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RESEARCH REPORT - HUNGARY

Protection of victims of gender-based violence - response to pandemic challenges

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Introduction

To assess the impact of the COVID-19 pandemic on women's experiences with partnership violence and support services in Hungary, NANE conducted interviews alongside the general questionnaire among Hungarian women who were seeking help from the abuse in the period after March 2020.

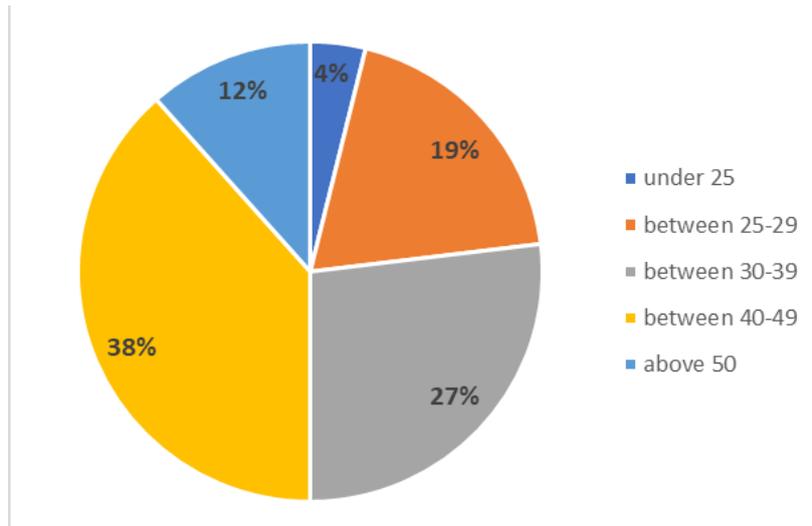
The call for interviews was circulated among the clients of NANE, as well as other women's support services like PATENT, social support centers at municipalities (*Családsegítők*) and women's shelters. (The latter are so-called "mothers' homes", *anyaotthonok*, as they offer temporary accommodation for women who need it for many reasons, including, but not limited to, abuse.) The number of applications we received were not sufficient, therefore we shared the call on NANE's webpage and social media profiles, and further advertised it in relevant Facebook-groups (like women's groups, groups about narcissistic abuse, or about the Covid pandemic).

The interviewing period took from the end of August to the beginning of October. All together, we conducted 27 interviews, out of which 26 were valid to be included in the research. Most interviews took place in person, in NANE's premises, 7 happened in an online video format, and 4 via telephone. The two interviewers, Nóra Regös and Ráhel Katalin Turai are sociologist NANE members, trained in the nature and support for gender-based violence.

General information

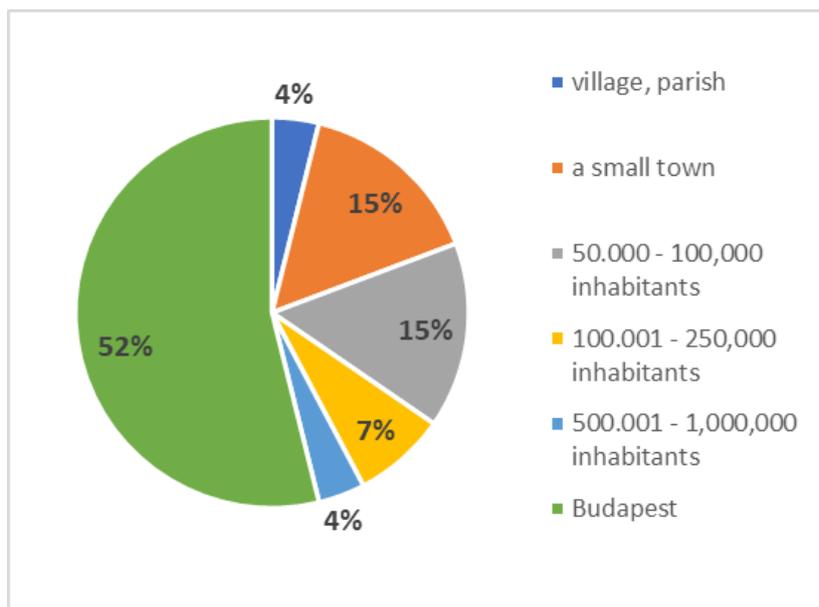
Around 65% of the women in our sample belong to the age group 30-50. The youngest interviewee was 21 years old, and the oldest was 52 years old.

Figure 1. Age distribution among interviewees



Half of them live in the capital, Budapest; 4 live in small towns, 7 in bigger towns, 5 temporarily live in women's shelters outside the capital (they are originally from smaller villages), and 1 respondent lives in a neighboring country.

Figure 2. Distribution by place of residence



As for educational background, 8% completed primary school (8 grades), 30% had secondary education, 58% acquired a higher education diploma. (Two with the lowest education belong to the Roma minority.)

The vast majority of respondents are currently employed long-term (73%). 12% of the women interviewed are self-employed, others have temporary employment (4%) or are currently unemployed (12%).

Apart from 8 cases, most respondents have children (close to 70%).

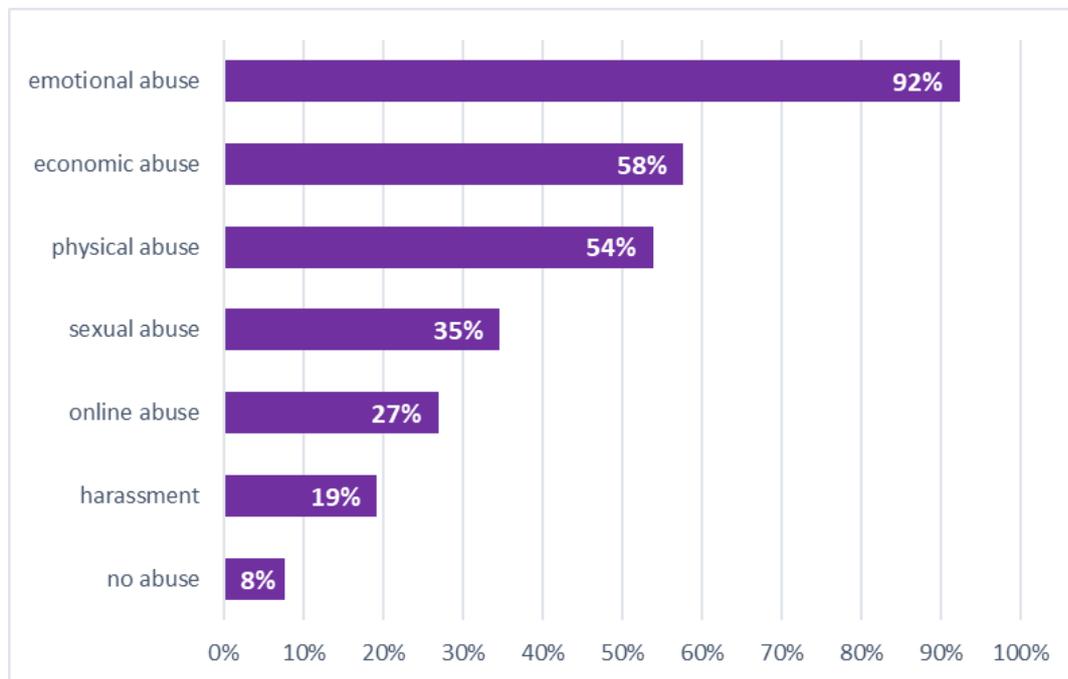
Given the recent period of the pandemic, a few women are still in contact with the perpetrator to some extent. In some cases (3), they live together: either in the shared property as the separation trial is in the process, or as a couple as the woman could not find a way out yet.

Violence before Covid

Beside emotional violence (92%), 54% of the respondents experienced forms of physical violence, 35% sexual violence, 58% economic violence, 27% online forms of violence, and 19% harassment before the pandemic. In 20 cases (77%), abusers used multiple types of violence

against their partners, controlling different areas of their lives, which explains the overlapping ratios of Figure 3. There were only 2 cases where violence was not present before the pandemic and 4 cases in which emotional violence was the single form of abuse.

Figure 3. Types of intimate partner violence before Covid

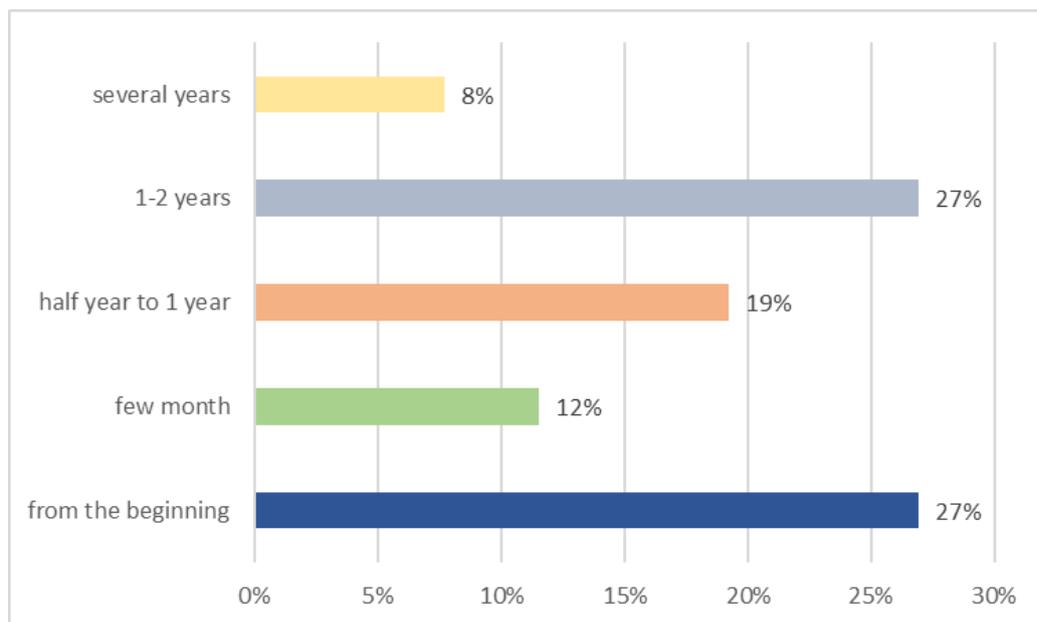


The perpetrators were - without exception - male; in 11 cases they were married, in 8 cases the abuser was the life partner, in 6 the boyfriend and only in one case a family member, the woman's father was the perpetrator.

On average, the relationships lasted for 7-8 years. 19% of the relationships took one year, 23% between 2 to 5 years, 31% between 6 to 9 years and 19% for more than 10 years.

7 respondents (27%) said that emotional violence started already at the beginning of the relationship. 3 (12%) mentioned that emotional abuse became more frequent/noticeable after half-1 year, most of them mentioning moving in together as a milestone. There were 7 cases (27%) in which the first outbreak of violence occurred after around two years, while only in 2 cases (8%) it started after several years (4-5 years) being in a relationship. (See Figure 4.)

Figure 4. Time of the first outbreak of violence



The violence lasted for less than a year for some, while for decades for others, when they first reached out for help. There is also a wide variety as to when the woman turned for help and to whom. 35% of them asked for help after some months, but less than 1 year. 15% of the women asked for help after 1 year, 38% after several years (on average after 9 years) They mostly asked for help from family and friends (50%), 35% of the respondents reached out to professional psychological support, 3 of them (11.5%) turned to the police, two of them multiple times.

Expectations from and experiences with institutions

The women suffering from an abusive partner needed a life free from the partner's influence; they would have preferred if institutions (police) removed the partner - which never really happened or if they would receive information about the reporting process, available options and where women can turn to in such situations.

"I needed help keeping him away from the apartment; I didn't want him to come back."

“My place is next to my mother, the place which I had to leave. I want him to be removed, so that I can go back and be at peace.”

The respondents were nevertheless happy if they got help in moving away from the perpetrator; in some cases, to a women’s shelter where he cannot find them. Those who looked primarily for psychological help, named non-judgmental attitude, information on the nature of an abusive relationship and mental support in leaving the perpetrator as key expectations they would have needed from those professionals.

Among the ten women who sought any kind of professional help before the pandemic, only one was satisfied (with her therapist), one partially satisfied and eight of them were unsatisfied with the service and treatment they received from police officers, lawyers, and psychologists.

Apart from practical incompetence, many women faced disbelief, victim-blaming, and a disrespectful attitude. In the police, they repeatedly received questions like “Why did you marry an alcoholic?”; “Maybe you misunderstood, and your husband just really wanted you sexually?”.

The police often treated the women as if they had a choice:

“The police said they won’t help again if I let him come back. The doctor said that it was me who let him have sex with me.”

In some smaller towns where people know each other, the perpetrator had connections with the police who therefore would not take the victim seriously.

Social support services and teachers or nurses (*védőnők*) were sometimes helpful, offering not only empathy but material help (e.g., a nurse brought food). At other times, they just ignored the case without doing anything.

Violence during pandemic

According to a report published by UN Women (2021) since the outbreak of the COVID-19 violence against women and girls, including domestic violence, ICT-facilitated violence and sexual harassment in public have intensified, exacerbating a pre-existing crisis. Younger women, women with children, unemployed women and women living in rural areas are among the most affected groups.¹

In Hungary the first cases of COVID-19 were identified on 4 March 2020, in 2 weeks it was confirmed that the virus had spread to every part of the country. According to national epidemiological statistics, there were three waves of the outbreak, the first wave lasting from March to June 2020, during which time the government declared a national state of emergency, including a general curfew, a suspension of health services, a judicial recess in courts and the introduction of digital education in primary and secondary schools. The second wave started in autumn 2020, when a new state of emergency was introduced, with a night curfew from November 2020, first from midnight and then between 8pm and 5am. The start of the third wave is set for February 2021, after which restrictions were lifted at the end of May 2021.

The pandemic coincided with the emergence of new types of violence, growing frequency, and/or growing severity of violence in many cases. A part of that was related to the lock downs and other consequences of the pandemic measures, while another part was related to external factors (for example, the end of the relationship, birth of a child).

For Hungary, there was **no specific research carried out on the impact of the pandemic on partnership violence**. In April of 2020 the National Crisis Management and Information Telephone Service (OKIT) reported that their calls increased significantly after the 1st week Hungary declared a state emergency.² In a university paper, NANE member Loren László

¹ <https://data.unwomen.org/sites/default/files/documents/Publications/Measuring-shadow-pandemic.pdf>,

² <https://csalad.hu/csaladban-elni/aki-otthon-sincs-biztonsagban>

analyzed the helpline calls at NANE between January 2020 and January 2021.³ According to the call database, in the first weeks of the pandemic measures, the number of calls dropped, probably due to the uncertainty of the situation and then rose again, outnumbering the previous years' averages. However, the share of abused women aged between 25-49 and those with 3 children significantly decreased among those who called. The frequency of economic forms of violence increased during the pandemic period, from 67% to 88% of the calls, closely related to the economic hardship and burden. The online forms of violence also significantly grew, from 27 to 73% of the calls, reflecting the restructuring of everyday life and a new area of control. Further, the number of calls about coercive control as well as about PTSD symptoms was higher than before. The breaks in court processes and the limited access to support services could have contributed to the significant drop in the number of calls about inadequate institutional support (from 53 to 23%).

Emotional violence in almost each case has become more frequent and worse and 65% of women reported the **escalation of all other types of abuse** during the pandemic. Violence happened more often, more severely, and in more forms. (See summary in Table 1)

Table 1. Change in violence during Covid

Type of violence	More frequent	Got worse	Both
emotional abuse	3	6	10
economic abuse	2	3	8
physical abuse	3	2	8
sexual abuse	2	2	4
online abuse	3	0	5
harassment	3	1	6

³ Loren, László (2022): *A koronavírus-járvány hatása a családon belüli erőszakra* [The impact of the coronavirus pandemic on domestic violence]. TDK-dolgozat, ELTE TÁTK.

“By then, it was all but abuse. I didn’t have a say in anything, not even about the lunch. He made me transfer him millions (HUF). He locked me in. Except for a 1,5-hour walk every day, I could not spend time with my child without him. Then he took my child and did not let me breastfeed her.”

“He lost his job during Covid, I supported him. This is when he started physically abusing me. Pushed my head against the wall, pulled my hair out in junks. He said to me: ‘If you dare to go out of the apartment, I’ll kill you.’”

A woman had to move together with her elderly father who was sent back from the hospital due to Covid. In this situation, the father received daily care from the respondent while also continuing the childhood abuse, calling her names, humiliating her, making orders and shouting.

In many cases, the pandemic measures helped the perpetrator isolate the victim.

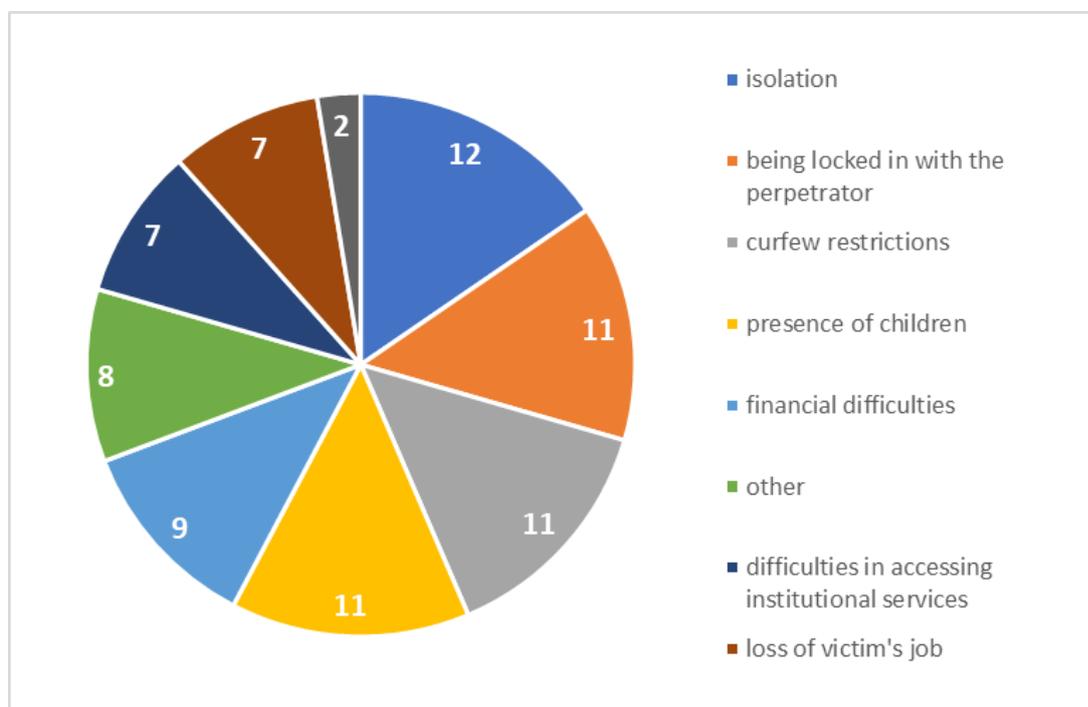
“Locked in together, I lived in fear and psychological terror all day. Earlier, when I had to go to my workplace, at least I was safe for that 8 hour. We got completely isolated. We didn’t even keep contact with his friends, meaning that he didn’t even have to pretend among them, so the abuse got continuous.”

The perpetrator’s substance abuse also showed different patterns, contributing to the violence in some cases: *“He took the booze home, drank it at home. He became more aggressive, started throwing objects at me.” “It got worse during Covid. He was at home all the time. He could not access the drugs he used because of the closed borders. He was in rage and took it on me.”*

The main **factors contributing to the escalation** of abuse according to the respondents were isolation due to restrictions and lockdowns, and in some cases, perpetrators had already isolated their partners before the pandemic. Thus, it was even harder to contact friends and family, which made violence even more invisible for outsiders, taking away the slightest chance that anyone would notice the abuse. Along with isolation, the interviewees were

locked in with the perpetrator 24/7 either because their workplaces introduced home office or because the victim or the perpetrator had lost their jobs during the pandemic. Many abusers used the insecurities and situation around epidemics and infections to manipulate their children, making it even easier for them to exert coercive control over their partner (e.g., when the mother can visit the child if they lived separately). Another issue was that processes (in court or at the police) were slower or suspended, in some cases shelter services were not available.

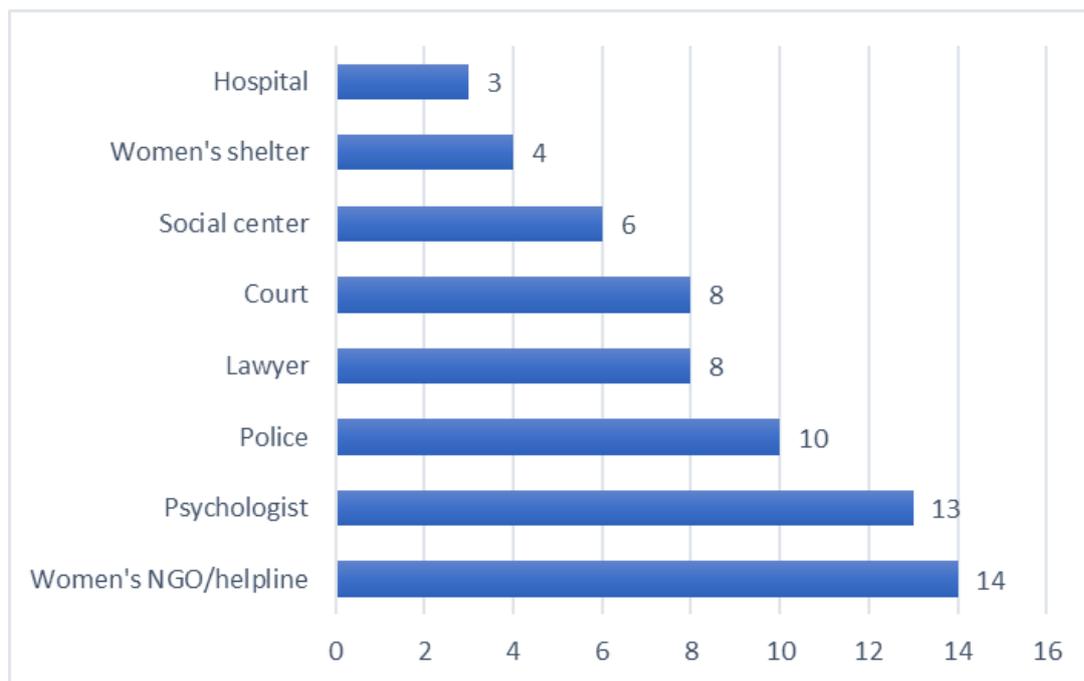
Figure 5. Factors contributing to the escalation of abuse



Comparisons

Contrary to the popular assumption that abused women do not ask for help, especially from the police, a great deal of respondents in our sample (10 women, 45%) did and even more reached out to other institutions, organizations; in total 22 women (85%) turned to professionals, and without any exception, they all contacted several authorities, mental and general health care services (See Figure 6.). Most of them failed to get proper services.

Figure 6. Institutions and organizations women turned to



Experiences with institutions during the pandemic

Support services at institutions were generally rated very low among the respondents.

"I wouldn't even call it a service. At the guardianship office (Gyámügy) they believe me, but they do nothing; whatever the abuser wants, they let it happen."

Just as before the pandemic, police neglect and maltreatment were widely experienced among the women.

"The police didn't take me seriously. When I called and they came to our place, one of the officers talked to me condescendingly and in disbelief, and the other had a small talk with my ex-partner about summer holiday trips. When they finally saw the bruise on my back, they took me more seriously and called the ambulance. (...) They took him in for one night. They promised that next day they would accompany him to my place till he picks up his stuff and then they would put him on the train to his hometown. Instead, he arrived by himself, and the relationship continued."

“The judge was biased towards my husband. From me she requested all the papers ever, but not from my husband, she just believed what he said. She was joking with him, giving him advice. If we hadn’t made an agreement, she would have given him custody of our sons.”

“I turned to the police several times, but they didn’t help. They laughed at me face-to-face. When they arrived at our place, I was running, with my baby in my hand, with a bleeding nose and mouth. They stopped me in the stairs, asking where I was escaping and making me do a breath test first. They were supposed to keep him locked up for 72 hours, but they let him out in 4 hours. Then he beat me up even more badly. Therefore I’m telling women, don’t even report, it’s not worth it to turn to the police.”

The number of women who had **experience with the same institution before and after** the pandemic is relatively low in our sample, 8 out of 26. Among them, roughly the same proportion of respondents experienced worse services as the same quality (4 and 3 cases).

It seems to be a general experience among women that the pandemic did not make the quality of services any different, because these had already been poor and inadequate. As one respondent put it:

“You can blame it on Covid or not, but things work really bad in Hungary. Legislation shall be stricter. So that fathers like him do not get so many privileges.”

This contributed to why some women did not turn to the police again (after the pandemic):

“Based on my previous experiences, I knew I cannot expect any good from the police”.

Still, those who said the services had become worse, they mostly reported that it was more difficult to access the service and waiting time was longer.

The quotes above sharply reflect one of the core problems that highly influences the quality of services, which is the victim-blaming and misogynist attitudes embodied in the system, widespread and commonly manifesting in the behavior of police officers, judges, health care specialists and psychologists. They do not treat intimate partner violence cases as seriously

as their complexity would require, leaving the women and their children extremely vulnerable to the perpetrator.

In total, 9 women did not seek help from institutions. They named multiple reasons, but **fear from the perpetrator** stands in the first place in our sample. In addition, some women reported that they did not think the institutions could help them, they are not efficient enough. Others thought, on the other hand, that it was their problem and not the institution's job to solve it. Shame was also a hindering factor. Few women mentioned general mistrust in institutions, and they were afraid that institutions would blame them for the violence. Two women reported that the abuser controlled and isolated them so much, it was not safe for them to contact an institution.

In the case of organizations, 8 women did not reach out to any at all. The most common reasons were different than for institutions. More women treated it as a private issue, trying to solve it by themselves. Others mentioned the isolation and extreme control of the abuser as the main barrier, while few of the women mentioned the limited availability of services (isolation of remote or rural areas, scarce financial resources).

Conclusions, recommendations and good practices

The pandemic did not bring an overall social, institutional change in the treatment of victims of intimate partner violence and the provided services in Hungary. There were no governmental efforts to measure and reduce the risk of violence, assessing the victim's needs and improving institutional responses - like opening more shelters. As the respondents highlighted, these services had become worse during the pandemic. Victim-blaming and maltreatment of victims by authorities, institutions, professionals are rather the default approach and attitude in the care system.

During interviewing, **good practices** were mostly reported regarding organizations. Most women were satisfied with women's rights organizations like NANE, offering psychological support, empathy, as well as information.

"I have found fellow survivors in the group; we could not wait to see each other next week."

“The NANE group for abused women helped me with getting empowerment that my life matters the most and getting a framework to see the connection among all the three cases of abuse that I have experienced.”

“I learnt not to blame myself for not quitting earlier. I understood that my life had been in danger. I’m not angry at myself anymore.”

“It was so nice to be among people who understood. As the other survivors talked, I realized I had also been abused sexually.”

A few respondents had **good experiences with the police**, too. One of them was first treated incorrectly. Then, *“after three months, they called me back in to make a statement. There was this young, fragile female detective and she said that this was a partnership violence case. The proceedings started ex officio.”*

Other institutions proved most helpful when they showed empathy towards the victim and helped her move to the next step.

“They were nice at the clinic; they made the medical report and they suggested that I go to the police.”

“The Center for Helping Women (Áldozatsegítő központ) helped with 80.000 HUF, it was enough for me to move and pay the first monthly rent.”

“The Family Support Center (Családsegítő) helped me find a place in a women’s shelter, which is better than I expected.”

“Being in this women’s shelter gives me peace and I can get stronger.”

As the Covid period took place relatively recently, most of the women were **struggling with trauma to some extent, and it showed during the interview**. We put extra care on providing a safe environment for them, including anonymity, options to quit, trigger warning, and empathetic listening. Still, the questions were challenging to many of them. Several the women cried at some points of the interview. One of them said, “I have never been asked these questions.” That struck us, as she was given support by a few institutions, from the local Family support social center (*Családsegítő*) to the women’s shelter where she found refuge.

A counseling session with a psychologist upon arrival was provided to her, but they only talked about the woman's children. This case does not only point at the shortcomings of the institutional support but also at the significance of the interview in these women's recovery. Many of them were welcoming of psychological support in lengthy discussions after or during the interview.