

Council of Europe Campaign to Combat Violence against Women, including Domestic Violence

Data Collection as a Prerequisite for effective Policies to combat Violence against Women, including Domestic Violence

Lisbon, Portugal, 5 July 2007

Proceedings of the Regional Seminar

organised by the Gender Equality and Anti-Trafficking Division of the
Directorate General of Human Rights and Legal Affairs in co-operation
with the Commission for Citizenship and Gender Equality of Portugal



**Stop domestic
violence
against women**



**Stop à la violence
domestique
faite aux femmes**

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against Women, including Domestic Violence**

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for effective policies to combat violence
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in co-operation with the Commission for Citizenship and Gender Equality (Portugal)

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Directorate General of Human Rights and Legal Affairs
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INTRODUCTION

Summary

Seminar proceedings

Background to the seminar

During the Third Summit of the Council of Europe in May 2005, the Heads of State and Government of the Council of Europe reaffirmed their commitment to eradicating violence against women, including domestic violence. In adopting an Action Plan envisaging the launch of a *Campaign to Combat Violence against Women, including Domestic Violence*, and the institution of a Task Force on the same topic, they defined future activities by the Council of Europe in this field.

The Task Force, consisting of a group of eight international experts in the field of preventing and combating violence against women, developed the Blueprint for the Campaign. This document serves as a roadmap for the implementation of the Campaign and was approved by the Committee of Ministers of the Council of Europe. It contains a definition of violence against women, as well as aims, objectives, messages and activities to implement the Campaign.

Following the approval of the Campaign Blueprint by the Committee of Ministers, the Campaign was launched at a high-level conference on 27 November 2006 in Madrid. The Campaign incorporates three closely linked dimensions: governmental, parliamentary and local/regional. It is carried out by the Council of Europe as well as its member states, in partnership with international intergovernmental organisations and NGOs involved in the protection of women against violence.

The Campaign will end with a closing conference to be held in June 2008. On this occasion, the Council of Europe Task Force to Combat Violence against Women, including Do-

mestic Violence, will present its conclusions and assessment of measures and actions taken at national level to combat violence against women, including domestic violence as well as its recommendations to the Council of Europe for future action in this field.

The intergovernmental Campaign activities carried out by the Council of Europe include five regional seminars – in co-operation with the requesting member state – devoted to one of the Campaign objectives as laid out in the Campaign Blueprint.

The Seminar on Data collection as a prerequisite for effective policies to combat violence against women, including domestic violence was the third such seminar. It was held on 5 July 2007 in Lisbon, Portugal.

Around 170 government and NGO representatives from Austria, Armenia, Cyprus, Georgia, Italy, Malta, Portugal, San Marino, Slovakia and Ukraine gathered in Lisbon to share information on and discuss the role of data in informing and shaping effective policies to combat violence against women.

Keynote speeches explained the type of data that can be collected: surveys on violence against women as population-based data or administrative data from organisations, institutions and agencies that provide services for victims of such violence.

Presentations on national experiences in collecting either type of data highlighted difficulties, but also the usefulness of this exercise. How to go about collecting such data and how to use it was explored as were international developments in harmonising the collection of data.

The role of data in combating violence against women

The role of data in shaping, implementing and monitoring policies to combat violence against women is essential. Population-based prevalence data showing rates of victimisation is useful to design effective policies. Service-based administrative data of government agencies and institutions on the other hand shows how the police, judiciary and social welfare system are serving victims of violence and is therefore essential in monitoring the effectiveness of laws, policies and goals set out in national plans of action.

Even though more and more Council of Europe member states are carrying out population-based surveys, they are neither comparable across countries nor necessarily carried out on a regular basis to allow for comparison over time. This means that while important work is being done to assess the scale of victimisation, harmonised standards in this respect are lacking.

Service-based administrative data, on the other hand, is a form of data that – despite the benefits of information technology – is rarely collected. Government agencies such as the police, the judiciary, the public health sector or child or social welfare services do not have administrative data systems in place that go beyond internal recording needs of the agency. As a consequence, violence against women becomes invisible because it is difficult to track cases even across the criminal justice system. Similarly, it is difficult to assess whether any improvements in reporting and prosecution have occurred. Furthermore, the effectiveness of multi-agency strategies to improve intervention is weakened by failing to give a minimum of feedback about interlocking procedures when other agencies take over. While it is important to take issues of data protection into consideration, this does not represent insurmountable obstacles when discussing enhanced collection of administrative data.

Collecting population-based data and international standards in this field

As more and more victimisation surveys on violence against women and/or domestic violence are being conducted, good practices in methodology, survey design and interviewing are beginning to emerge. At the same time, the desire to draw lessons from other countries reveals differences in approach that often make comparison or adaptation impossible. International efforts are therefore underway to analyse existing surveys with the ultimate aim of arriving at harmonised indicators.¹

Due to national and international projects devoted to furthering the knowledge-base on violence against women through surveys, challenges and pitfalls, but also factors that enhance the success of such surveys, have come to light. Both the Multi-country study on women's health and domestic violence of the World Health Organisation and the International Violence against Women Survey Project are important sources of information on what works and what does not. As surveys on violence against women are a highly sensitive matter and the data quality largely depends on the level of sensitivity of methodology and interviewer, the World Health Organisation has issued methodological and ethical recommendations for research on this topic. Applying great care in designing questions and training interviewers to adequately pose sensitive questions will result in higher data quality.

Participants agreed that across Europe, official data is inadequate in relation to all forms of violence against women – rape, stalking, domestic violence, forced marriage – and that much more needed to be done. Common opinion seemed to be

that the most reliable form of collecting data is population-based surveys and that methodologies should be harmonised to a certain degree. However, the danger of standardising such surveys was pointed out by several participants because that would not allow for national specificities to be respected. Violence against women surveys should form part of the national statistical system and should be carried out by national statistics offices to ensure greater continuity.

Collecting service-based administrative data and international standards in this field

Government agencies and institutions as well as NGOs providing services for women victims of violence dispose of a wealth of information which, if systematically collected, could reveal vital information on how the police and criminal justice system, the public health system and the social welfare system serve the needs of victims. Levels of confidence in the police forces and the criminal justice system could be detected through monitoring rates of reporting, prosecution and conviction of cases of all forms of violence against women (rape, domestic violence, sexual harassment, honour killings, etc). The public health sector could support efforts to reach out to women victims of violence by screening and recording cases of violence, as some public hospitals are already doing.

However, lack of agreed indicators and model data collection systems as well as diverging definitions of violence against women make the systematic collection of such data difficult and the available information patchy.

Nonetheless, the national experiences presented during the seminar showed that promising steps are being taken. Participants and keynote speakers pointed out that the collection of systematic data has been repeatedly called for in various international documents and is therefore more than a mere academic exercise.²

1. For detailed information on the work of the UNECE Task Force on the Measurement of Violence against Women please see their report "Analysis of national surveys carried out by the countries of the conference of European statisticians to measure violence against women", UN Economic and Social Commission, ECE/CES/GE.30/2006/6 of 8 September 2006.

Data as a knowledge-base for effective policies to combat violence against women

Without adequate information on the number and types of cases of vio-

2. Council of Europe Recommendation (2002) 5 of the Committee of Ministers to member states on the protection of women against violence, point V (see appendix, page 126); United Nations Beijing Platform for Action, Strategic Objective H3, no. 206j and no. 207b; United Nations Study of the Secretary-General on “Ending violence against women: From words to action”.

lence against women and how they are being dealt with by government agencies, it is impossible to develop the services that victims of such violence really need. Participants therefore considered it important that cases of violence against women be identified and recorded as such by the relevant public sectors which encounter and deal with them in order to draw conclusions on the multiple needs of victims and design corresponding policies. Because in the end, the common goal is to eliminate violence against women and not just measure it. ★

PROGRAMME

Thursday, 5 July 2007

9:00 Registration of participants

9:30 Opening of the Seminar

Opening addresses

Mr Fernando Rocha Andrade, Under-State Secretary of Internal Affairs, Government of Portugal

Ms Alda Maria Carvalho, President of the National Institute of Statistics, Portugal

Mr António Rendas, Dean of the New University of Lisbon, Portugal

Ms Elza Pais, President of the Commission for Citizenship and Gender Equality, Portugal

Mr Hanno Hartig, Head of Department, Directorate of Standard-Setting, Directorate General of Human Rights and Legal Affairs, Council of Europe

Ms Hilary Fisher, Chairperson of the Council of Europe Task Force to Combat Violence against Women, including Domestic Violence

Mr José Mendes Bota, Vice-Chairperson of the Committee on Equal Opportunities for Women and Men of the Parliamentary Assembly of the Council of Europe

Introduction: The role of data in combating violence against women

Chair

Mr Hanno Hartig, Head of Department, Directorate of Standard-Setting, Directorate General of Human Rights and Legal Affairs, Council of Europe

10:15 Keynote speaker: Ms Carol Hagemann-White, Professor, Faculty of General Pedagogy and Gender Studies, University of Osnabrück, Germany

Questions and discussion

10:45 *Coffee break*

Collecting population-based data

Chair

Mr Hanno Hartig, Head of Department, Directorate of Standard-Setting, Directorate General of Human Rights and Legal Affairs, Council of Europe

Issues to consider in collecting population-based data

11:15 *Methodology and ethical recommendations for data research on violence against women*

Keynote speaker: Ms Henrica Jansen, Epidemiologist, WHO Multi-country Study on Women's Health and Domestic Violence, Department of Gender, Women and Health, World Health Organization

Questions and discussion

International standards in collecting population-based data

11:45 *International developments on indicators and methodology*

Keynote speaker: Ms Maria Guiseppina Muratore, Chief of Research, ISTAT, Italy, and member of the UNECE Task Force on Measurement of Violence against Women

Questions and discussion

12:15 *International Violence against Women Survey*

Keynote speaker: Mr Sami Nevala, Seconded Finnish Expert for Statistics, European Union Agency for Fundamental Rights

Questions and discussion

12:45 Lunch hosted by the Commission for Citizenship and Gender Equality, Portugal

Practices in collecting population-based data

14:00 *The Portuguese experience*

Ms Elza Pais, President of the Commission for Citizenship and Gender Equality, Portugal

Mr Manuel Lisboa, Professor, Department of Sociology, New University of Lisbon, Portugal

14:30 *Other national experiences*

Mr Constantinos Veis, Superintendent, Domestic Violence and Child Abuse Office of the Cyprus Police Service, Cyprus

Ms Olena Aleksandrova, Department of International Co-operation, State Committee of Statistics, Ukraine

Questions and discussion

Collecting service-based administrative data

Chair

Ms Maria de Belém Roseira, Member of the Portuguese Parliament, Member of the Parliamentary Committee on Constitutional Affairs, Rights, Liberties and Guarantees, President of the Parliamentary Committee on Health, Portugal

Methodology and international standards in collecting service-based administrative data

15:00 Keynote speaker: Ms Liz Kelly, Roddick Chair on Violence against Women, London Metropolitan University, United Kingdom

Questions and discussion

15:30 *Coffee break*

Practices in collecting service-based administrative data

16:00 *The Portuguese experience*

Mr João Redondo, Psychiatrist, Director of the Service of Family Violence at the Hospital Sobral CID, Founding member of the group “Violence: Information, Investigation, Intervention”, Coimbra, Portugal

Ms Maria João Costa, Jurist, Directorate General of Justice Policy, Portugal

16:15 *Other national experiences*

Ms Lili Sidamonidze, Ministry of Internal Affairs, Georgia

Mr Albert Bell, Member of the Commission on Domestic Violence and Lecturer, Department of Youth and Community Studies, University of Malta, Malta

Mr Filiberto Casali, Expert on Data Collection in the Field of Violence against Women, Department of Health, San Marino

Questions and discussion

Data as a knowledge base for effective policies to combat violence against women

Chair

Ms Maria de Belém Roseira, Member of the Portuguese Parliament, Member of the Parliamentary Committee on Constitutional Affairs, Rights, Liberties and Guarantees, President of the Parliamentary Committee on Health, Portugal

16:45 *The Nordic experience*

Ms Helena Ewalds, Senior Officer, Department for Family and Social Affairs, Ministry of Social Affairs and Health, Finland, and member of the Council of Europe Task Force to Combat Violence against Women, including Domestic Violence

17:00 *Other national experiences*

Ms Anahit Safyan, Head of International Statistical Co-operation Division, National Statistical Service, Armenia

Ms Francesca Tei, Sociologist, Team ARIANNA Project, Department for Rights and Equal Opportunities, Italy

Ms Viera Hanuláková, Director of Gender Equality and Equal Opportunities, Ministry of Labour, Social Affairs and Family, Slovakia

Questions and discussion

17:45 **Closing addresses**

Mr Mário Dias Comes, Vice-Attorney General, Portugal

Mr Jorge Lacão, Secretary of State of the Presidency of the Council of Ministers of Portugal, Government of Portugal

Mr Hanno Hartig, Head of Department, Directorate of Standard-Setting, Directorate General of Human Rights and Legal Affairs, Council of Europe

18:15 End of seminar

OPENING ADDRESSES

Mr Hanno Hartig

**Head of Department,
Directorate of
Standard-Setting,
Directorate General of
Human Rights and
Legal Affairs, Council
of Europe**

Dear Minister of the Presidency, dear participants,

Every day, women in all Council of Europe member states experience physical violence at the hands of men in their immediate social environment, most often by partners and ex-partners.

Every day, women suffer sexual violence involving the use of force.

Every day, women who have left abusive relationships are continuously threatened with physical and sexual violence from former partners.

Women suffering such violence are not only victims of abuse, they are also victims of silence, victims of indifference and victims of neglect.

To change this, the Council of Europe has made the fight against violence against women a political priority.

The Heads of State and Government of the Council of Europe member states affirmed their commitment to eradicate violence against women, including domestic violence during the 3rd Summit of the Council of Europe (Warsaw, 16-17 May 2005).

Not only did they decide to set up a *Task Force to Combat Violence against Women, including Domestic Violence*, whose Chairperson is present today. They also decided to conduct a pan-European *Campaign to Combat Violence against Women, including Domestic Violence*.

The Campaign consists of three different dimensions: parliamentary, governmental and local and regional. Representatives of all dimensions, supported through the Council of Europe, are working closely together to drive home the message that violence against women is a human rights violation.

Since its successful launch last November in Madrid, the Campaign has been implemented by many different actors and through many different means.

Governments of 40 member states and national parliaments of 38 member states have appointed focal points and/or high-level officials for the campaign, who make sure that combating violence against women remains high on the national political agenda.

I am pleased to welcome both the Portuguese high-level official, Ms Elsa Pais, and the Portuguese contact parliamentarian, Mr Mendes Bota, who are present here today.

To share expertise among member states and to discuss new developments, the Council of Europe is organising multilateral governmental seminars on the four core objectives of the Campaign Blueprint.

The first such seminar held in The Hague, Netherlands, focused on legal measures to combat violence against women and the second in Zagreb, Croatia, on the role of men. The ones to follow will be held in the coming months in "the former Yugoslav Republic of Macedonia" and Finland and will focus on the provision of services for women victims of such violence.

The seminar we are attending here today is therefore the third such seminar and covers a topic that is equally important but maybe less obviously so: data collection as a prerequisite for effective policies to combat violence against women.

Data informs policies, because if we do not know what we are talking about we do not know how to address it. At the same time, data lies at the heart of any attempt to evaluate policies, and without such evaluation it is

unclear whether the policies in place are actually changing the lives of women.

Data therefore plays an important role in combating violence against women. But what kind of data is needed and what is the best way to collect it?

Across Council of Europe member states, two different approaches are currently employed:

- ▶ population-based data, meaning surveys on prevalence of domestic violence and
- ▶ administrative data, meaning data collected by government agencies, institutions and organisations which provide services for victims.

Both approaches offer room for variation. As a result, existing surveys differ significantly from one member state to another as far as the sample population is concerned, the definition of violence used and the time frame, to mention only a few variations. These differences in methodology make their findings less comparable between countries and over time.

The same can be said for administrative data. Many government agencies or institutions such as the police or judiciary, but also health and social welfare services and NGOs who run shelters have access to important data. Not always do they systematically compile it in a comparable way. Or in

a way in which it could reveal further insight into the problem of domestic violence.

This seminar will therefore explore important issues to consider in collecting both types of data. A strong emphasis will be placed on developments to harmonise data through common indicators and methodologies. The aim of this seminar is to find solutions to difficulties in collecting data and in making it comparable.

The Council of Europe has contributed to the collection of data by monitoring the Council of Europe Recommendation (2002) 5 of the Committee of Ministers to member states on the protection of women against violence.¹ This recommendation was the first legal instrument to propose a comprehensive strategy to prevent violence and to protect victims, covering all forms of gender-based violence.

The monitoring framework based on indicators was developed to evaluate progress in its implementation. The responses received from the member states are contained and analysed in the “Stocktaking study on the measures and actions taken in Council of Europe member states to combat violence against women”. This study provides useful data on key aspects of preventing and combating violence against women in the

member states which have responded to the questionnaire.

It also shows, however, that a lot more needs to be done to arrive at effective policies based on valid data to combat violence against women.

For this reason, one of the objectives which the Council of Europe hopes to achieve during this Campaign is the systematic collection of data based on a methodology that allows for gender analysis and comparison. This seminar will lay the foundation for any such work and aims at sparking action in member states. It will be followed up by the publication of “Harmonised guidelines for collecting administrative data on victims of domestic violence”, which is currently being prepared by the Council of Europe.

Since all of you present are experts in this field, you are probably very familiar with much of what I have said and would agree with me that it is now high time for concrete action instead of more talk. That is why I would like to ask you to support the Council of Europe in turning words into deeds during the Campaign, but also beyond. I hope this seminar will be one step among many.

On behalf of the Council of Europe, I warmly welcome you to this seminar and look forward to your presentations. ★

1. Reproduced in the appendix, page 123.

Ms Hilary Fisher

Chairperson, Council of Europe Task Force to Combat Violence against Women, including Domestic Violence

Extent of violence

Between 12% and 15% of women in Europe face violence in the home every day, many more continue to suffer physical and sexual violence from former partners even after the break-up.²

The United Nations Secretary General's In-depth Study on all forms of violence against women 2006 stated; "Eliminating violence against women remains one of the most serious challenges of our time."³

The UN Study highlighted an "Urgent need for enhanced data collection to strengthen the knowledge base on all forms of violence against women for informed policy and strategy development. Many countries still lack reliable data and much of the existing information cannot be meaningfully compared"⁴

Council of Europe Task Force to Combat Violence against Women, including Domestic Violence

As you might be aware, the Council of Europe *Task Force to Combat Violence against Women, including Domestic Violence*, which is composed of eight international experts in the field of preventing and combating domestic violence, has been set up to evaluate progress at national level and establish instruments for quantifying developments at European level with a view to drawing up proposals for

action. In addition to this, the Task Force was also charged with the task of developing the Blueprint for the Council of Europe *Campaign to Combat Violence against Women, including Domestic Violence*.⁵

To promote action at national level, the Blueprint contains four thematic areas, which member states are urged to make progress on: legal and policy measures, support and protection for victims, data collection and awareness raising. Each of these thematic areas contain detailed objectives against which member states are invited to assess their national situation, identify existing gaps and tackle the challenges with appropriate measures and action.

In the field of data collection, the Blueprint calls on Governments to:

- ▶ ensure the systematic collection of statistical data disaggregated by sex, by type of violence as well as by the relationship of the perpetrator to the victim in all fields;
- ▶ develop and use a methodology that allows for gender analysis and comparison with other member states of the Council of Europe;
- ▶ collect and disseminate good practices for preventing violence.⁶

The importance of data collection

Data collection is one of the four recommendations because it is essential in understanding the nature and

2. See *Combating violence against women – Stocktaking study on the measures and actions taken in Council of Europe member states* (CDEG (2006) 3).

3. See the 2006 UN In-depth study on all forms of violence against women, para 2.

4. Ibid, para 14.

5. Blueprint of the Council of Europe *Campaign to Combat Violence against Women, including Domestic Violence* prepared by the Task Force to Combat Violence against Women, including Domestic Violence (EGTFV), 2006.

6. Ibid.

prevalence of violence against women and how to address it.

Data collection enables Governments to:

- ▶ understand what happens when women report violence;
- ▶ establish if policies are effective, have an impact;
- ▶ if policies are being implemented appropriately;
- ▶ if the legal system is working.

Data collection also plays an important role in prevention

- ▶ To raise awareness.

The importance of data collection has also been emphasised by the Council of Europe by, for example, the Group of Specialists for Combating Violence Against Women (EG-S-VL), in Recommendation (2002) 5 and by the *Stocktaking study on measures and actions taken in Council of Europe member states* which has not only assessed current trends but has also evaluated practical methods of evaluation and data collection.⁷

Council of Europe Recommendation (2002) 5 on the protection of women from violence calls for governments to:

- ▶ Promote research, data collection and networking at national and international level.

It also stresses the importance of establishing criteria for collecting comparable data, in order to be able to raise public awareness not only nationwide but also across Europe.⁸

How well do Governments know if policies and practices are working, how can they improve their actions, how can they inform the public and raise awareness and how can comparisons be made across the Council of Europe member states without the ef-

fective collection of data at the national level?

Comparable data is essential

Comparable data is essential to establish if progress is being made, if policies are effective and to enable member states to learn from each other. This is not possible without good data collection based on methodologies that can be compared.

Data linked to action

Any data collection must be for a purpose; be linked to concrete actions; linked to work of those that are directly involved in working on violence against women. The Group of Specialists for Combating violence against women highlighted the importance of this as has the UN Study which calls for data collection on violence against women to be:

- ▶ carried out in consultation with a wide range of stakeholders, including data suppliers, advocates and agencies providing services to women, policy-makers, legislators and researchers.⁹

The Group of Specialists also noted the significant role women's NGOs and academics have played in improving data collection and emphasised the responsibility of states to ensure the systematic collection and publication of data, including through supporting NGOs, academics and other actors engaged in research to inform policy and strategy development.¹⁰

Challenges of data collection

The Stocktaking study has highlighted the impact of the failure to collect national data on violence against women, including:

- ▶ The lack of information on the cost of violence or its effect because this requires information on both the prevalence and incidence of violence and such information is only beginning to be available.
- ▶ The failure to establish a baseline to measure the effectiveness of

legal and other measures because not all member states collect national data on the number of cases of violence occurring in the family or domestic unit that come to the attention of the police and/or health services and track neither referral nor judicial outcomes in a systematic process.

Crucially, the Stocktaking study notes "no member state has national data on the number of cases of domestic violence that come to the attention of the police, and no systematic process to track either referrals or judicial outcomes. Thus, there is no baseline from which the effectiveness of the legal reforms penalising violence against women can be measured".¹¹

The Study urges the Council of Europe to encourage member states to commission research-based evaluation both of service provision and of legal reforms and recommends that all member states institute systematic data collection that will permit analysis tracking outcomes of reporting, recording, investigating, prosecuting and convicting violence.¹²

What needs to be done

Today we will hear from experts to consider what needs to be done. This needs to include providing resources for NGOs' research that have been critical in pushing boundaries of research.

The UN Study notes the need for standard methodology to be developed. Comparison is not possible because methodology differs in the way violence is defined and measured.

We need agreement and action on:

- ▶ Category of punishable crimes
- ▶ Methodology and indicators for research, including the collection of surveys and statistics.
- ▶ How to include other agencies such as health professionals in data collection.
- ▶ Evaluation of implementation of policies for preventing and addressing violence against women.

7. See the *Final Report of the Group of Specialists on the implementation of and follow-up to Recommendation Rec (2002) 5 on the protection of women against violence* (EG-S-MV(2004) RAP FIN rev), and op. cit., *Stocktaking Study*.

8. See *Council of Europe Recommendation Rec (2002) 5 of the Committee of Ministers to member states on the protection of women against violence*, adopted by the Committee of Ministers on 30 April 2002, at the 794th meeting of the Ministers' Deputies; reproduced in the appendix, page 123.

9. Op. cit., UN Study, para. 241.

10. Op. cit. Group of Specialists report, 8.5-8.7.

11. Op. cit., Stocktaking Study p. 37.

12. Ibid., p. 40.

- ▶ Ensuring a strong link between those who do the research and those who will use it.
- ▶ Support for women's NGOs and academics that are conducting research.

It is hoped by the Task Force that we will see a significant improvement in the field of data collection across all member states and that through agreed, common methodology, it will be possible to analyse and

compare data, thereby significantly improving the ability of governments to protect women from violence, prevent violence and prosecute perpetrators of violence against women. ★

THE ROLE OF DATA IN COMBATING VIOLENCE AGAINST WOMEN

Keynote speaker: Ms Carol Hagemann- White

**Professor, Faculty of
General Pedagogy and
Gender Studies,
University of
Osnabrück, Germany**

Since 1992, violence against women has been recognised by international law as a violation of human rights. In consequence, states are under obligation to exercise due diligence in prevention, protection and punishment of such violations, wherever they occur, including violence within the family or private life. This goes far beyond a general disapproval of interpersonal aggression, which may not always call for state intervention. Violence against women is related to systematic discrimination, and its exercise serves to confirm and continue inequality; it impairs or nullifies the enjoyment by women of human rights and fundamental freedoms including essentials established in the Universal Declaration of Human Rights, such as the right to liberty and security of person; the right to physical and mental health; the right not to be subjected to cruel, inhuman or degrading treatment, and of course the right to life.

Women's activism in civil society was and still is key to making the cruel and demeaning nature of gender-based violence visible. But it was the collection of data that revealed systematic patterns of oppression and exclusion, showing that this is "violence that is directed against a woman because she is a woman or that affects women disproportionately" (CEDAW General Recommendation No. 19), and that the perpetrators cannot be assigned to any deviant group such as minorities or alcoholics.

Data to measure the extent and configuration of the problem

Today, victimisation surveys to assess the prevalence of violence against women have been carried out in at least 23 European countries. They document clearly that the problem is widespread across diverse cultural, social and political conditions; it cuts across differences of social class, income, or lifestyle. Furthermore, it persists over time, even after governments have taken highly publicised action, since repeated surveys, for example in Finland or the United Kingdom, find no significant decrease and sometimes even an increase in the extent of violence reported, as women are encouraged by public policy commitments and media information to disclose intimate abuse. This persistence over time is significant, by contrast, for example, to the data on physical punishment of children. In countries where policy and public opinion have rejected or even outlawed corporal punishment, it has decreased over time. Violence against women seems more resistant to policy and awareness-raising, and the measures to address it must consider this fact.

Thus, while it could be questioned whether every state needs its own victimisation survey just to verify the existence of the problem, since we know that violence against women is both serious and costly throughout Europe, population-based prevalence data are still an important guide to policy. They are as important as data on unemployment, poverty or disease, and indeed, they are related to these in multiple ways. Valid, reliable and regular data collection on violence

against women can tell us whether specific groups within the population suffer disproportionately, what difficult experiences in childhood or youth increase the risk of becoming a victim later, as well as indicating when policy efforts are having a measurable impact.

By reason of the distinct cultural and political traditions and the policy-related circumstances under which prevalence studies have been funded, researchers in each European country have developed their own instruments, categories and modes of data analysis. Whilst this is a rich deposit of variation in approaches and experiences for future learning, it can also be disappointing to note that, among national representative prevalence surveys, hardly any are comparable in their published form. Percentages of all women aged 16 to 75 cannot be compared to percentages of women with a partner between 18 and 59. Some studies have interviewed both women and men with the same interview schedule, others have consciously used different questionnaires to address gender-typical experiences; the majority surveyed women only. Some explore childhood victimization and family experiences, others do not; some use detailed lists of possible violent acts, with up to 17 items of physical violence, for example, while others have chosen summarising questions to avoid any excess burden on the interviewees. Some ask about help-seeking and health impact in much more detail than others.

Thus, data collection on prevalence does not have a European standard. And while research-driven and university-based studies have been major innovative forces in advancing methodology and theory, repeated surveys allowing measurement over time are rare unless the national statistical machinery is involved in a routine way. The working group on prevalence and health impact in the research network “Coordination Action on Human Rights Violations” thus recommends that standard survey modules with core questions on victimisation and impact of violence be developed, based on the ex-

tensive experience from existing research, and that a population-based survey be carried out at least every five years. Some degree of standardization is needed to arrive at a minimum of comparability and as a foundation for European-level policy discussion; however, there will always be variation in the cultural meanings and understandings and in the extent to which women name and evaluate actions that are intimately painful to them. Close study of the data from five surveys discovered both possibilities for standardisation and limits. The interval of five years suggests a realistic time frame over which attitudes and behaviour patterns, both among individuals and in agencies responding to violence, can be expected to change in response to policy and public awareness.

There are pitfalls to be avoided in establishing regular data collection. In order to follow developments over time, it is necessary to ask the same questions at regular intervals. It is vital that these questions be state-of-the-art from today’s research knowledge, so that the results of survey data ten or twenty years from now will still be relevant to the realities of the problem. This is not easy to establish, as knowledge develops and deepens over time. A good case in point is the “Conflict Tactics Scale”, developed in the early 1980’s in the USA as an instrument of family sociology. Because it has been standardised and validated so many times, it is still in use, and valuable for specific purposes, but it is not adequate for measuring violence against women, because it was developed prior to a deeper understanding of the connections between violence against women, inequality, discrimination and human rights violations. As a research tool, it addresses conflict tactics only, which – as I pointed out in my introductory speech to the present campaign in Madrid – is only one of three roots of the problem: dominance and subordination of women, defense of privacy and its abuse, and interactional conflict tactics. Today’s prevalence studies in their more sophisticated formats avoid defining violence as a problem

in only one of these areas, but explore different levels and aspects.

I can only touch on some uses of data collection on the prevalence, the impact and the use of agencies and services or other help-seeking this morning, others would require more thorough consideration of policy needs. There is little point to comparing countries in absolute terms, since we do not know whether low levels of reported violence signify less violence, or a stronger taboo. For example, in the 1995 prevalence study in Portugal, 28% of the women interviewed had encountered sexual violence, but only 3% said that a husband, lover or family member had been responsible. In the light of numerous studies across countries, it seems likely that Portuguese women at that time were not able to make the connection between intimate partners and sexual violence explicitly in an interview. I would see it as a sign of progress if, in more recent Portuguese surveys, the numbers for sexual violence within partnerships were significantly higher. Yet even after awareness-raising and empowerment of women to disclose, it is quite possible that in some countries, sexual violence occurs predominantly within the home, while in others, it may be exercised more frequently in other contexts, perhaps more openly in public spaces or against women who are regarded as lacking proper shame. Cultural factors can influence such patterns. There might be a need for different strategies depending on where and how the notion of men’s entitlement to the sexual use of women is typically acted out.

Population-based data give information on how many victims ought to be served by agencies. For example, a well-crafted prevalence survey will allow you to calculate how many women were attacked in a manner that fulfills the legal definition of rape within the last 12 months, and how many of them (far fewer, as a rule) say that they turned to the police. It is then easy to compare this to the number of rape complaints registered by the police in the past year, and you will probably find, as I did for Germany,

that this number is again far lower than it “should” be, if the police registered and recorded all complaints. Similarly, you are likely to find that significantly fewer women seek medical care even after a serious incident of violence than would be expected considering the number reporting that violence resulted in injuries or other health impairment. Policy monitoring needs to see whether these gaps are reduced over time. Such data are also invaluable in educating professionals to respond more effectively, and concrete numbers from your own country carry more conviction than references to studies in elsewhere in the world.

The uses of data for policy are manifold. As the French ENVEFF survey found, by co-operating with women’s advocacy services during analysis and dissemination, they were able to further public awareness considerably. With the data from the British Crime Survey, Sylvia Walby was able to calculate the costs of violence on a more solid foundation than was possible for previous estimates; European-level data could permit a broader-based estimate of the costs of violence against women – an important consideration when calling for policy measures that, themselves, have visible costs in the budget. Finally, insofar as survey data may show the impact of new policies, comparative study and the transfer of good practice are improved by having data comparable across countries. I am pleased to see that one session of this meeting will discuss these possibilities.

Data for monitoring practice

We live in an era of bureaucratic procedures, and masses of administrative data accumulate as a by-product. In the era of information technology, bureaucracies have in theory many possibilities for linking masses of data. In practice, however, far less of this occurs than outsiders may think. Quite aside from legitimate data protection concerns, data collection is largely un-coordinated as soon as questions go beyond the internal recording needs and habits of an agency or institution.

Let me give you an example from Germany. In the Berlin model project of inter-agency co-operation addressing domestic violence the police agreed to label all cases with a specific code when they were called to any situation of domestic violence between adults. This yielded useful statistics on how many such cases they attended. Later, when the practice of evicting the perpetrator from the residence was introduced, it was possible to monitor when and how often this occurred, although these additional reports were and are unpopular among the police officers because of the extra work. The obvious next step was to ask what the public prosecutors do and how the courts then dispose of cases prosecuted. Neither institution was willing or able to provide such statistics (again: extra work). Our evaluation research team then gained permission to go to the courts, pull the relevant files and collect data on what happened to these cases. Already, this was only possible in those districts that had introduced a special prosecution service for domestic violence cases, since otherwise, all court cases were filed under the name of the accused, regardless of what the offence was, and there was no way to locate the relevant files. We developed a checklist for analysing the files in Berlin. When that was completed, we went to the next district, only to find that they organized the information in the prosecutor’s files entirely differently, and of course none of these files are computerised.

I will not pursue this in any more detail. The point of the anecdote is that each agency, and often each local agency, develops a recording method and filing system that serves its purposes, and is not intended to communicate with other administrative data systems. This may be a relief to those concerned about abuse of data, but it is also de-motivating for the personnel from whom we require improved practice. The German police now go to considerable effort to treat domestic violence as a serious offence and to use best practice in attending the call and collecting evidence, but there is no echo from the justice system telling

them what happens to these cases, whether their work is having any effect. Thus, even at the basic level of practice “on the ground”, poor and un-coordinated administrative data weakens the effectiveness of strategies to improve intervention by failing to give a minimum of feedback about interlocking procedures when other agencies take over.

The problem is that violence against women can seldom be adequately addressed by one agency alone. Furthermore, progress is not indicated by a lower number of cases (as in crime statistics, where the police are thought to be doing their job well if the crime rate drops); on the contrary, good practice is often a matter of increasing the number of cases reported and addressed, as well as increasing the number of successful referrals to further support and intervention. Data are needed that can monitor this process and its effectiveness. Across Europe, official data are inadequate in relation to all forms of violence against women – rape, stalking, domestic violence, forced marriage. In consequence, it is difficult to track cases even across the criminal justice system; it is difficult to assess whether any improvements in reporting and prosecution have occurred; and violence against women becomes invisible within the police and judicial system. Even in countries that have established a unified standard, as in the Netherlands, recording is uneven and varies from one police district to another.

There is an urgent need for regular monitoring and evaluation of all relevant legal frameworks and statutory agencies in addressing violence against women, both within each member state, and across Europe. Only data-based monitoring permits realistic stocktaking of how state policies, action plans and legislation are being implemented and with what degree of success. For nearly ten years, the Council of Europe Secretariat has been compiling and updating legislation in the member states; the latest version was published this spring. These documents show a great deal of activity, not only in legislation but also

in establishing services, but there is very little information published on their implementation, and even less on the outcomes.

Monitoring is defined as “the systematic documentation of aspects of programme performance that are indicative of whether the programme is functioning as intended or according to some appropriate standard”. This calls for documentation systems that may include both quantitative and qualitative data. By collecting and analysing client-based data and recording specific agency responses, systematic monitoring aids the assessment of good practice in delivering services.

Agency monitoring serves different purposes. The most obvious is accountability in connection with public and private financial support; this is probably the most frequent reason for compiling statistics. With new services or approaches, this is often linked to raising awareness and development of methods of addressing violence, which can in turn influence social change. Thus, when service provision is being newly established, monitoring can play a vital role in explaining to a wider audience why a particular service is needed and who benefits from its provision.

A second main function of monitoring addresses the quality and effectiveness of intervention and services. Client-based data are extremely important in bringing issues to the attention of state provided services, with the goal of improving their responses both to perpetrators and those victimised by domestic violence, rape and sexual assault. Once they have been sensitised, monitoring becomes an important tool for assessing the adequacy of existing service provisions and the quality of services; this usually means introducing new recording systems and procedures, and requiring statutory agencies to report their findings to the public. Often, progress is a two-step process: first, testing a new model and collecting data on its functioning, and then translating

good practices into a general procedure. Quality assessment – to know whether practices are good – requires measuring practice against standards, best derived from systematic evaluation of successful projects. These refer to process variables such as the use of methods based on empowerment of the victim. Measuring effectiveness requires statistics on cases, trajectories and outcomes, including client satisfaction measures.

There are further purposes to monitoring. As European policy interacts more closely, transferability of practices between European states gains importance. European good practice can be furthered by projects capable of being replicated or adapted for mainstreaming in different national contexts. Such projects need to include data collection to know whether the practice is working in a similar way at each location, and whether it is having the desired effect.

A significant step forwards would be the development of policy impact indicators that show how the problem is growing or changing; these might involve a combination of population-based data and client-based data from agencies. Comparable national statistics should be based on data collection by statutory agencies, including the justice system, the health system and the agencies of child protection and social welfare.

When developing monitoring systems based on administrative data, significant issues of data protection and citizens’ informational rights must be addressed, but these can be dealt with. For example, in an insurance-based health care system, physicians may hesitate to write a diagnosis of intentional injury in a patient’s files, since the insurance company could call on the perpetrator to pay for the treatment. There would be some justice to this, but if the perpetrator is the woman’s husband, she becomes responsible for paying for the treatment of her own injuries. But the patient’s files are not necessary for statis-

tics. Medical systems have a long tradition of anonymous recording, for example regarding sexually transmitted diseases, which could be used to protect the victim.

Finally, transparent and well-organised administrative data are essential to evaluate national plans of action. Action plans should establish mechanisms for reviewing performance of statutory agencies in order to identify blockages to progress and to set up procedures and guidelines for improvement. The implementation of quality standards should be monitored and evaluated by periodic audits of gaps and quality of service provision.

Ideally, states would aim for annual assessments on statutory-provided and NGO services, including progress on attaining and improving on minimum standards. Agreement on the necessary statistical data would make it possible to monitor progress across Europe, providing a major impetus towards the implementation of good practice. Democratic processes on which civil society depends would be strengthened by a commitment to the introduction of transparency by member states, publishing annual reports on policy actions and their implementation, underpinned with standardised data.

Routine administrative data are the foundation for monitoring whether agencies are functioning in practice as they should. It would be extremely useful to develop guidelines representing an agreement on basic data to be collected, with due consideration of the national structures, in the different member states. Monitoring by questionnaire to the member states can, until now, only assess whether member states are taking any action, but it cannot gather data or define indicators of progress until there is agreement on minimum standards for constructing and recording relevant statistics. ★

COLLECTING POPULATION-BASED DATA

ISSUES TO CONSIDER IN COLLECTING POPULATION-BASED DATA

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Methodology and ethical recommendations for data research on violence against women

Introduction

In November 2005 the World Health Organization (WHO) published a report on the initial results of the WHO multi-country study on women's health and domestic violence (co-ordinator Dr Claudia Garcia-Moreno).¹

As a member of the panel on issues to consider in collecting population based data, I will be presenting a paper on methodology and ethical recommendations for data collection on violence against women (VAW). The paper builds on our experience with the WHO study, and I will try to cover a number of important challenges, essential principles and lessons learned.

I would like to illustrate some of the challenges in collecting data on violence by using the following results from the WHO Study (see Box 1, page 32).

In the WHO study, women who had experienced physical violence by an intimate partner were asked whom they had told about the violence. Results are presented for five of the countries studied: Bangladesh, Thailand, Peru, Tanzania and Serbia (with a city and a rural province in the first four countries). Imagine for a moment

what kind of results you are expecting to see.

This is what we found:

- ▶ In each site a large proportion of women had not told anyone about the violence prior to the interview – no matter where in the world a woman lived and if she was from a city or a rural province: this ranged from less than 30% in some sites to 66% in Bangladesh.
- ▶ If women talked about the violence, this was in most cases to family members or friends, neighbours; their close social network.
- ▶ Only a very small percentage of women mentioned they had told services or authorities (including police, health personnel and religious leaders).

Points to take home from these data:

- ▶ Firstly, many women have not talked to anyone about their experience of violence. This has implications for an interviewer who is often the first recipient of a woman's story. This brings a huge responsibility and can have much impact on the interviewer as a "vessel (container) for unheard stories", like one of the interviewers described it.
- ▶ Secondly, we see that services are mentioned very rarely. This shows immediately the limitations of the use of service statistics, such as police or health service reports for a sensitive subject as violence

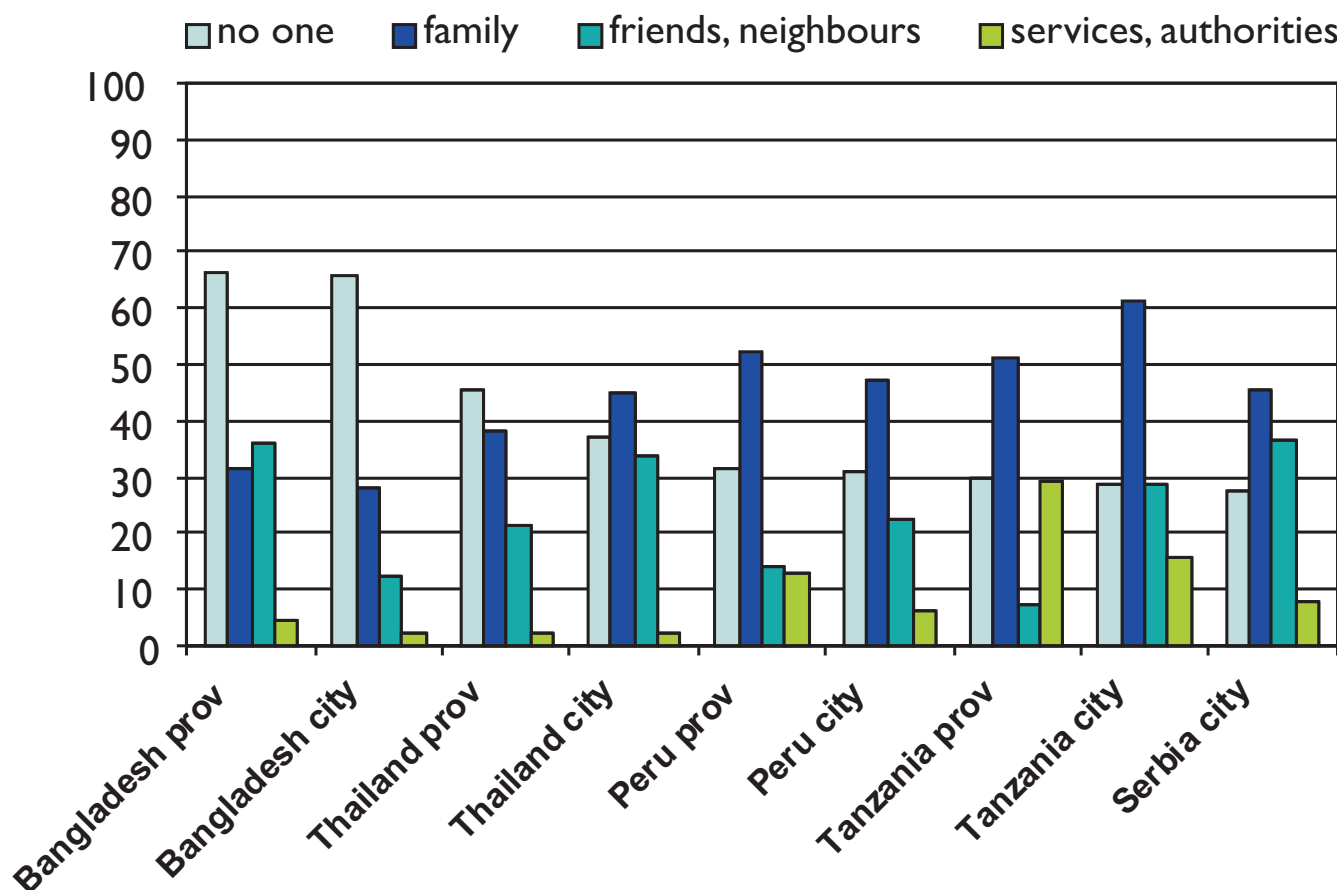
1. Garcia-Moreno C., Jansen H.A.F.M., Ellsberg M., Heise L., Watts C. *WHO multi-country study on women's health and domestic violence against women: initial results on prevalence, health outcomes and women's responses*. Geneva, World Health Organization, 2005.

against women, in particular if you want to find out what the magnitude of the problem is (prevalence

and characteristics of violence). Service-based data can be useful to monitor use, effectiveness and

quality of services, but NOT to assess the magnitude of the problem.

Box 1: To whom do women talk about physical partner violence



Population-based studies – challenges

To measure the prevalence and characteristics of violence, population-based studies are the way to go. But it is not simple. It should be realised that prevalence figures on violence are highly sensitive to methodological issues, and therefore difficult to compare between settings. And comparability is critical! Further, as we will see, population-based research on violence, as with research on other sensitive issues, raises major issues of safety and ethics. However, if well designed, such a survey can provide results that are useful for understanding the magnitude and characteristics of violence, and for example identify risk and protective factors, or measure associations with health, economic implications, crime reporting. Population-based studies

on violence can be done as specialised studies, such as the WHO Study, as well as others that you will hear about today (e.g. IVAWS), or by using a module on violence attached to a survey on another subject (e.g. DHS).

Sound statistical data on violence against women is critical for the development of appropriate policies, legislation and services for women affected by violence. Over the past decade, progress has been made in documenting the extent and nature of violence against women. While a great deal has been accomplished, there are still challenges and gaps, in particular due to lack of comparability (standardisation, harmonisation) of methods.

Box 2 (page 33) summarises results on physical partner violence from a number of studies in Council of Europe member states. The studies

used different sample sizes, study populations (age, national versus regional samples) and reference periods (time frame) when measuring violence (all look at ever, many at past 12 months, which are the most commonly used time frames). Note: The results for Serbia come from the WHO Study. This table may hide quite a number of other differences that are not evident in the first place, differences that challenge comparability.

Besides variations in sample and study population there may be: differences in operational definitions of violence; differences in application of ethical and safety measures for data quality, and differences in characteristics and training of interviewers. And finally there may be other relevant issues such as the translation and validation of questionnaires, which, un-

fortunately, I will not be able to address in the time given to me. These challenges are very important because of the need for data that is comparable

within and between settings, and over time.

It should be pointed out that work is ongoing in this area to harmonise

operational definitions and arrive at common standards.

Box 2. Prevalence of physical partner violence in a number of countries

Country	Year of study	Coverage	Sample size	Age (years)	Proportion of women physically assaulted by a partner (%)	
					During the previous 12 months	Ever
Albania	2002	National	4049	15-44	5	8
Azerbaijan	2001	National	5533	15-44	8	20
Finland	1997	National	4955	18-74		30
France	2002	National	5908	18+	3	9
Germany	2003	National	10264	16-85		23
Lithuania	1999	National	1010	18-74		42
Moldova	1997	National	4790	15-44	8	15
Netherlands	1986	National	989	20-60		21
Romania	1999	National	5322	15-44	10	39
Russia	2000	Three provinces	5482	15-44	7	22
Serbia and Montenegro*	2003	Belgrade	1189	15-49	3	23
Switzerland	1994-96	National	1500	20-60	6	21
Turkey	1998	E and SE Anatolia	599	14-75		58
Ukraine	1999	National	5596	15-44	7	19
United Kingdom	2001	National	12226	16-59	3	19

* Editor's note: At the time of the study, Serbia and Montenegro formed part of the State Union of Serbia and Montenegro.

Factors that affect disclosure of violence

Moreover, experience from international research indicates that some methods are more effective than others in encouraging women to talk about violence. The following series of issues may affect women's willingness to discuss experiences of violence.

How are women asked about violence?

It is important how the questions are phrased, the wording. Also the methods used to ask women about violence may influence how comfortable women are disclosing abuse. Studies in industrialised countries have found that for the purpose of identifying intimate partner abuse, either face-to-face interviews or interviews by telephone give better results than self-administered questionnaires.

Number of times asked about violence?

Numerous studies have shown the importance of giving women more than one opportunity to disclose violence during an interview. Women may not feel comfortable talking about something so intimate the first time it is mentioned, or they may not recall incidents that took place long ago. This is why studies that include only one or two questions on violence usually result in substantial under-reporting of abuse. Researchers have found that many women initially deny having experienced violence, but over the course of the interview, overcome their reluctance to talk. For this reason, it is also wise to avoid using "gateway" or "filter" questions, where women who reply negatively to the first violence question are not asked the more specific questions in the survey.

The context in which the questions are asked

The overall framework of the survey and the items immediately preceding questions on abuse can also affect how women interpret and respond to violence-related questions. For example, embedding questions on physical assault immediately following items on relationships will cue respondents to the issue of partner abuse, whereas asking a similarly worded question after items on crime victimisation will tend to cue respondents towards assaults perpetrated by strangers. The issue of context is particularly relevant in large-scale surveys in which abuse-related questions are integrated into questionnaires designed for other purposes.

Also the timing of the violence questions within the overall interview may affect how women respond, particularly when the questions are part of a much larger study. Asking about violence too early may not provide interviewers enough time to build

rapport with the informant. On the other hand, if questions are placed at the end of a long interview, both the interviewers and the respondents may be tired or anxious to finish the interview and therefore less likely to probe into experiences of violence.

One important way to ensure confidentiality is to interview only one woman per household. By the same token, both ethical and methodological principles suggest that it is better to avoid interviewing women and men from the same household on violence. It is true that questioning both partners of a couple would enable comparisons between wives and husbands, as well as direct information about live events preceding abusive behaviour by men. However, this method may place a woman at risk if her abusive husband suspects that she has been talking about his behaviour. In anticipation of his reaction, she may be reluctant to disclose violence.

Characteristics and skills of interviewers

As in all research on sensitive topics, disclosure rates are affected by characteristics such as the sex, age, marital status, attitudes and interpersonal skills of interviewers. Women are more likely to be willing to share intimate and potentially painful or embarrassing aspects of their lives when they perceive the interviewer as empathetic, non-judgmental, and genuinely interested in their situation. This highlights the importance of using carefully selected and appropriately trained female interviewers.

Social stigma attached to the issue

The social stigma attached to the issue affects disclosure. The level of stigma and taboo differs between cultures and settings. As we have seen, many women may have never talked about the violence she has experienced before the interviewer asked her about the subject.

WHO Study – objectives

To overcome a number of the challenges already mentioned, and to collect data that is as comparable as possible, WHO started some ten years ago with the development and imple-

mentation of a methodology to collect data on violence against women across cultures and settings, together with partners in LSHTM (UK) and PATH (USA), researchers and women's organisations in a number of countries. The WHO Study represents the first global study that gives truly comparable data on domestic violence and other forms of violence against women, for action, using state of the art methodology.

The report on initial results (2005) mentioned before, uses data from over 24 000 interviews with 15- to 49-year-old women from 15 sites in 10 countries: Bangladesh, Brazil, Ethiopia, Japan, Peru, Namibia, Samoa, Serbia and Montenegro, Thailand, and the United Republic of Tanzania. In recent years, other countries and researchers have used the same methods and have started to bring out reports with comparable data (among others Equatorial Guinea and the Maldives, countries that collected data in 2006 with our technical support).

The WHO Study aimed to provide a strong evidence base for informing policy and action at the national and international level. The Study's objectives were as follows:

- ▶ to obtain valid estimates of the prevalence and frequency of different forms of physical, sexual and emotional violence against women, with particular emphasis on violence perpetrated by intimate male partners;
- ▶ to assess the extent to which violence by intimate partners is associated with a range of health outcomes;
- ▶ to identify factors that may protect or put women at risk for intimate-partner violence; and
- ▶ to document and compare the strategies and services that women use to deal with the violence they experience.

Besides these main objectives, we were also committed to achieving more process and action-oriented objectives, which are:

- ▶ The development and testing of new instruments for measuring violence cross-culturally;

- ▶ Increasing national capacity and collaboration among researchers and women's organisations working on violence against women;
- ▶ Increasing sensitivity and responsiveness to violence among researchers, policy makers and health providers; and
- ▶ We wanted to promote a model of participatory research that is ethically sound, fully addressing safety issues and safe-guarding women's well-being.

WHO Study – study design

- ▶ In particular in the early stages in every site formative and qualitative research took place (focus groups, key informants, in-depth interviews) to guide questionnaire development, translations and later on inform interpretation of the findings. Further, a number of consultations took place with researchers and other experts in the areas of violence against women, mental health, reproductive health etc. to inform the questionnaire content.
- ▶ The main quantitative study consisted of a household survey done by face-to-face interviews with randomly selected women 15-49 years old (age group comparable with that in DHS), one woman per household.
- ▶ The survey was done in one or two sites (capital or large city and a more rural province) per country and involved approximately 1 500 women per site.
- ▶ Within each participating country, a collaborative research team was established to implement the study. This team generally consisted of representatives of research organisations experienced in conducting survey research, a women's organisation with experience of providing services to women experiencing violence and, in some places, government and national statistics offices. Each country research team also established an advisory group to support the implementation of the study

and ensure the dissemination of the results.

- ▶ A standard questionnaire was used, developed for use in diverse cultural settings with a minimum of adaptation.
- ▶ Very essential is that in each site researchers and interviewers were trained following a standardised three-week training course (all using the same manuals).
- ▶ An important aspect of the study is that all respondents were provided with information about sources of support and where necessary referral was done.
- ▶ All countries were using the same data entry system with interactive error checking and double data entry.
- ▶ Rigorous standard quality control measures were put in place, e.g. measures for monitoring the response rate of interviewers in the field, the measures for checking and editing questionnaires, measures around data entry and cleaning. Moreover there were annual meetings with all country research teams for sharing and learning.

Questionnaire of the WHO Study

The questionnaire consisted of an administration form, a household selection form, a household questionnaire and a women's questionnaire. The women's questionnaire included an individual consent form, and twelve sections with structured questions designed to obtain details about the respondent and her community, her general and reproductive health, her financial autonomy, her children, her partner, her experiences of partner and non-partner violence, and the impact of violence on her life.

The study was introduced in the community by a different name (usually "women's health and life experiences"), as one of the safety measures around the study, to protect the respondent from a violent husband who may find out about her participation to the study. Sections on violence were only introduced later on in the questionnaire after initial sections on less sensitive subjects had been adminis-

tered and time had been spent to create an atmosphere of good rapport and confidence.

Study population of ever-partnered women for measuring partner violence

The definition of "ever-partnered women" is central to the study, because it defines the population that could potentially be at risk of partner violence (and hence becomes the denominator for prevalence figures). Although the study tried to maintain the highest possible level of standardisation across countries, it was agreed that the same definition could not be used in all countries, because the concept of "partner" is culturally or legally defined. In general, the definition of "ever-partnered women" included women who were or had ever been married or in a common-law relationship. In countries where premarital sexual relationships are common, the definition covered dating relationships – defined as regular sexual partners, not living together. Former dating partners were not included, except in Japan, Namibia and Peru, where many women never live with regular sexual partners, even if they have children by them.

As a general advice for measuring partner violence: in order to not miss women's experiences we recommend to define the study populations at risk of partner violence as broadly as possible.

Types of violence and operational definitions in WHO Study

The WHO Study focused primarily on "domestic violence", or violence by an intimate partner, experienced by women. Included in this were acts of physical, sexual and emotional abuse by a current or former intimate male partner. In addition, it looked at controlling behaviours, including acts to constrain a woman's mobility or her access to friends and relatives, extreme jealousy, etc. It further looked at violence in pregnancy and violence resulting in injuries.

The Study also included physical and sexual violence against women, after 15 years of age, by perpetrators other than intimate partners—such as friends, family members, acquaintances, or strangers, as well as on childhood sexual abuse by asking the women about their experiences prior to age 15, and whether their first sexual experience was forced or not.

Definitions of each of these aspects of violence were operationalised in the study using a range of behaviour-specific questions (acts) related to each type of violence. We did not have questions that included words (loaded terms) like "violence", "abuse" or "rape".

Measurement of physical violence by partner

For example, to measure physical violence by intimate partners, women were asked the following six specific questions:

Did your current partner or any other partner ever:

- ▶ slap or throw something at you that could hurt you?
- ▶ push or shove you or pull your hair?
- ▶ hit with his fist or with something else that could hurt you?
- ▶ kick, drag or beat you up?
- ▶ choke or burn you on purpose?
- ▶ threaten to use or actually use a gun, knife or other weapon against you?

A woman must have experienced one or more of these acts to be considered a victim of physical partner violence. Women are then further subdivided into whether they experience only moderate violence (the first two types of behaviours listed above) or severe violence: beating, kicking use of weapons, etc.

Measurement of sexual violence by partner

The Study used three questions to measure sexual violence by intimate partners:

- ▶ Were you ever physically forced to have sexual intercourse when you did not want to?
- ▶ Did you ever have sexual intercourse you did not want because

you were afraid of what he might do?

- ▶ Did he ever force you to do something sexual that you found degrading or humiliating?

Again, women who had experienced any one of these behaviours are considered to have experienced sexual violence by a partner.

For both physical and sexual violence for any of the acts mentioned, follow-up questions were: if it happened in the past twelve months and how many times it had happened.

Measurement of child sexual abuse

Child sexual abuse was measured in a way that allowed multiple opportunities for disclosure. Women were asked during the face-to-face interview whether they had ever been touched sexually or made to do something sexual against their will before the age of 15. The question was followed by: who did this to you, how old were you when it first happened, how old was this person and how many times did this happen? Regardless of whether her first answer is yes or now, probing questions are asked to cue the respondent to different contexts and perpetrators: Did it happen in school, was the perpetrator a friend or family member, neighbour, stranger or anyone else?

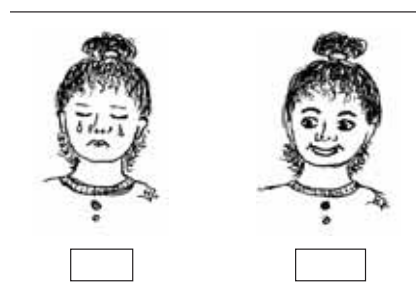
The WHO Study further used an anonymous concealed method at the end of the interview: women were asked to mark on a separate piece of paper whether they had been sexually abused as a child by placing a check next to either a happy or sad face (Box 3 – faces would be cultural specific), regardless of what they had chosen to reveal during the face-to-face interview. Women were assured that as their name was not on the paper, that their answer would not be traced back to them.

In most countries, more women disclosed violence using this method than they did in the direct question. This card method worked well in all settings but one: Bangladesh. Especially women in rural settings would get confused and would often call the husband for assistance or permission

as they were not used to putting things down on paper.

While we hypothesised that the anonymous reports would be “closer to the true prevalence” and thus include at least all those who in the interview had disclosed childhood sexual abuse plus a certain percentage that had not done so during the interview, we noted that among those who reported childhood sexual abuse during the interview there were women who would not disclose anonymously and vice versa. Other studies have also found this, which is explained by the fact that women may have different reasons for disclosing verbally and not anonymously (for example because of fear of putting something on paper, as in Bangladesh) and vice versa. To explore patterns of disclosing childhood sexual abuse further and because women have different reasons to report one way or another, more recently the WHO VAW study developed a way to link the anonymous question to the questionnaire, by having the woman put the marked paper in a blank envelope that she would seal and that would be attached to the questionnaire. In this way, we can report a figure for child sexual abuse based on both methods combined.

Box 3: Drawing used in the WHO VAW Study to ask women anonymously about sexual abuse



Ethical and safety recommendations

The final part of my presentation is on the ethical and safety recommendations. When conducting surveys to measure violence against women, special attention needs to be given to ethical and safety issues. Because of the sensitivity of the subject, this is

much more essential than in “ordinary” surveys, other areas of research. It is important for the safety of the women and the researchers. Furthermore, it is crucial for data quality.

The World Health Organization has developed the booklet “Putting Women First: Ethical and Safety Recommendations for Research on Domestic Violence Against Women,” which were used for the WHO Study.² These recommendations build on the collective experiences of the International Research Network on Violence against Women. They have been reviewed and approved by the Expert Steering committee for the WHO Study and also reviewed by members of the Scientific and Ethical Review Group of the Special Programme of Research and Training on Human Reproductions. They emerged from those prepared for the WHO Study but are applicable to other research on violence against women and other fields and are currently widely used as standard.

Here follow the main headings for sets of recommendations, and I will give some examples for each.

- ▶ The safety of respondents and the research team is paramount, and should guide all project decisions – e.g. interviews only in a private setting; participant should feel free to reschedule or relocate; frame the study not in terms of violence (but further information should be given as part of consent procedure); only one woman per household interviewed; train interviewers about interruptions.
- ▶ Prevalence studies need to be methodologically sound and to build on current research experience about how to minimise the under-reporting of violence. Ethically it is unacceptable to conduct a poorly designed study that cannot address the aims. Practically too: too low estimates can be used to question the importance of vio-

2. World Health Organization, Putting women first: Ethical and Safety Recommendations for Research on Domestic Violence against Women WHO/FCH/GWH/01.1 (Geneva: World Health Organization, 2001)

lence. Avoid loaded terms as abuse, rape, violence.

- ▶ Protecting confidentiality is essential to ensure both women's safety and data quality. This should be addressed in training of interviewers; no interviewers working in their own community; confidentiality procedures; consent process; handling of names, photographs.
- ▶ All research team members should be carefully selected and receive specialised training and on-going support.
- ▶ The study design must include actions aimed at reducing any possible distress caused to the participants by the research – Minimise distress to participants by asking questions in a supportive and non-judgemental manner; train interviewers to deal with distress (referrals, information, no counselling) and end all interviews positively.
- ▶ Fieldworkers should be trained to refer women requesting assistance to available local services and sources of support. Where few resources exist, it may be necessary for the study to create short-term support mechanisms. If possible, meet prior to field work with potential providers of support. Develop list of resources and offer to all respondents – either small enough to be hidden or include a range of other services. Where few resources exist, consider having a trained counsellor or women's advocate accompany the teams.
- ▶ Researchers and donors have an ethical obligation to help ensure that their findings are properly interpreted and used to advance policy and intervention development. Researchers need to be proactive in ensuring that research findings are interpreted appropriately by public and media. Research findings should be fed into ongoing advocacy, policy-making and intervention activities. Involve advocacy and service groups etc. from the beginning as part of research team or advisory committee. Also involve them in use and advocacy.

- ▶ Violence questions should only be incorporated into surveys designed for other purposes when ethical and methodological requirements can be met – in particular in terms of training, confidentiality, and support.

Selection and training of interviewers

To have comparable data, valid and reliable, it is important to have a well designed questionnaire and an appropriate sample size. But this is not sufficient. Based on the experience with the WHO Study, we found interviewer selection and training to be key for data quality and women's safety.³

We had developed a standardised three-week training schedule. Essential components were training (sensitisation) on gender and violence issues (to develop a basic understanding of gender-based violence, its characteristics, causes and impact on the health of women and children), as well as familiarising them with proper interview techniques, the questionnaire, and the field procedures they would be using.

The training period was further an important opportunity for trainers and interviewers to address their own biases and stereotypes or own experiences of abuse.

Training and support continued through regular meetings and debriefings during the fieldwork. In addition to technical meetings to evaluate progress with data collection and other logistic aspects of the survey, emotional debriefing sessions were held to provide interviewers with an opportunity to discuss their own feelings about the interviews.

Interviewers were trained to respond sensitively to women who disclosed violence and to deal with distress and when to refer, but not to assume the role of a counsellor or to raise respondents' expectations unrealistically about what the study could do for them.

3. Jansen H.A.F.M., Watts C., Ellsberg M., Heise L. and Garcia-Moreno C. Interviewer training in the WHO Multi-country Study on Women's Health and Domestic Violence. *Violence Against Women*, 2004, 10:831-849.

Evidence of the value of training

In Serbia and Montenegro a survey was done in Belgrade using the WHO study methodology (2003). 13 inexperienced, carefully selected interviewers were trained for three weeks. Half way through the field work, it became clear that they were not able to finish the field work within the set time frame. As a result, an additional group of 21 professional interviewers were hired – selected because of their interest in the topic. They received a much shorter training of one day, including some background on violence and gender issues.

We found that the inexperienced interviewers, who received the full training, achieved a significantly higher response rate, a higher disclosure rate and, most importantly, a higher respondent satisfaction with the interview, whether she had experienced partner violence or not. (Respondent satisfaction was measured at the end of the interview with a question about whether the interview made her feel good or better, the same or worse.) See Box 4.

These findings highlight the degree to which interviewer selection and training affect levels of participation, disclosure and satisfaction with the interview, and illustrate that it is not advisable to assume less training is needed when using professional interviewers.

Box 4. Evidence of the value of interviewer training

	Inexperienced, 3 week training	Professional, 1 day training
Response rate	93%	86%
Disclosure rate	26%	21%
Respondent satisfaction – with violence	46%	29%
Respondent satisfaction – without violence	46%	38%

Despite the stigma, women are willing to talk and even find it beneficial, as illustrated by the following quotation:

“Somehow it made me feel good, because it was something that I had never told anyone before. Now I’ve told someone.” – Respondent, Brazil

For many of the interviewers and researchers participating in this intensive study has been a transforming experience with many going to work to address the violence they have been documenting. Here is how an interviewer in Namibia phrased it:

“I learned a lot from the beginning of the training, till the end of the survey. The survey opened wounds, but I had to learn to face it and cope with it. The respondents really needed and enjoyed this experience ... My career path changed, ... because I could do something which can make a difference ...”

Conclusions

Some points to take home are:

- ▶ The experience has shown that a population-based survey on violence against women can be done ethically and safely if appropriate conditions are ensured and that women are willing to share experiences with trained and empathetic interviewers, often for the first time. We are convinced that training is key.
- ▶ It was essential that the study design built in mechanisms to ensure that findings are owned by a wide range of stakeholders, participatory approach with links to the policy process.
- ▶ Even before results are known, there have been many direct impacts of the study in all countries where it was implemented, in the areas of collaboration, local capacity building, increased awareness and sensitivity to violence among researchers, policy makers and health providers, knowledge translated into action at the local level.
- ▶ Data collection can be an intervention in itself at many levels.

Acknowledgements – team members

Core Research Team

- Claudia García-Moreno (Study Co-ordinator), World Health Organization, Geneva, Switzerland
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INTERNATIONAL STANDARDS IN COLLECTING POPULATION-BASED DATA

Keynote speaker:
Mr Sami Nevala

**Seconded Finnish
Expert for Statistics,
European Union
Agency for
Fundamental Rights**

Ladies and gentlemen,

I will be talking about the International Violence Against Women Survey, which is a project that has been carried out in ten countries around the world. Earlier this spring we completed a comparative report on the results, and the report will be published in the autumn this year. In my presentation I will be showing you some of the results.

First some words concerning my background.

I have worked since 1998 at the European Institute for Crime Prevention and Control, affiliated with the United Nations (abbreviated HEUNI) which is located in Helsinki. Most of my time there I have been involved in the IVAWS project. I have included the Web site address (<http://www.heuni.fi/>) here if you want to find out more on the activities of HEUNI.

Since 1 January 2007 I have been on secondment to the European Union Agency for Fundamental Rights, FRA, in Vienna. The FRA has been established only recently, on 1 March 2007, and it replaced the European Monitoring Centre for Racism and Xenophobia (EUMC), which was operational since 1998. The Fundamental Rights Agency has taken over the work of the EUMC, and so the work

on monitoring the situation in the EU Member States concerning racism and discrimination continues to be a core part of FRA's work.

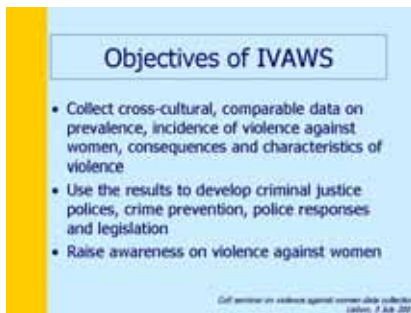
At the FRA I am currently involved in the analysis of our recent pilot victimisation survey on the victimisation of immigrants and ethnic minorities in six EU member states, and in the planning of a full-scale survey, covering the EU-27.

I should also note that the IVAWS project presented here relates to the work I carried out at HEUNI, and it is not a project of the FRA.

The work, which I will be presenting, is a joint effort of a large group of people.

Holly Johnson, currently working with Statistics Canada, has been the principal author of our upcoming report. My former colleague from HEUNI, Natalia Ollus, was also involved in the project from early on and later, while working at the United Nations Office on Drugs and Crime, regional office for Southern Africa, was responsible for co-ordinating the survey in Mozambique. Anna Alvazzi del Frate, who is working at the United Nations Office on Drugs and Crime (UNODC) in Vienna, provided us a contact to the network of national survey co-ordinators from the Inter-

national Crime Victimization Survey (ICVS).



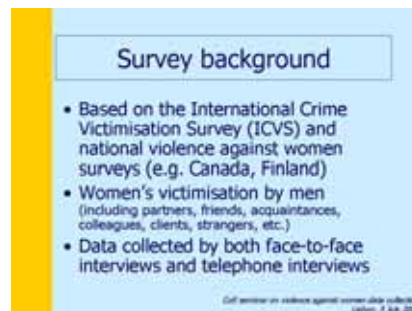
I have summarised here some of the main objectives of IVAWS.

Firstly, the survey is about collecting cross-cultural, comparable data on the prevalence and incidence of violence against women, including the consequences and characteristics of violence. In most cases the data collected nationally cannot be compared across countries because the violence is defined in different ways, for example some surveys may focus only on domestic violence, and others include also violence outside the domestic setting. Questions may be formulated differently, delivered in a different way, and data can be collected using a variety of different classifications which makes comparisons difficult if not impossible. To overcome these problems we set out to design a questionnaire which could be used in a variety of countries and that would, together with instructions on its application, provide comparable information, which would also respond to the national data needs.

Another objective is to use the results to develop criminal justice policies and legislation, and to inform crime prevention and the planning of police responses. It is very important that the results of the survey are used to feed into the legislative processes, policing reforms and the work of victim support services in the participating countries.

The third point is to raise awareness on violence against women. In some of the countries involved this is the first survey on violence against women, and as such it is in a position to provide policy makers with evidence of the extent of the problem, of

the adequacy of the criminal justice system responses and the need for victim support services. In countries where there has already been quantitative research on violence against women and domestic violence the project offers them an opportunity to compare their results with other countries using a standard survey instrument.



The survey is on the one hand inspired by the International Crime Victimization Survey, known as ICVS. This is a survey, which covers the victimisation of general population to crimes such as burglary, thefts and assaults. The ICVS has been carried out in over seventy countries, and has been repeated approximately every four years since 1989. Some of the national co-ordinators with the International Violence Against Women Survey, the persons responsible for carrying out the survey locally, are the same as with the ICVS project. The most recent wave of the ICVS included a special European component, the European Crime Survey, which was implemented in eighteen member states.

However, the content of the IVAWS questionnaire is more closely related to some of the national violence against women surveys, especially those conducted in Canada in 1993 and in Finland in 1997. To look beyond the level of victimisation, the survey, like its predecessors, collects detailed information on the most recent incident of violence by partners and non-partners separately. These variables include the place of the incident, the persons who were involved, injuries and the need for medical assistance, use of victim support services, reporting to the police and the

satisfaction with police response. You will see some of these variables used in the results I will present shortly, but that represents only a small part of the possibilities for further analysis that the data set presents.

The questionnaire is a result of elaborations in two international expert group meetings where many of the national co-ordinators participated. Based on these meetings we were able to present the country teams with a questionnaire and a survey manual which they could take into the field after the translation with minimum modifications such as nationally relevant categories for education and household income.

The data collection has been carried out fairly independently by the country teams, and either telephone or face-to-face interviews have been used, depending on the country.

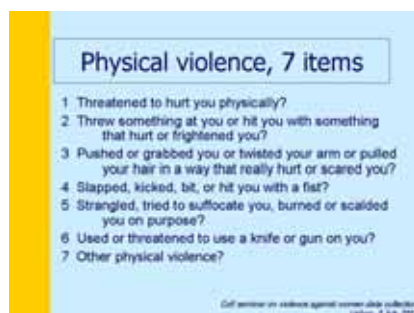


Here you can see the eleven countries, which have participated in the survey. Nine of these are included in our comparative report. The results of the survey in Greece are still pending, and the results from Italy were released after our analysis was completed. The survey in Italy, while based on the IVAWS methodology was also modified to better address some local issues, and so only parts of it can be compared with the results from other countries.

National reports on the results of the survey have been published. The Australian report is available online and can be downloaded from the website of the Australian Institute of Criminology (<http://www.aic.gov.au/publications/rpp/56/>). The report from the Czech Republic includes an English summary, which is also available at the Web site of the Institute of Sociology

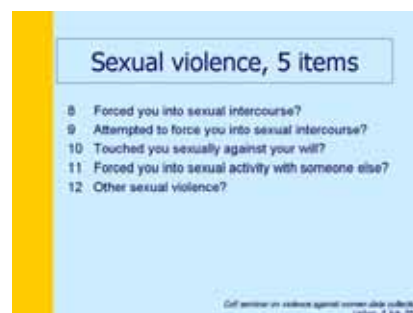
(<http://studie.soc.cas.cz/index.php3?lang=eng&shw=246>). Denmark has published an online report in Danish (<http://www.justitsministeriet.dk/forskning-og-dokumentation/rapporter-fra-forskningsenheden/rapport-mappe/vold-og-overgreb-mod-kvinder/>), and the results of the survey in Italy have been recently published by ISTAT, the national statistical office in Italy (e.g. http://www.istat.it/salastampa/comunicati/non_calendario/20070221_00/).

I will briefly show you now the way violence was defined in our survey. The respondents are asked to think whether they have ever, since the age of 16, experienced any one of these violence types. The questions are presented separately, and if the respondent says yes to any of the items there are a set of immediate follow-up questions concerning the perpetrator, the time of the most recent incident by different perpetrators and the incidence of violence.

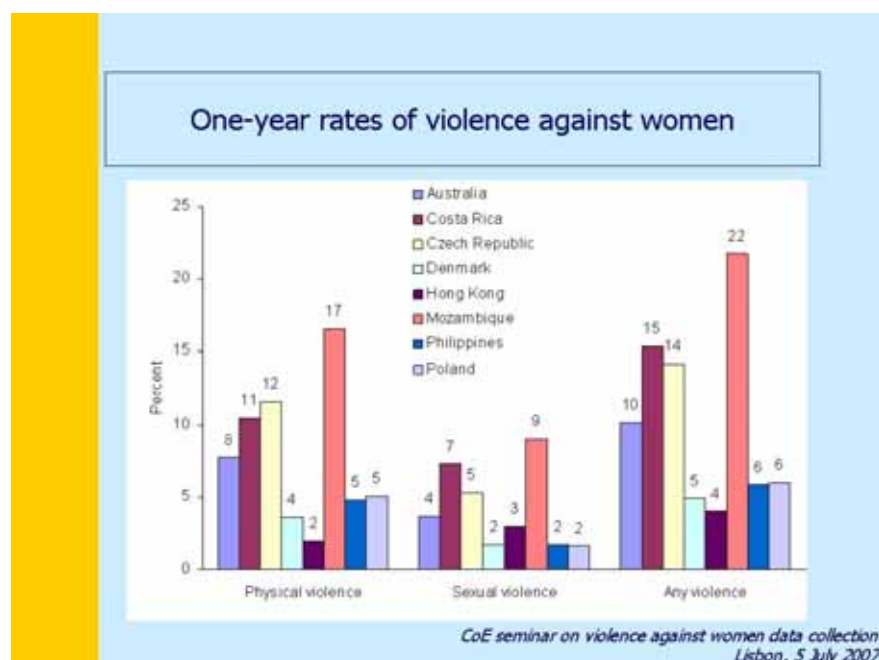


After going through the different forms of physical violence there is also a list of different types of sexual violence. For both sexual and physical violence the respondent is asked to think of any incidents, which might have taken place since they turned 16 years of age. However, the questionnaire also includes a section on the experience of violence in the childhood, which was optional for countries to include.

Now to the results. The first table presents the one-year prevalence of violence against women in our survey



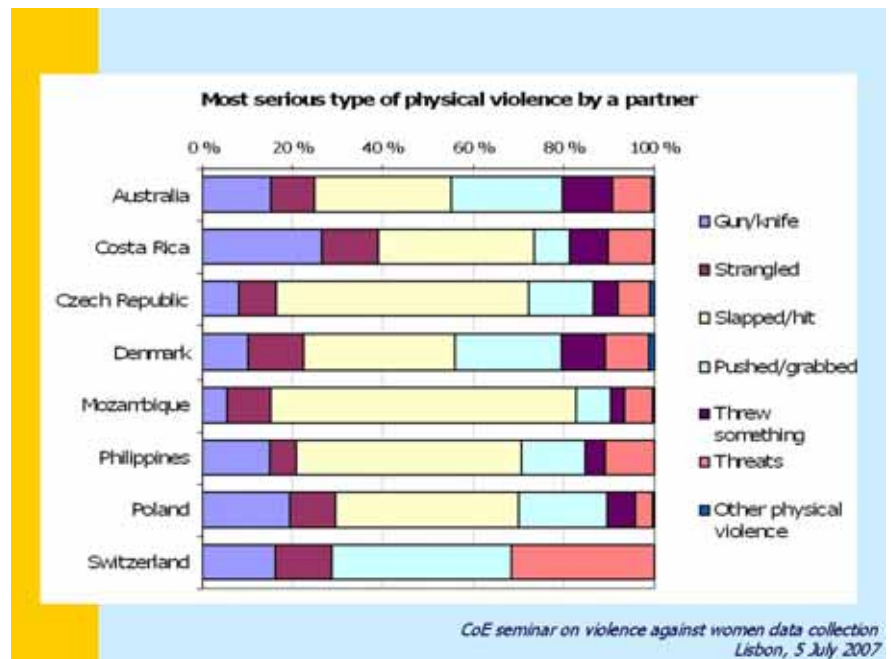
with a separate group of bars for physical violence, sexual violence and any violence. This is now combining all the different perpetrators, both partners and non-partners. We can see that besides the one-year prevalence of violence in each country there are groups of countries that can be identified. Denmark, Hong Kong, Philippines and Poland show lower rates in both types of violence and in overall than Australia, Costa Rica, Czech Republic and Mozambique, which shows the highest prevalence of the countries surveyed.



Since the violence by a partner may involve several different types of violence, either in one incident or several, we have looked at the most serious incident reported by the victim. Here we see that in Costa Rica a gun or a knife has been used in more cases than in

other countries. In Poland, in almost 20% of the cases the most serious incident has involved a gun or a knife. In Mozambique and in the Czech Republic, hitting or slapping the respondents has been more common than elsewhere. The majority of inci-

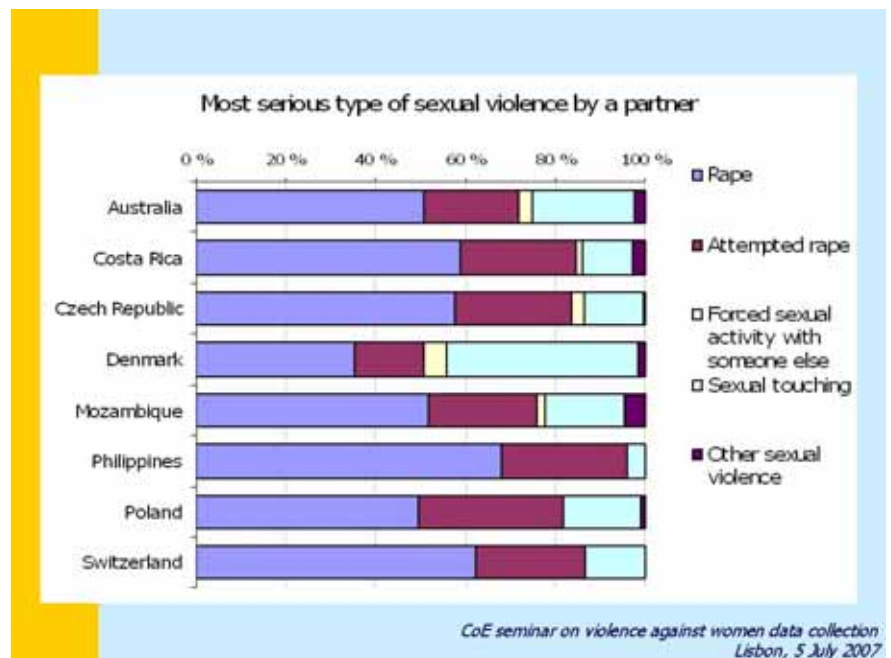
dents involve the use of more serious means than threats. I should note that the Swiss results are not completely comparable because they used a modified set of types of violence.



With sexual violence the respondents describe, with the exception of Denmark, that the most serious case

of sexual violence they experienced was rape. A significant portion of the

remaining cases is described as attempted rape.

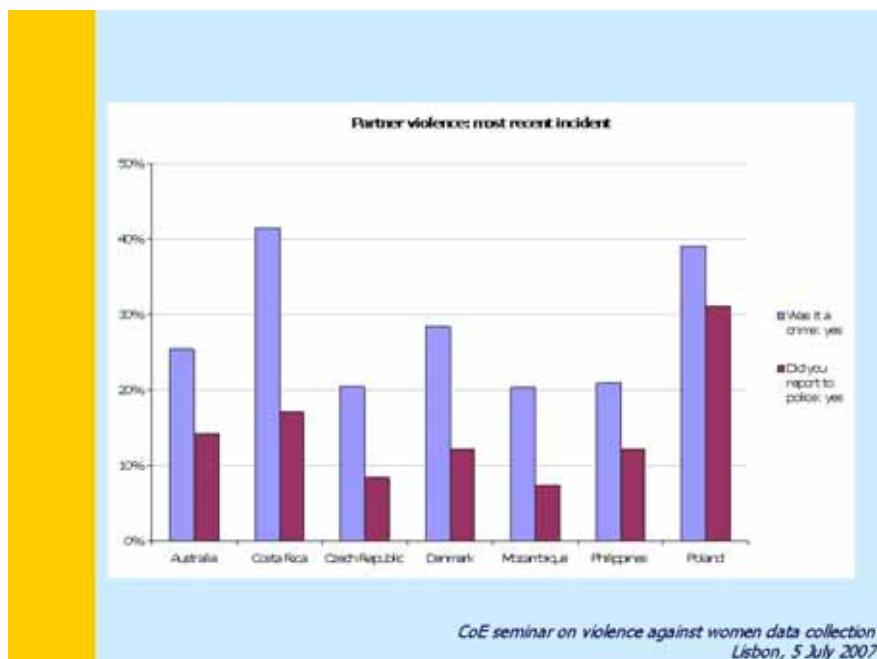


Was the most recent incident of partner violence a crime, and was it reported to the police?

These are the results of two questions. One is whether the respondents

would describe the most recent incident of violence by an intimate partner as a crime, and the other question is, was this incident reported to the police. There is a large discrepancy between the two, except for Poland, so that often one-third to one-half of the

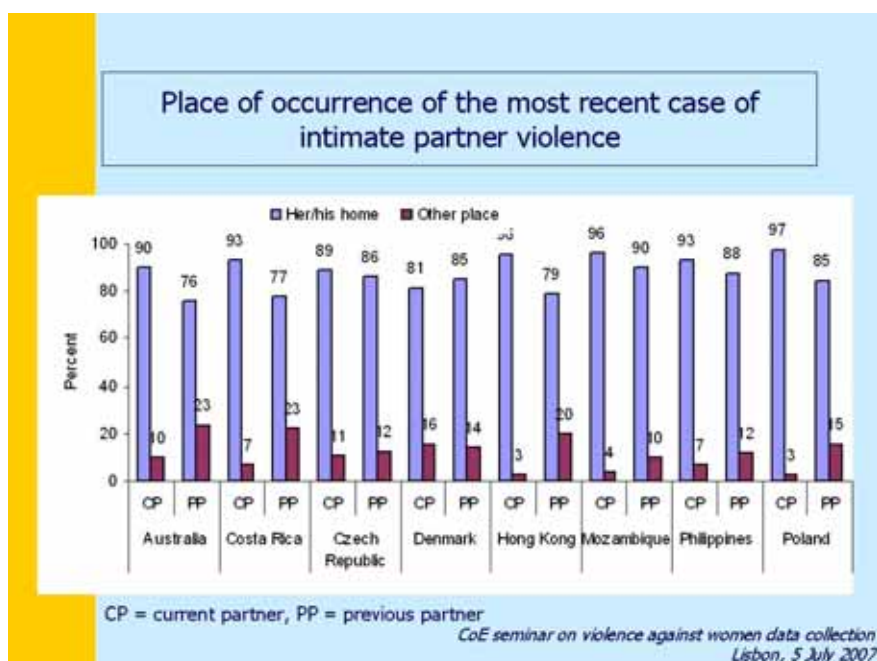
cases which respondents consider serious enough to be classified as crimes are not brought to the attention of the police. On top of these, there are all those incidents, 75% to 60% of all incidents, which the respondent did not view as quite so serious.



The results in this slide should not be surprising for anyone doing research on domestic violence: the clear majority of the violent incidents takes place at home and only a relatively small proportion somewhere else. This applies both to violence by the current partner and by a previous partner, although with violence by a previous partner there are more inci-

dents taking place outside the home. However, this continues to be central when thinking about the special nature of domestic violence and the involvement of the police. While the majority of violent incidents where men are victims happen in public places, for example in the streets or in bars, in the presence of witnesses and other people who may intervene, do-

mestic violence, which forms a significant part of the violence experienced by women, happens at home behind closed doors. Because of this, and other differences it is necessary that the special nature of domestic violence is recognised in the legislation so that cases of domestic violence which come to the attention of the police can be effectively prosecuted.



The report will include a discussion on the conclusions which can be drawn from the surveys and recommendations on what can be done to violence against women. From the country comparison it is evident that,

despite differences between countries in the prevalence of violence, violence occurs in every age and economic group. Violence by an intimate partner, when it occurs, is rarely a one-time only event. The violence is often

accompanied by psychological abuse and attempts to control the female partner's autonomy. Even very serious cases are often not reported to the police. ★

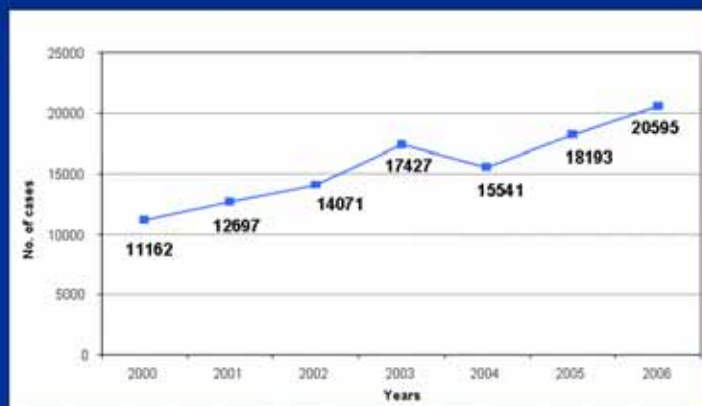
PRACTICES IN COLLECTING POPULATION-BASED DATA: THE PORTUGUESE EXPERIENCE

Ms Elza Pais

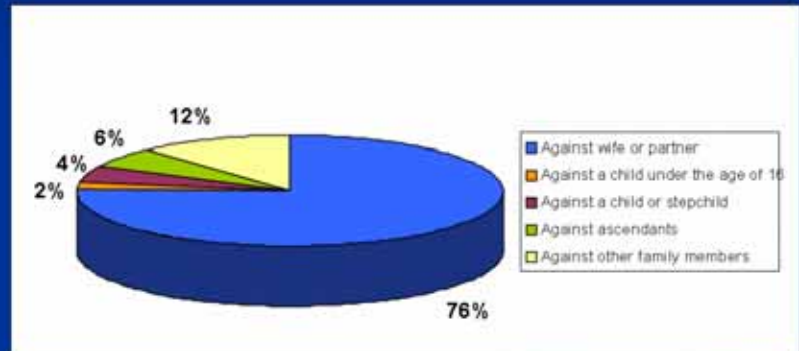
**President of the
Commission for
Citizenship and
Gender Equality,
Portugal**

**Quantitative indicators in
Portugal, 2000-2006**

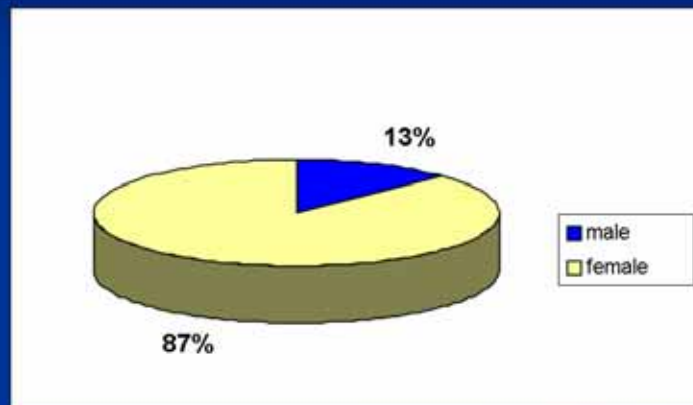
**Cases of domestic violence recorded by the law
enforcement agencies from 2000 to 2006**



Percentages of the different types of domestic violence recorded by the Portuguese Police in 2006



Genders of victims of domestic violence recorded by the Portuguese Police and National Guard in 2006



Conjugal homicide in Portugal

Trends from 1996 to 2006

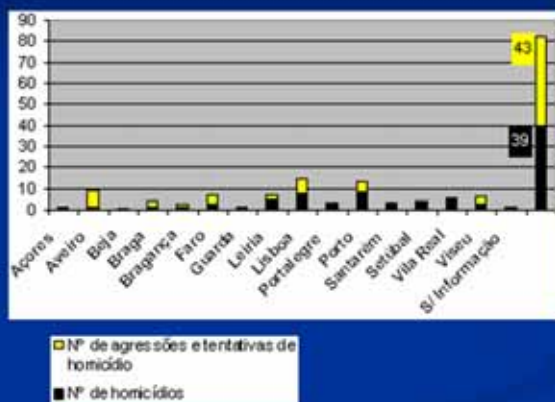
Source:

Homicídio Conjugal em Portugal (Elza Pais, 1998)

Directorate General of Prison Services (2006)

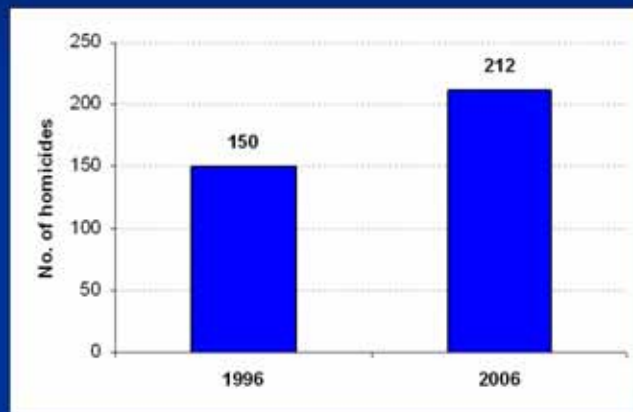
UMAR (2006)

Total homicides and attempted homicides by district from 25 November 2005 to 20 November 2006 – UMAR

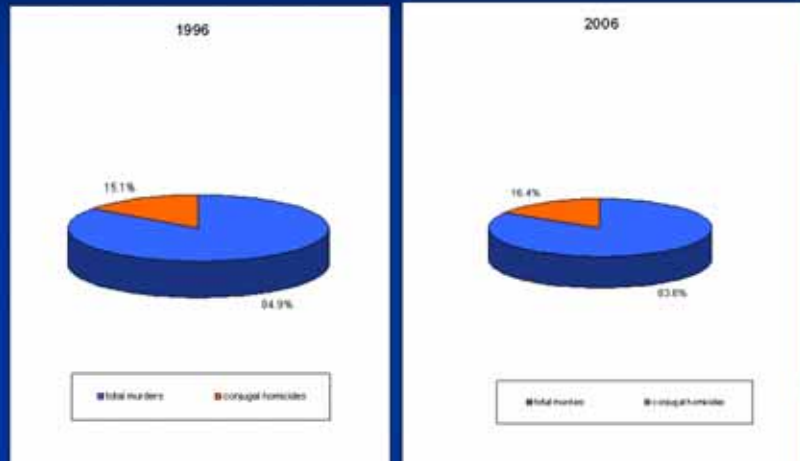


Source: UMAR – Observatory of Murdered Women: collection at press

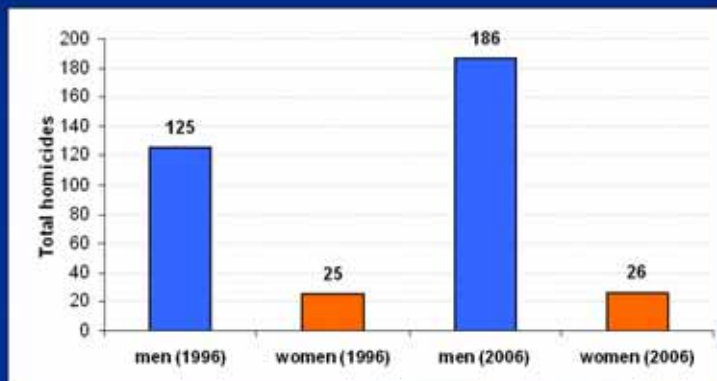
Conjugal homicide from 1996 to 2006 Persons sentenced to imprisonment



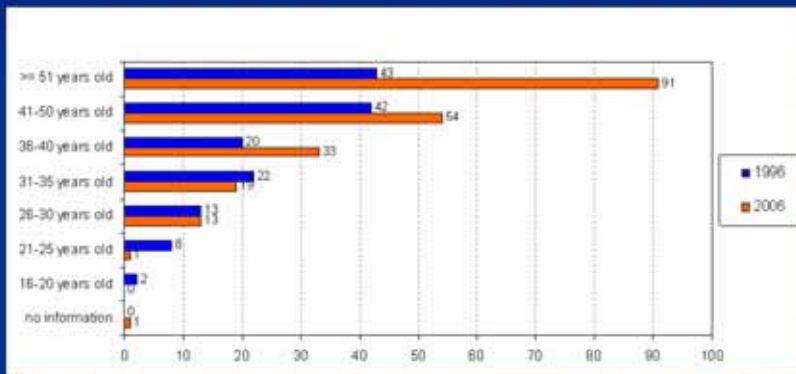
Proportion of conjugal homicides as compared with total numbers of murders



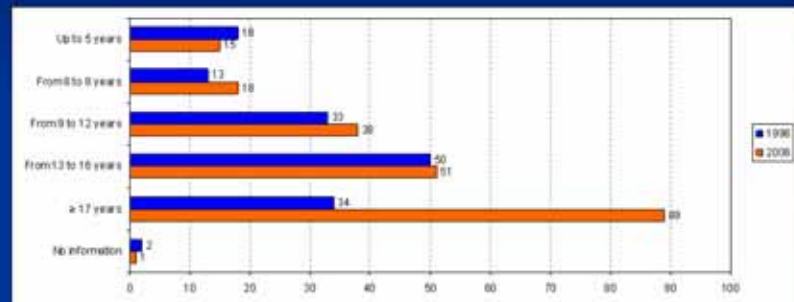
Conjugal homicide by gender in 1996 and 2006



Ages of persons sentenced to imprisonment in 1996 and 2006

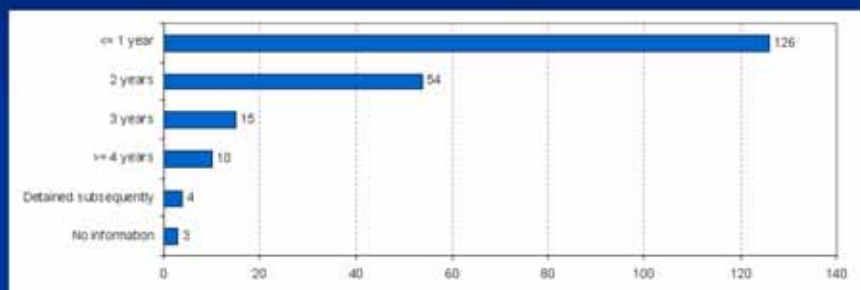


Length of prison sentences in 1996 and 2006

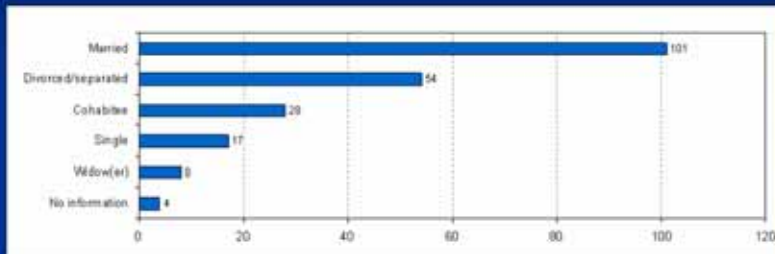


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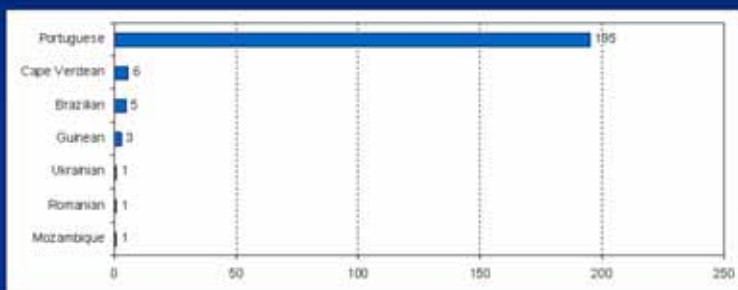
Time lapse between remand in custody and the judicial decision



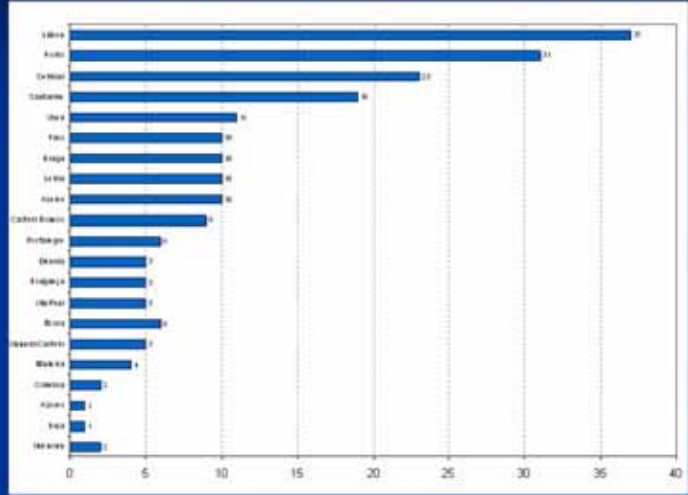
2006 Civil status of defendant



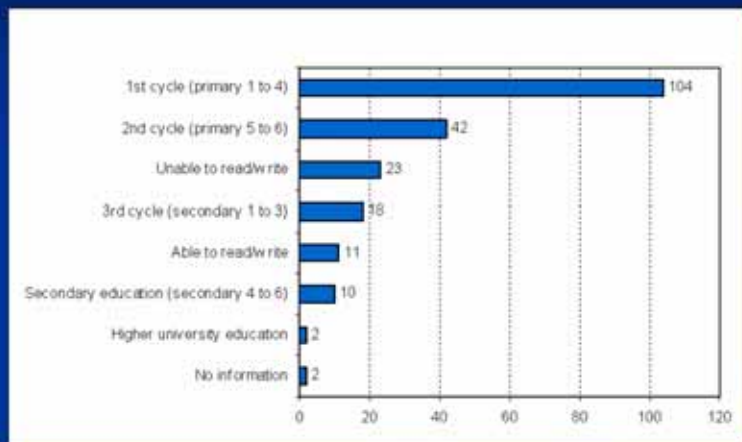
2006 Nationality of defendant

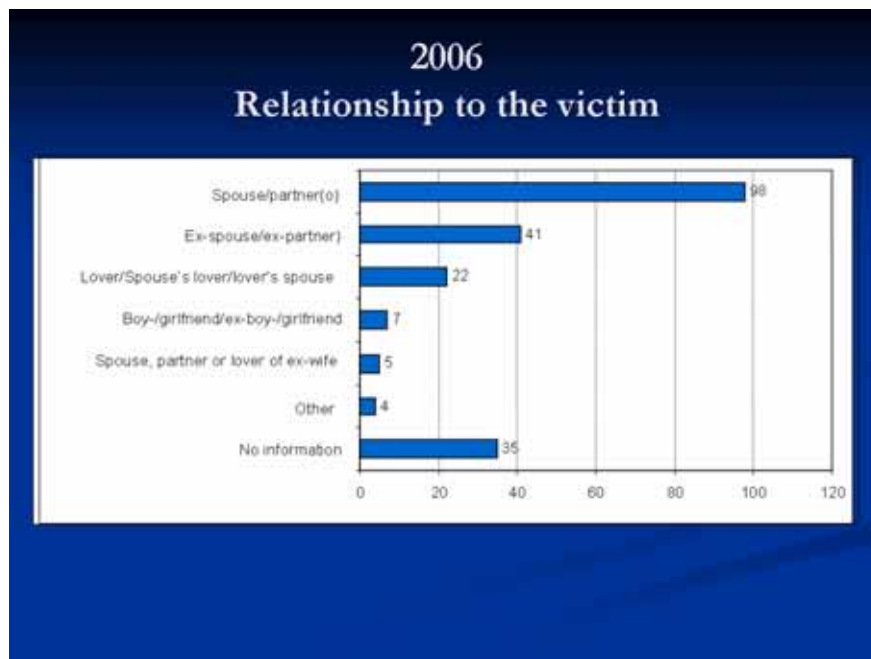


Defendants' place of residence by district



Defendants' standard of education





**Mr Manuel
Lisboa**

**Professor, Department
of Sociology, New
University of Lisbon,
Portugal**

National surveys of the population, knowledge and effective intervention

I should like to begin this intervention by acknowledging this initiative, especially to the National Focal Point, Ms Elza Pais, President of the CIG, Commission for Citizenship and Gender Equality.


I would also like to greet all those present, international and national experts, with special attention to the members of the Council of Europe and my colleagues from the Council of Europe *Task Force to Combat Violence against Women, including Domestic Violence*, whom I would like to welcome to this country, hoping that it might be enjoyable not only because of the sun, but also for the knowledge of the subjects we will be discussing.

It is in fact with great pleasure that I see that this event is taking place in Portugal, an event dedicated to the

scientific investigation and data gathering in what concerns “violence against women”. Hopefully one can see this as a sign of recognition of the work that’s being done, despite of the work still ahead.

In the last twelve years, Portugal experienced great change in its level of knowledge of the subject of violence against women, including domestic violence. We went from knowledge focused on case studies to a much wider vision, with a national level evaluation of the prevalence of domestic violence.

The first studies were without a doubt important, but they did not prove to be effective when it came to influencing public policies. In this intervention, I shall take you through the path of not only what, stage by stage, we were able to understand, but also what we are still hoping to accomplish.



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Faculdade de Ciências Sociais e Humanas
Universidade Nova de Lisboa

Surveys of the Portuguese Population

- (1995) – National Survey Violence Against Women (FCSH - Universidade Nova de Lisboa and Comissão para a Igualdade e para os Direitos das Mulheres) [First Portuguese National Survey about the violence against women]
- (2002) – National Survey The Social and Economic Costs of Violence Against Women (FCSH - Universidade Nova de Lisboa and Comissão para a Igualdade e para os Direitos das Mulheres) [First Portuguese National Survey about the social costs of violence against women]
- (2003) – National Survey Health and Violence Against Women (Health Care Centers) (FCSH - Universidade Nova de Lisboa and Direcção Geral de Saúde) [First Portuguese National Survey about the health costs of the violence against women]
- (2006-2007) – Violence Against Women and the Economic Costs with their Health (Health care Centers and Hospitals) (FCSH - Universidade Nova de Lisboa and Direcção Geral de Saúde) [First Portuguese Survey about the economic health costs of the violence against women]
- (2007-...) – National Survey of Gender Violence (Men and Women) (FCSH - Universidade Nova de Lisboa and Comissão para a Igualdade e para os Direitos das Mulheres) [First National Survey that aims to keep under surveillance the evolution of violence against women in Portugal in the last decade. First National Survey that compares the victimization of both men and women]

In 1995, when we conducted the first national survey about violence against women – the second to be made in Europe, right after Holland – we began with a doubt:

To what extent in Portugal, a Latin country where the values of masculine domination are so present, a country where this phenomenon had a weak visibility and was confined to the private and intimate spheres, would it be possible to observe violence against women, in a scientific way, at a national level and through a sociological survey?

The study's conclusions, made at the time by a research team of the New University of Lisbon (Universidade Nova de Lisboa) and requested by CIDM, were, in my opinion, of the utmost importance. For the first time we came to understand that more than half of the responding Portuguese women, older than 18, claimed to have been victims of at least one of the 52 acts of violence considered as such at the time by CIDM.

We also discovered that this violence expressed itself in different ways – physical, psychological, sexual or even as social-cultural discrimination – and that these ways were associated with the victims' different social-cultural profiles. We realised that much of the phenomenon was still con-

cealed, silenced in private social spaces, or even within women's innermost feelings, as Michelle Perrot states: the majority of the acts took place at home and only 1% of the victims pressed charges with the police or at a court of law.

These results, which might appear simple, turned out to be of great importance especially in what concerns the support provided to the definition of future public policies and also in the direct intervention to fight the problem, by enhancing its efficiency.

In reality, domestic violence was legally re-defined as a public crime, improving protection and support mechanisms for victims and its ability to repress the offenders, making the phenomenon more public. However, the team of the New University of Lisbon that continued to work in this domain was confronted with new issues.

The first was the question to what extent the use of the definition of domestic violence proposed by CIDM, as stated on the list of the 52 acts of violence, was insufficient for the understanding of violence which was perceived and felt as such by the women that claimed to be victims. The second issue was that finally, we understood that we were facing a phenomenon with multiple social and cultural con-

nections. How could we more deeply comprehend those social-cultural dynamics? Two new national studies, also conducted by the team of the New University of Lisbon, searched for answers to these interrogations:

- ▶ The first is a nation-wide interdisciplinary research, with the inclusion of Sociology, Medicine, Psychology and Educational Sciences perspectives, requested by CIDM and conducted in 2002. Its sample was representative and the survey was directed at women aged 18 years or more. It was the first nation-wide study on the analyses of the social costs of violence against women.
- ▶ The second was projected to analyse the consequences of violence on a health level. The Direcção Geral da Saúde took the initiative and the study was preformed in 2003 and was directed at women, of a statistically significant sample, who were health care centre users.

In these studies, the concept of violence was not confined to the 52 acts that in 1995 were identified by CIDM as violent. We tried instead to find out what was these women's perception of the acts that they conceived as violent.


The phenomenon was still, in its majority, within the domestic sphere

and still fairly invisible – coming out to the police, lawyers and courts of law did not exceed 13%. But the great conclusion of these studies is that violence against women has, unmistakably,

several types of costs and they can be empirically observed.

When we compare victims and non-victims, we can observe that these costs are statistically significant

on the professional, health and children's education level, as well as being accountable for leaving severe sequels on physiological and physical health levels.



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Professional Costs ⁽¹⁾


- Difficulty in getting a job [69% more likely among the victims]
- Difficulty in being promoted [74% more likely among the victims]
- Being discharged and/or voluntary discharged [107% more likely among the victims]

Costs with children

- Sick Children ⁽¹⁾ [90% more likely among the victims]
- Children with unhealthy school work environment at home ⁽²⁾ [3400% more likely among the victims]

Source: (1) Manuel Lisboa, in *Prevenir ou Remediar*
 (2) António Nóvoa and Sofia Marques da Silva, in *Prevenir ou Remediar*

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Physical Health [more likely among the victims]

- Ecchymoses/Bruises [82% +]
- Wounds [100% +]
- Coma [94% +]
- Haemorrhages [94% +]
- Intoxications [79% +]
- Genital lesions [73% +]
- Obesity [57% +]

Source: Manuel Lisboa and Luísa Branco Vicente (2005). *Saúde e Violência Contra as Mulheres*. Lisboa: DGS.

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...Physical Health [more likely among the victims]

• Asthma	[46% +]
• Burns	[46% +]
• Palpitations	[44% +]
• Tremors	[43% +]
• Colitis	[42% +]
• Chronic Headaches	[40% +]
• Frequent Vomiting	[40% +]
• Dermatitis	[37% +]
• Gastric-duodenal Ulcer	[37% +]
• Respiratory distress	[37% +]
• Sweats	[36% +]
• Hypertension	[26% +]
...	

Source: Manuel Lisboa and Luísa Branco Vicente (2005). *Saúde e Violência Contra as Mulheres*. Lisboa: DGS.

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Physiological Health [more likely among the victims]

• Psychological/psychiatric appointments	[200% +]
• Desperation – always	[556% +]
• Felling of void – always	[479% +]
• Discouragement – always	[368% +]
• Self-blame – always	[355% +]
• Sorrow and grief – always	[344% +]
• Pleasure and happiness – never	[211% +]
• Self-depreciation – always	[128% +]
• Anxiety – always	[112% +]

Source: Manuel Lisboa and Luísa Branco Vicente (2005). *Saúde e Violência Contra as Mulheres*. Lisboa: DGS.

7



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... Physiological Health [more likely among the victims]

• Loss of hope	[61% +]
• Loneliness	[58% +]
• Audiovisual hallucinations	[117% +]
• Fainting sensation	[200% +]
• Suicide plans	[300% +]
• Suicide attempts	[600% +]

Source: Manuel Lisboa and Luisa Branco Vicente (2005). *Saúde e Violência Contra as Mulheres*. Lisboa: DGS.

8

- We also understood that the costs:
- ▶ fall directly on the people involved, but are also paid by all of society, specifically through taxes – shelters, police, magistrates, social workers etc.;
 - ▶ have an economic expression, but also impact on other harder to quantify dimensions which are nevertheless important – physiological, social and cultural;
 - ▶ are visible short-term but continue to add up throughout the life span – post-traumatic stress is an example – and may even affect future generations through children.

Another aspect that should be highlighted is the methodology which was used: for the first time in a nationwide survey it was possible to articulate the quantitative survey data with in-depth interviews. These interviews were performed on type cases, previously identified through a Multivariate Analysis, which allowed a more refined analysis of the dynamics of the social-cultural process underlying violence.

Of the several conclusions drawn on this subject, I would like to highlight one, which I believe is of utmost importance:

- ▶ Violence against women, domestic or not, has outlines of economical, political, social and cultural ine-

quality, something which shapes a gender inequality problem.

It is a structural phenomenon, historically constructed and culturally ingrained in several segments of Portuguese society.

Naturally, these findings are extremely important when defining intervention policies. To fight violence against women and especially domestic violence, it is not enough to adopt short-term measures, it is also necessary to take medium and long-term preventive measures.

In other words, it is necessary to act directly upon the social and cultural encystations historically ingrained in the regulation of the power relations between men and women, which present a truly structural obstacle to the problem's resolution.

The steps should aim for a sustained change of social structures and mentalities where violence is produced and reproduced.

Having reached this point of scientific knowledge about the phenomenon in Portugal and of the utilization of the results to design effective intervention mechanisms, the research team faced new questions.

- ▶ How to deepen the knowledge of the evaluation of the costs to society?
- ▶ How to obtain reliable indicators that allow a wider knowledge of vi-

olence as a phenomenon that arises from gender inequality, on a national level and not merely in some cases?

- ▶ How to monitor gender violence? Through an analysis of its change over time, or through a comparative analysis with other national and international information sources?

In Portugal, the answers to these questions began to be outlined two years ago. An interdisciplinary team in Sociology and Economy of the New University of Lisbon, in collaboration with the Direcção Geral de Saúde, is now finishing a study specifically on the Economic Costs with Health, following violence against women. From the preliminary results it is already possible to conclude that in an "episode of medium disease", the health costs are 32% higher among victims of violence against women and that 72% of the victim's costs are borne by the SNS (National Health Service).

The research is promoted by the Direcção Geral de Saúde and the data was collected in health care centres and hospitals.

Concerning the national analysis of gender violence, a new study promoted by CIG is projected, a study that for the first time will include indicators specially constructed to observe gender violence. This study is

also the first in Portugal that will allow for a comparative analysis of violence against women and men based on a gender perspective. This nationwide survey, already in progress, will also allow for an evaluation of the evolution of violence against women in Portugal in the past decade – through the use of a methodology that enables a comparison of the 1995 data with the data gathered in 2007.

This matter is of the utmost importance in terms of the phenomenon's surveillance, especially since multiple legislative and other measures were already adopted and will necessarily be taken into account.

At the same time, this study takes into account variables and indicators of other international studies: both from studies conducted by international organisations like the United Nations and the World Health Organ-

ization, and from studies promoted in other countries that are members of the Council of Europe. Hopefully, this will be the first step in the path that we have been pursuing, leading to the production of international statistics about gender violence, allowing for as much comparison as possible.

Despite the existing experience with using national data derived from other sources, for instance from National Statistics, the Forensic Medicine Institutes or from the police, we think that an increased effort must be made in the future to articulate these data with the Nation Wide Population Surveys. After all, the social problem is the same. What changes are the windows that we open to observe it. In that sense, I welcome the measures made public about a month ago, in the presentation of the National Plan for Gender Equality and also by the Na-

tional Plan to Fight Domestic Violence, in what concerns the “systematic data gathering”. We hope that the intentions stated there evolve, themselves, into good practices.

We know that it's a long and arduous journey for everyone – for men and women, for youngsters and adults. But that's exactly why we should start making our way as soon as possible. The women and men of tomorrow – and of today – demand it.

In fact, I believe that a country that is not adamant to combat all forms of violence against women will always be a country with a democratic deficit. Not only because it will, in the present, limit the full extent of democracy, but also because, by not taking any action, it will mortgage generations to come. ★

OTHER NATIONAL EXPERIENCES

**Mr Constantinos
Veis**

**Superintendent,
Domestic violence and
child abuse office of the
Cyprus Police Service,
Cyprus**

In this short presentation we shall briefly report on data collection on domestic violence in Cyprus and where possible we shall link this to designing effective policies and campaigns.

Data banks on domestic violence in Cyprus on the part of Governmental Agencies date back to 1994, when the first Law⁴ on Domestic Violence was passed. Prior to 1994, Domestic Violence as such did not exist as a legal term. The Governmental Agencies, which since then maintain service based statistics on the issue, are the Police and the Department of Welfare. On the part of the Non-Governmental sector, the Crisis Centre of the Association for Prevention and Handling Domestic Violence maintain their own data since 1998.

All available statistical indexes in Cyprus are shown in the table on page 62.

The first column on the Police, entitled "Criminal Files", records the annual number of criminal cases and files on domestic violence investi-

gated by the Police. The second column on Police, entitled "Other Reports", records the number of Domestic Violence incidents reported to the Police, but given their specific circumstances they tend to be not criminally investigated. The major reason for this, seems to be the absence of a formal complaint and of a statement of the events on behalf of the victim and the lack of evidence to proceed with further investigation. Data in this column is considered to be of paramount importance in terms of guiding policy development, and this will be further explored below. The third column on Police is simply the total of the two preceding columns. Basic Police statistics are published in the Police Web Page at <http://www.police.gov.cy/>.

The left column of Social Services, which is headed "Child (Abuse, etc.)", records Child Abuse cases only, and these may not necessarily be of a domestic/family nature. The column to the right indicates cases of domestic violence handled by the Department.

The column headed "Crisis Centre" to the far right indicates the number of incidents handled by the Association on Domestic Violence, which is an NGO, either through their telephone hot line, or through personal appointments.

All service-based data shown in Table 1 are presented in the graph on page 62, where one may see the tendencies since 1994. It should be noted that for the past few months all related to the issue State Agencies have been

4. Law 47 (I)/1994. This Law was later replaced by Law 119 (I)/2000, which was amended by Law 212 (I)/2004. A comparative legal study of the legal situation in all member states of the Council of Europe found the integrated approach of the Cyprus law (47 (I)/1994) to be the most promising way forward in relation to combating domestic violence in a democratic Europe (Radford, Jill, (August, 1998). Violence Against Women: Comparative Legal Study of the Situation in Council of Europe Member States. (Provisional edition). Strasbourg: Council of Europe.)

discussing the possibility to adopt a unified reporting system, so that cumulative cross-departmental statistics may be issued. This project was initiated and it is promoted by the Advisory Committee for the Prevention of Violence in the Family, which is a

multi-agency body established by the Law on Domestic Violence, composed of State and NGO representatives. At the same time, the Office of the Attorney General of the Republic of Cyprus, which is the final recipient of all mandatory reports on Domestic

Violence from public servants, in co-operation with the Advisory Committee began sorting out and unifying all such reports which already have been transmitted to the Attorney General.

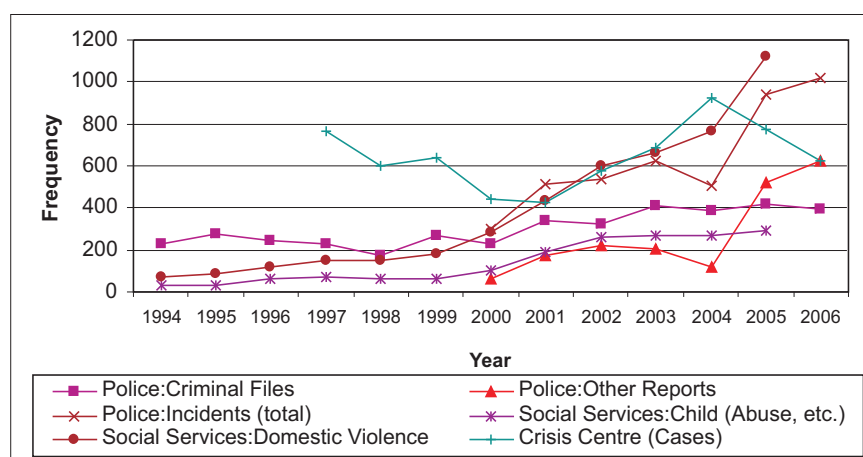
Table: Domestic violence service statistics in Cyprus

Year	POLICE			SOCIAL SERVICES		CRISIS CENTRE
	Criminal Files	Other Reports	Incidents (total)	Child (abuse, etc.)	Domestic Violence Cases	Cases
1994	229	---	---	029	0073	---
1995	273	---	---	035	0084	---
1996	243	---	---	060	0122	---
1997	227	---	---	070	0152	768
1998	173	---	---	063	0150	597
1999	271	---	---	062	0179	642
2000	230	067	0297	102	0284	441
2001	336	176	0512	187	0436	423
2002	320	218	0538	257	0598	578
2003	414	209	0623	265	0667	687
2004	389	116	0505	271	0766	924
2005	422	518	0940	291	1119	776
2006	393	625	1018			624
AVG	302	275	0633	141	386	646

Source: Veis Kostas M. "Violence + Family = Crime²: Quantitative Analysis of Domestic Violence in Cyprus". Review of Cyprus and European Law, Issue 3, February 2007, pp. 437-467. Dikeonomia-Nomikes Ekdoxis. Table updated to include statistics issued in 2007.

(Βέης Κώστας Μ., «Βία + Οικογένεια = Έγκλημα²: Ποσοτική Ανάλυση της Βίας στην Οικογένεια στην Κύπρο». Επιθεώρηση Κυπριακού και Ευρωπαϊκού Δικαίου, Τεύχος 3, Φεβρουάριος 2007, σελ 437-467. Δικαιονομία-Νομικές Εκδόσεις. Ενημέρωση Πίνακα με στοιχεία που δημοσιεύτηκαν το 2007.)

Graph: Domestic Violence Service Statistics in Cyprus



To date, there have been only two population self report surveys related to domestic violence in Cyprus. Both were conducted on behalf of the Advisory Committee. The first survey, which was on Domestic Violence,⁵ took place in 2000, and among others found that 11% of the representative of the population sample reported of

being victims of domestic violence at some time in their life. The second survey,⁶ which was conducted in 2004, dealt with child abuse and found that 20% of the representative sample of teenagers (12-18years) were exposed to physical abuse, and 10% to forms of sexual abuse.

The first in-depth and comprehensive attempt to analyse one of the two existing data pools, namely of the Police, which includes data on more than 4 000 incidents registered over the past six years, was made in 2006. The analysis, which revealed a wealth of information useful to the Police – and not only to them, is published in a

local Cyprus periodical named *Review of Cyprus and European Law*.⁷

The Report mostly analyses demographic data, and it adds some other quantitative perspectives, in a way that it responds to practical questions commonly aroused. The publication provided scientific-numerical input in campaign as well as in policy development.

At the simple level, it has been established that overall 84% of reported offenders are men, and that 80% of complainants are women. From a different data base on domestic homicide or murders, it was established that 90% of all and 95% of spousal offenders are men and that 64% of domestic and 95% of spousal victims are women. Furthermore, it was found that almost 20% of all murders and homicides occurring in Cyprus are committed between family members. Besides the fact that this information is in and of itself enough to guide and justify targeting women in victim oriented campaigns, and men in offender oriented campaigns, in response to this finding, the Police published a relative poster.

It was also found that the percentage of children (under 18) as victims is 11%, whereas their respective percentage as offenders is only 1%. This, together with the generally accepted principle that children tend to be negatively affected if they experience domestic violence even as bystanders, led the Police to include this theme in a second poster.

Analyses of age and of occupation of victims and offenders revealed interesting but not practically useful information.

This was not the case with ethnic background data. Here, it was discovered that although the percentage of non Cypriot offenders is within their population percentage, the percentage of non Cypriot victims doubles their population percentage. Furthermore, it was found that non-Cypriot women who are married to Cypriots seem to constitute a vulnerable and high risk group for spousal abuse. In response to this, the Police translated in English and Turkish an existing Greek booklet for victims, and circulated it for the information of non Greek-speaking residents. In fact the English and Turkish booklets were published with a grant from the National Machinery for the Rights of Women (Ministry of Justice and Public Order) as part of our national contribution to the campaign of the Council of Europe to Stop Domestic Violence against Women.

A last, but not at all least, area of utilising police data on domestic violence, relates to the Reporting Time of such incidents to the Police. One study⁸ of 400 serious incidents of 2004-2005 revealed that 82% of victims contact the police at such time that the only relevant state agency, which is readily available to assist, happens to be the police. This raises a

series of questions, including victim expectations, victim support and police role.

Currently, a major research project on domestic violence is being conducted by the Police in Cyprus. This study, involves in depth and thorough analysis of all domestic violence incidents reported to the Police in 2005. We have tracked down all (almost a thousand) incidents and up to now we are almost finished with establishing their process and outcome in the criminal justice system. As soon as this important and prerequisite stage is completed, we will study a set of variables and their effect on victim retraction and co-operation and on overall incident outcome. We will also examine the quality and effectiveness of police criminal files as a function of the specialized training received by the investigator. We will also assess victim attitude and police attitude. The protocol and design of this research as well as the results of the piloting stage of the study have been published by the European Police College (CEPOL).⁹

We acknowledge that for the time being, what one may term as "hard-core research" on domestic violence, is not at a high development stage in Cyprus, but we anticipate of further approaching this target in the near future. For the time being, we are satisfied that at least part of our practice, policies, and campaigns is based on existing data. We have just shortly presented all available service and population data in Cyprus, some of their analyses and their effective use in policy or campaign development. We have also presented what is being done at the present, and more importantly, what we anticipate in the near future.

There is no doubt that we all need reliable statistics on domestic vio-

5. Advisory Committee for the Prevention of Violence in the Family (2000). Results of the Survey on "Domestic Violence". Lefkosia: Intercollege Research and Development Centre.

(Συμβουλευτική Επιτροπή για την Πρόληψη και Καταπολέμηση της Βίας στην Οικογένεια (2000). Αποτελέσματα της Έρευνας με Θέμα «Βία στην Οικογένεια». Λευκωσία: Κέντρο Ερευνών και Ανάπτυξης Intercollege.)

6. Advisory Committee for the Prevention of Violence in the Family (2000). The Prevalence and Forms of Child Abuse in the Cyprus Family. Lefkosia: ECONOMARKET and FDREDERICK IT.

(Συμβουλευτική Επιτροπή για την Πρόληψη και Καταπολέμηση της Βίας στην Οικογένεια (2004). Η Έκταση και οι Μορφές Βίας Ενάντια στα Παιδιά στην Κυπριακή Οικογένεια. Λευκωσία: ECONOMARKET και FDREDERICK IT.)

7. Veis Kostas M. "Violence + Family = Crime²: Quantitative Analysis of Domestic Violence in Cyprus". Review of Cyprus and European Law, Issue 3, February 2007, pp. 437-467. Dikeonomia-Nomikes Ekdosis. Table updated to include statistics issued in 2007.

(Βέης Κώστας Μ., «Βία + Οικογένεια = Έγκλημα²: Ποσοτική Ανάλυση της Βίας στην Οικογένεια στην Κύπρο». Επιθεώρηση Κυπριακού και Ευρωπαϊκού Δικαίου, Τεύχος 3, Φεβρουάριος 2007, σελ. 437-467. Δικαιονομία-Νομικές Εκδόσεις. Ενημέρωση Πίνακα με στοιχεία που δημοσιεύτηκαν το 2007.)

8. Veis Kostas M. "Police: Everything Difficult on Domestic Violence ... even Time!" Police Chronicles: Lefkosia, April 2006, pp. 23-31.

(Βέης Κώστας Μ. «Αστυνομία: Όλα της Βίας στην Οικογένεια Δύσκολα..., κι' αυτή ακόμα η Ώρα!». Αστυνομικά Χρονικά, Απρίλιος 2006, σελ. 23-31.)

9. Veis, Kostas M. (2006). Police Domestic Violence Training Programs: Evaluation of the Practical Effectiveness. In Fehérváry J., Hanak G, Hofinger V., and Stummvoll G. (Eds.), Theory and Practice of Police Research in Europe: Presentations and Contributions from CEPOL Police Research and Science Conferences 2003-2005. Bramshill UK: CEPOL-European Police College, CEPOL Series No.1, pp. 137-153.

lence in our attempts to design and implement sound and effective policies as well as to monitor and evaluate them, but we have to be cautious so as not to be misled by the quantities. Given the fact that we are dealing with a highly under-reported problem, which is surrounded by numerous

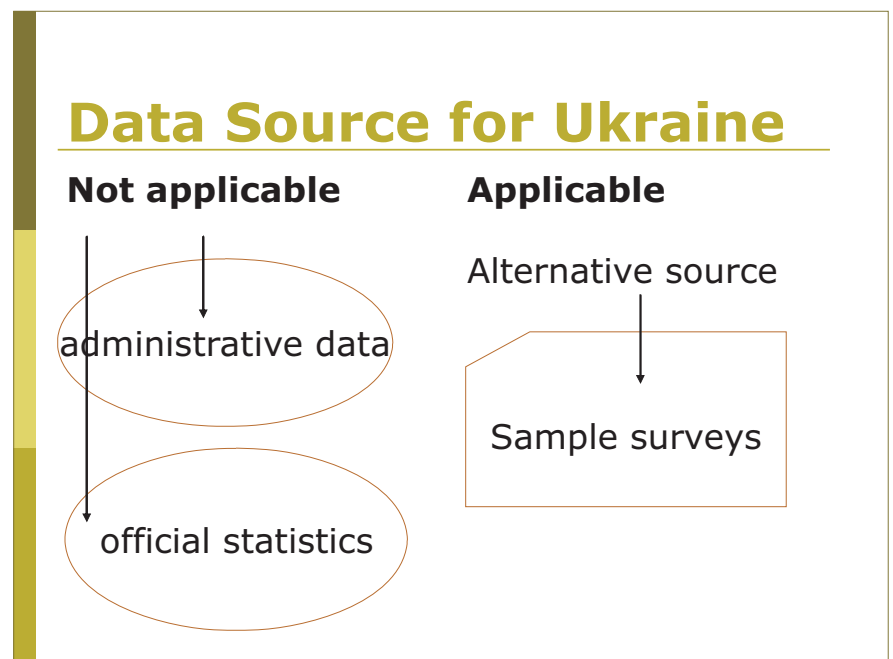
barriers to reporting, we have to look between and behind the numbers and the symbols, and we have to take quality into consideration. When dealing with the issue of domestic violence, given the circumstances, one and only incident may be too many ... and then mathematics fail. ★¹⁰

10. Kostas M. Veis holds a Masters Degree in Psychology and a Post Graduate Degree in Management and Public Administration. He works for Cyprus Police with the rank of Superintendent B', and he is the Officer in charge of the Domestic Violence and Child Abuse Office at Police Headquarters.

**Ms Olena
Aleksandrova**

**Department of
International Co-
operation, State
Committee of
Statistics, Ukraine**

Contents
Sample surveys



Basic Protection of Ukraine's Population

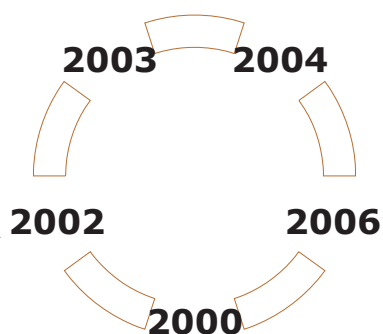
Basic Protection of Ukraine's Population

□ ILO supported

□ Panel survey

□ Questions related to sexual harassment at work place

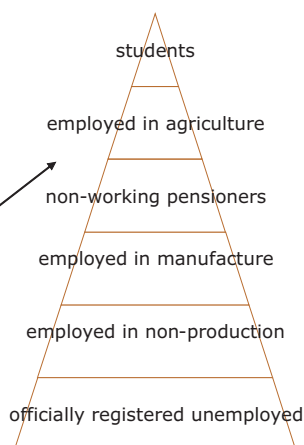
□ A question related to violence against women, including domestic violence added in 2002



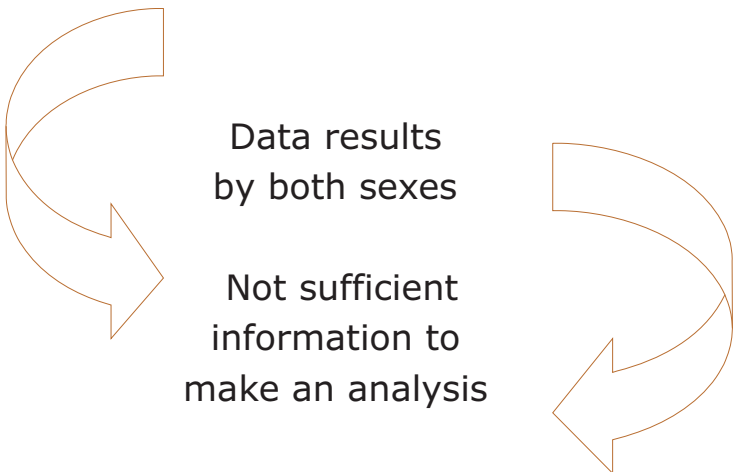
Basic Protection of Ukraine's Population

□ **Sample frame:**
9 400 people

□ **Surveyed population**



Basic Protection of Ukraine's Population



Data results
by both sexes

Not sufficient
information to
make an analysis

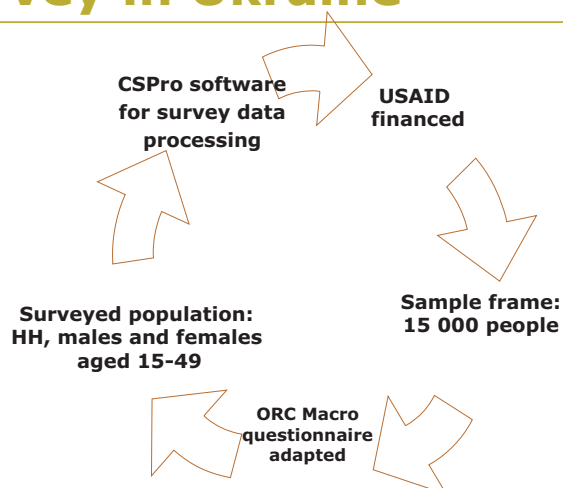
Medical and Demographic Survey in Ukraine

Medical and Demographic Survey in Ukraine

**Previous similar survey
was conducted
by the International Institute
for Social Research
in the year 1996**

**In the year 2007
State Statistics Committee of Ukraine
carries out this survey
for the first time**

Medical and Demographic Survey in Ukraine



The Main Actions Underlying the Medical and Demographic Survey

No	Actions	Date
1	compilation of the methodological documentation and tools for survey	February 2007
2	development of questionnaire design	March 2007
3	questionnaire pre-testing	April – May 2007
4	staff recruitment for the field work (1 supervisor + 3 interviewers for each region)	June 2007
5	staff training for the field work	July 2007
6	field work	August – October 2007
7	survey data processing	October – December 2007
8	analysis and compilation of report based on survey data	January – March 2008
9	publication	March 2008
10	dissemination	April 2008

One module is devoted to violence against women, including domestic violence.

The purpose: to collect the needed reliable and detailed information

about the development and implementation of the state programmes for family planning; improvements to the health care system and medical and demographic situation in

Ukraine; assessment of the actions' efficiency. ★

COLLECTING SERVICE- BASED ADMINISTRATIVE DATA

METHODOLOGY AND INTERNATIONAL STANDARDS IN COLLECTING SERVICE-BASED ADMINISTRATIVE DATA

Keynote speaker: Ms Liz Kelly

Roddick Chair on
Violence against
Women, London
Metropolitan
University, United
Kingdom

Holding states to account: methodology and interna- tional standards in collecting service-based and adminis- trative data

Themes

- ▶ Context
- ▶ Defining terms
 - Violence against women
 - Indicators
- ▶ Challenges in measuring state responses
- ▶ Promising directions

Calls for indicators

- ▶ Beijing Platform for Action set out basic standards and principle of due diligence
 - Integrated measures to address and eliminate violence against women
 - Protection, prosecution, prevention, rehabilitation
- ▶ Beijing+5 and +10
 - Need to gather systematic data to accurately assess progress
- ▶ United Nations' Secretary General's report on violence against women
 - Re-asserts need for indicators and links to MDGs

- ▶ Need to establish agreed indicators and benchmarks

Recent project

- ▶ Proposal by United Nations Special Rapporteur on Violence against Women in 2003 to develop two sets of indicators
- ▶ Commission on Human Rights' resolution (2004/46), para 25, need to develop, with international consensus ways to measure violence against women and measures taken to eliminate
- ▶ Tasks
 - Review current research literature on measuring violence against women and indicators
 - Consult with states, United Nations agencies, academics and NGOs
 - Produce a technical report with recommendations

Defining terms – violence against women

- ▶ Conferences, research often claim to cover violence against women, but are limited to intimate partner violence
- ▶ Prevalence measures
 - Sometimes as few as 5 or 7 items
 - Sexual violence, 0-3 items, some or all of which include "force"

- MC v Bulgaria, European Court of Human Rights
- African research on sexual initiation
- Limited attention to sexual harassment, FGM/C, sexual exploitation, forced marriage, stalking, crimes in the name of honour – and have lost notion of women's safety
- Not just whole populations, but vulnerable groups

Defining terms – indicators

- ▶ “Robust, valid and reliable” (Walby, 2005)
- A number, proportion, percentage, rate, trend
- Summarise complex data
- Link to quantitative data
- Unambiguous
- Basis to assess change
- Relevant to multiple audiences
- Available at regular intervals
 - Trends over time
- Comparable across social groups and states

Methodological Challenges

- ▶ Failure of states and other parties to adopt the violence against women agenda

- Research and PoAs often limited to domestic violence
- Limited technical understanding about measuring violence
- Limited progress on gender disaggregation of official statistics
- Vested interests in own definitions/research tools
- ▶ Impossible to harmonise definitions only in research, since projects connect to local law
- ▶ Number of indicators
 - Over/under inclusive
 - Resources and capacities of states

Current European suggestions

- ▶ Council of Europe
 - Stocktaking Study on the measures and actions taken in Council of Europe member States
 - A starting point, linked to Council of Europe policies
 - Primarily YES/NO questions
- ▶ EU: Begun in 1998, various presidencies
 - Violence against Women (IPV)
 - No of female victims
 - Types of victim support
 - Prevention measures
 - Sexual harassment

- Percentage of employees reporting
- Percentage of public/private bodies with policy
- Percentage of public/private bodies with procedures to sanction perpetrators

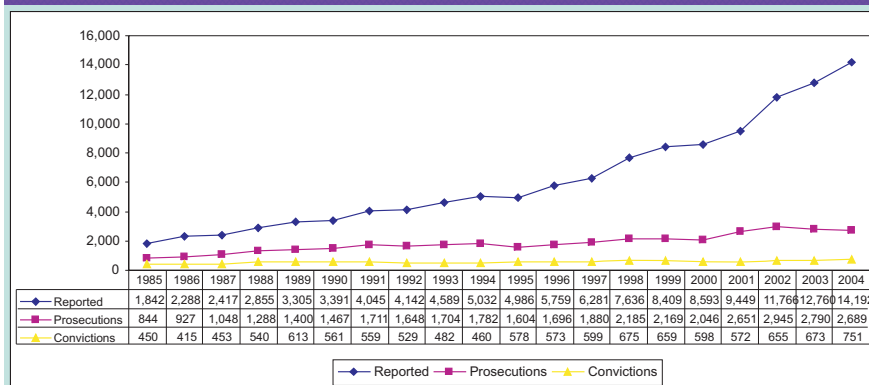
▶ Promising directions 1: Femicide index

- Intimate partner violence
 - Men killing women
- Women killing abusive men
- Sexual murder
- ‘Honour’ killings
- Women in prostitution
- Local issues – Ciudad Juarez
 - Could adapt to include other issues – dowry, female infanticide where locally relevant

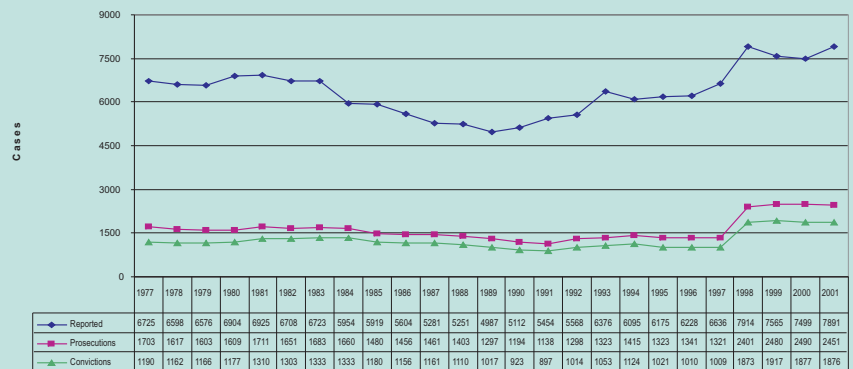
▶ Promising directions 2: Attrition

- Attrition = The proportion of reported cases that fail to result in prosecution and conviction
- Increased reporting as indicator of decreased tolerance and increased confidence in the justice system
- Rates of investigation and conviction indicators of effective prosecution

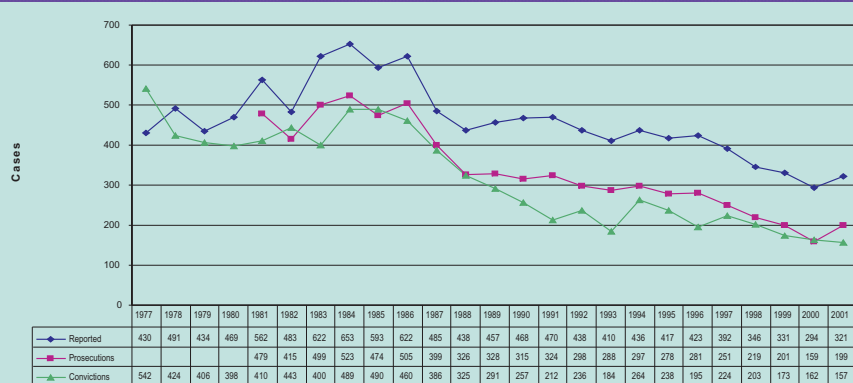
Attrition in rape cases: England and Wales 1985-2004



Attrition in rape cases: Germany 1977-2001



Attrition in rape cases: Hungary 1977-2001



Attrition in domestic violence

- ▶ Harder to do where there is no specific offence
- ▶ Marianne Hester et al, 2005
 - North of England, developing record keeping and case tracking with police and courts
 - 2 402 incidents 2002-2004
 - 50% of individuals re-offended in the period
 - Increasing percentage of arrests

- Arrest, charge and conviction in 120 (5%)
- Convictions more likely where charges were for public order/criminal damage

Promising directions 3: Mainstreaming a sophisticated module - FGM/C

Module used in Demographic and Health Surveys (DHS+), at least 17 countries and UNICEF Multiple Indicator Cluster Surveys (MICS)

- ▶ Key indicator: Prevalence of FGM/C by age cohorts 15-49 (5 year bands)

- ▶ FGM/C status of all daughters (age now, age cut) and percentage of forms of FGM/C
- possible trends/changes between generations and over more recent time
- ▶ Performer of FGM/C
- ▶ Support of, or opposition to FGM/C by women and men age 15-49

Indicators for programming

- ▶ Public declarations of intent
- ▶ Community-based surveillance mechanisms for girls at risk
- ▶ Drop in prevalence

Additional potentials

- ▶ Indices of availability and capacity of services
 - Provision per 100 000 population
 - Geographical spread
 - Across violence against women
- ▶ Attitude surveys
 - Amnesty International polls
 - Eurobarometer
- ▶ Common data collection tools for services
 - agreed databases
- ▶ Routine enquiry in health settings
 - Not just IPV
 - Accident and emergency, Pre- and post-natal, Mental health

Good and bad news

- ▶ Unprecedented interest in developing indicators
- ▶ Uneven starting points
 - Intimate partner violence/violence against women
- ▶ Continuum of interests
 - States, organisations, NGOs and academics
- ▶ Difficult conundrums
 - Common definitions across on-going debates and varied legal contexts. ★

THE PORTUGUESE EXPERIENCE

Mr João Redondo

Psychiatrist, Director
of the Service of Family
Violence at the
Hospital Sobral CID,
Founding member of
the group “Violence:
Information,
Investigation,
Intervention”,
Coimbra, Portugal



The experience of the Family Violence Service of the Hospital Sobral CID and the Group “Violence: Information, Investigation, Intervention”, Coimbra



Central Region Health Administration
Dr Fernando Gomes (GP)

Coimbra District Social Security and Solidarity Centre
Dr Emília Santos (social worker)

Coimbra Hospital Centre
- Child and Adolescent Psychiatric Department, Paediatrics
Dr Beatriz Pena (child psychiatrist)
- General Hospital Emergency service
Dr José Manuel Almeida (surgeon)

Arnes Psychiatric Rehabilitation Centre
Dr Lúcia Rosa (psychiatrist)

Department of Criminal Investigation and Action – Coimbra
Dr Paula Garcia (Public Prosecutor)

Faculty of Psychology and Educational Science, University of Coimbra
Prof. Dr Madalena Alencão (psychologist)

Bissaya Barreto Foundation
Dr Fátima Mota (social worker)

Coimbra Victim Support Centre – APAV
Dr Natália Cardoso (lawyer)

Hospital Sobral Cid (HSC)
Dr João Redondo (psychiatrist)

Coimbra Delegation of the Forensic Medicine Institute
Dr Rosário Lemos (forensic scientist)

National Institute of Emergency Medicine
Dr António Henriques (GP), Dr Sara Rosado (psychologist)

Coimbra Public Security Police
Manuel Jesus (Chief Superintendent), Graça Tejo (police officer)

Coimbra Health Sub-Region
Dr José Hespanha (GP)

**Group on “VIOLENCE:
INFORMATION,
INVESTIGATION,
INTERVENTION”**

www.violencia.online.pt



Ministry of Health



Hospital Sobral Cid

**Family Violence Service
Pavilion 4**

Secretariat
Apartado 1
3031-801 COIMBRA
Tel 239 796 400 – Ext 412
E-mail: svf@hscid.min-saude.pt

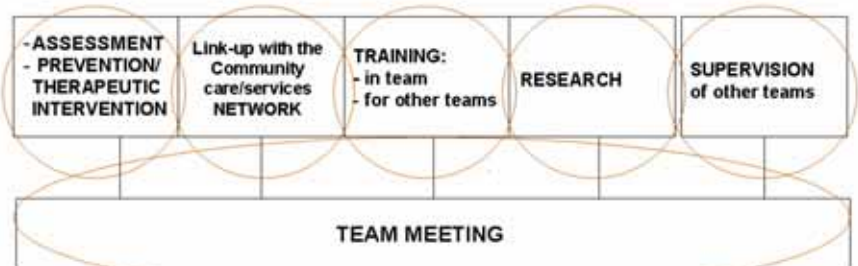


Family Violence Service



Main objectives:

- § Responding to the various MENTAL HEALTH problems (throughout life) associated with DOMESTIC VIOLENCE
- § Implementing INTERVENTION/PREVENTION strategies targeting VICTIMS, AGGRESSORS and FAMILIES
- § Team TRAINING/Training and SUPERVISION of other teams;
- § RESEARCH

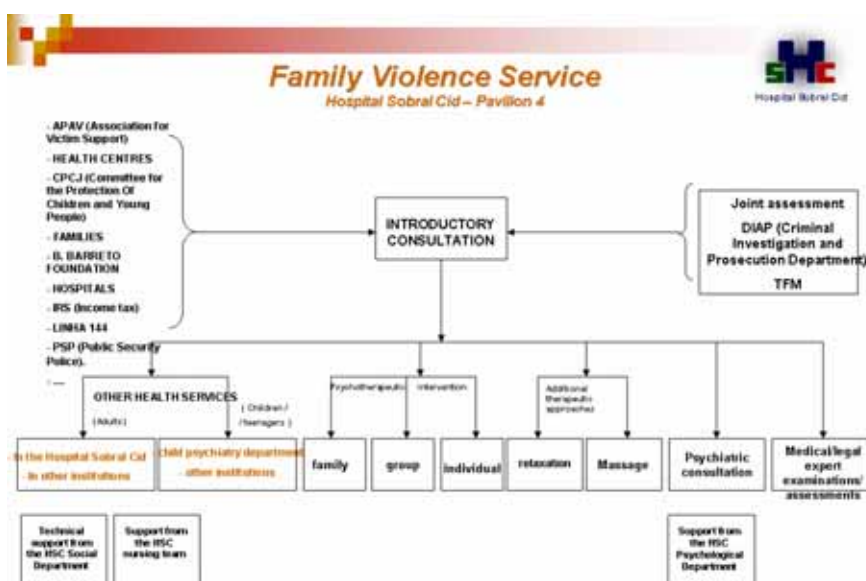


Family Violence Service (SVF)



TEAM

- *João Redondo* - Psychiatrist, HSC, Head of Department
 - *Isabel Alberto* - Prof. Doctor of Psychology, Faculty of Psychology and Educational Sciences (FPCE), Coimbra University
 - *Marialegga Alarcão* - Prof. Doctor of Psychology, Faculty of Psychology and Educational Sciences, Coimbra University
 - *Rui Paisão* - Prof. Doctor of Psychology, Faculty of Psychology and Educational Sciences, Coimbra University
- (AGREEMENT with the FPCE, Coimbra University)
- *Generosa Morais* - MA in social services
 - *Alexandra Pais* - child psychiatrist, Figueira da Foz Hospital
- (AGREEMENT with Figueira da Foz Hospital)
- *Ana Azeiteiro* - Psychologist (MA at the SVF)
 - *Henrique Vicente* - Psychologist
 - *Inês Pimentel* - Psychologist (Doctorate at the SVF)
 - *Joana Sequeira* - MA in Psychology (co-operation under the Doctorate she is currently preparing)
 - *Dulce Carvalho* - Nurse, HSC
 - *Lúcia Rosa* - Psychiatrist, HSC
 - *Alexandre Cravador* - house psychiatrist, HSC
 - *Maria Antónia Mateus* - house psychiatrist, HSC
 - *Álvaro Guilherme* - Administrative Officer, HSC, Secretariat



Consulta de Acolhimento

<input type="checkbox"/> Entrevista Diagnóstica Inicial
<input type="checkbox"/> Entrevista Diagnóstica de Seguimento
<input type="checkbox"/> Avaliação/Intervenção com redes de suporte:
<input type="checkbox"/> - Rede de Serviços <input type="checkbox"/> - Rede Primária
<input type="checkbox"/> - Avaliação Psicológica
<input type="checkbox"/> - Avaliação Global do Desenvolvimento
<input type="checkbox"/> - Avaliação das Dificuldades de Aprendizagem
<input type="checkbox"/> - Avaliação da Perturbação de Hiperactividade
<input type="checkbox"/> - Avaliação Emocional e Comportamental

Introductory consultation

- ▶ Initial diagnostic interview
- ▶ Follow-up diagnostic interview
- ▶ Assessment/intervention with support networks

- Services Network
- Primary Network
- ▶ Psychological assessment
- ▶ Overall development assessment
- ▶ Assessment of learning difficulties

- ▶ Assessment of hyperactive disturbance
- ▶ Emotional and behavioural assessment

The image shows a form titled "ENCAMINHAMENTO pós - ACOlhIMENTO". It contains several sections with checkboxes for different services and interventions. The sections are: CONSULTA de PSIQUIATRIA, PERICIA MÉDICO - LEGAL, PSICOTERAPIAS INDIVIDUAIS, PSICOTERAPIA FAMILIAR (Sistémica), INTERVENÇÕES GRUPAIS, INTERVENÇÕES COMPLEMENTARES, INTERVENÇÃO COM REDES, and OUTRAS INTERVENÇÕES. Each section has a list of specific services or interventions with checkboxes.

Procedure

after the introductory consultation

Psychiatric consultation

- ▶ Psychiatric consultation on pre-prescription monitoring
- ▶ Follow-up psychiatric consultation

Medical/legal expert appraisal

- ▶ Medical/legal expert appraisal

Individual psychotherapy

- ▶ Psychodynamic guidance
- ▶ Systemic guidance

- ▶ Other (specify)

Family psychotherapy (systemic)

- ▶ Family
- ▶ Couple

Group activities

- ▶ Group Morenian Psychodrama
- ▶ Group psycho-educational intervention with victims
- ▶ Group psychotherapy with aggressors

Additional activities

- ▶ Massage
- ▶ Relaxation

Networked actions

- ▶ Networked activities
- ▶ Interventions in community-based structures

Other activities

- ▶ Psychological assessment (specify)
- ▶ Social action (specify)
- ▶ Other situations (specify)

Some principles and rules governing the work on defining indicators and collecting data

Family Violence Service
Hospital Sobral Cid

Emergency Service
General Hospital – CHC

Clarifying the concepts

All partners must be involved (taking account of the underlying multisectoral and multidisciplinary aspects). In recording information, we must respect the recognised INTERNATIONAL STANDARDS on classifying and codifying diseases and the consequences for health, including death:

- a) International Classification of Diseases (ICD-10)
- b) International Classification of External Causes of Injuries (ICECI)
- c) International Classification of Functioning, Disability and Health (ICF)

In health services the requisite data must be collected concurrently with the provision of treatment. The technical staff of such services should also be empowered to recognise, treat and register victims of violence (on the same footing as the other partners involved).

Towards more accurate records

... to help in reading, understanding and defining strategies with an eye to tailoring the responses even better to people's actual needs.

The need for **indicators** to help assess (e.g.):

1. The seriousness of the violence, e.g.
 - a) Frequency of the violence
 - b) The physical and emotional impact of the aggression
 - c) Reproductive health problems
 - d) Cost and use of services

2. The characteristics of the victims and the aggressors
 - a) Victim/aggressor relationship
 - b) Genders of victims and aggressors
 - c) Ages of victims and aggressors
 - d) Frequency of/background to the victimisation
 - e) (Re)offending history of the perpetrator of the violence
3. The characteristics of the offence
 - a) Type of offence
 - b) Method used
 - c) Seriousness of injuries
4. The characteristics of the homicide
 - a) Victim/aggressor relationship
 - b) Genders of victims and aggressors
 - c) Ages of victims and aggressors
 - d) Scene of the crime

- e) Method of murder used
- f) Underlying motivation (eg jealousy)
5. Events during the intervention
 - investigations in the victim's home
 - apprehension of a person
 - withdrawal of charges
 - type of penalty ordered
 - admission of guilt by the aggressor
 - victim support services
 - etc.
6. The victim/aggressor relationship

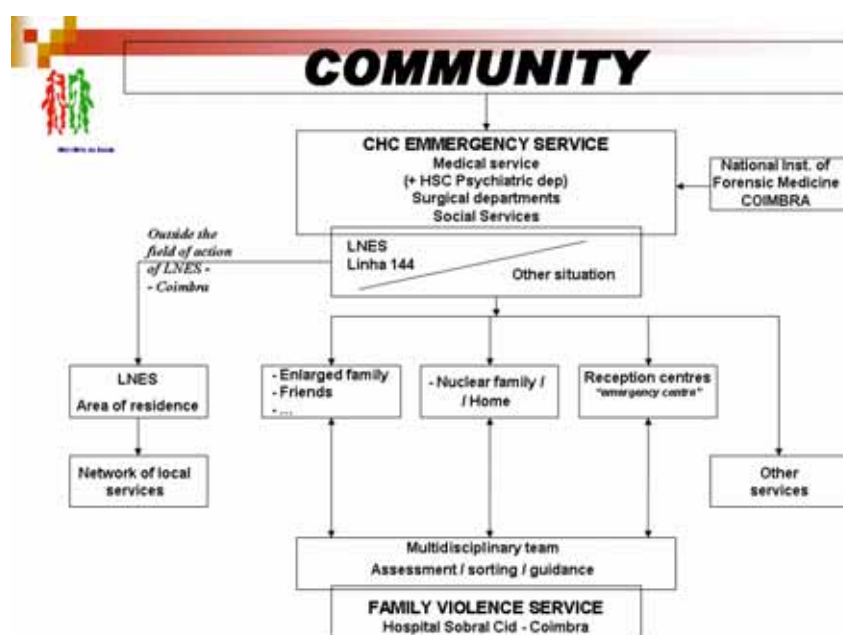
The following proposals are aimed at improving the quality of data-gathering on violence against women:

7. Assessment/registration of injuries presented by the victim (it is important to empower health in-

stitutions to implement such procedures)

8. The information system adopted by the Health Services should be enabled also to record data on domestic violence (with a guarantee of confidentiality).
9. Adopting qualitative methodologies in order to improve overall comprehension of the complexity, diversity and scope of the experience of female victims of violence.
10. Reinforcing the importance in the other Public Services in contact with female victims of violence of increasing their efforts to systematically collect statistics and share them with the Health Services.

Strategies being developed in the Family Violence Service (Hospital Sobral Cid) and the Emergency Service (general hospital – CHC)



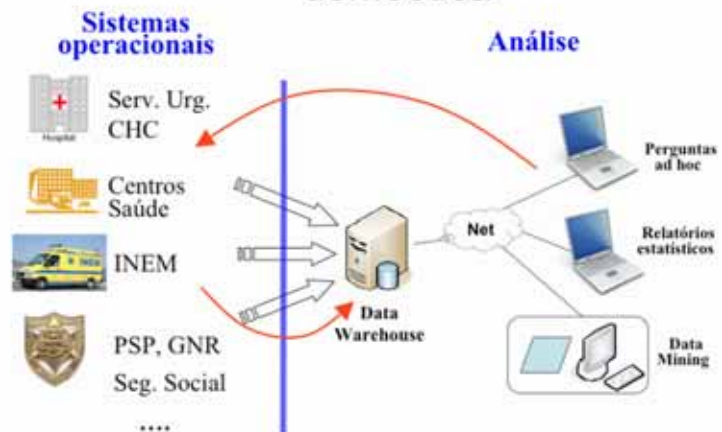
The Group **Violence: Information, Investigation and Intervention** is co-operating with the software company **Alert Life Sciences Computing SA** in developing a protocol for screening, risk assessment and

definition of intervention strategies to help victims of domestic violence to access the health services.

Alert is a company involved in developing clinical software. Many of its products, such as ALERT® EDIS,

ALERT® OUTP, ALERT® INPT, ALERT® ORIS, ALERT® CARE and ALERT® PRIVATE PRACTICE are already operating in hospitals, first-aid centres and private clinics at the national and international levels.

Rede para diagnóstico de violência doméstica



Network for diagnosing domestic violence

Operational systems

CHC Emerg. Serv.
Health centres
INEM (Institute of Emergency Medicine [ambulance service])
PSP, GNR (police), Social Security

etc.

Analysis

Data warehouse
Net
Ad hoc enquiries
Statistical reports
Data mining


Reference network for care in the field of domestic violence

- ▶ emergency service
- ▶ General Hospital
- ▶ Coimbra Hospital Centre

Training activities

Domestic violence: from design to intervention

TRAINING PROGRAMME	
<i>"Domestic violence: from design to intervention"</i>	
Morning	
9.30 am	Presentation of the REFERENCE NETWORK FOR CARE (Domestic violence) in the Emergency Service of the Covões General Hospital - CHC Dr José Manuel Almeida (surgeon - Director of the Emergency Service of the Covões General Hospital)
10 am	Domestic violence: the CONCEPT Prof. Dr Madalena Alarcão (psychologist - Faculty of Psychology and Educational Sciences, University of Coimbra)
10.45 am	Coffee break
11 am	Domestic violence: CLINICAL and MEDICAL-LEGAL aspects Dr João Redondo (psychiatrist - Family Violence Service - Hospital Sobral Cid) Dr Rosário Lemos (forensic scientist - National Institute of Forensic Medicine - Coimbra)
1.00 pm	LUNCH
Afternoon	
2.30 pm	Domestic violence: PROCEDURES AND GUIDANCE in the JUDICIAL and SOCIAL contexts Dr Paula Garcia (Public Prosecutor - Coimbra District Social Security and Solidarity Centre - Linha 144 District officer) Dr Emilia Batista (welfare worker - Coimbra District Solidarity and Social Security Centre - District director of Linha 144)
4.30 pm	ASSESSMENT
5 pm	Close of work



HOSPITAL SOBRAL CID
SERVIÇO DE VIOLÊNCIA FAMILIAR
(SVF)

FICHA CLÍNICA

PROCESSO CLÍNICO N.º


Associado ao SVF ao(s) PROCESSO(S) CLÍNICO(S)

Processo Clínico N.º

Processo Clínico N.º

Processo Clínico N.º

Processo Clínico N.º



Hospital Sobral CID

Family Violence Service (SVF)

Clinical record

Clinical procedure No.

Linked to the following SVF clinical procedures

Clinical procedure No.

Clinical procedure No.

Clinical procedure No.
Clinical procedure No.

ÍNDICE

DATA do pedido de MARCAÇÃO de CONSULTA:

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 DATA DA 1ª CONSULTA:

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ACOLHIMENTO (Ações realizadas)
 Acerca da SITUAÇÃO de VD & do RISCO associado

01. INDICADORES SÓCIO - DEMOGRÁFICOS
 02. PROVENIÊNCIA & MOTIVO do ENCAMINHAMENTO
 03. INÍCIO da VIOLÊNCIA
 04. NATUREZA da VIOLÊNCIA & RISCO (para o OUTRO)
 a) Outros INDICADORES de RISCO para a VITIMA
 05. TIPO de VIOLÊNCIA
 06. RELACIONAMENTO: VITIMA / AUTOR da VIOLÊNCIA
 07. INDICADORES de eventual RISCO de HOMICÍDIO do AGRESSOR
 08. AVALIAÇÃO da SITUAÇÃO CLÍNICA
 09. FAMÍLIA NUCLEAR
 a) Genograma
 b) APGAR Familiar
 10. REDES PRIMÁRIAS / SECUNDÁRIAS
 a) Mapa de Rede
 11. AVALIAÇÃO QUALIDADE de VIDA: WHOQOL - BREF
 12. QUEM NA FAMÍLIA ESTÁ EM SOFRIMENTO E NECESSITA DE AJUDA: NO SVF?

ESTRATÉGIA (s) de INTERVENÇÃO ADOPTADA (s)

- CONSULTA de PSQUIATRIA
- PERÍCIA MÉDICO - LEGAL
- PSICOTERAPIAS INDIVIDUAIS
 - Orientação sistémica
 - Outra situação
- PSICOTERAPIA FAMILIAR
 - Familiar
 - Casal
- INTERVENÇÕES GRUPAIS
 - Psicodrama Moreniano
 - Psicoterapia grupal com agressores
 - Intervenção grupal psico-educativa com vítimas
- INTERVENÇÕES TERAPÉUTICAS COMPLEMENTARES
 - Massagem
 - Relaxamento
- INTERVENÇÃO COM REDES
 - Intervenção em Rede
 - Intervenções realizadas em estruturas sediadas na comunidade
- OUTRAS INTERVENÇÕES
 - Avaliação psicológica
 - Intervenção social
 - Outra Situação

AVALIAÇÃO da EVOLUÇÃO da SITUAÇÃO (O QUE MUDOU...)

DATA DA AVALIAÇÃO:

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- EVOLUÇÃO DA SITUAÇÃO DE VIOLÊNCIA NA FAMÍLIA
- EVOLUÇÃO DA SITUAÇÃO JUDICIAL associada à VD
- EVOLUÇÃO DO RISCO ASSOCIADO À SITUAÇÃO
- EVOLUÇÃO DA SITUAÇÃO CLÍNICA
- EVOLUÇÃO DO SISTEMA FAMILIAR
 - Genograma
 - APGAR Familiar
- EVOLUÇÃO DA REDE DE SUORTE
 - Número de indivíduos implicados na Rede
 - Potencial de relacionamento da Rede
 - Ativos
- EVOLUÇÃO DA QUALIDADE DE VIDA
 - WHOQOL - BREF
- EVOLUÇÃO NO CUMPRIMENTO DAS REGRAS NO SVF
- GRAU DE SATISFAÇÃO DO UTENTE relativamente aos serviços prestados pelo SVF

DATA DO ENCAMINHAMENTO:

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Index

- ▶ Date of application for registration of consultation
- ▶ Date of first consultation

Introductory consultation (treatment provided)

Re. domestic violence situation & associated risk

- ▶ 01. Socio-demographic indicators
- ▶ 02. Origin and reasons for procedure
- ▶ 03. Onset of violence
- ▶ 04. Nature of violence & risk (to the victim)
 - a) Other indicators of risk to the victim
- ▶ 05. Type of violence
- ▶ 06. Relationship between victim and perpetrator of violence
- ▶ 07. Indicators of any risk of murder on the part of the aggressor
- ▶ 08. Assessment of the clinical situation
- ▶ 09. Nuclear family
 - a) Genogramme
 - b) Family APGAR
- ▶ 10. Primary/secondary networks
 - a) Map of network

- ▶ 11. Assessment of quality of life: WHOQOL-BREF

- ▶ 12. Which family member is suffering and in need of SVF assistance?

Degree of user satisfaction with the services provided by the SVF

Date of procedure

Intervention strategy(ies) adopted

- ▶ Psychiatric consultation
- ▶ Medical-legal expert opinion
- ▶ Individual psychotherapies
 - Dynamic orientation
 - Systemic orientation
 - Other situation
- ▶ Family psychotherapy
 - Family
 - Couple
- ▶ Group intervention
 - Morenian Psychodrama
 - Group psychotherapy with aggressors
 - Group psycho-educational activity with victims
- ▶ Additional therapeutic activities
 - Massage
 - Relaxation
- ▶ Networked action
 - Networked activities
 - Activities conducted in community-based structures

- ▶ Other activities
 - Psychological assessment
 - Social intervention
 - Other situations

Assessment of situation development (what has changed?)

Date of assessment

- ▶ Development of the family violence situation
- ▶ Development of the legal situation associated with domestic violence
- ▶ Development of the risk level connected with the situation
- ▶ Development of the clinical situation
- ▶ Development of the family system
 - Genogramme
 - Family APGAR
- ▶ Development of the support network
 - Number of individuals involved in the network
 - Potential for link-ups within the network
 - “Shortcuts”
- ▶ Changes in quality of life
 - WHOQOL-BREF
- ▶ Changes in compliance with SVF rules
- ▶ Degree of user satisfaction with the services provided by the SVF

04. NATUREZA da VIOLÊNCIA & RISCO

VIOLÊNCIA VERBAL ☐ (specify)

- Utiliza um tom brusco e autoritário ☐
- Grita-lhe ☐
- Insulta-a e / ou chama-lhe nomes ☐
- Outra situação ☐

VIOLÊNCIA PSICOLÓGICA ☐ (specify)

- Crítica a sua aparência ☐
- Escuta as suas conversas ☐
- Insiste em saber o que faz a cada minuto ☐
- Controla o seu tempo ☐
- Crítica os seus amigos e / ou família ☐
- Deprecia-a e / ou humilha-a ☐
- Faz telefonemas constantes embarrando-a na presença de outros ☐
- Ofende-a verbalmente na presença de outras pessoas ☐
- Negligencia necessidades físicas e / ou afectivas ☐ (specificar gravidade da situação e / ou)
- Acusa-a de ter relacionamentos extra-conjugais ☐
- Foi confirmar se estava no trabalho / seguiu-a ☐
- Afasta-a de familiares e amigos / testa-a de outros ☐
- Privar a liberdade ☐
- Apresenta-se como aquele(a) que sabe e / ou impõe "o que é preciso fazer" ☐
- Avela-a como doente mental ☐
- Ameaça-a com o direito da guarda dos filhos ☐
- Ameaça magoar algum dos seus animais de estimação ☐
- Ameaça magoar alguma das suas pessoas amigas ☐
- Ameaça-a com outras represálias ☐ (specify)
- Ameaça-a com armas ☐ (specify)

“Não tem ideia faz-lhe?” ☐ SIM ☐ NÃO ☐ NÃO SEI / NÃO TENHO A CERTEZA ☐

“Não quando, onde e como lhe faz-lhe?” ☐ SIM ☐ NÃO ☐ NÃO SEI / NÃO TENHO A CERTEZA ☐

Tentou levar a cabo ameaças antes? ☐ SIM ☐ NÃO ☐ NÃO SEI / NÃO TENHO A CERTEZA ☐

• Ameaça matá-la? ☐ (specify)

“Não tem ideia faz-lhe?” ☐ SIM ☐ NÃO ☐ NÃO SEI / NÃO TENHO A CERTEZA ☐

“Não quando, onde e como lhe faz-lhe?” ☐ SIM ☐ NÃO ☐ NÃO SEI / NÃO TENHO A CERTEZA ☐

Tentou levar a cabo ameaças antes? ☐ SIM ☐ NÃO ☐ NÃO SEI / NÃO TENHO A CERTEZA ☐

• Ameaça matá-la? ☐ (specify)

“Não tem ideia faz-lhe?” ☐ SIM ☐ NÃO ☐ NÃO SEI / NÃO TENHO A CERTEZA ☐

“Não quando, onde e como lhe faz-lhe?” ☐ SIM ☐ NÃO ☐ NÃO SEI / NÃO TENHO A CERTEZA ☐

Tentou levar a cabo ameaças antes? ☐ SIM ☐ NÃO ☐ NÃO SEI / NÃO TENHO A CERTEZA ☐

• Outra situação ☐

VIOLÊNCIA ECONÓMICA ☐ (specify)

- Controlar o dinheiro e as contas bancárias ☐
- Obrigar-lhe a transferir o seu salário para a conta dele ☐
- Considerar o salário do outro como secundário / desvalorizar o trabalho ☐
- Impedir-lhe de trabalhar ☐
- Obrigar-lhe a demitir-se ou a mudar de tipo de trabalho ☐
- Esconder informação financeira ☐
- Destruir propriedade ☐
- Impedir-lhe de ter:
 - acesso ao dinheiro ☐
 - um livro de cheques ☐
 - um cartão multibanco ☐
- Controla todas as despesas / insiste em saber em onde gasta cada tostão ☐
- “Fazer” dívidas ☐
- Outra situação (specify) ☐

VIOLÊNCIA SEXUAL ☐ (specify)

- Toque e “carícias” não desejadas ☐
- Forçar “íntima sexual” ☐ (specify)
- Violação ☐
- Outra situação (specify) ☐

VIOLÊNCIA FÍSICA ☐ (specify)

- Empurrar ☐
- Puxar os cabelos ☐
- Prender com as mãos ☐
- Pontapear ☐
- Esbofetear ☐
- Sufocar ☐
- Queimar ☐
- Chocar eléctrica ☐
- Estrangular ☐
- Bater ☐
- Beliscar ☐
- Atirar ou bater com objectos ☐
- Outra situação (specify) ☐

• Há armas de fogo em casa? ☐ SIM ☐ NÃO ☐ NÃO SEI / NÃO TENHO A CERTEZA ☐

• Quando ele / ela a agrediu usa / usou algum tipo de armas, objectos, produtos químicos, etc? ☐ SIM ☐ NÃO ☐ NÃO SEI / NÃO TENHO A CERTEZA ☐

04. Nature of violence & risk

Verbal violence (specify)

- ▶ Uses a brusque, authoritarian tone
- ▶ Shouts at her/him
- ▶ Insults her/him and/or calls her/him names
- ▶ Other situation

Psychological violence (specify)

- ▶ Criticises her/his appearance
- ▶ Listens to her/his conversations
- ▶ Insists on knowing what (s)he is doing at all times
- ▶ Keeps an account of how (s)he spends his/her time
- ▶ Criticises her/his friends and/or family
- ▶ Disparages and/or humiliates her/him
- ▶ Regularly phones to embarrass her/him in the presence of others
- ▶ Verbally offends her/him in the presence of others
- ▶ Neglects physical and/or emotional needs (specify seriousness of clinical situation)
- ▶ Accuses her/him of having extra-marital relations
- ▶ Checks whether (s)he is at work/follows her/him

- ▶ Separates her/him from family and friends/isolate her/him from others
- ▶ Deprives her/him of freedom
- ▶ Presents him/herself as the one who knows best and/or imposes what has to be done
- ▶ Considers her/him as mentally ill
- ▶ Threatens her/him with taking custody of the children
- ▶ Threatens her/him with bodily harm
- ▶ Threatens to harm an animal companion
- ▶ Threatens to harm a friend
- ▶ Threatens other reprisals (specify)
- ▶ Threatens with weapons (specify)

Does (s)he promise to carry out the threats?

- yes
- no
- do not know/am not sure

Does (s)he say when, where and how (s)he will do it?

- yes
- no
- do not know/am not sure

Has (s)he tried to carry out the threats?

- yes

- no
- ▶ Threatens to kill her/him (specify)

Does (s)he promise to carry out the threats

- yes
- no
- do not know/am not sure

Does (s)he say when, where and how (s)he will do it?

- yes
- no
- do not know/am not sure

Has (s)he tried to carry out the threats?

- yes
- no
- ▶ Other situation

Economic violence (specify)

- ▶ Controlling money and bank accounts
- ▶ Forces her/him to transfer her/his wages to his/her account
- ▶ Considers partner's income secondary/disparages her/his work
- ▶ Prevents her/him from working
- ▶ Forces her/him to resign or change type of work
- ▶ Concealing information on finances

- ▶ Destroying property
- ▶ Prevents her/him from having
 - Access to money
 - A chequebook
 - A bankcard
- ▶ Supervises all expenditure/insists on knowing where every penny is spent
- ▶ “Running up” debts
- ▶ other situations (specify)

Sexual violence (specify)

- ▶ Unwanted touching and fondling
- ▶ Forced “sexual play” (specify)
- ▶ Rape

- ▶ Other situations (specify)

Physical violence (specify)

- ▶ Hair-pulling
- ▶ Punching
- ▶ Manhandling
- ▶ Rough pushing and pulling
- ▶ Kicking
- ▶ Biting
- ▶ Hitting
- ▶ Slapping
- ▶ Spitting
- ▶ Smothering
- ▶ Strangling

- ▶ Throwing or hitting with objects
- ▶ Burning
- ▶ Electric shocks
- ▶ Other (specify)

Are there firearms in the house

- yes
- no
- do not know/am not sure

When (s)he attacks/has attacked, does/did (s)he use any type of weapon, object, chemicals, etc?

- yes
- no
- do not know/am not sure

a) Outros INDICADORES de RISCO para a VÍTIMA

• As situações de violência física agravaram-se, em SEVERIDADE e / ou FREQUÊNCIA, no último ano?
SIM ☐ NÃO ☐ NÃO SEI / NÃO TENHO A CERTEZA ☐

• No futuro poderá aumentar a SEVERIDADE e a FREQUÊNCIA do abuso?
SIM ☐ NÃO ☐ NÃO SEI / NÃO TENHO A CERTEZA ☐

• Está grávida?
SIM ☐ NÃO ☐ NÃO SEI / NÃO TENHO A CERTEZA ☐

• Já esteve grávida?
Se NÃO ☐ Por agressão por si durante este período?
SIM ☐ NÃO ☐ NÃO SEI / NÃO TENHO A CERTEZA ☐

• Coabita com o(a) agressor(a)?
SIM ☐ NÃO ☐ NÃO SEI / NÃO TENHO A CERTEZA ☐

• Está iminente a separação direta?
SIM ☐ NÃO ☐ NÃO SEI / NÃO TENHO A CERTEZA ☐

• Separou-se recentemente?
Se SIM ☐ (Especifique em Mês(es) há quanto tempo) _____
NÃO ☐

• Actualmente tem um novo(a) companheiro(a)?
SIM ☐ NÃO ☐

• Relativamente aos seus / vosso(s) filho(s), alguma vez ele(s):

- ameaçou magoá-lo(s)? SIM ☐ NÃO ☐ NÃO SEI / NÃO TENHO A CERTEZA ☐
- matriculou-o(s) fisicamente? SIM ☐ NÃO ☐ NÃO SEI / NÃO TENHO A CERTEZA ☐
- tentou / abusou sexualmente? SIM ☐ NÃO ☐ NÃO SEI / NÃO TENHO A CERTEZA ☐

• Reside num local isolado, sem vizinhos?
SIM ☐ NÃO ☐

• Tem medo de regressar a casa?
SIM ☐ NÃO ☐ NÃO SEI / NÃO TENHO A CERTEZA ☐

• O(a) agressor(a) tem histórias de agressões anteriores envolvendo outras VÍTIMAS?
SIM ☐ NÃO ☐ NÃO SEI / NÃO TENHO A CERTEZA ☐

• O(a) agressor(a) é também violento(a) fora do seu “ambiente” familiar?
SIM ☐ NÃO ☐ NÃO SEI / NÃO TENHO A CERTEZA ☐

• O(a) agressor(a) tem antecedentes de criminalidade?
SIM ☐ NÃO ☐ NÃO SEI / NÃO TENHO A CERTEZA ☐

• Cumpriu as medidas aplicadas?
SIM ☐ NÃO ☐ NÃO SEI / NÃO TENHO A CERTEZA ☐

• O(a) agressor(a) é possessivo(a), ciumento(a)?
SIM ☐ NÃO ☐ NÃO SEI / NÃO TENHO A CERTEZA ☐

• Alguma vez ameaçou e / ou tentou suicidar-se?
SIM ☐ NÃO ☐ NÃO SEI / NÃO TENHO A CERTEZA ☐

(Se) SIM ☐ Especifique: _____

• Consumo:

- Bebidas Alcolólicas? SIM ☐ NÃO ☐ NÃO SEI / NÃO TENHO A CERTEZA ☐
- Drogas? SIM ☐ NÃO ☐ NÃO SEI / NÃO TENHO A CERTEZA ☐

• O comportamento violento do(a) agressor(a):

- Agravou-se quando consumiu? SIM ☐ NÃO ☐ NÃO SEI / NÃO TENHO A CERTEZA ☐
- Quando não consumiu também se violentou? SIM ☐ NÃO ☐ NÃO SEI / NÃO TENHO A CERTEZA ☐

• Sofre de (múltipla) doença (s) psicológica(s)?
SIM ☐ NÃO ☐ NÃO SEI / NÃO TENHO A CERTEZA ☐

(Se) SIM ☐ Especifique: _____

• Acha-se capaz de agir matar?
SIM ☐ NÃO ☐ NÃO SEI / NÃO TENHO A CERTEZA ☐

a) Other indicators of risk to the victim

- ▶ Have the situations of physical violence been increasing in severity and/or frequency over the last year?
 - yes
 - no
 - do not know/am not sure
- ▶ Are the severity and frequency of abuse likely to increase in future?
 - yes
 - no
 - do not know/am not sure
- ▶ Are you pregnant?
 - yes
 - no

- do not know/am not sure
- ▶ Have you ever been pregnant?
 - No
 - If yes were you attacked during the pregnancy?
 - yes
 - no
 - do not know/am not sure
- ▶ Does (s)he cohabit with the aggressor?
 - yes
 - no
- ▶ Is a separation in the offing?
 - yes
 - no
 - do not know/am not sure
- ▶ Did they separate recently?

- If yes (specify how many months ago)
- no
- ▶ Has (s)he got a new partner?
 - yes
 - no

Regarding his/her/your children, has (s)he ever

- ▶ threatened to harm him/her/ them?
 - yes
 - no
 - do not know/am not sure
- ▶ abused them physically?
 - yes
 - no
 - do not know/am not sure

- ▶ assaulted/abused them sexually?
 - yes
 - no
 - do not know/am not sure
 - ▶ Does (s)he live in an isolated area without close neighbours?
 - yes
 - no
 - ▶ Is (s)he afraid to return home?
 - yes
 - no
 - do not know/am not sure
 - ▶ Does the aggressor have a past history of violence involving other victims?
 - yes
 - no
 - do not know/am not sure
 - ▶ Is the aggressor also violent outside the family environment?
 - yes
 - no
 - do not know/am not sure
 - ▶ Does the aggressor have a criminal record?
 - yes
 - no
 - do not know/am not sure
 - ▶ Has (s)he served judicial sentences?
 - yes
 - no
 - do not know/am not sure
 - ▶ Is the aggressor possessive and jealous?
 - yes
 - no
 - do not know/am not sure
 - ▶ Has (s)he ever threatened and/or attempted to commit suicide?
 - yes
 - no
 - do not know/am not sure
 - If yes specify
 - *Does (s)he consume*
 - ▶ alcohol?
 - yes
 - no
 - do not know/am not sure
 - ▶ drugs?
 - yes
 - no
 - do not know/am not sure
 - do not know/am not sure
- ▶ intensify when (s)he consumes alcohol or drugs?
 - yes
 - no
 - do not know/am not sure
- ▶ Is (s)he also violent when (s)he does not consume alcohol or drugs?
 - yes
 - no
 - do not know/am not sure
- ▶ Does (s)he suffer from any (other) psychiatric disorder(s)?
 - yes
 - no
 - do not know/am not sure
- If yes (specify)
 -
- ▶ Is (s)he capable of murder?
 - yes
 - no
 - do not know/am not sure

RISCO DE VIOLÊNCIA CONJUGAL	RISCO DE HOMICÍDIO CONJUGAL
<ul style="list-style-type: none"> • Abuso de álcool • Baixa tolerância à frustração • Baixo auto-controle • Baixo nível educacional • Baixo rendimento económico • Défices de assertividade comportamental e verbal • Desordem da personalidade anti-social • Diferentes orientações religiosas no casal • Factores “acidentais” (gravidez não desejada; desemprego; casamento precoce; separação) • Psicopatia • Superioridade académica e profissional da mulher • Violência face às crianças • Violência na família de origem 	<ul style="list-style-type: none"> • Abuso de álcool e drogas • Acesso a/ou posse de armas • Ameaças com armas • Ameaças de morte • Ameaças de suicídio • Atitudes de dominância e poder extremas • Atitudes e comportamentos obsessivos e ruminativos • Ciúmes excessivos • Comportamento violento generalizado • Ferimentos graves em incidentes anteriores • Morbilidade psiquiátrica/psicopatologia • Prática de sexo forçado com a vítima • Psicopatia • Uso de armas em incidentes anteriores • Violência na família de origem

Indicadores do risco de violência conjugal e risco de homicídio conjugal (composto a partir de Beitzke e Rying, 2004; Campbell, 1995; Dutton e Hart, 1992; Saunders, 1995, por RUI ABRUNHOSA, Universidade do Minho)

Risk of conjugal violence

- ▶ Excessive consumption of alcohol
- ▶ Low frustration threshold
- ▶ Little self-control
- ▶ Low standard of education
- ▶ Low income
- ▶ Deficits in behavioural and verbal assertiveness
- ▶ Anti-social personality disorder
- ▶ Different religious orientations in the couple
- ▶ “Accidental” factors (unwanted pregnancy, unemployment, early marriage, separation)

- ▶ Mental illness
- ▶ Higher educational and professional standard on the part of the wife
- ▶ Violence vis-à-vis the children
- ▶ Violence in the family of origin

Risk of conjugal homicide

- ▶ Alcohol and drug abuse
- ▶ Access to or possession of weapons
- ▶ Armed threats

- ▶ Death threats
- ▶ Suicide threats
- ▶ Extreme attitudes of dominance and power
- ▶ Obsessive and brooding attitudes and behaviour
- ▶ Excessive jealousy
- ▶ General violent conduct
- ▶ Serious injuries during previous incidents

- ▶ Psychiatric/psychopathological illness
- ▶ Forced sex with the victim
- ▶ Mental illness
- ▶ Use of weapons during previous incidents
- ▶ Violence in the family of origin

Indicators of risk of conjugal violence and homicide (compiled by Rui Abrunhosa, University of Minho, on the basis of the following works: Belfrage and Rying, 2004, Campbell 1995, Dutton and Hart 1992, Saunders 1995).

08. Assessment of the clinical situation

Psychiatric illness(es)?

- ▶ no
- ▶ if yes
 - Diagnosis
 - ICD-10
 - 1.
 - 2.
 - 3.

Could this disorder be linked to a problem of domestic violence?

- ▶ no
- ▶ if yes (specify)

suicide risk

- yes
- no

Physical illness(es)?

- ▶ no
- ▶ if yes
 - Diagnosis
 - ICD-10

- 1.
- 2.
- 3.

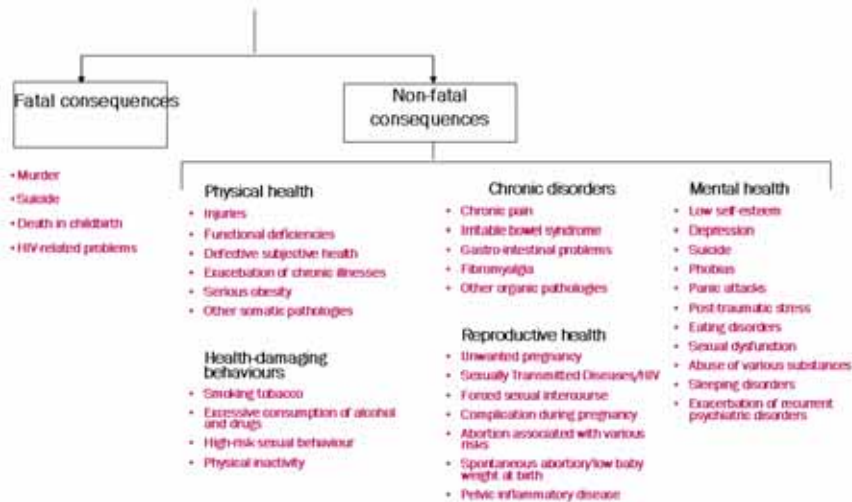
Could this disorder be linked to a problem of domestic violence?

- ▶ no
- ▶ if yes (specify)

Treatment guide

Name of medicine/fasting/breakfast/lunch/afternoon tea/dinner/bedtime/observations

Some CONSEQUENCES of DOMESTIC VIOLENCE for WOMEN'S HEALTH



Trata-se de uma URGÊNCIA MÉDICO - LEGAL?

Contactar sempre o Médico-Legista, tendo em vista a observação, colheita e preservação de vestígios e posterior elaboração do respectivo relatório pericial, nos seguintes casos:

AGRESSÃO SEXUAL

- **A agressão sexual ocorreu até às 72 horas**
Enquanto aguarda a chegada do Médico Legista, ter em atenção que a vítima:

- Deve evitar urinar (se necessário colher para conteúdo) ou defecar;
- Não deve lavar as mãos, órgãos genitais ou qualquer outra parte do corpo;
- Não deve lavar os dentes ou escovar o cabelo;
- Não deve mudar de roupa nem a lavar (se mudou de roupa, conservar a que usava à data da agressão);

- **A agressão sexual ocorreu há mais de 72 horas**, enviar a vítima aos Serviços Médico-Legais, no horário normal de funcionamento (9h às 12,30h e das 14h às 17,30horas)

AGRESSÃO por ARMAS

Obviamente que em primeiro lugar deverá ser salvaguardada a vida da vítima, havendo necessidade de imediata intervenção médica ou cirúrgica (colher eventuais projecteis ou corpos estranhos, assegurando o acondicionamento e envio às autoridades competentes). Nestes casos, é fundamental a descrição do número de lesões, localização, dimensões (comprimento, largura, profundidade), forma, cor, bordos e periferia, se possível, fotografar as lesões (perto/longe) antes de suturar.

1. Armas de FOGO
Cuidados a ter:

- Não lavar as mãos da vítima e protegê-las com sacos de papel;
- Não desinfetar ou suturar os ferimentos antes da observação pericial;
- Não cortar a roupa nos locais onde apresenta orifícios de entrada ou saída de projecteis;
- Guardar a roupa em sacos de papel;

2. Armas BRANCAS
Cuidados a ter:

- Não desinfetar, ampliar ou suturar os ferimentos antes da observação pericial;
- Não cortar a roupa nos locais onde apresenta orifícios de entrada ou saída de armas brancas;
- Guardar a roupa em sacos de papel;

Facing a medical-legal emergency?

The forensic medical examiner must always be contacted with a view to observing, collecting and conserving evidence and subsequently drafting the relevant expert report, in the following cases:

Sexual assault

- ▶ If the sexual assault took place a maximum of 72 hours previously:
Pending the arrival of the forensic medical examiner, the victim must not:
 - urinate (if necessary collect the urine in a container) or defecate;
 - wash hands, genitals or any other part of the body;
 - brush teeth or hair;
 - change or wash clothes (if clothes are changed, keep those worn at the time of the aggression).

- ▶ If the sexual assault took place more than 72 hours previously: the victim must be referred to the Forensic Medical Services during opening hours (9 am to 12.30 pm and 2 pm to 5.30 pm).

Armed assault

The first thing, obviously, is to save the victim's life where immediate medical or surgical treatment is required (collecting any projectiles or foreign bodies and packing them and forwarding them to the competent authorities). In such cases it is vital to describe the number, location and extent of injuries (length, width and depth), and their shape, colour, outline and edges; the injuries should also, if possible, be photographed (including in close-up) before suturing.

1. Firearms

Precautions

- ▶ Do not wash the victim's hands and protect them with paper bags;
- ▶ Do not disinfect or suture injuries before the expert examination;
- ▶ Do not cut clothing in the areas comprising holes through which projectiles have entered or exited;
- ▶ Store clothing in paper bags.

2. Sharp instruments

Precautions

- ▶ Do not disinfect, enlarge or suture injuries before the expert examination;
- ▶ Do not cut clothing in the areas comprising holes through which a sharp instrument has entered or exited;
- ▶ Store clothing in paper bags.



EXAME FÍSICO

EXAME FÍSICO

A VÍTIMA apresenta algum tipo de lesões?

SIM

NÃO (Se SIM assinalar nos diagramas, descreva-as e fotodocumente-as)

GLOSSÁRIO:

Equimose – ruptura de vasos e feridos com integridade da superfície da pele, resultante de ação contundente exercida perpendicular ou obliquamente sobre a superfície corporal.

Hematoma – coleção de sangue em cavidade neoformada, com integridade da superfície da pele.

Escoriação – solução de continuidade da epiderme resultante de ação contundente exercida obliquamente, por deslizamento entre duas superfícies.

Ferida contusa – solução de continuidade de todas as camadas da pele, de bordos irregulares, escoriados e estagados, com área equimótica, de fundo irregular com pontes foscúlares.

Ferida incisã – solução de continuidade da pele, fusiforme, de bordos rectos e nítidos, sem lesões macroscópicas, de extremidades angulosas e fundo da ferida regular.

Physical examination

- Does the victim display any kind of injury?
Yes/no
(If so, mark them on the diagrams and describe and photograph them)

Glossary

Ecchymosis – burst vessels and tissues showing on the skin surface as

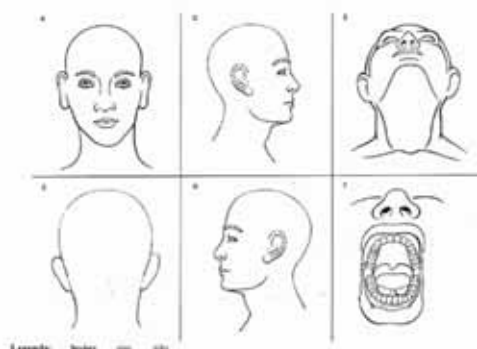
a result of bruising action exerted perpendicularly or obliquely on the surface of the body.

Haematomis – blood collecting in a newly formed cavity showing on the skin surface.

Abrasion – solution of continuity of the epidermis resulting from bruising action exerted obliquely, caused by skidding between two surfaces.

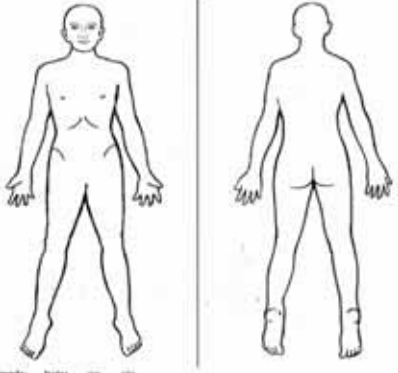
Bruising – solution of continuity of all skin layers, with irregular, abraded and crushed edges, comprising an ecchymotic area with an irregular base and connecting tissues.

Cuts – fusiform solution of continuity of the epidermis with straight, regular edges without macroscopic lesions, with angular ends and a regular base to the injury.



TIPO DE LESÃO					
EQ	equimose	M	machucado	AD	avulsão dentária
ED	edema	Q	queimadura	LD	lesão de dentição
ET	escoriação	FI	ferida incisã	+	+
HM	hematoma	FC	ferida contusa	CA	cicatriz

Localização	Tipo de lesão	Descrição	Localização	Tipo de lesão	Descrição



Legende: brulés - choc - coup

TIPO DE LESÃO					
EQ	ecchymose	EQ	ecchymose	EQ	ecchymose
ED	edema	ED	edema	ED	edema
ES	abrasão	ES	abrasão	ES	abrasão
HM	hematoma	HM	hematoma	HM	hematoma
AD	avulsão	AD	avulsão	AD	avulsão
LD	luxação	LD	luxação	LD	luxação

Localização	Tipo de lesão	Descrição	Localização	Tipo de lesão	Descrição

Legend: injuries yes/no

Type of lesion

EQ Ecchymosis
ED Oedema
ES Abrasion
HM Haematosis

M Bite
Q Burn
FI Cut
FC Bruise
AD Tooth avulsion
LD Tooth luxation

Fracture
OU Other
Location/Type of lesion/Description

Some QUALITATIVE data-gathering strategies

- GENOGRAMME
- NETWORK MAP
- ECOMAP
- Family APGAR
- EVALUATION of QUALITY of LIFE (WHOQOL – BREF)

are further instruments geared to **ASSESSING CHANGES/developments in the situation**

Genogramme – Ecomap – Network map

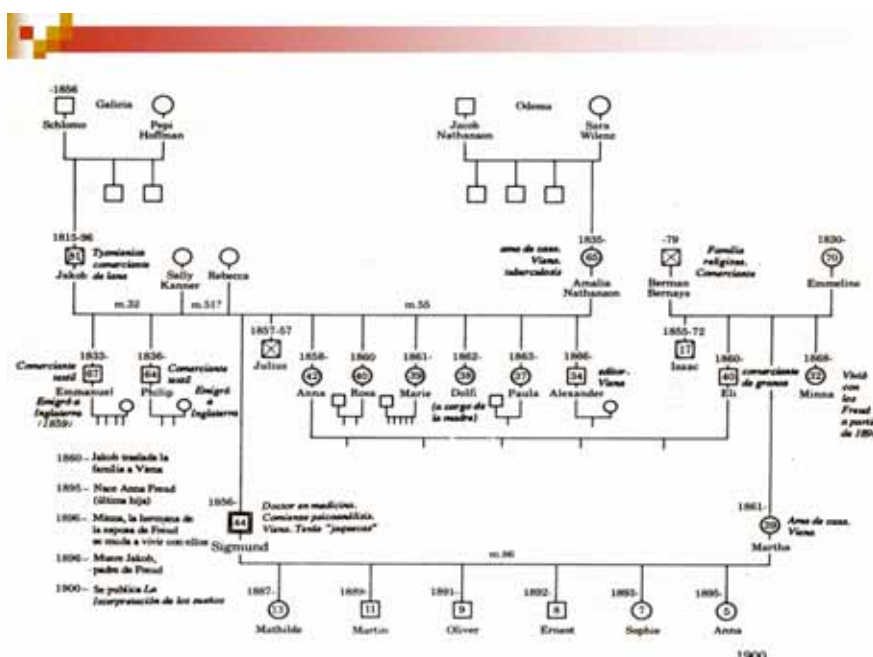
- ▶ Family health work requires a simple visual strategy,
 - helping to consolidate the reading and understanding of the problem;
 - potentially promoting appropriate exchange of information and experience, i.e. the

- ▶ Simple, easy-to-use instruments that can transform data-gathering
- into a more formative process
- improving the efficiency of user service
- reinforcing links and mutual trust between the interviewer and the family members
- helping ensure that the team maintains a positive spirit, a determina-

tion that the problems can be solved

- ▶ Facilitates
 - a visual representation of the family structure and dynamics, and
 - an overview of major events in the family's history, e.g. separations, births and deaths.
- ▶ Enables, *inter alia*:

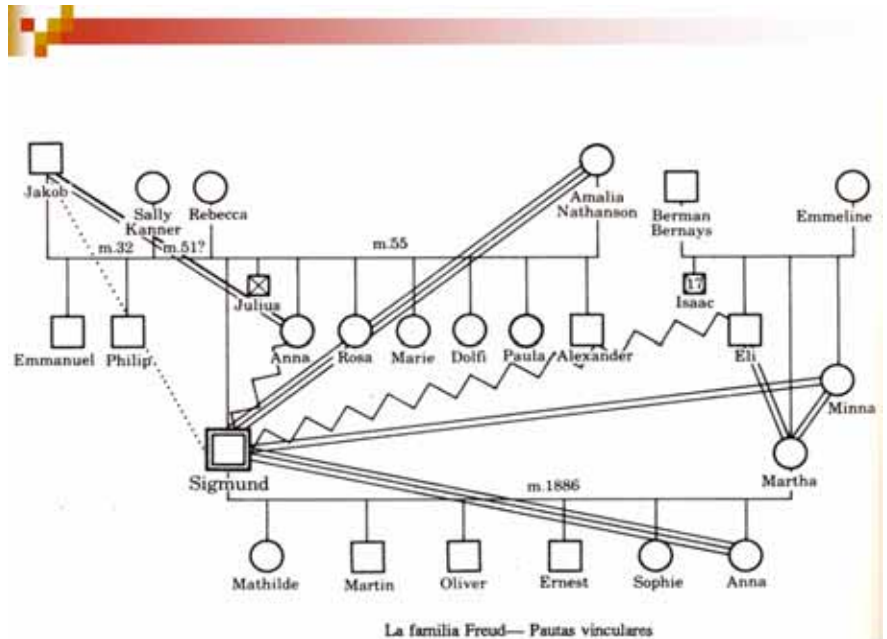
- anyone wishing to relate the story of his/her life to do so more easily (it is never easy to say all you want to say in a face-to-face conversation)
- facilitating discussion/reflection on possible action
- helping assess change within the family



1856
Galicia
Schlomo/Pepi Hoffman
Odessa
Jacob Nathanson/Sara Wilenz
1815-96
Jakob
Tysmienica
Wool trader/Sally Kanner/Rebecca
Housewife /1835
Vienna
Tuberculosis
Amalia Nathanson
79/Religious family/1830
Berman Bernays/trader/Emmeline
1833/1836
textile trader/textile trader
Emmanuel/Philip

Emigrated to England (1859)/Emigrated to England
1857-57
Julius/1858/1860/1861/1862/
1863/1866
Editor
Anna/Rosa/Marie/Dolfi/Paula Alexander Vienna (looked after by her mother)
1855-72
Isaac/1860/1868/Minna/lived with the Freuds
Corn merchant/from 1896 onwards
1860 Jakob moves the family to Vienna
1895 Anna Freud is born (last daughter)

1896 Minna, Freud's wife's sister, moves in with them
1896 Jakob, Freud's father, dies
1900 The Interpretation of Dreams is published
1856/Doctor of Medicine. Begins psychoanalysis
Vienna. "Headaches"
Sigmund/1861 Housewife Vienna
Martha
1887//1889//1891//1892//1893//1895
Mathilde/Martine/Oliver/Ernest/Sophie/Anna
1900
...
Cross-links in the Freud Family



Network map

Personal social network: definition

All the relationships which a given individual regards as significant or which differentiates them from the

anonymous mass of society. (Sluzki, 1997: 41)

The Network Map is geared to providing information on:

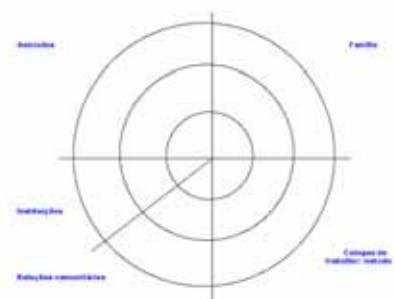
► the structure of the social network

► the function and specific features of the relationships which the individual in question maintains with other persons who are important to her/him.

Personal Social Network

Network Map: the indicators

01. NETWORK COMPONENTS
02. AGE
03. EDUCATION
04. PROFESSION
05. DURABILITY
06. FREQUENCY OF CONTACT
07. RESIDENCE / DISTANCE
08. FUNCTIONS
09. CONFLICT
10. CLOSENESS OF RELATIONSHIPS
11. RECIPROCITY OF RELATIONSHIPS
12. WHO KNOWS WHOM?





DEVELOPING THE SUPPORT NETWORK

a) Number of persons involved in the Network

PRIMARY Network decreased ☐ remained stable ☐ increased ☐
SECONDARY Network decreased ☐ remained stable ☐ increased ☐

b) Calculating the potential for link-ups within the Network

The following formula can be used as a reliable indicator of the "productive capacity" of the network at any given time:

$$D = \frac{p \times (p-1)}{2}$$

"D" – number of possible link-ups (or connections)

"p" – number of points or elements present in the system

NETWORK DENSITY low density ☐ medium density ☐ high density ☐

NB: The more connections there are the more compact, integrated, coherent and organic the network will be

c) "Shortcuts"

Indirect links between an individual and others through at least one intermediary.

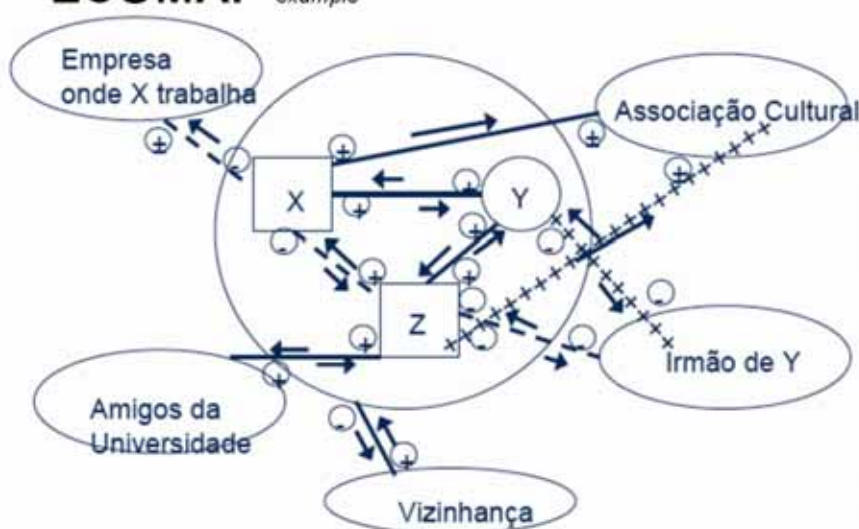
SHORTCUTS (degree of relation) decreased ☐ remained stable ☐ increased ☐

ECOMAP

- ▶ The ECOMAP is a diagram showing relations between the family and the community
- ▶ It represents a dynamic photograph of a specific moment in the life of the family in question
- ▶ It helps assess:
 - the (social, cultural and economic) support available and the use made of it by the family
 - the areas of conflict and compatibility



ECOMAP *example*



Ecomap example

Company where X works
Cultural association

University friends
Y's brother
Neighbourhood

No.23
– sub-sub-title

Family Apgar

Definition: Evaluation instrument used to gauge the degree of satisfac-

tion felt by each family member (*vis-à-vis* his/her family)

Questionário APGAR familiar (baseado em Smilkstein)	Quase sempre 2 pontos	Algumas vezes 1 ponto	Quase nunca 0 pontos
A (Adaptação) - Estou muito satisfeito com a ajuda que recebo da minha família sempre que alguma coisa me preocupa.			
P (Participação) - Estou satisfeito pela forma como a minha família discute assuntos de interesse comum e partilha comigo a solução do problema.			
G (Crescimento) - Acho que a minha família concorda com o meu desejo de iniciar novas actividades ou de modificar o meu estilo de vida.			
A (Afectividade) - Estou satisfeito com o modo como a minha família manifesta a sua afeição e reage aos meus sentimentos.			
R (Capacidade resolutive) - Estou satisfeito com o tempo que partilho com a minha família.			

FAMÍLIA (quanto à funcionalidade)	APGAR - Resultado
Altamente funcional	07 - 10
Moderadamente disfuncional	04 - 06
Severamente disfuncional	00 - 03

Family APGAR questionnaire (based on Smilkstein)

almost always/sometimes/hardly ever

2 points/1 point/0 points

A (suitability) – I am very satisfied with the assistance I receive from my family when I am worried about something

P (participation) – I am satisfied with the way in which my family discusses matters of common interest and helps me solve problems

G (Development) – I consider that my family is supportive when I wish to initiate new activities or change my lifestyle

A (Affectivity) – I am satisfied with the way in which my family expresses affection and reacts to my feelings

R (Resolutive capacity) – I am satisfied with the time I share with my family

Family (in terms of functionality)/
Apgar – Result

Highly functional – 07-10

Moderately dysfunctional – 04-06

Severely dysfunctional – 00-03

WHOGOL

Quality of Life Assessment

1. Quality of life: "an individual's perception of their position in life in the context of the culture and value systems in which they live,

- and in relation to their goals, expectations, standards and concerns" (WHOQOL Group 1994).
2. recognition of the multidimensionality of the quality of life

concept is reflected in six different domains that underpin the whole structure of WHOQOL.



Tabela 2- DOMÍNIOS E FACETAS DO WHOQOL

Domínio I - Domínio físico
1. Dor e desconforto
2. Energia e fadiga
3. Sono e repouso
Domínio II - Domínio psicológico
4. Sentimentos positivos
5. Pensar, aprender, memória e concentração
6. Auto-estima
7. Imagem corporal e aparência
8. Sentimentos negativos
Domínio III - Nível de Independência
9. Mobilidade
10. Atividades da vida cotidiana
11. Dependência de medicação ou de tratamentos
12. Capacidade de trabalho
Domínio IV - Relações sociais
13. Relações pessoais
14. Suporte (Apoio) social
15. Atividade sexual
Domínio V- Ambiente
16. Segurança física e proteção
17. Ambiente no lar
18. Recursos financeiros
19. Cuidados de saúde e sociais: disponibilidade e qualidade
20. Oportunidades de adquirir novas informações e habilidades
21. Participação em, e oportunidades de recreação/lazer
22. Ambiente físico: (poluição/ruído/trânsito/clima)
23. Transporte
Domínio VI- Aspectos espirituais/Religião/Crenças pessoais
24. Espiritualidade/religião/crenças pessoais

Table 2 – WHOQOL domains and facets

Domain I – physical health

1. Pain and discomfort
2. Energy and fatigue
3. Sleep and rest

Domain II – Psychological health

4. Positive feelings
5. Thinking, learning, memory and concentration
6. Self-esteem
7. Body image and appearance
8. Negative feelings

Domain III – Level of independence

9. Mobility
10. Everyday activities
11. Dependence on medication or treatment
12. Work capacity

Domain IV – Social relations

13. Personal relations
14. Social support
15. Sexual activity

Domain V – Environment

16. Physical security and protection
17. Home environment

18. Financial resources
19. healthcare and social welfare provision: availability and quality
20. Opportunities for acquiring new information and skills
21. Participation in and opportunities for recreation/leisure activities
22. Physical environment (pollution/noise/traffic/climate)
23. Transport

Domain VI – Spiritual aspects/Religion/Personal beliefs

24. Spirituality/religion/personal beliefs. ★

OTHER NATIONAL EXPERIENCES

**Ms Lili
Sidamonidze**

**Ministry of Internal
Affairs, Georgia**

On behalf of the Ministry of Internal Affairs of Georgia and all women I would like to express my profound gratitude towards the organisers for holding a seminar on this very important and sensitive issue.

The Ministry of Internal Affairs of Georgia is deeply concerned with the issue of violence against women, including domestic violence, a pervasive and devastating social problem. As it is commonly acknowledged, the main problem currently existing in the country with regards to this topic is the difficult and time-demanding process of changing attitudes of society as a whole towards this malicious phenomenon. Traditionally, a Georgian woman has always enjoyed distinguished respect, which is why it is very embarrassing for women to admit the fact of abuse.

The adoption of a law on domestic violence by the Georgian Parliament in May 2006 was a major step forward. The law introduced a definition of domestic violence and a legal basis for issuing protective and restrictive orders.

Despite the financial and technical obstacles, the progress in the process of eliminating domestic violence is becoming more and more visible. In light of the fact that legislation in this field is quite novel, the results of the statistical data is impressive:

According to the Informative-Analytical Department of the Ministry of Internal Affairs, if in 2005 the amount of the criminal cases regarding crimes committed on the basis of “disagree-

ment of family members” was a total of 47, in 2006 this number ascended to 108 cases. Since 2007 more than 170 cases of “domestic violence” are registered within the MOIA. This successful outcome is partially the direct consequence of the effective implementation of the Restrictive Orders adopted by the Minister of Internal Affairs on the basis of Paragraph 3 of Article 21 and Paragraph 4 of Article 16 of the Law of Georgia on Combating Domestic Violence, Prevention of and Support to its Victims.

From the MOIA standpoint, the provision of comprehensive and regular trainings enhancing the professional development of the officials of the relevant units and the establishment of specific curricula on domestic violence within the Police Academy of the Ministry of Internal Affairs of Georgia is an ongoing effort. Besides, the MOIA provided “hotlines” within its several units where the responsible officials were proposed with the special orientation trainings. Reconstruction is undergoing currently on the official website of the Ministry in order to create a special directory with all relevant information on domestic violence services accessible to the general public.

The issue of determining specific plans for the promotion of the linkages and co-ordination between the relevant government agencies and departments, as well as fostering partnerships with NGOs and communities became an important priority for the MOIA. Among the steps already

taken in this regard is the fact that MOIA became actively involved in the working group on the establishment of shelters for victims of domestic violence which according to subsection “i” of Article 4 of the Law of Georgia on Combating Domestic Violence, Prevention of and Support to its Victims is to be created within the system of the Ministry of Labour, Health and Social Protection. Furthermore, the relevant units of the MOIA initiated close co-operation with the staff of the local non-governmental organisations, namely the “Anti-Violence Network of Georgia” and “Saphari,” who on a regular basis offer basic and advanced trainings for police officers. Recognising the invaluable input from the mentioned NGOs the Ministry of Internal Affairs, from its side, shows a constant readiness to provide assistance in the case of need.

It is worth mentioning that the MOIA is actively involved in the process of the final reconsiderations of the National Plan of Action which is believed to become the cornerstone for the mobilisation of the entire government against this crime.

In 2006 were registered:

- ▶ 573 cases of violence against women, which makes up 0.9% of all crimes committed,
- ▶ 167 cases of rape (0.3% of all crimes).

These numbers have increased as a result of raised confidence in the law enforcers.

Trafficking in women is also a serious problem. Fight against this crime has been quite efficient as a result of ongoing reforms and enhanced co-operation with law enforcers of different countries. 18 cases of trafficking have been registered by 2006.

Since 2007 have been registered:

- ▶ 112 cases of violence against women
- ▶ 38 cases of rape
- ▶ 5 cases of trafficking in women

Bride kidnapping should also be mentioned. The number of kidnapped brides amounts to 305. 10 of the cases were followed by rape.

Since 2007, 57 cases of bride kidnapping have been registered, 3 of them were followed by rape.

Herewith, it is important to underline that MOIA is well aware that in fact the overall number of cases of violence against women is much higher.

It is worth to mention that such crime as rape of a pregnant woman at the previous knowledge of the perpetrator; or by using one’s official position are not registered. One case of involvement in prostitution was registered in 2006, and no such crime has been registered this year. The percentage of crimes committed against women is very small in comparison with other crimes.

There have been a number of studies that address domestic violence against women in Georgia. The studies have examined the scope of

domestic violence as well as attitudes and knowledge about the problem. Reported rates of violence vary from 5% to 31% of families. The majority of the studies follow a mixed methodology, a combination of qualitative and quantitative methods. For example, the Caucasus Women’s Research and Consulting Network showed that 5.2% of women had experienced frequent physical abuse by their partners. “Sakhli” conducted research on “Gender Aspects of Family Conflicts” with the stated goal of identifying reasons for violence related to gender, as well as examining the links between domestic violence and socio-economic status, family functioning, conflict resolution styles, and self-esteem. The researchers concluded that economic difficulties were the main reason for violence.

Although there have been several studies which address domestic violence, they are mostly either relatively small in scale or include domestic violence as the only component of a larger study. So there is a gap in data collection. It is an ongoing effort to improve and develop the methods of data collection in Georgia. It is a stated goal of our countries to fight and eradicate violence against women. It is difficult to achieve but if valiant and sustained efforts are put forward, the inconceivable can rapidly become reality. ★

Mr Albert Bell

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Commission on
Domestic Violence and
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of Youth and
Community Studies,
University of Malta,
Malta**

Data collection practices in relation to domestic violence in Malta: a preliminary ap- praisal

To date, Malta lacks a coherent, concerted and multi-pronged data collection strategy in the domestic violence field.

It is difficult to trace a cogent, purposeful link between policy formulation and evidence-based assessment of the nature and extent of the problem.

Policy formulation and service development efforts have relied quasi-exclusively on service-based indicators, and impressionistic data drawn from direct experience in the field. Service evaluation studies have also been few and far between. One notable exception in this regard was an in-depth evaluation study of shelter services for domestic violence survivors (Galea-Seychell 1999).

Service-based administrative data is collated on an on-going basis by Appogg (Foundation of Social Welfare Services) – the national agency for domestic violence and child protection services in Malta.

Appogg runs support and counselling services for both victims and perpetrators of domestic violence, and a shelter for victims of domestic violence. The Agency publishes data on “case turnover”, (reporting new, on-going and closed cases), type of abuse and referrals on an annual basis.

Voluntary sector shelters maintain their own service-based statistics also recording referral and intake frequency on an on-going basis.

Together with police records tracking domestic violence reports per locality and subsequent court arraignments and other criminal justice data,

this corpus of data provides the key stakeholders in the field with valuable indicators on the nature and extent of domestic violence in Malta.

Yet, it is evident that this services-based administrative data only provides for a partial account of the reality of domestic violence in Malta. Victims of domestic violence may experience this reality in silence and without reaching out to the myriad of services offered on the island.

Moreover, reporting domestic violence offences to the police is often a last option. In this respect, we may thus speak of a significant, “hidden” or “dark” figure of domestic violence, which may be more adequately unravelled by population-based domestic violence prevalence surveys.

Our experience to this effect however has proved problematic. Malta’s domestic violence prevalence study efforts may be best described as sporadic, ad hoc, lacking co-ordination or follow-up.

Population-based studies addressing domestic violence to date include:

- ▶ A national crime victim survey (NCVS) commissioned to the institute of forensic studies (University of Malta) by the then ministry for home affairs in 1997.
- The survey targeted 1 000 households. The households were systematic randomly sampled from all households listed in Malta telephone directory.
- Participants were required to be aged 16+ last birthday.
- The survey tool mirrored (with some adaptations after piloting) the CVS (UNICRI) questionnaire.

- This was a general crime victimisation survey. Hence, domestic violence was only one of several domains addressed.
- Domains relevant to domestic violence included “sexual abuse”, “violence/force”, “threat of violence/force”, “injury” by “spouse”, “relative” and “close friend”.
- Response rate: unknown.
- Raw data passed on to the Ministry, only preliminary data analysis effected. Report not published.
- ▶ Domestic violence against women: perceptions of the Maltese general public (NSO, 2003).
- Survey Commissioned by the Research Unit (MSP) to the National Statistics Office (NSO).
- Examined public perceptions on domestic violence against women and related factors, including, level of awareness/knowledge on domestic violence/laws preventing domestic violence; perceived determinants of domestic violence and perceptions on approaches to combat domestic violence.
- Survey replicated EC opinion poll (Eurobarometer 51.0: Europeans and their views on domestic violence).
- Procedure: Systematic Random sample.
- Sample Size (N=700); generated from electoral register database).
- Response rate: 65%.
- Main Findings: awareness on domestic violence comparable to pre-enlargement EU 15 member states (Malta 94.6%; EU 15 95.6%), higher awareness reported among 25-44 age group, residents of the Northern region and persons in possession of post-secondary/tertiary education. The highest level of lack of awareness was recorded among the Gozo/Comino region (11%).
 - More women (5.6%) than men (3.4%) reported having not heard about domestic violence.
 - Compared to the EU 15 average (24%); 29% of the total amount of Maltese respondents recorded perceiving domestic violence to be very common.

- More women than men however reported thinking that domestic violence is very common.
- More women than men also tended to perceive sexual violence as a very serious offence (M: 69%; F: 81%).
- Fewer Gozitans (56%) than Maltese (76%) recorded considering sexual violence to be very serious.
- 36% overall reported not knowing whether specific laws on domestic violence in Malta exist or not.

▶ Undergraduate studies (UOM)

Domestic violence has attracted considerable scrutiny by several undergraduate University of Malta students, mostly in the form of dissertations by BA (Hons.) Social Work degree course alumni. LLD, MA (Human Rights), BA (Hons.) Sociology and other social science students also record an interest in the area.

Studies have focused *inter alia* on the bio-psycho-social effects and traumas of domestic violence (e.g. stigma, ostracisation, mental health problems), domestic violence causality, the impact of domestic violence on children, police intervention in cases of spousal/partner abuse and other remedies available for victims. Most of these studies make use of qualitative, ethnographic methods generating valuable primary data while giving voice to the main protagonists here – namely women victims/survivors of domestic violence.

This brief overview thus reveals that while the phenomenon of violence against women, including most notably domestic violence, has been subject to scientific scrutiny by various interested parties, as yet, Malta lacks an on-going population based prevalence survey mapping the extent and magnitude of the problem within a comparative, pan-European framework.

The setting up of the Commission on Domestic Violence by law decree in 2006, aims *inter alia* at providing the requisite framework to advance the realisation of such studies by (a) tapping into and mobilising existing resources and expertise, and (b) gleaning lessons of best practice in the area that exist internationally.

From the outset the Commission has prioritised the addressing of this lacuna. Shortly after its setting up, the Commission sought to establish contact with HEUNI (European Institute for Crime Prevention and Control, affiliated with the United Nations) to explore possibilities for participation in the International Violence Against Women Survey (IVAWS) project.

This entails a comparative, international prevalence survey using the tried and tested methodologies of the International Crime Victim Survey (ICVS) developed amongst others by UNICRI (United Nations Inter-regional Crime and Justice Research Institute).

These attempts at establishing contact have not proved successful.

The Commission is now in an advanced stage of the process of establishing a Research and Statistics Subcommittee with the specific objective of building a sustained approach towards prevalence studies in the sector and to rationalise administrative-based data practices that are certainly valuable indicators of the reality of domestic violence in Malta.

Our presence here evinces the Commission and the Council of Europe's commitment to realise these goals and thus assist improvement and consolidation of services and moreover to ensure an informed platform for the development of domestic violence policies at national level.

We are confident that we can count on the plentitude of experiences and the sound knowledge base of our colleagues here to arrive successfully at the completion of these paramount objectives.

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Mr Filiberto Casali

Expert on Data Collection in the Field of Violence against Women, Department of Health, San Marino

Introduction

Before dealing with the theme of this presentation, I would like to say just a few words as an introduction: in San Marino the Campaign to combat violence against women, including domestic violence started officially on 29 November 2006 and we have been collecting data since 1 December 2006.

Therefore, the experience of San Marino is quite recent and the data collection and treatment regarding the phenomenon of violence against women are still in their early stages. The aim of this presentation is to describe the work done in order to share with you the choices made to collect the data and try to gather all the information collected.

I will welcome any observations or suggestions from you.

First of all, I would like to give you a short description of San Marino:

- ▶ It covers an area of 61 square kilometres.
- ▶ it has a population of about 30.448 people¹
- ▶ 14 997 are male, and 15 471 are female (13 230 of whom² are older than 16 years old).

Therefore we are talking about a small country. However, this characteristic has enabled us to work immediately in close cooperation with all the professionals involved, trying to create a network of experts with whom we decided what kind and how many data we would collect.

1. Statistical report of March 2007, issued by San Marino Office for National Statistics.
2. Estimated figure.

The awareness-raising campaign

I would like to present some figures and data about the campaign started in San Marino: it was launched on 29 November through advertising, posters, publications, public encounters and debates with people and in schools, training seminars for experts involved in the field, the creation of a free telephone help line called “pink line” to help victims of violence. The activities are co-ordinated by Ms Patrizia Busignani, who is the National Responsible for the campaign in the Republic of San Marino. The campaign will end officially in March 2008. On that occasion, the results will be published and disclosed.

The main goals of the campaign are:

- ▶ To raise the awareness of people about this problem.
- ▶ To raise the awareness of institutions.
- ▶ To collect data to investigate the phenomenon at local and national level.
- ▶ To check and verify the laws in force and to introduce new laws to help and protect the victims.
- ▶ To improve the actions of the public services.

Data collection

Before the launch of the campaign, there were no data or reports on the phenomenon of violence against women, including domestic violence. We thought from the beginning that it was necessary to involve all services dealing with this problem and to choose together with them common instruments and measures to collect data. Therefore, we involved a repre-

sentative from each of the following services:

- ▶ The 3 Police forces of San Marino;
 - ▶ Family doctors;
 - ▶ The Emergency Room of San Marino's Hospital;
 - ▶ The Psychiatric Service;
 - ▶ San Marino's Minor Service;
 - ▶ The Home Care Service;
 - ▶ The Elderly Care Service;
 - ▶ The Pink Line;
 - ▶ San Marino's justice court.
- The goals set to collect data are:

- ▶ To gather together the data collected
- ▶ To know the scale of the problem it is necessary to have data. However, the data collected must be comparable.

- ▶ To collect information without violating privacy rights

We have always considered privacy as a priority for us, especially during this initial phase. Indeed, we believe that this phase is important to bring to light the problem of violence against women, including domestic violence.

- ▶ To create a "network of professionals" to investigate the problem

The co-operation and teamwork involving experts must be used not only to collect data, but also to find common and co-ordinated answers to the problem, according to some agreed "guidelines".

- ▶ To verify the opportunity to discover as soon as possible violence cases or "border-line" situations before becoming evident (for in-

stance by addressing to the Emergency Room or to the Police Forces). This concerns especially cases of psychological violence at home.

The stages of data collection

We distinguished different stages to collect the data:

- ▶ During the initial stage we analysed the data as they were collected before the launch of the Campaign.
- ▶ Together with the working group we agreed on the data to conduct a first survey.
- ▶ We prepared a paper questionnaire and shared it to collect information.
- ▶ Finally, we distributed the questionnaire to experts and professionals.
- ▶ Depending on the data we will receive, we will decide whether to create software for the data compilation and collection.

Questionnaire to collect the data

This is briefly the questionnaire we distributed:

- ▶ Date of notice
- ▶ Place where the questionnaire was filled in

Personal data concerning the victim of violence or harassment

- ▶ Birth year
- ▶ Gender
- ▶ Place of residence

- ▶ Citizenship
- ▶ Educational qualification
 - Unknown
 - Elementary school
 - Middle school
 - Secondary school
 - University degree
- ▶ Job

Personal data concerning the person committing violence or harassment

- ▶ Birth year
- ▶ Gender
- ▶ Kind of family or emotional relationship with the victim
- ▶ Citizenship
- ▶ Educational qualification
 - Unknown
 - Elementary school
 - Middle school
 - Secondary school
 - University degree
- ▶ Job

Data concerning the violence or harassment suffered

- ▶ Kind of violence or harassment (also more than one)
 - Physical
 - Sexual
 - Psychological
 - Economic
 - Stalking
 - Others (to specify)
- ▶ Annotations

Data concerning minors involved (directly or indirectly)

- ▶ Number of minors
- ▶ Kind of family relationship. ★

**DATA AS A KNOWLEDGE
BASE FOR EFFECTIVE
POLICIES TO COMBAT
VIOLENCE AGAINST
WOMEN**

THE NORDIC EXPERIENCE

**Ms Helena
Ewalds**

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Ministry of Social
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Europe Task Force to
Combat Violence
against Women,
including Domestic
Violence**

Ladies and gentlemen, first I'd like to thank you for the invitation to take part in this seminar. I am also grateful for this opportunity to present to you some examples of how the Nordic countries have developed documentation by various authorities on violence against women. I will focus in particular on the documentation by social and health care authorities. My presentation is not based on a specific joint Nordic study but on the information I have collected from my Nordic colleagues.

Generally, it could be said that although the Nordic countries are known to have good statistics and systematic records of matters, there is still much room for development with regard to the systematic registration of violence against women.

Collection of administrative data is highlighted as a topical issue in particular in the national action plans to reduce violence against women and intimate partner violence. We need better records of violence kept by authorities. We will get a better picture of violence by combining the material of different authorities. If the activity is, for instance, based on the data of the police alone, the scale of combating violence against women remains limited. Such comprehensive data on violence is needed at both, national and local level, so as to be able to focus the actions on issues that demand development and to offer comprehensive assistance to the victims of violence.

As far as I know, among the Nordic countries only Denmark collects national data on violence against women on a regular basis. The Danish Institute of Public Health has established a national database on violence against women in Denmark, in collaboration with the Women's Council and the Minister of Gender Equality. The database consists of data collected from various sources, such as national registers, surveys and administrative information from shelters and rape crisis centres. The data contains information about violence that has come to the knowledge of the police, violence that has been recorded by health care units, and violence that is not known to the public. Information on violence of different types is obtained from different sources. The register does not cover psychological violence.

I will give you a personal example of how the recording of violence started at local level in a municipality I was employed in at the beginning of 2000. The purpose was to create a local model of action to reduce violence against women. The various social and health care actors, the school, child day care etc. were assigned to survey how often they met violence against women in their everyday work. The authorities' spontaneous reaction was that the number of such cases is fairly low. Based on a more careful survey, after the matter had been paid attention to, the situation was found to be quite different. A considerable change took place for instance in mental health work and

family guidance, where staff started to ask women systematically if they had experienced violence. This survey helped the authorities to become aware of the existence of the problem and motivated them to develop their work against violence. The information was also important for local decision-makers, which needed justification for why resources should be allocated to combating violence.

In Norway, a comparable questionnaire survey "A week to count" was carried out at the request of the Ministry of Justice in 2003. During one week, various authorities recorded how often they met intimate partner violence in their work. Also this campaign showed that if the authorities do not systematically ask about violence it will not be recorded.

It is therefore important to create a systematic method of surveying and recording experiences of violence. In the Nordic countries there can be seen different emphases in the development of keeping a record of violence. On the one hand, the countries aim to systematise and specify the keeping of a record by those authorities that have to deal with violence directly, such as the police and acute medical care staff. On the other hand, the aim is to improve the keeping of a record of violence by those authorities with which the patients or clients do not themselves take up the matter, or the matter is not the chief reason for contacting the authority. Screening of violence has also been developed for identifying violence experienced by pregnant women and women who have recently given birth.

Health care generally uses the international classification of diseases – the ICD 10 diagnosis classification. The ICD classification allows recording the injuries caused by violence and also the perpetrator of violence. Unfortunately, doctors do not fill in this

information carefully, and therefore the ICD classification apparently does not give reliable information about violence against women met in health care. This problem has been recognised in both Norway and Finland.

I believe that just for this reason the recording of physical violence has been developed in health care in the Nordic countries. In Finland, a particular assault and body map form has recently been introduced in emergency health care in some areas. The aim of the form is to improve the legal protection of the victim as well as co-operation of authorities. Representatives of both the police and the municipal social service system have been involved in the development of the form. A great number of variables describing violence are recorded on the forms: information about injuries, the manner of perpetrating, the relationship between the victim and perpetrator, sites of violence, exposure of children to violence, and authorities' further measures relating to the case. A study carried out about the use of the form shows that the recording has clearly improved the co-operation between authorities and thus provided more comprehensive help to the victim of violence. Co-operation with the hospital concerned has facilitated the investigation of assault offences. The aim is to introduce this form nationally so that it will be integrated into the electronic patient record. As regards sexual violence, at least Sweden and Finland have issued instructions to physicians and health care staff regarding how to investigate and record cases of sexual violence.

On the other hand, there is no uniform way of recording violence in social services, although among the clients there are often women who have experienced violence. The situation is similar in all the Nordic countries. In Finland, the administrative

sectors have made a joint decision to improve and harmonise the documentation and statistics of violence. That work has been started by developing questions about violence as a part of the client data in social services. The purpose is that every social service client will be asked if he or she has experiences of violence for which he or she would need help. If the answer is yes, other questions describing violence will be asked. The questions are similar to those on the assault and body map form. The said recording form will be experimented with in some municipalities in the autumn. If the questions prove usable, the aim is to introduce them nationally. The objective is to take up violence for discussion, to record possible violence and, if needed, refer the person to some other mode of assistance.

In 2003 a study was carried out in Norway regarding the ways of different authorities to identify violence against women and intimate partner violence. The study was one measure in the national action plan to improve the recording of violence. The study issues recommendations for further measures in recording violence. In conclusion, I want to mention an important point of view raised in the Norwegian study that we endorse. A routine (systematic) identification of violence presupposes that there is an effective service system in place to help the victims of violence. Without a systematic identification of violence, the recording of violence remains inadequate. It is not possible to develop the services needed for helping the victims of violence if the situations and needs of the victims are not identified and recorded. The efforts to develop the recording of violence are inadequate if the identification of violence and development of the systems of assistance are not linked to it. ★

OTHER NATIONAL EXPERIENCES

Ms Anahit Safyan

**Head of International
Statistical
Co-operation Division,
National Statistical
Service, Armenia**

It is not a secret that as much as each of us is not physically one and identical, thus much an idea of differences exists. Differences by their essence are also perceived differently. Differences acquire different qualities by the character of perception. They are perceived as good or bad, pleasant or non-pleasant, tolerant and non-tolerant, etc. The main point is to recognise that riches and value of existing realities are exactly in differences that requires care of them, being equipped with tolerance.

The issue of gender equality is one of numerous products of differences. In this aspect, the issue of gender equality has become the subject of discussions in many countries and societies, and at present with the support of modern statistics it is discussed against a scientific background; due to this fact the processes of solving of tasks of a gendered character have been intensified.

Armenia as a country in transition that is based on the liberal economy and democratic principles actively engaged in that process. On 15 April 1998 the Government of the Republic of Armenia adopted Resolution No. 242 "On programme provisions on improvement of the women's situation in the Republic of Armenia", aimed at providing equal rights and opportunities for women and men, as defined in Article 15 of the Constitution of the Republic of Armenia, in United Nations Convention on the Elimination of all Forms of Discrimination against Women and implementation of recommendations of the Beijing Fourth World Conference in 1995.

The National Programme on the improvement of the women's situation and on increasing their role in society has been adopted by the Republic of Armenia Government Resolution No. 406 on 26 June 1998. The collection and publication of statistical data on the social and economic situation of women have been foreseen by the mentioned programme.

Based on the above, in 1999 the National Statistical Service of the Republic of Armenia published the first booklet on gender statistics *Women and Men in the Republic of Armenia*. The development and publication became possible thanks to technical support of Statistics Sweden, headed by Ms Birgitta Hedman, Gender Statistics Expert, and financed by the Swedish International Development and Co-operation Agency (SIDA).

Since 1999, the process of large-scale introduction of statistical indicators into all statistical publications by gender has been started. Considerable work has been done to introduce and develop "gender-responsive" statistics. Besides, the active methodological work has been conducted with all administrative registers on transition to the data collection, archiving and presentation by gender.

It is not a secret that the Millennium Development Goals (MDGs) adopted by the United Nations in September 2000 are the most comprehensive and worldwide programme of the 21st century, Goal 3 of which is to promote gender equality and the empowerment of women.

To implement the programme, an important role is reserved for statisti-

cians both at international and national level.

The MDGs indicators have also been reflected in the Poverty Reduction Strategy Programme (PRSP) adopted by the Government of Armenia in 2003, the goals of which are also benchmarked for achievement by 2015.

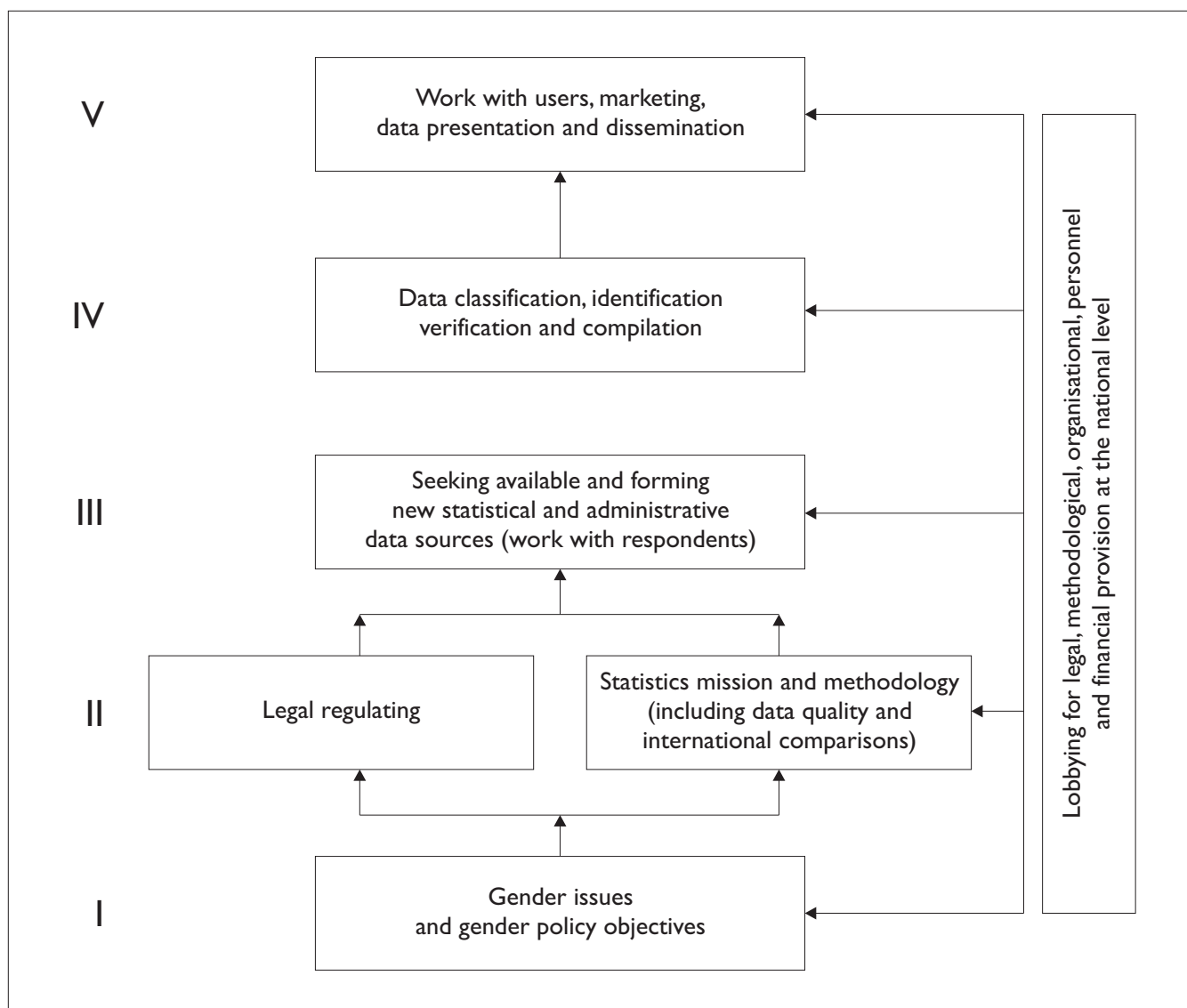
The MDG-based PRSP, where the development of gender policy is one of the main components, has been designed by the Government of Armenia with the support of international organisations and experts. NGOs have largely been involved in that work. There were large-scale discussions on the draft PRSP by civil society. When defining the PRSP monitoring indicators, numerous statistical indicators have been taken into account, particularly results of house-

hold surveys conducted by the National Statistical Service of the Republic of Armenia.

In 2003, the National Action Plan (NAP) on Improving the Status of Women in the Republic of Armenia and Enhancing their Role in Society for 2004-2010 has been adopted by the Republic of Armenia Government. The NAP is based on the relevant provisions of the Republic of Armenia Constitution and targeted at the fulfillment of the United Nations Convention on the Elimination of All Forms of Violence against Women, the recommendations of the Beijing Conference, the United Nations Millennium Development Declaration requirements that are benchmarks for progress towards a vision of development, peace and human rights, guided by "certain fundamental values ... es-

sential to international relations in the twenty-first century", the documents of the Council of Europe for the Equality of Rights of Women and Men and commitments of the Republic of Armenia. The programme aims at supporting equal rights and opportunities for women and men that must be assured as a prerequisite to build a democratic, legal and social state and to create a civil society.

Following the first statistical booklet on gender and as a result of the skills, knowledge and experience, and lessons learned in the course of co-operation with Statistics Sweden, the National Statistical Service of the Republic of Armenia published "Family and children in Armenia" 2000 and "Men and Women in Armenia" 2003, 2004, 2005, 2006 statistical



booklets that raised a wide resonance among statistical users.

The mentioned booklet by gender covers such areas as population, health, social security and social protection, family and households, education and science, culture and sport, employment and unemployment, time use, crime, power and influence.

Gender statistics data sources are current statistics, population census, household surveys, labour force surveys, health and demographic surveys, time use surveys, administrative data.

Being comparatively new area in Armenia, gender statistics need to be developed and improved in the future, to be improved in use of information administrative sources, to be extended in coverage and set of indicators, as well as to be further gender-

disaggregated through the conduction of special surveys, such as surveys on time use, illegal trafficking, illegal migration, violence against women in households, etc. Armenian statistical priorities should include data related to gender issues.

Gender statistics show disparities or inequalities, women's multiple burdens, gender inequality in education, employment, gender-based violence (domestic violence, conflict situations), gender inequality in decision-making processes; it should reflect the place and role of women and men in society, considering them as particular social and demographic groups, with different social and economic realities available to them.

Gender statistics aim at defining an impartial basis for comparing and evaluating the progress towards

gender equality and women's empowerment. Gender statistics are an important tool and reference guide for policy makers and key actors in the given field. The success of compiling gender statistics depends on the dialogue between statisticians and users of such statistics.

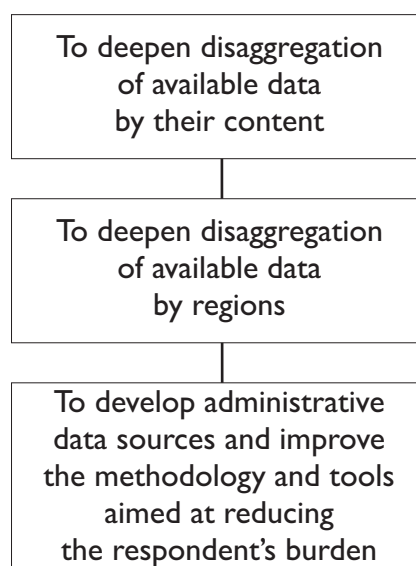
The process of introduction, maintenance and development of gender statistics in Armenia in technological and organisational aspect could be presented by the following scheme, in which the delimitation on phases are relative, because the whole process has a cyclic character.

In general, the gender statistics in Armenia and non-solved tasks could be presented by the following scheme.

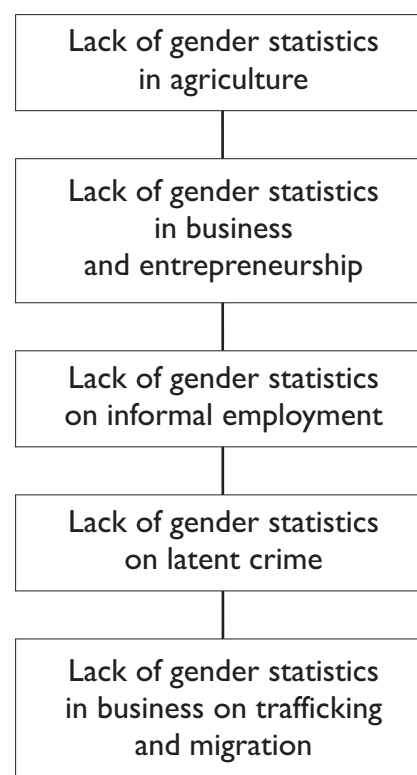
Gender statistics production in Armenia



Tasks to improve gender statistics in Armenia



Lack of gender statistics in Armenia



Ms Francesca Tei

**Sociologist, Team
ARIANNA Project,
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Opportunities, Italy**

For almost ten years, by taking into consideration the lines of action of the Council of Europe, in particular the ones referring to:

- ▶ The promotion of the data collection and of the creation of intervention networks
- ▶ The support to both national and local quantitative and qualitative researches with a gender perspective, in order to improve awareness and guarantee the creation of intervention strategies and operative proposals, which start from the collection of data and information about all aspects of the phenomenon and the actions implemented to face it

the Italian Government has been promoting and financing important studies and researches aimed at combating gender violence. In addition to the recent National Survey on violence headed by the institute for national statistics (ISTAT), another research deserves to be mentioned before talking about the *free phone service for women who are victims of violence*, created by the Department for Rights and Equal Opportunities of the Presidency of the Council of Ministers.

In fact, the project *Rete Antiviolenza tra le città Urban Italia* (Network against Violence among Urban Italy cities) began in 1998, with the coordination of the Department, within PIC Urban Italy 1994-1999 (Programme based on an EU initiative and devoted to the poor urban areas of European towns). It was later reinforced by the resources of FSE PON "Security for the development of the South of Italy"

It is the first research action lasting eight years and addressing the awareness of violence within the family, with the aim not only of measuring the

phenomenon but also of evaluating its perception and tolerance. Therefore, this survey extended not only to the service operators but also to the citizens.

Almost at the end of this project, and in continuity with the Urban Project, a request for proposals opened in 2005 for the activation of a "National Network against Violence" and the organisation and management of a call centre service by means of the creation of an experimental free number to support the victims of intra- and extra-domestic violence. This request was launched by the Presidency of the Council of Ministers, and had the aim of offering a first help phone service and of building an integrated system of actions and services for the women who are victims of violence.

This initiative is part of an equal opportunities and gender-oriented policy which tries to overcome the silence of the victims of violence by taking into account and using both the single and collective practises and knowledge of women.

For nearly two years the number 1522 for women victims of violence has been a public service managed by a temporary company network, formed by a profit company specialised in the provision of call centres, an onlus women association managing a centre against violence in Sicily and an association of social research expert on gender inequalities and equal opportunities.

The service is organised between two working groups: an external group composed of phone operators who answer to the public according to two reply levels, and an internal group composed by several professionals devoted everyday to a good function-

ing, monitoring and extension of the service both to reach further areas and to offer new services.

Indeed, the heart of the service structure is a national map of public and private non-profit services operating to fight gender violence. This map is organised at the provincial level, and includes centres against violence linked to shelter houses for abused women and their children, basic health services, women associations, centres where people may be listened to by catholic volunteers, first aid units, family consulting centres and police forces.

With the aim of better understanding the phenomenon, the phone data are collected once every three months about the characteristics of the women who are victims of violence and the type and perpetrator of the violence they have undergone.

Most of all we speak about married women, with a high school diploma, both housewives and employed outside the family. On average young

people between 31 and 50 tell the phone operators mostly about physical abuses, followed by psychological ones.

During the whole period of the call centres activation, 12 931 people called, of whom 92.3% were women having undergone some type of violence. They represent the 70.7% of the sample, the 12% is a relative or a friend/acquaintance, the 10.6% is just a citizen, the 2.3% are service operators and then there are few freelancers. The operators are most of all social assistants (30.5%) followed by the ones working in centres against violence (21.5%).

The main reason urging women to contact the call centre is always a request for help, because they have undergone violence (76.5%), they want to report a case they have seen or heard, but that involves them, even if in a hidden way (15.1%), and finally the 12.1% call to have some information about help services and the project in which they are included.

The perpetrator of violence is the victim's partner in 76% of the cases, a relative in 15% and an unknown person in 8.2%.

Among the women who are victims of sexual abuse, 61.4% declare they have been undergoing it for years, 28.1% some days before the call to 1522, whereas 10.4% just some hours before.

We believe that the phone service 1522 for women victims of violence has been activated fully exploiting its opportunities, also thanks to the women who called it, and contributed to the knowledge of a social phenomenon characterised by silence, which is difficult to overcome.

The coldness of data cannot always fully comprehend the phenomena, but we believe that, by going on with the collection of cases on intra- and extra-familiar violence, we can get to share the knowledge and experience of the centres against violence, and the training of the operators who work in the services helping the victims.

Data of the call centre 1522 for women victims of violence, during the period from 8 March to 15 June 2007

Gender of the users

Gender	V.a.	V. %
Male	992	7.7
Female	11 939	92.3
Total	12 931	100.0

Nationality of the users*

Italian nationality	V.a.	V. %
Yes	9 439	91.5
No	881	8.5
Total	10 320	100.0

* The variable nationality shows a lower number of total cases because it was introduced in the communication plan only in mid-July 2006. Among them 119 women do not report their home country, while 762 do.

Who called 1522?

Type of user	V.a.	V. %
Woman victim of violence	9 141	70.7
Relative/friend/acquaintance	1 558	12.0
Citizen	1 370	10.6
Operator	301	2.3
Freelancer	63	0.5
Disturbing person	498	3.8
Total*	12 931	100.0

* The total is higher than 12 931 because the question permitted multiple answers. The percentages are calculated on the basis of the new answers.

Types of violence reported in the calls

Specific reason for the call (type of violence)	V.a.	V. %
Violence by the partner	5 660	76.5
Violence by relatives	1 105	15.0
Violence by unknown people	612	8.2
Sexual abuse within the family	14	0.20
Total*	7 391	100.0

* The total is lower than 12 931 because the question is a specification of the reason "help request by a woman victim of violence".

Timing of the violence

Gender	V.a.	V. %
Some hours before	10	10.4
Some days before	27	28.1
Months or years before	59	61.4
Total	96	100.0

CLOSING ADDRESS

Mr Hanno Hartig

**Head of Department,
Directorate of
Standard-Setting,
Directorate General of
Human Rights and
Legal Affairs, Council
of Europe**

Ladies and gentlemen,

The third seminar organised within the Council of Europe *Campaign to Combat Violence against Women, including Domestic Violence* is now drawing to a close.

Throughout the day we have been discussing how more and better data can serve the ongoing efforts to combat violence against women, including domestic violence. We have also discussed what type of data needs to be collected and how. We have heard from academic researchers, from national and international statistics experts and also from various governmental and NGO representatives what is currently being done and how their efforts are helping to shape or review measures to combat violence against women.

I am especially pleased that this seminar has enabled us to learn more about the work carried out in this field by two other international organisations, namely the United Nations and the World Health Organization. For that I am very grateful to Ms Guisepina Muratore, member of the UNECE Task Force on Measurement of Violence against Women, and Ms Henrica Jansen from the World Health Organization, who came to this seminar to share their expertise with us.

I would like to extend my warmest thanks to all speakers and participants for their excellent interventions and fruitful discussion.

I would also like to express my gratitude to the Portuguese government and especially the Commission for Citizenship and Gender Equality of Portugal for hosting this seminar and for their hospitality. Ms Elza Pais and her team have contributed significantly to the success of this seminar.

Ladies and gentlemen,

By declaring the issue of data collection on violence against women a Campaign objective, the Council of Europe *Task Force to Combat Violence against Women, including Domestic Violence* has placed it high up on our agenda. Today's speeches and contributions have shown that many initiatives to collect and harmonise population-based data are currently being undertaken. The knowledge-base on surveys, specialised or general, and how to conduct them, is growing. It is now time to apply this knowledge in every possible way.

The seminar has also shown, however, that administrative data can and should be compiled, but that efforts to do so are scant. There are many reasons for this, ranging from practical to legal difficulties and back. However, it is worthwhile looking into ways in which the information available to important sectors such as the judiciary, the police, the health and social fields, can be used to ultimately save the lives of women. Because in the end, this is what we are all trying to do. That is why the Council of Europe will work, together with researchers, on the development of harmonised guidelines for collecting administrative data on victims of domestic violence. These guidelines are intended to support member states in collecting such data and will be made available towards the end of the Campaign. Already now I would like to encourage you to apply these guidelines and adjust the collection of administrative data in your home countries to become more knowledgeable about violence against women and steer your efforts in the right direction. This would be an effective contribution to eliminating violence against women

and showing respect for women's human rights.

As you know, the *Council of Europe Task Force to Combat Violence against Women, including Domestic Violence* will assess the measures and action taken by member states during the Campaign. The Task Force will base its assessment partly on the information it will obtain from the five seminars organised within the intergovernmental dimension of this

Campaign. The members of the Task Force present here today and myself have taken note of your proposals and ideas for action so that they can be channelled into that process. They may therefore lead to new intergovernmental activities. The proceedings of this seminar containing all speeches and presentations will soon be published, so that all information is retained. The proceedings will be made available to all seminar partici-

pants and can be accessed on the special Campaign website.

On behalf of the Council of Europe, let me thank you again for your contributions to this seminar. I look forward to receiving information on any follow-up action which this seminar might spark in your country – during the course of this Campaign and beyond. ★

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RECOMMENDATION

REC (2002) 5

Recommendation Rec (2002) 5 of the Committee of Ministers to member states on the protection of women against violence

**adopted by the
Committee of
Ministers on 30 April
2002 at the 794th
meeting of the
Ministers' Deputies¹**

1. In conformity with Article 10.2c of the Rules of Procedure of the Ministers' Deputies, Sweden reserved its right to comply or not with paragraph 54 of this recommendation.

The Committee of Ministers, under the terms of Article 15.b of the Statute of the Council of Europe,

Reaffirming that violence towards women is the result of an imbalance of power between men and women and is leading to serious discrimination against the female sex, both within society and within the family;

Affirming that violence against women both violates and impairs or nullifies the enjoyment of their human rights and fundamental freedoms;

Noting that violence against women constitutes a violation of their physical, psychological and/or sexual integrity;

Noting with concern that women are often subjected to multiple discrimination on ground of their gender as well as their origin, including as victims of traditional or customary practices inconsistent with their human rights and fundamental freedoms;

Considering that violence against women runs counter to the establishment of equality and peace and constitutes a major obstacle to citizens' security and democracy in Europe;

Noting with concern the extent of violence against women in the family, whatever form the family takes, and at all levels of society;

Considering it urgent to combat this phenomenon which affects all European societies and concerns all their members;

Recalling the Final Declaration adopted at the Second Council of Europe Summit (Strasbourg, 1997), in which the heads of state and government of the member states affirmed their determination to combat violence against women and all forms of sexual exploitation of women;

Bearing in mind the provisions of the European Convention on Human Rights (1950) and the case-law of its organs, which safeguard, *inter alia*, the right to life and the right not to be subjected to torture or to inhuman or degrading treatment or punishment, the right to liberty and security and the right to a fair trial;

Considering the European Social Charter (1961) and the revised European Social Charter (1996), in particular the provisions therein concerning equality between women and men with regard to employment, as well as the Additional Protocol to the European Social Charter providing for a system of collective complaints;

Recalling the following recommendations of the Committee of Ministers to member states of the Council of Europe: Recommendation No. R (79) 17 concerning the protection of children against ill-treatment; Recommendation No. R (85) 4 on violence in the family; Recommendation No. R (85) 11 on the position of the victim within the framework of criminal law and procedure; Recommendation No. R (87) 21 on assistance to victims and the prevention of victimisation; Recommendation No. R (90) 2 on social measures concerning violence within the family; Recommendation No. R (91) 11 concerning sexual exploitation, pornography and prostitution of, and trafficking in, children and young adults; Recommendation No. R (93) 2 on the medico-social aspects of child abuse; Recommendation No. R (2000) 11 on action against trafficking in human beings for the purpose of sexual exploitation and Recommendation Rec (2001) 16 on the protection of children against sexual exploitation;

Recalling also the Declarations and Resolutions adopted by the 3rd European Ministerial Conference on Equality between Women and Men held by the Council of Europe (Rome, 1993);

Bearing in mind the United Nations Declaration on the Elimination of Violence against Women (1993), the United Nations Convention on the Elimination of All Forms of Discrimination against Women (1979), the United Nations Convention against Transnational Organised Crime and its Protocol to Prevent, Suppress and Punish Trafficking in Persons, especially Women and Children (2000), the Platform for Action adopted at the Fourth World Conference on Women (Beijing, 1995) and the Resolution on Further actions and initiatives to implement the Beijing Declaration and Platform for Action adopted by the United Nations General Assembly (23rd extraordinary session, New York, 5-9 June 2000);

Bearing in mind the United Nations Convention on the Rights of the Child (1989), as well as its Optional Protocol on the sale of children, child prostitution and child pornography (2000);

Also bearing in mind the International Labour Organisation Convention No. 182 concerning the Prohibition and Immediate Action for the Elimination of the Worst Forms of Child Labour (1999) and Recommendation (R 190) on the Worst Forms of Child Labour (1999);

Recalling the basic principles of international humanitarian law, and especially the 4th Geneva Convention relative to the protection of civilian persons in time of war (1949) and the 1st and 2nd additional Protocols thereto;

Recalling also the inclusion of gender-related crimes and sexual violence in the Statute of the International Criminal Court (Rome, 17 July 1998),

Recommends that the governments of member states:

I. Review their legislation and policies with a view to:

1. guaranteeing women the recognition, enjoyment, exercise and protection of their human rights and fundamental freedoms;
2. taking necessary measures, where appropriate, to ensure that women are able to exercise freely and effectively their economic and social rights;
3. ensuring that all measures are co-ordinated nation-wide and focused on the needs of the victims and that relevant state institutions as well as non-governmental organisations (NGOs) be associated with the elaboration and the implementation of the necessary measures, in particular those mentioned in this recommendation;
4. encouraging at all levels the work of NGOs involved in combating violence against women and establishing active co-operation with these NGOs, including appropriate logistic and financial support;

II. Recognise that states have an obligation to exercise due diligence to prevent, investigate and punish acts of violence, whether those acts are perpetrated by the state or private persons, and provide protection to victims;

III. Recognise that male violence against women is a major structural and societal problem, based on the unequal power relations between women and men and therefore encourage the active participation of

men in actions aiming at combating violence against women;

IV. Encourage all relevant institutions dealing with violence against women (police, medical and social professions) to draw up medium- and long-term co-ordinated action plans, which provide activities for the prevention of violence and the protection of victims;

V. Promote research, data collection and networking at national and international level;

VI. Promote the establishment of higher education programmes and research centres including at university level, dealing with equality issues, in particular with violence against women;

VII. Improve interactions between the scientific community, the NGOs in the field, political decision-makers and legislative, health, educational, social and police bodies in order to design co-ordinated actions against violence;

VIII. Adopt and implement the measures described in the appendix to this recommendation in the manner they consider the most appropriate in the light of national circumstances and preferences, and, for this purpose, consider establishing a national plan of action for combating violence against women;

IX. Inform the Council of Europe on the follow-up given at national level to the provisions of this recommendation.

APPENDIX TO RECOMMENDATION REC (2002) 5

Definition

1. For the purposes of this recommendation, the term “violence against women” is to be understood as any act of gender-based violence, which

results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion, or arbitrary deprivation of liberty, whether occur-

ring in public or private life. This includes, but is not limited to, the following:

- a. violence occurring in the family or domestic unit, including, *inter alia*,

physical and mental aggression, emotional and psychological abuse, rape and sexual abuse, incest, rape between spouses, regular or occasional partners and cohabitants, crimes committed in the name of honour, female genital and sexual mutilation and other traditional practices harmful to women, such as forced marriages;

b. violence occurring within the general community, including, *inter alia*, rape, sexual abuse, sexual harassment and intimidation at work, in institutions or elsewhere trafficking in women for the purposes of sexual exploitation and economic exploitation and sex tourism;

c. violence perpetrated or condoned by the state or its officials;

d. violation of the human rights of women in situations of armed conflict, in particular the taking of hostages, forced displacement, systematic rape, sexual slavery, forced pregnancy, and trafficking for the purposes of sexual exploitation and economic exploitation.

General measures concerning violence against women

2. It is the responsibility and in the interest of states as well as a priority of national policies to safeguard the right of women not to be subjected to violence of any kind or by any person. To this end, states may not invoke custom, religion or tradition as a means of evading this obligation.

3. Member states should introduce, develop and/or improve where necessary, national policies against violence based on:

a. maximum safety and protection of victims;

b. empowerment of victimised women by optimal support and assistance structures which avoid secondary victimisation;

c. adjustment of the criminal and civil law including the judicial procedure;

d. raising of public awareness and education of children and young persons;

e. ensuring special training for professionals confronted with violence against women;

f. prevention in all respective fields.

4. In this framework, it will be necessary to set up, wherever possible, at national level, and in co-operation with, where necessary, regional and/or local authorities, a governmental co-ordination institution or body in charge of the implementation of measures to combat violence against women as well as of regular monitoring and evaluation of any legal reform or new form of intervention in the field of action against violence, in consultation with NGOs and academic and other institutions.

5. Research, data collection and networking at national and international level should be developed, in particular in the following fields:

a. the preparation of statistics sorted by gender, integrated statistics and common indicators in order to better evaluate the scale of violence against women;

b. the medium- and long-term consequences of assaults on victims;

c. the consequence of violence on those who are witness to it, *inter alia*, within the family;

d. the health, social and economic costs of violence against women;

e. the assessment of the efficiency of the judiciary and legal systems in combating violence against women;

f. the causes of violence against women, i.e. the reasons which cause men to be violent and the reasons why society condones such violence;

g. the elaboration of criteria for benchmarking in the field of violence.

Information, public awareness, education and training

Member states should:

6. compile and make available to the general public appropriate information concerning the different types of violence and their consequences for victims, including integrated statistical data, using all the available media (press, radio and television, etc.);

7. mobilise public opinion by organising or supporting conferences and information campaigns so that society is aware of the problem and its devastating effects on victims and society in general and can therefore discuss the

subject of violence towards women openly, without prejudice or preconceived ideas;

8. include in the basic training programmes of members of the police force, judicial personnel and the medical and social fields, elements concerning the treatment of domestic violence, as well as all other forms of violence affecting women;

9. include in the vocational training programmes of these personnel, information and training so as to give them the means to detect and manage crisis situations and improve the manner in which victims are received, listened to and counselled;

10. encourage the participation of these personnel in specialised training programmes, by integrating the latter in a merit-awarding scheme;

11. encourage the inclusion of questions concerning violence against women in the training of judges;

12. encourage self-regulating professions, such as therapists, to develop strategies against sexual abuse which could be committed by persons in positions of authority;

13. organise awareness-raising campaigns on male violence towards women, stressing that men should be responsible for their acts and encouraging them to analyse and dismantle mechanisms of violence and to adopt different behaviour;

14. introduce or reinforce a gender perspective in human rights education programmes, and reinforce sex education programmes that give special importance to gender equality and mutual respect;

15. ensure that both boys and girls receive a basic education that avoids social and cultural patterns, prejudices and stereotyped roles for the sexes and includes training in assertiveness skills, with special attention to young people in difficulty at school; train all members of the teaching profession to integrate the concept of gender equality in their teaching;

16. include specific information in school curricula on the rights of children, help-lines, institutions where they can seek help and persons they can turn to in confidence.

Media

Member states should:

17. encourage the media to promote a non-stereotyped image of women and men based on respect for the human person and human dignity and to avoid programmes associating violence and sex; as far as possible, these criteria should also be taken into account in the field of the new information technologies;

18. encourage the media to participate in information campaigns to alert the general public to violence against women;

19. encourage the organisation of training to inform media professionals and alert them to the possible consequences of programmes that associate violence and sex;

20. encourage the elaboration of codes of conduct for media professionals, which would take into account the issue of violence against women and, in the terms of reference of media watch organisations, existing or to be established, encourage the inclusion of tasks dealing with issues concerning violence against women and sexism.

Local, regional and urban planning

Member states should:

21. encourage decision-makers in the field of local, regional and urban planning to take into account the need to reinforce women's safety and to prevent the occurrence of violent acts in public places;

22. as far as possible, take all necessary measures in this respect, concerning in particular public lighting, organisation of public transport and taxi services, design and planning of car parks and residential buildings.

Assistance for and protection of victims (reception, treatment and counselling)

Member states should:

23. ensure that victims, without any discrimination, receive immediate and comprehensive assistance provided by a co-ordinated, multidisciplinary and professional effort, whether or not they lodge a complaint, includ-

ing medical and forensic medical examination and treatment, together with post-traumatic psychological and social support as well as legal assistance; this should be provided on a confidential basis, free of charge and be available around the clock;

24. in particular, ensure that all services and legal remedies available for victims of domestic violence are provided to immigrant women upon their request;

25. take all the necessary measures in order to ensure that collection of forensic evidence and information is carried out according to standardised protocol and forms;

26. provide documentation particularly geared to victims, informing them in a clear and comprehensible manner of their rights, the service they have received and the actions they could envisage or take, regardless of whether they are lodging a complaint or not, as well as of their possibilities to continue to receive psychological, medical and social support and legal assistance;

27. promote co-operation between the police, health and social services and the judiciary system in order to ensure such co-ordinated actions, and encourage and support the establishment of a collaborative network of non-governmental organisations;

28. encourage the establishment of emergency services such as anonymous, free of charge telephone help-lines for victims of violence and/or persons confronted or threatened by situations of violence; regularly monitor calls and evaluate the data obtained from the assistance provided with due respect for data protection standards;

29. ensure that the police and other law-enforcement bodies receive, treat and counsel victims in an appropriate manner, based on respect for human beings and dignity, and handle complaints confidentially; victims should be heard without delay by specially-trained staff in premises that are designed to establish a relationship of confidence between the victim and the police officer and ensure, as far as possible, that the victims of violence

have the possibility to be heard by a female officer should they so wish;

30. to this end, take steps to increase the number of female police officers at all levels of responsibility;

31. ensure that children are suitably cared for in a comprehensive manner by specialised staff at all the relevant stages (initial reception, police, public prosecutor's department and courts) and that the assistance provided is adapted to the needs of the child;

32. take steps to ensure the necessary psychological and moral support for children who are victims of violence by setting up appropriate facilities and providing trained staff to treat the child from initial contact to recovery; these services should be provided free of charge;

33. take all necessary measures to ensure that none of the victims suffer secondary (re)victimisation or any gender-insensitive treatment by the police, health and social personnel responsible for assistance, as well as by judiciary personnel.

Criminal law, civil law and judicial proceedings

Criminal law

Member states should:

34. ensure that criminal law provides that any act of violence against a person, in particular physical or sexual violence, constitutes a violation of that person's physical, psychological and/or sexual freedom and integrity, and not solely a violation of morality, honour or decency;

35. provide for appropriate measures and sanctions in national legislation, making it possible to take swift and effective action against perpetrators of violence and redress the wrong done to women who are victims of violence. In particular, national law should:

- ▶ penalise sexual violence and rape between spouses, regular or occasional partners and cohabitants;
- ▶ penalise any sexual act committed against non-consenting persons, even if they do not show signs of resistance;
- ▶ penalise sexual penetration of any nature whatsoever or by any means

whatsoever of a non-consenting person;

- ▶ penalise any abuse of the vulnerability of a pregnant, defenceless, ill, physically or mentally handicapped or dependent victim;
- ▶ penalise any abuse of the position of a perpetrator, and in particular of an adult *vis-à-vis* a child.

Civil law

Member states should:

36. ensure that, in cases where the facts of violence have been established, victims receive appropriate compensation for any pecuniary, physical, psychological, moral and social damage suffered, corresponding to the degree of gravity, including legal costs incurred;

37. envisage the establishment of financing systems in order to compensate victims.

Judicial proceedings

Member states should:

38. ensure that all victims of violence are able to institute proceedings as well as, where appropriate, public or private organisations with legal personality acting in their defence, either together with the victims or on their behalf;

39. make provisions to ensure that criminal proceedings can be initiated by the public prosecutor;

40. encourage prosecutors to regard violence against women and children as an aggravating or decisive factor in deciding whether or not to prosecute in the public interest;

41. take all necessary steps to ensure that at all stages in the proceedings, the victims' physical and psychological state is taken into account and that they may receive medical and psychological care;

42. envisage the institution of special conditions for hearing victims or witnesses of violence in order to avoid the repetition of testimony and to lessen the traumatising effects of proceedings;

43. ensure that rules of procedure prevent unwarranted and/or humiliating questioning for the victims or witnesses of violence, taking into due consideration the trauma that they

have suffered in order to avoid further trauma;

44. where necessary, ensure that measures are taken to protect victims effectively against threats and possible acts of revenge;

45. take specific measures to ensure that children's rights are protected during proceedings;

46. ensure that children are accompanied, at all hearings, by their legal representative or an adult of their choice, as appropriate, unless the court gives a reasoned decision to the contrary in respect of that person;

47. ensure that children are able to institute proceedings through the intermediary of their legal representative, a public or private organisation or any adult of their choice approved by the legal authorities and, if necessary, to have access to legal aid free of charge;

48. provide that, for sexual offences and crimes, any limitation period does not commence until the day on which the victim reaches the age of majority;

49. provide for the requirement of professional confidentiality to be waived on an exceptional basis in the case of persons who may learn of cases of children subject to sexual violence in the course of their work, as a result of examinations carried out or of information given in confidence.

Intervention programmes for the perpetrators of violence

Member states should:

50. organise intervention programmes designed to encourage perpetrators of violence to adopt a violence-free pattern of behaviour by helping them to become aware of their acts and recognise their responsibility;

51. provide the perpetrator with the possibility to follow intervention programmes, not as an alternative to sentence, but as an additional measure aiming at preventing violence; participation in such programmes should be offered on a voluntary basis;

52. consider establishing specialised state-approved intervention centres for violent men and support centres initiated by NGOs and associations within the resources available;

53. ensure co-operation and co-ordination between intervention programmes directed towards men and those dealing with the protection of women.

Additional measures with regard to sexual violence

A genetic data bank

Member states should:

54. consider setting up national and European data banks comprising the genetic profile of all identified and non-identified perpetrators of sexual violence in order to put in place an effective policy to catch offenders, prevent re-offending, and taking into account the standards laid down by domestic legislation and the Council of Europe in this field.

Additional measures with regard to violence within the family

Member states should:

55. classify all forms of violence within the family as criminal offence;

56. revise and/or increase the penalties, where necessary, for deliberate assault and battery committed within the family, whichever member of the family is concerned;

57. preclude adultery as an excuse for violence within the family;

58. envisage the possibility of taking measures in order to:

a. enable police forces to enter the residence of an endangered person, arrest the perpetrator and ensure that he or she appears before the judge;

b. enable the judiciary to adopt, as interim measures aimed at protecting the victims, the banning of a perpetrator from contacting, communicating with or approaching the victim, residing in or entering certain defined areas;

c. establish a compulsory protocol for operation so that the police and medical and social services follow the same procedure;

d. promote proactive victim protection services which take the initiative to contact the victim as soon as a report is made to the police;

e. ensure smooth co-operation of all relevant institutions, such as police authorities, courts and victim protection services, in order to enable the victim to take all relevant legal and practical measures for receiving assistance and taking actions against the perpetrator within due time limits and without unwanted contact with the perpetrator;

f. penalise all breaches of the measures imposed on the perpetrators by the authorities.

59. consider, where needed, granting immigrant women who have been/are victims of domestic violence an independent right to residence in order to enable them to leave their violent husbands without having to leave the host country.

Additional measures with regard to sexual harassment

Member states should:

60. take steps to prohibit all conducts of a sexual nature, or other conduct based on sex affecting the dignity of women at work, including the behaviour of superiors and colleagues: all conduct of a sexual nature for which the perpetrator makes use of a position of authority, wherever it occurs (including situations such as neighbourhood relations, relations between students and teachers, telephone harassment, etc.), is concerned. These situations constitute a violation of the dignity of persons;

61. promote awareness, information and prevention of sexual harassment in the workplace or in relation to work or wherever it may occur and take the appropriate measures to protect women and men from such conduct.

Additional measures with regard to genital mutilation

Member states should:

62. penalise any mutilation of a woman's or girl's genital organs either with or without her consent; genital mutilation is understood to mean sewing up of the clitoris, excision, clitoridectomy and infibulation;

63. penalise any person who has deliberately participated in, facilitated or encouraged any form of female genital

mutilation, with or without the person's consent; such acts shall be punishable even if only partly performed;

64. organise information and prevention campaigns aimed at the population groups concerned, in particular immigrants and refugees, on the health risks to victims and the criminal penalties for perpetrators;

65. alert the medical professions, in particular doctors responsible for pre- and post-natal medical visits and for monitoring the health of children;

66. arrange for the conclusion or reinforcement of bilateral agreements concerning prevention, and prohibition of female genital mutilation and the prosecution of perpetrators;

67. consider the possibility of granting special protection to these women as a threatened group for gender-based reasons.

Additional measures concerning violence in conflict and post-conflict situations

Member states should:

68. penalise all forms of violence against women and children in situations of conflict, in accordance with the provisions of international humanitarian law, whether they occur in the form of humiliation, torture, sexual slavery or death resulting from these actions;

69. penalise rape, sexual slavery, forced pregnancy, enforced sterilisation or any other form of sexual violence of comparable gravity as an intolerable violation of human rights, as crimes against humanity and, when committed in the context of an armed conflict, as war crimes;

70. ensure protection of witnesses before the national courts and international criminal tribunals trying genocide, crimes against humanity and war crimes, and provide them with legal residence at least during the proceedings;

71. ensure social and legal assistance to all persons called to testify before the national courts and international criminal tribunals trying genocide, crimes against humanity and war crimes;

72. consider providing refugee status or subsidiary protection for reasons of

gender-based persecution and/or providing residence status on humanitarian grounds to women victims of violence during conflicts;

73. support and fund NGOs providing counselling and assistance to victims of violence during conflicts and in post-conflict situations;

74. in post-conflict situations, promote the inclusion of issues specific to women into the reconstruction and the political renewal process in affected areas;

75. at national and international levels, ensure that all interventions in areas which have been affected by conflicts are performed by personnel who have been offered gender-sensitive training;

76. support and fund programmes which follow a gender-sensitive approach in providing assistance to victims of conflicts and contributing to the reconstruction and repatriation efforts following a conflict.

Additional measures concerning violence in institutional environments

Member states should:

77. penalise all forms of physical, sexual and psychological violence perpetrated or condoned by the state or its officials, wherever it occurs and in particular in prisons or detention centres, psychiatric institutions, etc.;

78. penalise all forms of physical, sexual and psychological violence perpetrated or condoned in situations in which the responsibility of the state or of a third party may be invoked, for example in boarding schools, retirement homes and other establishments.

Additional measures concerning failure to respect freedom of choice with regard to reproduction

Member states should:

79. prohibit enforced sterilisation or abortion, contraception imposed by coercion or force, and pre-natal selection by sex, and take all necessary measures to this end.

Additional measures concerning killings in the name of honour

Member states should:

80. penalise all forms of violence against women and children committed in accordance with the custom of “killings in the name of honour”;

81. take all necessary measures to prevent “killings in the name of hon-

our”, including information campaigns aimed at the population groups and the professionals concerned, in particular judges and legal personnel;

82. penalise anyone having deliberately participated in, facilitated or encouraged a “killing in the name of honour”;

83. support NGOs and other groups which combat these practices.

Additional measures concerning early marriages

Member states should:

84. prohibit forced marriages, concluded without the consent of the persons concerned;

85. take the necessary measures to prevent and stop practices related to the sale of children. ★



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