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**STUDY ON INTIMATE PARTNER VIOLENCE AGAINST WOMEN
GOVERNMENT OF NORWAY**

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Study on intimate partner violence against women - Government of Norway

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The International Centre for the Prevention of Crime (ICPC), located in Montreal, Canada, is a unique international forum and resource centre dedicated to knowledge transfer and exchange on crime prevention and community safety. Founded in 1994, ICPC works with member governments, international organizations, local authorities, and non-governmental organizations, and is involved actively in the Americas, Europe, Africa, and Oceania.

ICPC's mission is to promote crime prevention to reduce both crime and violence and to improve community safety. It offers a broad knowledge base – both conceptual and technical - on crime prevention and related policies, practices, and tools that seek to reduce risk factors associated with crime, violence, and insecurity. ICPC seeks to encourage the development of inspiring practices and to foster the active participation of national and local governments as well as civil society in coordinated strategies to create safer societies and communities.

This publication was funded by the Government of Norway. As in many countries around the world, the persistent issue of intimate partner violence against women is a significant concern, and the Government has given high priority to prevent and combat it. Although Norway is at the forefront of the efforts to eliminate this form of violence, there is a broad political consensus that it requires further efforts to ensure that more cases are reported and that services are improved. Preventive measures also need to be strengthened. In order to better understand this phenomenon and to identify ways to respond more effectively, the Government commissioned ICPC to conduct a research study on the prevalence of such violence, and promising strategies and practices implemented around the world which aim to tackle and prevent it.

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AIDS – Acquired immunodeficiency syndrome

ASEAN – Association of Southeast Asian Nations

CCR – Coordinated community response

CDC – Centers for Disease Control and Prevention

COE – Council of Europe

CPO – Crime Prevention Ottawa

DAIP – Domestic Abuse Intervention Programs

DHS – Demographic and Health Surveys

EFUS – European Forum for Urban Security

EU – European Union

EUCPN – European Crime Prevention Network

EWL – European Women’s Lobby

FRA – European Union Agency for Fundamental Rights

GDP – Gross domestic product

HIV – Human immunodeficiency virus

ICPC – International Centre for the Prevention of Crime

IDVA - Independent Domestic Abuse Adviser

IPV – Intimate partner violence

IVAWS – International Violence Against Women Survey

MARAC – Multi Agency Risk Assessment Conference

NAP – National action plan

NGO – Non-governmental organization

OAS – Organization of American States

OAS-CIM – Inter-American Commission of Women

PAHO – Pan American Health Organization

SAS – Small Arms Survey

SPVM – Montreal Police Service

UK – United Kingdom

UN – United Nations

UNFPA – United Nations Population Fund

UNHRC – United Nations Human Rights Council

UNICEF – United Nations Children's Fund

UNODC – United Nations Office on Drugs and Crime

UNSD – United Nations Statistics Division

UN DESA – United Nations Department of Economic and Social Affairs

UN ECOSOC – United Nations Economic and Social Council

UN GA – United Nations General Assembly

UN-Habitat – United Nations Human Settlements Programme

UN Women – United Nations Entity for Gender Equality and the Empowerment of Women

US – United States

USAID – United States Agency for International Development

VAW – Violence against women

WHO – World Health Organization

WPS – Women's police stations

Intimate partner violence (IPV) is one of the most prevalent forms of violence experienced by women. It represents a global issue, as studies have shown that it affects all societies, which can lead to grave consequences for victims, families, and communities. While IPV is perpetrated by, and on, both men and women, the majority is exerted by men against women. It constitutes a violation of human rights and a form of discrimination associated with unequal gender relations that impede the rights of women to full participation in society and incur high health and social costs.

Global estimates indicate that at least 30% of women who have been in a relationship have experienced some form of physical or sexual violence by their partner, and as many as 38% of murders of women are committed by an intimate partner (World Health Organization [WHO], 2013a). Although progress has been made to better document and monitor this phenomenon, most acts of IPV however still remain hidden, as it often occurs in the private sphere and many victims do not report it to the authorities, seek help or even recognize it as violence.

In recent years, States have increased their efforts to eliminate this form of violence and to change perceptions that condone it as a “private matter” or an acceptable custom. Many countries have adopted laws to criminalize IPV and developed initiatives to sustain enforcement and preventive actions, such as the establishment of specialized police services and court processes, the enhancement of health, social, and legal support services for women, and the promotion of gender equality.

Despite these significant steps, a major challenge has been the implementation of the new legislations and policies, and the production of social change. Ensuring sustainability, providing adequate resources, strengthening monitoring and accountability as well as developing targeted interventions have been highlighted as necessary to alter structures and modify attitudes and behaviors. In particular, certain groups of women more vulnerable to violence require specific attention, including women belonging to minority groups and indigenous and migrant women.

To respond more effectively to this issue, it appears therefore necessary to identify strategies and practices implemented around the world which have been shown to be effective or demonstrated promising results. Indeed, the importance of developing comprehensive frameworks has been emphasized in recent international norms, as well as adapted coordinated responses at the local level to better address IPV situations and carry out prevention programming.

This report is based on scientific studies measuring the phenomenon and evaluating practices in different contexts, as well as grey literature including treaties, reports, and actions plans produced by international organizations, NGOs, and national and local governments over the past decadeⁱ. It is expected that it will address the need for new and more detailed knowledge on IPV and contribute to make it more easily accessible to policy-makers and practitioners involved in the response to this issue, notably the police and victim services.

The report is divided in six sections. First, definitions of terms of reference relating to violence against women (VAW) and IPV are presented, including the different forms of violence they refer to. An international panorama then provides an overview of the prevalence of IPV against women around the world, with global, regional, and country estimates from the latest studies. Data concerning in particular dating violence, IPV during pregnancy, intimate partner homicide, and health and social costs is also discussed. The third section exposes the most recent treaties and guidelines produced by international organizations to address VAW and IPV, while the fourth section describes the policies and strategies developed at the national and local level focusing on prevention, more specifically in the European context. Finally, the last two sections are dedicated to effective and promising practices regarding intervention programs and to monitoring tools and indicators used to address and to prevent IPV. Recommendations for good practices are summarized to assist policy-makers and practitioners in developing and enhancing actions to stop this form of violence.

The definition of IPV is complex, as it can involve several types of violence across time and place. While physical violence is the most visible, and was primarily the main type considered, different violent acts are now recognized as IPV, including psychological abuse, economic abuse, harassment, stalking, and the insecurity associated with the threat of violence. Occurrences in private and public places, such as the workplace, and the use of new technologies of communication, such as cellular phones and the internet, are also taken into account. There have been many definitions referring to these various situations; general concepts that serve as guiding principles in international norms are presented below, while the term IPV will be preferred here for the reasons detailedⁱⁱ.

■ Violence against women

Article I of the [Declaration on the Elimination of Violence Against Women](#) (United Nations General Assembly [UN GA], 1993) defines **VAW** as ‘any act of gender-based violence that 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 occurring in public or in private life.’

This concept acknowledges that women and girls are disproportionately affected by particular forms of violence that reflect social norms allowing men control and power over them because of their sex (physical attributes) and their gender (sociocultural attributes, and the roles, attitudes and behaviors that ensue).

■ Interpersonal violence

Classification established by the WHO refers to **interpersonal violence** as violence between individuals, subdivided into family violence and community violence (WHO, 2014a). The former category includes child maltreatment, intimate partner violence, and elder abuse, while the latter is broken down into acquaintance and stranger violence and includes assault by strangers, violence related to property crimes, and violence in workplaces and other institutions.

The term interpersonal violence has been used particularly in cases of behavior within an intimate relationship that causes physical, psychological, or sexual harm to those in the relationship, i.e. the intentional use of physical force or power, threatened or actually, that results in or has a high likelihood of resulting in injury and/or psychological harm or death.

■ Domestic violence

Domestic violence (or domestic /spousal/dating abuse) has been the term most commonly used to discuss VAW occurring in intimate relationships. It refers particularly to a pattern of abusive behavior in a relationship that is used to gain or maintain power and control over another intimate partner (US Department of Justice, 2013). This violence can be physical, sexual, emotional, economic, or psychological. However, the lack of clear distinction with family violence, which includes victims of all ages and relationships to the perpetrator (i.e. partners, children, other family members and domestic workers), has led to consider other terms.

■ Intimate partner violence

IPV is now the concept preferred in public health, which refers to any behavior that causes physical, psychological or sexual harm expressly to those within an intimate relationship (WHO & Pan American Health Organization [PAHO], 2012). It may involve current or former spouses, partners or dating relationships.

IPV is most often expressed in a wide range of acts, such as slapping, hitting, kicking, and beating; forced sexual intercourse and other forms of sexual coercion; humiliation and intimidation; monitoring one's movements and restricting access to financial resources, employment, education or medical care; and threats of harm including against children. 'Battering' specifically refers to an escalating pattern characterized by multiple forms of abuse, terrorization and threats, and increasingly possessive and controlling behavior on the part of the abuser, placing the victim at high risk for severe violence.

■ Femicide

Various terms such as femicide, honour killings, and crimes of passion have been used to describe female intentional homicides committed by an intimate partner or a family member. The concept of **femicide** was introduced in the beginning of the nineteenth century to designate the killing of women in private and public spheres as a form of gender-based violence (United Nations Human Rights Council [UNHRC], 2012). Despite the debate surrounding this term (in particular femicide vs feminicide in Latin America), it is argued that this notion can be useful to hold to account governments comparing levels and responses to VAW.

Femicides (or gender-related killings) are the cause of the "missing women" phenomenon, as estimates show that there are at least 100 million fewer women in the world population than predicted based on the ratio of girls to boys at birth (Sen, 2003). This is particularly true in Asia and Africa, but also in other regions such as Canada where a high number of missing and murdered Aboriginal women has been recorded (Native Women's Association of Canada, 2010), and Mexico, Guatemala, and Honduras where patterns of murders of women have been documented (Cházaro and Casey, 2005; Instituto Universitario en Democracia Paz y Seguridad, 2014). This figure can be explained as the results of preference for boys and gender discrimination, gendered killings of women and girls related to practices such as bride burning and dowry deaths, the murder of indigenous and sex trade workers as well as IPV which are treated with relative impunity (Johnson, 2013).

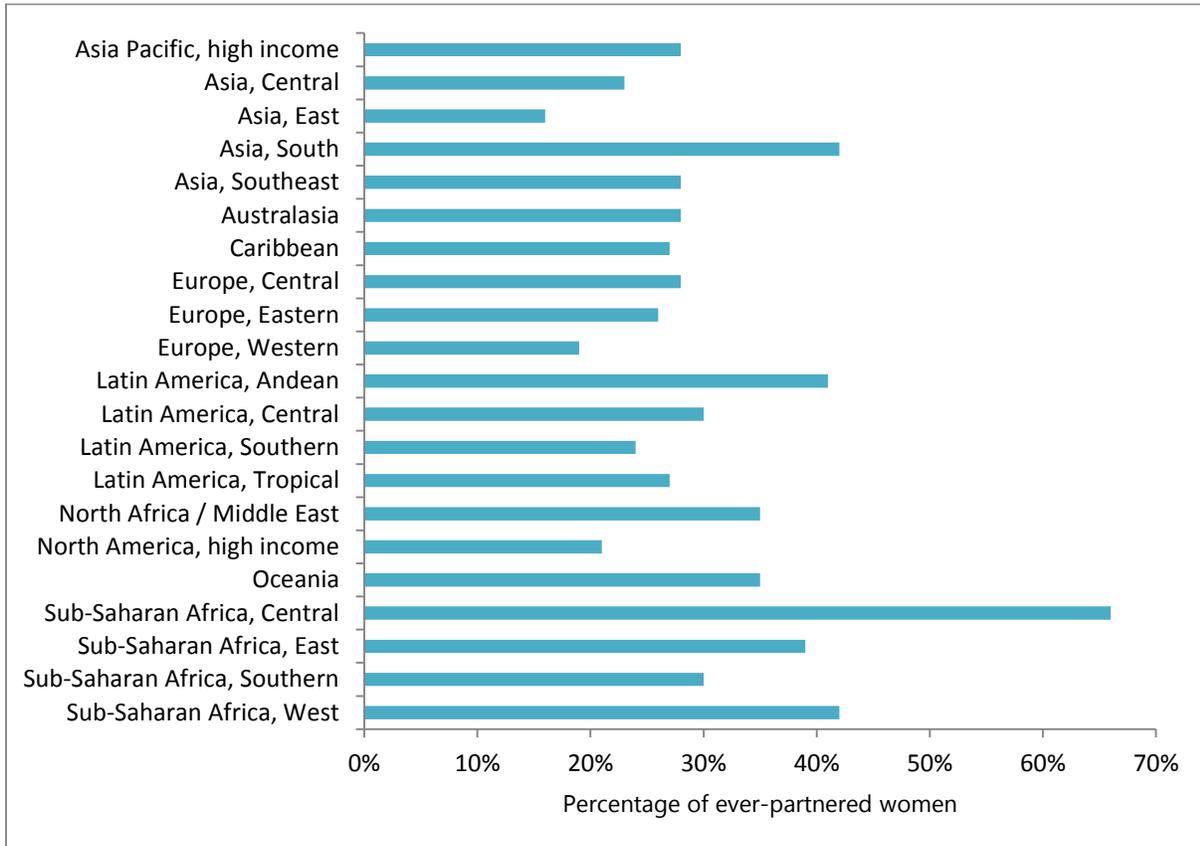
II. i. Global estimates

As general awareness of the issue has been increasing, a major concern of international agencies and countries has been to improve the collection of data on VAW. A growing number of victim studies have been conducted principally focused on IPV, and new methodologies have been implemented to provide technical assistance to developing countries and to allow for comparative cross-national analysis (Johnson, 2013). The model of the dedicated national Violence Against Women Surveyⁱⁱⁱ initiated in Canada in 1993 was subsequently replicated in eleven countries, and used in national VAW surveys and in Demographic and Health Surveys (DHS)^{iv}.

Following the two internationally-comparative surveys conducted by United Nations (UN) agencies, the WHO Multi-Country Study's on Women's Health and Domestic Violence published in 2005 and the International Violence Against Women Survey (IVAWS) published in 2008, over 90 countries have thus fielded random sample surveys on VAW or IPV at the national or regional level (Johnson, 2013). Although differences notably in definitions, sample selection methods, counting, and reference periods remain, these studies take into account the methodological and ethical principles for sound surveys on this topic, and constitute suitable sources to reckon and put into perspective national estimates.

A recent systematic review based on these studies provides an overview of the global and regional prevalence of IPV against women (Devries et al. 2013). Data from 81 countries with representative samples at national or subnational levels was used to estimate women's lifetime prevalence of IPV. The results showed that globally, in 2010, **30% of women aged 15 and over had experienced physical and/or sexual IPV**. The estimates modeled for 21 global regions indicated considerable variations. The lowest rates were observed in East Asia (16%) and in Western Europe (19%), and the highest rates in Andean Latin America (41%), in South Asia (42%), in West Sub-Saharan Africa (42%) and in Central Sub-Saharan Africa (66%) (see Figure 1).

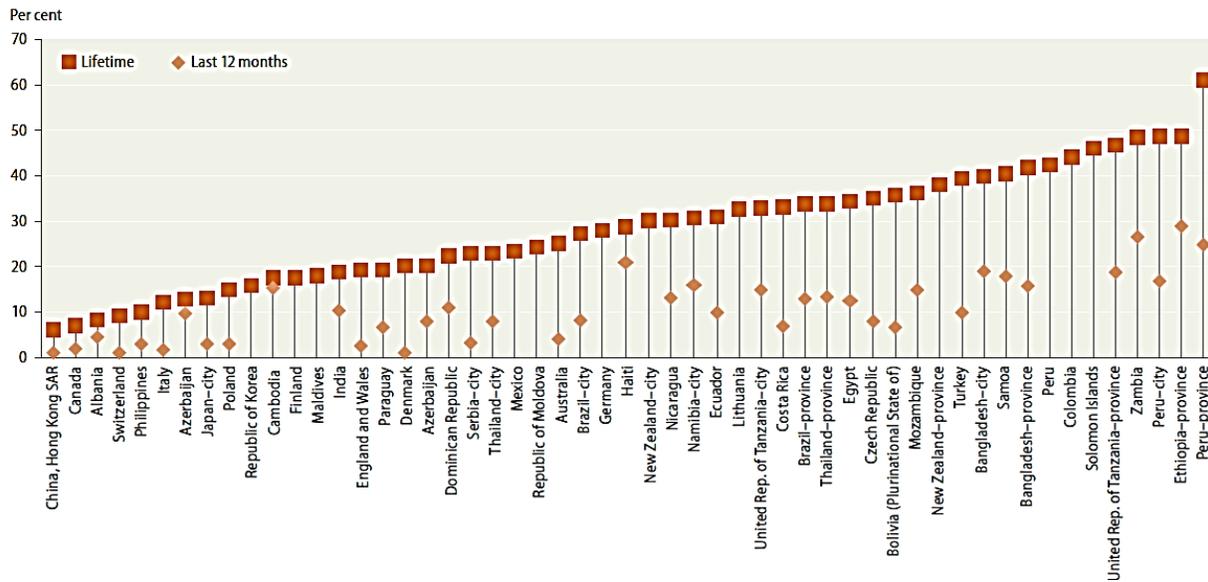
Figure 1. Regional prevalence of IPV



Source: Devries et al. (2013)

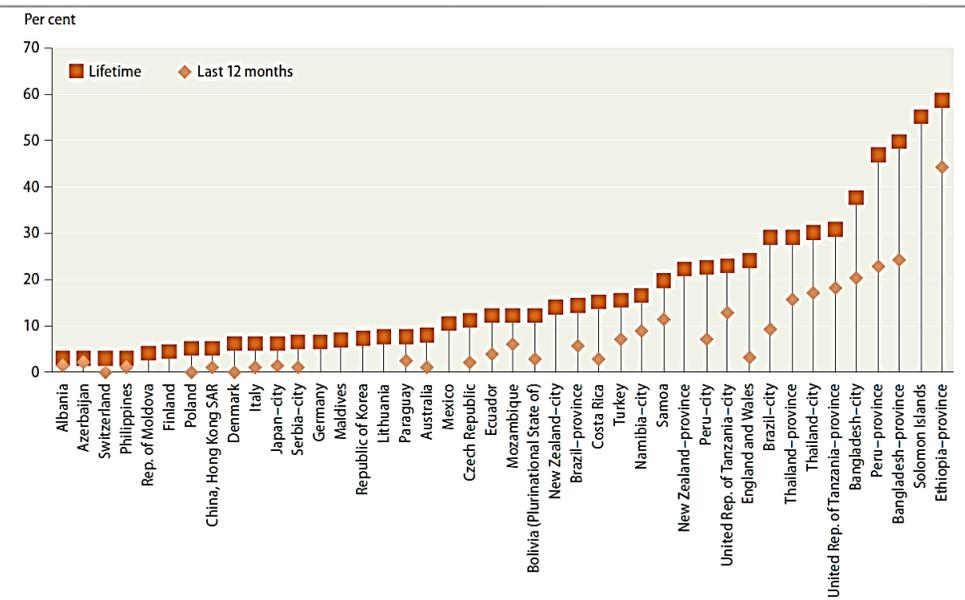
Looking at countries estimates, the World's Women 2010 report section on VAW, compiled from national and international surveys, also noted important variations (United Nations Department of Economic and Social Affairs [UN DESA], 2010a). Using the indicators proposed by the United Nations Statistics Division (UNSD), data showed that the percentage of women who suffered **physical violence perpetrated by an intimate partner at least once in their lifetime ranged from 6% to over 48%**, and that of women who experienced **sexual violence by an intimate partner at least once in their lifetime from 3% to 60%** (see Figures 2 and 3). These statistics did not point to any particular pattern of these prevalence rates in terms of geographical distribution or level of development; however, many countries were not included due to lack of available data, thus making the identification of such trends difficult.

Figure 2. Proportion of women experiencing intimate partner physical violence at least once in their lifetime and in the last 12 months, 1995-2006



Source: UN DESA (2010a)^v

Figure 3. Proportion of women experiencing intimate partner sexual violence at least once in their lifetime and in the last 12 months, 2000-2006



Source: UN DESA (2010a)

Conversely, another recent approach is the development of surveys with men to assess rates reported by perpetrators of IPV. While providing another source to enhance the evidence base, these efforts also help to inform and monitor policy development in this area. Indeed, there has been a call for engaging men and boys to combat VAW and to promote gender equality in the past 15 years, and it appears therefore essential to examine their attitudes and behaviors as well, in particular related to their interpersonal relationships (Barker et al., 2011).

Of note is the International Men and Gender Equality Survey (IMAGES), which used a questionnaire on men's attitudes and practices – along with women's opinions and reports of men's practices – on a wide variety of topics related to gender equality, including gender-based violence (Barker et al., 2011). Household surveys were conducted in 2009-2010 with more than 8,000 men and 3,500 women ages 18-59 in Brazil, Chile, Croatia, India, Mexico, and Rwanda. An initial comparative analysis of results from the men's questionnaires found that they reported **lifetime rates of perpetration of physical IPV ranging from 25% to 40%**, with women reporting slightly higher rates. Men's reports of perpetration of sexual violence against women and girls ranged from 6% to 29%, the majority of the acts reported in India and Mexico being against a current or former partner. Some of the significant factors associated with men's use of violence were rigid gender attitudes, experiences of violence in childhood, and alcohol use.

Dating violence

Adolescent girls and young women are more likely to be affected by IPV, in particular women from 15–24 years of age (UN DESA, 2010a). In the case of girls married young, the frequent age difference with their partner and forced nature of the union in a context of gender inequality increases the risks for spousal abuse. However, dating violence appears to be pervasive as well, although IPV estimates do not always take into account informal intimate relations. A few selected findings nonetheless show significant rates of physical and sexual violence.

A study in South Africa indicated that **42% of females aged 13-24 years reported ever experiencing physical dating violence** (Swart et al. 2002), while a survey of male college students in Ethiopia revealed that 16% reported perpetrating acts of physical abuse and sexual violence (Philpart et al., 2009).

In the US, one study among 4,000 youths indicated that approximately **20% of female high school students reported being physically and/or sexually abused by a dating partner** (Silverman et al., 2001). Data from the Centers for Disease Control and Prevention (CDC)'s Youth Risk Behavior Survey presented similar rates, with 9% of female students reporting having being hit, slapped, or physically hurt on purpose in the past 12 months and 12% having ever being physically forced to have sexual intercourse (CDC, 2011). The College Dating Violence and Abuse Poll also revealed that **one in five college women (22%) reported actual physical or sexual abuse or threats of physical violence** (Knowledge Networks, 2011).

In Quebec, Canada, data from the PAJ study (*Enquête sur les parcours amoureux des jeunes*) indicated that in a representative sample of high school students, **16% of females had experienced at least one episode of physical violence from their partner in the past 12 months and 20% at least one episode of sexual violence** (Hébert et al., 2014).

IPV during pregnancy

Regarding IPV during pregnancy, a review based on studies from 19 countries estimated **rates ranging between 2% to 13.5%** (Devries et al. 2010). Girls and young women (aged 15–35) also appeared most at risk. The prevalence was higher in African and Latin American countries relative to the European and Asian countries surveyed. Indeed, a few facility-based studies found much higher rates in some settings, such as a systematic review of African studies showing prevalence as high as 40% (Shamu et al. 2011). Considering important variations within regions and the lack of available data for many countries, these analyses were not, however, indicative of a pattern according to geographical distribution or level of development.

Intimate partner homicide

The direst consequence of IPV is homicide, which represents the highest risk concerning intentional female homicides. **Studies have reported rates varying between 40% and 70% of female murder victims killed by an intimate partner or a family member** (United Nations Office on Drugs and Crime [UNODC], 2011a). In 2012, available data from 51 countries indicated an estimate of 47% of female victims of homicide killed by family members or intimate partners, whereas the figure for men was 6% (UNODC, 2014).

The rate of intimate partner/family-related homicide was higher in Africa and the Americas where other types of homicide are also more prevalent; however, it accounted for a larger share of total homicide victims in Asia, Europe, and Oceania (UNODC, 2014). As intimate partner/family-related homicide levels are relatively stable, the share of this type of homicide tends to increase in countries with very low (and decreasing) homicide rates. Female victims are therefore becoming more prominent among homicide victims in those countries and, in some cases, appear to be reaching parity with male victims.^{vi}

A systematic review on the prevalence of intimate partner homicide concluded that it is the leading cause of homicide death of women globally (Stölck et al. 2013). The estimates obtained for 66 countries indicated that at least **one in seven homicides globally and more than a third of female homicides are perpetrated by an intimate partner**. The overall estimates of intimate partner homicide worldwide were 13.5% of all homicides, the proportion being six times higher for female (39%) compared to male homicides (6%). Regional differences showed that the median percentages of intimate partner homicides among murdered women were notably highest in high-income countries, but the scarcity of information in low-income settings was stressed, especially in Asia and Africa.

More women than men are killed, injured or intimidated by firearms in the context of IPV as well, according to data from 111 countries and territories presented in the Small Arms Survey 2013, with about **one in three of intentional female homicide committed with a firearm** (Small Arms Survey [SAS], 2013). It appears that the risk of lethal IPV is increased by the presence of guns in the home, including work-related guns (most gun owners and workers in possession of guns are men). Women were at high risk in countries with high levels of firearm violence, such as South Africa, Latin America, and the Caribbean.

In all countries where data was available, the majority of IPV murder-suicide^{vii} was also committed by men, and guns were the primary weapon used (SAS, 2013). While firearms are less commonly used in Europe than in the Americas, a comparative study of seven European countries showed that guns were the predominant weapon in IPV murder-suicide incidents in 1990–2005 (Liem and Oberwittler, 2012). The higher IPV murder-suicide rates observed in countries with higher rates of guns kept in the home, including in a study comparing European countries and the US (Liem et al., 2011), led to conclude that it could be partly attributed to the presence of firearms (SAS, 2013).

Costs of IPV

With increased efforts to document the issue, the high health, social, and economic impacts of IPV have received more attention. Most surveys incorporate questions related to health consequences for the women affected, including long-term effects. It is estimated that **42% of women who experience IPV report an injury as a result of this violence** (WHO 2013a). Women who have experienced partner violence are almost twice as likely to experience depression and alcohol abuse problem, and, in some regions, are 1.5 times more likely to acquire HIV than women who have not. Other health issues include unintended pregnancies, gynecological problems, other sexually transmitted infections, sleep difficulties, eating disorders, post-traumatic stress disorder, and ailments referred to as 'stress-related conditions' such as various chronic pain syndromes and fibromyalgia (WHO & PAHO, 2012). In particular, IPV in pregnancy increases the risk for miscarriage, stillbirth, pre-term delivery, fetal injury, and low birth weight, and it has been associated with higher rates of infant and child mortality and morbidity (e.g. diarrhoeal disease, malnutrition).

Extended social and economic costs have also been reported. Women victims of IPV may suffer from isolation, inability to work, loss of wages, lack of participation in social and civic activities, and limited ability to care for themselves and their children (WHO, 2013a). Furthermore, **children witness of IPV may suffer from a range of emotional and behavioral disorders**. Many studies have shown negative health and social consequences including anxiety, depression, poor school performance, and negative health outcomes in school-age children (WHO & PAHO, 2012). Exposure to IPV against the mother has also been found to be associated with risky behavior (e.g. substance abuse, sexual risk behaviors, criminal activity) and experiences of violence as perpetrator and/or victim in later life. In addition, a number of studies indicated an association between IPV and child abuse within the same household (Holt, Buckley and Whelan, 2008).

The significant economic costs of IPV in terms of expenditures on service provision, lost income, decreased productivity, and negative impacts on future human capital formation have thus gained attention (Duvvury et al., 2013). A research based on data from 9 countries (Australia, Bangladesh, Chile, Morocco, Nicaragua, Vietnam, Uganda, UK, US) indicated that **costs ranged from 1.2% to 2% of GDP**. These included out of pocket expenditure for accessing services, loss of income for missing work and productivity loss, cost of pain, suffering, and lost quality of life, although criteria and methodologies varied between countries. This total amount nearly equals government spending on primary education as proportion of GDP, illustrating the significant costs particularly in low- and middle-income countries relative to key development expenditures.

II. ii. Regional and national surveys

As the collection of national and multi-country data has now improved to better document IPV, there is an increased demand for greater detail and more specification concerning different target populations (Johnson, 2013). In all parts of the world, methodological and technical innovations are thus applied to overcome the limitations and gaps noted. Results from a selection of recent ground-breaking studies are exposed below, which offer more comprehensive cross-national comparisons and details regarding the various forms of IPV experienced by women.

■ Latin America and the Caribbean

A recent PAHO study was the first to present a comparative analysis of nationally representative data on VAW from a large number of countries in Latin America and the Caribbean (PAHO, 2012). Using population-based data from 12 countries, the results indicated that IPV against women is widespread and confirmed that Latin America is one of the high prevalence regions. **Between one-fourth and one-half of women reported experiencing IPV in their lifetime.** A majority of women who had experienced physical violence reported severe acts, such as being hit with a fist, threatened or wounded with a knife or other weapon, and reported emotional abuse as well, ranging from 61% to 93%.

Among women who reported IPV ever, the proportion of women who reported being injured ranged from 33% to 66%. Among women who reported IPV in the past 12 months, the proportion of women who reported being injured ranged from 41% to 82%. Large proportions also reported anxiety or depression so severe as a result of their partner's aggression that they could not complete their work or other obligations, ranging from 49% to 68%. The percentage who reported having to miss or stop money-earning work as a result ranged from 16% to 20%, while 32% to 75% reported living in fear of additional violence.

■ Asia and the Pacific

The UN Multi-country Study on Men and Violence in Asia and the Pacific is another large survey which aimed specifically to generate knowledge on men's perceptions and perpetration of VAW in the region (Fulu et al., 2013). Interviews were conducted between 2010 and 2013 with more than 10,000 men and 3,000 women in six countries (Bangladesh, Cambodia, China, Indonesia, Sri Lanka, and Papua New Guinea). A representative sample of men aged 18-49 showed that men's use of violence against intimate female partners is pervasive. Overall, **nearly half of the ever-partnered men reported using physical and/or sexual violence against a female partner**, with rates ranging from 26% to 80% (between 30% and 57% in most sites). From 16% to 57% also reported economically abusive acts against a female intimate partner in their lifetime, and from 41% to 83% at least one emotionally abusive act. Results showed that IPV was driven by factors related in particular to gender inequality, childhood experiences of abuse, alcohol abuse problem, depression, and a lower socio-economic status.

■ Europe

In order to address the lack comprehensive, reliable, and comparable regional statistics on the nature and extent of women's experience of physical, sexual, and psychological violence and harassment, the European Union Agency for Fundamental Rights (FRA) conducted a European-wide survey in 2011-2012 (FRA, 2014).

With interviews of a random sample of 42,000 women across 28 European Union (EU) Member States, this initiative aimed to contribute to the development of indicators to monitor VAW and responses to the issue.

The scope of the survey included women's 'everyday' experiences of violence by current and former partners in the past 12 months, since the age of 15, and before the age of 15. The survey looked in particular at the frequency and severity of violence, taking into account experiences in different settings, such as the home or workplace, as well as forms of violence/harassment carried out with the use of new communication technologies, such as text messaging or internet-based networking sites.

In total, **22% of the respondents reported having experienced physical and/or sexual violence by a partner since the age of 15**, ranging from 13 % in Austria, Croatia, Poland, Slovenia and Spain to 30 % – 32 % in Finland, Denmark and Latvia.^{viii} **Concerning physical and/or sexual violence experienced in the past 12 months, 4% of women who had a current or former partner reported such violence** (ranging from 2% to 6%). These forms of violence were likely to be recurrent: about half of women who had experienced physical violence by a current partner and two thirds of women who had experienced such violence by a previous partner reported repeated incidents. This was the case for between one quarter and over a half of the women victims of sexual violence.

Among the respondents who were pregnant during the relationship with their partner and who experienced violence in the relationship, 20 % of the victims of current partner violence and 42 % of victims of previous partner violence say that physical or sexual violence also took place during pregnancy.

Overall, 43% of women reported experiencing some form of psychological violence by an intimate partner, including controlling behavior and economic violence. 7 % of women had experienced four or more different forms of psychological violence by their current partner.

Concerning eastern Europe and Eurasia, a United States Agency for International Development (USAID) report on 13 countries (Albania, Armenia, Azerbaijan, (Republic of) Belarus, Bosnia and Herzegovina, Georgia, Kosovo, Republic of Macedonia, Moldova, Montenegro, Russian Federation, Serbia, and Ukraine) presents an overview the available data from 5 countries' DHS and 9 nationwide domestic violence surveys conducted in the region by government or NGOs (USAID, 2012). National rates of intimate partner physical violence ever experienced by women ranged widely from 5% to nearly 40%, with question about the reliability of the data collection in some contexts. The lifetime prevalence for psychological violence, emotional violence and/or controlling behavior ranged from 30% to 62%, and for sexual violence from 3% to 19%.

■ Australia

The Australian component of the IVAWS was conducted between December 2002 and June 2003. Data shows that, among a sample of more than 6,600 women aged between 18 and 69, **over a third who had a current or former intimate partner reported experiencing at least one form of violence during their lifetime** (Mouzos and Makkai, 2004). However, the levels of violence experienced from a former partner (36%) were much higher than from a current partner (10%). Women who experienced violence from former partners were also more likely to sustain injuries and feel that their lives were in danger. **Aboriginal women**

were reported to be almost forty times more likely to be victims of family violence than non-Aboriginal women, and to account for 15% of homicides, although they represent only 2.2% of the population.

■ Canada

The latest report on statistical trends of VAW in Canada indicates that about 173,600 women aged 15 years and older were victims of violent crime in 2011, based on police-reported data (Sinha, 2013). Overall, men were responsible for 83% of the violent crimes reported, and most commonly, the accused was the woman's intimate partner (45%), in contrast with violent crimes against men where intimate partners were among the least common perpetrators (12%).

IPV was thus nearly four times higher for women and was characterized by physical assaults and the use of physical force. According to self-reported spousal victimization, women were also more likely than men to experience the most severe forms of violence, such as multiple victimizations and incidents with physical injuries. About half (51%) of female victims of IPV suffered some type of injury. The emotional impact of IPV appeared as well more pronounced for women than men. Female victims of spousal violence were three times as likely as male victims to be depressed or anxious (23% versus 7%), three times as likely to experience disruption to their daily lives, and almost seven times as likely to fear for their life.

Aboriginal women also appear disproportionately affected. According to the 2009 General Social Survey, **aboriginal women were more likely than non-Aboriginal women to state that they had been the victim of spousal violence and that they had been injured as a result of their victimization** (Brennan, 2011). Close to half (48%) of the Aboriginal victims reported the most severe forms of violence, such as being sexually assaulted, beaten, choked, or threatened with a gun or a knife. Additionally, aboriginal women were more likely to report other forms of abuse by their spouse. For example, over one-third (34%) said that a current or former partner had been emotionally or financially abusive towards them in the 5 years preceding the survey, a proportion that was close to double that of non-Aboriginal women (17%).

■ United States

The CDC has recently put in place new data collection processes with the launch of the National Intimate Partner and Sexual Violence Survey (NISVS) to present data on the prevalence of IPV, sexual violence, and stalking among women and men (Black et al., 2011). This survey, which will collect data annually, incorporates significant advancements based on previous studies, such as a sample design to evaluate national and state levels estimates of partner violence, including separate samples of female military, female spouses of military, and persons of American Indian and Alaska Native ethnicity. Its methodology also includes both landlines and mobiles telephones and the use of incentives to reduce sample bias.

Findings from the first year of the survey conducted in 2010 indicated that women are disproportionately impacted: in particular, **1 in 4 women (25%) had experienced severe physical IPV**, compared to 1 in 7 men. Female victims also experienced multiple forms of violence while male victims most often experienced physical violence.

Results showed that more than one-third of women (36%) had experienced rape, physical violence, and/or stalking by an intimate partner in their lifetime. The rates varied from one in 3 women (33%) for physical violence to nearly 1 in 10 (9%) for rape. Approximately 6% of women reported experiencing these forms of IPV in the 12 months prior to taking the survey. Furthermore, **nearly half of all women had experienced at least one form of psychological aggression by an intimate partner during their lifetime**, with 4 in 10 reporting some form of expressive aggression (40%) or some form of coercive control (41%). Nearly 1 in 7 women (14%) reported experiencing psychological aggression by an intimate partner in the past 12 months.

The impact of IPV among victims also revealed that women suffer more consequences. Nearly one-third of women (29%) who have experienced rape, physical violence, and/or stalking by an intimate partner reported at least one measured related impact, compared to 1 in 10 men. More than 1 in 5 reported at least one post-traumatic stress disorder symptom (22%) as a result of the violence experienced. More than 1 in 7 (15%) experienced an injury, while 1 in 10 (10%) missed at least one day of work or school as a result of this violence. In comparison, approximately 1 in 25 men (4%) were injured or missed at least one day of work or school as a result of IPV, while 1 in 20 men (5%) reported being fearful as a result of the violence experienced.

III. i. International treaties and initiatives

The mobilisation of the UN agencies to decrease VAW by promoting women's rights and gender equality has intensified following the adoption of the *Convention on the Elimination of All Forms of Discrimination against Women* in 1979 and the *Declaration on the Elimination of Violence against Women* in 1993. All States Parties have the obligation to advance and protect all human rights and fundamental freedoms of women and girls, and to exercise due diligence to prevent and to prosecute the perpetrators of VAW as well as to provide appropriate remedies for victims. Therefore, States have been urged to pay particular attention to abolishing practices and legislation that discriminate against women and girls, or perpetuate and condone violence against them.

In particular, the UN GA adopted a resolution on the *Elimination of domestic violence against women* in 2003. It aimed to reassert that IPV is a human rights issue and a manifestation of unequal power relations between women and men that requires States' attention. The need to adopt, strengthen, and implement legislation that prohibits domestic violence (including sexual violence) and for measures for assistance to victims and rehabilitation of perpetrators was stressed. Training of all professionals in related fields, awareness raising, and measures to empower women and strengthen their economic independence were also emphasized as critical tools.

Since then, efforts to combat IPV have been underlined in actions to address VAW. The 2006 *UN Secretary General's In-depth Report on All Forms of Violence against Women* highlighted the persistence of this violence in all parts of the world, and the need to strengthen the political commitment and joint efforts of all stakeholders to prevent and eliminate it. Between 2006 and 2009, the UN GA therefore adopted each year a resolution on the *Intensification of efforts to eliminate all forms of violence against women*.

In addition, a new resolution on *Strengthening crime prevention and criminal justice responses to violence against women* was adopted in 2011, accompanied by the *updated Model Strategies and Practical Measures on the Elimination of Violence Against Women in the field of Crime Prevention and Criminal Justice* first published in 1997. These guidelines especially emphasized the importance of adopting a systematic, comprehensive, coordinated, multisectoral, and sustained approach. Building on the measures adopted by Governments in the Platform for Action (adopted in 1995 and subsequently reaffirmed in 2000 and 2005), they provide principles for each sector of action, i.e. criminal law, criminal procedure, criminal justice officials, sentencing and corrections, victim support and assistance, health and social services, training, research and evaluation, crime prevention measures, and international cooperation.

The most recent resolution on *Intensification of efforts to eliminate all forms of violence against women* adopted in 2012 refers to this approach and encourages States to develop a comprehensive integrated national plan. It also calls for States to review all laws, regulations, policies and practices, and reinforce, where necessary, criminal law and procedure relating to all forms of discrimination and VAW; to establish appropriate national mechanisms for monitoring and evaluation; and to promote awareness and encourage cooperation among all stakeholders.

Furthermore, particular issues and high-risk groups have been identified in these treaties. Situations of armed conflict, access to education and health and social services, and women's empowerment remain important concerns regarding women's vulnerability to violence. Discrimination and disadvantage can also put certain groups of women at higher risk, such as women belonging to minority groups, indigenous women, refugee and internally displaced women, migrant women, women living in rural or remote communities, and destitute women. Recommendations have been made to recognize the linkages with education, health, poverty, marginalization, food security, peace and security in the prevention and response to VAW.

Notably, the WHO has regarded VAW as a public health issue, and part of its wider violence prevention program. It recently adopted at the 67th World Health Assembly held in May 2014 a resolution on [Strengthening the role of the health system in addressing violence, in particular against women and girls, and against children](#). The health system's role in preventing, responding, and advocating for interventions to combat the social acceptability and tolerance of interpersonal violence is re-affirmed, through continuous efforts to develop the evidence base, technical assistance, and the Global status report to be published in 2014^x.

A great number of initiatives have been promoted to support these resolutions:

- In February 2008, the UN Secretary General launched the [UNiTE to End Violence against Women](#) campaign to raise public awareness and increase political will and resources for preventing and ending all forms of VAW. The Framework for Action of the campaign identifies five key outcomes to be achieved in all countries by 2015:
 - Adoption and enforcement of national legislation in line with international human rights standards
 - Adoption and implementation of multisectoral national action plans
 - Establishment of data collection and analysis systems
 - Establishment of national and/or local awareness-raising campaigns
 - Systematic efforts to address sexual violence in conflict situations
- To support the campaign, the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women) set in November 2009 [Say NO – UNiTE](#), an online social mobilization platform that showcases advocacy efforts by individuals, governments, and civil society partners. It has recorded since then more than 5 million actions around the world, while 60 Governments have announced national commitments to end VAW.
- In order to reinforce international cooperation in systematic research, as well as dissemination of information regarding the impact and effectiveness of policies and programs, the [UN Secretary General database on violence against women](#) was also created in March 2009^x. For each country, a comprehensive list of available information on measures undertaken is provided, as well as a full listing of measures identified as good practices around the world, with a particular focus on good practices in law, service provision, and prevention.

- In parallel, UN Women organized the [Virtual Knowledge Centre to End Violence against Women and Girls](#), an online resource in English, French, and Spanish designed for policymakers and practitioners which gathers contributions on evidence-based programming. It includes guidelines for intervention, recommended training and practical tools, and links to key sources of data, online resources, and specialized organizations. It will also offer practitioners opportunities for knowledge sharing and communication through forthcoming interactive spaces and technical webinars.

In terms of action, the UN Special Rapporteur on Violence Against Women, the UN Trust Fund to End Violence against Women, the United Nations Population Fund (UNFPA), the United Nations Children's Fund (UNICEF), and the United Nations Human Settlements Programme (UN-Habitat), among many other UN agencies, have all developed recent programs which aim to reduce VAW and promote gender equality.

- In particular, UNFPA has realized an online exhibition and multi-media resource, [Ending Violence Against Women](#), that documents its experience in projects and different approaches used to confront this issue on a larger scale. It highlights instances of gender-based violence and gender discrimination, case studies in different regions, and lessons learned from these projects.
- UNODC, UN-Habitat, and UN Women have sustained a women safety and crime prevention perspective, as for example through the [Safe cities Free of Violence against Women and Girls Global Initiative](#).

Finally, a number of resources have been made available to support the implementation of legislative and policy development. In accordance with the view that a comprehensive framework provides the foundation for a holistic and effective response, one of the priorities identified for the UNiTE campaign is to help States to bridge significant gaps. Further than enhance existing or new laws, this involves the enforcement of legislation, allocation of adequate resources, training of personnel and officials, and concerted efforts including education, awareness raising, and community mobilization.

- A [Handbook for Legislation on Violence against women](#) was produced by the Division for the Advancement of Women of the UN DESA in 2010, which outlines international and regional legal and policy frameworks. It provides a model, as well as considerations and recommendations on the content of legislation, accompanied by explanatory commentaries and good practice examples.
- In complement, UN Women published a [Handbook for National Action Plans on Violence against Women](#) in 2012. These guidelines present development processes and cross-cutting structures and action (including governance, civil society participation, legislation and policy reviews, workforce development programs, and ongoing funding regimes); strategies for primary prevention through attitudinal, organizational and cultural change; strategies for a coordinated and integrated response system; and methods for implementation, monitoring, and evaluation to ensure evidence building and continuous improvement.

- To facilitate the implementation of changes and training of staff, UNODC also specifically released a [Handbook on effective police responses to violence against women](#) in 2010. Designed for these first-responders, it provides an overview of relevant norms and standards, and gives guidance on how to intervene. In particular, it focuses on how to investigate acts of VAW, as well as on preventive approaches and interagency collaboration.
- In the health-care domain, the WHO has developed a series of resources for professionals and administrators to reinforce their role in VAW prevention and support. Specifically, the 2010 report [Preventing intimate partner and sexual violence against women: Taking action and generating evidence](#) presented scientific evidence base and a six-step framework for primary prevention strategies and programs. In addition, new clinical and policy guidelines released in 2013, [Responding to intimate partner violence and sexual violence against women](#), offer evidence-based recommendations including for clinical interventions and emotional support. This framework integrates aspects of clinical training for identification and clinical care for IPV, as well as policy and programmatic approaches to delivering services and mandatory reporting of IPV.

Despite the progress made, the UN Commission on the Status of Women observed in the Report on the fifty-seventh session^{xi} significant gaps and challenges including insufficient gender sensitive policies; lack or insufficient allocation of financial and human resources; and existing efforts not always being comprehensive, sustained, and adequately monitored and evaluated (United Nations Economic and Social Council [UN ECOSOC], 2013a). The recommendations presented therefore included strengthening the implementation of legal and policy frameworks and accountability; addressing structural and underlying causes and risk factors; strengthening multisectoral services, programs and responses; and improving the evidence base.

Moreover, the Agreed Conclusions of its fifty-eighth session^{xii} stress that several critical issues related to gender equality and the empowerment of women were not adequately addressed by the Millennium Development Goals, including VAW and girls; child, early, and forced marriage; and accountability for violations of human rights of women and girls (UN ECOSOC, 2014a). The necessity to take on all dimensions of gender inequality is therefore reinforced to make progress towards all of the Goals.

III. ii. Regional treaties

At the regional level, several treaties have been signed to support these calls for action, although impacts have been limited due to the slow implementation of their provisions. In Latin America, the *Convention of Belém do Pará (Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women)* was adopted in 1994 by the Organization of American States (OAS). It resulted in the enactment of integrated laws in the region, but gaps have been noted regarding enforcement as well as sustaining of the policies and programs, due in part to a lack of resources, training, data collection system, and specialized services (Inter-American Commission of Women [OAS-CIM], 2008). A number of initiatives to mark its twentieth anniversary include a review of good practices to promote the full implementation of the

Convention and strengthen its follow-up mechanism, the Mecanismo de Seguimiento de la Convención de Belém do Pará (MESECVI) (OAS-CIM, 2014).

More recently, the *Maputo Protocol* (Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa) was adopted by the African Union in July 2003, and the Association of Southeast Asian Nations (ASEAN) voted the *Declaration on the Elimination of Violence against Women and Elimination of Violence against Children* in 2004 (re-affirmed in 2013), both stressing the importance of intensifying the efforts of member States. To improve monitoring, the ASEAN encouraged States to promote and report on efforts to eliminate VAW and children through its Universal Periodic Review Process, giving the Commission on the Promotion and Protection of the Rights of Women and Children a stronger mandate for the implementation and review of the 2013 Declaration.

A major development has been the momentum observed in the EU around increased concern regarding IPV and violence against migrant women. Following a campaign to stop domestic VAW led by the Council of Europe (COE) between 2006 and 2008, a special focus was put on the need for all women living within member States to have access in law and practice to the relevant victim protection and rehabilitation facilities. Recognizing that migrant women are at particular risk, a resolution recommended the adoption of suitable strategies for ensuring the protection and rehabilitation of victims from migrant communities (COE, 2009).

Further efforts led to the *Istanbul Convention* (Council of Europe Convention on preventing and combating violence against women and domestic violence) adopted in 2011. It will come into force on August 1st, 2014, as 11 countries have ratified it, while it counts an additional 25 signatories among member States. Recalling the *Recommendation on the protection of women against violence* (2002) and the *Recommendation on gender equality standards and mechanisms* (2007), the Convention recognizes the structural nature of VAW as gender-based violence, and the realization of *de jure* and *de facto* equality between women and men as a key element in its prevention. The objectives are thus defined as:

- Protect women against all forms of violence, and prevent, prosecute and eliminate VAW and domestic violence;
- Contribute to the elimination of all forms of discrimination against women and promote substantive equality between women and men, including by empowering women;
- Design a comprehensive framework, policies and measures for the protection of and assistance to all victims of VAW and domestic violence;
- Promote international co-operation with a view to eliminating VAW and domestic violence;
- Provide support and assistance to organizations and law enforcement agencies to effectively co-operate in order to adopt an integrated approach to eliminate VAW and domestic violence.

Provisions indicate that gender-sensitive, comprehensive policies should place the right of the victim at the center of all measures and be implemented by way of effective cooperation among all relevant agencies, nominating one or more official bodies responsible for the coordination, monitoring and evaluation. In addition, specific dispositions aim to ensure the coherence of States' legislation and the practical realization of measures, including via awareness-raising, education, training, preventive intervention, reporting, treatment programs, protection, and support.

Attention is also paid to risk assessment and management (e.g. emergency barring orders, restraining or protection orders) taking into account possession or access to firearms, and to residence and asylum status (i.e. provisions should be implemented without discrimination on the ground of migrant status, refugee status or other status, and the non-refoulement principle should be applied). Concerning children, also recognized as victims of domestic violence including as witnesses, it is stressed that due account should be taken of their rights and needs, in particular in custody, visitation rights, and safety considerations.

Finally, the Convention establishes minimum standards for prevention, protection, prosecution and the provision of services, such as hotlines, shelters, medical and counselling services, and legal aid. A specific monitoring mechanism (Group of experts on action against violence against women and domestic violence [GREVIO]) is also set to ensure effective implementation of its provisions by the Parties. This new treaty thus opens the path for creating a legal framework at pan-European level to address VAW and domestic violence.

IV. i. Global developments

Despite the challenges identified in the implementation of international norms, noteworthy actions have taken place over the years at the national level according to the principles established. More precise and encompassing laws have been adopted to reinforce legal intervention, as well as victim support and prevention. Among 193 countries with available data in 2011, the World Population Policies report indicated that 93% had adopted some legal measures or policies to prevent domestic violence (UN DESA, 2011). Among developed countries, 96% had both, compared to 65 % in developing countries. Concerning legal provisions to prevent domestic violence, the proportions ranged from 38% of Governments in Oceania, 64% in Asia, 73% in Africa to more than 95% in Europe, Northern America, and Latin America and the Caribbean (see Figure 4).

Figure 4. Government policies to prevent domestic violence

Year	Number of countries				Percentage			
	Major concern	Minor concern	Not a concern	Total	Major concern	Minor concern	Not a concern	Total
By level of development								
<i>World</i>								
2005	85	79	1	165	52	48	1	100
2011	98	79	6	183	54	43	3	100
<i>More developed regions</i>								
2005	34	11	0	45	76	24	0	100
2011	42	6	0	48	88	13	0	100
<i>Less developed regions</i>								
2005	51	68	1	120	43	57	1	100
2011	56	73	6	135	41	54	4	100
<i>Least developed countries</i>								
2005	9	25	1	35	26	71	3	100
2011	8	28	4	40	20	70	10	100
By major area								
<i>Africa</i>								
2005	15	27	1	43	35	63	2	100
2011	14	29	3	46	30	63	7	100
<i>Asia</i>								
2005	16	25	0	41	39	61	0	100
2011	17	28	2	47	36	60	4	100
<i>Europe</i>								
2005	30	10	0	40	75	25	0	100
2011	38	5	0	43	88	12	0	100
<i>Latin America and the Caribbean</i>								
2005	21	12	0	33	64	36	0	100
2011	24	9	0	33	73	27	0	100
<i>Northern America</i>								
2005	2	0	0	2	100	0	0	100
2011	2	0	0	2	100	0	0	100
<i>Oceania</i>								
2005	1	5	0	6	17	83	0	100
2011	3	8	1	12	25	67	8	100

Source: UN DESA, 2011

Important progress has been noted particularly in countries where the situation of women's rights is seen as acute. The *Maria da Penha Law on Domestic and Family Violence* enacted in 2006 in Brazil was an important landmark as it provided more effective measures to prosecute and convict perpetrators such as special courts, and instruments for prevention and relief such as police stations, shelters for women, and a women's hotline (UN Women, 2011). Other Latin American countries have also adopted more comprehensive laws, as for example the 2012 Colombian legislation that requires authorities to investigate reports of domestic violence, allowing them to act independently of the victim (Wecker, 2012).

In Eurasia and the Middle-East, both Turkey and Saudi Arabia have established new laws in the last two years. In Turkey, the *Law to Protect Family and Prevent Violence Against Women* was passed in 2012 offering protection to all women, regardless of their marital status, giving authorization to the police to use protection orders and to seize any weapons possessed by the perpetrator (Zedlin, 2012). The 2014 Saudi *Protection from Abuse* law aims at protecting women, children, and domestic workers against all forms of domestic abuse and offering shelter and social, psychological, and medical aid, notably giving the right to remain anonymous to those who report abuse, while women are no longer required to be accompanied by a male relative to file a complaint (Aljazeera, 2014).

Finally in China, where a lack of definition of what constitutes IPV and of concrete procedures for the collection of evidence has been reflected in little legal action to address it, a draft of an Anti-Domestic Violence Law was to be included in the 2014 agenda of the Congress (Tingting, 2013). In addition, several reform projects and policy experiments are being developed to improve the capacity of legal institutions and empower justice sector stakeholders to intervene, such as the piloting of orders of protection.

IV. ii. European decrees

At the European level, recent amendments and new legislations have been focusing on the protection of victims, particularly among vulnerable groups. An important landmark was the Swedish *Act on Violence against Women*, which introduced the violation against integrity offences in 1998. The notion of violation against integrity recognizes that the violence and abuse to which a woman is subjected by a man in a close relationship is to be assessed cumulatively. An evaluation of the prosecutions conducted in 2009 indicated that a majority of repeated violations in the context of a close relationship were indeed not treated as isolated acts, thus showing an increase in penal value (Sweden. Ministry of Justice, 2011).

More recently, a new decree in Italy set stricter penalties for perpetrators of domestic abuse, sexual violence, and stalking and expended protection for vulnerable women including immigrants without residency permits (McRobie, 2013). In particular, it allows for injunction to be brought without having to go through court procedures and provides legal aid for women who press charges against their abuser.

Similar developments are under way with a project of law in Denmark, based on a Norwegian model, to give relief to foreigners granted residency because of their relationship to a Danish-based partner, by allowing them to apply to remain in the country if they leave the relationship because of abuse (Copenhagen Post, 2013).

Concerning special dispositions, measures adopted to remove violent partner from the home and to impose restraining orders have shown positive impacts. In the Netherlands, an evaluation of the *Temporary Domestic Exclusion Order Act* effective since 2009 indicated that they reduced further incidents of violence (the Netherlands, 2013). The most important aspect appeared to be the social assistance provided to the offenders and the victims, while it also seemed to stimulate local cooperation between municipal authorities and services.

In the UK, following the evaluation of the *Pilot of Domestic Violence Protection Orders*, which indicated that they were effective in reducing rates of re-victimization in particular with chronic cases (Kelly et al., 2013), and the success of the *Pilot of the Domestic Violence Disclosure Scheme*^{xiii}, both were extended nationally in March 2014 (UK. Home office, 2014a). Furthermore, a project of law is now being considered which would make domestic violence a specific offence and allow sentences to reflect a pattern of abusive behavior (Doward, 2013).

IV. iii. National action plans and programs

Following recommendations for a concerted approach, a greater number of national action plans (NAPs) and strategies devoted to fight VAW or specifically IPV have also been elaborated. In the EU notably, the COE identified NAPs as a key policy to offer a comprehensive and coherent outline, naming priorities, detailing measures, and monitoring procedures (European Women's Lobby [EWL], 2011). Indicative of the political attention given to the issue, NAPs are also seen as a means to foster cooperation between several ministries/governmental bodies and partnership with NGOs, often still the main providers of support services. Furthermore, they can be used to strengthen targeted actions such as for the protection of vulnerable groups, in particular young and migrant women.

While they are now widespread in the region, not all are updated or evaluated on a regular basis as the FRA noted an 'action plan fatigue' among some countries (FRA, 2014). Moreover, a Barometer study conducted by the EWL indicated that few NAPs of EU member States include a gender perspective referring to the international definition of VAW (EWL, 2011).

For example, Denmark developed a *National Strategy to combat violence in intimate relations* (2009-2012) aimed at three areas, i.e. prevention and early intervention; short- and long-term support for victims; and research, capacity-building and cross-disciplinary cooperation. In addition, a *National Strategy against honour-related conflicts* was launched in 2012 to offer information on fundamental rights and support services for young people, with new legislation to address the questions of residence permit for migrant victims and forced marriage. Yet, these plans do not focus on the gendered nature of IPV or the social factors associated with it.

A similar plan regarding domestic violence was promoted in the Netherlands from 2008 to 2011 as 'The next phase' (*De volgende fase*), a follow up to the program which run from 2002 to 2008. So as to consolidate the results achieved, attention was placed on prevention and early identification, as well as exchange of information between professionals. An *Action plan for responding to signs of domestic violence*

and child abuse was also introduced in 2012, intended as a guide for organizations and independent professionals to set up a reporting code including all steps of the process.

Over the past few years, more European NAPs have nonetheless been revised according to a gender perspective and to encompass more forms of VAW. In the UK, a first NAP, *Ending violence against women and girls*, was adopted in 2011 and updated in 2013 and 2014 to address domestic and sexual violence. Keeping the initial underlying principles including prevention, partnership working, and risk reduction, a focus was put on earlier intervention to change attitudes and behaviors, and increased support for women and girls with particular vulnerabilities. In order to respond to emerging issues, a Forced Marriage Unit was put in place, developing information and support services based on the *Forced Marriage (Civil Protection) Act* adopted in 2007^{xiv}. A number of initiatives have been funded, such as a campaign commissioned by the British High Commission in Islamabad on forced marriage-related violence (e.g. domestic abuse and 'honour' killings) aimed at migrants and communities of origin to change attitudes towards the practice (UK. Foreign Commonwealth Office and Home Office, 2014).

The Finnish Government also recently reintroduced an *Action plan to reduce violence against women* (2010-2015), in connection with the adoption of the *Action Plan for Gender Equality* (2008-2011). This plan proceeded from an evaluation of the situation and an overview of areas not covered by previous programs of action, such as focus on influencing attitudes and behaviors, methods for identifying and intervening with vulnerable groups, and building capacities of the authorities and professional service providers.

In France, the *Third inter-ministerial plan to combat VAW* (2011-2013) set up objectives to face new challenges, e.g. the establishment of mote shelters across the territory for victims and their children, initial training and continuing education for professionals, funding of a research program to quantify the phenomenon and evaluate policies' effectiveness, and information and awareness campaigns notably in schools and among migrant girls and women.

In Sweden, an evaluation of the comprehensive *Action Plan to combat male violence against women, violence in the name of honour and violence in same-sex relationships* (2007-2010) has been undertaken, while a Domestic Violence Coordinator was appointed in 2012 to lead the Government's initiative, (Sweden, 2012). The Coordinator's task is to bring together the relevant authorities and organizations in order to increase the effectiveness, quality, and sustainability of the work, by improving collaboration as well as protection and support to victims. As part of the initiative, the Swedish National Council for Crime Prevention has been tasked with developing a national survey of domestic violence, and the National Board of Health and Welfare with developing programs for non-custodial violent abusers.

Lastly, the Norwegian government presented this year an updated *Action Plan against Domestic Violence* (2014-2017). Based on a status report of previous action plans, including *the Action Plan Against Forced Marriage* (2008-2011), the priorities determined in 2012 were to ensure a sound repartition and close collaboration between the agencies and services, and to draw up measures to reach vulnerable groups. The measures cover prevention and awareness-raising, development of knowledge and competence, enhanced support for all groups of victims, criminal prosecution, and coordination of services. Furthermore, the Regional Centres for Violence, Traumatic Stress and Suicide Prevention have been mandated to assist municipalities to develop local action plans against domestic violence, according to standards established

with the Norwegian Centre for Violence and Traumatic Stress Studies. A handbook was developed to encourage the municipalities to follow up on the measures identified in the national action plan and, as of 2011, 25 municipalities had adopted one (Saur et al., 2011).

Other examples are also notable in the Asia-Pacific and the Americas regions. Australia's *National Plan to reduce violence against women and their children* (2010-2022) focuses on domestic and family violence and on sexual assault, recognized as gendered crimes. Measures are centered on primary prevention, services improvement, building the evidence base, and prosecution, with special attention to the situation of indigenous women. They are to be implemented through a series of three years action plans, with supporting national implementation plans to determine the cooperation between the different levels of government. All States and Territories are required to develop their own implementation plans as well to identify the actions which will be carried out within their jurisdiction, according to the different circumstances and priorities.

In Canada, 'honour' violence has received particular attention, as the federal government has funded projects to devise prevention and intervention strategies under the *Working Together: Engaging Communities to End Violence Against Women and Girls* program (Status of Women Canada, 2012). At the provincial level, Quebec's renewed 2012-2017 action plan on domestic violence, considered as a gendered issue, aims to ensure the safety and protection of victims and their children, to provide help for perpetrators of violence, and to better meet the needs of First Nations, Inuits, and people living in contexts of vulnerability to domestic violence, including people from migrant or minority communities (Quebec, 2012). A recent report on 'honour' crimes recommended the adoption of a specific action plan, inspired by the example of the UK, to focus on training, risk evaluation, prevention of forced marriage, and awareness-raising (*Conseil du statut de la femme*, 2013).

Finally, despite the lack of a nationwide action plan in the US, the reauthorization of the *Violence Against Women Act* of 2005 established specific funding for the *Engaging Men Grant Program*, directed by the Department of Justice. Selected projects are thus supported to develop or enhance new or existing efforts to engage men in preventing VAW (e.g. public education campaigns and community organizing efforts to prevent sexual assault, domestic violence, dating violence, and stalking) in collaboration with specialized NGOs.

IV. iv. City strategies

The adoption of a comprehensive framework for coordinated action has also been promoted at the local level (UNICEF, 2000). Context-specific interventions need to be designed in partnership with institutional, community, and individual stakeholders to address the causes of VAW while providing immediate services to victims and to ensure sustainability. Several cities worldwide have therefore developed strategies to support and integrate local initiatives, in some cases supported by national infrastructure.

Some of these strategies aim to disseminate knowledge on IPV to influence attitudes and behavior, and to strengthen community and social structures. One example is the interdisciplinary approach launched in

2006 by the City of Brno in Czech Republic, following a public declaration of commitment to the prevention of domestic violence (European Crime Prevention Network [EUCPN], 2014a). The municipal health department created a team of 25 representatives of various organizations, for which it is responsible for cooperation, capacity building, and knowledge exchange. In addition, a complete system of information was set to provide short-term immediate support to domestic violence victims, medium-term change of practice, and long-term enhancement of prevention and general public awareness.

In the US, the *Family Violence Prevention and Services Act* provides for the CDC to distribute federal funds to coordinated community responses (CCRs) that address IPV (CDC, 2013). CCRs regroup diverse service sectors, such as organizations involved in victim services, public health, and faith-based initiatives. In particular, the Domestic Violence Prevention Enhancement and Leadership Through Alliances (DELTA) program funded 14 State Domestic Violence Coalitions from 2002 to 2014 to provide primary prevention of IPV at the community level with training, technical assistance, and financial support to local CCRs which implemented strategies focused on preventing first-time perpetration and victimization.

Another approach is the deployment of neighborhood interventions, which have been found to be effective in reducing IPV. In Colombia, PREVIVA [*Prevención de conductas de riesgo para la vida*] – a Medellín experience for designing human security public policy through a program of urban and social transformation in the northeast of the city^{xv} produced a 66% reduction of rates of violence, while rates of physical IPV showed a relative reduction of 50% between 2004 and 2008^{xvi} (Cerdá et al. 2012; Duque, 2011). Following this experience, Committees of civic coexistence and security were created in all of Medellín Metropolitan Area's municipalities in 2007. PREVIVA has provided support to adapt or design the projects chosen, some of which target the prevention of IPV in families of former members of illegal armed groups and the prevention of domestic and family violence in the general population.

Local level planning on this issue can also encompass criminal justice system responses, in particular to enhance victims' support and prevent re-offending. One model is the Domestic Abuse Intervention Programs (DAIP) – known as "the Duluth Model" of the northern Minnesota city where it originated, which creates community-wide interventions to promote social change. These interventions include advocacy and education groups for women, nonviolence classes for men, supervision of family visits, and CCRs (DAIP, 2014). Evaluation showed a significantly lower recidivism rate after the project was fully operational, observed in other settings as well, such as Spartanburg, South Carolina (Babcock et al., 2004).

Other initiatives are to be noted in the US as well, such as the creation of an Inter-governmental Domestic Violence Task Force in Chicago announced in 2013. This partnership between the Mayor's Office, the Cook County State's Attorney's Office, the Chicago Police Department, and the Department of Family and Support Services will specifically focus on three goals: state-of-the-art training for police officers; more proactive law enforcement response to high-risk incidents; and increase in services for victims and their families (City of Chicago, 2013). Likewise, the Seattle Domestic Violence Prevention Council launched its 2013-2015 *Domestic Violence Strategic Plan: Seattle's Criminal Justice Response*. Based on a biennial report on national and local criminal justice and service data detailing the city's action and gaps identified, this plan aims to consolidate interventions with institutional and community partners (City of Seattle, 2013).

Finally, a number of police services are forming strategies as part of community crime prevention to enhance their response, as observed in Canada. The Fredericktown Police Department, New Brunswick collaborated with the Muriel McQueen Fergusson Centre for Family Violence Research to develop training for police officers, and recently formed a working group about IPV (Fitch, 2014). This led to the creation of an IPV Coordinator position under the department's Neighborhood Action Team, which will be dedicated to all domestic violence cases in the city, working closely with community organizations to identify risks of re-offending. In Quebec, the Montreal Police Service (SPVM) has designed specific strategic planning since 2010 concerning domestic and familial violence. After a consultation process with its members and partners, the four priorities identified for 2013-2017 were the continuity of services between the stakeholders involved (including concerted interventions and consolidation of the community of practice^{xvii}), adaptation to new realities to reach all groups of victims, update of police practices (e.g. targeted training and process optimization), and coordination assumed by the Service notably through the city's round table on domestic violence (SPVM, 2013).

The evidence base regarding prevention of VAW is still ‘still in its early days’ (WHO & London School of Hygiene and Tropical Medicine, 2010 p. 1). Few programs have been rigorously evaluated, and most of the evidence has been produced in high income countries, due to a lack of programs and evaluation funding in low- and middle-income countries (Heise, 2011). While the relevance to other economic and cultural contexts needs to be assessed, their results, focused mainly on IPV, point to general principles in all levels of prevention. In particular, the promotion of gender equality and the development of targeted interventions have taken a significant place in the field.

Action on community level factors including connection to school and family, seen as entry points, appears especially important in influencing risk (Willman and Makisaka, 2010). Furthermore, emphasis has been put on community ownership and on engaging men and boys to generate change. Other promising practices include protocols for inter-agency collaboration, batterer intervention programs, culturally adapted services as well as specialized processes. An overview of examples in these areas is presented in this section, based in part on the WHO’s review on effectiveness of interventions (WHO, 2010).

V. i. School-based initiatives

School-based programs have been developed aiming to increase knowledge about VAW and IPV, and to challenge gender stereotypes and attitudes (WHO, 2010). Generally, gender-based and dating violence are discussed in reproductive health class, incorporated with other health risks such as sexual transmitted diseases, or in specific educational sessions, with male and female youth together. Evaluations suggest that these interventions can increase knowledge about dating violence and improve attitudes towards it, and may be effective at reducing levels of actual abuse towards females, although studies have largely focused on short-term outcomes.

Strong positive results have been observed in the long-term, however, with the [Safe Dates](#) program in the US and the [Youth Relationship Project](#) in Canada, both community-based (Foshee et al., 1998; Foshee et al., 2005; Wolfe et al., 2009). Safe Dates is intended for 13–15-years-olds, including a ten-session educational curriculum, a theatre production, a poster contest, training for providers of community services, and support services for affected adolescents. The Youth Relationship Project delivers the Fourth R Program to 14–16-year-olds, using best practice approaches to target multiple forms of violence, including bullying, dating violence, peer violence, and group violence, as well as risky behaviors that frequently overlap because they occur in the context of relationships. It provides education about healthy and abusive relationships, conflict resolution and communication skills, and social action activities.

As some evidence indicates that programs presented to all-male groups may be more effective in changing attitudes than the mixed male and female groups (Brecklin and Forde 2001), there are also a number of initiatives concentrated on working solely with male peers. A recognized example is the [Men of Strength \(MOST\) Club](#) in the US, a youth development program for mobilizing young men to prevent sexual and

dating violence (Anderson, 2011). MOST Club's middle school and high school curriculum are taught in over 100 sites in 10 States and provide a structured and supportive space to build individualized definitions of masculinity that promote healthy relationships.

V. ii. Community interventions

Another approach to address gender norms and attitudes in developing countries is through community interventions, which usually aim to empower women by strengthening their economic position and their participation in the community decision-making process (Willman and Makisaka, 2010). Evidence shows that well-trained facilitators, community ownership, and men's involvement increase the effectiveness of these programs, as some activities intended to raise women's economic power and social status may increase violence by their partners in contexts with rigid gender roles (WHO, 2010).

One of the successful microfinance programs is the [Intervention with Microfinance for AIDS and Gender Equity \(IMAGE\)](#) in Limpopo Province, South Africa, which targets women in poor rural villages combining financial services with training and skills-building sessions (Sisters for Life^{xviii}) and the wider community. Another successful intervention is the [Stepping Stones](#) program, implemented in Africa and Asia, which offers life-skills training with women and men in separate and mixed-groups as well as in community meetings.

Lastly, a number of programs designed for male peer groups to address values associated with VAW and to engage men in violence prevention such as [Men As Partners](#) in Africa, Asia, Latin America, and the US, [Program H](#) in Brazil and India, and initiatives of [Sonke](#) across Africa and [Sahayog](#) in India have resulted in promising changes in attitudes, but require more rigorous evaluations. A multi-country project by the [Instituto Promundo](#) and partners, with various activities including educational workshops with men on gender equity and training programs on prevention, has shown positive results to be further developed (Instituto Promundo et al. 2012).

V. iii. Public awareness campaigns

More generally, public awareness campaigns using television, radio, newspapers, social media, and other print and digital materials can also be effective for altering attitudes towards gender norms (WHO, 2010). The most successful seem to be those which target a specific audience and engage with its members to develop content; however, it is difficult to measure potential changes in levels of violence associated with these interventions.

A well-known program is [Soul City](#) in South Africa, which produced a series of radio and television episodes relating to everyday life and addressing IPV, date rape, and sexual harassment accompanied by information booklets.

Another example of targeted approach is the [Abused Goddesses](#) campaign carried out by Save Our Sisters, which relayed on a graphic support by portraying deities with bruises and wounds to represent the contradiction with the state of VAW in India (BuzzFeed, 2013).

In France, the governmental campaign against domestic violence ([spot 1](#), [spot 2](#), [spot 3](#)) part of the action plan on VAW used explicit images as well, but also emphasized the covert nature of psychological violence and the impact of IPV on children.

In the UK, [This is Abuse](#) campaign launched via web videos specifically addresses teenagers, calling out to them as potential victims or perpetrators of controlling behavior and abuse, and providing referral services.

Several actions have also aimed at men and boys particularly, notably as part of the international [White Ribbon campaign](#). This approach has been used to tackle dating and sexual violence among youth, as [Don't Be That Guy](#) sexual consent campaign by Crime Prevention Ottawa (CPO) in Canada. Its research-based messages target male youth aged 19-25 in social spaces they invest such as bars, campuses, and city buses (CPO, 2011).

In Portugal, the [Men of Setúbal against domestic violence](#) campaign was conducted as part of primary and community prevention activities in the district, statistically the third with the highest rate of domestic violence in the country (EFUS, 2013). The main objective was to overcome prejudice to enhance men's role and promote citizen's participation, inviting men known to the local population to sign up and have their image figure on posters and information flyers.

As well, attention has been paid to migrant women, Denmark's [Break the Silence](#) national campaign representing a successful example of efforts involving ethnic minority communities' networks with a wide range of communication tools advertising a 24-hour hotline and handy cards with information to find help locally.

V. iv. Inter-agency collaboration

In terms of support, the challenge of reaching victims of IPV and responding to their needs has led public institutions and community organizations to favor a comprehensive and collaborative approach. Several countries have established one-stop crisis centers offering a range of integrated services to facilitate access and provide an enhanced response (Willman and Makisaka, 2010). While these resources have shown positive results (see Box 1), it appears that the multiple consequences of IPV require extended protocols of cooperation to ensure the coherence and efficacy of the processes.

Box 1. Women's police stations

Apart from specialized units for domestic or sexual violence in police services, several countries mostly in Latin America, Africa, and Asia have set women's police stations (WPS), staffed by multi-disciplinary female teams with training in gender sensitivity (UN Women, 2014). Initiated by women's movements, national police services, or sometimes through the UN peacekeepers or civilian police, these aim to make services more accessible to women and to improve responses to their needs. They generally offer reporting facilities and support services, and play a role in raising awareness about women's rights and women's safety. Although they may differ in terms of their legal mandate (some deal with domestic violence only, some with all forms of VAW), results indicate increases in reporting and convictions, and expansion of access to health, social, and legal assistance (Denham, 2008). A case study in Latin America, where the first station opened in Sao Paulo in 1985, showed that WPS continue to be one of the most important entry points for accessing the justice system (including sanctions and protection measures) and specialized services, and that they contribute to make VAW more visible as a public-sphere and a criminal issue (Jubb et al., 2010).

One example of such practices is the client centered organization ([CO3](#)) which brings together the police and judicial authorities, social services, and local administrations in the Province of Antwerp, Belgium^{xix}. This permanent mechanism for inter-agency collaboration based on a chain model offers a better harmonisation between the services (EUCPN, 2014b). The different working methods are adjusted to one another in a common action plan in which the family (the client) is at the centre. Each family is assigned to a case manager who follows up on the cooperation between the different organisations to prevent the recurrence of violence and to increase protective factors in the family, addressing the different needs of all the members affected.

A similar multi-agency initiative is [Making Safe](#) in the City of York, UK. The scheme works with victims and their family to ensure their safety, offering counselling and support from an Independent Domestic Abuse Adviser (IDVA)^{xx} before, during and after any court proceedings (Safer York Partnership, 2014). The IDVA role is crucial for signposting on to other agencies, contributing to Multi Agency Risk Assessment Conferences (MARACs)^{xxi}, keeping the victim fully informed along the court process and addressing any Civil Court remedies, and monitoring risks. Offenders also receive practical support and guidance, including return to learning initiatives, housing (for a period of up to two years) and benefit claims, while they live outside of the family home to prevent re-offending^{xxii}.

V.v. Batterer intervention programs

In parallel of legal and social intervention with victims, services intended specifically for men perpetrators of IPV (both voluntary and court mandated) have thus been developing as well. Despite debates concerning principally the issues of allocation of resources and women's safety, it has been recognized that assistance must simultaneously be provided to both victims and perpetrators to effectively address the situation (Brown and Hampson, 2009; Laing, 2002). While the effectiveness of these programs has been hard to

establish, due to lack of evaluation, it appears that they need to be carefully adapted to individuals and contexts (Auchter & Backes, 2013). Moreover, as part of a coordinated response to hold men accountable and to enhance women and children's safety, these interventions also need to develop links with other stakeholders.

Programs such as [Changing Ways](#) and [Pro-gam inc.](#) in Canada^{xxiii}, or [Men ending domestic abuse](#) in Ireland provide services for men to eliminate their violent behavior including one to one work and group sessions, and for their partners or former partners to support them and enhance their safety. Similarly, the national treatment program [Dialogue Against Domestic Violence](#) implemented since 2002 in Denmark for male perpetrators, their female partners, and children in the family, focuses on issues concerning perpetrators as the starting point for the treatment process, while providing support to victims centered on safety planning and trauma analyzing.

V. v. Culturally adapted services

Another growing concern has been the improvement of interventions with migrant and indigenous communities, considering the important barriers often present to the access of services. Although the available literature indicates that IPV is not more prevalent in migrant and refugee population groups, they face particular challenges concerning their legal status, language, and knowledge of the legal and social system in place (Yoshihama, 2009). Furthermore, as in indigenous population groups, victims may fear discriminatory or insensitive attitudes from mainstream organizations and stigmatization of their communities, where there may be strong pressure to remain silent about IPV.

Service providers therefore often find themselves facing the "trust vs. prevention" paradox when trying to promote long-term prevention and community-change strategies without creating negative reactions or reinforcing prejudice (Runner et al., 2009). A number of organizations have aimed to provide an array of services (e.g. language classes, education, employment assistance, social activities etc.) to create environments where women feel comfortable enough to report abuse, which can also empower them and serve a prevention purpose. However, the accessibility of culturally appropriate services for migrant and indigenous men has been highlighted as well as an essential element in addressing their experience of changing gender dynamics, but also their social and economic conditions and that of their communities (Flood, 2013).

Lately, specialized services adapted to sociocultural specificities have been developed taking a more direct approach. The [Muslim Resource Center for Social Support and Integration](#) in Ontario, Canada, has built on research and partnership work to set up the Family Safety Program and the Family Honour Project, which provide family violence prevention and intervention services in collaboration with state agencies. Another Canadian organization, the [Shield of Athena Family Services](#) in Quebec, developed a strategy to inform cultural communities about gender-based violence, including "honour" crimes, and provide training to liaison workers. A similar resource, the [Immigrant Women's Domestic Violence Service](#) implanted statewide in Victoria, Australia, puts emphasis on building networks among immigrant and refugee women and within their local communities and services. Lastly, the [Non-Violence Awareness Campaign For Aboriginal Men](#)

launched by Quebec native Women Inc., presented a resource guide which takes into account the historical and current context and draws on indigenous cultures to frame responses aiming at all the family and the community for a comprehensive healing process (Quebec native Women Inc., 2013).

V. vi. Specialized processes

Issues for the enhancement of practices also include the participation and retention of victims in interventions, especially in the judicial process. Even in settings where reporting rates are higher, a great number of victims of IPV are reluctant to seek help or to engage in procedures that imply charges against their aggressor, sometimes due to previous negative experiences. Although there are indications that dedicated services such as women's crisis units increase satisfaction regarding victims' experience, it is not clear that this approach also increases participation in counselling or in legal proceedings, as a recent evaluation of two Swedish projects showed (Bogestam, 2013).

Organizing the criminal justice system in order to maximize success factors and responses to victims' needs is therefore a priority. The EU has taken initiative with the production of a handbook of best police practices on overcoming attrition in domestic violence cases (COE, 2012). This manual highlights strategies such as data collection/monitoring systems, investigation training and support, specialization of services, victimless investigations and prosecutions, and CCRs. It identifies the principal elements of success as the multi-agency principle and a balance between victims' needs and criminal justice system's goals. In this way, the establishment of specialized courts in a number of countries seems promising as a range of specialized processes including investigation and legal proceedings, as well as various related services in a holistic approach to respond to domestic violence situations (see Contribution by C. Gill p. 34).

Domestic Violence Specialized courts: the Canadian experience

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Over the past thirty years, the criminal justice system in Canada has assumed a pro-active and interventionist role in response to domestic violence, such as developing new law enforcement policies and legislation (Federal-Provincial-Territorial Ad Hoc Working Group on Family Violence, 2013; Gill & Thériault, 2010; Johnson & Dawson, 2011; Ursel et al., 2008). One major innovation has been the creation of specialized courts dedicated to domestic violence cases. Specialized courts have also been established in countries such as Australia (Stewart, 2011), New Zealand (Knaggs et al., 2008), the U. K. (Cook et al., 2004) and several States in the U.S. (Labriola et al., 2008) as an alternative to traditional adjudicative approaches that were not responding adequately to the complexity of the issue.

Specialized courts were developed to address challenges faced through traditional procedures related to re-victimization of the victim during the judicial process; frequent occurrence of victim statement recants and victims declining to testify; lack of protection and counselling for victims and witnesses before, during, and after sentencing; long delays in court proceedings, etc. Specialized processes aim at improving the justice response by addressing some of these issues, taking into consideration women's safety as a top priority.

Specialized court is a term used for a broad range of specialized processes including investigation, charging, prosecution, and court process. It encompasses various related services (community programs, services for victims, and treatment agencies for offenders) that support and work with courts (Busby, Koshan & Wieggers, 2008). Compared to traditional processes, specialized processes have a more holistic approach that can help respond to domestic violence situations (Elley, 2005). They bring together trained professionals who understand the issue, monitor sentencing conditions, support positive outcomes for victims, and establish a responsive system that encourages and supports offender accountability (Dawson & Dinovitzer, 2001; Gill & Tutty, 2005; Ursel, 2002b). The goal is to reduce the number of domestic violence cases by working with key community partners to ensure timely access to support services for victims and intervention programs for offenders.

In general, specialized courts have been shown to increase court-mandated specialized treatment for first-time offenders, and have resulted in higher incarceration rates for repeat offenders (Moyer and Associates, 2000). Re-offending has also been shown to decrease under specialized court systems (Hoffart & Clark, 2004). Indeed, specialization shows a more expedient court process of domestic violence cases when compared to non-specialized processes (Gill et al., 2010). By providing a coordinated response and a prosecution team that is attentive to the unique reality of domestic violence, specialized courts have in effect redefined the measures of success in a justice response to domestic violence cases, and have been more successful than the conventional system in meeting the diverse needs of victims (Ursel, 2002).

Shorter wait time for court process, support for the victim, assessment of risk of re-offending of the accused and safety of the victim, available intervention programs, court or probation monitoring, and court-mandated treatment of offenders, are among the factors that improve victim safety and offender accountability under specialized courts.

The development and implementation of domestic violence specialized courts fall under provincial and territorial jurisdictions in Canada. Some jurisdictions have created courts that handle only domestic violence cases; others have changed court processes to ensure more effective processing of domestic violence matters; some handle an array of family violence issues; yet others have specialized staff that provide support to victims (Weber, 2000). There is no universal model for domestic violence specialized courts, but they generally pursue one of the following three models: early intervention models, therapeutic court models, and vigorous prosecution for high-risk offenders (FPT Working group on family violence, 2013).

A comparative study conducted in New Brunswick led researchers to look closely at information gathered about domestic violence cases in specialized (Moncton) and non-specialized (Fredericton) courts (Gill et al., 2010). The results clearly demonstrated that it is very hard to identify which accused in non-specialized courts are involved in domestic violence, because offences are not explicitly connected to domestic violence situations. In contrast, in the first year of the establishment of the domestic violence court in Moncton in 2007, the number of domestic violence cases appeared to increase in Moncton compared to other regions in the province, reflecting a more accurate recording of cases due to a change in the court process, as observed in other jurisdictions across the country (Ursel et al., 2008). Further, a comparison of specialized and non-specialized courts showed that length of incarceration and probation conditions were longer and more specific under specialization, compared to regular court processes. Probation conditions of no contact with the victim, abstaining from alcohol consumption, and no firearms were more common in specialized than non-specialized courts. Therefore, it is essential to identify domestic violence cases early in the court process in order to understand how they relate to offending patterns, and can be dealt with in the criminal justice system.

Specialized courts are among promising practices that provide better court processing time and more appropriate sentencing for domestic violence related offences. In this sense, continued reviews of court cases are needed, and can help to provide a better understanding of the role domestic violence specialized courts play in responding to and preventing future violence.

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VI. i. Statistical measures

Correlatively to the intensification of efforts to combat VAW and IPV, the improvement of measures to more fully apprehend the extent of the phenomenon and to assess the impact of these actions has become a priority. Gender statistics have generally been difficult to obtain due to the lack of data collection and disaggregation in many countries. In 2013, only 40% of countries were producing gender statistics on VAW regularly (UN ECOSOC, 2013b). To advance the national production and the international compilation of statistics on VAW, a number of guidelines have thus been developed.

Percentage of countries producing gender statistics			
	<i>Regularly</i>	<i>Irregularly</i>	<i>Not producing statistics</i>
Violence against women	40.5	31.0	28.6

Source: UN ECOSOC, 2013b

The indicators proposed by the Special Rapporteur on violence against women, its causes and consequences in 2008 include two basic outcome indicators based on a population survey: the proportion of female population who have **experienced grave violence in the past 12 months** and who have **ever experienced grave violence** (UN HRC, 2008). The aim was to reach an international agreement on a definition of grave VAW which could be applied statistically across a range of survey designs and measured across time to track trends regarding IPV, rape and sexual assault, and female genital mutilation, as well as harmful marriage practices, sexual harassment and stalking, trafficking, and sexual exploitation.

Other indicators include willingness to report incidents and availability of support, both proxies for improvements in State responses and decreased tolerance/normalization of VAW (UN HRC, 2008). Concerning homicide, several forms of murder of women were recommended to be considered: murder in the context of IPV, sexual murder, killings of prostitutes, killings in the name of honour, female infanticide, and dowry deaths.

The UNSD also recently established a minimum set of gender indicators (UN ECOSOC, 2014b). In particular, it identified three indicators in the domain of "Human rights of women and girl children" regarding the rate of **partnered women subjected to physical or sexual violence in the last 12 months by an intimate partner** and the percentage of **women aged 20-24 years old who were married or in a union before age 18**.

More specifically, the guidelines presented for the production of statistical surveys on VAW include the following core topics: physical violence, sexual violence, psychological violence, and economic violence as well as severity of violence, relationship of victim to perpetrator, marital/relationship status, and age (UNSD, 2013a). Optional topics can be added to include attitude towards VAW, reporting to authorities/seeking help, and other personal characteristics of the respondents and intimate partners. Supplemental indicators may also be used regarding social tolerance, state responses, access to justice, victim protection, prevention, and training (UN ECOSOC, 2013b).

To improve the use of the cadre adopted, the UNSD has been working to strengthen capacity through several initiatives, including a resource guide ([Gender Statistics Manual: Integrating a gender perspective into statistics](#)) disseminated online to address challenges and facilitate the integration of a gender perspective into statistics collection and analysis (UNSD, 2013b).

VI. ii. Data collection

Major sources of data are **administrative records** from health, social, and justice services, as well as specialized help services in settings where interventions are systematically documented (Women Against Violence Europe, 2013). However, different classifications do not always provide the information needed. In countries where IPV is recognized as a criminal offence, a specific article of law for such acts does not always exist. Therefore, they may be reported in general categories, e.g. assault, rape or attempted murder. Conversely, in other contexts, IPV may be recorded in a single category without any specification as to the nature of the acts. Lastly, in many cases, physical violence is still the only form taken into account, and disaggregated data regarding the gender of the victim and the relationship to the perpetrator is not listed for all violent incidents.

Victimization or VAW surveys are thus another important source of data. Indeed, in the case of IPV as other violent crimes, many acts of violence go unreported, particularly when less severe. Feminist research revealed that dedicated surveys on sexual violence and IPV provide much higher estimates of its extent than general surveys or administrative data (Johnson, 2013). This method nonetheless also has limitations related to the mode of data collection. Ethical and safety guidelines have been formalized by the WHO to address the challenges of gathering information on this sensitive subject (WHO, 2001; 2005). Notably, confidentiality, anonymity, and an appropriate interview situation are necessary, as much as responding to emotional distress. Attention must be paid to cultural aspects as well, regarding the perceptions and attitudes towards violence, in order to get an accurate evaluation. It is recommended, for example, to provide detailed descriptions of the acts included in the questionnaire and to use female interviewers.

Lately, the COE specifically examined the situation in member States regarding legal and practical obstacles to administrative data collection on domestic violence (COE, 2008). The report's main findings indicated that the most comprehensive data collection practices were found in police and social services, NGOs, and third sector actors, compared to health care services and judicial authorities. Recommendations were proposed to set up a model system, including 4 basic variables to ensure that data is disaggregated by sex and age of the victim and perpetrator, by the type of violence as well as by the relationship of the

perpetrator to the victim. These were identified as minimum requirements for recording for all agencies working with VAW, which can serve for the design of victimization surveys. In addition, recommendations for cooperation to develop the model with relevant agencies and to establish a coordinating body were presented as a means to facilitate systematic data collection.

The regular production and compilation of data from various sources is therefore essential to ensure the availability of accurate information on the issue. To build the evidence base, a relative long time scale needs to be considered to detect changes in levels of violence and to evaluate the effects of different types of intervention (Jansen, 2012). As for other types of criminality, the sustainability of actions to provide statistics on IPV and institutional responses is necessary for policy development, while limited funding represents an impediment in many contexts.

VI. ii. Screening and risk management

Data collection is also a concern in intervention, as it allows for enhancing services to better respond to victims' and perpetrators' needs and monitoring risks of reoffending. Certainly, it is necessary to ensure that the adequate services are available where needed and to follow the evolution of interventions. One example is the Office of Domestic Violence put in place in Argentina following request from civil and criminal courts to facilitate access to and to improve the response of the justice system (Action On Armed Violence, 2014). Its management system helps to monitor the characteristics of each incident, which are used to adapt the available resources to meet the needs of the victims, and the operations of the government and the justice system, as with the creation of a specialized unit by the federal police to address domestic violence situations.

Notably, a major issue for professionals in the legal, health, and social sectors is the identification and risk assessment of IPV. A variety of **screening tools** have been developed, generally including a set of questions regarding current relationships and experience of different forms of violence, which have been most effective in identifying victims of IPV (Olive, 2007). However, a lack of sufficient training for their use has been repeatedly highlighted, as well as negative effects for victims (such as reliving trauma or retaliation from an accompanying partner), and there is little evidence of their effectiveness in reducing further exposure to violence (Willman and Makisaka, 2010). A screening process for early identification has nevertheless been supported as it allows for preventive intervention, in particular to reduce homicides and serious injuries rates.

Risk assessment is intended to determine the risk level for the victim or other people involved. While the unstructured clinical decision making approach^{xxiv} is the most commonly used method (Kropp, 2008), a number of risk assessment tools have been increasingly integrated into practices, which consist of questionnaires taking into account the victim's perception of risk and the professional's judgement. They primarily follow a structured clinical judgment approach such as the [Danger Assessment \(DA\)](#) in the US and the [Spousal Assault Risk Assessment \(SARA\)](#) in Canada or an actuarial approach such as [the BIG 26](#) in the US, the [Ontario Domestic Assault Risk Assessment \(ODARA\)](#) in Canada, and the [Domestic Abuse, Stalking](#)

and Harassment and Honour Based Violence Risk Identification, Assessment and Management Model (DASH) in Europe.

Training of frontline professionals and practitioners has been regarded as necessary for effective use of these tools as well, particularly concerning the knowledge of risk factors and skills to offer a supportive approach to victims, but there is little evidence of their reliability, validity, and accuracy (Northcott, 2012). Some of their benefits are nonetheless to provide a common language among professionals and a framework to ensure that services are allocated according to the needs and the situation of the offender and victim, considering additional sources of information. A risk management process can then be implemented, including legal measures, safety planning, support services, supervision, and monitoring.

Furthermore, the “European Manual on Risk Assessment” ([E-MARIA](#)) recently commissioned by the European Commission acknowledges that this type of intervention should consider the multiple consequences of IPV, for example the risk of poverty, homelessness, suicide, and social isolation, in order to promote the security of victims but also their recovery, empowerment, and autonomy (Albuquerque, et al., 2013). Therefore, this resource provides guidelines to address contested issues such as information sharing, data protection, and confidentiality in a multi-agency response (within agreed limits and with the victim’s consent). These aspects are put forward in particular in schemes addressing high-risks situation such as MARACs to develop a complete intervention plan (see Box 2).

Box 2. Multi-Agency Risk Assessment Conference

The MARAC is part of a CCR to manage high risk domestic abuse cases in collaboration between local agencies, which aims to:

- Share information to increase the safety, health and well-being of victims and their children;
- Determine whether the alleged perpetrator poses a significant risk to any particular individual or to the general community;
- Construct jointly and implement a risk management plan that provides professional support to all those at risk and that reduces the risk of harm;
- Reduce repeat victimisation;
- Improve agency accountability; and
- Improve support for staff involved in high-risk domestic abuse cases.

Source: London Borough of Richmond upon Thames, 2014

New measures for **safety planning** have also been developed according to the recommendations following reviews of femicides, which point to vulnerabilities and mean to improve prevention (see Box 3). In the case of [Making Safe](#) in the City of York, UK, comprehensive support is complemented with daily monitoring, any risk changes being notified early to appropriate agencies to try to prevent further incidents (Safer York Partnership, 2014). Notably, an assessment of the victim’s property can be made to provide security

recommendations and a specially adapted mobile phone can be provided to contact the police outside the home. The use of technological devices for high risk cases has been increasing in several other European countries as well, including the [Women in Great Danger](#) scheme in France which was generalized to the whole territory after successful 3-year pilots (France. *Ministère des Droits des Femmes, de la Ville, de la Jeunesse et des Sports*, 2013). The mobile phone includes a pre-programmed emergency call button that allows for immediate contact with a platform to assess the situation, and, if necessary, to mobilize immediate police intervention. Similar protection systems are used in Spain and Turkey, such as electronic bracelets for offenders and alarm mechanisms in the form of necklaces or mobile phones for victims.

Risk assessment and safety planning can however place a heavy burden on victims and cause stress and conflict with services providers, regarding notably the perception of danger and the management of risk. In an effort to rebalance the process, some practices of monitoring have thus focused further on perpetrators. Several provinces in Canada have implemented bail supervision programs to follow-up with offenders on bail or on parole and to offer support services. A pilot project of collaboration for first line response with the London Service Police in Ontario in particular showed promising results through a program targeting dynamic risk factors which dramatically reduced overall contact with the police (Heslop, 2014). The development and sustainability of such services appear nevertheless uncertain, notably due to limited funding towards this approach.

Box 3. Domestic violence death review committees

As the prevention and management of risk of IPV are increasingly at the center of interventions, the work of domestic violence death review committees has contributed to highlight the preventability of femicide (Johnson & Dawson, 2011). Indeed, a number of reviews on intimate partner homicide have identified individual, incident, and societal level risk factors including prior relationship violence, socio-demographic characteristics, and varying levels of gender equality.

Domestic violence death review committees collect information on victims, perpetrators, their families, and community/system responses to better document the primary risk factors leading to the death. This allows for identifying points of intervention, gaps, and barrier to services to enhance prevention in future cases. Such committees have been established in the US, Australia, New Zealand, Canada, and Europe.

General recommendations presented have consistently pointed to improved inter-agency communication and coordination, access to services, and professional training as well as standardization of risk assessment tools and systematization of data collection (Johnson & Dawson, 2011).

As this study indicated, the evidence base on IPV and preventive actions still needs to be further developed in order to determine effective ways to address the root causes and risks of such violence. While it is therefore not possible to formulate precise recommendations, the international norms and standards established and the good practices presented allow nonetheless to identify a number of areas to concentrate efforts to enhance prevention and intervention.

■ Monitoring

The sustained production of detailed statistics through the compilation of administrative data and VAW surveys is essential for informed policy-making and adequate allocation of resources. These statistics should use the indicators set by international guidelines, including the 4 basic variables proposed by the COE, i.e. sex and age of the victim and perpetrator, type of violence, and relationship of the perpetrator to the victim (COE, 2008). Furthermore, evaluation of preventive measures and programs should be improved, notably through research funding. This would allow for international comparisons across time and observation of the effects of different responses to the issue.

■ National action plans

The definition of a clear and comprehensive policy with a gender perspective appears as a crucial element for inducing social change, by facilitating the implementation of legislation and the modification of institutional practices. While reinforcing awareness, NAPs can serve to foster a sustained systemic approach and cooperation among stakeholders, as stressed in the latest UN GA resolution regarding VAW (UN GA, 2012). It also provides a framework to strengthen monitoring and evaluation, to adapt means and services, to build capacity, and to determine targeted actions such as for the protection of vulnerable groups.

■ Coordinated community responses

The elaboration of local strategies for all levels of prevention is necessary as well, notably to ensure the coordination of services and to support partnerships. These cadres can be specific to IPV or more generally encompass community safety and neighborhood interventions, which can help to reduce IPV. Indeed, VAW by intimate partners and non-intimates is linked to similar attitudes and factors in communities (including social structures, built environmental factors, and access to services), and violence prevention should take both into account to increase women's safety in all contexts.

■ Inter-agency collaboration

Protocols of cooperation and information sharing for the coherence and efficacy of processes have been adopted in many settings, as they appear to improve risk management and service delivery. Considering the multiple consequences of IPV and various needs of the victims, these schemes can enhance support and safety, facilitate access to the justice system, and prevent the recurrence of violence and other social problems. Such a holistic approach for a multi-agency response has been recommended by the European Commission (Albuquerque, et al., 2013).

■ Specialized processes

Concerning the justice system, a balance between victims' needs and proceedings has been identified as an element of success. The development of specialized processes, including investigation and court services, which rely on a holistic approach with various related services, have shown promising results with more expedient procedures and measures to improve victim safety and offender accountability. Continued reviews are needed to better assess the effects of these institutional responses.

■ Early intervention

Based on the WHO's examination of evidence-based interventions to reduce risk factors for IPV, only one strategy – the use of school-based programs to prevent violence in dating relationships – meets the very stringent criteria of effectiveness so far (WHO, 2010). By challenging gender stereotypes and promoting gender equality and non-violent relationships, some of these programs have demonstrated long-term outcomes. Moreover, attention must be paid to the violence witnessed and experienced by children in their homes and in other settings to break cycles of violence. Parenting programmes in particular appear to be effective in reducing child aggression and antisocial behavior (Heise, 2011).

■ Intervention with boys and men

The importance of involving boys and men in gender equality goals and prevention of gender-based violence has been emphasized in recent years. As a target audience for primary prevention, they should be engaged in addressing the social norms and notions of masculinity and femininity that condone VAW and in supporting change in attitudes and behaviors. In addition, perpetrators should receive adapted rehabilitation services, in parallel to the assistance provided to victims, to increase their accountability and prevent recidivism. Despite disputed views, small-scale experiences have shown positive results and would need to be extended and further evaluated.

- Adaption to changing contexts

As noted in recent international treaties, globalization and migration flows are producing important changes in gender relations, and can put certain groups of women particularly at risk for IPV, such as indigenous and migrant women, women of immigrant background, as well as women acceding to more economic and political power in contexts with rigid gender roles. New legislations have been adopted to reinforce protection of vulnerable women, while culturally adapted services for women and men have been promoted to reach all populations.

IPV is a pervasive phenomenon, which is persisting despite decreasing rates of violence globally. While efforts of international organizations have intensified in recent years, it is emphasized that this issue requires comprehensive action of States, as well as mobilization of local authorities in partnership with community-based organizations. Indeed, it needs to be addressed on multiple levels to change legal and sociocultural norms, in order to extend a gender-sensitive approach, to reinforce protection and assistance for victims, and to influence attitudes and behaviors.

Evaluation of different types of prevention practices is still relatively scarce; however, it appears that beyond assisting and empowering women, targeting youths and engaging men and boys in their communities is essential. A few other courses of action for promotion of gender equality and violence prevention are also considered to have potential positive effects. These include laws concerning women's social and economic rights (such as in marriage, divorce, property ownership, inheritance, and child custody and support), neighborhood interventions, parenting intervention to foster healthy child development, and gun control policies. Besides, limits of the judicial process call for alternatives providing a better alignment with social responses to the needs of the victims, as the development of specialized police and courts processes and civil procedures.

Following the initiatives of UN agencies, it is therefore most important to continue to improve data collection and analysis systems and to reinforce international cooperation and exchange, in order to measure the impact of policies and programs and to identify best practices. A number of guidelines have already been established, such as the standards of services set by the Istanbul Convention and the recommendations of the European Institute for Gender Equality and the EUCPN in Europe. Monitoring and evaluation will thus support the effective implementation of legislation and interventions on this basis, as well as adaptation to new challenges.

Development, globalization, and migration flows are major phenomena which affect the status of women across countries. In particular, the vulnerability of certain groups, including women belonging to minority groups and indigenous and migrant women, needs to be carefully assessed to tailor appropriate responses. Furthermore, war and post-conflict situations and factors associated with increased involvement in the global economy need more attention, taking into account their influence on gender relations. As manifestations of gender-based violence, IPV and VAW consequently require both a general and a local perspective, through large-scale awareness-raising and action and targeted programming, to produce broad and lasting effects towards its elimination.

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[conjugale_news?from_related=related.page.int.no-](http://www.dailymotion.com/video/xcg7fq_spot-contre-les-violences-conjugale_news)

[related.b8aaf0ae67467bb2f46b7d0b09f55d9c138939366](http://www.dailymotion.com/video/xcg7fq_spot-contre-les-violences-conjugale_news)

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Instituto Promundo <http://www.promundo.org.br/en/>

Men as partners <http://www.engenderhealth.org/our-work/gender/men-as-partners.php>

Men ending domestic abuse <http://www.mend.ie/>

Men of Setúbal against domestic violence

<https://www.facebook.com/HomensDeSetubalContraAViolenciaDomestica>

Men of Strength Club <http://www.mencanstoprape.org/The-Men-of-Strength-Club/>

Muslim Resource Center for Social Support and Integration <http://mrcssi.com/>

Pro-gam inc. <http://www.pro-gam.ca/pages/fr/accueil.php>

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Safe dates <http://www.hazelden.org/web/go/safedates>

Sahayog <http://www.sahayogindia.org/>

Say NO to violence against women <http://saynotoviolence.org/>

Shield of Athena Family Services <http://shieldofathena.com/>

Sonke Gender Justice Network <http://www.genderjustice.org.za/>

Soul City Institute for Health & Development Communication <http://www.soulcity.org.za>

Stepping Stones <http://www.steppingstonesfeedback.org/>

This is abuse <http://thisisabuse.direct.gov.uk/>

UNFPA "Ending Violence Against Women" <http://www.unfpa.org/endingviolence/index.html>

UN Secretary General's campaign "UNiTE to End Violence against Women"
<http://www.un.org/en/women/endviolence/>

UN Secretary-General's database on violence against women www.un.org/esa/vawdatabase

UN Women "Safe cities Free of Violence against Women and Girls Global Initiative"
<http://www.unwomen.org/ru/what-we-do/ending-violence-against-women/creating-safe-public-spaces>

USAID "Intervention with Microfinance for AIDS and Gender Equity Study" http://www.aidstar-one.com/promising_practices_database/g3ps/intervention_microfinance_aids_and_gender_equity_image_s_tudy

Virtual Knowledge Centre to End Violence against Women and Girls <http://www.endvawnow.org/>

White Ribbon Campaign <http://www.whiteribbon.ca/>

Youth Relationship Project <http://www.youthrelationships.org/index.html>

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- ⁱ The research was conducted between September 2013 and May 2014.
- ⁱⁱ The term “domestic violence” will only be used when it was the category in the source cited.
- ⁱⁱⁱ This survey incorporates multiple behaviorally-specific questions concerning physical and sexual violence, as well as acts of emotional abuse and control by intimate partners.
- ^{iv} Household surveys of large nationally representative samples carried out primarily in low- and middle-income countries.
- ^v Statistics on intimate partner physical violence against women in the last 12 months were not available for all the countries. Data for India and Cambodia refer to ever-partnered women. Data for Finland refer to at least one form of violence or threat. Data for Canada refer to spousal assaults only. Data for the Plurinational State of Bolivia refer to hits by partner’s hand only; not included are showings, hits with hard objects and attempted strangulation.
- ^{vi} Historically, the vast majority of victims of homicides are men (79% of all homicide victims globally in 2012), related to criminal activities, other types of interpersonal conflict, and socio-political agendas.
- ^{vii} Murder–suicides are generally defined as violent events in which the perpetrator kills one or more people and subsequently commits suicide within a short period of time.
- ^{viii} The rates of partner and non-partner violence were positively correlated, meaning that countries with a higher prevalence of partner violence also, in most cases, displayed higher rates of non-partner violence.
- ^{ix} The Global status report on violence prevention, to be published in late 2014, will evaluate the implementation of the recommendations of the World report on violence and health. The report will focus on interpersonal violence, which includes child maltreatment, youth violence, IPV, sexual violence, and elder maltreatment.
- ^x This coordinated database contains data of member States from the September 2008 questionnaire on VAW and subsequent updates; States parties’ reports to human rights treaty bodies, for reports of the Secretary-General, and in statements made at the UN; and information available through relevant UN entities.
- ^{xi} The priority theme of this session was “Elimination and prevention of all forms of violence against women and girls”.
- ^{xii} The priority theme of this session was “Challenges and achievements in the implementation of the Millennium Development Goals for women and girls”.
- ^{xiii} Under Clare’s Law, this procedure allows the police to disclose to individuals details about their partner’s previous history of domestic violence or violent acts.
- ^{xiv} The Act aims to protect victims without criminalizing the family, and provides for injunctions and sanctions in case of non-compliance.
- ^{xv} These transformations included a new transportation system to the center of the city (*Metrocable*), the construction of public spaces and services, the formalization of commerce and banking services, and the decentralization of municipal entities.
- ^{xvi} Results based on victimization surveys and aggression surveys conducted by PREVIVA in the communities involved in the initiative.
- ^{xvii} See Contribution by M. Parent “Communities of Practice” (ICPC, 2010:153).
- ^{xviii} Sisters for Life is a participatory learning and action curriculum developed by the Rural AIDS and Development Action Research Program on HIV/AIDS, gender norms, cultural beliefs, communication, and IPV.
- ^{xix} This project received a European Crime Prevention Award from the EUCPN in 2013 for “Best cooperation”. A first external impact evaluation of the project was recently completed (See EUCPN, 2014c).
- ^{xx} Training identified as a good practice by the European Institute for Gender Equality. An evaluation study demonstrated the effectiveness of intervention, particularly concerning physical abuse.
- ^{xxi} Regular local meetings where information about high risk domestic abuse victims (those at risk of murder or serious harm) is shared between local agencies. See Box 3.
- ^{xxii} This program can be mandated by the Specialist Domestic Violence Courts in York and Selby.

^{xxiii} These two organisations work in partnership with the London Police Service in Ontario and the SPVM in Quebec respectively for first line intervention.

^{xxiv} Risk assessment based on the professional's subjective judgment, according to the information collected and his or her experience and expertise (Helmus and Bourgon, 2011).