Recommendations for the prevention and management of gender-based violence

For Policy Makers

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1. Introduction

1.1. What is this booklet about

The main aim of this booklet is to provide recommendations for policy and practice that may inform na- tional and EU action and policy development. This booklet introduces guidelines and recommendations to policy makers of all Member States in various spheres including society, legislation, education, health, support services and research, that we consider to be the most significant to combat the phenomenon of violence against women more effectively. These recommendations are based on the existing literature as well as on the outcomes of the research carried out within the framework of the WOMPOWER European project.

1.2. What is the problem

Violence against women phenomenon

Violence against women is a global issue. We provide some of the definitions submitted by diverse international institutions on this phenomenon in order to contextualise and explain the different ways in which this structural violence may take form.

Definition of Violence Against Women

The Platform for Action of Beijing (1995) defined violence against women 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 private life.

Violence Against Women as a violation of Human Rights

Violence against women is a violation of fundamental rights and freedoms, such as the right to liberty and security, as stated in the Charter of Fundamental Rights of the European Union (2000

Violence Against Women as a manifestation of structural gender inequality

Violence against women is a structural phenomenon born from the unequal power relationships between women and men within the framework of the patriarchal society. It is an expression of men's power and how they exert this power in order to reproduce and keep their status and authority over women. Accordingly, it is a functional instrumental violence for men and the patriarchal system. General Recommendation No. 19 of the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) defines violence against women as "violence that is directed against a woman because she is a woman or that affects women disproportionately".

Violence Against Women can take different forms

Psychological, physical, sexual, economic and social violence; and it can occur in both public and private spheres. The Recommendation on the protection of women against violence of the Council of Europe (2002) states that Violence Against Women includes, but is not limited by: "violence within the family or the domestic unit, including, among others, physical or mental harm, emotional and psychological abuse, sexual rape and abuse, incest, marital rape, regular or occasional partners rape, honour related crimes, female sexual and genital mutilation and other harmful traditional practices against women such as forced marriages".

2. The WOMPOWER project

WOMPOWER - Empowering women to fight against domestic violence through an integrated model of training, support and counselling is a European project co-financed by the European Union within the DAPHNE III programme (ref. no. JUST/2012/ DAP/AG/3008).

The specific objectives of the project are:

- Research on the national programmes and legislations existing in the European partner countries with regard to gender-based violence, as well as research on women's experiences of violence in their environment;
- Develop an integrated model for women victims or possible victims of intimate partner violence;
- Develop educational and informational materials for policy makers, professionals involved in adult education in the field of gender-based violence, women's rights and existing support available for guidance and protection of women victims of violence;
- Organize awareness raising seminars and conferences with the direct involvement of target group and stakeholders.

The main outcomes of the project are: Research and analysis report; ntegrated model of training, counselling and support including online platform for information and counselling; training and face-to- face and online counselling organized with women of the target group; booklets for women, policy makers and professionals; awareness raising conferences and seminars; project DVD.

The project has a duration of 2 years, starting on 1st January 2013 and ending on 31st December 2014.

More information can be accessed on the project website at: www.srep.ro/wompower

Project partnership:

Romanian Society
for Lifelong Learning Coordinator – Romania
http://www.srep.ro/

SURT Foundation. Women's foundation. Private foundation – Spain http://www.surt.org

Valencia City Council Local Police – Spain
http://www.policialocalvalencia.es/

Oulu Mother and Child Home and Shelter association–Finland
http://www.ensijaturvakotienliitto.
fi/jasenyhdistykset/oulun_ensi- ja_turvakoti_ry/

Laboratory of Health
and Road Safety (LaHeRS) Department of Social Work
Technological Educational Institute (TEI) of Crete–
Greece http://lahers.seyp.teicrete.gr/

Women's Support
and Information Center-Estonia www.naistetugi.ee

Uppsala municipality
Health & Social Welfare Office
-Sweden www.uppsala.se

Association Resource Centre for Women MARTA-
Latvia http://www.marta.lv

E.N.T.E.R – Austria www.enter-network.eu

3. Policy Recommendations

3.1 General values in policy making

All people should be able to live in freedom from fear of violence. Ultimately it is a question of everyone having the full enjoyment of human rights. The starting point for the work against domestic violence should be the EU, Council of Europe and UN directives, recommendations and resolutions. According to the UN, violence against women is: "Any act of gender-based violence that results in physical, sexual or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life." Violence against women is a violation of bodily integrity and women's fundamental rights and freedoms.

Violence against women, in all these expressions, has long been regarded as a private concern. Historically, male violence against women has primarily been regarded as a deviant phenomenon of a private nature, exercised by individuals, including those with issues of substance abuse and/or mental illness or as a result of a dysfunctional relationship. Talking about violence as belonging to the private sphere has effectively concealed the structural nature of the violence. This has helped to exclude the issue from national and international political and public discourse. The UN declaration states that violence is caused by the historically unequal relationship between men and women, in which the distinction between private and public has played a major role. The declaration calls on states to condemn and combat violence against women as well as to work preventively to combating violence.

The declaration emphasises that violence is one of the social mechanisms that leads to the maintenance of the subordination of women. It also emphasises that violence takes place in both the private and the public sphere. To ensure women's physical, mental and sexual integrity, it is therefore important to recognise women's exposure to violence outside the home, a

violence that – partly through fear – limits women's freedom of choice and access to public places.
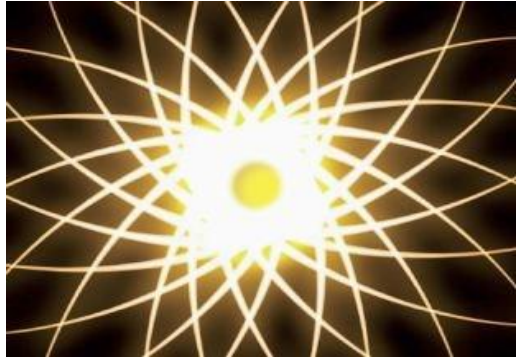
Along with the changes in the perception of violence, its expression, extent and causes, the declaration also enabled new ways of talking about, questioning and work against violence. Political measures have been initiated, including in the form of increased support efforts and increased legal protection for abused women. The UN declaration calls on states to condemn and combat violence against women as well as to work preventively to combating violence. The declaration also stipulates a number of measures that states should take in order to pursue policies aimed at eliminating violence against women. It also emphasises that violence takes place in both the private and the public sphere. To ensure women's physical, mental and sexual integrity, it is therefore important to recognise women's exposure to violence outside the home, a violence that – partly through fear – limits women's freedom of choice and access to public places. In recent decades, views have changed fundamentally and men's violence against women is recognised today as a violation of human rights, a global social problem and a serious public health problem. Men's violence against women exists everywhere and is present regardless of cultural or religious affiliation, ethnicity, sexuality, social class or age. Violence occurs in different arenas: within the family and the home, within the community, and can even sometimes be practised or tolerated by the state.

Under Article 8 of the Treaty on the Functioning of the European Union, the EU should strive to combat all forms of domestic violence and Member States should take all necessary measures to punish acts of violence and protect victims. However, the EU does not legislate on social questions and there is currently no legal basis for criminalising violence against women within the union. Violence is therefore primarily a matter for the individual member states. However, the EU does take up the issue in various policy documents and control measures whose starting point is that violence against women is an issue of human rights and freedoms.

3.2. Society

Recommendations for Gender-based Violence

Studies show that men's violence against women is often repeated, tends to be more serious and results in more negative consequences for the affected women and their children. For those children who are forced to grow up in an environment where violence occurs, there is a great deal of insecurity. Many children are themselves exposed to or forced to witness violence.

Violence against women is a widespread and well recognised social problem that is not isolated to certain social categories of women. However, some groups have been recognised as being particularly vulnerable when it comes to exposure to violence. This concerns both LGBT people, younger and older women and also women with disabilities, issues with substance abuse or from a foreign background. Vulnerability involves three dimensions: exposure, consequences and resources. A group is described as particularly vulnerable if it is either particularly exposed, if the crime involved gives rise to particularly serious consequences or if the people exposed do not have the resources or the opportunity to use those resources to change their situation or make it known. The concept of vulnerability can be used to highlight how individuals who differ from the norm can be exposed to violence and discrimination in a way that requires special support efforts

In 1993, the UN General Assembly adopted a declaration on violence against women. The declaration defines violence against women as: "any act of gender-based violence that results in physical, sexual or mental harm or suffering to women, including threats of such acts, coercion

or arbitrary deprivation of liberty, whether occurring in public or in private life." The General Assembly also noted that violence against women is a manifestation of the subordination of women in relation to men. A 2006 report to the UN General Secretary also described violence against women as a fundamental part of the creation of unequal living conditions of women and men (Johnsson-Latham, 2008). It was further stated that violence against women impedes development and economic growth in poor countries. The report notes that men's violence against women must be combated by promoting sexual equality between women and men, including by actively counteracting global discrimination against women.

Even the European Parliament, in its resolution on combating violence against women in 2011, noted a strong link between violence against women and the general lack of equality between men and women globally: "Gender-based violence against women is typically carried out by men and is a structural and widespread problem throughout Europe and world-wide. It includes victims and perpetrators of all ages regardless of their education, background, income or social status, and is linked with the unequal distribution of power between men and women in our society." The resolution stresses that an "alarming number of women are victims of gender-based violence" and that violence helps to recreate unequal power relationships between women and men.

Violence against women is a global problem; it occurs in all parts of the world, regardless of religious or cultural affiliation. However, there are differences between countries, differences which further point to the link between men's violence against women and society's view of gender equality. The WHO notes in its 2005 report on domestic violence that the occurrence of violence and the reaction of the surrounding world to violence is linked to the degree of economic equality between the sexes, women's level of autonomy and attitudes about gender roles (García-Moreno, WHO, 2002).

Violence needs to be understood from an overall perspective, in which all of the different factors and perspectives are considered. Sociological theories clarify the imbalance of power between men and women and claim that violence is rooted in that imbalance. That violence against women most often takes place in the home, and that the perpetrator is usually a man in the same family, contributes to the violence remaining invisible. This, in turn, increases the vulnerability of women and reduces society's ability to protect them. Often women are also dependent on the perpetrator, making it more difficult for them to talk about their victimisation (Johnsson-Latham, 2008). This means that few violent crimes are reported to the police and many abused women are left without support and help. A Swedish study showed that only 20% of the violent crimes that occur in close relationships are reported to the police (Swedish National Council for Crime Prevention, 2009).   Despite the large number of unreported incidents, the widespread vulnerability of women is well known. Several studies in EU countries show that over 30% of women have experienced violence from a partner in a current or past relationship. Globally, the figures are even higher, as the WHO's 2005 study shows. In the ten countries that participated in the study vulnerability ranged between 15 and 71%. The majority of the participating countries reported that between 30% and 60% of women had experienced violence where the perpetrator was a partner (Berglund, 2010). Girls and women are also vulnerable to violence where the perpetrator is unknown or only superficially familiar. Such violence consists among other things of rape and other forms of sexual abuse, physical abuse, forced prostitution and trafficking. According to the WHO, one third of all girls and women worldwide have been subjected to physical violence and one in five women have experienced attempted rape or rape, either once or more than once (Johnsson-Latham,

2008).

Violence and other forms of abuse against women is the most pressing issue within gender equality today. Under no circumstances can mental, physical or sexual violence be accepted or excused. To combat men's violence against women is therefore a very high priority issue for gender equality policies.

Men's violence against women affects all of society, both women and men. Men's physical, mental and sexual violence against women is a serious barrier to gender equality and to women's full enjoyment of human rights. Sexual violence contributes to inequality between men and women in society at large, not only in close relationships. The fear of being exposed to it limits the space girls and women can occupy. In addition, in order to protect and assist those affected by violence, society must confront the underlying values and attitudes that contribute towards its occurrence. In preventative terms, that means working with attitudes and values and, in particular, focusing on children and young people.

The perception that women are less valuable also has socio-economic consequences. Globally, women have a poorer health status, lower pay and are significantly less well-represented than men in decision- making positions. Honour-related violence and oppression, forced marriages and genital mutilation are other examples of violence that discriminates against women

Abuse can be physical, mental or sexual in nature. Men and women, boys and girls, regardless of age, sexual orientation, gender identity or gender expression, can be affected. The violence can take place in relationships other than couples, such as those of parents, foster parents and siblings. Children can suffer from domestic violence, both by themselves being directly exposed to it and also as a result of witnessing violence. Violence can also be carried out in the name of honour. Regardless of age, gender, gender identity or gender expression, sexual orientation or ethnic background, people should all have the same right to bodily integrity, and to equal protection, support and assistance on the basis of their vulnerability. Efforts to combat domestic violence must be made from a legal,

social, economic and health-related perspective and particularly from a gender perspective. The LGBT perspective must also be considered. Efforts must be based on the needs of the vulnerable. It is the state's responsibility to satisfy the victims' needs for protection, support and care. In cases where children are victims of crime, or otherwise affected by violence, particular regard must be paid to the child's needs, rights and conditions. Another part of the problem consists of honour-related violence and oppression where the perpetrators are often parents, siblings or other relatives. Male violence against women is a widespread social problem throughout the world and each year many women are subjected to great suffering. The most common violence against women and girls occurs in intimate relationships, in contrast to the situation for men who are usually exposed to violence by unknown assailants outside the home. There are, of course, male victims of domestic violence, but even there gender discrimination occurs. Women generally suffer more serious violence, which is often repeated and entails more negative consequences than the violence that men are generally exposed to. When it comes to lethal domestic violence, women's vulnerability is far more extensive (Swedish National Council for Crime Prevention, 2009).

Violence against women causes far-reaching consequences, both for the victims of violence but also for the children who witness the violence. Exposure to violence affects all aspects of life, and poses serious health problems as a result. In addition to serious injury there is also a strong link between exposure to violence and mental illness. Depression, anxiety, post-traumatic stress disorder and sleep disorders are common among women exposed to violence (Berglund, 2010). Being exposed to violence by their partner also entails a major risk that parental ability will be affected and children who experience/witness violence between people caring for them suffer serious consequences. Witnessing violence towards a closely related adult is a daunting, intimidating and potentially traumatic experience for a child. These children demonstrate different symptoms of mental illness to a much greater extent than children in general. Children living in families where there is violence between adults are also significantly more exposed to direct violence.

In such an environment, the risk that the child will also be exposed to violence is ten times greater than in a home that is free of adult violence.

Research on violence against women has also pointed to the importance of including gender dimensions in order to understand and explain men's violence towards women. Explanatory models with a gender perspective emphasise the fact that violence against women is the ultimate consequence of an unequal society and a fundamental element in the maintenance of female subordination and male superiority. The subordination of women is not due to biological factors, but instead due to social structures that give men privileges and power. Solely on the basis of gender, men may be assigned a role which effectively gives them more rights than women within a number of areas (Eliasson, 2006). This is particularly noticeable in terms of power and decision making. Women are far less well-represented in decision-making bodies and, in terms of economic power, the female is markedly subordinate. Women's economic subordination helps to reinforce, amongst other things, the shape of the employment market together with aspects such as wage differentials between men and women. In most societies the labour market is highly segregated. Women are excluded from several, often prestigious, professional categories and are assigned less qualified work (Due and Billing, 1999). Furthermore, women are typically paid less than men, partly because of a gender-segregated labour market but also even when women perform the same tasks as men. Furthermore, the unequal power relationships are visible in perceptions of women's and men's sexuality, with girls and women being restricted and controlled in terms of sexual relationships to a much greater extent than boys and men (Eliasson, 2008).

Having control over society's institutions makes it possible for men to exert power and control over women and reinforces notions of women as less valuable. Beliefs about women being of lesser value are often a prerequisite for men's violence against women, while violence actively helps to recreate those same beliefs. Men's global dominance also creates difficulties for women worldwide in being believed when they report physical and sexual abuse. This means that men's violence against women can often continue without being awarded a sufficient degree of attention (Johnsson-Latham, 2008).

3.3. Legislation

Recommendations for Gender-based Violence

Introduction

This section of the booklet presents a synthesis of the ideas and recommendations that seem to be the most appropriate, so that policy makers of the Member States may adapt to their corresponding legislations, with the following purpose: a) The adoption of a common language which allows carrying out studies on the issue at a global level, b) Some minimum and gradual legislative criteria for each country to adapt them on

1. Terminology

To standardise the terminology used by the States:
—Gender-based violence
—Gender-based violence in emotional relationship
—Violence in the family environment or domestic violence

Gender-based violence: "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".

NOTE: UN Declaration on the Elimination of Violence against Women, adopted by the General Assembly of the United Nations in the Resolution 48/104, 20 December 1993.

Gender-based violence in emotional relationship: "Violence that, as an expression of discrimination, inequality and the power relationships of men over women, is exerted on the latter by those who are or have been their spouse, or to whom they are or have been related by virtue of similar emotional relationships, even without cohabitation".

Violence in the family environment or domestic violence: It would encompass the second definition and any other act of violence (physical, psychological, sexual, financial, emotional…) exerted within a family relationship, considering in broad terms (ancestors, descendants, siblings, spouses…) regardless of gender and sex.

It is highly important to achieve this common terminology, so it will allow us to classify the acts within the violence scope, together with their consequences and the perpetrators' profiles. The aim is to get scientific studies on the phenomenon and, thus, to improve the general approach of the policies carried out in the framework of this serious scourge. This need of a unified terminology is an unfinished business of the Member States, according to the Conclusions of the Council of Europe of 8 March 2010 (Doc 6585/2010).

2. Gender-Based violence as specific crime

Gender-based violence crimes must be categorised specifically and as public crimes (a report from the victim is not needed in order to be prosecuted), complemented by protective measures and harsh sanctions.

First acts of violence, threats, coercion even if they are not a regular behaviour, must be categorised. Nevertheless, to be treated as public crimes, the reporting by the victim, family and friends or thirds must be promoted by fostering support networks for the victim before and after the complaint.

3. Regulations on the protection of the victims specified in law

Ground rules for the protection of the welfare of women victims of gender-based violence must be regulated and specified in the Law and the States have to guarantee their performance.

Criteria common guidelines of the judicial bodies must be regularly implemented for judges to know these criteria and achieve a consensus on the processing and resolution of cases.

It entails more legal safety and that the victims feel themselves more protected when there is not disparity of criteria, which would lead to a judicial body providing different responses to each victim.

NOTE: All this in line with the minimums pointed out by the DIRECTIVE 2012/29/EU of the EUROPEAN PARLIAMENT and of the COUNCIL OF EUROPE of 25 October 2012 establishing minimum standards on the rights, support and protection of victims of crime, and replacing Council Framework Decision 2001/220/JHA.

4. Specific Court

Cases of gender-based violence and gender-based violence in emotional relationships must be examined by specialised Courts or Tribunals throughout all the stages of the trial. To do so, presiding judges have to take specialisation and sensitisation specific courses on gender-based violence and its consequences.

5. Specific and swift legal proceedings Swift prosecution

processes must be established in order to avoid double victimisation and seek an agile system of justice addressed to these cases which in-volve so many connotations upon victim's life.

NOTE: According to the qualitative research carried out within the framework of the WOMPOWER pro-ject, it is evident that victims have

feelings of: fear, self-incrimination, isolation, vulnerability. The extremely long and bureaucratised legal proceeding may strengthen all these feelings leading to a difficult recovery and empowerment.

6. Specific Court Competences

Courts and Tribunals specialised on gender-based violence and gender-based violence in emotional relationship must have the authority to pronounce themselves on civil issues related to the case, for instance, children care and welfare.

Specific Courts must be aware of the related cases emerging from a gender-based violence proceeding: violation of the restraining order, victim abuse, threats arising from the report.

NOTE: The Project research highlights that the problem victims suffer is global and one of their greatest worries is civil issues related to: children custody, alimony… Splitting the proceeding into several courts leads to, clearly, a less global view towards the player.

7. European Protection Order Implementation of the protection
order to the frame of European countries by respecting their legislation but, at the same time, trying to set up a common tool increasingly similar in every country is essential. The protection order should entail both criminal and civil protection areas.

NOTE: This recommendation aims to foster the DIRECTIVE 2011/99/EU of the EUROPEAN PARLIAMENT and of the COUNCIL OF EUROPE, of 13 December 2011, on the European order protection.

8. No inclusion of subjective elements within the penal area
The inclusion of the male chauvinist or domination element of intent has to be abolished in the regulation of gender-based violence, when describing the criminal behaviour as it could generate evidence problems in the concrete cases and unfair legal settlements.

On the contrary, and trying to include that gender- based violence keys

have their meaning in relation to the encouragement of domination or male chauvinism over women, judges could demand the evidence of the element of intent so the accusations prove the perpetrator's act. Even so, it must not be specified on the objective penal type, as Spain has had problems with the drafting of the Art. 1 of the O.L. 1/2004 which aimed to establish the object of the law, but through the inclusion of subjective elements in the protection, what has lead to a jurisprudential doctrine of some Provincial Courts and has required the evidence of that element of intent. The inclusion of the expression "**for any purpose**" avoids interpretations demanding the evidence of the subjective element in the action of the perpetrator. It is obvious the existence of that encouragement for domination but it is implicit within society, and specifying it in an expressed way for each case oblige us to accomplish a "diabolic" evidence while, as proposed, this type of evidence could be avoided.

9. Probation for the abusers released

To extend the measure on probation to those convicted of gender-based violence. Professionals, who do not belong to the technical scale (e.g. social workers,
criminologists, psychologists), should have the authority to control the perpetrator under probation by means of a regular monitoring and preventively assess arising
risk situations.

10. Victims' statements

Victims' statement systems must be promoted during the criminal proceedings by means of technological media, either videoconference or webcam.
It is essential that the gender-based violence specific regulation entails this procedure clearly and convincingly. Many victims refuse to declare during the trial because they do not want to be subjected

to secondary victimisation on having to declare before the perpetrator, so a

way to make the statement easier is the use of new technologies which prevent the risk of coincidence between victim and perpetrator.

11. Transposition Directive 2012/29

A specific legislative recommendation for the partner countries: To transpose the measures established in the DIRECTIVE 2012/29/EU OF THE EUROPEAN PARLIAMENT AND THE COUNCIL OF EUROPE of 25
October 2012 establishing minimum standards on the rights, support and protection of the victims of crime, as
briefly as possible. (Deadline on 16 November 2015).

Directive highlights:

- It recognises women victims of gender-based violence and their children as people in need of special support and protection due to the high level of risk of secondary or repeat victimization.

- Special mention: to avoid victims being repeatedly referred from one service to another.

- The following chapters are important:

- Chapter 2: Rights of the victims under heading
- "Information and Support"

- Chapter 3: How to carry out the participation of the victims in criminal proceedings

- Chapter 4: Frame on protection of victims and recognition of victims with specific protection needs.

All those concepts give voice to the necessity of the victims to be heard and to receive a human treatment sensitive towards the traumatic situation experimented and the additional suffering that the penal process is sup-posed to cause.

3.4. Education

Recommendations for Gender-based Violence

Introduction

Investment on education for both boys and girls with a
gender-based framework has been acknowledged consistently as the single and most powerful vehicle of self-advancement and fulfilment of developmental outcomes for present and future generations of children. Education is the most important determinant for national development, with positive implications to all other measures of progress.

There is no doubt that significant progress has been made at policy level to have gender sensitive educational framework. However, there are more educational efforts that need to be taken to manage effective prevention and management of gender-based violence. Some useful recommendations are listed below.

Recommendations

• Sexuality education should be promoted at different grade levels that is evidence-based, age- appropriate and theory-driven and focused on the individual's self-determination and people's responsibility for themselves and others. Sexuality education that encompasses the full range of information, skills and values will enable young people to exercise their sexual and reproductive rights and to make decisions about their health and sexuality. Also, it will give opportunities to explore one's own values and attitudes and to build decision-making, communication and risk reduction

skills about many aspects of sexuality. Positive interpretation of sexuality is a part of physical and mental health.

- Stereotype conceptualization of the roles of men and women should be elaborated in all forms of education by addressing individual and parental skills deficits, family dysfunction, negative peer influences, adverse community living conditions, and inappropriate social messages. Girls and boys should be presented with positive role models of women of the past and present as a valid educational concept for removing stereotypes.

- Educational materials, educational programs and teaching methods should be revised in order for them to be gender-sensitive, stereotype-free and promote elements that emphasize the importance of equal participation of men and women in democratic processes as well as present positive role models while counteracting concepts of inequality and male violence.

- The quality of education delivery is strongly influenced by the attitude, behavior and skills of teachers in the schools. Training of the teachers is required in order to identify and eliminate any gender biased attitudes and behaviors, and also, to regulate standards of conduct for this purpose.

- Undergraduate, postgraduate and lifelong learning training opportunities for the frontline professionals should be promoted as a means to develop skills on the identification and management of the intimate gender-based violence, and to be ready to respond to these cases. Adequate training and education among professionals will provide them with the skills and confidence they need in order to work effectively with the victims of gender- based violence.

- Because of the sensitive nature of the problem, providing culturally relevant care is critical when working with victims of abuse. In order to pro-vide care that is accessible and tailor made for each patient and their family, providers must consider the multiple issues that victims may face simultaneously (including language barriers, limited resources, homophobia, acculturation, accessibility issues and racism). Training programs should provide both men and women with tools for

understanding, coping with, and changing the larger societal systems in which they must operate as professionals.

• Authorities working on violence prevention and management should promote in-service training programmes as a means of increasing the staff's knowledge on abuse, change existing erroneous attitudes of women's abuse, and building up skills in assessing, identifying and documenting abuse. This would ensure continuity in the professional development. Authorities could deliver training and continuing medical education credits to the staff for their enrolment in a course. Online training courses should be reinforced.

• Online libraries should be developed to provide professionals from around the world with immediate access to research and training materials. In these libraries educators will be able to access and review curricula that can be used in the classroom, health care providers will be able to find guidelines on how to approach patients who are experiencing violence, attorneys will be able to locate standards of practice for domestic violence cases, etc. By providing materials that are easily accessed and printable, online libraries could offer a broad set of resources and encourage users to utilize high-quality, research-tested resources to improve their practice.

• Inter-professional education should be promoted as a means to improve inter-professional collaboration as well as the health/wellbeing of patients/clients who experience violence. Patient care is a complex activity which demands that health and social care professionals will work together in an effective manner. Therefore, interdisciplinary education and multidisciplinary professional consultation and training in abuse and violence are needed. An interdisciplinary education to the study of women should include topics such as gender ideologies and views of women, social roles, education, family, economics, and politics. The model should be designed for the provision

of training with the collaborative practice of health providers while integrating into the model gender-based violence content with the relevant legal regulations and procedures and social work interventions. Part of the model will be, teaching techniques, and discussing special challenges of interdisciplinary collaboration. Higher education institutions must provide support for members of different disciplines to conduct research together, develop interdisciplinary courses, and jointly set the agenda for violence education program.

3.5. Health

Recommendations for Gender-based Violence

Introduction

Studies based on visits to emergency departments in the USA, and elsewhere, have suggested that intimate partner violence (IPV) is a major cause of injury in women **(**Fanslow, Norton,1998).

Population-based studies have suggested that 20–75% of women who are physically abused by a partner report injuries due to violence at some point in their lives **(**WHO, 2002). Nonetheless, injury is not the most common physical health outcome of abuse by male partners. Epidemiological and clinical studies have noted that physically and sexually violent acts by intimate partners are consistently associated with a broad array of negative health outcomes, including gynecological disorders, adverse pregnancy outcomes, irritable bowel syndrome, gastrointestinal disorders, and various chronic-pain syndromes (McCaw et al, 2007).

IPV is also linked with significant short and long-term mental health consequences for victims, including depression, anxiety, phobias, post-traumatic stress disorder, suicidality, and alcohol and drug abuse (Thompson et al., 2003). Depression and post-traumatic stress disorder, which have substantial comorbidity, are the most prevalent mental-health sequel of IPV (Golding, 1999). Some battered women might have chronic depression that is exacerbated by the stress of a violent relationship, but

there is also evidence that first episodes of depression can be triggered by such violence, and longitudinal evidence of depression lessening with decreasing IPV (Campbell et all, 1999).

Health care settings seem to represent a unique opportunity for the early detection of IPV. Although victims seem to approve being asked by their health care providers about violence at home physicians do not sys-tematically assess the exposure of their patients to IPV resulting in the fact that IPV often remains undetected. Often screening for violence is not standardized. Instead, in general terms, providers ask their own idio-syncratic questions about violence. Validity is a main concern, as the lack of uniformity of screening questions may indicate that some women are carefully and thoughtfully screened by their providers, while other women are not clear about the meaning of the questions that are being asked, or questions are asked in such a way that the provider is prompting a "no" re-sponse. Although there is some resistance in using and asking standardized questions about sexual violence, a lack of standardized screening tools brings up concerns about the reliability of the screening (Stevens, 2007).

Moreover, health care providers have received little information about how medical records can help domestic violence victims take legal action against their abusers. They often are not aware that admissibility is affected by subtle differences in the way they record the injuries (Isaac & Enos, 2001).

Recommendations

The health care professionals serving different health
care settings must be ready to provide gender sensitive service. The following recommendations will improve   prevention   and   effective management of IPV in health care settings:

- Introduce training needs assessment tools as well as evaluation procedures in health care settings in order to be able to understand the health care professionals' training challenges and promote interventions to overcome them (Papadakaki et al, 2012).

- In-service and continuing education programs should receive special attention in future planning in order to ensure up-to-date professional

knowledge in this area and high quality of professional performance (Papadakaki et al., 2013;2014).

• Undergraduate education of health care professionals needs to be reconsidered in order to ensure early exposure to IPV information for medical providers through the expansion of the curricular design with skill-building in screening, risk assessment, documentation, and referral (Papadakaki et al., 2012; 2013a; 2013b; 2014).

• Professional protocols for the identification and management of IPV need to be developed in order to assist the health care staff in making rational decisions based on standard care options (Papadakaki et al., 2012; 2013a; 2013b; 2014).

• Screening tools need to be developed and standardized to successfully appeal to the largest numbers of survivors. They also need to be translatable into different languages (Papadakaki et al.,2014).

• Adequate medical recordkeeping and documentation needs to be ensured in order to strengthen the ongoing management and continuity of care (Papadakaki et al., 2012; 2013a; 2014).

• Medical records could be much more useful to victims of IPV in legal proceedings if clinicians could follow the documentation principles listed below: a) take photographs of injuries known or suspected to have resulted from intimate partner violence, b) use a body map to describe where the injury was observed, c) set off the patient's own words in quotation marks or use such phrases as "patient states" or "patient reports", d) avoid phrases such as "patient claims" or "patient alleges," which imply doubt about the patient's

reliability, e) if the clinician's observations conflict with the patient's statements, the clinician should record the reason for the difference, f) describe the person who hurt the patient by using quotation marks to set off the statement, g) avoid summarizing a patient's report of abuse in conclusive terms, h) describe the patient's demeanor, indicating whether she is crying or shaking or seems agitated, or happy, i) record the time of day the patient is examined and, if possible, indicate how much time has elapsed since the abuse occurred using phrases such as "patient states" (Isaac & Enos, 2001).

• Monitoring mechanisms need to be developed in order to ensure that effective interventions are developed. Evaluation helps actors to identity good practices, the effectiveness of response actions, and whether there are victim/survivor needs that are not being met. All actors could be involved in developing these monitoring and evaluation mechanisms (Papadakaki et al., 2013b).

• A clear referral system needs to be established in each setting to help the victim receive assistance in a timely manner (Papadakaki et al., 2012; 2013a;2014).

• A coordinated, systemic approach needs to be established to better manage IPV, through developing increased communication systems between health care settings and referral agencies (Papadakaki et al., 2012; 2014).

• Inter-agency reporting and referral procedures should be uniform and standardized as well as written and translated into the appropriate local languages (UNICEF, 2003).

• Cultural competence should be built through special training of the health care professionals as well as through appointing skilled interpreters (and not family members, caregivers or children). Who are trained to understand IPV. This must be in priority when helping non-fluent speaking patients and their families (UNHCR, 2003; MacFarlane et al., 2012).

3.6. Support services

Recommendations for Gender-based Violence

Introduction

The objectives of this section have been established taking as a priority the needs and concerns of the victims, assessed according to the outcomes of the research carried out within the framework of the WOMPOWER project. It is intended to achieve: a) Victims' better knowledge of the available resources network (dissemination), b) Basic criteria to set up and foster the creation of resources better adapted to the needs and specifications of the victims.

1. Information directed to the victims

To improve the information addressed to victims of crimes, we propose:

For the professionals:

- To foster networking intra and interinstitucionally, which will allow any professional to know and refer to the most appropriate resource for each case.

- To develop a resources plan that allows to assist the possible needs of the victims and to have information on every possible need they may have.

For the victims:

- To develop information with a clear and understanding language for everybody, without excessive technical terms; direct and detailed information: "Know how".

2. Specific services

To promote the creation of specific support institutions on gender-based violence; professionals taking part of them must know and be aware of the specific needs of the victims or potential victims and provide them with comprehensive support.

3. Specialization

Professionals in every field (judges, police officers, social workers...) have to be trained in order to deal with this criminal issue, to recognise it and to know how to address the needs and shortages that victims may have. Therefore, we must promote the training and specialisation of the professionals who work with the victims at every stage.

4. Protocols of Action

To set up Protocols of Action for professionals both on prevention and direct intervention, so it allows homogeneous actions in this field, and provide them with common tools.

These Protocols should entail as a basic point the co-ordination among all of them, so the global problem that a victim is confronted with, cannot be split by the diversity of the professionals involved.

5. Control Institution

To set up a public control institution with sanctioning legal authority that allows the assessment of data and the detection of possible violations of

the protocols of action, as well as to facilitate the inter-institutional coordination. The sanctioning legal authority would be exerted if after the detection of the anomaly the appropriate means to solve the detected problem had not been provided.

6. Comprehensive treatment of victim and abuser

Support resources must also entail the treatment of victims and abusers after the violent situations having stopped; comprehensive treatments allowing a monitoring and recovery of the victims and the abusers.

7. Personalized support

Support services must take into account the victim's characteristics, family burden and specific needs during her intervention and recovery.

8. State Aid and Subsidies

Institutions supporting and providing the reinsertion of the gender-based violence victims should be promoted with state aids and subsidies, due to the fact that the economic independence for the victim is, most of the time, essential in order to come out from the cycle of abuse and rebuild her live far from the abuser. It is fundamental that public and private organisms combating gender-based violence have enough aids and subsidies in order to provide violence coming out resources to the victims.

9. Treatment of the minor victims

Minors who have also experimented violence within the family must be considered as victims and should be treated by the supporting services, assessing the possi- ble impact of what they have lived on their adult live and preventing the copy of roles and the naturalisation of violence as a rule of behaviour in romantic relationships. Accessible and rapid procedures

need to be in place especially when restriction orders for minors are requested.

3.7. Research

Recommendations for Gender-based Violence

Introduction

Many governmental and non-governmental organizations as well as educational institutions throughout the world have conducted research on gender-based violence but the data are often neither easily obtainable, or comprehensive, or consistent, or usable. Substantial research gaps remain. A systematic effort should be developed in order to promote a research agenda that will address the gaps, and will builds upon, existing data collection and research and to identify and share best practices, data, and research, including smaller, community-based studies (Elsberg, 2001).
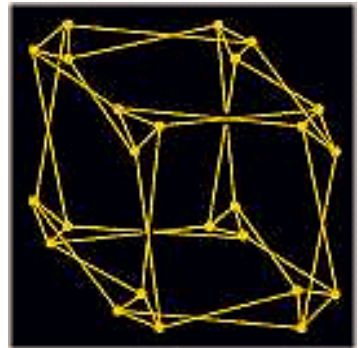
Recommendations

This goal could be achieved through the following recommendations:
Establishing cost-efficient and timely surveillance systems, by using consistent definitions and uniform survey methods. These systems will assist policymakers by providing them with necessary information for enhancing prevention efforts at the local or national level (WHO, 2002).

Establishing cost-efficient and timely surveillance systems, by using consistent definitions and uniform survey methods. These systems will assist policymakers by providing them with necessary information for enhancing prevention efforts at the local or national level (WHO, 2002). Implementing strong data systems for the monitoring and evaluation of domestic violence is critical

to understand the trends, to monitor and measure the effectiveness of prevention and intervention programs. Ongoing data collection and monitoring and other data sources at the local and national level must lead to further research on how to develop and evaluate strategies for effectively preventing first-time perpetration of domestic violence. This research should focus on key gaps of the social and economic conditions (e.g., poverty, sexism, and other forms of discrimination and social exclusion) that increase the risk of perpetration and victimization. This work should be complemented with efforts to monitor the strategies that are being used by the researchers, to identify and rigorously evaluate these approaches and document their value (CDS, 2011).

Academic institutions, Social Welfare and Health Care Services are the most appropriate actors that could support over time the development of key indicators of gender-based violence of the host country-level systems.

Demographic and Health Surveys and other health surveys should be designed to address gender-based violence, such as the integration of metrics related to vulnerable or at-risk populations. Key information could be collected around exposures, related risk factors, and health and social outcomes related to gender-based violence (WHO, 2005) .

For the increase of accurate, consistent, coordinated,   and   comparable data,   agencies/services should improve their data collection methods,

working towards the harmonization of indicators, where appropriate, and support the use of common guidelines (USAID, 2012).

4. Conclusions

Prevention and management of gender-based violence in Europe is a critical issue that needs coordinated action in various spheres.

An appropriate response entails an active promotion of a new set of norms and a positive sexuality. Primary prevention of interpersonal violence through gender-sensitive education and promotion of gender equality in school and out-of-school comprehensive sexuality education is important.
Education for professionals is also essential so as they are able to respond to the victims' needs and give non judgmental support.

Advances in domestic violence laws are needed ensuring a human treatment of victims.

Strengthening the knowledge base on gender-based violence through rigorous research and surveillance systems at country level are necessary to monitor the problem and measure the effectiveness of prevention and management ef- forts. Coherent and comparable data collection on the actual scale of gender-based violence in different countries and across Europe are required.

Multi-disciplinary and multi-country dialogue is also necessary and should be promoted in an attempt to manage a unified European response to this dominant problem.

Lastly but most importantly, it should be underlined that legislative and policy changes will only have positive effects when combined with a

change in culture. All citizens are considered to be contributors in this continuous effort.

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