

# **Multi-Sectoral Approach to Combat Domestic Violence: Guide for the Kuwaiti Government**



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## Acknowledgments

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The Leitner Clinic provides practical human rights training to law students while furthering its core objective of promoting the rights of marginalized populations. The Leitner Clinic engages in human rights advocacy projects in conjunction with social justice organizations around the world.

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<sup>1</sup> The views expressed in this guide are not representative of the official position of Fordham Law School or Fordham University.

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## **I. Introduction**

### **Background and Purpose of the Guide**

Throughout all regions of the world, domestic violence devastates victims/survivors physically as well as psychologically. Domestic violence, which includes intimate partner violence, is defined as physically or psychologically abusive behaviors used to establish and maintain control over a spouse, child, or relative living within the household.<sup>2</sup> While adults and children of all genders can face domestic violence, the victims/survivors are overwhelmingly women and girls.<sup>3</sup> The State of Kuwait has made laudable progress in combatting domestic violence through its implementation of Sustainable Development Goal 5 (“SDG 5”) on gender equality and women empowerment and by passing its first domestic violence legislation in August 2020. However, many victims/survivors still have limited access to services to address the detrimental short- and long-term consequences of domestic violence. Accordingly, more support is needed to ensure victims/survivors can access critical services and stakeholders can effectively respond to each case of domestic violence.

This guide is designed to help Kuwait achieve the objectives of SDG 5 and effectively implement its new domestic violence legislation. Through a non-carceral approach, the guide primarily focuses on strengthening Kuwait’s capacity to prevent and respond to domestic violence by improving existing services, providing recommendations for new services, and training non-punitive state agencies.

Given the complexities of domestic violence, this guide endeavors to engage multiple government sectors and leverage their respective expertise to drive change. The targeted entities include Kuwait’s Ministry of Social Affairs and Labor, Ministry of Education and Higher Education, Ministry of Health, Ministry of Justice, and Ministry of Information.

This guide aims to: (1) advance a victim/survivor-centered approach through recommendations for comprehensive, sustainable, and accessible multi-sectoral government services tailored to victims’/survivors’ unique needs and desires, and (2) suggest recommendations for training substance and methodology to sensitize stakeholders from multiple sectors to the issue of domestic violence so they develop a better understanding of their roles in prevention and response.

### **SDG 5 and Kuwait**

Since pledging commitment to the Sustainable Development Goals (“SDGs”) in September 2015, Kuwait has prioritized achieving its targets by aligning them with the Kuwait National

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<sup>2</sup> *What Is Domestic Abuse?*, U.N., <https://www.un.org/en/coronavirus/what-is-domestic-abuse> (last visited Dec. 1, 2020) (noting that victims/survivors of domestic violence include not only spouses, but also children, relatives, or other household members).

<sup>3</sup> *See* U.N. WOMEN, UNDP, ET AL., *ESSENTIAL SERVICES PACKAGE FOR WOMEN AND GIRLS SUBJECT TO VIOLENCE, MODULE 1: OVERVIEW AND INTRODUCTION 8* (2015) [hereinafter *ESSENTIAL SERVICES PACKAGE: OVERVIEW AND INTRODUCTION*], <https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2015/essential-services-package-module-1-en.pdf?la=en&vs=3347>.

Development Plan and Kuwait Vision 2035.<sup>4</sup> In particular, Kuwait has made significant progress towards realizing SDG 5: achieving gender equality and empowering all women and girls.<sup>5</sup> For example, female life expectancy, literacy rates, and enrollment in primary and secondary education have notably increased.<sup>6</sup> Additionally, women comprise nearly half of Kuwait’s workforce, with progressively more women holding political and leadership positions.<sup>7</sup> Because of these and other efforts, Kuwait has received international recognition, including ranking among the top five performing countries on gender equality in the Arab region by the World Economic Forum’s Global Gender Gap Report.<sup>8</sup>

However, despite Kuwait’s progress towards achieving SDG 5, many women and girls continue to face violence and discrimination. The 2018 International Men and Gender Equality Survey – the Middle East and North Africa (“IMAGES MENA”) reveals gaps in gender equality and women’s and girls’ empowerment.<sup>9</sup> The study found that sixty percent of men reported being abusive towards their wives.<sup>10</sup> Additionally, more than eighty percent of men and twenty percent of women believe that a woman should tolerate violence for the sake of the family and saving a marriage.<sup>11</sup>

As is evident from the IMAGES MENA study, many men and women uphold norms that perpetuate domestic violence and undermine Kuwait’s ability to achieve SDG 5.

### **International Human Rights Law Framework**

Kuwait is bound under international human rights law to strengthen its approach to combatting domestic violence and protecting victims/survivors.

As a state party to the Convention on the Elimination of All Forms of Discrimination against Women (“CEDAW”), Kuwait is legally bound to further gender equality in civil, political, economic, and cultural rights. The CEDAW Committee, which helps states comply with the convention’s provisions, has recognized domestic violence as a type of discrimination that inhibits women’s ability to enjoy equal rights and freedoms.<sup>12</sup> In response to state reports explaining measures adopted to enhance gender equality, the Committee issues recommendations and concluding observations to guide signatories in fulfilling their obligations. Many of the

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<sup>4</sup> See *Kuwait Voluntary National Review 2019*, SUSTAINABLE DEV. GOALS 19 (2019), <https://sustainabledevelopment.un.org/memberstates/kuwait> (explaining that the Kuwait National Development Plan strives to achieve Kuwait Vision 2035, which substantively reflects the SDGs’ targets).

<sup>5</sup> SDG 5 is incorporated under the Kuwait Vision 2035 Pillar, Creative Human Capital, which strives to reform the education system to transform youths into productive members of the workforce. *Id.* at 18, 21.

<sup>6</sup> *Id.* at 42.

<sup>7</sup> *Id.* at 42–43.

<sup>8</sup> *Id.* at 42.

<sup>9</sup> The study utilized a nationally representative sample of 2,000 respondents, divided equally among men and women, across Kuwait. *See id.* at 43.

<sup>10</sup> *Id.* at 103.

<sup>11</sup> *Id.*

<sup>12</sup> See CEDAW, *General Recommendation No. 19, Violence against Women*, at 1, U.N. Doc. A/47/38 (Feb. 1, 1992) (“Gender-based violence is a form of discrimination that seriously inhibits women’s ability to enjoy rights and freedoms on a basis of equality with men”).



recommendations and concluding observations for Kuwait relate to victims/survivors of domestic violence.

One of the CEDAW Committee's primary concerns for Kuwait is the lack of available data concerning the number of reported domestic violence cases.<sup>13</sup> Accordingly, the Committee advised Kuwait in 2011 to compile data on the number of reported domestic violence cases and disaggregate it by sex, age, nationality, and the relationship between the victim/survivor and the perpetrator.<sup>14</sup> Reiterating this concern in 2017, the Committee expanded its recommendation, advising Kuwait to include additional statistics about gender-based violence complaints.<sup>15</sup> The Committee is also particularly concerned about gender stereotypes and societal norms perpetuating domestic violence.<sup>16</sup> Given this, the Committee recommended that Kuwait address stigmatizing cultural norms and stereotypes through education, information, and communication campaigns, noting specifically the opportunity for close collaboration with community and religious leaders and civil society and non-governmental organizations.<sup>17</sup>

While the concluding observations on Kuwait allude to engaging diverse stakeholders to combat domestic violence,<sup>18</sup> other CEDAW Committee state reports are more transparent in recommending a multi-sectoral approach. For example, in its concluding observations for New Zealand in 2018, the Committee called on the state to ensure effective coordination and collaboration among the entities responsible for protecting against gender-based violence, including domestic violence.<sup>19</sup> The Committee specifically noted the need to strengthen capacity-building training for social welfare personnel and judges and create victim/survivor-oriented and culturally appropriate guidelines for providing services.<sup>20</sup> Multi-sectoral approaches like this recognize the complexities of addressing domestic violence and protecting victims/survivors and the need for comprehensive strategies.

The Universal Periodic Review ("UPR") is another international mechanism that assesses compliance with human rights legal obligations, including those relating to domestic violence.<sup>21</sup> Kuwait's cooperation with the UPR mechanism and support for most recommendations demonstrates its commitment to further promote and protect human rights. Notably, during its most recent UPR in January 2020, Kuwait accepted about seventy-five percent of the

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<sup>13</sup> See CEDAW, *Concluding Observations on the Fifth Periodic Report of Kuwait*, at 7, U.N. Doc. CEDAW/C/KWT/CO/5 (Nov. 22, 2017) [hereinafter CEDAW, *Kuwait 2017 Report*]; CEDAW, *Concluding Observations of the Committee on the Elimination of Discrimination against Women*, at 7, U.N. Doc. CEDAW/C/KWT/CO/3-4 (Nov. 8, 2011) [hereinafter CEDAW, *Kuwait 2011 Report*].

<sup>14</sup> CEDAW, *Kuwait 2011 Report*, *supra* note 13, at 7.

<sup>15</sup> CEDAW, *Kuwait 2017 Report*, *supra* note 13, at 8.

<sup>16</sup> See *id.* at 6–8.

<sup>17</sup> *Id.*

<sup>18</sup> See generally CEDAW, *Kuwait 2017 Report*, at 7–8 (providing recommendations regarding social services, judicial proceedings, education campaigns, and medical assistance).

<sup>19</sup> See CEDAW, *Concluding Observations on the Eighth Periodic Report of New Zealand*, at 7–8, U.N. Doc. CEDAW/C/NZL/CO/8 (July 25, 2018).

<sup>20</sup> See *id.* at 8.

<sup>21</sup> The UPR is an opportunity for peer-to-peer review in which a United Nations Member State discusses and responds to questions from other United Nations Member States about what actions it has taken to promote human rights. See *Universal Periodic Review*, United Nations Human Rights Council, <https://www.ohchr.org/EN/HRBodies/UPR/Pages/BasicFacts.aspx> (last visited Nov. 21, 2020).

recommendations.<sup>22</sup> Among the recommendations accepted were ones related to preventing and protecting against domestic violence.<sup>23</sup>

This guide is intended to help Kuwait achieve its international human rights legal obligations under CEDAW and implement some of the agreed-upon UPR recommendations about domestic violence.

## Overview of the Legal and Social Context of Domestic Violence in Kuwait

In August 2020, Kuwait took a significant step in protecting against domestic violence when its National Assembly passed the state's first law specifically designed to combat such abuse. The new law will establish a national committee consisting of representatives from the Ministries of Interior, Justice, Social Affairs, Education, Health, Information, and civil society.<sup>24</sup> The committee will not only be responsible for creating policies and awareness-raising campaigns on domestic violence, but also for approving training programs for all workers who assist victims/survivors.<sup>25</sup> Additionally, the new legislation calls for establishing a domestic violence shelter and hotline, as well as providing victims/survivors with counseling and advisory services.<sup>26</sup>

Recent events and striking statistics emphasize the urgency of the new legislation's enactment. In September 2020, only a few weeks after the National Assembly approved the domestic violence law, a thirty-five-year-old pregnant Kuwaiti woman was shot dead by her brother inside a hospital ICU.<sup>27</sup> The brother killed his sister, Fatima al-Ajmi, because she married outside of her family's community.<sup>28</sup> Statistics on domestic violence in Kuwait indicate that many women are in similar positions to Fatima al-Ajmi. The IMAGES MENA study found that a significant number of male respondents admitted to using violence against their wives and more than half of female respondents said they had experienced spousal violence.<sup>29</sup> Such abuse is perpetuated by the belief that "marriage is a test of character and a woman should be fully prepared to endure all the challenges of the family institution."<sup>30</sup>

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<sup>22</sup> See *Report of the Working Group on the Universal Periodic Review Kuwait*, U.N. HUMAN RTS. COUNCIL 2–12, U.N. Doc. A/HRC/44/17/Add.1 (July 3, 2020).

<sup>23</sup> *Id.* Kuwait accepted recommendations to take further measures towards combatting domestic violence by making available institutional mechanisms, such as a national center, to protect victims/survivors. Additionally, Kuwait accepted recommendations for developing legislation and policies prohibiting domestic violence and protecting victims/survivors. See Recommendations 157.55, 157.140, 157.219, 157.222, 157.226, 157.233, and 157.244 as examples at *Report of the Working Group on the Universal Periodic Review Kuwait*, U.N. HUMAN RTS. COUNCIL 13–22, U.N. Doc. A/HRC/44/17 (Mar. 20, 2020).

<sup>24</sup> Article (3) of Law No. (16) of 2020 In the matter of Protection from Domestic Violence, KUWAIT TODAY, Issue 1501, Sept. 20, 2020 [hereinafter Law No. (16) of 2020].

<sup>25</sup> *Id.* at Article (4).

<sup>26</sup> *Id.* at Article (5) § 1–4.

<sup>27</sup> See Yasmena Al Mulla, *Kuwait: Pregnant woman shot dead by brother inside hospital ICU*, WORLD GULF (Sep. 10, 2020, 8:04 PM), <https://gulfnews.com/world/gulf/kuwait/kuwait-pregnant-woman-shot-dead-by-brother-inside-hospital-icu-1.73760070>.

<sup>28</sup> See *id.*

<sup>29</sup> El Feki, S. & F. El-Zanaty, *Understanding Men, Women, and Gender Equality in Kuwait: Results from the International Men and Gender Equality Survey (IMAGES) – Middle East and North Africa, State of Kuwait*, at 96–97 (2019).

<sup>30</sup> Amer Alsaleh, *Violence Against Kuwaiti Women*, I-22 J. INTERPERSONAL VIOLENCE 1, 16 (2020).

Accordingly, the new domestic violence legislation is a welcome change in empowering victims/survivors and protecting against abuse. These developments also underscore the timeliness of this guide, which will serve as a valuable resource for the Kuwaiti government in improving existing services, establishing new services, and training stakeholders on domestic violence prevention and treatment and compliance with the law's provisions.

## II. Ministry of Social Affairs and Labor + Shelters

Part A of this section examines recommendations for social services for victims/survivors of domestic violence. A.1 considers methods of outreach and connection to such services, including hotlines, websites, mobile apps, and code words and gestures. A.2 discusses transportation considerations and services for victims/survivors and A.3 covers case management, individualized care, and the importance of coordination between all domestic violence services. A.4 discusses victim/survivor advocacy centers, which are physical spaces aimed at bringing services together under one roof. A.5 goes over accommodations, including shelters, safehouses, hotels, apartments, and homes, and A.6 examines recommendations for therapy, counseling, and support groups for victims/survivors. A.7 covers the importance of economic empowerment to lift victims/survivors out of abuse through multiple methods including loans, direct financial assistance, financial planning services, and professional training. A.8 deals with recommended legal services to be provided within social services establishments. A.9 looks at support and development services for children, and A.10 discusses perpetrator and abuser intervention programs.

Part B of this section covers training recommendations for stakeholders working with victims/survivors of domestic violence in the social services sector. B.1 goes over targeted groups within this sector, including hotline and outreach workers; case managers; shelter and safehouse coordinators and workers; social workers and therapists; and staff, volunteers, and other community advocates working for organizations that deal with victims/survivors or perpetrators of domestic violence. B.2 summarizes several recommended methodologies for implementing training. B.2.a discusses the importance of monitoring training, then updating and revising them in response to data collected and developments in the domestic violence field. B.2.b covers training in the form of seminars and workshops, B.2.c considers self-guided, online training, B.2.d looks at recommendations for national curriculum standards, and B.2.e discusses ways to incentivize training.

### A. Recommendations for Services

Providers offering social services to victims/survivors of domestic violence should prioritize fluidity, interconnectivity, and communication between services within each ministry addressed in this guide—as well as the Ministry of Information which should be involved in raising public awareness regarding services—always taking a victim/survivor-centric approach.<sup>31</sup> Safety,

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<sup>31</sup> See U.N. WOMEN, UNDP, ET AL., ESSENTIAL SERVICES PACKAGE FOR WOMEN AND GIRLS SUBJECT TO VIOLENCE, MODULE 4: SOCIAL SERVICES 6, 9 (2015) [hereinafter ESSENTIAL SERVICES PACKAGE: SOCIAL SERVICES], <https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2015/essential-services-package-module-4-en.pdf?la=en&vs=3630>; *Goals and Strategies of Intervention*, STOP VIOLENCE AGAINST WOMEN (Mar. 2019), [https://www.stopvaw.org/goals\\_and\\_strategies\\_of\\_an\\_inter-agency\\_response](https://www.stopvaw.org/goals_and_strategies_of_an_inter-agency_response). See also Article (3) of Law No. (16) of 2020, *supra* note 24 (forming the National Committee for Protection from Domestic Violence, comprised of representatives from eight national ministries, councils, and departments, including the Ministry of Social Affairs); *id.* at Article (4) (instructing the National Committee for Protection from Domestic Violence to coordinate between all official institutions and civil society institutions related to domestic violence).

consent, and confidentiality are paramount.<sup>32</sup> All services should reflect cultural and population-based variances in how domestic violence is perceived in the community and, particularly in areas of cultural diversity, staff should look like the individuals and families they serve to increase victims'/survivors' comfort when seeking support.<sup>33</sup>

## 1. Outreach and Silent Services

The term “silent services” refers to technologies, like those discussed in this section, that allows victims/survivors to connect with domestic violence service providers and advocates discreetly through “silent channels.”<sup>34</sup> Discreet outreach channels have become increasingly important during the COVID-19 pandemic as many victims/survivors may be confined with their abusers and fear being seen or overheard if they attempt to seek help.<sup>35</sup> Providing a variety of outreach options allows victims/survivors to select the form of communication with which they feel most comfortable and which they can access most readily.<sup>36</sup>

### a. Hotlines and Helplines

Hotlines and helplines are a valuable outreach tool for assisting victims/survivors of domestic violence, providing them with information about available resources, and connecting them to other programs and services.<sup>37</sup> Hotlines should be available 24/7 and staffed with domestic violence advocates available to speak, preferably in more than one language.<sup>38</sup> The CEDAW Committee has recommended that governments contribute to “civil society organizations that operate hotlines for victims and survivors of domestic violence to ensure that they operate around the clock, seven days a week, and are confidential and accessible by women throughout the State

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<sup>32</sup> See ESSENTIAL SERVICES PACKAGE: SOCIAL SERVICES, *supra* note 31, at 12. See also Zoom Interview with Josephine Moss, Reg'l Plan. and Coordination Specialist for U.N. Women, Arab States, and Manal Benkirane, Reg'l Program Specialist for U.N. Women, Arab States (Oct. 28, 2020) [hereinafter Moss and Benkirane Interview].

<sup>33</sup> See MELVIN H. WILSON & RITA WEBB, NAT'L ASS'N OF SOC. WORKERS, SOCIAL WORK'S ROLE IN RESPONDING TO INTIMATE PARTNER VIOLENCE 9 (2018), <https://www.socialworkers.org/LinkClick.aspx?fileticket=WTrDbQ6CHxI%3D&portalid=0>.

<sup>34</sup> See *Silent solutions available to quarantined survivors of domestic violence*, UNFPA (May 21, 2020) [hereinafter *Silent solutions*], <https://www.unfpa.org/news/silent-solutions-available-quarantined-survivors-domestic-violence>.

<sup>35</sup> *Id.*

<sup>36</sup> *Id.*

<sup>37</sup> See ESSENTIAL SERVICES PACKAGE: SOCIAL SERVICES, *supra* note 31, at 13; *Prevent, Assess, and Respond: A Domestic Violence and Human Trafficking Toolkit for Health Centers & Domestic Violence Programs*, FUTURES WITHOUT VIOLENCE 20 (Nov. 2017) [hereinafter *Prevent, Assess, and Respond*]. See also Article (5) § 4 of Law No. (16) of 2020, *supra* note 24 (calling for the establishment of a hotline to receive reports and complaints about domestic violence). Kuwait has established a hotline number for victims/survivors of domestic violence, but as of time of writing, the hotline is not yet operational. Zoom Interview with Dr. Lubna Al-Kazi, Dir. Women's Rsch. Ctr. Kuwait Univ. (Dec. 2, 2020) [hereinafter Al-Kazi Interview, Dec. 2, 2020]. Kuwait may consider, rather than waiting for domestic violence shelters to be functional, activating the hotline as soon as possible to provide other services discussed in this section, including crisis counseling and guidance.

<sup>38</sup> See ESSENTIAL SERVICES PACKAGE: SOCIAL SERVICES, *supra* note 31, at 13. See also *Call for Help*, SAFE HORIZON [hereinafter *Call for Help*], <https://www.safehorizon.org/hotlines> (last visited Oct. 23, 2020); NAT'L DOMESTIC VIOLENCE HOTLINE, <https://www.thehotline.org/> (last visited Nov. 21, 2020). In Kuwait, services should be available at least in Arabic and English to ensure accessibility to the majority of individuals. Zoom Interview with Esra Alamiri, Doctoral Candidate at Fordham Univ. Sch. of L., (Dec. 1, 2020).

party.”<sup>39</sup> Advocates should offer personalized, non-judgmental support to discuss safety planning, offer one-on-one crisis counseling,<sup>40</sup> provide information about community resources, assist with finding domestic violence shelters, and connect callers to other programs and services.<sup>41</sup> Hotlines can also provide guidance to concerned family members or professionals working with victims/survivors.<sup>42</sup> Helplines, on the other hand, should be set up to allow callers to make appointments with other services and may have more limited hours of operation than hotlines.<sup>43</sup>

Advocates operating hotlines and helplines should also help callers arrange transportation to and from any referred services, either by helping them locate existing transportation services, by providing a shuttle service, or by offering case-by-case transportation provided by advocates and volunteers.<sup>44</sup> Transportation considerations should always prioritize the safety of the victim/survivor as well as the driver(s).<sup>45</sup> Transportation for victims/survivors is discussed further in section A.2 below.

## **b. Websites and Apps**

Online chat and messaging services and mobile phone applications are another way for victims/survivors to connect to social services advocates and are particularly useful for individuals who are unable to speak on the phone due to privacy and safety concerns.<sup>46</sup> These services have become increasingly useful and needed during the COVID-19 pandemic.<sup>47</sup> If a website’s chat service is not available 24/7, the button linking to it should not be visible outside hours of operation.<sup>48</sup> When the chat function is not available, victims/survivors should be redirected to call the hotline.<sup>49</sup>

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<sup>39</sup> *Concluding Observations on the Sixth Periodic Report of Bosnia and Herzegovina*, U.N. Doc. CEDAW/C/BIH/CO/6, at 8 (Nov. 12, 2019).

<sup>40</sup> See ESSENTIAL SERVICES PACKAGE: SOCIAL SERVICES, *supra* note 31, at 13.

<sup>41</sup> See *Call for Help*, *supra* note 38.

<sup>42</sup> See *Prevent, Assess, and Respond*, *supra* note 37, at 20.

<sup>43</sup> See *Call for Help*, *supra* note 38. Safe Horizon’s helpline is available Monday thru Friday, 9am–5pm, but callers are directed to leave a voice message if they call outside those hours and informed that the organization will get back to them on the next business day. *Id.*

<sup>44</sup> See ARIZ. COAL. AGAINST DOMESTIC VIOLENCE, BEST PRACTICES MANUAL FOR DOMESTIC VIOLENCE PROGRAMS 29–31 (Jun. 2000) [hereinafter BEST PRACTICES MANUAL], <http://vawnet.org/sites/default/files/assets/files/2016-09/BestPracticesManual.pdf>.

<sup>45</sup> See *id.* at 30.

<sup>46</sup> See *SafeChat*, SAFE HORIZON [hereinafter SAFE HORIZON *SafeChat*], <https://www.safehorizon.org/safechat/> (last visited Oct. 23, 2020). See also Moss and Benkirane Interview, *supra* note 32 (noting that since most of Kuwait’s population has access to mobile phones and is familiar with social media, discreet apps or chat services connected to frequently-used apps could provide a viable option for victims/survivors—particularly those whose phones are monitored by their abusers).

<sup>47</sup> See *Silent solutions*, *supra* note 34; Noemie Bisserbe and Pietro Lombardi, *As Coronavirus Piles Pressure on Families, Domestic Violence Concerns Surge*, WALL ST. J. (Apr. 5, 2020, 9:00 AM), <https://www.wsj.com/articles/as-coronavirus-piles-pressure-on-families-domestic-violence-concerns-surge-11586091601>.

<sup>48</sup> See *id.* Safe Horizon’s SafeChat service’s hours of operation are Monday through Friday, 9am–6pm except holidays. *Id.*

<sup>49</sup> *Id.*



Like hotlines and helplines, chat services should connect victims/survivors to advocates who are specifically trained in supporting victims/survivors of domestic violence and are able to talk to users about their situation, ask questions, help them explore their options, provide information and referrals, and connect them to other programs.<sup>50</sup> When users click the service’s “Chat Now” button or something equivalent, they should be redirected to a pre-chat survey.<sup>51</sup> The survey should be completely optional but designed to help advocates determine appropriate referrals as well as identify a safe phone number or email address by which to contact the client in case of disconnection.<sup>52</sup> Clients should then either be connected directly with an advocate or placed in a virtual waiting room that provides information regarding their number in the queue and an estimated wait time.<sup>53</sup>

For the safety of users, such sites should also include a conspicuous “emergency exit” option—for example, a button labeled “Quickly Exit This Site” which users can hit twice to exit the website in a hurry if needed—and a reminder to clear the browser history at the end of the session.<sup>54</sup> Chat services should maintain users’ confidentiality unless the advocate fears the victim/survivor may do harm to themselves or others, learns that a child may be harmed, or is required by law to make a disclosure.<sup>55</sup>

### **i. Case Studies: Spain and Austria**

Several European governments have launched online platforms and messaging services for victims/survivors of domestic violence in the wake of the coronavirus.<sup>56</sup> In April 2020, Spain reported at least 150 users for a new WhatsApp service launched in March that is aimed at providing emotional and psychological support for victims/survivors.<sup>57</sup>

Several mobile phone apps have also been developed to assist victims/survivors of domestic violence. Austria has an app called “Fem: Help,” which helps victims/survivors access

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<sup>50</sup> *Id.*

<sup>51</sup> *Id.*

<sup>52</sup> *Id.*

<sup>53</sup> *Id.*

<sup>54</sup> *See id.* Many sites providing information and assistance to victims/survivors of domestic violence offer some version of the “Quick Exit” button. *See Domestic Violence Services & Programs*, URB. RES. INST. NYC [hereinafter URB. RES. *Domestic Violence Services & Programs*], <https://urinyc.org/program/domestic-violence/> (last visited Oct. 23, 2020) (featuring a “Quickly Exit Site” button which immediately takes the user to a new tab on their browser, which opens to The Weather Channel at <https://weather.com/>, and sends the original tab to Google’s search page, but which does not remove the website from the browser’s “History” log); NAT’L DOMESTIC VIOLENCE HOTLINE (featuring an alert as soon as you enter the site warning that internet usage can be monitored and is impossible to erase completely, and offering further information about digital security, a reminder to clear browser history after visiting the website, and informing users that clicking the red “X” button on the screen or the “Escape” key will allow them to leave the site immediately). For more information about creating quick-exit functions on websites, see Chris Coyier, *Giving Users a Quick Disguised Exit From a Website*, CSS-TRICKS (Oct. 2, 2014), <https://css-tricks.com/website-escape/>; *Quick exit button*, GITHUB, <https://github.com/bboyle/quick-exit> (last visited Dec. 4, 2020).

<sup>55</sup> *See SAFE HORIZON SafeChat*, *supra* note 46.

<sup>56</sup> *See Bisserbe*, *supra* note 47.

<sup>57</sup> *Id.*

shelters and intervention services quickly and easily.<sup>58</sup> The app provides direct access to a helpline and allows users to document incidents of abuse.<sup>59</sup> Victims/survivors can also upload pictures of injuries or document incidents of violence using questionnaires or voice memos and secure the entries with a PIN code.<sup>60</sup>

## ii. Case Study: When Georgia Smiled (United States)

When Georgia Smiled is a United States-based foundation that supports programs and organizations working to combat domestic violence.<sup>61</sup> The foundation’s free “Aspire News” app looks like a regular news app, covering world, sports, and entertainment news, but also contains a help section with resources on domestic violence and functions which allow users to discreetly send messages, voice notes, or call pre-inputted trusted contacts in case of an emergency.<sup>62</sup>

## c. Code Words and Gestures

Code words and gestures are another means by which victims/survivors can reach out for help and they can be particularly useful to individuals who are accompanied by their abuser when they leave the house or for whom private phone conversations or unmonitored internet access are impossible.<sup>63</sup>

## i. Case Studies: Spain and France

Spain and France have implemented an initiative to encourage women to report domestic violence at pharmacies by requesting a non-existent item: “Mask 19.”<sup>64</sup> This codeword alerts the pharmacist to write down the woman’s contact details and call the authorities.<sup>65</sup> This strategy could be adapted to have pharmacists contact social service providers or shelters to connect

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<sup>58</sup> See ERASMUS + PROGRAMME OF THE EUROPEAN UNION, BEST PRACTICE IN THE FIGHT AGAINST DOMESTIC VIOLENCE: EUROPE & THE UNITED STATES 23 [hereinafter ERASMUS], [https://emprojeproject.eu/wp-content/uploads/2018/09/Emprove\\_Best\\_Practice\\_EN.pdf](https://emprojeproject.eu/wp-content/uploads/2018/09/Emprove_Best_Practice_EN.pdf) (last visited Nov. 21, 2020).

<sup>59</sup> *Id.*

<sup>60</sup> *Id.*

<sup>61</sup> See generally WHEN GEORGIA SMILED: THE ROBIN MCGRAW AND DR. PHIL FOUNDATION, <https://www.whengeorgiasmiled.org/> (last visited Nov. 24, 2020).

<sup>62</sup> *About the Aspire News App*, WHEN GEORGIA SMILED: THE ROBIN MCGRAW AND DR. PHIL FOUNDATION, <https://www.whengeorgiasmiled.org/aspire-news-app/>. See *Aspire App*, TECH. SAFETY, <https://www.techsafety.org/aspire> (Nov. 2018). See also *see Moss and Benkirane Interview*, *supra* note 32 (noting that something similar could be a viable option in Kuwait).

<sup>63</sup> See *Moss and Benkirane Interview*, *supra* note 32 (discussing the likelihood that a code word or gesture could be used by domestic violence victims/survivors in Kuwait via WhatsApp to discreetly let others know that they need help, particularly by individuals living outside urban centers who may be unable to leave the house unaccompanied by their abuser).

<sup>64</sup> See *France to put domestic violence victims in hotels as numbers soar under coronavirus lockdown*, FRANCE 24 (Mar. 30, 2020) [hereinafter *France hotels*], <https://www.france24.com/en/20200330-france-to-put-domestic-violence-victims-in-hotels-as-numbers-soar-under-coronavirus-lockdown>; Ashley Wehrli, *Domestic Violence Victims are Using Safe Words To Try & Escape The Quarantine*, MOMS.COM (Apr. 6, 2020), <https://www.moms.com/domestic-violence-victims-are-using-safe-words-to-try-escape-the-quarantine/>.

<sup>65</sup> See *France hotels*, *supra* note 64; Bisserbe, *supra* note 47.



victims/survivors directly with advocates and the Ministry of Social Affairs may consider partnering directly with a nationwide pharmacy chain, like Royal Pharmacies,<sup>66</sup> to implement.

## **ii. Case Study: Canadian Women’s Foundation (Canada)**

The Canadian Women’s Foundation began a campaign called “Signal for Help”—or “#SignalForHelp” on Instagram and Twitter—to teach women a simple one-handed gesture to silently let someone know during a video call that they need help and want someone to check in with them safely.<sup>67</sup> The gesture is performed by facing an open palm towards the camera, tucking the thumb into the palm, and then folding the four fingers over the thumb.<sup>68</sup>

## **2. Transportation**

All domestic violence service providers should prioritize and accommodate the safe and discreet transportation of victims/survivors—and their children, when applicable—to and from needed services and accommodations.<sup>69</sup> When a victim/survivor does not have adequate, safe transportation, advocates should work with them to arrange it.<sup>70</sup> This may entail locating a transportation provider; providing the service directly; helping the victim/survivor navigate directions or public transportation routes; or providing money for gasoline, a bus ticket, or cab fare.<sup>71</sup>

### **a. Case Study: The Milligan Foundation (United States)**

The Milligan Foundation is a United States-based NGO that directly assists victims/survivors of domestic violence with transportation and relocation.<sup>72</sup> The organization purchases bus, train, and airline tickets for victims/survivors; offers point-to-point secure escort; supports shelters’ in-house transportation services by providing them with funding for gasoline; and directly provides transportation services for shelters, social service providers, and hospitals.<sup>73</sup> One-hundred percent of the Foundation’s funding for transportation is donor-supported.<sup>74</sup>

## **3. Case Management**

To facilitate holistic and comprehensive care, fluidity between services, and coordination between ministries, victims/survivors should be offered case management services to meet their

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<sup>66</sup> ROYAL PHARMACIES, <https://royalpharmacy.online/> (last visited Dec. 3, 2020).

<sup>67</sup> See *Signal for Help*, CANADIAN WOMEN’S FOUNDATION, <https://canadianwomen.org/signal-for-help/> (last visited Nov. 21, 2020).

<sup>68</sup> See Brooke Bobb, “*Signal for Help*” Is a New Tool for Abuse Victims During the Coronavirus Lockdown and Beyond, VOGUE (Apr. 28, 2020), <https://www.vogue.com/article/signal-for-help-womens-funding-network-abuse-coronavirus>.

<sup>69</sup> See, e.g., BEST PRACTICES MANUAL, *supra* note 44, at 15, 65–77, 115.

<sup>70</sup> See, e.g., *id.* at 29.

<sup>71</sup> See *id.* at 29, 33–34, 37.

<sup>72</sup> THE MILLIGAN FOUNDATION, <http://www.themilliganfoundation.org/> (last visited Dec. 4, 2020).

<sup>73</sup> See *id.*

<sup>74</sup> *Id.*

unique and complex needs.<sup>75</sup> Case management services should provide help and guidance in finding living accommodations, obtaining public assistance, and accessing education—recognizing victims’/survivors’ particular vulnerability to economic, housing, and financial insecurity and helping them navigate these barriers.<sup>76</sup> Case management should continue for as long as the victim/survivor has a continued desire for the service, but case managers should be careful to avoid over-involvement and respect the victim’s/survivor’s personal empowerment.<sup>77</sup>

#### **a. Case Study: Romania**

Romania has been recognized for its method of domestic violence case management.<sup>78</sup> Multidisciplinary and inter-institutional teams intervene to identify, report, and assess domestic violence cases.<sup>79</sup> Teams include social workers who act as the case manager, psychologists who offer specialized counseling services, physicians who provide gynecological or obstetrics care, lawyers who assist with legal services, and priests, teachers, or community leaders.<sup>80</sup> Based on detailed assessment reports from the multidisciplinary team, the case manager creates a rehabilitation and/or social reintegration plan for victims/survivors.<sup>81</sup>

### **4. Victim/Survivor Advocacy Centers**

Domestic violence advocacy centers are intended to provide individuals with a one-stop, walk-in facility that brings together professionals from multiple social and legal service agencies and service sectors to provide a collaborative environment aimed at helping victims/survivors quickly and easily locate needed services.<sup>82</sup> This requires the cooperation of all relevant stakeholders and governmental ministries responsible for providing these services. If it would be unsafe for these centers to be run as walk-in facilities with public addresses—as discussed below in part A.4.a regarding shelters—their locations should be kept confidential and only be disclosed after making an appointment via one of the outreach services discussed above in part A.1. Whether public or confidential, centers should ideally be available in multiple locations to make it easier for victims/survivors to access them and should offer services in Arabic and English.<sup>83</sup> Centers should provide a place for parents to leave young children to be supervised while they receive services, including safety planning, case management, counseling, and legal, housing, and financial assistance.<sup>84</sup>

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<sup>75</sup> See *Community Programs*, SAFE HORIZON, <https://www.safehorizon.org/community-programs/> (last visited Nov. 22, 2020); BEST PRACTICES MANUAL, *supra* note 44, at 69. See also *STEPS to End Family Violence*, RISING GROUND [hereinafter *STEPS*], <https://www.risingground.org/program/steps/> (last visited Nov. 22, 2020).

<sup>76</sup> See *STEPS*, *supra* note 75.

<sup>77</sup> See BEST PRACTICES MANUAL, *supra* note 44, at 73.

<sup>78</sup> See ERASMUS, *supra* note 58, at 18.

<sup>79</sup> *Id.*

<sup>80</sup> *Id.*

<sup>81</sup> *Id.*

<sup>82</sup> See *Family Justice Centers*, SAFE HORIZON [hereinafter *SAFE HORIZON Family Justice Centers*], <https://www.safehorizon.org/our-services/legal-and-court-help/family-justice-centers/> (last visited Oct. 23, 2020). See also Moss and Benkirane Interview, *supra* note 32 (discussing the possibility of adapting social development centers for this purpose to avoid the suspicion of perpetrators when victims/survivors go to them).

<sup>83</sup> *Id.*

<sup>84</sup> *Id.*

## a. Case Studies: France and Germany

In France, the government has financed the opening of pop-up counseling centers in response to the increase in domestic violence cases during the COVID-19 pandemic.<sup>85</sup> Twenty centers were opened in stores and malls around the country so women could stop in for help while out to get groceries.<sup>86</sup> The goal was to multiply the points of contact for women with counseling services, making sure support systems can go to women rather than women having to go out of their way to seek them out.<sup>87</sup> Something similar could be implemented as a short-term solution while permanent centers are built.

The Domestic Violence Intervention Centre in Berlin has excelled in coordinating among various stakeholders to execute prevention and intervention strategies.<sup>88</sup> The Centre organizes cooperation between services and various institutions to accelerate support, maintain a dialogue, identify structural shortcomings, and establish new measures.<sup>89</sup> For example, it uses interdisciplinary teams to optimize or develop case-by-case action plans.<sup>90</sup> It also creates and distributes information required for effective intervention for specific professional groups.<sup>91</sup> In addition to coordination, the program includes prevention methods—for example, education programs on domestic violence for children, teens, parents, and teachers—and a hotline for those looking for help, support, or information.<sup>92</sup>

## 5. Accommodations

### a. Shelters

Confidential and safe shelters specific to domestic violence should be available to victims/survivors.<sup>93</sup> The CEDAW Committee has recommended that Kuwait provide “legal, medical and psychological assistance and rehabilitation, including adequate shelters.”<sup>94</sup> The CEDAW Committee has also emphasized the need for shelters in remote areas, as well as cooperation with NGOs and civil society organizations providing shelters and services.<sup>95</sup> For the

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<sup>85</sup> See *France hotels*, *supra* note 64; Bisserbe, *supra* note 47.

<sup>86</sup> See *France hotels*, *supra* note 64.

<sup>87</sup> *Id.*

<sup>88</sup> See ERASMUS, *supra* note 58, at 20–21.

<sup>89</sup> *Id.*

<sup>90</sup> *Id.*

<sup>91</sup> *Id.*

<sup>92</sup> *Id.*

<sup>93</sup> See ESSENTIAL SERVICES PACKAGE: SOCIAL SERVICES, *supra* note 31, at 14. See also *Domestic Violence Shelters*, SAFE HORIZON [hereinafter *SAFE HORIZON Domestic Violence Shelters*], <https://www.safehorizon.org/domestic-violence-shelters/> (last visited Nov. 22, 2020); URB. RES. *Domestic Violence Services & Programs*, *supra* note 54; Moss and Benkirane Interview, *supra* note 32 (discussing the need for shelters within each governorate and the importance of keeping shelters’ locations secret). See generally Article (5) of Law No. (16) of 2020, *supra* note 24 (stating that shelters shall be established for victims/survivors of domestic violence).

<sup>94</sup> CEDAW, *Concluding Observations on the Committee on the Elimination of Discrimination Against Women Kuwait*, U.N. Doc. CEDAW/C/KWT/CO/3-4, at 7 (Oct. 21, 2011).

<sup>95</sup> See *Concluding Observations on the Sixth Periodic Report of Zimbabwe*, U.N. Doc. CEDAW/C/ZWE/CO/6, at 6 (Mar. 10, 2020) (suggesting “establishing more shelters, especially in rural and remote areas, and enhancing cooperation with NGOs”). See also *Concluding Observations on the Sixth Periodic Report of Seychelles*, U.N. Doc. CEDAW/C/SYC/CO/6, at 6 (Nov. 12, 2019) (advising the state “establish well-resourced public and accessible

safety of residents, the locations of domestic violence shelters should be confidential and those wishing to inquire about them should be required to call a hotline or helpline or reach out through a chat service for more information.<sup>96</sup> As discussed above in section A.1.a, advocates should help victims/survivors arrange safe transportation to and from the facility.<sup>97</sup>

Shelters should be prepared to accommodate children, including by offering connecting rooms, so that women who are able to bring their children with them will be comfortable.<sup>98</sup> For the safety of residents and to preserve the confidentiality of the shelter's location, abusers should not be allowed inside shelters, even if their children are living there with the victim/survivor.<sup>99</sup> Security systems should be installed, including alarms that can be pressed in case of an intruder.<sup>100</sup> Secured phone lines, emergency lighting, fire protection, motion-sensitive lights, secured windows, bulletproof glass on the windows, internally locked entrances and doors, and only one exterior entrance are all recommended safety measures.<sup>101</sup> Confidentiality should be strictly maintained among staff and emphasis placed on discreetly getting victims/survivors to the shelter to protect the location's anonymity.<sup>102</sup> Shelters may also wish to consider providing victims/survivors access to new devices—including computers, tablets, and mobile phones—where there is a risk that their personal devices are being monitored by their abuser, particularly if such monitoring may compromise the location of the shelter.<sup>103</sup>

Shelters should also keep records of their residents, including their history and which shelter-based programs they participate in.<sup>104</sup> Recordkeeping, including an initial description of each new resident's situation upon arrival, helps avoid the need for victims/survivors to repeat

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shelters and support civil society organizations running shelters and providing victims support"); *Concluding Observations on the Fifth Periodic Report of Turkmenistan*, U.N. Doc. CEDAW/C/TKM/CO/5, at 6 (Jul. 25, 2018) (recommending "establishing shelters, especially in rural areas, and enhancing cooperation with nongovernmental organizations providing shelter and rehabilitation to victims").

<sup>96</sup> See SAFE HORIZON *Domestic Violence Shelters*, *supra* note 93; URB. RES. *Domestic Violence Services & Programs*, *supra* note 54; Moss and Benkirane Interview, *supra* note 32 (advising that locations of shelters in Kuwait should be confidential and emphasizing that this is also an international recommendation).

<sup>97</sup> See BEST PRACTICES MANUAL, *supra* note 44, at 37.

<sup>98</sup> See Moss and Benkirane Interview, *supra* note 32 (noting that in Kuwait, women are likely to bring their children when they seek shelter unless they are unable to escape their abuser with the children).

<sup>99</sup> See *Shelters and Safehouses*, STOP VIOLENCE AGAINST WOMEN [hereinafter STOP VIOLENCE *Shelters and Safehouses*], [http://www.stopvaw.org/shelters\\_and\\_safehouses](http://www.stopvaw.org/shelters_and_safehouses) (last visited Nov. 22, 2020). If the abuser has court-mandated visitation time with the children, visitation should be coordinated between advocates at the shelter and advocates working with the abuser and held at a secondary location, rather than at the shelter. Advocates should ensure the children's transportation to and from the shelter and the visitation location is safe and discreet.

<sup>100</sup> *Id.*; ESSENTIAL SERVICES PACKAGE: SOCIAL SERVICES, *supra* note 31, at 14.

<sup>101</sup> See STOP VIOLENCE *Shelters and Safehouses*, *supra* note 99; BEST PRACTICES MANUAL, *supra* note 44, at 56–57. See also Moss and Benkirane Interview, *supra* note 32 (discussing safety considerations needed for shelters to avoid perpetrator attacks).

<sup>102</sup> See STOP VIOLENCE *Shelters and Safehouses*, *supra* note 99. See also Zoom Interview with Dr. Lubna Al-Kazi, Dir. Women's Rsch. Ctr. Kuwait Univ. (Oct. 14, 2020) [hereinafter Al-Kazi Interview, Oct. 14, 2020].

<sup>103</sup> See *Technology Safety Plan: A Guide for Survivors and Advocates*, TECH. SAFETY, <https://www.techsafety.org/resources-survivors/technology-safety-plan> (last visited Nov. 25, 2020).

<sup>104</sup> See *Security strategies and features in shelter facilities*, U.N. WOMEN: VIRTUAL KNOWLEDGE CTR. TO END VIOLENCE AGAINST WOMEN AND GIRLS (Sept. 14, 2012) <https://www.endvawnow.org/en/articles/1412-security-strategies-and-features-in-shelter-facilities.html>; BEST PRACTICES MANUAL, *supra* note 44, at 46–47. See also Articles (2) § 5 and (5) § 7 of Law No. (16) of 2020, *supra* note 24 (discussing the need for and purpose of collecting statistical data regarding domestic violence).

themselves to multiple staff-members, allows the shelter to track areas where there is room for improvement in its offerings, and serves as an important advocacy tool by facilitating connections with other services.<sup>105</sup> Access to such information should be restricted to protect the safety and confidentiality of shelter residents, but residents should be granted access to their own files.<sup>106</sup>

Shelters should give victims/survivors flexibility around the length of stay, providing sufficient time to make other housing arrangements while still operating as a transitional housing option to avoid reaching capacity and being forced to turn away new residents.<sup>107</sup> When victims/survivors are preparing to leave, shelters should conduct exit appointments and arrange for follow-up contact.<sup>108</sup> Follow-up communication should be used to check-in, assess whether the victim/survivor needs referrals to additional services, inform or remind the victim/survivor of available ongoing services like counseling and support groups, and obtain feedback on services they have already received.<sup>109</sup> Follow-up contact is recommended within at least three to six months after the victim/survivor leaves the shelter and may be conducted over the phone, as long as that would not jeopardize the victim's/survivor's safety.<sup>110</sup>

### **i. Services within Shelters**

The CEDAW Committee has stressed the need for adequately resourced and fully accessible shelters that provide support services, such as counseling, legal assistance, and rehabilitation.<sup>111</sup> Within shelters, residents should be offered safety planning; psychological counseling, support groups, and trauma counseling for all ages; basic health care; help building life skills and finding a job; legal consultations; financial aid; temporary childcare and provision of necessary supplies such as notebooks and iPads for remote learning; and case management and referrals to other services.<sup>112</sup> Offerings should be informed by the expressed needs and desires of

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<sup>105</sup> See *Why monitoring and evaluation are important*, U.N. WOMEN: VIRTUAL KNOWLEDGE CTR. TO END VIOLENCE AGAINST WOMEN AND GIRLS (Sept. 17, 2012) <https://www.endvawnow.org/en/articles/1462-why-monitoring-and-evaluation-are-important.html>; STOP VIOLENCE *Shelters and Safehouses*, *supra* note 99.

<sup>106</sup> See STOP VIOLENCE *Shelters and Safehouses*, *supra* note 99.

<sup>107</sup> See *The Lang Report: 5 Recommendations To Better Support Domestic Violence Survivors*, SAFE HORIZON, <https://www.safehorizon.org/news-from-the-field/5-ways-support-domestic-violence-survivors-shelter/> (last visited Nov. 22, 2020); STOP VIOLENCE *Shelters and Safehouses*, *supra* note 99.

<sup>108</sup> See BEST PRACTICES MANUAL, *supra* note 44, at 45.

<sup>109</sup> See *id.* at 45–46.

<sup>110</sup> See *id.* at 45.

<sup>111</sup> See *Concluding Observations on the Initial Report of the State of Palestine*, U.N. Doc. CEDAW/C/PSE/CO/1, at 9 (Jul. 25, 2018) (noting the need for “adequately resourced” units for victims/survivors). See also *Concluding Observations on the Combined Eighth and Ninth Periodic Reports of the Lao People’s Democratic Republic*, U.N. Doc. CEDAW/C/LAO/CO/8-9, at 8 (Nov. 14, 2018) (advising the state to provide “adequate access to shelters, psychosocial counseling, legal assistance, and protection orders”); *Concluding Observations on the Combined Fourth to Seventh Periodic Reports of Antigua and Barbuda*, U.N. Doc. CEDAW/C/ATG/CO/4-7, at 8 (Mar. 14, 2019) (recommending “fully accessible” shelters that provide “counseling, rehabilitation and support services for reintegration into society”).

<sup>112</sup> See Article (5) §§ 2, 3 of Law No. (16) of 2020, *supra* note 24 (stating that in addition to physical shelter, domestic violence shelters should provide victims/survivors with family, psychological, social, and health counseling, rehabilitation services, and legal aid); SAFE HORIZON *Domestic Violence Shelters*, *supra* note 93; *Supportive Counseling*, SAFE HORIZON, <https://www.safehorizon.org/our-services/counseling/> (last visited Nov. 25, 2020); STOP VIOLENCE *Shelters and Safehouses*, *supra* note 99; Moss and Benkirane Interview, *supra* note 32.



victims/survivors, prioritizing their right to self-determination.<sup>113</sup> Shelters should help foster stability and independence by connecting victims/survivors with permanent housing and by providing job skills-training and professional development opportunities.<sup>114</sup>

## **b. Safehouses**

Safehouses are another temporary housing option recommended for victims/survivors.<sup>115</sup> Safehouses differ from shelters in that they are intended for stays of only a few days until other housing can be arranged<sup>116</sup> and can be particularly helpful in areas far from each governance's shelter as a viable temporary housing alternative.<sup>117</sup> Safehouses may be within the home of a trusted family member of the victim/survivor or arranged in partnership with domestic violence advocacy organizations such as Soroptimist Kuwait.<sup>118</sup>

Safehouses should meet all fire and safety codes, but since they may not have the sort of security systems and measures available in shelters, it is all the more crucial that their locations remain confidential.<sup>119</sup> The victim's/survivor's transportation to and from the safehouse should be coordinated by safehouse staff and/or volunteers and upon arrival, the victim/survivor should be debriefed on rules, procedures, confidentiality, length of stay, and what to do in case of an emergency.<sup>120</sup>

One such program employs an on-call crisis worker who is contacted directly by emergency room employees when they identify a victim/survivor who may be a candidate for a safehouse.<sup>121</sup> The crisis worker determines the individual's need and interest, and where appropriate, arranges direct transportation from the hospital to the safehouse.<sup>122</sup>

While victims/survivors are at safehouses, they should have access to a telephone and an internet connection, as well as daily contact with an advocate who will help them work out the next steps.<sup>123</sup> Victims/survivors should have at least some private space within the safehouse, and if they have children with them, the safehouse should be child-safe/proof.<sup>124</sup> If a victim/survivor still needs somewhere to stay after the short-term safehouse program ends, their advocate should

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<sup>113</sup> See *Programmes should reflect the voice of survivors, promoting women's empowerment and right to self-determination*, U.N. WOMEN: VIRTUAL KNOWLEDGE CTR. TO END VIOLENCE AGAINST WOMEN AND GIRLS (Sept. 14, 2012) <https://www.endvawnow.org/en/articles/1362-programmes-should-reflect-the-voice-of-survivors-promoting-womens-empowerment-and-right-to-self-determination-.html>.

<sup>114</sup> See URB. RES. *Domestic Violence Services & Programs*, *supra* note 54.

<sup>115</sup> See SAFE HORIZON *Domestic Violence Shelters*, *supra* note 93; STOP VIOLENCE *Shelters and Safehouses*, *supra* note 99.

<sup>116</sup> See *Going to a Shelter*, DAY ONE [hereinafter *Going to a Shelter*], <https://dayoneservices.org/going-to-a-shelter/> (last visited Nov. 22, 2020); STOP VIOLENCE *Shelters and Safehouses*, *supra* note 99; BEST PRACTICES MANUAL, *supra* note 44, at 30.

<sup>117</sup> See STOP VIOLENCE *Shelters and Safehouses*, *supra* note 99.

<sup>118</sup> SOROPTIMIST KUWAIT, <https://soroptimistkuwait.org/> (last visited Dec. 3, 2020).

<sup>119</sup> See BEST PRACTICES MANUAL, *supra* note 44, at 32–33.

<sup>120</sup> *Id.*

<sup>121</sup> See *id.* at 32.

<sup>122</sup> See *id.*

<sup>123</sup> See *Going to a Shelter*, *supra* note 116.

<sup>124</sup> See BEST PRACTICES MANUAL, *supra* note 44, at 33.

help secure accommodations in a shelter or other housing option discussed below, assisting with transportation if necessary and safe.<sup>125</sup> If it would be safe to do so, the advocate should continue to follow-up with the victim/survivor after they leave the safehouse.<sup>126</sup>

### **c. Hotels**

Another temporary housing option for victims/survivors of domestic violence is hotel rooms.<sup>127</sup> Although likely to be a costlier option than other types of accommodations, following a rise in domestic violence reporting during the pandemic, several NGOs and governments worldwide have put victims/survivors up in hotels to allow for more social distancing and to accommodate increasing demand as shelters reach capacity.<sup>128</sup>

#### **i. Case Study: France**

In response to COVID-19, the French government promised to pay for up to 20,000 hotel nights for victims/survivors fleeing domestic violence in addition to pledging additional support for existing emergency shelters.<sup>129</sup> Offering victims/survivors temporary hotel accommodations could serve as a short-term housing solution until shelters are established and operational.<sup>130</sup>

### **d. Apartments and Homes**

Domestic violence advocates may also help victims/survivors secure apartments.<sup>131</sup> There are three distinct models for this type of housing.<sup>132</sup> The “scattered-site model” involves renting housing spread throughout the community, secured either by the advocacy organization or directly by the individual, with rent covered by the organization or subsidized by the government.<sup>133</sup> The “clustered model” secures multiple private units for victims/survivors within one building, usually owned and paid for by the organization.<sup>134</sup> Finally, the “communal model” looks a bit more like a

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<sup>125</sup> See *Going to a Shelter*, *supra* note 116; BEST PRACTICES MANUAL, *supra* note 44, at 33–34.

<sup>126</sup> See BEST PRACTICES MANUAL, *supra* note 44, at 34.

<sup>127</sup> See Naomi Snyder, *Empty Hotel Rooms Provide Safe Haven For Domestic Violence Survivors During The Pandemic*, HUFFPOST (May, 4, 2020, 5:45 AM), [https://www.huffpost.com/entry/empty-hotel-rooms-provide-safe-haven-for-domestic-violence-survivors-during-the-pandemic\\_n\\_5eac5ab2c5b6e5f842971202](https://www.huffpost.com/entry/empty-hotel-rooms-provide-safe-haven-for-domestic-violence-survivors-during-the-pandemic_n_5eac5ab2c5b6e5f842971202); Moss and Benkirane Interview, *supra* note 32 (discussing the importance of immediate alternative housing for victims/survivors of domestic violence during the pandemic).

<sup>128</sup> See Snyder, *supra* note 127.

<sup>129</sup> See *France hotels*, *supra* note 64; Bisserbe, *supra* note 47.

<sup>130</sup> See Moss and Benkirane Interview, *supra* note 32.

<sup>131</sup> See *The Impact of Safe Housing on Survivors of Domestic Violence*, THE NAT’L NETWORK TO END DOMESTIC VIOLENCE [hereinafter *The Impact of Safe Housing*], [https://nnedv.org/spotlight\\_on/impact-safe-housing-survivors/](https://nnedv.org/spotlight_on/impact-safe-housing-survivors/) (last visited Nov. 25, 2020). See also Moss and Benkirane Interview, *supra* note 32 (noting that like hotel rooms, a network of apartments or flats could provide an alternative to formal shelters, but emphasizing that safety is the most important concern).

<sup>132</sup> See *The Impact of Safe Housing*, *supra* note 131.

<sup>133</sup> *Id.* See Al-Kazi Interview, Oct. 14, 2020, *supra* note 102 (noting that since it is difficult for women in Kuwait to rent an apartment alone, flats used for this purpose may need to be spread out to avoid drawing unwelcome attention).

<sup>134</sup> See *The Impact of Safe Housing*, *supra* note 131.

small shelter, where victims/survivors each have their own bedroom and possibly a bathroom, but living and dining spaces are shared.<sup>135</sup>

In addition to subsidizing apartments, advocates should work with local landlords to help victims/survivors secure their own homes or apartments.<sup>136</sup> Advocates should prioritize individuals facing the greatest barriers to housing stability and help negotiate the best financial value available to the victim/survivor.<sup>137</sup> Long-term support should also include advocates who work with victims/survivors to maintain their homes while adhering to a budget.<sup>138</sup>

Social service advocates working with victims/survivors of domestic violence may also offer lock replacement to help victims/survivors feel safer in their homes.<sup>139</sup> When a victim/survivor calls about this service, a trained advocate should speak with them about their safety concerns, identify available resources, develop a plan to address those concerns, and determine the caller's qualification for a lock change.<sup>140</sup> If the caller qualifies, an appointment should be set up and a professional locksmith sent to the victim/survivor's home to change the lock or cylinder for free.<sup>141</sup>

## 6. Therapy, Counseling, and Support Groups

Whether counseling is offered in a center, shelter, pop-up location, or clinic, healing is one of the most critical steps for a domestic violence victim/survivor.<sup>142</sup> Both individual- and group-therapy are recommended offerings for victims/survivors to recover from their emotional and physical trauma.<sup>143</sup>

Counseling centers should be staffed by licensed mental health professionals who are familiar with trauma-focused treatment for victims/survivors of all ages.<sup>144</sup> Appointments should be arranged by phone or other outreach services, and upon arrival at the center, an intake counselor should ask questions to understand the individual's situation, match them with a therapist, speak about safety considerations, and schedule an appointment to meet with a trauma therapist if

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<sup>135</sup> *Id.*

<sup>136</sup> *Id.*

<sup>137</sup> See *HomeStart Supportive Housing Program*, DOORWAYS FOR WOMEN AND FAMILIES, <https://www.doorwaysva.org/our-work/emergency-shelter-and-long-term-housing/homestart-supportive-housing-program/> (last visited Oct. 24, 2020).

<sup>138</sup> *Id.*

<sup>139</sup> See *Project SAFE*, SAFE HORIZON, <https://www.safehorizon.org/project-safe-lock-replacement/> (last visited Oct. 23, 2020).

<sup>140</sup> *Id.*

<sup>141</sup> *Id.*

<sup>142</sup> See ESSENTIAL SERVICES PACKAGE: SOCIAL SERVICES, *supra* note 31, at 15; URB. RES. *Domestic Violence Services & Programs*, *supra* note 54; SAFE HORIZON *Domestic Violence Shelters*, *supra* note 93; *STEPS*, *supra* note 75.

<sup>143</sup> See ESSENTIAL SERVICES PACKAGE: SOCIAL SERVICES, *supra* note 31, at 15; URB. RES. *Domestic Violence Services & Programs*, *supra* note 54; SAFE HORIZON *Domestic Violence Shelters*, *supra* note 93; *STEPS*, *supra* note 75.

<sup>144</sup> See *Counseling Center*, SAFE HORIZON, <https://www.safehorizon.org/counseling-center/> (last visited Oct. 23, 2020). Safe Horizon's Counseling Centers are available to adults, children, and families and have helped survivors every age from seven months to 78 years old. *Id.*



needed.<sup>145</sup> Therapists should assess current needs, determine the best way to work together, and, where appropriate, connect the patient to other services.<sup>146</sup> Counseling centers should accept insurance, but if a client does not have insurance, advocates should help locate sources of coverage or establish a sliding fee scale based on income and need.<sup>147</sup>

Virtual support groups are another way to reach victims/survivors and may be particularly useful for individuals who are unable to attend in-person group sessions due to the COVID-19 pandemic.<sup>148</sup> These groups should provide a safe space for victims/survivors to share experiences and disclose their abuse and should teach members about healing methods.<sup>149</sup> Groups should be limited to a small number of people—around eight to ten—and be guided by a domestic violence professional.<sup>150</sup> Meetings should be around eighty minutes to provide everyone with enough time to open up.<sup>151</sup> Dial-ins should work for iPhone, Android, iPad, PC, and Mac.<sup>152</sup> Groups should also consider whether new members should be allowed to join on a rolling basis or if the group should be closed after the first meeting to foster trust and comfort.<sup>153</sup>

## 7. Economic Empowerment

Economic abuse and control exist in approximately ninety-eight percent of domestic violence situations and are one of the reasons victims/survivors stay in abusive relationships, making economic empowerment a crucial facet of comprehensive support.<sup>154</sup>

### a. Loans and Direct Financial Assistance

Low-risk loans or direct assistance paying for necessities like rent are one way to immediately help victims/survivors escape economic abuse.<sup>155</sup> Pathways to financial independence may also include funds to avoid homelessness and a savings program to help save

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<sup>145</sup> *Id.*

<sup>146</sup> *Id.*

<sup>147</sup> *Id.*

<sup>148</sup> See *Virtual Support Groups Are Now Available*, ALEXANDRA HOUSE, (May 6, 2020)

<https://www.alexandrahouse.org/virtual-support-groups-are-now-available/>. See also Moss and Benkirane Interview, *supra* note 32 (noting that virtual one-on-one counseling is currently available to some extent in Kuwait).

<sup>149</sup> *Id.*

<sup>150</sup> See *Register for our Support Groups & Workshops*, HOPE RECOVERY, <https://www.hope4-recovery.org/group.html> (last visited Nov. 22, 2020).

<sup>151</sup> *Id.*

<sup>152</sup> *Id.*

<sup>153</sup> *Id.*

<sup>154</sup> See *Economic Empowerment*, URB. RES. INST. NYC [hereinafter URB. RES. *Economic Empowerment*], <https://urinyc.org/program/economic-empowerment/> (last visited Oct. 23, 2020); SAFE HORIZON *Domestic Violence Shelters*, *supra* note 93. See also Article (1) § 2 of Law No. (16) of 2020, *supra* note 24 (including financial treatment in the definition of domestic abuse).

<sup>155</sup> See *Financial Assistance for Domestic Violence & Financial Abuse Survivors*, DEBT.ORG [hereinafter DEBT.ORG *Financial Assistance*], <https://www.debt.org/advice/financial-help-domestic-violence-victims/#:~:text=Financial%20Assistance%20for%20Domestic%20Violence%20%26%20Financial%20Abuse,credit%20card%20debt%2C%20there%20are%20options%20for%20relief> (last visited Oct. 25, 2020). See also ESSENTIAL SERVICES PACKAGE: SOCIAL SERVICES, *supra* note 31, at 14.

for a child's education.<sup>156</sup> Funding for such services may be raised through investments and donations<sup>157</sup> or provided directly by the government.<sup>158</sup> The National Committee for Protection from Domestic Violence, established by Kuwait's new law on domestic violence,<sup>159</sup> may consider partnering with the Kuwait Banking Association<sup>160</sup> to procure soft loans or donations for that purpose.

## **b. Financial Planning and Professional Training**

Economic empowerment programs should work one-on-one with domestic violence victims/survivors to assess their financial history, current situation, work experience, skills, and interests.<sup>161</sup> Counselors should then work with the victims/survivors to develop a plan to establish self-sufficiency and stability.<sup>162</sup>

Programs giving participants the opportunity to learn marketable skills and gain experience in professional work environments help empower victims/survivors to maintain their economic independence and freedom from abuse.<sup>163</sup> Recommendations for such programs include an intensive, multi-week course where participants receive professional development training, work on their resumes, learn where to search for employment opportunities, and learn how to navigate job interviews.<sup>164</sup> After the course, programs may consider placing participants in paid internships based on their skills and interests and offer ongoing support and guidance throughout the internship's duration.<sup>165</sup>

### **i. Case Study: The Kentucky Coalition Against Domestic Violence Economic Empowerment Program (United States)**

The Kentucky Coalition Against Domestic Violence is an NGO that works with victims/survivors, as well as perpetrators, of domestic violence.<sup>166</sup> The Coalition's Economic Empowerment Program helps victims/survivors save for valuable assets and provides participants with the opportunity to build their credit through a microloan program.<sup>167</sup> Participants receive individualized case management services provided by trained economic justice advocates who

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<sup>156</sup> See *A New Leaf's Domestic Violence Services*, A NEW LEAF, [www.turnanewleaf.org/services/domestic-violence/domestic-violence-general.html](http://www.turnanewleaf.org/services/domestic-violence/domestic-violence-general.html) (last visited Nov. 22, 2020).

<sup>157</sup> See DEBT.ORG *Financial Assistance*, *supra* note 155.

<sup>158</sup> See Article (23) of Law No. (16) of 2020, *supra* note 24. "A fund shall be established to care for victims of domestic violence, in order to secure care and provide a means of reducing and preventing domestic violence crimes as well as rehabilitating their perpetrators. Its resources consist of the following: a. An amount allocated by the state in the financial appropriation of the Supreme Council for Family Affairs. b. Unconditional donations and grants." *Id.*

<sup>159</sup> *Id.* at Articles (1) § 6, (3).

<sup>160</sup> KUWAIT BANKING ASS'N, <http://www.kba.com.kw/en> (last visited Nov. 28, 2020).

<sup>161</sup> See URB. RES. *Economic Empowerment*, *supra* note 154.

<sup>162</sup> *Id.*

<sup>163</sup> *Id.*

<sup>164</sup> *Id.*

<sup>165</sup> *Id.*

<sup>166</sup> See KY. COAL. AGAINST DOMESTIC VIOLENCE, <https://kcadv.org/> (last visited Nov. 24, 2020).

<sup>167</sup> See ERASMUS, *supra* note 58, at 17.

offer financial wellness strategies.<sup>168</sup> Graduates have successfully made asset purchases, purchased homes for the first time, pursued higher education, purchased cars, and established credit scores.<sup>169</sup>

## 8. Legal Services

Domestic violence programs should provide free legal services to victims/survivors.<sup>170</sup> Advocates should educate victims/survivors about their legal rights and coordinate immediate access to legal support, recognizing that victims/survivors may feel compelled to return to their perpetrators if they lack an understanding of their legal options.<sup>171</sup> Legal assistance should be individualized and comprehensive, helping victims/survivors with protection orders,<sup>172</sup> child custody and visitation, divorce, debt issues, acquiring legal representation, and attorney referrals.<sup>173</sup> Such resources are crucial for victims/survivors belonging to lower socioeconomic classes because they face heightened difficulty accessing the legal system due to its complexity and cost.<sup>174</sup>

Advocates should be trained and experienced in working with victims/survivors from diverse cultures and able to provide these services, at least, in Arabic and English.<sup>175</sup>

## 9. Child Support and Development

Exposure to domestic violence increases a child's risk of abuse and neglect.<sup>176</sup> To help children recover, programs should provide specific child development and support services.<sup>177</sup> Child and family traumatic stress intervention programs recommend engaging children and their caregivers in five to eight sessions which have been proven to significantly reduce children's

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<sup>168</sup> *Id.*

<sup>169</sup> *Id.*

<sup>170</sup> See *Legal Services*, SAFE HORIZON, <https://www.safehorizon.org/our-services/legal-and-court-help/> (last visited Oct. 23, 2020); *What Services do Domestic Violence Programs Provide?*, DOMESTICSHELTERS.ORG (Jan. 13, 2015), <https://www.domesticshelters.org/news/what-legal-and-financial-services-do-domestic-violence-programs-provide> (a study examining the most common legal and financial services provided to victims/survivors); ESSENTIAL SERVICES PACKAGE: SOCIAL SERVICES, *supra* note 31, at 15.

<sup>171</sup> See *Legal Education Advocacy Program*, URB. RES. INST. NYC [hereinafter URB. RES. *Legal Education*], <https://urinyc.org/program/leap/> (last visited Oct. 23, 2020).

<sup>172</sup> See Article (1) § 5 of Law No. (16) of 2020, *supra* note 24.

<sup>173</sup> See *What Services do Domestic Violence Programs Provide?*, DOMESTICSHELTERS.ORG (Jan. 13, 2015) [hereinafter *What Services*], <https://www.domesticshelters.org/news/what-legal-and-financial-services-do-domestic-violence-programs-provide>; URB. RES. *Legal Education*, *supra* note 171.

<sup>174</sup> See *What Services*, *supra* note 173.

<sup>175</sup> See *Immigration Law Project*, SAFE HORIZON, <https://www.safehorizon.org/our-service/> (last visited Oct. 23, 2020).

<sup>176</sup> See H. LIEN BRAGG, U.S. DEPT. OF HEALTH AND HUM. SERVS., ET AL., CHILD PROTECTION IN FAMILIES EXPERIENCING DOMESTIC VIOLENCE 5 (2003), <https://www.childwelfare.gov/pubPDFs/domesticviolence2003.pdf#page=62&view=CHAPTER%20%20Enhancing%20Caseworker%20%20Safety%20and%20Support%20in%20Child%20%20Protection%20Cases%20Involving%20%20Domestic%20Violence>.

<sup>177</sup> *Id.* at 79. See also ESSENTIAL SERVICES PACKAGE: SOCIAL SERVICES, *supra* note 31, at 16; Zoom Interview with Dr. Aseel Al-Sabri, Head Sabah Al-Ahmad Ctrs. (Oct. 2, 2020) [hereinafter Al-Sabri Interview] (noting that domestic violence is most often discovered through children who are abused more frequently than adults and display more easily-recognizable symptoms).

suffering and traumatic symptoms.<sup>178</sup> Non-residential family wellness programs should also be available to provide free, comprehensive, trauma-informed services to parents and children affected by domestic violence.<sup>179</sup> This type of program works to help children heal from trauma and aims to end intergenerational transmission of trauma and abuse.<sup>180</sup>

It is crucial for advocacy teams working with children to coordinate with child protective services, pediatricians from local hospitals, educators, and any other relevant stakeholders to ensure the child's safety and reduce the number of times a child has to retell the details of their abuse.<sup>181</sup>

## 10. Perpetrator Intervention

Programs for perpetrator rehabilitation are recommended to help abusive partners change their behavior.<sup>182</sup> These programs should prioritize victim/survivor safety by collaborating with other service providers to ensure victims/survivors/partners of participants have access to support.<sup>183</sup> Court-mandated aggression training can help challenge abusers to take responsibility for their actions and reduce the risk that they will be abusive in the future, thereby breaking the cycle of violence.<sup>184</sup>

### a. Case Study: URI NYC (United States)

URI NYC is a New York City-based NGO that runs the Abusive Partner Intervention Program (APIP), aimed at reducing recidivism among offenders convicted of domestic violence.<sup>185</sup> The program fosters accountability among mandated participants in group settings for up to sixty-five weeks through trauma-informed sessions and a blended therapeutic curriculum.<sup>186</sup> Staff work with participants to help them understand why their behavior is abusive, identify underlying thought patterns that influence their behavior, develop healthier habits, and build healthier communities to reduce recidivism.<sup>187</sup> APIP incorporates victim/survivor perspectives where

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<sup>178</sup> See *Child Trauma Response Team*, SAFE HORIZON, <https://www.safehorizon.org/our-services/information-and-options/child-trauma-response-team/> (last visited Oct. 23, 2020).

<sup>179</sup> See *Domestic Violence Prevention and Intervention*, CHILDREN'S AID, <https://www.childrensaidnyc.org/programs/domestic-violence-prevention-and-intervention> (last visited Nov. 22, 2020).

<sup>180</sup> *Id.*

<sup>181</sup> See *Child Advocacy Centers*, SAFE HORIZON, <https://www.safehorizon.org/child-advocacy-center/> (last visited Oct. 23, 2020).

<sup>182</sup> See *Abusive Partner Intervention Program (APIP)*, URB. RES. INST. NYC [hereinafter URB. RES. APIP], <https://urinyc.org/program/apip/> (last visited Oct. 23, 2020). See also Article (23) of Law No. (16) of 2020, *supra* note 24 (establishing a fund for the rehabilitation of perpetrators as well as for the care of victims/survivors of domestic violence).

<sup>183</sup> See *Batterer Intervention Provider Program*, KY. COAL. AGAINST DOMESTIC VIOLENCE, <https://members.kdva.org/> (last visited Nov. 25, 2020).

<sup>184</sup> See Audrey Mullender & Sheila Burton, *Reducing Domestic Violence . . . What Works? Perpetrator Programmes*, POLICING & REDUCING CRIME 1 (Jan. 2000), <http://webdoc.sub.gwdg.de/ebook/serien/n/CRRS/4-11.pdf>.

<sup>185</sup> See URB. RES. APIP, *supra* note 182.

<sup>186</sup> *Id.*

<sup>187</sup> *Id.*

feasible and offers peer support after participants have completed the sessions, as well as access to continuing accountability groups post-program completion.<sup>188</sup>

## **b. Case Study: United Kingdom**

The United Kingdom's National Practitioner's Network sets minimum standards and guidelines for perpetrator intervention programs.<sup>189</sup> Programs strive to teach anger management and take a cognitive-behavioral approach which views violence as a behavior that can be unlearned.<sup>190</sup> Participants are encouraged to take responsibility for their past actions and challenge their own denial.<sup>191</sup> Programs are typically either twenty hours over ten weeks or 120-hours over forty-eight weeks, and sixty-seven percent of abusers enrolled in such programs refrained from engaging in domestic violence after completion.<sup>192</sup>

## **B. Recommendations for Training Social Affairs and Shelter Workers**

### **1. Target Sectors**

#### **a. Hotline and Outreach Workers**

Training is crucial to a domestic violence hotline or chat service's success because of the likelihood of its being a victim's/survivor's first point of contact, the possibility of dealing with callers in the midst of an emergency, and the limitations on building trust with victims/survivors through non-face-to-face counseling.<sup>193</sup> Accordingly, all hotline staff should receive initial training on domestic violence during orientation as well as periodic in-service training as refresher courses.<sup>194</sup> Training sessions should involve participatory methods, such as role-plays, in which participants can practice skills and receive feedback on their progress.<sup>195</sup> Participants should learn how to assure callers that the hotline is confidential; maintain professionalism, patience, and compassion; relay information about support services; and be able to follow up with relevant

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<sup>188</sup> *Id.*

<sup>189</sup> See Mullender, *supra* note 184, at 1.

<sup>190</sup> *Id.*

<sup>191</sup> *Id.*

<sup>192</sup> *Id.* at 1–2.

<sup>193</sup> See *Training and supervision of staff and volunteers*, U.N. WOMEN: VIRTUAL KNOWLEDGE CTR. TO END VIOLENCE AGAINST WOMEN AND GIRLS (Sept. 14, 2012) [hereinafter *Outreach Training and supervision*], <https://www.endvawnow.org/en/articles/1422-training-and-supervision-of-staff-and-volunteers.html>; GBV SUB-SECTOR NIGERIA, ET AL., GENDER BASED VIOLENCE (GBV) HELPLINE MGMT., RAPID ASSESSMENT REPORT: GENDER BASED VIOLENCE SUB SECTOR; NIGERIA 4 (May 2020) [hereinafter *RAPID ASSESSMENT REPORT*], [https://gbvaor.net/sites/default/files/2020-06/GBV\\_Helpline\\_Mgt\\_Rapid\\_Assessment\\_Report\\_Final.01.pdf](https://gbvaor.net/sites/default/files/2020-06/GBV_Helpline_Mgt_Rapid_Assessment_Report_Final.01.pdf).

<sup>194</sup> See *Outreach Training and supervision*, *supra* note 193 (noting a skilled trainer should provide training with expertise in domestic violence). See also CAROLE WARSHAW MD, ET AL., NAT'L CTR. ON DOMESTIC VIOLENCE, TRAUMA & MENTAL HEALTH, ET AL., RECOMMENDATIONS FOR SUICIDE PREVENTION HOTLINES ON RESPONDING TO INTIMATE PARTNER VIOLENCE 14 (Sept. 2018), [http://www.nationalcenterdvtraumamh.org/wp-content/uploads/2019/04/NCDVTMH\\_NDVH\\_NSPL\\_UR\\_09.2018\\_SuicidePreventionHotlinesIPV\\_WarshawEtAl.pdf](http://www.nationalcenterdvtraumamh.org/wp-content/uploads/2019/04/NCDVTMH_NDVH_NSPL_UR_09.2018_SuicidePreventionHotlinesIPV_WarshawEtAl.pdf) (noting the need for initial and periodic training).

<sup>195</sup> See *Outreach Training and supervision*, *supra* note 193.

information.<sup>196</sup> The World Health Organization recommends using the acronym “LIVES: Listen, Inquire, Validate, and Enhance Safety and Support” in training hotline workers.<sup>197</sup>

More specifically, training should touch upon the basic dynamics of domestic violence and debunk myths.<sup>198</sup> It should teach staff how to answer calls—for example, introductory statements, messages on confidentiality, consent, and safety, and closing statements about what information should be shared.<sup>199</sup> Staff should learn to communicate respect and understanding by discussing that abuse is common, stating that they believe the caller, and reiterating that abuse is not the caller’s fault.<sup>200</sup> Initial questions should assess whether the caller is in imminent danger and if the caller is alone or feels safe to speak freely.<sup>201</sup> Staff can provide a code word for the caller to say at any time in case the caller’s safety is jeopardized.<sup>202</sup> To foster a sense of emotional security, staff should begin with framing questions about what the caller already disclosed or what people generally experience.<sup>203</sup> Rather than asking questions like “are you a victim of abuse?” staff should weave in questions about specific behaviors since many callers may not identify as “abused.”<sup>204</sup> Staff should learn cues that indicate possible physical, sexual, emotional, or economic abuse.<sup>205</sup> To help callers feel empowered, training should also teach staff how to collaborate with the caller to develop safety plans, rather than simply offering solutions.<sup>206</sup> Staff should find out what safety strategies the caller thinks would be most helpful and discuss additional options.<sup>207</sup>

During training, staff should also learn how to respond to callers with suicidal thoughts, handle prank callers or perpetrators who may try to manipulate them, avoid re-traumatizing the caller and fulfill any mandatory reporting requirements.<sup>208</sup>

### **i. Case Study: Spain**

Spain has developed a program that requires training and specialization among professional groups that take part in the process of domestic violence prevention, including providing information to and supporting and protecting victims/survivors.<sup>209</sup> The government established

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<sup>196</sup> See INT’L TRAINING CTR., ET AL., GENDER-BASED VIOLENCE IN GLOBAL SUPPLY CHAINS: RESOURCE KIT PART B: PREVENTING AND ADDRESSING SEXUAL HARASSMENT AND VIOLENCE IN THE WORKPLACE: PRACTICAL STRATEGIES, 120 (2015) [https://gbv.itcilo.org/assets/pdf/ResourceKit\\_PART\\_B.pdf](https://gbv.itcilo.org/assets/pdf/ResourceKit_PART_B.pdf).

<sup>197</sup> See *Jamaica: Training in gender based violence for COVID-19 helpline responders*, WORLD HEALTH ORGANIZATION [WHO] (Jul. 6, 2020) <https://www.who.int/news-room/feature-stories/detail/jamaica-training-in-gender-based-violence-for-covid-19-helpline-responders>.

<sup>198</sup> See WARSHAW, *supra* note 194, at 14.

<sup>199</sup> See RAPID ASSESSMENT REPORT, *supra* note 193.

<sup>200</sup> See WARSHAW, *supra* note 194, at 20.

<sup>201</sup> *Id.* at 22. Questions may include: “Are you by yourself right now?” and “Is it safe to speak with the person there?” *Id.*

<sup>202</sup> *Id.* at 23.

<sup>203</sup> *Id.* at 28. For example: “From what you have told me, it sounds like you have some concerns about your safety.” *Id.*

<sup>204</sup> *Id.* Questions may include: “Has your partner ever physically hurt you or tried to control what you do?” *Id.*

<sup>205</sup> *Id.* at 29.

<sup>206</sup> *Id.* at 31.

<sup>207</sup> *Id.*

<sup>208</sup> *Id.* at 3–4. See also RAPID ASSESSMENT REPORT, *supra* note 193, at 4–5.

<sup>209</sup> See GRP. OF EXPERTS ON ACTION AGAINST VIOLENCE AGAINST WOMEN AND DOMESTIC VIOLENCE (GREVIO), REPORT SUBMITTED BY SPAIN PURSUANT TO ARTICLE 68, PARAGRAPH 1 OF THE COUNCIL OF EUROPE CONVENTION



mandatory training for workers who assist on the domestic violence hotline, including legal training, regular continuing education courses, and speakers arranged in collaboration with the Government Delegation for Gender-based Violence.<sup>210</sup>

## **b. Case Managers and Referral Advocates**

Training for case managers specifically, and referral training for all target sectors generally, should incorporate a survivor-centered approach guided by respect for the victim/survivor's choices, reiterate safety as the number one priority, and teach about confidentiality, non-discrimination in providing equal and fair treatment to all, and honesty about possible referrals and any risks of sharing information.<sup>211</sup> To help conceptualize the importance of a clear referral pathway, one such training requires staff to act out a skit about a woman who has to tell her story so many times and go to so many places that in the end, she does not receive the time-sensitive care she needs.<sup>212</sup> During training, staff should receive referral information about multi-sectoral support for victims/survivors.<sup>213</sup> Staff should learn how to connect with safety and security services, medical and psychological care services including hospitals and clinics, other social services, legal services, and child protection services.<sup>214</sup> All stakeholders should learn how to provide immediate emotional support—like comforting the victim/survivor and reassuring them that domestic violence is not their fault—listen attentively, give the victim/survivor time to say what they want to share, keep personal information confidential, and respect the victim's/survivor's right to decide what action to take.<sup>215</sup>

## **c. Shelter and Safehouse Coordinators and Staff**

### **i. Shelters**

Kuwait's new domestic violence law calls for the development of “a plan for training [shelter] workers assigned to implement the provisions of [the] law in coordination with the relevant government agencies.”<sup>216</sup> Shelter staff should be trained to conduct risk and safety analyses for victims/survivors, allowing them to make individually-tailored recommendations

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ON PREVENTING AND COMBATING VIOLENCE AGAINST WOMEN AND DOMESTIC VIOLENCE (Feb. 19, 2019), <https://rm.coe.int/state-report-from-spain/16809313e0>.

<sup>210</sup> *Id.* at 34.

<sup>211</sup> See DEPT. OF GENDER AND FAM. AFFS., ET. AL., REFERRAL PATHWAY FOR SURVIVORS OF GENDER-BASED VIOLENCE 2, 4 (Oct. 4, 2019) [hereinafter REFERRAL PATHWAY],

<https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/2019/10/Referral-Pathways.pdf>.

See also MESSNER, L., ET AL., U.S. AGENCY FOR INT'L DEV., ET. AL., GENDER INTEGRATION AND GENDER-BASED VIOLENCE PREVENTION AND RESPONSE: TRAINING MANUAL 57–58 (2018), <https://share-netinternational.org/wp-content/uploads/2019/02/Gender-Integration-and-Gender-Based-Violence-Prevention-and-Response-Training-Manual.pdf> (discussing a survivor-centered approach).

<sup>212</sup> See MESSNER, *supra* note 211, at 30–34.

<sup>213</sup> See REFERRAL PATHWAY, *supra* note 211, at 2.

<sup>214</sup> *Id.*

<sup>215</sup> See FIJI NATIONAL GBV SUB CLUSTER GUIDANCE ON GBV CASE REFERRAL, GUIDE FOR REFERRALS OF GBV SURVIVORS, GBV GUIDELINES (Mar. 2016), <https://gbvguidelines.org/wp/wp-content/uploads/2018/05/Fiji-National-GBV-Sub-Cluter-Guidance-on-GBV-Case-Referral.pdf>.

<sup>216</sup> Article (5) § 6 of Law No. (16) of 2020, *supra* note 24.

rather than offering every service at once—a practice that tends to overwhelm victims/survivors.<sup>217</sup> While staff should not turn anyone away for mental illness or drug abuse, they should be aware of the facility’s limitations and be prepared to recommend medical intervention, hospitalization, or other supplementary services as needed.<sup>218</sup>

Training should teach staff to ask specific questions when conducting a risk or safety analysis.<sup>219</sup> These include whether the victim/survivor is in need of medical attention, where they are coming from, and whether they already have a case manager or advocate working with them.<sup>220</sup> Staff should offer the victim/survivor—and any accompanying children—food, water, clothing, and any other necessary personal care items upon the first contact to make them feel more welcome and safe.<sup>221</sup> Staff should also orient them to the facility, answer questions, and if appropriate, introduce them to other staff and residents.<sup>222</sup>

Staff should also be trained in conflict resolution to prevent disputes with and among residents.<sup>223</sup> At times, staff may be required to remove a victim/survivor from the shelter and if a resident is asked to leave, the staff should support them in their relocation.<sup>224</sup> Shelter staff should also be trained in data-collection,<sup>225</sup> including recording information without passing judgment, making productive comments, and creating supportive, factual documents.<sup>226</sup>

## ii. Safehouses

Unlike shelters, safehouses focus on providing living space rather than services, meaning they likely need a smaller staff with somewhat less-robust training.<sup>227</sup> Safehouse staff and volunteers should, however, still be properly trained on safety planning, confidentiality, and how to make referrals to other services.<sup>228</sup> At least some casework training should be required to prepare them to assist victims/survivors in working out the next steps, and volunteers, in particular, should also have access to grief counseling and debriefing after victims/survivors leave the safehouse to help manage their own experience.<sup>229</sup>

As in shelters, safehouse staff needs training in data collection.<sup>230</sup> Data collected should include referrals and any relevant medical issues, and staff should be trained to collect the

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<sup>217</sup> See BEST PRACTICES MANUAL, *supra* note 44, at 35–36.

<sup>218</sup> *Id.* at 37.

<sup>219</sup> *Id.* at 38.

<sup>220</sup> *Id.*

<sup>221</sup> *Id.* at 39.

<sup>222</sup> *Id.*

<sup>223</sup> *Id.* at 44.

<sup>224</sup> *Id.* at 45.

<sup>225</sup> See Article (2) § 5 of Law No. (16) of 2020, *supra* note 24 (calling for the provision of documented statistical information on cases of abuse).

<sup>226</sup> *Id.* at 46.

<sup>227</sup> *Id.* at 30.

<sup>228</sup> *Id.* at 30–31.

<sup>229</sup> *Id.* at 31, 33–34.

<sup>230</sup> *Id.* at 32.



information sensitively and on a case-by-case basis, with an eye to helping get the victim/survivor any additional information or support they need.<sup>231</sup>

#### **d. Social Workers and Therapists**

A more involved type of training is recommended for social workers, including an internship with a domestic violence focus in conjunction with their education program.<sup>232</sup> This training should be done in a hospital, beginning with an orientation that introduces interns to central concepts<sup>233</sup> and key foundational knowledge about domestic violence dynamics and intervention.<sup>234</sup> Orientation should begin by presenting domestic violence definitions and prevalence statistics and lead interns in a discussion of social work concepts central to domestic violence practice.<sup>235</sup>

Internships should include training under clinical supervision to help interns apply their knowledge of theory to practice and focus on increasing their understanding of domestic violence as a social work issue.<sup>236</sup> Interns should be trained on how to fill the role of a staff advocate by shadowing practitioners, listening to insider perspectives from individuals already working in local shelters and/or NGOs, and practicing skills right after learning them through role-play.<sup>237</sup> Students should have instruction and discussion-time with training doctors, individual clinical supervisors, and staff advocates, first shadowing them and then slowly building their own caseloads.<sup>238</sup> Throughout the program, interns should meet in groups to process their experiences together and provide one another with peer support.<sup>239</sup>

#### **e. Staff, Volunteers, and Community Advocates**

Though a shorter program or one-day training may suffice, any and all other staff, volunteers, and community advocates at organizations working with victims/survivors should also receive training.<sup>240</sup> Their training should impart a basic understanding of domestic violence, cover

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<sup>231</sup> *Id.* at 32, 34.

<sup>232</sup> See Melanie LeGeros & Jackie Savage Borne, *Building Bridges: Training Social Work Students in Domestic Violence Work*, 2.2 FIELD EDUCATOR, SIMMONS SCH. SOC. WORK. Oct. 2012, at 1, <https://fielddeducator.simmons.edu/article/building-bridges-training-social-work-students-in-domestic-violence-work/>. Social work students in Kuwait take seven semesters of field work with different organizations that specialize in specific practice areas. See Email from Dr. Lubna Al-Kazi, Dir. Women's Rsch. Ctr. Kuwait Univ. (Dec. 1, 2020, 7:27 CST) (on file with author). This recommendation could, therefore, be carried out by partnering with domestic violence NGOs that specialize in health services for one of those semesters.

<sup>233</sup> Central concepts include an empowerment approach, an ecological perspective and liberation health model, and trauma theory. See LeGeros, *supra* note 232.

<sup>234</sup> *Id.*

<sup>235</sup> *Id.*

<sup>236</sup> *Id.*

<sup>237</sup> *Id.*

<sup>238</sup> *Id.*

<sup>239</sup> *Id.*

<sup>240</sup> See BOS. COLL. CTR. FOR HUMAN RTS. AND INT'L JUST., WORKING WITH SURVIVORS OF DOMESTIC VIOLENCE: A TRAINING RESOURCE GUIDE 2 (May 2014) [hereinafter WORKING WITH SURVIVORS OF DOMESTIC VIOLENCE], [https://www.bc.edu/content/dam/files/centers/humanrights/pdf/DV\\_Training\\_Resource\\_Guide.pdf](https://www.bc.edu/content/dam/files/centers/humanrights/pdf/DV_Training_Resource_Guide.pdf). See also Article (2) § 6 of Law No. (16) of 2020, *supra* note 24 (calling for training programs for all individuals involved in dealing with cases of domestic violence and abuse); ESSENTIAL SERVICES PACKAGE: SOCIAL SERVICES, *supra* note 31, at 18.

reporting requirements, referrals, other protocols, confidentiality, and always take a victim/survivor-sensitive approach.<sup>241</sup>

## **2. Methodologies**

### **a. Monitoring, Data-Collection, Revision, and Training Updates**

For each of the following training mechanisms, facilitators and instructors should monitor the program’s success and collect data to allow for regular revision and updates if particular strategies are not working, to account for developments in the domestic violence field, and to identify and adapt to new trends.<sup>242</sup>

### **b. Seminars and Workshops**

One-day training for advocates—including community workers and volunteers who work with victims/survivors of domestic violence—should be done with groups of around, but no more than, twenty individuals.<sup>243</sup> Training should begin with a short introduction and an icebreaker to ease tension and facilitate a sense of comfort within the group.<sup>244</sup> The group should create ground rules for the day to ensure the safety and security of participants throughout the workshop, keeping in mind the sensitivity of the topic.<sup>245</sup>

Training should cover definitions of domestic violence and consider splitting participants up into small groups, tasking them with developing their own definitions, including examples of abuse.<sup>246</sup> Afterward, the whole group should come back together to present their definitions and as the groups are presenting, the facilitator should highlight common themes.<sup>247</sup> Once each group has presented, the facilitator should distribute copies of the Wheel of Power and Control<sup>248</sup> and introduce some commonly-used definitions of domestic violence.<sup>249</sup>

Training should also cover the relevant legal aspects of domestic violence.<sup>250</sup> If possible, a lawyer should be invited to facilitate this portion.<sup>251</sup> A fact sheet including information about available resources should be distributed to the group and then participants should be led through

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<sup>241</sup> See section 2(b) below for more detail on what these trainings may look like.

<sup>242</sup> See Articles (2) § 6, (4), (5) §§ 6–7 of Law No. (16) of 2020, *supra* note 24.

<sup>243</sup> See WORKING WITH SURVIVORS OF DOMESTIC VIOLENCE, *supra* note 240, at 2. Boston College’s workshop is structured to go from 9am to 5pm. *Id.* at 27–28. *Id.*

<sup>244</sup> *Id.* at 3.

<sup>245</sup> *Id.*

<sup>246</sup> *Id.*

<sup>247</sup> *Id.*

<sup>248</sup> *Id.* The Wheel of Power and Control is included in the guide’s appendix. *Id.* at 14.

<sup>249</sup> *Id.* at 4. A sample definition provided in the guide is: “Domestic violence is a pattern of coercive and controlling behaviors used by one person over another to gain power and control. This may include verbal abuse, financial abuse, emotional, sexual and physical abuse.” *Id.*

<sup>250</sup> *Id.* at 4–5. See, e.g. Article (10) of Law No. (16) of 2020, *supra* note 24.

<sup>251</sup> *Id.* The guide notes that if a licensed attorney is not able to lead this portion, the facilitator should take care not to offer any legal advice to participants. *Id.*

an activity identifying legal issues within sample scenarios.<sup>252</sup> After the activity, participants should be provided with sheets including key take-away points.<sup>253</sup>

Training should also ask participants to reflect on and discuss their own opinions and feelings about domestic violence.<sup>254</sup> Participants should be divided up into small groups and might discuss, among other things, masculinity, culture, and abuse of power as they relate to domestic violence.<sup>255</sup> Groups may also participate in an activity where they read out scenarios, each depicting a more severe form of violence or abuse, and be asked to write down how the scenarios make them feel, what they would do in that situation, and what advice they would give to a friend in that situation.<sup>256</sup> Participants should share their thoughts and reactions, keeping in mind that this activity might cause participants distress or make them uncomfortable speaking.<sup>257</sup> The purpose of this activity is to demonstrate how domestic violence can affect individuals differently.<sup>258</sup>

Training should also cover the emotional and psychological consequences of domestic violence.<sup>259</sup> The purpose of this portion is to inform the community workers and volunteers of domestic violence's impact on victims/survivors and help provide healthy ways for advocates to manage their own feelings around domestic violence.<sup>260</sup> During this segment, participants should identify the effects of domestic violence and individual risk factors, additional risks due to poverty, effects on those working with victims/survivors, and what to do when someone seeks support.<sup>261</sup>

Trainees should also act out crisis response role plays.<sup>262</sup> Participants should be split again into small groups and each group should receive a scenario including domestic violence and prepare to role-play their version of the most appropriate response to a community member in that situation.<sup>263</sup> Each group should be given an opportunity to act out their role-play, with other groups taking notes on positive aspects and any red flags they notice in each other's presentations.<sup>264</sup> After, the whole group should discuss their experience with the process, including reactions and feedback, and build a list of important considerations for interacting with victims/survivors.<sup>265</sup>

The next portion of the training should focus on protocols for working with victims/survivors.<sup>266</sup> Participants should break back up into small groups to develop their own protocol, taking into consideration their specific organization's capacity to provide services and

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<sup>252</sup> *Id.* A sample scenario is included in the guide's appendix. *Id.* at 20.

<sup>253</sup> *Id.* at 4–5. A list of important take-aways is also included in the appendix, below the sample scenario. *Id.* at 20.

<sup>254</sup> *Id.* at 6–8.

<sup>255</sup> *Id.* at 6.

<sup>256</sup> *Id.* at 7.

<sup>257</sup> *Id.* at 8.

<sup>258</sup> *Id.*

<sup>259</sup> *Id.* at 8–10.

<sup>260</sup> *Id.* at 8.

<sup>261</sup> *Id.* at 9. Examples of what to do when someone seeks help include “listen without judgment,” and “don't try to ‘fix it.’” *Id.* at 9–10.

<sup>262</sup> *Id.* at 10.

<sup>263</sup> *Id.*

<sup>264</sup> *Id.*

<sup>265</sup> *Id.*

<sup>266</sup> *Id.* at 11.

intervention.<sup>267</sup> Groups should present their protocols to one another, discuss their experiences with the process, give each other feedback, and discuss alternative strategies.<sup>268</sup>

Participants should also be trained on how to make a referral.<sup>269</sup> The facilitator should provide the group with guidelines, leading a discussion on how to create their own community-based referral resources lists.<sup>270</sup>

The workshop should end by bringing participants together in a wrap-up activity designed to help them transition out of the day, acknowledging that it may have been filled with intense emotions.<sup>271</sup>

### **i. Case Study: Women’s Aid (Ireland)**

Women’s Aid is Ireland’s leading domestic violence NGO and has received recognition for its professional training for front-line domestic violence social services staff.<sup>272</sup> The training includes foundational instruction on supporting women who experience abuse, responding to women and children experiencing domestic violence and treating mental health.<sup>273</sup> It also incorporates a practical skills workshop in managing and responding to disclosures.<sup>274</sup> The training is guided by over forty years of direct work experience supporting women, as well as international best practices.<sup>275</sup> Participants leave with an increased understanding of the dynamics of domestic violence, short- and long-term impacts on victims/survivors, barriers in accessing support and protection, effective engagement in prioritizing safety, referral options, and risks when engaging with perpetrators.<sup>276</sup>

### **c. Self-Guided Training**

In addition to in-person training—or as a substitute where in-person seminars or workshops are not practical, particularly in light of the COVID-19 pandemic—training can be administered online through video seminars and online courses.

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<sup>267</sup> *Id.*

<sup>268</sup> *Id.*

<sup>269</sup> *Id.* at 11–12.

<sup>270</sup> *Id.* at 12.

<sup>271</sup> *Id.* at 11–12.

<sup>272</sup> See WOMEN’S AID, <https://www.womensaid.ie/about/story.html> (last visited Nov. 24, 2020); ERASMUS, *supra* note 58, at 29–30.

<sup>273</sup> See ERASMUS, *supra* note 58, at 10.

<sup>274</sup> *Id.* at 8–10.

<sup>275</sup> *Id.* at 10.

<sup>276</sup> *Id.* at 11.

**i. Case Studies: SafeLives (United Kingdom) and Simmons School of Social Work (United States)**

SafeLives, a United Kingdom-based NGO, offers a wide variety of online and local training materials,<sup>277</sup> including specific resources for professionals in Scotland and Wales, “bespoke” training materials on particular topics and designed for different types of professionals, resources to help professionals determine the best training to meet their needs,<sup>278</sup> and a path for accreditation which allows course participants to gain a Certificate and Diploma in Domestic Abuse.<sup>279</sup>

The domestic violence training program for social workers at Simmons University School of Social Work in Boston, Massachusetts, United States has also gained recognition.<sup>280</sup> The program focuses on encountering families and individuals affected by domestic violence<sup>281</sup> and consists of a self-paced, online training curriculum on domestic violence geared to social workers at all levels of experience.<sup>282</sup> The training is organized into short chapters, each followed by a quiz, and upon completion, trainees can view whether their answers are correct.<sup>283</sup> The program strives to get social workers at various levels of experience more in touch with domestic violence symptoms and responses.<sup>284</sup> However, it is not and does not claim to be sufficient on its own; rather, it is a mechanism to get social workers thinking about and recognizing domestic violence while reaffirming a victim/survivor-centered approach.<sup>285</sup> This program has helped Massachusetts social workers better recognize and work with trauma patients, assess risk factors, refer victims/survivors to social and legal support, and work with sensitive parties like children exposed to domestic violence.<sup>286</sup>

**d. National Curriculum Standards**

All social service providers working with victims/survivors of domestic violence are recommended to take a minimum of 180 hours or twelve credits of coursework and training focused on competency, including didactics and role-play, in an educational setting with expert

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<sup>277</sup> See SAFELIVES: ENDING DOMESTIC ABUSE, <https://safelives.org.uk/> (last visited Nov. 2, 2020). Links to training materials are listed under the “Training” tab at the top of the main site.

<sup>278</sup> See *Foundation or Specialist? How to choose a course*, SAFELIVES: ENDING DOMESTIC ABUSE, <https://safelives.org.uk/training/idvas-and-frontline-professionals/how-choose-course> (last visited Nov. 2, 2020).

<sup>279</sup> See *Diploma in Domestic Abuse*, SAFELIVES: ENDING DOMESTIC ABUSE, <https://safelives.org.uk/training/idvas-and-frontline-professionals/diploma-domestic-abuse> (last visited Nov. 2, 2020).

<sup>280</sup> See *Domestic Violence Training*, SIMMONS SCH. OF SOC. WORK [hereinafter SIMMONS], <https://sites.google.com/a/simmons.edu/dv-training/home>, (last visited Nov. 1, 2020). Simmons’s social work program is ranked 57th in the United States and competes regionally with Princeton University and Harvard University. See *Social Work Ranking 2018: Simmons College*, SOCIAL WORK COLLEGES, <https://social-work-colleges.com/simmons-college#:~:text=Based%20on%2060%20evaluation%20metrics,and%20Harvard%20University%20in%20Cambridge> (last visited Nov. 24, 2020).

<sup>281</sup> See SIMMONS, *supra* note 280.

<sup>282</sup> *Id.*

<sup>283</sup> *Id.* Chapter topics include principles of trauma-informed practice, assessing risk factors, reporting requirements, relevant resources for victims/survivors, and engaging sensitively with children exposed to domestic violence. *Id.*

<sup>284</sup> *Id.*

<sup>285</sup> *Id.*

<sup>286</sup> *Id.*

faculty trainers.<sup>287</sup> In addition to basic knowledge about domestic violence, training should focus on developing effective client-communication skills, an ability to interact professionally between different provider-spheres, learning to assess a batterer’s violence history, power and control behaviors, risk of lethality, developing and implementing safety plans, and appropriate coping mechanisms and self-care.<sup>288</sup>

Advocates and individuals working in “batterer intervention programs” are recommended to complete a minimum of 2,000 hours of practical work, beginning with observation of professionals, then gradually transitioning to independent functioning.<sup>289</sup> It is also recommended that these individuals be required to complete a minimum of three hours of continuing education each year, focusing on updates in domestic violence intervention and knowledge.<sup>290</sup> In addition to the general skill discussed above, these individuals should learn to screen adult and child victims as well as batterers for trauma, mental health, and substance abuse issues and be trained on power and control dynamics.<sup>291</sup> They should be able to facilitate psychoeducational or support groups related to domestic violence, refer clients to outside services—including case management; financial assistance; and trauma, mental health, or substance abuse treatment—when needed, and learn about court and legal advocacy related to domestic violence.<sup>292</sup>

Clinicians completing graduate coursework in social work are recommended to complete a minimum of 2,000 hours of supervised field experience, with at least twenty-five percent of their time spent working with each of three populations; adult victims/survivors, children, and abusers.<sup>293</sup> It is also recommended that these individuals be required to complete a minimum of three continuing education courses in social work and psychology per year, covering the most up-to-date research on domestic violence.<sup>294</sup>

### **i. Case Study: Wales**

In 2015, Wales enacted the Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act.<sup>295</sup> A landmark piece of legislation in the United Kingdom, one of the law’s key mechanisms is the National Training Framework, intended to be implemented over a five-year period.<sup>296</sup> The framework acknowledges that individuals experiencing domestic violence are more likely to be in contact with public services than the police and aims to strengthen social services

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<sup>287</sup> See Carla Smith Stover, Ph.D. & Kimberly Lent, B.A., *Training and Certification for Domestic Violence Service Providers: The Need for a National Standard Curriculum and Training Approach*, PSYCH. VIOLENCE, Apr. 2014, at 12, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4231530/>.

<sup>288</sup> *Id.*

<sup>289</sup> *Id.* at 13.

<sup>290</sup> *Id.*

<sup>291</sup> *Id.*

<sup>292</sup> *Id.*

<sup>293</sup> *Id.*

<sup>294</sup> *Id.*

<sup>295</sup> See Leighton Andrews AM, *Ministerial foreword* of LLYWODRAETH CYMRU WELSH GOV’T, THE NATIONAL TRAINING FRAMEWORK ON VIOLENCE AGAINST WOMEN, DOMESTIC ABUSE AND SEXUAL VIOLENCE: STATUTORY GUIDANCE UNDER SECTION 15 OF THE VIOLENCE AGAINST WOMEN, DOMESTIC ABUSE AND SEXUAL VIOLENCE (WALES) ACT 2015 AND SECTION 60 OF THE GOVERNMENT OF WALES ACT 2006, at 1 (Jan. 2016), <https://senedd.wales/laid%20documents/sub-ld10514/sub-ld10514-e.pdf>.

<sup>296</sup> *Id.* at 9.

responses across the country by formalizing training requirements, ensuring the quality of training, requiring standardized professional practice, and providing centralized funding.<sup>297</sup> The Act requires relevant local authorities to submit training plans to Welsh Ministers on specified deadlines and gives Ministers authority to enforce requirements through contempt orders and fines.<sup>298</sup> The government's guidance document provides a template for local authorities to use when drafting their own training plan, includes a list of minimum requirements, and mandates an annual report to track progress as measured against specific objectives.<sup>299</sup>

#### **e. Incentivizing Training**

As a supplement to mandatory training, or a substitute if mandating training is not an option, stakeholders should be incentivized to participate in domestic violence training.<sup>300</sup> Certificates and diplomas, financial incentives such as bonus structures, conditioning promotions on completion of training, and even offering catered meals are all options and should be considered, keeping in mind what is most likely to resonate with a particular target group.<sup>301</sup>

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<sup>297</sup> *Id.* at 1.

<sup>298</sup> *Id.*

<sup>299</sup> *Id.* Similarly, Kuwait's new domestic violence law calls on shelters to coordinate with the relevant government agencies, particularly the Supreme Council for Family Affairs, to use collected statistical information to create national indicators for eliminating domestic violence. Article (5) § 7 of Law No. (16) of 2020, *supra* note 24.

<sup>300</sup> Al-Kazi Interview, Oct. 14, 2020, *supra* note 102.

<sup>301</sup> *Id.* See also Al-Sabri Interview, *supra* note 177 (suggesting that promotions should be conditioned on completion of domestic violence training).

### **III. Ministry of Education and Higher Education**

The following section addresses the education system as it relates to victims/survivors of domestic violence. When domestic violence occurs, victims/survivors often face severe disruptions in their schooling, which harms their educational experiences and produces worse academic outcomes.<sup>302</sup> Education is a multifaceted tool that can help prevent domestic violence at the onset and help victims/survivors recover from abuse.<sup>303</sup> Schools can relay domestic violence prevention messages to children, parents, and educators and sensitively intervene to support victims/survivors witnessing or experiencing domestic violence. Schools are uniquely positioned to prevent domestic violence because they are ingrained in the community and connected to victims/survivors and other stakeholders. Stakeholders who should be equipped to assist with domestic violence include educators, administrators, school staff—particularly social workers and counselors—and community volunteers. Kuwait’s new domestic violence law requires that domestic violence be included in the education curriculum, specifically stating that concerned authorities are required to “work to spread the culture of renouncing domestic violence . . . through educational curricula and awareness and education programs.”<sup>304</sup>

Part A of this section discusses services that should be available to prevent domestic violence and help victims/survivors of domestic violence. These services have two primary objectives: prevention and intervention. Prevention, covered in A.1 of this section, focuses on creating systems to prevent domestic violence before it occurs, such as creating national curriculum guidelines for the education system, providing information on domestic violence, establishing extracurricular programming, and integrating education as part of the broader community's efforts to combat domestic violence. Intervention, discussed in A.2, focuses on supporting victims/survivors experiencing domestic violence by making schools feel safe for victims/survivors to facilitate disclosure, accommodating victims’/survivors’ needs, and providing confidential counseling services for individuals who have experienced domestic violence.

Part B explores suggestions for stakeholder training to effectuate these services. B.1 discusses training administrators to create better school policies, B.2 looks at training teachers to recognize the signs of domestic violence, and B.3 goes over methods of ensuring counselors are able to respond to disclosures. It is essential to provide domestic violence training for all workers throughout the educational system. Informing educators and staff about their role and providing them with adequate training enables school staff to better support victims/survivors.

#### **A. Recommendations for Services**

##### **1. Prevention**

Prevention aims to educate students on the dynamics of violent and abusive relationships so they can recognize the signs should they ever become a victim/survivor, abuser, or witness to

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<sup>302</sup> Michele Lloyd, *Domestic Violence and Education: Examining the Impact of Domestic Violence on Young Children, Children, and Young People and the Potential Role of Schools*, FRONTIERS IN PSYCH., Nov. 13, 2018, at 1, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6243007/>.

<sup>303</sup> *See id.* at 3, 5.

<sup>304</sup> Article (2) § 1 of Law No. (16) of 2020, *supra* note 24.



domestic violence.<sup>305</sup> Schools are uniquely positioned to spread domestic violence prevention messages to students and, as a long-term prevention solution, should challenge—through their curricula, extracurricular activities, and school-based programs—the harmful social and cultural norms that tolerate domestic violence.<sup>306</sup>

### a. National Standards

States should incorporate domestic violence prevention strategies into the education curriculum at all levels and in every school.<sup>307</sup> National standards should reflect good practice standards while still allowing for discretion among schools regarding their individual practices.<sup>308</sup> Education strategies should involve the whole school, include partnerships with specialist domestic violence groups, and support schools with resources and facilities.<sup>309</sup> In collaboration with UNESCO and UNICEF, the World Health Organization (“WHO”) recommends a “whole-school” approach. A whole-school approach ensures that school leadership, teachers, staff, students, parents, and community members share the same prevention and protection vision regarding domestic violence.<sup>310</sup> Additionally, schools should adopt a child-centered approach to address each student’s holistic needs regarding learning, social growth, and emotional development.<sup>311</sup> Schools should ensure the policies they adopt to comply with international and national standards, define the types of violence being addressed, outline objectives clearly and in measurable targets, develop clear rules for everyone at the school, ensure the rules are easily accessible, discuss reporting mechanisms, and describe referral pathways.<sup>312</sup>

### i. Case Study: New Zealand

The New Zealand Children’s Act of 2014 requires the Ministry of Education, state services, organizations providing government-funded services to children and families, and all school boards<sup>313</sup> to adopt and require Child Protection Policies.<sup>314</sup> Such policies require that ministry staff and any employees, contractors, or volunteers working in ministry offices do online training to

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<sup>305</sup> See MISSOURI COAL. AGAINST DOMESTIC AND SEXUAL VIOLENCE, UNDERSTANDING THE NATURE AND DYNAMICS OF DOMESTIC VIOLENCE 17 (Mar. 2012), <https://www.mocadsv.org/FileStream.aspx?FileID=2>.

<sup>306</sup> See Lloyd, *supra* note 302, at 7.

<sup>307</sup> AMNESTY INT’L, SETTING THE STANDARD: INTERNATIONAL GOOD PRACTICE TO INFORM AN AUSTRALIAN NATIONAL PLAN OF ACTION TO ELIMINATE VIOLENCE AGAINST WOMEN 33 (2008) [hereinafter AMNESTY SETTING THE STANDARD], <https://www.amnesty.org.au/wp-content/uploads/2016/09/Setting-the-Standard-NPoA-Report-Stop-violence-against-women.pdf>. See also AMNESTY INT’L, COMBATTING SEXUAL VIOLENCE IN CONFLICT 12 (2014) [hereinafter AMNESTY COMBATTING SEXUAL VIOLENCE], <https://www.amnesty.org/en/documents/IOR53/006/2014/en/>.

<sup>308</sup> See AMNESTY SETTING THE STANDARD, *supra* note 307, at 33.

<sup>309</sup> *Id.*

<sup>310</sup> WORLD HEALTH ORGANIZATION [WHO], SCHOOL-BASED VIOLENCE PREVENTION: A PRACTICAL HANDBOOK 3 (2019) [hereinafter SCHOOL-BASED VIOLENCE PREVENTION, WHO], <https://www.who.int/publications/i/item/school-based-violence-prevention-a-practical-handbook>.

<sup>311</sup> See, e.g., Lloyd, *supra* note 302, at 7 (recommending that “school staff need to be able to confidently ask students if anything is wrong at home and take appropriate action”).

<sup>312</sup> SCHOOL-BASED VIOLENCE PREVENTION, WHO, *supra* note 310, at 15.

<sup>313</sup> Children’s Act 2014, s 18 (N.Z.), <http://legislation.govt.nz/act/public/2014/0040/latest/DLM5501668.html>.

<sup>314</sup> *Child Protection Policy for the Ministry of Education*, MINISTRY EDUC.: N.Z. GOV’T, <https://www.education.govt.nz/our-work/overall-strategies-and-policies/child-protection-policy/> (last visited Oct. 9, 2020).

identify signs of possible abuse or neglect and take appropriate action when they see them.<sup>315</sup> Additionally, the department has made a series of commitments to promote a culture where staff feels empowered to challenge bad practices regarding domestic violence.<sup>316</sup> All members of the staff are aware that they can report child abuse and neglect to the Ministry of Children.<sup>317</sup> Every three years, the policy is comprehensively reviewed to ensure the efficacy of the program and compliance with the law.<sup>318</sup>

## **b. Curriculum Guidelines**

A school-based domestic violence curriculum should be appropriate for the students' age, ensure materials are culturally relevant, use active learning techniques, employ motivated educators, and support educators with quality training on content and messaging.<sup>319</sup>

### **i. Kindergarten through Second Grade**

Some educators resist teaching about domestic violence at this age because of the perceived inappropriateness of the content, but there is value to beginning early.<sup>320</sup> Domestic violence education for young children should focus on respect for personal space and autonomy and training should prepare teachers to focus on things like children knowing when they can and cannot play with a friend.<sup>321</sup> Additionally, it is important to teach children about “safe touches” including, for example: “a welcome hug, an encouraging pat on the back, [or] cuddling with a parent” and “unsafe touch,” that is, any touch that is “confusing or hurts, [including] pinching, hitting, [and] slapping.”<sup>322</sup> Children should also learn about boundaries regarding their private parts. Particular emphasis should be placed on encouraging children to tell a trusted adult if they experience an unsafe touch.<sup>323</sup> This age is also a crucial time to begin teaching children about anger management.<sup>324</sup> Training should prepare educators to prevent students from forcing one another to do things against their will and teachers should be able to help children manage their emotions when they do not get what they want.<sup>325</sup>

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<sup>315</sup> *Id.*

<sup>316</sup> *Id.*

<sup>317</sup> *Id.*

<sup>318</sup> *Id.*

<sup>319</sup> SCHOOL-BASED VIOLENCE PREVENTION, WHO, *supra* note 310, at 26.

<sup>320</sup> Della McGuire, *Domestic Violence in Education*, STUDY.COM, (Aug. 18, 2017), <https://study.com/academy/lesson/domestic-violence-education-in-schools.html>.

<sup>321</sup> *Id.*

<sup>322</sup> Bridgid Normand, *Teaching Touching Safety Rules: Safe and Unsafe Touching—Activity*, COMM. FOR CHILDREN (Aug. 24, 2017), <https://www.cfchildren.org/blog/2017/08/activity-teaching-touching-safety-rules-safe-and-unsafe-touching/>.

<sup>323</sup> *Id.*

<sup>324</sup> Mary Dowd, *School Violence Awareness Week Lesson Plan & Activities*, CLASSROOM.SYNONYM.COM, (last visited Oct. 17, 2020), <https://classroom.synonym.com/domestic-violence-classroom-activities-7597947.html>.

<sup>325</sup> *Id.*

## ii. Third through Fifth Grade

Building upon the foundation laid in earlier years, students at this age should be taught a broader vocabulary around domestic violence.<sup>326</sup> Training should prepare teachers to handle an increase in reporting as students learn to talk about their experiences.<sup>327</sup>

## iii. Middle School and High School

In middle and high school, educators should begin discussing domestic violence experiences, preventative practices, and personal agency-driven topics.<sup>328</sup> It is crucial for educators to be taught sensitivity to the fact that middle and high school classrooms are more likely to contain victims/survivors, witnesses, or perpetrators of domestic violence.<sup>329</sup> Specifically, teachers should identify school and community resources to provide information and support services for individuals experiencing violence from abusive family members.<sup>330</sup> In addition to identifying resources, teachers should share techniques with students on how to avoid or respond to unhealthy domestic relationships, including educating students about effective and appropriate responses to domestic violence.<sup>331</sup> As students continue to progress through the education system, it is important to impart the skills they need to build and maintain healthy relationships through effective communication and problem-solving skills development.<sup>332</sup>

It is also important for parents and caregivers to be included in the discussion at this stage.<sup>333</sup> This may be achieved by sending an educational letter home with students, leading a presentation during a meeting of the Parents' Association, or hosting an optional session on domestic violence for parents.<sup>334</sup>

## iv. College/University

Many recommendations for education regarding domestic violence at the college or university level are the same as guidelines for middle and high school,<sup>335</sup> but because school-

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<sup>326</sup> See McGuire, *supra* note 320.

<sup>327</sup> See *id.*; *Domestic Violence And Sexual Assault Prevention Education Programs*, HAVEN, <https://www.haven-oakland.org/education-prevention/programs#schoolprograms> (last visited Oct. 17, 2020).

<sup>328</sup> See generally *Love is Not Abuse: A Teen Dating Abuse Prevention Curriculum Guide High School Edition*, LOVE IS RESPECT (2013), [https://drive.google.com/file/d/0B1\\_ITf48vsiWaUtJcTN2b1NIVXc/edit](https://drive.google.com/file/d/0B1_ITf48vsiWaUtJcTN2b1NIVXc/edit). While this source focuses on teen dating violence, many—if not most—of its policies and recommendations translate seamlessly to more general domestic violence training and education.

<sup>329</sup> *Id.* at 10.

<sup>330</sup> *Id.* at 44.

<sup>330</sup> *Id.* at 36.

<sup>331</sup> See *id.* at 11, 27, 39.

<sup>332</sup> *Id.*

<sup>333</sup> See *id.* at 8, 13.

<sup>334</sup> See *id.* at 40–41; See *Domestic Violence and Sexual Assault Prevention Education Programs: School Programs*, HAVEN: LIVE WITHOUT FEAR, <https://www.haven-oakland.org/education-prevention/programs#schoolprograms> (last visited Oct. 9, 2020).

<sup>335</sup> *Id.*

sponsored housing is more prevalent in higher education settings, staff responsible for administering student accommodations should also receive training.<sup>336</sup>

In addition to specifically educating students about domestic violence, financial education plays an important role in supporting college-aged victims/survivors of domestic violence.<sup>337</sup> Many individuals who have been abused return to their abusers for financial reasons, therefore financial education is essential to breaking cycles of violence.<sup>338</sup> In the context of Kuwait, this guide is referring to married partners at the university level.

## **v. Case Study: Australia**

Domestic violence rates in Australia have been declining since the turn of the millennium.<sup>339</sup> This success may be due, in part, to the emphasis on domestic violence education in schools.<sup>340</sup> Partners in Prevention (PIP), an Australian government-funded program, has worked for two decades to connect schools with professionals and early childhood centers to deliver education on respectful relationships.<sup>341</sup> This program not only educates students but also connects parents and tries to shape schools' cultures.<sup>342</sup> One PIP program, "The Good, the Bad and the Ugly," has been available to students and used by educators since 2001.<sup>343</sup> While focused more broadly on social interaction rather than exclusively on domestic violence, it is a good example of a strong, state-sponsored program being used to reshape domestic violence learning through more robust education tactics and a strong emphasis on influencing school culture.<sup>344</sup>

### **c. Prevention Methods**

#### **i. Providing Information**

One way to educate students about and destigmatize domestic violence is to provide information to students directly.<sup>345</sup> Educational tools such as leaflets and posters are effective in conveying what type of bodily contact is not appropriate from adults towards children and can provide critical information on what students can do if they experience domestic violence from a

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<sup>336</sup> See STEP GRANT PROGRAM, ET AL., FRAMEWORK FOR DEVELOPING SCHOOL POLICIES TO ADDRESS DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT AND STALKING, 37–38 [hereinafter FRAMEWORK FOR DEVELOPING SCHOOL POLICIES] <https://www.breakthecycle.org/sites/default/files/Policy%20Guide%20FINAL%200.pdf> (last visited Oct. 14, 2020).

<sup>337</sup> *Financial Education Webinar Series*, NAT'L COAL. AGAINST DOMESTIC VIOLENCE, <https://ncadv.org/financial-education> (last visited Oct. 9, 2020).

<sup>338</sup> *Id.*

<sup>339</sup> Heather Douglas, *Why Are Rates of Domestic Violence in Australia Still So High?*, THE CONVERSATION (Nov. 14, 2018), <https://theconversation.com/why-are-rates-of-domestic-violence-in-australia-still-so-high-87187>.

<sup>340</sup> *For Teachers & Schools*, DOMESTIC VIOLENCE RES. CTR. VICTORIA, <https://www.dvrcv.org.au/teachers> (last visited Oct. 18, 2020).

<sup>341</sup> *Id.*

<sup>342</sup> *Id.*

<sup>343</sup> *Id.* See also *Relationships: the good the bad & the ugly*, DOMESTIC VIOLENCE RES. CTR. VICTORIA, <https://www.dvrcv.org.au/knowledge-centre/our-publications/booklets/relationships-good-bad-ugly> (last visited Oct. 17, 2020) (Winner of the 2001 Australian Violence Prevention Award).

<sup>344</sup> *Id.*

<sup>345</sup> See Lloyd, *supra* note 302, at 5.

relative.<sup>346</sup> In addition to posters, handouts and other print materials educating on different aspects of domestic violence also provide an essential educational resource for students.<sup>347</sup> Visual cues help students identify when they are experiencing abuse and inform them of individuals at the school and in civil society who can help.<sup>348</sup> Handouts should also contain information such as hotline numbers and addresses for medical help and shelters.<sup>349</sup> If there is a concern about abusers seeing this information, materials may consider disguising the resources; for example, phone numbers may be disguised as bar codes.<sup>350</sup>

## ii. Extracurricular Activities

Schools should offer extracurricular activities to allow students to build relationships and develop social skills and confidence.<sup>351</sup> Such activities are important for children exposed to domestic violence who often feel isolated and lack social opportunities.<sup>352</sup> Homework clubs are specifically recommended for students residing in temporary accommodations due to domestic violence as they may lack study space or computer access.<sup>353</sup> Other recommended activities include school clubs, sports teams, and volunteer work which allow students to develop positive social skills and foster improved educational outcomes.<sup>354</sup>

### (a) Case Study: Breakfast Clubs (United Kingdom)

One such school-based program recognized for its positive impact is the United Kingdom's "breakfast club."<sup>355</sup> Schools in more impoverished areas offer breakfast at no cost or a reduced cost for parents and their children who face an increased risk of domestic violence.<sup>356</sup> These programs have led to improved learning and social skills for students.<sup>357</sup>

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<sup>346</sup> *See id.*

<sup>347</sup> *See, e.g.,* SCHOOL-BASED VIOLENCE PREVENTION, WHO, *supra* note 310, at 28; FRAMEWORK FOR DEVELOPING SCHOOL POLICIES, *supra* note 336, at 56.

<sup>348</sup> Victor Igreja, *Silence and Visual Representations of Anti-Violence Campaigns in Cosmopolitan Brisbane*, ANTHROPOLOGY IN ACTION, 25, NO. 1 (Spring 2018) 24, <https://www.berghahnjournals.com/view/journals/aia/25/1/aia250103.xml>.

<sup>349</sup> MINN. LITERACY COUNCIL & ECHO, DOMESTIC VIOLENCE UNIT 15 (2012), [https://www.literacymn.org/sites/default/files/uploads/ESL%20Curriculum/ECHO/Intermediate%20ESL%204-5%20Domestic\\_Violence\\_unit.pdf](https://www.literacymn.org/sites/default/files/uploads/ESL%20Curriculum/ECHO/Intermediate%20ESL%204-5%20Domestic_Violence_unit.pdf).

<sup>350</sup> *See* Lloyd, *supra* note 302, at 5.

<sup>351</sup> *See id.* *See also* SCHOOL-BASED VIOLENCE PREVENTION, WHO, *supra* note 310, at 26, 56 (suggesting that after-school clubs can be wide-ranging and include sports, dance, arts, and academic support).

<sup>352</sup> *See* Lloyd, *supra* note 302, at 7.

<sup>353</sup> *Id.*

<sup>354</sup> NAT'L CHILD TRAUMATIC STRESS NETWORK, DOMESTIC VIOLENCE AND CHILDREN QUESTIONS AND ANSWERS FOR DOMESTIC VIOLENCE PROJECT ADVOCATES 5 (Nov. 2010), [http://www.doj.state.or.us/wp-content/uploads/2017/08/domestic\\_violence\\_and\\_children.pdf](http://www.doj.state.or.us/wp-content/uploads/2017/08/domestic_violence_and_children.pdf).

<sup>355</sup> *See* Lloyd, *supra* note 302, at 7.

<sup>356</sup> *Id.*

<sup>357</sup> *Id.*

**d. Education as Part of a Holistic Strategy to Combat Domestic Violence**

Policymakers should consider how the education sector will work in an integrated manner with other sectors.<sup>358</sup> To that end, schools should establish coordination teams to ensure compliance with school policies that address domestic violence.<sup>359</sup> These teams should consist of various stakeholders including teachers, administrative staff, students, parents, and community members.<sup>360</sup> They should discuss the next steps in prevention activities, review existing activities, raise any existing concerns, and discuss discernable trends.<sup>361</sup> Schools should collaborate with community members to hold conversations, workshops, and activities that strengthen knowledge about domestic violence prevention.<sup>362</sup> Schools can serve as neutral and accessible venues for these joint activities.<sup>363</sup>

**e. Integration within the Community**

Partnerships should be established between schools and community organizations to link health services, social protection, counseling, and other services for victims/survivors.<sup>364</sup> Engaging and educating adults to promote and support social norms that reinforce healthy relationships has the potential to change social contexts that give rise to domestic violence. This includes educating men and boys to encourage them to be a part of the solution rather than part of the problem.<sup>365</sup>

**i. Case Study: Stop Violence Against Girls in Schools (SVAGS) (Kenya and Mozambique)**

A culturally-relevant, school-based approach to solving domestic violence involving the entire community over a long period of time can effect positive change.<sup>366</sup> Stop Violence Against Girls in Schools (SVAGS) engages religious and community leaders, parents, and community organizers in Kenya and Mozambique in “sensitization training” and broader discussions about gender, different types of violence, and girls’ education.<sup>367</sup> Involved students, teachers, and community members show significant improvements in knowledge, attitude, and help-seeking behaviors related to violence.<sup>368</sup>

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<sup>358</sup> AMBER L. HILL, ET AL., GEO. WASH. UNIV. GLOB. WOMEN’S INST., SCHOOL-BASED INTERVENTIONS TO PREVENT VIOLENCE AGAINST WOMEN & GIRLS 2, <https://globalwomensinstitute.gwu.edu/sites/g/files/zaxdzs1356/f/downloads/Evidence%20Brief-%20School-Based%20Interventions%20to%20Prevent%20Violence%20Against%20Women%20and%20Girls.pdf> (last visited Nov. 29, 2020).

<sup>359</sup> See SCHOOL-BASED VIOLENCE PREVENTION, WHO, *supra* note 310, at 13.

<sup>360</sup> *Id.*

<sup>361</sup> *Id.*

<sup>362</sup> *Id.*

<sup>363</sup> *Id.* at 56.

<sup>364</sup> *Id.*

<sup>365</sup> See, e.g., HILL, *supra* note 358, at 6.

<sup>366</sup> *Id.* at 2.

<sup>367</sup> *Id.* at 4.

<sup>368</sup> *Id.*

## **f. Evaluating Prevention Activities**

Schools should evaluate their prevention activities to assess their strengths and weaknesses.<sup>369</sup> All domestic violence programming should be routinely evaluated to ensure it meets the unique needs of students.<sup>370</sup> Schools should select a set of outcome indicators that measure their programs' effectiveness and decide on short- or long-term time frames for evaluation.<sup>371</sup> Evaluation methods should include qualitative methods, such as interviews and focus groups, that allow schools to understand the perceptions and attitudes behind the quantitative data.<sup>372</sup>

## **2. Intervention**

Intervention focuses on supporting victims/survivors experiencing domestic violence. In addition to a school's role in preventing domestic violence through education, it is equally important that schools have the tools to intervene when a victim/survivor comes forward with a disclosure of domestic violence.<sup>373</sup> It is crucial that school staff members feel supported by school processes and leadership in their roles in both preventing domestic violence and assisting victims/survivors.<sup>374</sup> School staff should feel confident referring students to internal or external support services.<sup>375</sup> Schools should partner with external facilitators who have specialist knowledge, expertise, and experience in addressing domestic violence to help staff develop confidence in their roles.<sup>376</sup>

### **a. Creating Places of Belonging**

Education facilities need to ensure students feel both physically and mentally safe.<sup>377</sup> When students feel safe, they are more likely to disclose incidents of domestic violence to trusted advisors and teachers.<sup>378</sup> Therefore, it is vital to invest in improving both school climate and safety in a way that promotes healthy boundaries and proper relationships.<sup>379</sup> Schools are in a unique position to eliminate stigma against domestic violence victims/survivors and empower students.<sup>380</sup> Schools should challenge the harmful social and cultural norms that tolerate domestic violence through their curricula, extracurricular activities, and school-based programs.<sup>381</sup>

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<sup>369</sup> SCHOOL-BASED VIOLENCE PREVENTION, WHO, *supra* note 310, at 58–61.

<sup>370</sup> See AMNESTY SETTING THE STANDARD, *supra* note 307, at 20–21.

<sup>371</sup> SCHOOL-BASED VIOLENCE PREVENTION, WHO, *supra* note 310, at 60.

<sup>372</sup> *Id.*

<sup>373</sup> See FRAMEWORK FOR DEVELOPING SCHOOL POLICIES, *supra* note 336, at 3.

<sup>374</sup> See SCHOOL-BASED VIOLENCE PREVENTION, WHO, *supra* note 310, at 10, 38.

<sup>375</sup> See Lloyd, *supra* note 302, at 5.

<sup>376</sup> *Id.* at 6.

<sup>377</sup> See FRAMEWORK FOR DEVELOPING SCHOOL POLICIES, *supra* note 336, at 5.

<sup>378</sup> See *id.* at 10.

<sup>379</sup> See *id.* at 3, 27.

<sup>380</sup> See AMNESTY COMBATTING SEXUAL VIOLENCE, *supra* note 307, at 12.

<sup>381</sup> SCHOOL-BASED VIOLENCE PREVENTION, WHO, *supra* note 310, at 2, 10.



## b. Accommodating Student Victims/Survivors

Schools and educators should recognize that victims/survivors of domestic violence may need specific accommodations to feel safe and succeed in school.<sup>382</sup> Accommodations made by schools play a pivotal role in a victim's/survivor's "everyday healing process."<sup>383</sup> Educators and administrators should help students navigate the difficulties caused by domestic violence rather than punish students for circumstances that are beyond their control.<sup>384</sup>

Schools should create a process by which student victims/survivors can request accommodations from the school.<sup>385</sup> The school should allow requests for accommodations made to any school employee both orally and in writing.<sup>386</sup> It is recommended that any student who has been the victim/survivor of actual or threatened domestic violence be eligible for accommodation.<sup>387</sup>

A non-exclusive list of possible accommodations is helpful for student victims/survivors to determine what adjustments will help them most.<sup>388</sup> Accommodations may include changes to class schedules, activities, and clubs that allow students to miss class or change their schedule.<sup>389</sup> Additionally, the ability to make up classwork and homework allows the child victim/survivor to learn at their own pace despite limitations resulting from their circumstances.<sup>390</sup> Accommodation options should be flexible to present victims/survivors with the greatest chance of achieving an education tailored to their particular situation.<sup>391</sup>

An accommodations implementation policy provides consistency and trust between the student body and the educational staff. A tiered system for granting accommodations is recommended for an organized policy.<sup>392</sup> On the first tier, accommodations like changes to a class schedule are automatically granted, while on the second-tier, further investigation is required to grant accommodations like school transfer.<sup>393</sup> This way the students can have their immediate accommodation needs met, while educators and/or administrators work with them on long-term solutions.<sup>394</sup> Staff should be trained on when parental involvement in this process could endanger the student.<sup>395</sup>

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<sup>382</sup> See FRAMEWORK FOR DEVELOPING SCHOOL POLICIES, *supra* note 336, at 35.

<sup>383</sup> *Id.* at 36.

<sup>384</sup> *Id.* at 5.

<sup>385</sup> *Id.* at 36.

<sup>386</sup> *Id.*

<sup>387</sup> *Id.* at 38.

<sup>388</sup> *Id.* at 37.

<sup>389</sup> *Id.*

<sup>390</sup> *Id.*

<sup>391</sup> *Id.*

<sup>392</sup> *Id.* at 38.

<sup>393</sup> *Id.*

<sup>394</sup> *Id.* The STEP Grant Program's FRAMEWORK FOR DEVELOPING SCHOOL POLICIES guide provides a sample accommodation policy. *Id.*

<sup>395</sup> *Id.*

Due to the sensitive nature of accommodation requests, it is necessary to ensure student confidentiality regarding all aspects of their application.<sup>396</sup> This helps encourage students to make requests when they need them.<sup>397</sup> The policy should limit discussion of requests for accommodation to only those employees who are involved in the request or are necessary to carry out the accommodation and at no time should the alleged abuser be informed of the student's request for accommodation.<sup>398</sup>

### c. Reporting

If a student discloses an incident of domestic violence to a teacher, there should be clear guidelines for the teacher on how to assist.<sup>399</sup> A teacher's willingness to listen to a child's story can provide the foundation for a child's successful recovery.<sup>400</sup> One of the most meaningful forms of assistance teachers can offer to student victims/survivors is to listen in a non-judgmental way.<sup>401</sup> Providing the child with a safe and comfortable environment to speak is critical for facilitating disclosures.<sup>402</sup> Students may disclose their exposure to domestic violence in "bits and pieces" to test the teacher's responses.<sup>403</sup>

Teachers should encourage the student to see a guidance counselor—or another of the school's specialized professionals—regularly, excuse the student's absence from the classroom for abuse-related reasons, adjust expectations surrounding schoolwork and homework, find ways for other students to be supportive without compromising the victim's/survivor's privacy, and understand that the student may need extra support in the classroom.<sup>404</sup>

Teachers or other staff members should not, under any circumstances, notify the child's parents of the child's disclosure, regardless of which parent is abusive.<sup>405</sup> Schools should refrain from contacting parents as it may further endanger the child.<sup>406</sup> Teachers should, however, have access to legal counsel as needed to ensure compliance with the Kuwaiti law regarding mandatory reporting.<sup>407</sup>

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<sup>396</sup> *Id.* at 37.

<sup>397</sup> *Id.*

<sup>398</sup> *Id.*

<sup>399</sup> *Id.* at 19–20.

<sup>400</sup> See SUSIE LANG-GOULD, SUPPORTING STUDENTS EXPOSED TO DOMESTIC VIOLENCE: A GUIDE FOR TEACHERS 16, (Mary Clifford, et al., eds., 2007), <http://susielanggould.ca/students-who-witness-violence.pdf>.

<sup>401</sup> OFF. JUVENILE JUST. AND DELINQUENCY PROGRAM, TRAUMA-INFORMED CARE FOR CHILDREN EXPOSED TO VIOLENCE TIPS FOR TEACHERS 2, <https://www.justice.gov/sites/default/files/defendingchildhood/legacy/2011/09/19/tips-teachers.pdf> (last visited Dec. 5, 2020).

<sup>402</sup> See *id.*

<sup>403</sup> *Id.*

<sup>404</sup> See LANG-GOULD, *supra* note 400, at 16; FRAMEWORK FOR DEVELOPING SCHOOL POLICIES, *supra* note 336, at 33.

<sup>405</sup> *How You Can Help Protect Children for Teachers & Educators*, CHILD ADVOC. OF FORT BEND, <https://www.cafb.org/programs/community-education/for-teachers-educators/> (last visited Dec. 5, 2020) (recommendation found under the "What about contacting the child's parents?" entry under "FAQs").

<sup>406</sup> *Id.*

<sup>407</sup> See Article (10) of Law No. (16) of 2020, *supra* note 24.

#### **d. Collecting Data**

Schools should continuously collect data on domestic violence and monitor changes and trends over time.<sup>408</sup> Schools should utilize surveys in addition to establishing a record-keeping system for reported domestic violence incidents.<sup>409</sup> The surveys should assess the extent of domestic violence and where, when, how, and to whom it happens.<sup>410</sup> Schools should keep data confidential, lock paper-based reporting in an undisclosed location, and password-protect electronic reporting systems.<sup>411</sup> Schools should evaluate data over various time frames, such as monthly, each term, or yearly.<sup>412</sup>

#### **e. Support Groups and Individual Counseling Services**

Schools should have counselors or social workers available for students impacted by domestic violence.<sup>413</sup> Access to support services at schools helps students increase their physical safety at school and create a social support network.<sup>414</sup> Counseling services could include individual sessions and/or group sessions with students who share similar experiences confronting domestic violence.<sup>415</sup> Individual counseling services might help increase disclosure rates.<sup>416</sup> These services can be particularly effective in helping students gain courage and reduce social isolation, two factors that are vital in producing better educational outcomes.<sup>417</sup> These services can be provided by school counselors, nurses, or social workers, or in collaboration with community service providers.<sup>418</sup>

Confidentiality is a critical component of effective counseling for victims/survivors.<sup>419</sup> One of the most difficult aspects of experiencing domestic violence as a child is identifying the experience as abuse and confiding in someone who can help.<sup>420</sup> This may be an experience that the victim/survivor is embarrassed about and, if discovered by an abuser, could lead to retaliation that would endanger the individual's security.<sup>421</sup> Support groups should be confidential and be small in size.<sup>422</sup> Therefore, reports of domestic violence should not be discussed with anyone, except as necessary to directly protect the victim/survivor from further imminent harm.<sup>423</sup>

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<sup>408</sup> SCHOOL-BASED VIOLENCE PREVENTION, WHO, *supra* note 310, at 18.

<sup>409</sup> *Id.* at 19.

<sup>410</sup> *Id.*

<sup>411</sup> *Id.* at 20.

<sup>412</sup> *Id.* at 21.

<sup>413</sup> See KIAH J. DAHLQUIST, ST. CATHERINE UNIV., ADDRESSING NEEDS AMONG STUDENTS AFFECTED BY DOMESTIC VIOLENCE: SOCIAL WORKERS' PERSPECTIVES 2 (May 1, 2017), [https://sophia.stkate.edu/cgi/viewcontent.cgi?article=1722&context=msw\\_papers](https://sophia.stkate.edu/cgi/viewcontent.cgi?article=1722&context=msw_papers).

<sup>414</sup> See FRAMEWORK FOR DEVELOPING SCHOOL POLICIES, *supra* note 336, at 37.

<sup>415</sup> *See id.*

<sup>416</sup> *See id.*

<sup>417</sup> *Id.* at 37.

<sup>418</sup> *Id.*

<sup>419</sup> *Id.* at 10.

<sup>420</sup> See Lloyd, *supra* note 302, at 2, 8.

<sup>421</sup> ANNE GANLEY, PHD, & MARGARET HOBART, PHD, CHILD.'S ADMIN., WASH. STATE DEP'T SOC. AND HEALTH SERVS., SOCIAL WORKERS PRACTICE GUIDE TO DOMESTIC VIOLENCE 8, 37 (Jan. 2016), <http://wscadv.org/wp-content/uploads/2019/01/DCYF-DV-Guide.pdf>.

<sup>422</sup> See FRAMEWORK FOR DEVELOPING SCHOOL POLICIES, *supra* note 336, at 10, 37.

<sup>423</sup> *See id.* at 37.

## **f. Safety Planning**

Schools and educators should help create safety plans for victims/survivors of domestic violence.<sup>424</sup> Safety planning should include helping every at-risk child can “identify a safe place to go if there is further violence,” “identify a person they can go to if necessary,” “ensur[e] the child knows how to contact the emergency services,” and “mak[e] sure that the child understands that it is neither safe nor their responsibility to intervene to try and protect the adult being abused.”<sup>425</sup>

## **g. Script Questions**

Schools should also help victims/survivors come up with sample scripts to respond to uncomfortable questions others, including classmates, may ask about their life at home.<sup>426</sup> For example, if a friend asks to come to the victim’s/survivor’s house, it would be helpful for the student to have a readily available answer such as: “It’s a bit difficult because it’s not our house, we’re staying with friends/other people.”<sup>427</sup> Scripted responses can assist victims/survivors socially, increasing their sense of power and decreasing fear.<sup>428</sup>

## **B. Recommendations for Training of School Personnel and Educators**

### **1. Administrative Policies Regarding Training**

School administrations should ensure that educators go through domestic violence training. They should ensure that every teacher has access to—and is required to attend—annual basic domestic violence training.<sup>429</sup> In addition to annual training, administrations should provide follow-up support and consider supplemental training during the school year.<sup>430</sup> Training should be tailored to target specific groups including school administrators, counselors, teachers, school nurses, coaches, and parent support specialists.<sup>431</sup> Training should also address how to create and maintain collaborations with members of the community.<sup>432</sup> Collaboration with parents, community members, agencies, and other relevant stakeholders helps ensure their buy-in which is an integral part of creating and implementing a successful policy.<sup>433</sup> This training should provide practical knowledge and tools for addressing domestic violence issues that are tailored to each profession.<sup>434</sup>

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<sup>424</sup> See, e.g., BABCOCK LDP EDUC. PSYCH. SERV. & DEVON CNTY. COUNCIL, DOMESTIC VIOLENCE AND ABUSE RESOURCE PACK FOR SCHOOLS: GOOD PRACTICE GUIDANCE 19, [https://www.exeterconsortium.com/uploads/1/1/5/9/115936395/dva\\_resource\\_pack\\_for\\_schools\\_good\\_practice\\_guidance\\_jan\\_16.pdf](https://www.exeterconsortium.com/uploads/1/1/5/9/115936395/dva_resource_pack_for_schools_good_practice_guidance_jan_16.pdf) (last visited Nov. 29, 2020).

<sup>425</sup> *Id.* at 19.

<sup>426</sup> *Id.* at 20.

<sup>427</sup> *Id.*

<sup>428</sup> *Id.* at 19.

<sup>429</sup> FRAMEWORK FOR DEVELOPING SCHOOL POLICIES, *supra* note 336, at 24.

<sup>430</sup> *Id.* at 25.

<sup>431</sup> *Id.* at 26.

<sup>432</sup> *Id.* at 4.

<sup>433</sup> *Id.*

<sup>434</sup> *Id.* at 26.

Basic training should cover the definition of domestic violence; how to recognize early warning signs; obstacles to reporting abuse; understanding health and academic impacts of domestic violence; understanding trauma, including neurobiological impacts on youth; available school-based and community services; online and print resources including classroom curricula, video, discussion guides, and websites; school policies and procedures; and applicable confidentiality and reporting requirements.<sup>435</sup> School administrations should ensure that all staff is aware of when they must maintain confidentiality and when reporting may be mandated.<sup>436</sup>

Administrations should provide more in-depth training for more hands-on staff members, such as social workers and guidance counselors, who work directly with victims/survivors.<sup>437</sup> In addition to all the topics covered in basic training, training for these staff members should cover theories and dynamics of domestic violence, recognizing the characteristics of healthy and unhealthy relationships, cultural and developmental competence, crisis intervention and safety planning, intersections between domestic violence and other safety concerns, and an understanding of all applicable laws.<sup>438</sup> Administrations might also consider encouraging these staff members to attend additional community-based training led by domestic violence experts.<sup>439</sup>

To formalize and codify the above, administrations should adopt a formal staff domestic violence training policy.<sup>440</sup> Policies should be kept broad to maintain flexibility in terms of specific dates, required attendees, and community partners so that minor changes do not require a full policy update.<sup>441</sup> The policy, however, should still include specific procedures to ensure appropriate implementation, including direction on how often staff should receive training and what the content of that training should include.<sup>442</sup> Administrations are also encouraged to educate parents and guardians on the school's domestic violence training policy.<sup>443</sup>

Administrations should also develop policies that engage students and promote awareness about domestic violence and prevention.<sup>444</sup> Student involvement should aim to model and reinforce positive examples of healthy communication, utilizing after-school time, study hall, or lunch breaks to train students on being peer educators and activists.<sup>445</sup> Such groups can be student-led or

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<sup>435</sup> *Id.* at 25.

<sup>436</sup> *Id.* at 10.

<sup>437</sup> *Id.* at 25.

<sup>438</sup> *Id.*

<sup>439</sup> *Id.*

<sup>440</sup> *Id.* at 26. A sample staff training policy might look something like the following: “XYZ School District is committed to providing training on [domestic] violence to school employees. The District requires that all teachers, counselors, mental health professionals, social workers, and school resource officers receive annual training on the dynamics of [domestic] violence, the relationship between [domestic] violence and other school safety issues, and the school’s policies on [domestic] violence. The District will work with schools to provide access to such training, including scheduling and publicizing trainings. Individual schools may work directly with community-based organizations that specialize in [domestic] violence to provide trainings specifically targeted to each population. All school employees, including Principals, are encouraged to take advantage of additional training opportunities provided by community-based organizations.” *Id.*

<sup>441</sup> *Id.* at 25.

<sup>442</sup> *Id.* at 25–26.

<sup>443</sup> *Id.* at 34.

<sup>444</sup> *Id.* at 28.

<sup>445</sup> *Id.*

run by school employees or community-based organizations and should consider using theater and creative arts, which can be effective training strategies.<sup>446</sup>

Where the full-blown implementation of the policies and training discussed above seems unattainable or difficult, administrations may consider implementing training in stages. Stage one would focus on training key school personnel.<sup>447</sup> Stage two would involve training all school personnel and any youth organization staff.<sup>448</sup> Finally, stage three would involve multiple training for all school personnel, as well as training for youth organization staff.<sup>449</sup>

## **2. Training Educators**

### **a. General Recommendations**

Domestic violence training for educators and administrators should emphasize the need for a non-judgmental approach and ensure victim/survivor safety.<sup>450</sup> While it is important for educators to work with social workers for referrals and other victim/survivor-focused resources, training should make it clear to educators that they are not being trained to be social workers.<sup>451</sup> Educators need training so they can be an effective channel for students to gain access to services outside of school by creating an opportunity for students to confide in them.<sup>452</sup> For this reason, educators should be partnered with external experts.<sup>453</sup> These partnerships help educators build on their pre-existing relationships with students and help foster their professional learning and confidence in their ability to teach this subject.<sup>454</sup>

### **b. Recognizing Signs of Domestic Violence**

#### **i. Physical Characteristics**

Educators can be taught to recognize the physical signs of domestic violence. Teachers are in a position to recognize readily observable maltreatment.<sup>455</sup> Teachers should be attuned to both mild and severe impacts of domestic violence, including broken bones, malnutrition, or wearing clothing that is seasonally and/or culturally inappropriate to cover injuries.<sup>456</sup> Physical abuse includes any nonaccidental injury caused by a caretaker.<sup>457</sup> This includes injuries sustained from,

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<sup>446</sup> *Id.* at 28–29.

<sup>447</sup> *Id.* at 55.

<sup>448</sup> *Id.*

<sup>449</sup> *Id.*

<sup>450</sup> See Lloyd, *supra* note 302, at 5.

<sup>451</sup> *Id.* at 8.

<sup>452</sup> *Id.*

<sup>453</sup> *Id.* at 6.

<sup>454</sup> *Id.*

<sup>455</sup> See CYNTHIA CROSSON-TOWER, U.S. DEPT. OF HEALTH AND HUMAN SERVS., ET AL., THE ROLE OF EDUCATORS IN PREVENTING AND RESPONDING TO CHILD ABUSE AND NEGLECT 15 (2003), <https://www.childwelfare.gov/pubPDFs/educator.pdf>.

<sup>456</sup> See *id.* at 14–15.

<sup>457</sup> See *id.* at 14.

among other things, burning, beating, and punching.<sup>458</sup>

All forms of physical abuse tend to leave a mark.<sup>459</sup> Teaching educators to recognize those marks is crucial to the early detection of domestic violence.<sup>460</sup> Since children typically receive bruises during the normal course of play while being active, it is important to teach educators how to recognize the specific characteristics of domestic violence.<sup>461</sup>

## ii. Behavioral Characteristics

It is vital to educate teachers in behavioral indicators of domestic violence that may exist together with or separate from physical indicators.<sup>462</sup> These indicators tend to express themselves most with children who have been the indirect recipients of domestic violence, including victims/survivors who have witnessed family violence.<sup>463</sup> These tend to be less immediately apparent than physical characteristics.<sup>464</sup> A specific example is teaching educators to notice that a young child possesses sexual knowledge that a child would not ordinarily possess.<sup>465</sup> Additionally, children who are victimized tend to lash out with inappropriate aggression.<sup>466</sup>

## iii. Responding to Disclosures

Schools should train teachers to manage situations where a student discloses that they have experienced domestic violence.<sup>467</sup> When responding to disclosures of domestic violence, teachers should actively listen and allow the victim/survivor time to share without interruption.<sup>468</sup> Teachers should also demonstrate that they believe what is being said and affirm that the victim/survivor did the right thing in disclosing.<sup>469</sup> Teachers must take student fears seriously and provide information about referral pathways within the school or in the community.<sup>470</sup> If mandatory reporting applies to the situation, teachers should notify the student when responding to the

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<sup>458</sup> See *id.*; Ernest N. Jouriles, et al. *Child Abuse in the Context of Domestic Violence: Prevalence, Explanations, and Practice Implications*, 23 VIOLENCE AND VICTIMS 221, 222 (Feb. 2008), [https://www.researchgate.net/publication/5228533\\_Child\\_Abuse\\_in\\_the\\_Context\\_of\\_Domestic\\_Violence\\_Prevalence\\_Explanations\\_and\\_Practice\\_Implications](https://www.researchgate.net/publication/5228533_Child_Abuse_in_the_Context_of_Domestic_Violence_Prevalence_Explanations_and_Practice_Implications).

<sup>459</sup> See CROSSON-TOWER, *supra* note 455, at 14–15.

<sup>460</sup> Jane A. Koomar, PhD, *Trauma- and Attachment-Informed Sensory Integration Assessment and Intervention*, 32 SPECIAL INTEREST SECTION QUARTERLY: SENSORY INTEGRATION, Dec. 2009, at 2, [http://attachmentcoalition.org/yahoo\\_site\\_admin/assets/docs/SIandAtt.4101942.pdf](http://attachmentcoalition.org/yahoo_site_admin/assets/docs/SIandAtt.4101942.pdf).

<sup>461</sup> See CROSSON-TOWER, *supra* note 455, at 15.

<sup>462</sup> See *id.* at 13.

<sup>463</sup> See *id.*

<sup>464</sup> KATHY KARAGEORGE & ROSEMARY KENDALL, U.S. DEP'T HEALTH AND HUMAN SERVS., ET AL., THE ROLE OF PROFESSIONAL CHILDCARE PROVIDERS IN PREVENTING AND RESPONDING TO CHILD ABUSE AND NEGLECT 9, 11 (2008), <https://www.childwelfare.gov/pubPDFs/childcare.pdf>.

<sup>465</sup> *Id.* at 13.

<sup>466</sup> *Id.* at 55.

<sup>467</sup> SCHOOL-BASED VIOLENCE PREVENTION, WHO, *supra* note 310, at 44 (noting teachers should listen respectfully with empathy, ask about worries, concerns, or needs, and recognize feelings without judgment).

<sup>468</sup> *Responding to Disclosures: How to Support Schools to Respond to Students who Disclose Violence*, PARTNERS IN PREVENTION, <https://www.partnersinprevention.org.au/resources/responding-to-disclosures/> (last visited Nov. 29, 2020).

<sup>469</sup> *Id.*

<sup>470</sup> *Id.*



disclosure.<sup>471</sup> In responding to disclosures, teachers should not ask too many questions or probe about details, judge or criticize choices, try to fix the problem for the victim/survivor by telling them what to do, force them to disclose more information, or blame the victim/survivor.<sup>472</sup> Teachers should have a referral list of counselors, advocates, shelters, and support groups to contact when there is disclosure.<sup>473</sup>

Schools should support teachers who experience vicarious trauma after disclosure and encourage teachers to seek internal or external support to debrief after a disclosure.<sup>474</sup>

### 3. Training School Counselors

School counselors play multiple pivotal roles in responding to domestic violence victims/survivors.<sup>475</sup> Specifically, a counselor's job is to respond to the disclosure of domestic violence as a crisis manager and to act as a gatekeeper for the student by coordinating ongoing follow-up with school administrators, child services, and the family as well as providing information to the student.<sup>476</sup>

Counselors should be trained to handle domestic violence disclosure sensitively.<sup>477</sup> Students who experience domestic violence have varying reactions and as such, it is important to validate all of the student's feelings without judgment.<sup>478</sup>

#### a. Case Study: SSS Learning Ltd. and Trauma-Informed Schools (United Kingdom)

SSS Learning Ltd., a United Kingdom-based accredited online education provider, offers training specifically tailored for school staff, including an overview of what domestic violence entails, risk factors, protective factors, action to take, and support, help, and advice networks.<sup>479</sup> Teachers in the United Kingdom also obtain an education on trauma-informed management.<sup>480</sup> Trauma-Informed Schools UK offers training in schools across the United Kingdom, with over 20,000 teachers taking part in their online "return to school" training tailored to detect signs of abuse in the behavior of the children.<sup>481</sup>

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<sup>471</sup> *Id.*

<sup>472</sup> *Id.*

<sup>473</sup> *Id.*

<sup>474</sup> *Id.*

<sup>475</sup> See APRIL SIKES, OLD DOMINION UNIV., A SCHOOL COUNSELOR'S GUIDE TO REPORTING CHILD ABUSE 4–5, <https://files.eric.ed.gov/fulltext/EJ894796.pdf> (last visited Nov. 29, 2020).

<sup>476</sup> *See id.*

<sup>477</sup> *See id.* at 12.

<sup>478</sup> *Id.*

<sup>479</sup> *Domestic Abuse*, SSS LEARNING LTD., <https://ssscpd.co.uk/education/>. The United Kingdom's leading online CPD Safeguarding Training Provider uses 3-D Animation to enhance learner engagement. *Id.*

<sup>480</sup> Fiona Millar, 'We're always there for them': is the tide turning against zero-tolerance in UK schools?, THE GUARDIAN (Oct. 10, 2020, 3:00 AM), <https://www.theguardian.com/education/2020/oct/10/is-the-tide-turning-against-zero-tolerance-in-uk-schools>.

<sup>481</sup> *Id.*

## **IV. Ministry of Health**

Part A of this section considers recommendations for health services for victims/survivors of domestic violence. A.1 discusses how to create a strong state commitment to victim/survivor-focused protocols and conduct social awareness campaigns. A.2 examines how institutions can better serve victims/survivors by collecting data and maintaining safe, reliable locations. Furthermore, A.2 recommends victim/survivor advocacy programs in healthcare institutions to ensure proper referral pathways and victim/survivor-focused care. A.2 also addresses quality assurance mechanisms, which are crucial to maintaining the changes mentioned above. A.3 discusses how healthcare providers can support domestic violence victims/survivors through an individualized approach to screening, documentation, and post-visit safety plans. Finally, A.4 outlines how healthcare providers can support victims/survivors through perpetrator rehabilitation programs.

Part B of this section covers training recommendations for stakeholders working with domestic violence victims/survivors in the health sector. Part B.1 explains substantive training areas. First, B.1.a recommends incorporating sensitization into training sessions. B.1.b suggests teaching providers to be comfortable with and respectful of victims/survivors. Next, B.1.c discusses the need for providers to receive expert training on facilitating disclosures—a crucial aspect of a victim/survivor-centered approach. B.1.d examines how training on validation and emotional support is necessary to emotionally connect providers with victims/survivors. B.1.e explores incorporating risk-assessment into training. Finally, B.1.f recommends training providers on how to give referrals, which is necessary to ensure victims/survivors receive support after their appointments. Part B.2 concludes by recommending training methods, such as interactive exercises, for individual healthcare providers.

### **A. Recommendations for Services**

#### **1. Policy Level**

##### **a. National Protocols on Health and Domestic Violence**

One way Kuwait can strengthen its response to domestic violence is through the Ministry of Health's development of a clear national protocol aligned with WHO clinical and policy guidelines on responding to domestic violence.<sup>482</sup> The protocol should not only define domestic violence but also provide information on confidentiality, screening questions, interviewing strategies, safety assessment and planning guidance, discharge instructions, and referral processes.<sup>483</sup> To encourage the development and implementation of its protocols, the Ministry of

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<sup>482</sup> See GLOB. WOMEN'S INST., ET AL., VIOLENCE AGAINST WOMEN & GIRLS RESOURCE GUIDE: HEALTH SECTOR BRIEF 4 (2015) [hereinafter HEALTH SECTOR BRIEF], [https://www.vawresourceguide.org/sites/vawg/files/briefs/vawg\\_resource\\_guide\\_health\\_sector\\_brief\\_april\\_2015.pdf](https://www.vawresourceguide.org/sites/vawg/files/briefs/vawg_resource_guide_health_sector_brief_april_2015.pdf).

<sup>483</sup> See FUTURES WITHOUT VIOLENCE, ADDRESSING INTIMATE PARTNER VIOLENCE, REPRODUCTIVE AND SEXUAL COERCION: A GUIDE FOR OBSTETRIC, GYNECOLOGIC AND REPRODUCTIVE HEALTH CARE SETTINGS 33–34 (2012) [hereinafter FUTURES GUIDE FOR HEALTH CARE SETTINGS], <https://www.futureswithoutviolence.org/userfiles/file/HealthCare/Reproductive%20Health%20Guidelines.pdf>.

Health could incorporate requirements into its hospital accreditation processes.<sup>484</sup> National protocols should be gender-sensitive to ensure quality healthcare services.<sup>485</sup> For example, to help facilitate services for victims/survivors, the CEDAW Committee has advised Kuwait to “abolish, as a matter of priority, the requirement of a male guardian’s consent to urgent or non-urgent medical treatment of a woman.”<sup>486</sup>

### **i. Case Study: Nepal**

Nepal is among a growing number of countries implementing a national protocol to train health providers to assist domestic violence patients.<sup>487</sup> The protocol emphasizes that domestic violence can take various forms, whether physical or emotional, and victims/survivors can be anyone.<sup>488</sup> It also recognizes that gender-based violence is a pertinent issue and focuses on identifying and treating symptoms of gender violence; notably violence against women.<sup>489</sup> The protocol focuses on a victim/survivor-centered approach by emphasizing gender sensitivity, respectfulness, and advocacy.<sup>490</sup>

### **b. Community Awareness Campaigns**

Another way the health sector can combat domestic violence is by partnering with local organizations and key stakeholders to develop awareness campaigns to inform the public about domestic violence, challenge gender norms and the acceptability of violence, and encourage health-seeking behavior.<sup>491</sup> These campaigns should identify existing programs and services for domestic violence victims/survivors and disseminate information through videos, pamphlets, referral cards, and posters via a variety of forums, such as taxi advertisements and social media.<sup>492</sup> When distributing materials, victim/survivor safety is crucial, so referral cards should be small and easy to hide in victims’/survivors’ clothing.<sup>493</sup> Cards should include only the contact information of a referral service, not an explanation of the service, to avoid suspicion if discovered by abusers.<sup>494</sup> Another solution is to disseminate information where women can look without being observed by male perpetrators, such as in public bathrooms.<sup>495</sup> Community awareness campaigns

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<sup>484</sup> See HEALTH SECTOR BRIEF, *supra* note 482, at 4.

<sup>485</sup> See PEACE WOMEN, GENDER AND WOMEN EMPOWERMENT POLICY 2010-2020, at 4, 26, (last visited Dec. 1, 2020),

<https://www.peacewomen.org/sites/default/files/Attachment%208%20Women%20and%20Gender%20Policy.pdf>.

<sup>486</sup> See CEDAW, *Concluding Observations on the Committee on the Elimination of Discrimination Against Women Kuwait*, U.N. Doc. CEDAW/C/KWT/CO/3-4, at 10 (Oct. 21, 2011).

<sup>487</sup> See Tricia Taormina, *One country’s plan to solve the world’s hidden health crisis*, BBC FUTURE (Oct. 24, 2018), <https://www.bbc.com/future/article/20181023-nepals-plans-to-save-womens-lives>.

<sup>488</sup> GOV’T OF NEPAL, MINISTRY OF HEALTH AND POPULATION, CLINICAL PROTOCOL ON GENDER BASED VIOLENCE 3 (2015), [http://reprolineplus.org/system/files/resources/GBV\\_protocol-Nepal-2015Nov.pdf](http://reprolineplus.org/system/files/resources/GBV_protocol-Nepal-2015Nov.pdf).

<sup>489</sup> See *id.* at 3.

<sup>490</sup> See generally *id.* at 25–50.

<sup>491</sup> See ORG. FOR SEC. & COOP. IN EUR., BRINGING SECURITY HOME: COMBATTING VIOLENCE AGAINST WOMEN IN THE OSCE REGION. A COMPILATION OF GOOD PRACTICES 36, 40, 61 (2009), <https://www.osce.org/secretariat/37438>; HEALTH SECTOR BRIEF, *supra* note 482, at 8.

<sup>492</sup> See HEALTH SECTOR BRIEF, at 8; see also Al-Sabri Interview, *supra* note 177.

<sup>493</sup> HEALTH SECTOR BRIEF, *supra* note 482, at 8

<sup>494</sup> See *id.*

<sup>495</sup> *Id.*

like these would provide an opportunity for collaboration between the Ministry of Health and the Ministry of Information.

## **2. Healthcare Institutional Level**

### **a. Data Collection**

Information is crucial to preventing and combatting domestic violence. Accordingly, Kuwait's healthcare institutions should collaborate with the government and other key stakeholders to routinely collect detailed data on domestic violence.<sup>496</sup> Data should be disaggregated, including by gender and age group, to discern trends.<sup>497</sup> This data will help healthcare providers and institutions personalize care, develop holistic treatments to address patient needs, support advancements in training methods, and improve communication between healthcare providers.<sup>498</sup>

#### **i. Case Study: Colombia**

Colombia utilizes the Gender-Based Violence Information Management System (GBVIMS), a recognized integrated data-collection system, which collects data from all service providers and integrates it into one national web-based information system.<sup>499</sup> Colombia used GBVIMS as a highly effective tool to safely and respectfully compile data on gender-based violence.<sup>500</sup> Reports show that Colombia's fully web-based application of GBVIMS was easy for providers to use,<sup>501</sup> with barriers to internet access and provider timeliness in uploading data constituting the only real limitations.<sup>502</sup> Despite this, GBVIMS has been instrumental in opening referral pathways and improving services for victims/survivors of violence.<sup>503</sup>

### **b. Safe Spaces for Assessment and Disclosure**

Safe, private spaces are crucial to facilitate disclosures of domestic violence and ensure victims/survivors receive the assistance they need.<sup>504</sup> To ensure confidentiality from perpetrators, providers are encouraged to maintain private spaces for discussing domestic violence with patients and to designate secure spaces, and offer office phones for victims/survivors to connect with

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<sup>496</sup> *See id.* at 5.

<sup>497</sup> *Id.*

<sup>498</sup> Natallia Sakovich, *Collection in Healthcare*, SAM SOLUTIONS (Apr. 9, 2019), <https://www.sam-solutions.com/blog/the-importance-of-data-collection-in-healthcare/#:~:text=Data%20collection%20in%20healthcare%20allows,patients%2C%20and%20enhance%20health%20outcomes>.

<sup>499</sup> HEALTH SECTOR BRIEF, *supra* note 482, at 5.

<sup>500</sup> *See* INTERNATIONAL SOLUTIONS GROUP, FINAL REPORT: EVALUATION OF THE GENDER BASED VIOLENCE INFORMATION MANAGEMENT SYSTEM (GBVIMS) 75 (2014).

<sup>501</sup> *Id.* at 39.

<sup>502</sup> *Id.* at 40.

<sup>503</sup> *Id.*

<sup>504</sup> HEALTH SECTOR BRIEF, *supra* note 482, at 10.

domestic and sexual violence services.<sup>505</sup> To make victims/survivors more comfortable, Kuwait's healthcare institutions should employ more women doctors to support women victims/survivors who will not or cannot be alone in a room with a male doctor.<sup>506</sup> Creating a safe, confidential environment helps promote disclosures, ultimately benefitting victims/survivors whose interests can be better served by providers who are able to connect them with the resources they need.<sup>507</sup>

Amnesty International suggests that healthcare institutions address and prevent instances of additional violence against women within their practices.<sup>508</sup> Such violence includes healthcare workers and staff neglecting, threatening, scolding, and intentionally humiliating patients.<sup>509</sup> Health centers and facilities should voice support for victims/survivors of domestic violence<sup>510</sup> but should be aware that physical media like posters may be easily subject to removal or destruction.<sup>511</sup> Social media and other non-physical or non-static methods of disseminating information may be more secure.<sup>512</sup>

### c. Victim/Survivor Advocate Programs

Healthcare institutions should develop victim/survivor advocate programs that assist victims/survivors by contacting social services on their behalf, help them navigate referral pathways, answer their questions, and help them fill out paperwork.<sup>513</sup> These programs are crucial to ensure that victims/survivors do not get lost in the system while trying to do everything themselves.

### d. Quality Assurance Mechanisms

Quality assurance mechanisms are necessary to ensure that providers can continuously improve their services to maintain the highest possible levels of patient safety and care.<sup>514</sup> Healthcare institutions should make domestic violence screening and responding to disclosure the targets of ongoing quality assurance reviews.<sup>515</sup> Healthcare institutions can schedule audits of

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<sup>505</sup> See *Prepare your practice to support survivors*, IPV HEALTH, <http://ipvhealth.org/health-professionals/prepare/> (last visited Sept. 27, 2020).

<sup>506</sup> See Al-Sabri Interview, *supra* note 177.

<sup>507</sup> See Jessica De Bord et al., *Confidentiality*, UW MEDICINE (2013), <https://depts.washington.edu/bhdept/ethics-medicine/bioethics-topics/detail/58#:~:text=impact%20their%20care.-,Why%20is%20confidentiality%20important%3F,patient's%20willingness%20to%20seek%20care.>

<sup>508</sup> See, e.g., AMNESTY INT'L, *WOMEN, VIOLENCE AND HEALTH* 10 (2005), <https://www.amnesty.org/en/documents/act77/001/2005/en/> (discussing doctor-administered "virginity tests").

<sup>509</sup> *Id.* at 26.

<sup>510</sup> See *National Health Resource Center on Domestic Violence*, FUTURES WITHOUT VIOLENCE, <https://www.futureswithoutviolence.org/health/national-health-resource-center-on-domestic-violence/> (last visited Sept. 27, 2020).

<sup>511</sup> See Al-Sabri Interview, *supra* note 177.

<sup>512</sup> *Id.*

<sup>513</sup> See HEALTH SECTOR BRIEF, *supra* note 482, at 6.

<sup>514</sup> See Jennifer Clark, *4 Steps for an Effective Healthcare Quality Assurance Program*, GEBAUER CO. (Mar. 8, 2017), <https://www.gebauer.com/blog/healthcare-quality-assurance-program#:~:text=One%20of%20the%20most%20important,safety%20and%20make%20immediate%20changes.>

<sup>515</sup> See FAM. VIOLENCE PREVENTION FUND, ET AL., *IDENTIFYING & RESPONDING TO DOMESTIC VIOLENCE: CONSENSUS RECOMMENDATIONS FOR CHILD AND ADOLESCENT HEALTH* 16 (2004) [hereinafter *FAM. VIOLENCE*].

medical records to assess compliance with screening, develop patient satisfaction surveys, and discuss the functioning of their domestic violence initiatives during staff meetings.<sup>516</sup>

### **3. Healthcare Provider Level**

#### **a. Domestic Violence Screening**

Healthcare providers can take tangible steps to maximize the opportunity for disclosures of domestic violence. For example, providers should ask questions about domestic violence directly rather than burying domestic violence-related screening questions in written surveys.<sup>517</sup> Asking direct questions benefits victims/survivors because facilitating disclosures results in earlier identification of violence, thus improving the quality of time spent with providers.<sup>518</sup> Providers should ask multiple questions about potential abuse in a non-judgmental manner.<sup>519</sup> As the conversation progresses, providers should ask about physical, emotional, and sexual abuse; listen actively; focus on the patient; project respect; and avoid stigmatizing terms like “battered.”<sup>520</sup> Assessment forms can help providers guide the conversation.<sup>521</sup> Importantly, however, providers should not force disclosure.<sup>522</sup>

#### **b. Documentation**

Another way to further victim/survivor-centered care is through documentation. With their consent, healthcare providers should document victims’/survivors’ injuries as well as their perceptions of danger or fear.<sup>523</sup> Kuwaiti healthcare institutions should also adopt universal file-sharing between different departments, such as psychiatric wards and trauma units.<sup>524</sup> This coordination would help ensure victims/survivors are treated by providers who know their history and can adjust delivery of care accordingly.<sup>525</sup>

#### **c. Safety Plans**

As noted throughout this guide, autonomy is crucial to a victim/survivor-centered approach. Safety planning is an excellent way to help victims/survivors retain their autonomy in decision-making. Safety plans may be created by victims/survivors with their doctor’s help and

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PREVENTION FUND], <https://www.futureswithoutviolence.org/userfiles/file/HealthCare/pediatric.pdf>. See also FUTURES GUIDE FOR HEALTH CARE SETTINGS, *supra* note 483, at 40–46.

<sup>516</sup> See FAM. VIOLENCE PREVENTION FUND, *supra* note 515, at 34.

<sup>517</sup> See MIGRANT CLINICIANS NETWORK, ADDRESSING DOMESTIC VIOLENCE IN A CLINICAL SETTING 21 [hereinafter MIGRANT CLINICIANS NETWORK], <https://www.migrantclinician.org/files/resourcebox/DVManual.pdf> (last visited Dec. 23, 2020).

<sup>518</sup> See FAM. VIOLENCE PREVENTION FUND, *supra* note 515, at 40.

<sup>519</sup> See MIGRANT CLINICIANS NETWORK, *supra* note 517, at 25.

<sup>520</sup> *Id.* at 26.

<sup>521</sup> See FAM. VIOLENCE PREVENTION FUND, *supra* note 515, at 34.

<sup>522</sup> See MIGRANT CLINICIANS NETWORK, *supra* note 517, at 26.

<sup>523</sup> *Id.* at 27–28.

<sup>524</sup> See Al-Sabri Interview, *supra* note 177.

<sup>525</sup> *Id.*



should include various methods of escaping imminent threats of violence.<sup>526</sup> When safety planning, providers should determine safe ways to contact patients in the future,<sup>527</sup> particularly if the patient plans to stay with their abuser.<sup>528</sup> Recommendations for a successful safety plan include keeping a bag packed with insurance and medical information and necessary medications, identifying a relative who could help support the victim/survivor in an emergency, hiding weapons or sharp objects in the home, and planning an escape route.<sup>529</sup>

#### **d. Perpetrator Mental Health Rehabilitation**

Rehabilitation programs for perpetrators are an important element of a holistic strategy to support domestic violence victims/survivors. In the healthcare sector, these programs may involve psychoeducational interventions or therapies that seek to reduce recidivism rates among perpetrators.<sup>530</sup> Perpetrators should also undergo mental health rehabilitation to ensure that mental health issues neither limit the effectiveness of other rehabilitation programs nor restart or worsen domestic violence.<sup>531</sup>

#### **i. Case Study: Norway**

In Norway, action plans addressing domestic violence focus on perpetrators as well as victims/survivors.<sup>532</sup> Perpetrator action plans include individual and group therapy sessions and cognitive-behavioral group treatment.<sup>533</sup> These plans work to prevent perpetrators from reacting violently by identifying situational triggers and negative thoughts and feelings.<sup>534</sup> Perpetrators are taught to self-instruct through difficult situations by recognizing when they are overreacting, talking themselves down, and understanding that violence is never acceptable.<sup>535</sup>

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<sup>526</sup> See *Safety Plan for Victims of Domestic Violence*, PCC.EDU 1–2, (last visited Nov. 28, 2020) [hereinafter *Safety Plan*], <https://www.pcc.edu/illumination/wp-content/uploads/sites/54/2018/05/safety-plan-for-victims.pdf>.

<sup>527</sup> See FUTURES WITHOUT VIOLENCE, MINIMAL ELEMENTS OF A DOMESTIC VIOLENCE PROTOCOL 1, Appendix A (last visited Sept. 27, 2020), <https://www.futureswithoutviolence.org/domestic-violence-health-care-protocols/>.

<sup>528</sup> See Taormina, *supra* note 487.

<sup>529</sup> See *Safety Plan*, *supra* note 526, at 2. See also Taormina, *supra* note 487.

<sup>530</sup> See John Hamel, *Evidence-Based Domestic Violence Perpetrator Treatment*, DV TRAININGS (last visited Dec. 2, 2020), <https://domesticviolencetrainings.org/evidence-based-domestic-violence-perpetrator-treatment/>.

<sup>531</sup> See Leila Hawkins, *What It's Like To Be A Woman Working In Domestic Abuse Rehabilitation*, REFINERY 29 (Aug. 6, 2019), <https://www.refinery29.com/en-gb/domestic-abuse-rehabilitation>.

<sup>532</sup> See BRØSET CTR. FOR RSCH. AND EDUC. IN FORENSIC PSYCHIATRY, ST. OLAV'S UNIV. HOSP., VIOLENCE IN CLOSE RELATIONSHIPS IN NORWAY 7 (June 15, 2015), [http://www.prepoznajnasilje.si/docs/default-source/izdelki/english/2\\_norwegian-report-on-violence-in-close-relationships-\\_recognizing-and-treating-victims-and-perpetrators-of-violence-in-close-relationships-in-the-health-care-service.pdf?sfvrsn=4](http://www.prepoznajnasilje.si/docs/default-source/izdelki/english/2_norwegian-report-on-violence-in-close-relationships-_recognizing-and-treating-victims-and-perpetrators-of-violence-in-close-relationships-in-the-health-care-service.pdf?sfvrsn=4).

<sup>533</sup> *Id.* at 51.

<sup>534</sup> *Id.* at 52.

<sup>535</sup> *Id.* at 52.



## **B. Recommendations for Training Healthcare Workers**

### **1. Substantive Areas**

#### **a. Sensitivity**

Sensitization to the issue of domestic violence is crucial to successfully train healthcare providers in their response to domestic violence. The CEDAW Committee has advised Kuwait to “ensure regular training and sensitization of medical personnel.”<sup>536</sup> It is crucial to ensure healthcare providers are comfortable thinking and talking about domestic violence. To ensure training is successful, trainers must recognize that some healthcare providers may share the public’s views, stigmatizing domestic violence,<sup>537</sup> which can affect the quality of care and impede a victim’s/survivor’s willingness to share their experiences.<sup>538</sup> Sensitization of healthcare providers is often successful when training presents domestic violence as a public health crisis.<sup>539</sup> Studies also suggest that providers can better serve victims/survivors by developing strong therapeutic relationships with them.<sup>540</sup>

#### **b. Domestic Violence Protocols**

Healthcare institutions should also ensure all providers and staff—including physicians, nurses, clerical staff, receptionists, and support staff—receive training on domestic violence protocols.<sup>541</sup> The CEDAW Committee has recommended in other concluding observations that training should be grounded in “gender-sensitive protocols” to ease interactions with victims/survivors.<sup>542</sup> Staff should learn about the dynamics of domestic violence, perpetrator issues, and the health impact of abuse on victims/survivors and their children.<sup>543</sup> By knowing the signs, symptoms, and consequences of domestic violence, providers can properly screen for abuse and proceed accordingly.<sup>544</sup> Examples of psychological and psychiatric symptoms include self-harm and suicidal thoughts; aggression; feelings of guilt, fear, shame, or panic; sleeping and eating disorders; inability to concentrate and loss or lack of appetite; dissociative disorders; personality disorders; and post-traumatic stress disorder (PTSD). Healthcare institutions should train medical

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<sup>536</sup> See CEDAW, *Concluding Observations on the Committee on the Elimination of Discrimination Against Women Kuwait*, U.N. Doc. CEDAW/C/KWT/CO/3-4, at 10 (Oct. 21, 2011).

<sup>537</sup> See HEALTH SECTOR BRIEF, *supra* note 482, at 5.

<sup>538</sup> See *id.* at 5–6.

<sup>539</sup> See INT’L PLANNED PARENTHOOD FED’N (IPFF), *IMPROVING THE HEALTH SECTOR RESPONSE TO GENDER BASED VIOLENCE: A RESOURCE MANUAL FOR HEALTH CARE PROFESSIONALS IN DEVELOPING COUNTRIES* 76 (2010) [hereinafter INT’L PLANNED PARENTHOOD FED’N], [https://www.paho.org/hq/dmdocuments/2010/GBV\\_cdbookletANDmanual\\_FA\\_FINAL\[1\].pdf](https://www.paho.org/hq/dmdocuments/2010/GBV_cdbookletANDmanual_FA_FINAL[1].pdf).

<sup>540</sup> See generally Tracy Hollingworth, *Female Sexual Abuse Survivors and the Therapeutic Relationship* (2019) (Ph.D. dissertation, Walden University) (ProQuest), <https://www.proquest.com/docview/2202297828>.

<sup>541</sup> See HEALTH SECTOR BRIEF, *supra* note 482, at 4–5. See also FUTURES GUIDE FOR HEALTH CARE SETTINGS, *supra* note 483, at 18; FAM. VIOLENCE PREVENTION FUND, *supra* note 515, at 33–34.

<sup>542</sup> See CEDAW, *Concluding Observations on the Sixth Periodic Report of Samoa*, U.N. Doc. CEDAW/C/WSM/CO/6, at 13 (Nov. 14, 2018).

<sup>543</sup> See FUTURES GUIDE FOR HEALTH CARE SETTINGS, *supra* note 483, at 15, 33.

<sup>544</sup> See HEALTH SECTOR BRIEF, *supra* note 482, at 5.

personnel to intervene and respond to disclosures appropriately and with a non-judgmental attitude.<sup>545</sup>

### c. Providing Validation and Emotional Support

In addition to sensitivity and domestic violence protocols, providers should be trained to demonstrate that they believe victims/survivors.<sup>546</sup> Providers should learn to communicate to victims/survivors that they are not at fault and have the right to violence-free lives.<sup>547</sup> This training should help reinforce the importance of gender-sensitive domestic violence protocols. Providers should be trained to manage their own emotions during interactions with patients to maintain a victim/survivor-centered approach.<sup>548</sup> It is important that providers avoid being overcome with emotion when discussing a victim/survivor's experience with them.<sup>549</sup>

### d. Facilitating Disclosures

Disclosures are a crucial step towards helping victims/survivors receive the care they need. To facilitate disclosures, healthcare providers should be taught motivational interviewing skills to connect emotionally with victims/survivors. Motivational interviewing is collaborative, person-centered, and emphasizes autonomy.<sup>550</sup> It requires providers to listen to patients, empower them, and resist the righting reflex—a healthcare provider's natural instinct to fix or otherwise advise or direct, which is not victim/survivor-focused because it does not respect individual autonomy.<sup>551</sup>

Providers should also be taught to listen to victims/survivors and discuss their experiences in a non-judgmental way.<sup>552</sup> They should be trained to ensure privacy and confidentiality, maintain eye contact and respectful body language, listen actively, exhibit patience, avoid pressuring victims/survivors when asking about histories of violence, and remind victims/survivors that their feelings are normal and valid.<sup>553</sup> Healthcare providers should also be trained to discuss domestic violence in a way that respects the victims'/survivors' agency.<sup>554</sup>

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<sup>545</sup> *Id.* at 5, 7.

<sup>546</sup> See JOHNSON MEDINA ET AL., PROJECT RESPONSE, ET AL., RESPONSE TRAINING MANUAL FOR REPORTING OF GENDER-BASED VIOLENCE IN WOMEN'S HEALTH SERVICES 47 (2017), [http://gbv-response.eu/wp-content/uploads/2017/03/manual\\_response-23\\_October\\_ENG\\_web.pdf](http://gbv-response.eu/wp-content/uploads/2017/03/manual_response-23_October_ENG_web.pdf).

<sup>547</sup> See INT'L PLANNED PARENTHOOD FED'N, *supra* note 539, at 83.

<sup>548</sup> ANGELIKI KERASIDOU & RUTH HORN, BMC MED. ETHICS, MAKING SPACE FOR EMPATHY: SUPPORTING DOCTORS IN THE EMOTIONAL LABOUR OF CLINICAL CARE 2 (2017), <https://bmcomedethics.biomedcentral.com/articles/10.1186/s12910-016-0091-7>.

<sup>549</sup> *Id.*

<sup>550</sup> See MEDINA, *supra* note 546, at 22–23.

<sup>551</sup> See *id.* at 24.

<sup>552</sup> See KELLY BLANK & MARIA RÖSSLHUMER, IMPLEMENT HEALTH SYS. RESPONSE TO GENDER BASED VIOLENCE, ET AL., TRAINING MANUAL ON GENDER BASED VIOLENCE FOR HEALTH PROFESSIONALS 23 (2015) [hereinafter IMPLEMENT], [https://eeca.unfpa.org/sites/default/files/pub-pdf/implement\\_train\\_EN\\_201606\\_hires.pdf](https://eeca.unfpa.org/sites/default/files/pub-pdf/implement_train_EN_201606_hires.pdf). See also MEDINA, *supra* note 546, at 20.

<sup>553</sup> See IMPLEMENT, *supra* note 552, at 23.

<sup>554</sup> See Al-Sabri Interview, *supra* note 177.

### e. Assessing Risk

Facilitating disclosures is essential to allow healthcare providers to assess a victim's/survivor's risk-level. Trainers should teach providers to recognize and communicate the dangers associated with domestic violence.<sup>555</sup> Through training, healthcare providers should be taught to help victims/survivors create safety plans.<sup>556</sup> Healthcare providers should also be taught how to develop domestic violence medical checklists for physical examinations and collect medical data and photographic evidence.<sup>557</sup> Healthcare providers should also consider their own safety when discussing domestic violence, and healthcare institutions should maintain a safe environment for all staff.<sup>558</sup>

### f. Providing Referrals

Referrals help connect victims/survivors with the services and resources they need. Accordingly, providers should learn how to refer victims/survivors to the proper channels, including legal resources and support groups.<sup>559</sup> These referrals should be based on the patient's unique situation and needs.<sup>560</sup> Providers should also have written information available for victims/survivors about internal and external referral services.<sup>561</sup>

## 2. Training Methods

Training methods are as important as the substantive training areas in ensuring that healthcare providers understand their role in preventing and protecting against domestic violence. Learner-centered techniques, such as role-playing and interactive exercises, are excellent tools for knowledge and skills retention.<sup>562</sup> Case studies can also be used to actively engage participants and gauge providers' personal responses to domestic violence.<sup>563</sup> To help facilitate training, hospitals may find it useful to bring in outside experts,<sup>564</sup> domestic violence advocates, and victims/survivors to participate in training presentations.<sup>565</sup>

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<sup>555</sup> INT'L PLANNED PARENTHOOD FED'N, *supra* note 539, at 83.

<sup>556</sup> See MEDINA, *supra* note 546, at 27–29; UNFPA REG'L OFF. FOR E. EUR. AND CENT. ASIA & WAVE NETWORK AND EUROPEAN INFO. CTR. AGAINST VIOLENCE, STRENGTHENING HEALTH SYSTEM RESPONSES TO GENDER-BASED VIOLENCE IN EASTERN EUROPE AND CENTRAL ASIA: A RESOURCE PACKAGE 215, 226–227 (2014) [hereinafter STRENGTHENING HEALTH SYSTEM RESPONSES], <http://fileserver.wave-network.org/trainingmanuals/WAVE-UNFPA%20English.pdf>.

<sup>557</sup> See STRENGTHENING HEALTH SYSTEM RESPONSES, *supra* note 556, at 243.

<sup>558</sup> See Al-Sabri Interview, *supra* note 177.

<sup>559</sup> See FUTURES WITHOUT VIOLENCE, HOW TO CREATE A HEALTHCARE-BASED DOMESTIC VIOLENCE/SEXUAL ASSAULT PROGRAM 5, 10 (2013) [hereinafter FUTURES HOW TO], <http://www.futureswithoutviolence.org/userfiles/file/HealthCare/How%20to%20Create%20a%20Healthcare-based%20DVSA%20Program.pdf>.

<sup>560</sup> See IMPLEMENT, *supra* note 552, at 34.

<sup>561</sup> See INT'L PLANNED PARENTHOOD FED'N, *supra* note 539, at 84.

<sup>562</sup> See FUTURES HOW TO, *supra* note 559, at 16–17.

<sup>563</sup> See MEDINA, *supra* note 546, at 30–31; See also Tompkins, *supra* note 540.

<sup>564</sup> See INT'L PLANNED PARENTHOOD FED'N, *supra* note 539, at 79.

<sup>565</sup> *Id.* at 81–82 (2010). See also FUTURES HOW TO, *supra* note 559, at 17; MEDINA, *supra* note 546, at 31.

One-off training sessions are unlikely to impact healthcare providers' ability to assist victims/survivors of domestic violence,<sup>566</sup> so repeated training may be necessary.<sup>567</sup> However, to prevent burnout, it is important that hospitals ensure providers are not over-trained.<sup>568</sup> Hospitals should also consider linking some kind of incentive to training to increase commitment to supporting victims/survivors.<sup>569</sup>

**a. Case Study: The United States**

Domestic Violence education in United States medical schools focuses on screening, history-taking, and identifying community resources available for victims/survivors.<sup>570</sup> Teaching usually includes lectures, presentations by victims/survivors, case study discussions, and role-playing exercises.<sup>571</sup> However, while most United States medical schools cover the topic of family violence, there is still room for improvement.<sup>572</sup> Most teaching occurs by professors in the pre-clinical phase of medical school, so students do not get the same hands-on approach as with other training.<sup>573</sup> It would be beneficial for Kuwait to improve upon the United States' model by integrating domestic violence training into the overall education schema by including clinical exercises and lessons.<sup>574</sup>

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<sup>566</sup> See INT'L PLANNED PARENTHOOD FED'N, *supra* note 539, at 49.

<sup>567</sup> *Id.* at 81.

<sup>568</sup> See Tompkins, *supra* note 540.

<sup>569</sup> See Al-Sabri Interview, *supra* note 177; *supra* Part II.B.2.e.

<sup>570</sup> See NAT'L ACADS. PRESS, ET AL., CONFRONTING CHRONIC NEGLECT: THE EDUCATION AND TRAINING OF HEALTH PROFESSIONALS ON FAMILY VIOLENCE 36 (Felicia Cohn et al. eds., 2002),

<https://www.nap.edu/catalog/10127/confronting-chronic-neglect-the-education-and-training-of-health-professionals>.

<sup>571</sup> *Id.* at 36.

<sup>572</sup> *Id.* at 35–36.

<sup>573</sup> *Id.* at 36.

<sup>574</sup> See *id.*

## **V. Ministry of Justice and the Judiciary**

Part A of this section discusses recommendations for how the judiciary can strengthen services for domestic violence victims/survivors. A.1 examines services that should be directly provided by the court, including on-site victim/survivor advocates, resource coordinators, court-appointed lawyers, and accommodations for underserved community members. A.1 also discusses the need for domestic violence-conscious safety policies and the potential creation of special domestic violence courts. A.2 addresses recommendations for services outside the courts. A.3 recommends the use of protection orders for victims/survivors, and A.4 suggests providing opportunities for pre-filing victim/survivor impact statements. Lastly, A.5 provides recommendations for how judges should approach victim/survivor testimony.

Part B of this section covers training recommendations for the judiciary. B.1 discusses the frequency of such training. B.2 examines recommendations for mandatory training, and B.3 suggests forming partnerships to effectuate training. B.4 discusses the importance of a victim/survivor-centered training approach, and B.5 provides recommendations for training content, including the dynamics of domestic violence, eliminating bias, cultural education, media, and international human rights law. Finally, B.6 discusses the implementation of training, focusing on participatory and online learning.

### **A. Recommendations for Services**

As recommended for the other ministries discussed in this guide, the Ministry of Justice should adopt a victim/survivor-centered approach to delivering services that prioritizes the needs and desires of each individual victim/survivor.<sup>575</sup>

#### **1. Services Provided by Courts**

To adequately address domestic violence, courts should prioritize victims'/survivors' and children's safety, schedule cases promptly, hold offenders accountable, create safe spaces for victims/survivors within courthouses, and coordinate with other domestic violence services and providers.<sup>576</sup> A domestic violence-conscious safety policy should be implemented to account for the special concerns innate to these sensitive and emotional cases.

##### **a. On-Site Victim/Survivor Advocates**

Courts should have an on-site victim/survivor advocate who is immediately available to victims/survivors; can link them to needed services and resources like housing, counseling, and safety planning; and who will keep them informed about the proceedings.<sup>577</sup> Importantly, on-site advocates do not necessarily need to be licensed attorneys, but if they are not, they should not

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<sup>575</sup> See ESSENTIAL SERVICES PACKAGE: OVERVIEW AND INTRODUCTION, *supra* note 3, at 13–14.

<sup>576</sup> GA. COMM'N ON FAMILY VIOLENCE, GEORGIA DOMESTIC VIOLENCE COURTS BEST PRACTICES 7 (Mar. 2017), [hereinafter GEORGIA DOMESTIC VIOLENCE COURTS BEST PRACTICES], <https://gcfv.georgia.gov/document/publication/gcfv-dv-courts-best-practicespdf/download>.

<sup>577</sup> See *id.* at 6.

provide victims/survivors with legal advice.<sup>578</sup> Having one go-to person increases efficiency, brings clarity to the victim/survivor, and helps make them feel heard and safe.<sup>579</sup> To facilitate this, the Ministry of Justice and the Kuwait Bar Association could coordinate and identify candidates who can serve as advocates.<sup>580</sup>

#### **b. Resource Coordinators**

Courts should have a resource coordinator to collect and prepare information on the victim/survivor and the offender.<sup>581</sup> The resource coordinator acts as a liaison between the court and community resources.<sup>582</sup> This way there is a central person for the court to contact with all the relevant information to present to the judge.<sup>583</sup>

#### **c. Provision of Lawyers to Victims/Survivors**

Courts should provide victims/survivors with a lawyer when they cannot afford one<sup>584</sup> because often, domestic violence victims/survivors lack financial resources of their own.<sup>585</sup> Due to economic dependence on their abuser, victims/survivors often feel unsupported in the filing process, causing them to drop their cases.<sup>586</sup> The Kuwait Bar Association could help coordinate the appointment of such lawyers to help victims/survivors throughout the filing process.<sup>587</sup>

#### **d. Accommodations for Underserved Communities**

To ensure accommodations for underserved communities, courts should implement language access plans, including protocols for persons who are deaf or hard of hearing and those who lack capabilities for spoken languages.<sup>588</sup> It is also important for courts to engage in outreach with individuals in remote areas who experience difficulty accessing the legal process.<sup>589</sup>

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<sup>578</sup> *Victim Advocate*, CITY OF PHOENIX, [hereinafter *Victim Advocate*], <https://www.phoenix.gov/law/victims/victim-advocate> (last visited Dec. 2, 2020). Victim/survivor advocates should not offer legal advice because they are not required to be licensed attorneys.

<sup>579</sup> Al-Kazi Interview, Dec. 2, 2020, *supra* note 37; *Victim Advocate*, *supra* note 578 (noting that the advocate also provides a safe and private area for the victim/survivor to wait before and after testifying).

<sup>580</sup> Zoom Interview with Esra Alamiri, Doctoral Candidate at Fordham Univ. Sch. Of L., (Nov. 10, 2020) [hereinafter Alamiri Interview].

<sup>581</sup> GEORGIA DOMESTIC VIOLENCE COURTS BEST PRACTICES, *supra* note 576, at 6.

<sup>582</sup> *Id.*

<sup>583</sup> *Id.* It is unclear from this source whether the resource coordinator must have legal qualifications.

<sup>584</sup> See *Arizona Domestic Violence Legal Assistance Project*, ARIZ. FOUND. FOR LEGAL SERVS. & EDUC. (2007), [https://www.azflse.org/azflse/professional\\_development/legalservices/delete\\_azdomviolence.cfm](https://www.azflse.org/azflse/professional_development/legalservices/delete_azdomviolence.cfm).

<sup>585</sup> See *Family Law & Domestic Violence*, LEGAL SERVS. NYC, <https://www.legalservicesnyc.org/what-we-do/practice-areas-and-projects/domestic-violence> (last visited Jan. 15, 2020).

<sup>586</sup> *Gender Based Violence (GBV)*, INT'L ASS'N WOMEN JUDGES, <http://www.iawj.org/programs/gender-based-violence/> (last visited Nov. 30, 2020).

<sup>587</sup> Alamiri Interview, *supra* note 580.

<sup>588</sup> GEORGIA DOMESTIC VIOLENCE COURTS BEST PRACTICES, *supra* note 576, at 23. See also *Access to Justice in Domestic Violence and Sexual Assault Cases*, CTR. FOR COURT INNOVATION, [hereinafter *Access to Justice in Domestic Violence and Sexual Assault Cases*], <https://www.courtinnovation.org/access-justice-domestic-violence> (last visited Nov. 20, 2020).

<sup>589</sup> *Access to Justice in Domestic Violence and Sexual Assault Cases*, *supra* note 588.



#### **e. Domestic Violence-Conscious On-Site Safety Policies**

Another critical element in ensuring victim/survivor safety is a domestic violence-conscious courthouse policy. The CEDAW Committee has suggested making structural changes in courts to ensure they are “safe and just for women and children, particularly in situations of domestic violence.”<sup>590</sup> Bailiffs and staff should monitor and report overt and subtle acts of intimidation by offenders and other spectators, including prolonged staring, gestures, and other violations.<sup>591</sup> Waiting areas and courtroom galleries should be monitored, and parties should have assigned seating or be separated entirely while in the courtrooms.<sup>592</sup> The court should also assign a bailiff to stand between counsel tables during hearings, particularly when one or both parties represent themselves.<sup>593</sup>

Parties should also have staggered departure times, with victims/survivors leaving first and offenders leaving no fewer than twenty or thirty minutes after.<sup>594</sup> Whenever circumstances permit, the bailiff should escort the victim/survivor to the parking lot.<sup>595</sup> At least two bailiffs who have undergone domestic violence training should be assigned to each courtroom.<sup>596</sup>

#### **f. Potential Creation of Domestic Violence Courts as a Sub-Section of Family Courts in Kuwait**

To ensure domestic violence cases are heard promptly—a crucial step in ensuring victim/survivor safety<sup>597</sup>—“domestic violence courts” should be established as specific circuits within family courts.<sup>598</sup> Domestic violence courts should have a separate, dedicated calendar for domestic violence cases,<sup>599</sup> and judges in these courts should receive specific training in domestic violence dynamics and act as members of a domestic violence court team.<sup>600</sup>

In addition to court personnel, teams should include members of agencies that handle domestic violence cases and community organizations that provide resources and services for

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<sup>590</sup> *Concluding Observations on the Eighth Report of New Zealand*, U.N. Doc. CEDAW/C/NZL/CO/8, at 15 (Jul. 25, 2018).

<sup>591</sup> See GEORGIA DOMESTIC VIOLENCE COURTS BEST PRACTICES, *supra* note 576, at 14.

<sup>592</sup> *Id.*

<sup>593</sup> *Id.*

<sup>594</sup> *Id.*

<sup>595</sup> *Id.*

<sup>596</sup> *Id.*

<sup>597</sup> See MELISSA LABRIOLA, ET AL., CTR. FOR CT. INNOVATION, A NATIONAL PORTRAIT OF DOMESTIC VIOLENCE COURTS 75 (Dec. 2009), <https://www.ncjrs.gov/pdffiles1/nij/grants/229659.pdf>. Expediting domestic violence cases is crucial to victim/survivor safety because it limits the time for possible re-assault, intimidation, and threats of retaliation. *Id.* Georgia’s domestic violence courts use a “fast-track” model which means arraignments occur, on average, twelve days after an arrest is made rather than the one-hundred days that is usual in traditional courts. GEORGIA DOMESTIC VIOLENCE COURTS BEST PRACTICES, *supra* note 576, at 20.

<sup>598</sup> See GEORGIA DOMESTIC VIOLENCE COURTS BEST PRACTICES, *supra* note 576, at 6, 9.

<sup>599</sup> *See id.*

<sup>600</sup> *See id.* at 6.



victims/survivors.<sup>601</sup> Teams should engage in regular court meetings about cases and carefully monitor the team's effect on victims/survivors.<sup>602</sup>

## 2. Connecting Victims/Survivors with Services Outside the Courts

To improve protection for victims/survivors of domestic violence, referral systems and effective partnerships between all ministries and stakeholders should be established. Courts should refer victims/survivors to additional domestic violence services as soon as possible in the legal process, and services offered should range from social services to health services. Referrals should never be mandatory or conditional<sup>603</sup> but rather, voluntary and respectful of victims'/survivors' autonomy.<sup>604</sup>

Courts may connect victims/survivors with the following non-exhaustive list of services during the judicial process: 24-hour crisis lines, safe and confidential shelters, children's services, emotional support groups, community education services, legal and social service advocates, household establishment assistance, follow-up services, and parenting support.<sup>605</sup>

### a. Case Study: The United States

At the Miami-Dade County Domestic Violence Court in Florida, victims/survivors are directed to a multi-service domestic violence intake unit.<sup>606</sup> Victims/survivors are then interviewed by a counselor who connects them with long- and short-term services, including local shelters, emergency funds, counseling, vocational services, and health care.<sup>607</sup>

Additionally, the Eleventh Circuit Court in Miami-Dade County provides a program called Court Care.<sup>608</sup> This program offers a safe, supervised drop-off care center for children of parties who come to court in connection with a domestic violence case.<sup>609</sup> Court Care is staffed with trained child service providers and is open during court hours.<sup>610</sup> It also has security measures in place to ensure that only the parent who dropped off the child—or an individual designated by the parent in advance—can pick the child up.<sup>611</sup>

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<sup>601</sup> *Id.* A domestic violence court team might include judicial leadership, a dedicated resource coordinator, court staff, clerks, prosecutors, defense attorneys, sheriffs, bailiffs, police departments, community-based advocates, prosecution advocates, family violence intervention program (FVIP) providers, drug and alcohol treatment providers, community supervision officers, civil legal service providers, and other judges and staff who hear related cases. *Id.* at 11.

<sup>602</sup> *Id.*

<sup>603</sup> *Id.* at 15.

<sup>604</sup> *Id.*

<sup>605</sup> *Id.*

<sup>606</sup> *Services Available at the Coordinated Victims Assistance Center (CVAC), CMTY. ACTION AND HUMAN SERVS. DEP'T VIOLENCE PREVENTION AND INTERVENTION DIV. COORDINATED VICTIMS ASSISTANCE CTR. (CVAC)* (Sept. 12, 2016), <https://www.miamidade.gov/socialservices/library/cvac-services.pdf>.

<sup>607</sup> *Domestic Violence Assistance, MIA.-DADE CNTY.*, [www.miamidade.gov/global/service.page?Mduid\\_service=ser1502483183449106](http://www.miamidade.gov/global/service.page?Mduid_service=ser1502483183449106) (last visited Nov.30, 2020).

<sup>608</sup> *Id.*

<sup>609</sup> *Id.*

<sup>610</sup> *Id.*

<sup>611</sup> *Id.*

### 3. Protection Orders

The CEDAW Committee has stressed the need for protection orders to effectively protect victims/survivors of domestic violence.<sup>612</sup> Kuwait's new law on domestic violence follows through on this recommendation and is expected to help ease the burden on victims/survivors. According to the new law, a protection order is "issued by the competent investigating authority or the competent court to protect the aggressed person upon their request or the request of their legal representative."<sup>613</sup> Employees of the concerned department, police personnel or competent investigative authorities will inform victims/survivors about the possibility of obtaining a protection order.<sup>614</sup> The affected victim/survivor can request an urgent protection order in the event of a grave danger threatening their life, health, or safety.<sup>615</sup> The application is then submitted by the competent court to be considered by the judge.<sup>616</sup> Beneficiaries of protection orders are permitted to request cancellation or amendment if new circumstances justify such a change,<sup>617</sup> and victims/survivors are at no time required to pay fees.<sup>618</sup>

Courts should consider a victim's/survivor's desires and specific facts when considering what type of protection orders to grant.<sup>619</sup> It is also important for judges and lawyers to notify victims/survivors that a protection order will not immediately separate them from their entire family because protection orders can also cover the children of a complainant.<sup>620</sup>

Protection orders do not inherently rely on criminal courts.<sup>621</sup> Whether or not to involve a criminal court is an important discussion to be had with a victim/survivor. Some victims/survivors may seek a protection order to separate themselves from the perpetrator until the perpetrator is rehabilitated and not because they want them criminally prosecuted.<sup>622</sup> Judges should also inform victims/survivors that there are various forms of contempt and that their perpetrators will not immediately be sent to jail if held in civil contempt.<sup>623</sup>

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<sup>612</sup> See *Concluding Observations on the Initial Report of the State of Palestine*, U.N. Doc. CEDAW/C/PSE/CO/1, at 8 (Jul. 25, 2018).

See also *Concluding Observations on the Eighth Periodic Report of Mauritius*, U.N. Doc. CEDAW/C/MUS/CO/8, at 7 (Nov. 14, 2018).

<sup>613</sup> Article (1) § 5 of Law No. (16) of 2020, *supra* note 24.

<sup>614</sup> Article (16) of Law No. (16) of 2020, *supra* note 24.

<sup>615</sup> Article (17) of Law No. (16) of 2020, *supra* note 24.

<sup>616</sup> *Id.*

<sup>617</sup> *Id.*

<sup>618</sup> *Id.*

<sup>619</sup> *Domestic Violence: Orders of Protection and Restraining Orders*, FINDLAW (Apr. 2, 2019), <https://family.findlaw.com/domestic-violence/domestic-violence-orders-of-protection-and-restraining-orders.html>.

<sup>620</sup> Article (18) of Law No. (16), *supra* note 24.

<sup>621</sup> See *Domestic Violence Restraining Orders*, WOMENSLAW.ORG [hereinafter *Domestic Violence Restraining Orders*], <https://www.womenslaw.org/laws/general/restraining-orders> (last visited Nov. 30, 2020).

<sup>622</sup> See *Back Together with My Abuser – Can I Drop an Order of Protection?*, HG.ORG LEGAL RES., <https://www.hg.org/legal-articles/back-together-with-my-abuser-can-i-drop-an-order-of-protection-47090> (last visited Nov. 7, 2020).

<sup>623</sup> See *Domestic Violence Restraining Orders*, *supra* note 621.

#### 4. Pre-Filing Victim/Survivor Impact Statements

Filing a Victim/Survivor Impact Statement (“VIS”) is another practice that is beneficial to domestic violence victims/survivors. The VIS is written before filing a claim against a perpetrator and can be used as evidence in court.<sup>624</sup> As explained below, these statements are important tools for cross-referencing and examining evidence since they are an unabridged version of the victim’s/survivor’s experience.<sup>625</sup> They express the victim’s/survivor’s emotions and help them convey their stories.<sup>626</sup> Ideally, a VIS can help provide victims/survivors with some degree of solace and closure.<sup>627</sup> As victim/survivor testimony is one of the most emotional aspects of the domestic violence court process, written statements—like the VIS—aid in successfully delivering testimony even through extreme emotions.<sup>628</sup>

#### 5. Testimony

It is also important for judges to take a gender-sensitive approach to victim/survivor testimony.<sup>629</sup> Judges should freely acknowledge that prepared statements, like a VIS, are as valid and reliable as spoken testimony.<sup>630</sup> Courts should also ensure timely hearings and should not delay trials or other court procedures.<sup>631</sup> Doing so helps ensure victims/survivors are treated fairly and respectfully.<sup>632</sup>

#### B. Recommendations for Training the Judiciary

##### 1. Frequency

Judges and court staff should receive initial and ongoing domestic violence training which should be updated according to new legal developments and trends.<sup>633</sup> The CEDAW Committee’s concluding observations for Kuwait recommend providing “regular training” for judges on “effective investigation, prosecution, and punishment of acts of domestic and sexual violence

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<sup>624</sup> *Free Victim Impact Statement Template (17 Templates)*, MS OFF. DOCUMENTS, <https://www.msofficedocs.com/templates/victim-impact-statement-template-89.html> (last visited Nov. 30, 2020).

<sup>625</sup> *Id.*

<sup>626</sup> *Id.*

<sup>627</sup> *See Victim Impact Statements*, U.S. ATT’Y’S OFF. DIST. OF ALASKA (Feb. 5, 2020), <https://www.justice.gov/usao-ak/victim-impact-statements>.

<sup>628</sup> *See* Lisa A. Fontes, *Taking the Stand in Domestic Violence: Tips for Testifying*, DOMESTICSHELTERS.ORG (Aug. 5, 2020), <https://www.domesticshelters.org/articles/legal/taking-the-stand-in-domestic-violence-tips-for-testifying>.

<sup>629</sup> *See You Have Rights as a Victim*, DOMESTICSHELTERS.ORG (Jun. 4, 2018), <https://www.domesticshelters.org/articles/legal/you-have-rights-as-a-victim>.

<sup>630</sup> *Id.*

<sup>631</sup> *Id.*

<sup>632</sup> *Id.*

<sup>633</sup> *See* GEORGIA DOMESTIC VIOLENCE COURTS BEST PRACTICES, *supra* note 576, at 12. *See also* U.N. OFF. ON DRUGS AND CRIME (UNODC), *HANDBOOK FOR THE JUDICIARY ON EFFECTIVE CRIMINAL JUSTICE RESPONSES TO GENDER-BASED VIOLENCE AGAINST WOMEN AND GIRLS* 143 (2019) [hereinafter *HANDBOOK FOR THE JUDICIARY*], [https://www.unodc.org/pdf/criminal\\_justice/HB\\_for\\_the\\_Judiciary\\_on\\_Effective\\_Criminal\\_Justice\\_Women\\_and\\_Girls\\_E\\_ebook.pdf](https://www.unodc.org/pdf/criminal_justice/HB_for_the_Judiciary_on_Effective_Criminal_Justice_Women_and_Girls_E_ebook.pdf) (noting the need for “specific, regular, and relevant training mandated by law” and specialized training for specialized units).

against women.”<sup>634</sup> The initial training should equip them with basic information on the dynamics of domestic violence.<sup>635</sup> Then, they should attend, at a minimum, one training every year on current or emerging topics in domestic violence and information relevant to the justice sector.<sup>636</sup>

## 2. Mandatory Training

To maximize participation, such training should be mandatory for judges and court staff.<sup>637</sup> Domestic violence cases should be flagged as specialized, and judges should be specially trained on gender-based violence issues so they are qualified to hear them.<sup>638</sup> The judiciary should also establish and publicize supplementary training when new policies are established.<sup>639</sup> Additional voluntary training programs should be available online and as in-person group classes to further educate judges and court personnel on domestic violence.<sup>640</sup> All of these training should be incentivized by granting judges and court staff who participate a specialized domestic violence certificate<sup>641</sup> and/or by offering financial incentives, such as bonus structures and conditional promotions.<sup>642</sup> Free meals or networking opportunities may also work as incentives for participation.<sup>643</sup>

## 3. Partnerships

Partnerships can also be used to effectuate training. For example, the Ministry of Justice could collaborate with the Kuwait Bar Association and hold in-person training sessions at the Center for Judicial Studies in Kuwait.<sup>644</sup> Additionally, the Ministry of Justice could partner with local institutions to provide online learning opportunities.<sup>645</sup>

## 4. Victim/Survivor-Centered Approach

Training should help foster a victim/survivor-centered approach and provide judges with the tools they need to adopt such an approach.<sup>646</sup> The CEDAW Committee advises Kuwait to “ensure that judicial proceedings are gender-sensitive and do not revictimize women who are

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<sup>634</sup> CEDAW, *Concluding Observations on the Committee on the Elimination of Discrimination Against Women Kuwait*, U.N. Doc. CEDAW/C/KWT/CO/3-4, at 7 (Oct. 21, 2011).

<sup>635</sup> GEORGIA DOMESTIC VIOLENCE COURTS BEST PRACTICES, *supra* note 576, at 12.

<sup>636</sup> *Id.*

<sup>637</sup> *Judicial Training*, U.N. WOMEN: VIRTUAL KNOWLEDGE CTR. TO END VIOLENCE AGAINST WOMEN AND GIRLS (Dec. 23, 2011) [hereinafter *Judicial Training*], <https://www.endvawnow.org/en/articles/1028-judicial-training.html>.

<sup>638</sup> *Id.*

<sup>639</sup> *Id.*

<sup>640</sup> Al-Kazi Interview, Oct. 14, 2020, *supra* note 102.

<sup>641</sup> *Id.*

<sup>642</sup> See Al-Sabri Interview, *supra* note 177.

<sup>643</sup> *Id.*

<sup>644</sup> Alamiri Interview, *supra* note 580.

<sup>645</sup> *Id.*

<sup>646</sup> COSTANZA BALDRY & ELISABETH DUBAN, COUNCIL OF EUR., IMPROVING THE EFFECTIVENESS OF LAW ENFORCEMENT AND JUSTICE OFFICERS IN COMBATTING VIOLENCE AGAINST WOMEN AND DOMESTIC VIOLENCE 1, 64 (Jun. 1, 2016), <https://rm.coe.int/16806acdfd> (noting that a victim-centered approach prioritizes victims’/survivors’ needs and concerns and helps them feel understood, believed, and supported).

survivors of gender-based violence.”<sup>647</sup> Accordingly, judges should learn to avoid secondary victimization by treating victims/survivors with respect; remain patient, as many victims/survivors may forget details or feel frustrated; avoid raising their voices and using insensitive language; and ensure that their statements and demeanor demonstrate that domestic violence cases are taken seriously.<sup>648</sup> Other concluding observations from the CEDAW Committee have specified that training should “strengthen the independence and impartiality of the judiciary”<sup>649</sup> and focus on “gender-sensitive procedures to identify and assist women victims of domestic violence.”<sup>650</sup>

## 5. Training Content

### a. Domestic Violence Dynamics and International Human Rights

Judges and court staff should learn about the dynamics of domestic violence, the predicaments and goals of victims/survivors, and barriers to leaving an abusive relationship.<sup>651</sup> Training should also include sessions on international human rights law governing domestic violence and gender justice.<sup>652</sup>

### b. Eliminating Bias

Past studies reveal that judges often believe harmful stereotypes about domestic violence and their individual beliefs impact case outcomes.<sup>653</sup> Therefore, training should address judges’ built-in biases to ensure they do not influence proceedings.<sup>654</sup> Addressing judicial stereotyping during training should be approached with sensitivity since participants could feel as though they are being accused of wrong-doing and become defensive.<sup>655</sup> One recommended practice is to provide evidence of judicial bias from legal practice—for example, from CEDAW recommendations or a country’s case law.<sup>656</sup> Trainers can also improve judicial capacity to recognize and address biases by discussing common myths and why they are incorrect.<sup>657</sup> For

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<sup>647</sup> CEDAW, *Concluding Observations on the Committee on the Elimination of Discrimination Against Women Kuwait*, U.N. Doc. CEDAW/C/KWT/CO/3–4, at 7 (Oct. 21, 2011).

<sup>648</sup> *Id.*

<sup>649</sup> CEDAW, *Concluding Observations on the Sixth Periodic Report of Cambodia*, U.N. Doc. CEDAW/C/KHM/CO/6, at 4 (Nov. 12, 2019).

<sup>650</sup> CEDAW, *Concluding Observations on the Second Periodic Report of Qatar*, U.N. Doc. CEDAW/C/QAT/CO/2, at 6 (Jul. 30, 2019). *See also* CEDAW, *Concluding Observations on the Combined Fourth to Seventh Periodic Reports of Latvia*, U.N. Doc. CEDAW/C/LVA/CO/4-7, at 8 (Mar. 10, 2020) (advising the state to ensure judges learn “gender-sensitive investigation methods”).

<sup>651</sup> Kristen Kalsem, *Judicial Education, Private Violence, and Community Action: A Case Study in Legal Participatory Action Research*, 22 J. GENDER, RACE & JUST. 41, 60–61, 65 (2019), [https://scholarship.law.uc.edu/fac\\_pubs/381/](https://scholarship.law.uc.edu/fac_pubs/381/). *See also* GEORGIA DOMESTIC VIOLENCE COURTS BEST PRACTICES, *supra* note 576, at 6, 21 (noting the importance of understanding domestic violence in forming a court’s response and formal and informal policies and procedures to ensure accessibility for all victims/survivors seeking a domestic violence intervention).

<sup>652</sup> Alamiri Interview, *supra* note 580.

<sup>653</sup> *Judicial Education and Support*, STOP VIOLENCE AGAINST WOMEN (May 2019) [hereinafter STOP VIOLENCE *Judicial Education and Support*], [https://www.stopvaw.org/judicial\\_education\\_and\\_support](https://www.stopvaw.org/judicial_education_and_support).

<sup>654</sup> HANDBOOK FOR THE JUDICIARY, *supra* note 633, at 1.

<sup>655</sup> BALDRY, *supra* note 646, at 64–74.

<sup>656</sup> *Id.*

<sup>657</sup> *Id.*

example, myth: “domestic violence affects only less educated women;” fact: “domestic violence cuts across all socioeconomic groups.”<sup>658</sup>

### **c. Cultural Education**

Because culture impacts domestic violence adjudication and how parties interact with the court system, judges should learn to examine both their own and other cultures.<sup>659</sup> Such training overlaps with lessons on bias since culture influences stereotypes and ingrained misconceptions. According to a checklist provided by the American Judges Association, judges should learn to do the following for all cases: assess what they know about a particular cultural identity, identify cultural misinformation disguised as general information, use specific questions to learn about a victim’s/survivor’s individual cultural experiences, and evaluate a victim’s/survivor’s specific experiences in light of general information.<sup>660</sup>

#### **i. Case Study: Argentina**

Argentina offers a program to train “gender facilitators” within the judicial system on gender equality, women’s rights, and domestic violence.<sup>661</sup> Facilitators hold gender justice workshops for judges, prosecutors, court officials, and administrative employees, and at these workshops, participants learn techniques to prevent violence and protect victims/survivors in domestic violence cases.<sup>662</sup> They also study human rights instruments that establish a women’s right to equality, complete exercises on gender-based roles in society, discuss what constitutes sexist language, and learn how to avoid discrimination within the court system.<sup>663</sup>

## **6. Implementation**

Training should be implemented through a combination of participatory and online learning. Partnerships with UN Women, UNDP, UNFPA, and the International Commission of Jurists should be developed to produce the most effective training mechanisms.<sup>664</sup>

### **a. Participatory Learning**

Because people retain the most information through active learning methods, judicial training should prioritize participation.<sup>665</sup> Group work is one way to accomplish this and can take the form of brainstorming by asking trainees to reflect on a particular question then report back their ideas or through role-play of moot court scenarios by, for example, involving trainees in a

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<sup>658</sup> *Id.*

<sup>659</sup> STOP VIOLENCE *Judicial Education and Support*, *supra* note 653.

<sup>660</sup> *Id.*

<sup>661</sup> *Judicial Training*, *supra* note 637 (Argentina – Judicial Officials Trained on Gender Equality & Women’s Rights).

<sup>662</sup> *Id.*

<sup>663</sup> *Id.*

<sup>664</sup> Alamiri Interview, *supra* note 580.

<sup>665</sup> P’SHP FOR GOOD GOVERNANCE: EU & COUNCIL OF EUR., TRAINING MANUAL FOR JUDGES AND PROSECUTORS ON ENSURING WOMEN’S ACCESS TO JUSTICE 104, 110 (2017), <https://rm.coe.int/training-manual-women-access-to-justice/16808d78c5>. More specific exercises can be found in the Annexes and Modules of this source.

skit about gender-sensitive interactions with victim/survivors in the courtroom.<sup>666</sup> Trainers can also encourage participatory learning by sparking discussions about current news articles on domestic violence and analyzing hypothetical cases.<sup>667</sup>

### **b. Online Learning**

Judicial training is often held online because it is cost-effective, allows for broader participation, and allows judges to learn at their own pace.<sup>668</sup> Thus, free, interactive online courses should be available on topics related to improving the quality of judicial responses to domestic violence cases.<sup>669</sup>

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<sup>666</sup> *Id.* at 106.

<sup>667</sup> *Id.*

<sup>668</sup> HANDBOOK FOR THE JUDICIARY, *supra* note 633, at 144.

<sup>669</sup> *See, e.g., AJA offers online domestic violence education tool*, NAT'L CTR. FOR STATE CTS., <https://www.ncsc.org/education-and-careers/dv-education-for-judges> (last visited Nov. 30, 2020) (covering domestic violence dynamics, civil protection orders, child custody, evidentiary issues, and sentencing and including interactive videos of mock court proceedings, quizzes, and external resources).



## **VI. Conclusion**

This guide has aimed to lay out a variety of recommendations for services and stakeholder training to assist Kuwait in its efforts to combat domestic violence. By making existing services more comprehensive, efficient, and accessible, and by supplementing them with new services provided by well-trained advocates across the Ministries of Social Affairs and Labor, Education and Higher Education, Health, Justice, and Information, Kuwait has an opportunity to build on the momentum of Law No. (16) of 2020 to positively impact the lives of some of its most vulnerable people.