



Eliminating Violence against Women in Europe - Intersectoral Approaches and Actions

Conference report
Vienna, 25-26
November, 2013



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Introduction





Introduction

At the conference ‘Eliminating Violence against Women in Europe — Intersectoral Approaches and Actions’, which took place in Vienna on 25 and 26 November 2013, more than 200 participants from 42 countries and from a large variety of backgrounds discussed approaches to combating gender-based violence (GBV). This high-level conference was organised by the City of Vienna, the European Institute for Gender Equality (EIGE) and the World Health Organisation Regional Office for Europe (WHO Europe).

During highly informative presentations and intense discussions, speakers and participants provided insights into recently published and forthcoming studies, shared promising practices from various EU Member States and

beyond, and exchanged ideas about how to combat persisting challenges.

Several speakers underlined the importance of conferences such as this in carrying combating GBV forward, especially as constant commitment from a variety of actors is needed for progress in this area.

In what follows, the main findings, arguments and points of discussion that were presented and articulated during the conference are presented. The following key areas will be covered: data collection on GBV; measuring the costs of violence; female genital mutilation (FGM); national policies on combating GBV; intersectoral approaches to combating GBV; and GBV in the context of the economic crisis.



1. Data collection on gender-based violence (GBV)





1. Data collection on gender-based violence (GBV)

The topic of data collection was addressed in a number of sessions, and its particular importance was highlighted by several speakers. For example, Ms Anne Galand from the Directorate-General Justice of the European Commission pointed out the striking lack of comprehensive, comparable data on violence against women (VAW), and identified the improvement of such data as a key challenge at national and EU level. She highlighted EIGE as a key actor in this field, in particular regarding approaches towards administrative data collection. As Ms Thérèse Murphy, Head of Operations at EIGE, stressed during the opening plenary, it is crucial to identify gaps in order to improve the collection of data. She mentioned the six studies on GBV carried out by EIGE between 2010 and 2013 which have identified the need for further research, and explained that one of EIGE's tasks is to develop a framework strategy for EU institutions and Member States to be able to better quantify GBV. Ms Liri Kopaci-Di Michele, Head of Division at the Council of Europe, emphasised EIGE's work on the development of indicators. The need for standardised indicators was underlined by several conference participants. Ms Ines Stilling, Head of the Section on Women's Issues and Gender Equality at the Federal Chancellery of Austria, stressed the importance of EU-level initiatives for the development of indicators, as well as for the improvement of data collection in general. At the closing plenary, Dr Jolanta Reingardé, Senior Researcher/Analyst at EIGE, concluded that closing statistical gaps on GBV requires close cooperation with a variety of actors.

Giving consideration to the relevance of the topic, the first plenary — entitled 'Evidence gathering: Data collection and indicators' — and the first parallel session on 'Challenges in Data Collection: Overcoming Gaps and the Need for Comparable Indicators' discussed data collection mechanisms and indicators to measure GBV.

During the first plenary, which was chaired by Ms Murphy, information on evidence of VAW from surveys and administrative data sources was presented and existing gaps, in particular regarding the coverage and the comparability of data, were highlighted.

Dr Gunta Lazdane, Programme Manager Sexual and Reproductive Health at the WHO Regional Office for Europe, presented the recent publication 'Global and regional estimates of VAW'. Prevalence and health effects of intimate partner violence and non-partner sexual violence' (2013), developed by the WHO, the London School of Hygiene and Tropical Medicine, and the South African Medical Research Council. This publication can be considered as the first attempt ever to aggregate global and regional prevalence estimates of intimate partner violence (IPV) and non-partner sexual violence. The study is based on a systematic compilation of population data from all over the world. Main data sources are the WHO multi-country study on women's health and domestic violence against women, the International Violence Against Women Surveys (IVAWS), the study 'Gender, alcohol and culture: an international study' (GENACIS) and the Demographic and Health Surveys (DHS).

According to the results of the study, one in three women around the world experiences physical and/or sexual IPV or sexual violence by a non-partner during her lifetime. When presenting data on Europe, Ms Lazdane quoted United Nations Secretary-General Ban Ki-Moon stating that VAW is never acceptable and never excusable, and that it is important to keep that in mind when comparing Europe — where prevalence rates are lower than in most of the other WHO regions — to other parts of the world. The data shows differences within Europe; in particular, it hints at a divide between Western, Central and Eastern Europe. According to the study, 19.30 % of women in Western Europe, 27.85 % of women in Central Europe and 26.13 % of Women in Eastern Europe experience IPV. The prevalence rate of non-partner sexual violence against women amounts to 11.50 % in Western Europe, 10.76 % in Central Europe and 6.97 % in Eastern Europe.

As Ms Lazdane underlined, one of the crucial tasks of the health sector in combating VAW is the collection of data about the prevalence, risk factors and health consequences of VAW. She also concluded that there is a strong need for more comparable data on VAW, and stressed that it is crucial to include questions on VAW in all kinds of surveys.

During the same plenary session, Dr Joanna Goodey, Head of the Freedom and Justice Department at the Fundamental Rights Agency (FRA), presented some tentative results in relation to health from the FRA survey on violence against women. The main results report, a summary report, a fact sheet and a more detailed technical report was published at the beginning of March 2014. The data will also be presented on the FRA website in a visually interesting, interactive way.

In order to clarify the rationale for an EU-wide study on VAW, Ms Goodey quoted the EPSC^oCouncil conclusions of 8 March 2010 on the Eradication of VAW, highlighting the 'lack of timely, reliable, accurate and comparable data, both at national and EU level' and the absence of a detailed EU-wide study on VAW. She also pointed out that the comparability of the national studies that have been carried out to date is very limited, inter alia because the studies are based on different data collection mechanisms. International surveys like the WHO Multi-country Study on Women's Health and Domestic Violence and the International Violence

Against Women Survey (IVAWS) do not comprehensively cover the EU Member States. Official administrative and criminal justice data sources do not provide comprehensive and comparable data either. As Ms Goodey stressed, the collection of official administrative and criminal justice data on VAW needs improvement in many EU Member States.

The main objectives of the survey are to collect and produce primary data — which means collecting, for the first time, reliable and comparable data on VAW covering all EU Member States — and to produce data with policy utility at EU and Member State level across different policy fields.

The survey, whose design was characterised by Ms Goodey as robust, is based on a random sample of women aged 18 years and older, about whom a variety of characteristics were collected, such as age, education, employment and self-identified ethnicity. In total, over 42 000 women were interviewed. Based on a standardised questionnaire, face-to-face interviews of an average length of 50 minutes were conducted. A maximum of one person per household was interviewed, and interviews were conducted exclusively by female interviewers who had received specialised training. The following forms of violence are covered by the survey: physical, sexual and psychological violence against partners and non-partners, occurring at home, at the workplace and elsewhere. New or newly recognised forms of violence such as stalking and harassment via new technologies are addressed as well. The study looks at the victimisation over a lifetime and in the past twelve months, and also at experiences of repeat victimisation and victimisation in childhood.

Furthermore, the study examines the awareness of rights and the knowledge of services, as well as a question about which services were, or were not, contacted by victims of VAW, the level of satisfaction with the assistance received, and assessments on the kinds of assistance that would have been helpful.

Regarding the use of services, Ms Goodey presented the following survey results: Among women who contacted an organisation or service after experiencing sexual IPV — characterised as the most serious incident of VAW — since the age of 15 in the EU-28 only 22 % contacted a healthcare service, and even less contacted other services. 32 % did not



contact anyone after experiencing physical or sexual IPV. As to the potential role of doctors, Ms Goodey underlined that the survey shows that 87 % of female respondents consider it acceptable if doctors routinely ask women who have certain injuries whether these were caused by violence. One of the results that was particularly highlighted by Ms Goodey is that 20 % of the women who experienced IPV by their current partner and were pregnant during this relationship experienced IPV during their pregnancy.

As the third speaker during the first plenary session on data collection, Mr Jacques Mallender, founder and Director of Matrix Knowledge, presented the scope, method and key findings of the study on the feasibility of collecting comparable data from national administrative sources on VAW at EU level. This study, which was funded by EIGE, mapped, between September 2012 and October 2013, the regulatory and policy framework in the EU-28 as well as 143 administrative data sources and 90 statistical products that rely mainly on administrative data sources, thus drawing a picture of the current status and statistical potential of administrative data sources in the EU-28. The forms of VAW focused on in the study are IPV, sexual violence between non-partners, including sexual assault, rape and sexual harassment, and stalking; excluding inter alia human trafficking, FGM and forced marriages.

One of the key findings of the study is that the application of national law is fragmented across EU Member States regarding different forms of VAW. Whereas rape is criminalised in all EU Member States, sexual harassment, for example, is categorised as an offence in only 21 % of the EU Member States, and stalking in only 43 %.

Furthermore, the legal definitions of offences, even of rape, vary significantly between Member States. The fact that in most Member States there is no distinction of gender in criminal or civil law provisions implies the risk of administrative data not being disaggregated by gender regarding both victims and offenders.

As the study points out, EU Member States lack an overall regulatory framework underpinning administrative data collection on VAW. However, some guidance can be found in a number of national provisions, for example in national action plans, which facilitate the comparability of adminis-

trative data within Member States. Yet, whereas the majority of Member States has policies in place regarding data collection within the police system and, to a lesser extent, within the justice system, this is rarer within health and social protection systems where data collection tends to be carried out at a local or sub-national level. Only 10 Member States identified sources regarding VAW within the health system.

In general, criminalised forms of VAW are more likely to be covered in administrative data. In all sectors examined in the study, IPV, rape and sexual assault are covered more in administrative data sources than stalking and sexual harassment.

As to the disaggregation of data, Mr Mallender presented the example of the police system, which can be considered to be relatively advanced in this respect. In the majority of Member States, data from the police system is disaggregated by the gender and age of the victim and — in a slightly smaller number of Member States — of the offender. However, the collection of data on the relationship between victim and offender differs between the forms of violence. For example, this information is generally recorded in cases of IPV and sexual assault; in cases of rape, 20 Member States collect this data, and seven and twelve Member States do so regarding sexual harassment and stalking, respectively.

Data is only rarely shared across systems, inter alia because victims are very reluctant to allow data to be shared. Furthermore, even when incidents are reported, this often does not capture the longevity of the violence. As to quality assurance processes, the majority of data sources report internally consistent data; however, the comparability over time and geographically is limited, and problems arise from the lack of codes for categorising VAW incidents and the infrequent updating of data.

Mapping the statistical products lead to the finding that the majority of statistical products identified are compiled by National Statistics Offices and other public authorities, drawing primarily on administrative data sources. The products are typically updated and published annually, and most of them have quality assurance and/or data validation in place. Yet, particularly in the health system, confidentiality rules restrict the collection of data. In line with the findings

on data collection, there are a higher number of consistent statistical products on IPV, rape and sexual assault than on stalking and sexual harassment.

The study also identified key legislation, policies and actions at EU and European level relevant to data collection, highlighting Article 11 of the Council of Europe's Istanbul Convention on preventing and combating violence against women and domestic violence, as well as Directive 2012/29/EU of 25 October 2012 establishing minimum standards on the rights, support and protection of victims of crime.

The following recommendations were developed based on the findings of the study:

- First, it is recommended that definitions of key terms in relation to VAW should be harmonised and that a standard classification of the different forms of VAW should be introduced. A respective agreement by National Statistical Offices may be facilitated by EIGE in conjunction with Eurostat.
- Second, a set of core indicators should be introduced at EU level, to be agreed on between Member States under the supervision of EIGE. The following three indicators were identified as a minimum set of feasible indicators: the number of femicides/homicides by gender reported to police; the number of cases of rape and sexual assault by gender and age for victims and offenders reported to the police; and the number of definitive convictions for rape and sexual assault by gender and age reported by the justice system.
- The third recommendation addresses Eurostat which is recommended to issue, in conjunction with EIGE, guidelines to National Statistical Offices which will then ensure the collection of the respective data.
- Fourthly, it is recommended that guidelines on improving administrative data collection on VAW should address privacy and data protection rules.
- Taking these considerations into account, it is recommended to make data collection on VAW a requirement by further developing existing regulatory instruments, in line with the Istanbul Convention and Directive 2012/29/EU.
- As the sixth recommendation, the report suggests the establishment of an informal network of national

rapporteurs to coordinate data collection within and between Member States.

- Furthermore, administrative data sources as well as statistical products need improvement. The data collection methods are recommended to be harmonised and stored to electronic storage systems that can be used by various administrative organisations at national level; the system could be administered by the above-mentioned network of rapporteurs.
- In order to make data comparable across the EU, the network is also suggested to ask National Statistical Offices to make adjustments to their most important statistical products covering VAW.
- As the ninth and last recommendation, the report recommends making VAW visible in data from the health system by making better use of the codes related to VAW in the commonly agreed International Classification of Diseases (ICD). For this purpose, Eurostat may introduce annual health statistics based on these codes, and the WHO could be asked to provide an annual update on the development of the use of the ICD.

Following Mr Mallender's intervention, Ms Kristiina Kangasputa, Chief of the Global Report on Trafficking in Persons Unit of the United Nations Office on Drugs and Crime (UNODC) gave a presentation on strategies in criminal data collection. She focused on two reports, one on administrative data on homicide and one on administrative data on trafficking in persons.

The key results of the first Global Study on Homicide of 2011 — the second one is to be published soon — as presented by Ms Kangasputa, are as follows: Europe has the third highest rate of average female homicide, the rate being lower in Europe than in Africa and the Americas. Whereas 73 % of the victims of homicides in Europe are men, 77 % of the victims of homicide killed by their spouses or ex-spouses — according to data from 12 European countries — are women. In contrast, around half of the male victims in selected European countries are killed by a stranger. And whereas the homicide rate related to other causes in Europe is decreasing, the rate of intimate partner and family-related homicide stays the same.

More sex-disaggregated administrative data is collected and available on homicide than on other forms of violence;



however, the coverage and availability of data differs between European countries. Although in Europe the data coverage on rape is similar to the coverage on homicide, the percentage of European countries with data available is higher than in other parts of the world, while in the case of homicide it is lower than on other continents.

In her presentation of the Global Report on Trafficking in Persons of 2012 — a study covering 132 countries that is based primarily on questionnaires and open source information — Ms Kangasputa stressed the gender dimension of this form of violence. Despite large dark figures, 59 % of victims detected globally are women and 17 % are girls. Fewer children are detected in Europe than in other regions. While the share of women among the detected female victims has decreased between 2006 and 2009, the share of girls — as well as children in general — who are trafficked and detected has increased.

Ms Kangasputa gave an overview of surveys that can provide data on VAW, namely: crime victim surveys that are carried out in many countries, VAW surveys as carried out — in different forms — in around 70 countries, self-reported crime surveys, as well as corruption and access to justice surveys and drug-related surveys.

Comparing trends among different data sources, Ms Kangasputa highlighted a decreasing trend in almost all areas in the U.S., whereas in other countries the picture is a mixed one. She underlined that despite the methodological difficulties in comparing the data, they all offer interesting perspectives.

In the following part, relevant results from the first parallel session, which addressed challenges in data collection, overcoming gaps, the harmonisation of data and the need for comparable indicators on GBV in Europe, are presented. As chair, Prof Sylvia Walby from the University of Lancaster identified the main goal of the session to discuss and possibly meet the challenge of data collection on VAW. All speakers agreed that harmonised, comparable data needs to be collected across the EU. Yet, a main dilemma seems to be the question on how to capture the complexity of VAW and to simultaneously satisfy the need for simplicity.

Dr Henriette Jansen, senior consultant on VAW research who currently works as an international researcher for UNFPA, stated that there is, by now, a general recognition

of the need for data and indicators on VAW. As Dr Jansen stressed, VAW surveys are different from other surveys because of particular methodological, ethical and safety challenges. She underlined that bad data is worse than no data, as for example misleadingly low rates of VAW may even hinder the development of policies and measures.

According to Dr Jansen, measuring VAW by only one indicator will lead to a loss in specificity — for example regarding the forms of violence, the perpetrators and the victim-perpetrator relationship — and to a misleading image of VAW. Dr Jansen argued that aggregating all of the very different experiences of VAW into one indicator implies that this indicator cannot be used for action because targeted, suitable measures cannot be developed. She referred to the Guidelines for Producing Statistics on Violence against Women through Statistical Surveys developed by the United Nations Statistics Division (UNSD) that suggest eight comparable indicators as a minimum.

Furthermore, Dr Jansen underlined the importance of guidelines on how to conduct surveys on VAW, and highlighted the ethical and safety recommendations for research on VAW developed by the WHO as well as the above-mentioned UNSD guidelines that will be published soon. Insensitively conducted surveys on VAW put field workers and respondents at risk and tend to hinder data collection. It is important to be aware of the fact that, for female victims of violence, participation in a survey may provoke re-traumatisation and/or further violence; yet, it can also be a beneficial experience for them. A safety measure highlighted by Dr Jansen is the use of survey titles in the field that do not include the word 'violence'. Specific training for interviewers is also very important.

Dr Jansen shared her observation that conducting VAW surveys can be a transforming experience for interviewers who often begin to see themselves as change agents, and working on VAW may fundamentally change the work of statistical offices.

As to the issue of indicators to measure VAW, Dr Jolanta Reingardé presented the other side of the argument, arguing for a focus on simplicity in the selection of indicators.

The Gender Equality Index developed by EIGE includes GBV as a satellite domain. As Dr Reingardé explained, the Gender

Equality Index expands the framework of other indices by including, *inter alia*, GBV, and by not being bound by data availability, thus highlighting data gaps. The index domain gender-based violence against women distinguishes between direct (physical, sexual, psychological, economic) and indirect (norms, stereotypes, attitudes) violence. It has been designed as a satellite domain because it does not focus on gender equality gaps but on women, and the underlying aim is to eliminate VAW. The main data sources that were tested are EUROFOUND (EWCS), UNECE gender statistics and the Eurobarometer.

As Dr Reingardé pointed out, the fact that the domain of violence remains blank can be considered the biggest statistical gap in the EU, and is expected to evoke discussion. Dr Reingardé argued that it is crucial to have structured and regular surveys on VAW.

She points at the UN indicators on VAW of 2010 as a way forward. These include two indicators on physical violence, two indicators on sexual violence, two indicators on IPV, one indicator on psychological violence and one on economic violence. Furthermore, the Beijing indicators can be considered relevant; yet, some of these are input indicators (e.g. state measures) and some are qualitative, which are important but do not fit statistical requirements.

As one of the interesting conclusions from the Gender Equality Index, Dr Reingardé mentioned that countries with a higher gender equality score have stronger legal provision on rape.

Following Dr Reingardé's presentation, Mr Stephen Clarke, team leader of Crime and Criminal Justice Statistics at Eurostat, presented Eurostat's work as well as challenges to the collection of data on VAW.

Mr Clarke emphasised that, in contrast to other policy areas, data collection on GBV is not underpinned by EU legislation. Through the national statistical offices, Eurostat collects annual information on a limited number of offences, such as homicide. However, this data is often not specific enough and cannot be compared across countries. Yet, it is possible to look at trends within Member States. A particularly serious challenge is that the data on crime collected by Eurostat is not sex-disaggregated, as it constitutes data on offences but not on victims or perpetrators. These gaps

have been recognised for several years, especially at the 2010 Stockholm Council.

Mr Clarke considers the common European Safety Survey, i.e. the victimisation survey, a major step forward for statistics in the EU. He highlighted the UN approach as a very positive example as it includes breakdowns by gender, type of offence, number of perpetrators prosecuted and number of convicted offenders, amongst others.

As pressing issues, Mr Clarke identified a clear need to extend the coverage of offences far beyond homicides and rape, to improve the communication with and coordination between stakeholders, and to collect comparable data. He promised to communicate with EIGE and others about which indicators are suitable.

In a brief presentation, a WHO representative highlighted the importance of the availability of data on VAW at the national level for awareness-raising, launching initiatives and developing strategies. She also underlined the need to look for standardised definitions, and stressed that common indicators are not only needed for the collection of prevalence data. She recommended including information on the victim-perpetrator relationship, for example, into health information systems, most of which already somehow measure violence.

During the discussion following these presentations, a participant from Denmark demanded that questions on VAW should be integrated into all health services. She stated that while for the minister of justice it is easy to ask for the collection of disaggregated data on VAW, it is crucial to make it easier for women to report violence. Furthermore, she mentioned that, when collecting data on VAW and developing indicators, it is important to take into consideration issues related to the access to healthcare and the quality of the healthcare system.

A participant from the United Nations Population Fund (UNFPA), who coordinated the joint programme on FGM, stated that despite increasing efforts in data collection in EU Member States the information collected tends to be discriminatory and stigmatising. For example, in some countries information is collected among people who are not yet citizens of the country. She called for a harmonisation without stigmatisation. Dr Reingardé mentioned that while



for other forms of VAW some methodological attempts regarding data collection and indicators have already been made, for FGM this is still at an initial stage.

A participant who works at the University of Vienna recommended learning from other data collection experiences when harmonising the data collection on VAW. One of the challenges is the exact translation of questionnaires, which was affirmed by Mr Clarke.

The challenges and gaps in collecting data on VAW were also highlighted during the sixth parallel session on using data to tackle specific forms of VAW, chaired by Ms Maria-Pia de Palo, Senior Advisor at the Nordic Council of Ministers.

Ms Jurgita Pečiūrienė, Gender Expert at EIGE, particularly emphasised the measurement difficulties related to FGM. In EIGE's report on FGM of 2013, thirteen relevant studies on the prevalence of FGM in EU Member States were identified, but the data from these studies are not comparable, and an EU-wide prevalence study is missing. Difficulties in finding evidence hinder prosecution, and, in turn, the low level of prosecution is one of the factors contributing to the lack of comprehensive administrative data. As to administrative data, many records are not systematically collected or centrally stored but rather fragmented and scattered. Furthermore, these data are in most cases not specific enough; yet, administrative data sources can be considered a useful starting point for further progress in the area of data collection. EIGE's report on FGM also identified the need to develop a common definition of FGM, with common indicators as well as a sound methodology to collect data on this form of violence.

In the same session, Ms Zoi Sakellidou, Policy Assistant to the EU Anti-trafficking Coordinator, explained that the need

for statistics on organised crime was identified in 2006. The first Trafficking in Persons Report that was published in April 2013 is based on data coming from statistical and anti-trafficking authorities in the EU Member States. Its findings have to be interpreted carefully, as the prevalence data is very likely to be just the tip of the iceberg.

Ms Edith Schratzberger-Vecsei, Director of the Observatory on Violence Against Women of the European Women's Lobby, presented the EWL Barometer of 2013 on rape in Europe. She argued that rape was chosen as the form of VAW to be addressed in the barometer because of its high prevalence and because, on the one hand, it is the most consistently criminalised form of VAW, but, on the other hand, it remains invisible due to a lack of data. The barometer, which checks the legislation and data collection in European countries against the minimum standards laid out in the Istanbul Convention, comes to the conclusion that only two EU Member States comply with the standard for collecting sex-disaggregated data with all the relevant information.

Intersections between VAW and violence against children, as described by Dr Dinesh Sethi, Programme Manager Violence and Injury Prevention at WHO Europe, and Dr Heidi Stöckl, Lecturer at the London School of Hygiene and Tropical Medicine, could be of relevance to data collection as well. These forms of violence often co-occur in the same household. As Dr Sethi pointed out, children who have been abused are more likely to suffer from violence as adults, and/or to become perpetrators themselves; and Ms Stöckl highlighted that children who witness IPV are more likely to use violence against a partner or to be abused by an intimate partner. VAW and violence against children share a number of risk factors and consequences.

2. Measuring the costs of violence





2. Measuring the costs of violence

The issue of measuring the costs of violence was intensely addressed in the seventh parallel session on gathering evidence and exploring the 'costs of violence'.

Furthermore, the question as to whether the costs of violence constitute a useful and relevant indicator to measure VAW was briefly discussed during the first parallel session on challenges in data collection. A participant from Norway highlighted the cost of violence as a particularly interesting indicator. Mr Stephen Clarke, team leader of Crime and Criminal Justice Statistics at Eurostat, acknowledged this but argued that a focus on the costs may distract from more practical issues. In this context, Dr Jolanta Reingardė mentioned that the European Parliament identified the need for studying the costs of violence, and stated that EIGE plans a study on how to measure these costs.

During the seventh parallel session, chaired by Ms Rada Boric, Vice-President of the European Women's Lobby, studies measuring the costs of violence from three EU Member States were presented, and one speaker provided overarching information on methodologies to measure these costs.

Dr Markku Heiskanen, Senior Researcher at the European Institute for Crime Prevention and Control (HEUNI), presented an ongoing study on the sources and estimated costs of domestic and sexual violence against women in Poland. This study carried out by HEUNI since spring 2013 uses a

cost-assessing model that could be of interest for other countries as well.

According to Dr Heiskanen, measuring the costs of VAW can make VAW visible, stress the magnitude of the problem towards decision-makers, and point at victim support services that need improvement.

The study on Poland analyses both direct costs — in particular government-funded services in the criminal justice system, the healthcare sector and the social sector, including NGOs — and indirect costs, meaning economic output losses. Some of the mentioned challenges for data collection in Poland are the difficulty of identifying all relevant institutions and services, the lack of availability of data disaggregated by sex, perpetrator and crime codes and the dependence on the willingness of authorities to deliver the data. The fact that violence was defined corresponding to the Polish criminal code may hinder international comparisons.

As the second example, Ms Karin Helweg-Larsen, member of the Danish Observatory of Violence Against Women, presented a Danish study on measuring the costs of VAW. The costs that were assessed include: healthcare expenditures, costs to the labour market (income impact and production loss), judicial expenditures, funding of shelters, NAP and other budgets, and personal costs such as health-related quality of life.

Whereas the calculation of direct costs is based on exact prices and expenditures, indirect costs can only be measured based on comparisons of victims and non-victims. The reference population of the study consisted of all 16-64-year old women in Denmark who were not the study population.

The main result of the study is that in Denmark annually EUR 75 million are spent due to VAW, of which 30 % are spent on shelters and 30 % on the judicial system. These judicial costs amount to approximately EUR 25 million per year. The study also gives evidence of the severe health consequences of VAW.

Prof Manuel Lisboa, Director of the Portuguese National Observatory on Gender and Violence, presented insights from three national studies on the costs of VAW carried out in Portugal by an interdisciplinary research team between 2002 and 2009. These studies measured the following costs of VAW: economic costs, social and individual costs, interpersonal professional and educational costs, and costs related to physical and psychological health. As Prof Lisboa stressed, some of these costs do not just have a direct effect on the victims but also have an indirect effect on other parts of society, and some may only become visible in the medium and long term. A variety of data sources, as well as a high number of indicators, 122 in total, were used.

To give an example, the economic costs related to the health impacts of VAW were calculated based on a combination of data from official statistics, administrative data sources and a specific survey. They covered not only the costs of e.g. healthcare treatments but also income losses and the opportunity cost of time spent on healthcare treatments, amongst others. It turned out that healthcare costs are 22 % higher for victims than for non-victims, and that at national level these costs add up to around EUR 40 million per year, 90 % of which is supported by the national health system. The calculation of social and individual costs combined quantitative and qualitative data and led to the result that the difficulty in finding a job as well as the possibility of dismissal are twice as high among victims of VAW than among non-victims.

Prof Sylvia Walby, Professor of Sociology at the UNESCO^oChair in Gender Research at Lancaster University, shifted the focus to a more general level, discussing methodologies to

measure the costs of VAW. As to the key purposes of measuring these costs, Prof Walby argued that cost is a driver of policy priority, that it enables easier comparisons of policies, and that it makes cost-saving policies more likely to be implemented. Yet, she stressed that costs should not be considered as the only reason for action against VAW.

Prof Walby suggested measuring the cost to the state — an argument that is particularly likely to drive public policy —, the cost to the economy and the cost of pain and suffering to the victim. The latter is the most controversial type of cost as it may be considered as trivialising VAW. Yet, Prof Walby argued in favour of including it in order to make the costs of VAW comparable with other governmental costs, and stated that other governmental cost-benefit analyses include these costs as well.

In her study on the costs of domestic violence in the UK, Prof Walby used a variety of data sources, for example on the use of services. Further sources that she suggests developing include administrative data on the use of support services and studies of parallel harms.

The 2004 study calculated the costs of VAW in the UK at GBP 23 billion a year, consisting of costs to the State (GBP 3.1 billion) — made up of costs to the criminal justice system, civil legal costs, healthcare costs, the costs to social services and costs for children, and the cost of housing and refuges —; lost economic output (GBP 1.3 billion by employers and GBP 1.3 billion by individuals); and human and emotional costs (GBP 17 billion). If extrapolating the costs of VAW in the UK to the EU, VAW could be considered to cost EUR 228 billion a year. This could be considered a sound estimation if the UK were to be assumed to be typical in the extent of VAW, the use of services, the loss of employment and the value of pain and suffering.

Prof Walby underlined that at present the existing administrative data and surveys on VAW are not sufficient for sound estimations of the costs of VAW in each EU Member State, but that recently — for example with the FRA survey on gender-based violence against women in the EU — some progress has been made.

Answering a question from the audience, Prof Walby clarified that judicial costs cover perpetrators as well. However,



she stated that a number of relevant costs have not been included because the data available at that time was not robust enough; yet, the evidence is growing.

During the discussion following the panel presentations Dr Reingardé added that the costs of VAW would be even higher if costs related to children were included in the calculation. Ms Helweg-Larsen stated that the Danish study includes child-related costs as well.

A Swiss participant added that in Switzerland a study on the costs of IPV was recently completed. It calculated these costs at around CHF 164 million annually, which equals the annual budget of a medium-sized Swiss city.

Dr Heiskanen stressed that cost studies may be very costly to poor countries. While richer countries like the Nordic countries have registers and population surveys that they can use, this is often not the case for other countries.

3. Female genital mutilation (FGM)





3. Female genital mutilation (FGM)

Female genital mutilation (FGM) was addressed at least briefly by quite a number of speakers in different sessions. It was discussed in depth by two speakers during the sixth parallel session.

During the opening plenary, Ms Sonja Wehsely, Executive City Councillor for Public Health and Social Affairs of the City of Vienna, drew attention to FGM, which she described as a particularly horrifying form of VAW. She underlined that it is crucial that continuous efforts are made in Europe as concerns awareness-raising and tackling FGM, especially in the area of criminal law. In the same plenary, Ms Barbara Prammer, President of the National Council of Austria, highlighted FGM as a particularly extreme form of VAW. She pointed out that FGM is a serious challenge for Austria.

When presenting the EU's commitment and activities against VAW, Ms Anne Galand, underlined that the EU has taken a strong stance against FGM. She noted the Communication of the European Commission of 25 November 2013, which reiterates the need for knowledge, prevention, protection and prosecution of FGM, as well as the need for multi-disciplinary cooperation. It also recalls that FGM is prosecutable in all EU Member States, and underlines the important role of civil society organisations in combating FGM and providing victim support.

During the first parallel session, Dr Jolanta Reingardė announced that EIGE will continue working on FGM. She pointed out that to date fewer methodological attempts regarding data collection and indicators have been made on FGM than on several other forms of VAW.

EIGE's work on FGM in the EU was presented by Ms Jurgita Pečiūrienė, Gender Expert at EIGE, during the sixth parallel session on addressing specific forms of VAW in Europe.

In 2013, EIGE published a report on FGM in the EU, as well as a compilation of good practices in combating FGM, country fact sheets and country reports. EIGE also set up a database on resources, methods and tools on FGM and on good practices in combating FGM.

Ms Pečiūrienė emphasised that FGM is a form of GBV and a serious human rights violation that is rooted in gender inequalities. She highlighted the recent Commission Communication on FGM, and stressed the importance of the Victims' Directive of 2012 regarding the protection of victims of FGM.

A general conclusion of the study on FGM is that a comprehensive gender-sensitive approach is needed to tackle FGM, and that the collection of prevalence data faces serious difficulties.

The study also identified challenges in different policy areas: Although legal provisions on prosecution are in place, FGM is very rarely prosecuted, in particular due to a lack of adequate referral mechanisms and difficulties in finding evidence. The lack of prosecution also contributes to the lack of administrative data on FGM. Specialised support services are insufficiently available. Overall, coordination and cooperation urgently need improvement.

As to the collection of data on FGM, serious challenges persist regarding the harmonisation and systematic collection of comparable data. Policies are not sufficiently monitored, and sound indicators on FGM are still to be developed. Although 13 relevant prevalence studies carried out in EU Member States have been identified, the data resulting from these studies are not comparable, and there has been no EU-wide prevalence study to date. As to administrative data, Ms Pečiūrienė highlighted that many records are neither being systematically collected nor centrally stored, but are fragmented and scattered. This data is also not comparable and not specific enough. Yet, these records can be considered a useful starting point for further developments in the area of data collection. The key recommendations on data collection as laid out in the report issued by EIGE are the development of a common definition of FGM and a common methodology for collecting data on FGM. Indicators need to be developed inter alia to facilitate monitoring.

In order to provide adequate and sensitive support to victims of FGM, protocols and guidelines for medicals and other relevant professionals need to be issued. An exchange of good practices in combating FGM could be helpful. Funding is crucial as well; as Ms Pečiūrienė pointed out, a number of promising projects, especially related to national action plans, were developed supported by the Daphne programme.

Overall, as Ms Pečiūrienė stressed, a multi-actoral approach based on coordination and cooperation between stakeholders at all levels, including medical and judicial staff, is needed in order to effectively tackle FGM.

In the same session, Ms Beate Wimmer-Puchinger, Executive director for Women's Health of the City of Vienna, presented the cross-sectoral approaches on FGM in all stages of life that have been developed in Austria, and in Vienna in particular.

After briefly mentioning the various drastic effects of FGM, Ms Wimmer-Puchinger provided an overview of the legal and policy provisions on FGM that are in place in Austria: As stipulated in a specific criminal law provision introduced in 2001, the (attempted) performance and participation in the performance of FGM are criminal offences. A national action plan on the prevention and elimination of FGM in Austria was issued for 2009–2011, and it targets a variety of sectors.

Ms Wimmer-Puchinger highlighted several innovative measures on FGM that are in place in Vienna, one of which is the action plan of cross-sectoral approaches. It includes providing training for hospital staff, the directors of all publicly funded pre-schools/kindergartens, school physicians and youth and social workers. Furthermore, several prevention measures exist in Vienna, such as the cross-sectoral FGM Advisory Council that brings together the heads of various municipal departments, gynaecologists and their medical personnel, as well as NGO representatives. Furthermore, the Women's Health Centre 'FEM Süd', which specialises in migrant women, provides counselling.

Guidelines for health professionals on how to detect and react to FGM have been developed and sent to general practitioners and other medical personnel. An in- and outpatient clinic specialising in reconstructive vaginal surgery opened in 2009.

During the discussion following the presentations, Ms Nicole Zündorf-Hinte from the German Federal Ministry for Family Affairs, Senior Citizens, Women and Youth added that Germany has a *lex specialis* on FGM (since 2013) that has not been mentioned in EIGE's publications on FGM. She also stated that while at the beginning the EU addressed FGM from a human rights perspective, it then



shifted the focus to criminal justice aspects, before again pursuing a human rights-based approach.

She also asked Ms Pečiūrienė whether she thinks that a child-sensitive approach to FGM is needed in addition

to a gender-sensitive approach. Ms Pečiūrienė answered that the child-sensitive approach is very relevant. She explained that the focus of EIGE's study was a gender-sensitive one, but that it also takes child-sensitive perspectives into account.



4. National policies on gender-based violence (GBV)





4. National policies on gender-based violence (GBV)

Throughout the conference, various national policies and practices from different countries from the EU and beyond were presented, among which the legal and policy provisions and actions from Austria, and especially from Vienna, were particularly numerous.

Austria

Several speakers highlighted the Austrian Protection against Violence Act of 1996 that entered into force in May 1997 as ground-breaking and as a model for similar laws in other countries. This law, which makes it possible to deny the perpetrator access to the home, introduced a paradigm shift and highlighted the responsibility of the state in protecting women against domestic violence. It is based on intersectoral cooperation.

Currently, in Austria an inter-ministerial working group is drafting an action plan. Ms Barbara Prammer, President of the Austrian National Council, also expressed her satisfaction with the Austrian parliament's efforts against VAW, for example regarding awareness-raising.

Measures have also been introduced to intensify interdisciplinary cooperation to protect and support women at risk and victims of VAW. Recently, it has been made obligatory for hospitals to establish groups (*Gewaltschutzgruppen*) formed by staff from different occupations, including social workers, aimed at protecting patients from (further) vio-

lence. In Vienna, such groups have already been set up in all public hospitals. In order to facilitate prosecution, a documentation form has been developed and provided to a variety of professionals in order to support collecting information on acts of VAW that is applicable for the court.

The efforts in Austria against FGM have also been emphasised. Since 2001, the (attempted) performance and participation in the performance of FGM are criminal offences, and a national action plan on the prevention and elimination of FGM in Austria was set up for 2009–2011.

Yet, despite these efforts VAW still remains widely hidden in Austria, as Ms Prammer and Ms Sonja Wehsely, Executive City Councillor for Public Health and Social Affairs of the City of Vienna, pointed out, and several speakers from Austria stressed that if efforts are not held up, achievements may be lost quickly.

The pioneer role of the city of Vienna has been repeatedly highlighted during the conference, and it has been said that the developments in Vienna have been crucial for the progress made in the whole country. The women's shelters in Vienna that recently celebrated their 35th anniversary provide in total 175 places, which is even more than what is required in the EU Directive. There are 54 places for women who find themselves at the transition to an independent life, a project that is considered to have been very successful. As the shelters are not subsidised but are completely

financed from the budget of the city of Vienna, there is a certain financial stability. Furthermore, there is a 24-hour helpline. Since 2009, all public hospitals in Vienna feature victims' protection groups as described above. They follow a clearly set out procedure on how to address VAW, for example on how to secure evidence.

Recently, a campaign aimed at encouraging women to get out of a situation of psychological violence was conducted in Vienna. Furthermore, the men's health centre MEN offers, amongst others, workshops targeting men in order to prevent VAW. However, as Ms Frauenberger, Executive City Councillor for Women's Issues, Integration, Consumer Protection and Personnel of the City of Vienna pointed out, one in five women in Vienna has become a victim of VAW, and it is still difficult for women to free themselves from violent relationships and to seek support.

In Vienna, particularly strong efforts have also been made regarding the fight against FGM and the support of victims. A cross-sectoral FGM Advisory Council, bringing together the heads of various municipal departments, gynaecologists and their medical personnel, and NGO representatives, was set up in order to combat FGM more effectively, and an action plan for cross-sectoral approaches includes trainings on detecting and dealing with FGM for hospital staff, the directors of all publicly funded pre-schools/kindergartens, school physicians and youth and social workers. As mentioned above, the Women's Health Centre 'FEM Süd' provides counselling. Guidelines for health professionals were provided to general practitioners and other medical personnel, and a clinic specialising in reconstructive vaginal surgery opened in 2009.

Belgium

Ms Marijke Weewauters, Head of the Federal Unit on Gender-Based Violence at the Belgian Institute for the Equality of Women and Men, presented the Belgian approach to action plans on VAW as potential models for similar efforts in other countries. Since 2001, several action plans on VAW have been developed, and in 2013 the action plan was re-launched. A high number of measures on IPV, honour crimes, forced marriage and FGM have been implemented. Yet, strategic planning and long-term actions are lacking,

and there are no indicators and few statistics to measure progress.

In 2006, an independent public body was established that coordinates and facilitates actions on VAW, and oversees and supports the implementation of national action plans. It is supposed to contribute to long-term strategic planning, and to enhance the transparency of actions against VAW. This body also coordinates structures for implementing the national action plans, namely an inter-departmental forum of governmental representatives, an expert forum — including inter alia representatives of civil society organisations — and a group of policy-makers. These structures have proven successful in increasing the ownership of the policies among the actors, and in improving cooperation and coordination for better and more effective policy measures. Stakeholders were consulted before the publication of the national action plan in order to identify gaps in the action plans and to improve them, and to secure the support of the stakeholders. Annual progress reports are set up in collaboration with the inter-departmental group in order to monitor the implementation of the action plans.

Ms Weewauters presented a step-by-step approach for developing national action plans: First, an inventory of existing laws, policies, actions, data and good practices should be made, followed by the consultation of stakeholders. Then, recommendations should be discussed with ministries and experts, before deliberating with all offices of ministers and, finally, officialising the action plan at an inter-ministerial conference.

As to the content of the action plan, Ms Weewauters identified the following critical success factors: To align the content with international and EU obligations; to formulate strategic and operational goals; to address the '5 Ps' policy, participation, prevention, prosecution and provision of services; to develop indicators to measure progress; to allocate an adequate budget; and to set up guidelines and mechanisms for the implementation and monitoring of the action plan.

Germany

Ms Nicole Zündorf-Hinte from the German Federal Ministry for Family Affairs, Senior Citizens, Women and Youth



presented the German experience with the implementation of the Convention on the Rights of People with Disabilities of 2007 (ratified in 2009) as a good example of the role of international human rights instruments for national policy development, if met by governmental commitment.

In order to fulfil the obligation of inclusion stipulated in the Convention, the school system is being entirely reformed. At the same time, political lobby structures for women with disabilities (Weibernetz eV) are being set up. Furthermore, workshops for persons with disabilities are being carried out, amongst others to empower women with mental disabilities and to prevent sexual and other forms of GBV against them. The project SELBST — ‘self-confidence for women and girls with disabilities’ — aims at enabling girls and women to defend themselves against harassments and assaults, and the project ‘*Ich will auch heiraten*’ (Me, too, I want to marry) aims at strengthening the sexual and reproductive rights of girls and women with disabilities.

Similarly, the Council of Europe Convention on Action against Trafficking of 2005 (ratified in 2012) led to the establishment of national coordination structures against all forms of trafficking and of a national monitoring structure in Germany. Moreover, the residence law has been reformed so that non-citizens who are victims of human trafficking may receive a temporary residence permit.

Greece

Ms Theodora Katsivardakou, Head of Labour Relations and Social Policy at the General Secretariat for Gender Equality in Greece, presented an awareness-raising campaign on violence against women and girls (VAWG) that is being conducted by the General Secretariat for Gender Equality (GSGE) in Greece between 2011 and 2014. This campaign, financed with EUR 543 000 and co-founded by the ESF, is rooted in the National Programme for the Prevention and Combating of Violence against Women 2009–2013. It aims at a primary and secondary prevention of VAWG, and in particular to promote a zero tolerance attitude towards VAWG, to raise awareness, to empower women and girl victims of violence and to provide information on existing protection structures. It is being supported by poster and banner cam-

paigns, the dissemination of leaflets, television and radio spots, campaigns via Facebook and a film festival, amongst others, and uses clear, simple and catchy slogans. At the same time, new support structures — shelters, counselling centres and a 24-hour helpline — have been set up, professionals are trained in how to deal with VAWG and women’s organisations have received particular support.

The campaign is monitored on a regular basis. It is considered comprehensive and innovative, and the assessment has shown that while banners in public transportation have been rather ineffective, television spots have had a relatively strong impact and were positively evaluated. Yet, these assessments can only indicate a change in awareness and possibly in attitudes, but it is not possible to measure changes in behaviour.

Ireland

Mr Greg Heylin, Director of Cosc, the National Office for the Prevention of Domestic, Sexual and Gender-based Violence at the Department of Justice and Equality in Ireland, provided some insights into Cosc as an example of an intersectoral coordinating mechanism to prevent VAW. The main task of Cosc, which was established as an executive office of the Department of Justice and Equality in 2007, is to ensure the delivery of well-coordinated government policies against domestic and sexual violence against women and men.

As to the location of the coordinating body, Mr Heylin argued that while there is strength in being independent, it is also beneficial to be placed under the Ministry of Justice because actors may be more likely to take action. Yet, he stated that this is not an ideal location because VAW is a complex problem that goes far beyond the competences of a ministry.

Mr Heylin identified the availability of sufficient resources as well as the existence of a certain basic trust between state players, state actors and NGOs, and between service providers and other actors as crucial success factors for an effective implementation of coordinated action against VAW. In order to facilitate cooperation, actors should also try to understand the way the other organisations work.

Lithuania

Dr Audronė Astrauskienė, Head of Division at the Lithuanian Ministry of Health, presented the Lithuanian approach to addressing VAW in the health sector.

The measures are rooted in the Law on Protection against Domestic Violence of 2011 which includes provisions on prevention, protection and support measures, as well as in the National Strategy for Combating Violence against Women of 2006. They follow a multi-sectoral approach, involving the social, health and justice sector. Activities in the social sector focus on educational programmes carried out by multi-disciplinary teams. Healthcare encompasses both in-patient care and secondary care, the latter of which is provided by crisis centres, the police and specialised assistance centres. The justice sector is involved in primary out-patient care, with an important role for the public health bureau as well as volunteers.

A wide range of prevention programmes has been set up, including school programmes, parent and child programmes and media interventions.

Moldova

Ms Valentina Buliga, Minister of Labour, Social Protection and Family of the Republic of Moldova, presented measures and achievements in the fight against domestic violence in Moldova which are based on Law 45-XVI of March 2007 on the elimination of domestic violence, as amended in 2010.

In Moldova, significant progress has been made in the area of intersectoral cooperation with the development of guidelines, namely the guidelines on intersectoral cooperation for the identification of cases of domestic violence, the guidelines to identify (potential) victims of human trafficking, and the guidelines on intersectoral cooperation for the identification and referral of children who are (potential) victims of violence. Furthermore, a model Regulation regarding multi-disciplinary team activities at a local level within the national referral system was drafted, and detailed guidelines on the role of the health sector within the multi-sectoral approach to combat domestic violence were issued.

Moreover, Ms Buliga highlighted the existence of annual national prevention campaigns, the improvement of specialised victim support services, the training of professionals from the social and health sector and the police, and the fact that a high number of services are publicly financed.

Slovenia

Ms Lea Javornik from the Slovenian Ministry of Labour, Family and Social Affairs, presented practices in intersectoral cooperation on domestic violence in Slovenia. The Family Violence Protection Act joined the Ministry of Labour, Family, Social Affairs and Equal Opportunities, the Ministry of Health, the Ministry of the Interior and the Ministry of Education in their efforts against domestic violence. An intersectoral working group has been established that is supposed to prepare strategic documents and common reports, and to make the support of victims of VAW more effective through intersectoral approaches. The fact that NGO representatives are part of this working group was described by Ms Javornik as a pre-condition for the state to be effective.

However, Ms Javornik also identified challenges to intersectoral cooperation, such as the difference in procedures between institutions and the diffusion of responsibilities.

Spain

As Ms María José Martín from the Government Delegation for Gender-based Violence in Spain described, this Government Delegation, which is attached to the Ministry of Health, Social Affairs and Equality, is in charge of coordinating policies and measures on GBV at different levels, in particular between ministries as well as between the central state and the autonomous communities. Cooperation with civil society organisations, trade unions and other actors takes place through the State Observatory on Violence against Women. Ms José Martín characterised the Government Delegation for Gender-based Violence as the main tool to fight against GBV. In this intersectoral coordinating mechanism the members jointly formulate government strategies and set up protocols, such as the common protocol for healthcare providers. Information-sharing between different institutions is of high importance as well.



Sweden

Ms Ann Jönsson, Programme Officer at the Swedish National Board of Health and Welfare presented an approach from Sweden to educating professionals to prevent violence against women with disabilities. Following a governmental assignment, the study guide 'Looking the other way' that is aimed at contributing to the prevention of violence against women with disabilities was published in 2011. It addresses professionals in healthcare, social services, in the legal system as well as in NGOs, and can be used as a basis for inter-professional training and as a source of information for personnel.

United Kingdom

Prof Gene Feder from the University of Bristol presented an approach aimed at improving the primary care response to domestic violence at a system level, namely the programme 'IRIS — Identification and Referral to Improve Safety' as implemented in the United Kingdom.

It sets up an intervention pathway, consisting of training and support, the provision of referral pathways, medical record prompts, a recording and flagging system, and an advocate educator. The IRIS pathway targets women and their children, if there are any, and provides a (less comprehensive) pathway for male victims of violence as well. It is based on clinical enquiry and not on screening.

An assessment of the programme came to the conclusion that it clearly has positive effects, although the proportion of female victims of violence that were identified was significantly lower than the assumed prevalence of VAW. IRIS was also evaluated as being very cost-effective as it led to significant NHS and societal cost savings. After the trial, the programme was continued.

Key lessons from IRIS, as identified by Prof Feder, are that clinical staff training should be combined with referral pathways, that trainings should be provided by domestic violence specialists — for example from women's NGOs — together with clinical experts, and that periodical reviews are very useful.

5. Intersectoral approaches





5. Intersectoral approaches

The importance of intersectoral cooperation in order to effectively combat VAW was emphasised by many speakers. One speaker even stressed that good coordination is much more important than budget. It was also argued that intersectoral cooperation is crucial for data collection, in particular to collect and analyse data on women affected by multiple forms of violence.

In most of the presentations, intersectoral approaches referred to the following sectors: the health sector, the judicial system, the police and the social sector. Several participants stressed that it is crucial to also include the media in intersectoral efforts, and that a strategic approach towards addressing the media is needed.

The relevance and the implementation of intersectoral cooperation became particularly clear in the case of referral mechanisms and of independent bodies in charge of intersectoral coordination and cooperation.

Several intersectoral coordinating mechanisms to combat VAW have already been described in the chapter on national policies, namely the public coordinating body on VAW in Belgium; the National Office for the Prevention of Domestic, Sexual and Gender-based Violence Cosc at the Department of Justice and Equality in Ireland; and the Government Delegation for Gender-based Violence in Spain.

A main issue of interest and controversy was the question of where to best locate such a coordinating body, and if it should be independent. Mr Greg Heylin, Director of Cosc, which is placed under the Ministry of Justice, argued that despite the advantages of being independent, being a body under a ministry would make it more likely to be heard by political actors. Similarly, Ms Lea Javornik from the Slovenian Ministry of Labour, Family and Social Affairs underlined that it is a good practice to affiliate the body to a ministry. In contrast, a participant from UNFPA emphasised that such a body should better be

placed at a higher level and not under a ministry. A participant from Tajikistan argued that nobody would listen to an independent body in her country, and that two action plans on trafficking worked well in Tajikistan because they were linked to the presidential apparatus.

In several EU Member States, intersectoral working groups on VAW have been set up at ministerial level. In the chapter on national policies, the intersectoral character of the Austrian Protection against Violence Act and the inter-ministerial working group in Austria, the multi-sectoral approach to domestic violence against women followed in Lithuania, the intersectoral referral pathways as established within the IRIS programme in the UK, and the guidelines on intersectoral cooperation developed in Moldova were briefly presented. The cross-sectoral approach to combat FGM and to protect and support girls and women who are at risk or victims of FGM in Austria as well as a number of intersectoral initiatives on FGM implemented in Vienna were described in the chapter on FGM.

During the second plenary, Ms Liri Kopaci-Di Michele highlighted the focus on intersectoral cooperation in the Istanbul Convention, and stressed that the process of drafting the Convention was based on experiences from different sectors and with intersectoral cooperation. The Convention follows the '4 P' approach, encompassing prevention, protection, prosecution, and policies. Ms Kopaci-Di Michele stressed that the coordination and collaboration between actors and sectors reduces the number of times that female victims of violence have to tell their story, which reduces the risk of re-traumatisation.

In the same plenary, Ms Isabel Yordi Aguirre, Gender Adviser at the WHO Regional Office for Europe, stressed that the policy framework Health 2020 focuses on intersectoral approaches as well, and that it can be considered an entry point and a platform for intervening in the entire government and society.

6. Gender-based violence and the economic crisis





6. Gender-based violence and the economic crisis

A number of speakers — including Ms Sonja Wehsely, Executive City Councillor for Public Health and Social Affairs of the City of Vienna, and Ms Theodora Katsivardakou, Head of Labour Relations and Social Policy at the General Secretariat for Gender Equality in Greece — stressed the impacts of the economic crisis on women at risk or victims of GBV on the one hand, and on policy measures against GBV on the other hand.

It was highlighted that in economically difficult times the risk of women becoming victims of violence is particularly high, and that awareness of and commitment against VAW is of particular importance. At the same time, governmental and civil society actors fighting for gender equality are particularly likely to suffer from budget cuts and cuts in funding. The same holds for victim support services like shelters. It was underlined that this has also been the case in countries like Austria where the impacts

of the economic crisis were less disastrous than in many other countries.

During the fourth parallel session and the respective reporting session, the relevance of having a sound budget allocated for measures against VAW was discussed. Ms María José Martín from the Government Delegation for Gender-based Violence in Spain argued that good coordination is more important than budget, and that there are measures that do not cost money. As an example, she stated an agreement that has been reached between the Spanish government and mass media organisations on displaying information on support services each time that news on GBV is presented. Several participants in the audience criticised this assessment, and stressed that funding is crucial for the implementation of action. It was underlined that human resources are resources as well, and that the work against VAW and the provision of services should not exclusively become voluntary work.

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