the mothers in our study were subjected to more severe forms of violence, they also had a greater sense of fear for their own lives while they were in the relationship. It also continued on after separating, due to the post-separation violence.

Some of the informants shared that their children have also been victimized, either through witnessing the violence they as parents were exposed to, or that the children themselves were subjected to either

physical or psychological violence, e.g., threatening behaviour such as screaming and yelling, or being locked in their room for longer periods of time. For the mothers in our study, the violence sometimes occurred while their children were playing in the same room or sleeping in the same bed. In order to shield their children from noticing what was happening, and thereby possibly causing a reaction, the mothers, “allowed” the violence to happen without resisting. One of the women described a situation being sexually assaulted with one baby sleeping in her arms and another child sleeping in a bed right next to them:

“Was I supposed to traumatize the kids? (...) with a kid on my arm. Are you supposed to jump up with a kid on your arm and scream? Right, wake the other kids and shock them? Oh my god! I won’t do that.”

This suggests that the children are an integral part of the violence towards the *women* especially – their presence may have created a “safe space” for the perpetrators’ exercise of violence, knowing there wouldn’t be any resistance. All of the informants’ main concern was how to best shield and protect the children from the violence. This was also one of the main reasons for seeking help and leaving the relationship, both for the mothers and the fathers. The violence towards/against the children, seemed to escalate after the separation.

Experiences with the shelters and other services

All but one of the informants had stayed at a shelter for a period of time. Some had multiple stays at the shelters: some returning after going back to their ex-partner after their first stay at the shelter, and others returning due to a changing threat level post separation.

All of the informants speak warmly about how they were received at the shelter. The interviews particularly highlight how the meetings with the shelter staff installed a higher sense of safety and security, both for themselves and their children. For a majority of the informants, their meeting with the shelters was the first time they ever talked thoroughly about the violence they had endured in the relationship. They especially pointed out the staff’s understanding and acknowledgment of their experiences, thus creating a safe environment for them to open up without feeling the need to “prove” the legitimacy of their experiences. For some of the informants, this stands in stark contrast to their interactions with other services, such as the police, child protection services and the family welfare services.

Child protection services

All of the informants had experience with the child protection services, some prior to their stay at the shelter and some after. Based on the interviews, it seems like the informants’ experiences with child protection services were two-sided. On one hand, they acknowledged the importance of the service’s caution in determining the “best interests of the child” regarding parental cooperation after separation. On the other hand, some of the informants felt that the perpetrators rights as a parent were at the expense of the children’s own wants and needs. Several of the informants in our project explained how they as parents often had to deal with the “aftermath” when their children came home from visiting the other parent, such as a notable change in behaviour. Some of the informants who had children with a developmental disorder or serious dietary allergies, explained how the other

parent ignored the children's needs for facilitation and close follow-up during their stay. By the time they came home, they were exhausted or sick, some needing days to recover. Some of the informants felt they were being pulled in two directions, when it came to the child protection service's view on parental cooperation and the best interests of the child, as they were expected to encourage visitation and to always be cooperative. At the same time, in cases where the children were being mistreated by the other parent, they were expected to protect the children. If they didn't, they could risk being viewed as a "bad mother/father".

Family welfare services

The informants' experiences with the family welfare services differs from their accounts regarding other services. While most of the informants' interactions with the child protection services and the police were viewed as both positive and negative, the majority of the informants specifically highlight their experiences with the family welfare services as negative. In Norway, both married and cohabiting couples who share children under the age of 16, must attend mediation when separating. In cases where violence has occurred, it is possible to ask or apply for separate mediation. Some of our informants had been informed about the possibility of separate mediation through contact with the shelters. Others, who went through mediation before getting in contact with the shelters, were not informed about this. One of the informants shared how she was asked about whether there had been instances of violence and/or drug-use in the relationship when scheduling the mediation on the phone with family welfare services. She explained how she felt relieved by them asking her this, expecting them to "take action". Despite this, she was not offered separate mediation. In most cases, mediation was carried out in the same room as with their ex-partner who had subjected them to violence, even though the violence was known to the family welfare services. The main reason for mediation is for the parents to come to a mutual agreement in regard to parental cooperation. When discussing parental cooperation, some of the informants explained how they felt pressured to agree to arrangements they otherwise wouldn't agree to, simply because of the fear caused by their ex's presence in the room. This is also pointed out in our interviews with employees and leaders at different shelters throughout Norway. In addition, the shelter employees problematize how the family welfare services often applies a conflict-oriented approach to the cases, calling it a "parental conflict", rather than acknowledging the violence.

The police

Several of our informants had been in contact with the police, either before, during or after their stay at the shelters. The majority of our informants who were in contact with the police, felt they were taken seriously and believed. Even though most of our informants talk about their experiences with the police in a positive manner, several also mention that they felt unsure about their own safety due to lack of information and follow-up. Some were in need of protection and were granted restraining orders. The ones who were granted a restraining order, were given little to no information about the length of the protection-orders. The practicalities surrounding the restraining order were complex, given that they still had to communicate with the other person in regard to cooperation around their children. This led to several breaches of the orders, which were in turn not followed up by law-enforcement.

Post-separation violence

All of the female informants had experienced some form of post-separation violence, including physical, psychological or attempted sexual violence. The most prominent type of post-separation violence was different forms of psychological abuse: harassment via phone calls or text-messages, including threats and death threats, tracking of their whereabouts, showing up unannounced, and videotaping them outside of their new residence. The control and violence they previously endured and believed to have escaped, continued after separating from their abuser. One of the women talked about moving into a new apartment after separating. She explained how she had to adapt to the new forms of control because of her fear of things escalating:

“(...) did not dare to sew curtains because I knew... for over half a year... I knew he was already so angry with me for getting my own place, if I were to also have privacy... he would be so angry I couldn’t stand the horror of that. (...) He broke into my car, destroyed things, planted tracking devices... And I kept parking outside because I didn’t dare to prevent him from accessing the car.”

Their new everyday life consisted of making sure to *de-escalate* an already unstable and unsafe situation, both for themselves and for their children. The practicalities surrounding the parental cooperation complicated this, by forcing them to be in continuous contact with their perpetrator. Even though the mothers explained how they tried to keep the communication in regard to custody arrangements or visitation-agreements “civil and calm”, this was not the case for their ex-partner. Several of the mothers had to deal with threatening behaviour during the pick-up and drop-off of their children, and received threats when the children were spending time with the other parent.

In addition to the direct continuation of violence after the separation, the mothers also experienced how their ex-partner turned to institutions, such as child protection services, to uphold or regain control over them. Several of the mothers were subjected to repeated accusations of child negligence and some taken to court numerous times. This also led to the involvement of the children, making them go through a number of unnecessary expert assessments. This process usually went on for years, adding stressors to both the mothers and the children's lives. For some of the informants, this was still on-going at the time of the interview.

Children, adolescents and young adults at the shelters

We have compared the experiences of children and young people at Norwegian shelters today with results from earlier research conducted at NKVTS on this topic, i.e., surveys that were sent to shelter leaders and staff both in 2008 and 2010.³⁰ Our study from 2023 can be seen as a follow-up study to the earlier surveys. We have added some questions that are more relevant today, such as the role of social media in children's and young persons' lives at the shelters. In addition, we draw on research we conducted on children living at shelters in another recent study.³¹ The data from the surveys give

³⁰ Cf. Øverlien, C. & Selvik, S. (2024). Fifteen years of children in domestic violence shelters: A journey of progress and lost opportunities. Unpublished manuscript.

³¹ Selvik, S. & Øverlien, C. (2022). *Brukerstudie barn: Voldsutsattes erfaringer og behov i møte med hjelpeapparatet* [User study on children: experiences and needs of victims of violence with the help apparatus]. In Jahnsen, S.Ø et al. (2022). *Krisesenter: kommunenes arbeid og oppfølging i reetableringsfasen* [Shelters: The work and follow-up of municipalities in the re-establishment phase]. Rapport nr. 20-22, NORCE & NKVTS. (pp. 35-57).

valuable information about the work at the shelters with children, adolescents and young persons, whether and how activities and support are adapted for them, how the cooperation with other services functions both during and after the stay at the shelter, and how children's educational and social interaction needs are met etc. Children's own voices are important in this context. We have therefore included interviews with children and young persons concerning their situation and the stay at the shelters.

Our conclusion is that there has been considerable progress for children at shelters in Norway over time, in almost all issues where it was possible to compare with the situation in 2008 and 2010. The Shelter Act that came into force in 2010, stipulated that children's rights also at shelters have to comply with and respect the United Nations Convention of the Rights of the Child (UNCRC). Thus, the Act defines children at shelters as independent service users, not only as accompanying their mothers (or sometimes, fathers) to the shelters. Undoubtedly, the Shelter Act had a significant impact on children's and young people's situation and life at shelters, and more generally also on the work on domestic violence in Norway. Yet, many problems remain and there is variation and diversity in children's experiences and understanding of their situation at the shelters and post-shelter. For example, a large proportion of the residents at shelters in Norway have an ethnic minority or migrant background, and children from these families are often in a particularly vulnerable situation and have more often repeated stays in a shelter compared to children with a Norwegian background.

There is today more staff at the shelters with special competence on children. Nine out of ten shelters have employees with special responsibility to work with the children. Most of the child practitioners have a higher education degree, in most cases with a specialization in children, social work or pre-school education. All shelters offer more support, structured and child-oriented counselling and information addressing children than they did 13-15 years ago. There is also better and more formalised cooperation between the shelters and other local services and agencies (e.g., child protection services, the police and health services) concerning the children, compared to the situation 15 years ago. Today, the Shelters Act stipulates that shelters have to cooperate with other local agencies, which probably explains the considerable growth in formalised cooperation.

Considerably more children can continue schooling during their stay at a shelter today, compared to 2008/2010. While it was earlier often thought that children at shelters need a "rest from school", our most recent study clearly shows that shelters try to do more today to organise schooling for children, despite problems related to long distances or security. Despite these efforts, there are still many children, particularly teenagers, who experience disruptions in their schoolwork. Since the average stay at a shelter is 26 days (cf. shelter statistics, bufdir.no) and many of the children and teenagers come to the shelter repeatedly, school or nursery attendance, organised leisure activities, and contacts with friends is important. Yet, schooling, as well as social interaction with friends can be a challenge. Many children and particularly teenagers have to interrupt their education, and cannot always maintain contacts with friends, or receive visits from them at the shelter. It was interesting to notice that compared to the 2010 survey, significantly less of the staff in our study from 2023, responded that children were allowed to invite friends to the shelter (17 % compared to 36 %). We do not know if this is related to security issues or has other reasons. The younger children we interviewed expressed their satisfaction with the child-friendly facilities and organised activities at the shelters.

However, our interviews show that particularly the teenagers regard the lack of own space as a problem when staying at a shelter.

Social media are important also for the children and young people living at the shelters, also as a means of receiving information about domestic violence and shelter services. On the other hand, the internet and social media can cause potential risks for the security of the children and their mothers staying at the shelter, a problem that has become much more severe today compared with the situation 10-15 years ago. In our survey from 2023, three fourths of the shelters responded that social media can be problematic for the security at the shelters because of the tracking options offered.

IV Different systems, but similar features and challenges

Norway has a long history of developing policies on domestic violence and the first shelters for battered women were founded already in the late 1970s. Today, access to shelter services is a statutory and universal right encompassing all residents exposed to domestic violence and abuse. Yet, as emphasised earlier in this report, despite comprehensive legislation and extensive policies, a number of deficiencies and problems remain to be solved, e.g., concerning the regional availability of support services and variations in the quality of services. In Slovakia, the development of policies to tackle domestic violence and violence against women started two decades later than in Norway. Particularly during the last ten years, a support system for survivors of intimate partner violence has been established across the country, comprising shelters offering temporary accommodation, counselling centres and other forms of intervention. However, there is no sufficient regulatory or legislative framework for such services, the resources are scarce, and funding is often dependent on non-sustainable grants received through international bodies.

Despite the obvious national differences between Norway and Slovakia in historical, economic, and political developments, also reflected in their welfare- and gender policies, our project has identified significant commonalities in the role and functions of the support system and in the users' experiences of the services. In this concluding chapter of our report, we want to highlight and emphasise some similar features and patterns characterising policies on domestic violence and intimate partner violence in the two countries.

NGOs continue to be important players

Firstly, we want to emphasise that civil society and non-governmental organizations (NGOs) continue to play a crucial role in domestic violence policies and service provision in both Slovakia and Norway. However, they are not always sufficiently funded and are largely dependent on short-term grants that fail to render stability or sustainability. Although the public sector has taken over the major responsibility for the work against domestic violence in Norway, NGOs are an important supplement to the public services. The work to combat violence against women has shifted since the 1970s from being a primarily private initiative spearheaded by NGOs, especially women's and feminist groups, to becoming more integrated into public policies and responsibilities. Characteristic for the Norwegian approach is a mix of public policies and civil society initiatives. For example, about half of the shelters in Norway have maintained their autonomous organisational form, although the municipalities purchase shelter services from them.

In Slovakia, civil society organisations, often run by women activists, continue to carry out important work on the grassroots level and function as drivers in encouraging the public sector to take more responsibility. The NGOs deal with a broad range of tasks, including shelter provision and counselling support, developing campaigns, materials and awareness-raising programmes, and initiating and implementing research. Many shelters and counselling centres use their knowledge and platforms to raise political demands and seek to influence public authorities.

Need for coherent and coordinated policies

In both countries, violence against women and domestic violence was recognized as being a politically important topic only after the NGOs brought it into the public arena. Today, there is consensus, or at least more awareness, about the need for a broad approach to violence, including prevention, legislation, policy measures and practice. Such extensive work cannot be done by NGOs alone. Therefore, public authorities must take more responsibility at municipal, regional and state levels. In both countries there is a need for more coherent and coordinated approaches to violence at both national and local levels, based on a solid knowledge base for developing policies and practices.

The key role of shelters and other specialized services – mixed experiences with other services

The role of shelters and other specialized services as key institutions for helping victims of domestic violence and intimate partner violence is evident in both countries. The functions and tasks of the shelters and other specialized interventions appear to be highly similar, particularly concerning the needs for safety and temporary accommodation, psychosocial counselling, and referral to services working with child protection, legal aid, health services, housing and employment. Simultaneously, many shelters offer residents an arena for consciousness-raising, help to self-help and empowerment.

Our interviews show clearly that users in both countries express a general satisfaction with the shelters and other specialized services. In particular, the informants appreciate the safety offered at shelters, the professionalism and competence of the staff, as well as their flexibility and empathy. In contrast, the informants in both the Norwegian and the Slovak study seem to have more mixed or negative experiences with other services, such as the police, child protection or family counselling services, and the social services. They experience little cooperation or coordination between the services and agencies, and limited follow-up after their stay at a shelter. According to our informants, general service providers often seem to lack a deeper understanding and knowledge of the complexity of domestic violence and intimate partner violence.

More attention to post-separation violence needed

An issue that was identified as a major problem by the interviewed mothers in both countries, albeit not commonly acknowledged by the authorities, was post-separation violence carried out by the violent ex-partner, mostly the father. This kind of abuse frequently occurs in the form of psychological violence or threats, control or stalking. Post-separation violence is often related to the fathers' visitation agreements with the child or to custody arrangements. Both national studies suggest that institutions involved in parental agreements post separation tend to ignore intimate partner violence in their procedures and practice. Many of the women we interviewed reported widespread ignorance or lack of knowledge of such violence. To the contrary, their experiences included retraumatization and feelings of being forced to accept solutions threatening their physical and psychological safety as well as that of their children. Children could be pressured to be in contact with violent fathers, with negative consequences for their psychosocial well-being and mental health. The fathers could use institutions as a form of post-separation violence and control, for example through reports to the police and social services blaming the mother for child neglect. Thus, having joint children with the perpetrator can create a new arena for violence and control, sometimes through the support services.

Final reflections

Despite different historical, political, and cultural contexts, we have identified significant similarities in the ways in which domestic violence is understood and tackled in Norway and Slovakia. These commonalities are partly due to European and international debates and stimuli, resulting in a transmission of cultural and political ideas, innovations, and social currents across national borders. In such processes of cross-national interaction, specific elements are seldom simply adopted, but rather adapted to the specific contexts of one's own society.

Another reason behind the similarities is embedded in the inherent characteristics and dynamics of violence in intimate and other close relationships as a social phenomenon. Despite country-specific patterns reflected in the societal responses to domestic violence, the reasons behind the use of violence, its frequency, forms, and consequences, as well as the coping strategies of those exposed to it show universal patterns.

All work aiming at combatting violence and abuse should take into consideration its complex nature. It is of particular importance to include different groups' experiences and expand the notion of "violence", yet without diminishing the importance of a gendered understanding of the phenomenon. Intimate partner violence and abuse is firmly gendered in both Norway and Slovakia. Women are exposed to more severe, repeated and diverse forms of violence than men. As long as discrimination against women remains embedded in the social fabric of society, it is not possible to effectively prevent and respond to domestic violence. Increased engagement of women in the political sphere and in leading positions in society, can have a positive impact on efforts to combat domestic violence and intimate partner violence. At the same time, men's victimisation also needs to be acknowledged, as well as violence taking place in same-sex relationships and other minority groups, or that affects persons in particularly vulnerable life-situations. Children's independent rights and needs at shelters and their participation in processes and arrangements that impact their lives must be acknowledged and strengthened. For example, children need to be consulted about visitation arrangements and the violent parent's access to information about the child.

Civil society and non-governmental services have played a crucial role in combating gender-based and domestic violence, setting the issue on the political and societal agenda as well as in the promotion of innovative and effective services. Nevertheless, their capacities and roles are limited, and the efficiency of aid and support system relies on multi-agency cooperation and coordination of institutional responses. This cooperation should be based on a shared understanding of intimate partner violence and domestic violence in all its forms, including post-separation, in order to ensure effective protection against violence against women, children and other persons. Findings from two national studies conducted across significantly heterogenous contexts underscore the existence of gaps in coordination responses even within more developed systems, particularly in recognising post-separation violence facilitated through custody and visiting arrangements, which introduces a novel arena for abuse. The manifestation of post-separation violence via parenting and procedural stalking has raised international attention, necessitating not only further research insight but also policy and institutional interventions.

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