EIGE
European Institute
for Gender Equality

Administrative data collection on violence against women

Good practices

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The European Institute for Gender Equality (EIGE) is an autonomous body of the European Union, established to contribute to and strengthen the promotion of gender equality, including gender mainstreaming in all EU policies and the resulting national policies, and the fight against discrimination based on sex, as well as to raise EU citizens' awareness on gender equality.
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Abbreviations

BE	Belgium	LU	Luxembourg
BG	Bulgaria	HU	Hungary
CZ	Czech Republic	MT	Malta
DK	Denmark	NL	Netherlands
DE	Germany	AT	Austria
EE	Estonia	PL	Poland
IE	Ireland	PT	Portugal
EL	Greece	RO	Romania
ES	Spain	SI	Slovenia
FR	France	SK	Slovakia
HR	Croatia	FI	Finland
IT	Italy	SE	Sweden
CY	Cyprus	UK	United Kingdom
LV	Latvia	EU-28	28 EU Member States
LT	Lithuania		

Acronyms

CSO	civil society organisation
EIGE	European Institute for Gender Equality
FGM	female genital mutilation
GBV	gender based violence
IPV	intimate partner violence
MS	Member States
NAP	national action plan
VAW	violence against women

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1. Context information

1. Context information

Violence against women (VAW) is a violation of human rights. Its very nature deprives women of their ability to enjoy fundamental freedoms.

33 % of women have experienced physical and/or sexual violence since the age of 15 and in the last 12 months (before the interview) in the EU-28.

An estimated 13 million women in the EU have experienced physical violence in the course of the 12 months before the survey interviews (this corresponds to 7 % of women aged 18-74 years in the EU).

An estimated 3.7 million women in the EU have experienced sexual violence in the course of the 12 months before the survey interviews (this corresponds to 2 % of women aged 18-74 years in the EU).

Source: European Union Agency for Fundamental Rights gender-based VAW survey data set, 2012

In this context, EU institutions have committed to developing tools to measure the extent of VAW and to increase knowledge about its consequences ([1]). Furthermore, the EU Directive 2012/29/EU establishing minimum standards on the rights, support and protection of victims of crime, the EU Directive 2011/99/EU on the European protection order and the Istanbul Convention of the Council of Europe ([2]) require the collection of relevant data on VAW to monitor the implementation of these legal instruments in the Member States (MS).

Increasingly over the last decade, EU MS have announced policies, and to a lesser degree services, intended to reduce or eliminate VAW. These policies are built, explicitly or not, on theories of change reflecting causal assumptions that determine the shape of new and historical interventions. Without data collection and analysis, these interventions are no more than someone's good ideas, however well-intentioned their design and implementation. Robust data collection and analysis provide the foundation for:

([1]) Council conclusions adopted during the Greek Presidency (2014), the Cypriot Presidency (2012) and the Spanish Presidency (2010) of the Council of the European Union, and by the European Parliament resolutions (2009, 2011, 2014).

([2]) Council of Europe, Convention on Preventing and Combating Violence Against Women and Domestic Violence explanatory report, 2011.

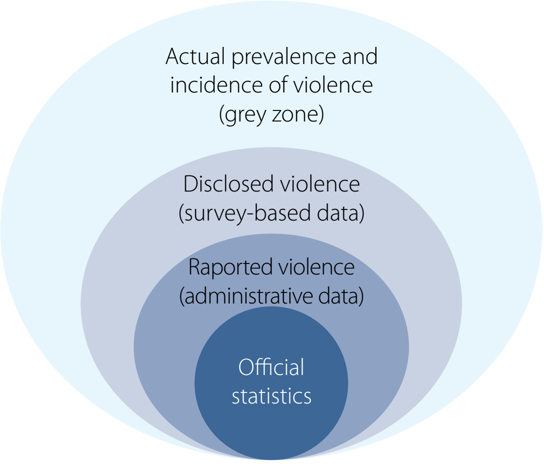
- measuring the extent of the problem;
- estimating progress (or lack thereof);
- assessing practice models;
- estimating resource needs;
- profiling perpetrators and survivors;
- programme planning.

Most importantly, data help us to establish the impact of policy and services on the problem — are we making a difference?

Administrative data collection can be used as a tool for policy formulation and evaluation and for developing effective strategies on preventing and combating VAW. The usefulness and relevance of this depends on the quality and reliability of the data collection system and the contents. For example, administrative data can be collected in order to address capacity issues — how many women engage with public and civil society agencies and their services? Second, administrative data systems can be used for assessing the adequacy of existing provisions. What kind of help do survivors need and what kind of assistance can agencies offer? Third, administrative data can be used to assess the quality of victim support services. This can provide information needed to improve the adequacy and effectiveness of service provision. Also, data on service use can provide a basis for estimating the administrative cost of VAW (3).

As with other social phenomena, measuring VAW requires data from population surveys, crime reports and other national statistics, administrative data and qualitative data. These different data sets often measure different phenomena, which requires that we question what the data measure, who is affected and by what. We need to ask about prevalence, incidence and impact.

The different sources of data provide puzzle pieces for the overall picture of VAW. A coherent data picture requires survey data to estimate population-level prevalence and incidence (4). The European Institute for Gender Equality (EIGE)'s graphic describing the 'grey zone' provides a useful illustration (5).



While most EU MS are increasingly collecting service-based administrative data on VAW, the data are often underdeveloped and underutilised. Government and other agencies do not have data collection systems in place that go beyond the internal administrative needs of their own organisations. Administrative data are rarely used for monitoring and evaluation of the adequacy and effectiveness of

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(3) Walby, S., *Improving the statistics on violence against women,* expert paper in expert group meeting on 'Violence against women: a statistical overview, challenges and gaps in data collection and methodology and approaches for overcoming them', 2005, Geneva, Switzerland.

(4) Johnson, Michael P., *A typology of domestic violence: intimate terrorism, violent resistance, and situational couple violence,* Northeastern University Press, 2008, Boston. Also, 'The second major source of data is so-called random sample surveys … Researchers who use these data often argue that agency data are biased but survey data are not. What is little known to the public is that survey data also have a major source of bias — in non-response. Although such surveys start with representative samples, many of the people contacted actually refuse to participate — 40 % refuse in the major family violence surveys'. (www.clasp.org, Centre for Law and Social Policy, 2006).

(5) EIGE, *Administrative data sources on gender-based violence against women in the EU: current status and potential for the collection of comparable data,* 2014, http://eige.europa.eu/gender-based-violence/eiges-studies-gender-based-violence/mapping-current-status-and-potential-administrative-data-sources-gender-based-violence-eu.

policy and practice to prevent VAW and to support and protect survivors. As a consequence, VAW is not always visible in the data collected, and it is often not possible to track cases across the criminal justice system. Therefore, assessing improvements in reporting and prosecution of VAW becomes very difficult.

Any analysis of administrative data is limited by the inherent weakness of this kind of data. A large number of women never report violence to official agencies, and no extrapolation of administrative data will yield information about the extent of hidden VAW (6).

Analysis of national approaches on data collection on VAW is based on subjective assumptions embodied in various policies and research. These include the Council of Europe's Istanbul Convention, EIGE's VAW research and dissemination processes and the EU VAW policy. VAW is a cause and consequence of women's inequality and is therefore intrinsically gendered. Appropriate data collection strategies therefore will, as a minimum, ensure the systematic collection of statistical data disaggregated by sex, by type of violence and by the relationship of the perpetrator to the victim. As delineated by the Council of Europe, states should 'develop and use a methodology that allows for gender analysis and comparison with other MS … protecting its victims and prosecuting the perpetrators at national, regional and local level' (7).

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(6) Walby, S., *Improving the statistics on violence against women,* expert paper in expert group meeting on 'Violence against women: a statistical overview, challenges and gaps in data collection and methodology and approaches for overcoming them', 2005, Geneva, Switzerland.

(7) Council of Europe, administrative data collection on domestic violence in Council of Europe MS, 2008, http://www.coe.int/t/dg2/equality/domesticviolencecampaign/Source/EG-VAW-DC(2008)Study_en.pdf.

2. National systems for administrative data collection in the EU: main features, trends and challenges

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Table 1. National regulatory framework and main institution regulating administrative data collection, by Member State

MS	Presence of national regulatory framework	Main institution regulating administrative data collection on gender-based violence (GBV)					
		National GBV strategy/action plan	Harmonised system	Government/relevant ministry	Police/prosecutor office	Statistical office	Data protection agency
AT				X	X		
BE		X		X	X		
BG				X			
CY		X		X	X		
CZ		X		X			
DE				X	X		
DK	X	X	X	X	X	X	X
EE					X		
EL		X		X			X
ES	X	X	X	X	X	X	
FI				X	X		
FR	X			X	X		
HR	X	X		X	X		
HU				X	X		
IE					X		
IT		X		X	X		
LT				X	X		
LU	X	X		X			
LV				X			
MT				X			
NL	X			X			
PL				X	X		
PT	X			X			
RO				X	X		
SE				X		X	
SI				X	X	X	X
SK	X	X		X			
UK		X		X			

Update: March, 2016

The main sources for collecting data on VAW are administrative institutions that collect and deal with reported cases of VAW. Some forms of violence, such as femicide or trafficking of women for sexual exploitation, can only be gathered through administrative data sources. Administrative data derive, in particular, from the police, justice, health and social services and other agencies such as civil society organisations (CSO) or gender equality units. Administrative data and criminal statistics are usually gathered on a regular basis and are mostly comparable over time, even though the data presented might not fully reflect the real incidence of women affected, as only registered/official numbers are presented. Table 1 provides an overview of national regulatory frameworks for administrative data by MS.

Generally speaking, the police and justice systems are the most advanced in the availability, quality and comparability of administrative data. However, significant differences in terms of laws and legal definitions, data collection methodologies, and methodologies for compiling and producing statistics on VAW and related national defined indicators make comparison between MSs very difficult. For example, in many MSs, data based on police or justice data do not include relevant information on particular aspects of VAW. There may be no sex disaggregation and other details may be missing (age, relationship between the victim and perpetrator, etc.). The comparability of data is also influenced by the fact that no standardised methodology has been developed at the European level. This would support the collection of comparable data by the national statistical institutes and governmental agencies involved, as well as by private social service providers.

Moreover, one must keep in mind the fundamental reason for the existence of these administrative records: they are the result of an administrative programme that was put in place for administrative reasons. Administrative records are data collected for the purpose of carrying out various non-statistical programmes. As such, the records are collected with a specific decision-making purpose in mind, so the identity of the unit corresponding to a given record is crucial.

Together with related national defined indicators, this makes comparisons among MSs virtually impossible. Moreover, in the majority of MSs, administrative data on VAW are collected primarily for purposes internal to each administrative agency. These are not for the purpose of monitoring, assessing and evaluating the implementation of legislation and policies.

Regulatory framework on administrative data collection

All MSs have some rules regulating administrative data collection and the associated official statistics. However, these are not usually specified in the legislation but rather captured in national action plans (NAPs) or internal administrative guidelines. Overall there are few specific regulatory frameworks on administrative data collection on VAW (one exception is Bulgaria, for some forms of violence).

NAPs or strategies on gender equality/VAW are indicative of a political commitment by MSs to address various forms of VAW. These can be seen as strategic precursors to regulatory frameworks. Eleven MSs have NAPs or strategies on VAW (see Table 1). NAPs represent the main mechanism regulating the collection of administrative data on VAW within MS. However, NAPs are often not binding in nature and often lack the necessary allocation of financial resources and technical know-how for effective and timely implementation. Furthermore, NAPs do not establish a systematic and common methodology for data collection across systems and organisations, but suggest the need for collecting homogenous data.

Rules on data collection are also provided by national statistical offices that regulate the development of general official statistics. Such rules are often mandated by law and/or the European Statistics Code of Practice, which assures the quality of the statistics at EU standards level and enables comparison. At national level, there is often a diversity of administrative organisations rather than one main national institution to regulate administrative data collection related to VAW. Data infrastructures are even more complicated in countries with devolved authority for elements of policy on VAW (Germany and the United Kingdom are examples).

In most MSs, the responsibility for regulating data collection from administrative sources on VAW lies with the government ministries and/or services. In most cases this is focused on specific sectors. The lack of a centralised body regulating administrative data collection means that multiple institutions are collecting data on VAW using different definitions and methodologies. Generally speaking, where a single government institution has been appointed to have a more central role in data collection on VAW (either mandated by law or as part of a NAP or strategy on VAW), MS produce more harmonised and comparable data on VAW. Thus, the appointment of a centralised body to coordinate administrative data collection at a national level can promote a more holistic approach to assessing the extent and consequences of VAW. One such example is in Slovakia, where a central coordination mechanism is creating a system of comprehensive data processing and publication for VAW across the country.

Main administrative data sources and statistical capacity

The main sources for collecting data on VAW are public or third-sector institutions that collect and deal with reported cases of VAW (see Table 2 describing national sources of administrative data by source and by type of violence):

- the police,
- the justice system (courts),
- health and social services,
- other agencies
  (e.g. CSO or gender equality units).

In the majority of MSs, administrative data and criminal statistics on different forms of VAW are gathered on a regular basis and are mostly comparable over time. However, such data will not reflect the scope and dimension of VAW, since the data are confined to victims that report and/or engage with services. National prevalence surveys can assist in evaluating the validity of administrative data and in providing a measure of the extent of VAW in the MS.

Police data (law enforcement) and justice systems to a lesser extent are identified as the better quality data sources in almost all MS Crime data are more accurate and detailed, and are likely to be comparable over time. In many MSs, police data are also more likely to provide data on victim and offender. This may include the relationship between them, data on the incident, data on outcome of incidents and civil justice data where applicable. In many MSs, the police and/or public prosecution agencies have internal rules on data recording and data often feeds into national crime statistics (this happens in Slovakia, for instance). An important weakness identified in almost all MSs is that the data available does not allow cases to be followed through from reporting to outcome. However, Poland's 'blue card' project may be an exception in the case of intimate partner violence (IPV) data.

In the majority of MSs, the health services play little or no role in administrative data collection on VAW, although there were notable exceptions to this pattern (Romania, Malta, Slovakia and Sweden are examples). One common issue rising in relation to data collection in the health sector is that of the sensitivity of patient data. Requirements of data protection laws in many countries limit the ability of administrative data sources to pass on this information to other organisations. However, a few MSs have effectively addressed such restrictions while ensuring that the privacy and safety of victims are respected and guaranteed. For example, in EL the General Secretariat for Gender Equality (GSGE) of the Ministry of Interior is mandated to collect data on gender-based VAW, albeit covering only the sector of victim support services. Despite the limited scope of this data collection source, it provides an indicative example of centralised, harmonised and comparable data on the services and beneficiaries using victim support services for abused women. Special permission was granted to the GSGE by the Hellenic Data Protection Authority to authorise the recording and storage of this data in an electronic database.

In the majority of MSs, data are routinely collected by social services, but analysis and reporting are generally underdeveloped and underutilised. CSOs also routinely collect data related to service delivery, but such data vary according to each organisation's responsibilities. Furthermore, in a number of cases only those support services funded by the state are obliged to collect data following specific rules and methodology, which makes data comparison difficult. A comprehensive approach to data collection within social services would help measure outcomes for service users and assist in the assessment and evaluation of victim support services. In the EU-28 there are no ongoing, systematic, representative surveys that use a harmonised approach to gather data on female genital mutilation (FGM) prevalence. It is estimated, however, that hundreds of thousands of women living in Europe have been subjected to genital mutilation and thousands of girls are at risk.

Percentages of girls (aged 0-18) likely to be at risk of FGM in 2011 in Ireland, Portugal and Sweden (⁸)

Ireland 1-11 %
Portugal 5-23 %
Sweden 3-19 %

With specific regard to administrative data collection and in the absence or unavailability of national FGM prevalence figures, other surveys, studies and data sets could have been used to begin to estimate the prevalence of FGM, often by collating information from administrative records.

The administrative records that could be used to provide information on FGM include hospital and/or medical records, child protection records, asylum records and prosecution records.

Data from these records could act as a proxy indicator of FGM at both regional and national levels, and also indicate whether states have adequately responded to the practice.

(⁸) *Estimation of girls at risk of FGM in the European Union*, Report, EIGE 2015, http://eige.europa.eu/sites/default/files/documents/MH0215093ENN_Web.pdf

Table 2. Administrative data sources per type of VAW, by MS

MS	Source	IPV	Sexual assault	Sexual harassment	Stalking	Femicide (F) Homicide (H)	FGM
AT	Police	X*	X	X	X	F	
	Justice		X	X	X	H	
	Health						
	Social protection and support services						
	CSOs	X	X	X	X		
BE	Police	X	X		X	F	X
	Justice	X	X	X	X	H	X
	Health	X					X
	Social protection and support services	X	X	X	X		X
	CSOs						
BG	Police	X	X			F	
	Justice		X	X		H	
	Health						
	Social protection and support services						
	CSOs	X	X	X			
CY	Police	X	X			F	
	Justice	X	X			H	
	Health						
	Social protection and support services	X					
	CSOs						
CZ	Police	X	X		X	F	
	Justice	X	X		X	H	
	Health						
	Social protection and support services						
	CSOs						
DE	Police	X	X	X		F	
	Justice		X	X	X	H	
	Health						
	Social protection and support services						
	CSOs						

MS	Source	IPV	Sexual assault	Sexual harassment	Stalking	Femicide (F) Homicide (H)	FGM
DK	Police	X	X	X	X	F	
	Justice	X	X	X	X	F	
	Health	X	X			F	X
	Social protection and support services	X	X			F	
	CSOs	X	X				
EE	Police	X	X			F	
	Justice	X	X			H	
	Health		X				
	Social protection and support services	X	X				
	CSOs	X	X	X			
EL	Police	X**	X			H	
	Justice	X**	X			H	
	Health						
	Social protection and support services	X	X	X			
	CSOs						
ES	Police	X	X	X		H	
	Justice	X	X	X		H	
	Health	X	X	X			
	Social protection and support services					H	
	CSOs						
FI	Police	X	X	X	X	F	
	Justice		X	X		H	
	Health	X	X				
	Social protection and support services						
	CSOs	X	X	X	X		X
FR	Police	X	X	X		F	
	Justice	X	X	X		H	
	Health						
	Social protection and support services						
	CSOs	X	X	X			

MS	Source	IPV	Sexual assault	Sexual harassment	Stalking	Femicide (F) Homicide (H)	FGM
HR	Police	X	X	X	X	H	X
	Justice	X	X	X	X	H	
	Health	X	X				
	Social protection and support services	X		X	X		
	CSOs						
HU	Police	X	X	X		F	
	Justice	X	X	X		F	
	Health						
	Social protection and support services	X					
	CSOs						
IE	Police	X	X	X		F	
	Justice	X	X	X		H	
	Health						
	Social protection and support services						
	CSOs					F	
IT	Police	X	X	X	X	F	
	Justice	X	X	X	X	H	
	Health						
	Social protection and support services	X	X	X	X		
	CSOs						
LT	Police	X	X	X	X	F	
	Justice	X	X	X	X	H	
	Health	X	X				
	Social protection and support services						
	CSOs						
LU	Police	X	X	X		F	
	Justice	X	X	X		H	
	Health						
	Social protection and support services	X					
	CSOs	X					

MS	Source	IPV	Sexual assault	Sexual harassment	Stalking	Femicide (F) Homicide (H)	FGM
LV	Police	X	X	X		F	
	Justice	X	X	X		H	
	Health		X	X			
	Social protection and support services						
	CSOs						
MT	Police	X	X	X	X	F	
	Justice	X					
	Health	X	X				X
	Social protection and support services	X	X		X	F	
	CSOs						
NL	Police	X	X		X	H	
	Justice	X	X		X	H	
	Health						X
	Social protection and support services	X	X		X	X	
	CSOs						
PL	Police	X	X		X	H	
	Justice	X	X	X	X	F	
	Health						
	Social protection and support services	X					
	CSOs						
PT	Police	X				F	
	Justice	X				F	
	Health						X
	Social protection and support services						
	CSOs	X				F	
RO	Police	X	X	X	X	H	
	Justice	X	X	X	X	H	
	Health	X	X			H	
	Social protection and support services	X					
	CSOs						

MS	Source	IPV	Sexual assault	Sexual harassment	Stalking	Femicide (F) Homicide (H)	FGM
SE	Police	X	X		X	F	
	Justice	X	X		X		
	Health		X			F	
	Social protection and support services						
	CSOs						
SI	Police	X	X	X		F	
	Justice	X	X	X	X	H	
	Health						
	Social protection and support services	X					
	CSOs	X	X	X	X	F	
SK	Police	X	X		X	F	
	Justice	X	X		X	F	
	Health	X					
	Social protection and support services						
	CSOs						
UK	Police	X	X		X	F	
	Justice	X	X		X	F	
	Health	X (Scotland)	X (Scotland)				X (England)
	Social protection and support services						
	CSOs	X	X				

Update: March, 2016

* Domestic violence only

** Domestic violence only (couples not cohabitating are not included)

3. Main conclusions

3. Main conclusions

Any analysis of administrative data is limited by the inherent weakness of administrative data. A large number of women never report violence to official agencies, and no extrapolation of administrative data will yield information about the extent of hidden VAW ([9]). To make administrative data useful, researchers, policymakers and service providers must address the following gaps and challenges in the collection and analysis of administrative data.

The need for a common understanding of definitions — Definitions relating to different forms of VAW vary within and among the MS. Only a few European countries have integrated internationally agreed definitions ([10]). Administrative data from police and justice institutions are based on national legal definitions and the criminalisation of specific forms of VAW. Therefore, the different definitions limit comparability of such data across the EU. The lack of comparable data across Europe is a major challenge in dealing with questions concerning the extent and nature of VAW. This includes the impact of interventions and the development of measures to prevent and eliminate VAW.

The need for comparable data — Definitions and the measurements used for VAW differ widely across countries and often do not reflect either a gendered approach or a systematic data collection strategy. Guidelines and methodologies for the collection of data also differ between sectors as well as across MS. For example, some administrative data sources may count the number of victims, while others may count the number of incidents.

The need to address all forms of VAW — Little attention has been given to forms of violence such as FGM, so-called honour-based crimes and forms of violence that involve specific target groups. This can especially affect vulnerable populations such as migrant women or disabled women. Data sets are most robust for domestic violence, which is often combined with the wider VAW. Data availability and quality drop off sharply for other forms of VAW.

Gaps and challenges with service-based data on VAW — In general, service agencies do not have data collection as their primary responsibility. Data available through these agencies are often not collected in a systematic way and consequently exist in a non-standardised form. Thus, the quality of the recording and processing of data is not always of the standard needed for the production of national statistics. It is also not always suitable for monitoring and evaluation of policy and service provision on VAW. These problems result from inadequate training, resources and capacity for those collecting the data, poor coordination among agencies and sectors, and poor support.

([9]) Walby, S., *Improving the statistics on violence against women,* expert paper in expert group meeting on 'Violence against women: a statistical overview, challenges and gaps in data collection and methodology and approaches for overcoming them', 2005, Geneva, Switzerland.

([10]) Crepaldi, C., Samek Lodovici M., Corsi C. and Naaf S., *Violence against women and the role of gender equality, social inclusion and health strategies,* final synthesis report prepared for DG Employment, Social Affairs and Inclusion, 2010, http://ec.europa.eu/social/BlobServlet?docId=6336&langId=en, p. 37.

Under-reporting is another serious obstacle — All forms of VAW are under-reported. Reporting by victims of domestic violence, sexual violence or other crimes is often unsafe. Historically and currently, women's reports may not be taken seriously or responded to appropriately by criminal justice or social service agencies. Thus a significant barrier to reporting is women's lack of faith in the criminal justice system. There is also women's perception of the risk of secondary victimisation during the course of the investigation, stigma and economic disadvantage (11).

Considering the challenges above, the following issues emerged as important for assessing good practice on administrative data sources on VAW.

Political and institutional commitment in supporting administrative data collection on VAW — A clear political and institutional commitment and will is required from national authorities devoted to the collection of administrative data on VAW. A clear responsibility should be allocated to national authorities/ministries. This is crucial to guarantee sustainability and harmonised collection of data on different forms of violence. This can be shown, for example, by the presence of a specific legal and regulatory framework for administrative data collection on VAW. Alternatively, it can be shown by the presence of a national strategy on gender equality/VAW which is adequately financed.

Dedicated financial resources to strengthen the collection of administrative data on VAW — Political and institutional commitment is essential, but it is not enough. Often actions for supporting administrative data collection on VAW are included in national plans that have no specific lines of budget to be referred to. This could result in not implementing those actions or limiting their implementation to the 'voluntary' will of single institutions/organisations.

A systematic and multidimensional approach versus data sources and stakeholders — Given the multidimensional features of the VAW phenomenon, the integration of different data sources was considered to be of particular importance. This includes their simultaneous use in collaboration with different key stakeholders and in different sectors (national authorities, national statistical offices, CSOs, etc.). To this end, communication flows and networking among those responsible for collecting administrative data in the justice, health and other sectors should be in place, otherwise the quality of data will be penalised. A systematic and multidimensional approach was also considered important to avoid fragmentation by addressing the different forms of violence and by gaining a common understanding of definitions, terms and indicators. In particular, the role of CSOs was stressed as essential in order to gain direct knowledge on the main issues that should be covered by administrative data.

A good understanding of the context (national approaches towards VAW, institutional centralisation versus decentralisation, etc.) in which administrative data are collected — Context has a profound impact on the universe covered by administrative data collection; for example all women or only certain groups of women, as happens in many cases for data collection on FGM. This affects the contents, concepts and definitions used; the frequency and timelines; the quality of the recorded information and the stability over time; as well as the privacy implications of the publication of information from administrative records.

Comparable and harmonised administrative data — Data quality assessment and evaluation is essential to ensure that data are consistent and comparable over time, and that statistical products take into consideration the 15 principles outlined by the European Statistics Code of Practice (12) and EU law on gathering and using statistics.

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(11) Kelly, L., 'A war of attrition: recent research on rape', *Trouble and Strife*, No. 40, Norfolk, United Kingdom, 2000, pp. 9-16.

(12) *European Statistics Code of Practice for the national and community statistical authorities,* European Statistical System, 2011, http://ec.europa.eu/eurostat/documents/3859598/5921861/ KS-32-11-955-EN.PDF/5fa1ebc6-90bb-43fa-888f-dde032471e15.

Data suitable for statistics and for wide dissemination — Administrative data should not be collected for internal use only, but their suitability for use within statistics should be ensured. This will also allow the use of conclusions deriving from data analysis for dissemination to a wide audience as well as to policymakers in order to inform future legislation, interventions and policy measures on prevention, protection and prosecution. Dissemination of data is also useful for working with men and engaging them against all forms of VAW.

Attention to the language used for dissemination — Technical statistical terms should be as friendly as possible. This will facilitate presentation of important practices in an appealing and efficient way, attracting the attention of policymakers. It is also important to translate statistical results in different languages (especially those of the communities involved in the phenomenon of FGM) in order not to lose their involvement and engagement.

The provision of training on gender to professionals — Gender issues are highly complex and thus need specific training to be understood and, most of all, to be integrated in day-to-day activities related to the collection of administrative data. Gender training is also essential to change the mentality within institutions and to lead to the start of a gender culture. To this end, high expertise is needed as well as dedicated financial resources.

Female genital mutilation — FGM is a social and cultural phenomenon and this needs to be considered in data collection. There is a need to understand the additional complexity and linkages between the FGM phenomenon as it is experienced in Africa (as a form of women's empowerment) and in migration countries (as a form of violence to be fought and banned). In this way a criminal approach is not always the right way to tackle the problem and to obtain data and information from women and girls. There is a need to work with young people and to support them in understanding the social and cultural implications of the FGM phenomenon in order to be better prepared to combat it.

Annex 1 — Good practices

Annex 1 — Good practices

Crime and criminal justice statistics: data from police and justice on IPV, femicide, rape and sexual assault

Title	Country
Each case reported to police of violence against women	**Denmark**
Interdepartmental Unit for Protecting Women against Violence and for Combating Trafficking in Human Beings: working group on administrative data on VAW	**France**
Finnish homicide monitor	**Finland**
Police and justice administrative data on IPV, femicide, rape and sexual assault	**Sweden**

Danish police nationwide and regular registration of comprehensive data
Denmark 2001-ongoing

Summary

The Danish police collect nationwide, comprehensive data on all offences reported to police. Data are recorded by a unique case number that indicates the given police office, the reported criminal offence with reference to the national penal code, and the individual case number. Data registration includes both the individual personal number of the alleged perpetrator and that of the reported victim. The police administrative system (Polsas), in operation since 2001, regulates a uniform data registration and updating of the central criminal statistics in Statistics Denmark.

The public has access to summary tables through the Statistics Denmark website, which presents data on annual and quarterly reported specific criminal offences, regional distribution, age and sex of alleged offender and of reported victim, as well as an overview of judicial outcomes of the reported cases, e.g. court trial, rejection or judgments.

Statistics Denmark regularly publishes an overview on trends in specific criminal offences and on the profile of alleged offenders and of victims in crimes reported to police.

The Research Unit of the Ministry of Justice publishes results of specific analyses based on the criminal statistics. Researchers may gain access to encrypted data and draw up a specific data set based on linkages with the various registers in Statistics Denmark. Specific legislation regulates data access and linkage for research purposes.

Danish data collection system and crime prevention strategy

In Denmark, national legislation and tradition have facilitated the collection of nationwide and comprehensive data on all cases reported to police of criminal offences. Data collection includes information on both the alleged offender and the reported victim, registered on the personal identification number that enables information to be drawn from other national registers to illustrate, for example, civil status, level of education, country of origin and the household of both offender and victim.

The aim of the data collection is to ensure the monitoring of trends in criminality and evaluation of national strategies for the prevention of specific criminal offences. The Ministry for Gender Equality regularly reports on different aspects of gender, including VAW, stalking, sexual harassment and other sexual offences. The NAPs to combat different forms of GBV and gender inequality are regularly adjusted with reference to current trends and forms of violations highlighted by the national register data. Within this strategy, the comprehensive Danish register data play an important role.

Danish national register structure and the importance of a unique personal identification number

With regards to statistics on VAW, the structure of the Danish national registers, including the criminal statistics and the victim register, ensures access to nationwide and comprehensive data both on each case reported to police of violence and on hospital visits due to exposure to violence. Furthermore, it is possible to draw information on the victims of such violence from other national registers in Statistics Denmark. Data in criminal statistics is nationwide and includes both Danish citizens and non-citizens, e.g. asylum seekers, foreign students and tourists. It is possible by using the specific case number to combine register data about the victim and the alleged perpetrator and, for instance, retrieve information about their address and family status, and thus to identify reported violence perpetrated by a husband or a cohabiting partner.

In the criminal statistics and the victim register, all data are recorded by the personal identification number of the given person and by a case-specific number containing information about the reported criminal offence by the particular penal code specifying the reported criminal act. It thus allows identification of different forms of violence, such as:

- homicide
- severe, potential lethal violence
- threats of violence.

The victim's personal identification number is composed of the date of birth and a code, indicating the sex/gender of the victim — similarly, information about the alleged perpetrator is recorded by the personal identification number (date of birth and sex).

Statistics Denmark's various databases make it possible by the personal identification number of the victim and the alleged perpetrator to extract various data about each case reported to police. These data include, for example:

- residence (region and municipality);
- civil status (married, co-habiting, divorced or single);
- family status (including number of children in the family);
- level of education (e.g. length of education);
- occupational status;
- social allowances;
- income;
- nationality.

Statistics Denmark and Polsas collaboration

Statistical information about criminal acts originates from the files of police records and is contained in the crime statistics and the victim register, administered through a collaboration between Statistics Denmark and the police. Polsas, in operation since 2001, combines information about the crime (including the appropriate section of the penal code), the perpetrator (age and gender) and the victim (age and gender) based on the personal ID number of victim and perpetrator. Polsas is only concerned with crimes of an interpersonal character, such as violence, rape and robbery. Crimes such as theft are not included. The crime statistics contain data regarding verdicts and are updated in accordance with changes to the charge, appearances during the investigation and court procedures.

Danish criminal law

In relation to VAW, the relevant sections of the penal code are:

- Section 237, homicide;
- Section 244, less severe violence;
- Section 245, more severe violence;

- Section 246, severe violence, generally with permanent injury to the victim;
- Sections 216-217, rape.

Since 2003, FGM has also been classified as a criminal offence. Pursuant to the Danish Criminal Code Section 245a, any person who assaults a girl or woman by cutting or otherwise removing external female genitals in full or in part, whether with or without consent, is sentenced to imprisonment for a term not exceeding 6 years.

Danish criminal law has been taking regulative measures against stalking since 2012. Its law on gender equality regulates against sexual harassment in Section 1(6). By this act, sexual harassment is defined as follows.

It is sexual harassment when anyone is exposed to non-consenting (unwanted) verbal, non-verbal or physical conduct with sexual undertones with the purpose or effect of harming/violating the person's dignity — especially by creating a threatening, debasing, hostile, humiliating or unpleasant climate.

No specific penal code exists for domestic violence. However, the registration is based on the personal identification number of the reported victim. The last figure of the identification number indicates the sex — hence, it is possible to count each case of VAW reported to police within the statistics data.

By linking register data on residence using the personal ID number, it is also possible to reveal the relationship between victim and perpetrator, for example whether they have lived at the same address at some stage. Similarly, the victim statistics (from Polsas) can be combined with other registers in order to assess the social profile of victim and perpetrator. Crime statistics combined with data in the national patient register enable the identification of victims of violence having been in contact with both the police and hospitals within a given period, and thus the annual number of individual victims of violence in the population that contact healthcare and/or the judicial system can be calculated.

Nationwide and regular registration of comprehensive data

The success of the Danish registers is that they are nationwide and the regulations ensure registration of comprehensive data — in the case of GBV, on both the assumed offender and on the victim —, and national legislation and rules regulate access to register data. Hence, trends in GBV and other crimes are followed regularly, risk factors are identified and different hypotheses concerning effective prevention can be tested.

The main obstacles to establishing a nationwide register on each case reported to police of VAW are that it demands:

- uniform rules of registration;
- an easily accessible registration system;
- broad attention by the police on the importance of regular data registration.

It also demands continuous training of the police and administrative personnel as well as recognition and awareness on the importance and utility of comprehensive register data.

Strict regulations regulate the updating and access to the nationwide Danish registers. These regulations maintain limited access to encrypted data, restricted to administrative personnel and researchers only. In this way, there is no public resistance to data registration. It is widely recognised that the nationwide, comprehensive data registers are an important tool in identifying gender inequality among these GBV incidents.

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Annual data at national and regional level by specific penal code, age group and sex of victim and of alleged offender, ethnicity (country of birth) as well as data about outcomes of court trials (verdicts) are publicly available on the Statistics Denmark website.

Reported criminal offences: http://www.dst.dk/en/Statistik/emner/kriminalitet/anmeldte-forbrydelser

Victim statistics: http://www.dst.dk/en/Statistik/emner/kriminalitet/ofre-for-anmeldte-forbrydelser

Verdicts: http://www.dst.dk/en/Statistik/emner/kriminalitet/domme

Tables and analyses on victims of violence, for example, can be produced from the Statistics Denmark website: http://www.statistikbanken.dk/statbank5a/default.asp?w=1280

To implement a similar, nationwide and comprehensive data collection in other EU MS, the Danish Act on Processing of Personal Data might very well serve as an inspiration:

http://www.datatilsynet.dk/english/the-danish-data-protection-agency/introduction-to-the-danish-data-protection-agency

Institutional networking to increase knowledge and the use of administrative data on VAW
France 2013-ongoing

Summary

The Interdepartmental Unit for Protecting Women against Violence and for Combating Trafficking in Human Beings (Miprof) was created in January 2013 and is attached to the French Ministry for Women's Rights. This unit has been mainly tasked with enhancing global knowledge on VAW in France, developing training programmes for professionals who look after women who are victims of violence and coordinating the actions against trafficking in human beings at a national level.

Concerning the enhancement of knowledge on VAW, Miprof has based its work on the recommendations of the Istanbul Convention. This involves greater attention to administrative data. Miprof has set up a working group gathering the main institutional actors who produce data on VAW.

Thus, Miprof works in close collaboration with the statistical departments of the Ministry of the Interior and the Ministry of Justice in order to gather available data and to set up relevant indicators. These data are published every year on 25 November in the Miprof publication La lettre de l'Observatoire national des violences faites aux femmes.

Miprof also works on data from population-based surveys and NGOs' activities reports.

Miprof missions

Miprof was created by Decree No 2013-07 of 3 January 2013 and is attached to the French Ministry responsible for women's rights.

The unit has been assigned three main missions:

- gathering, analysing and disseminating information and data related to VAW;
- creating training programmes for professionals who look after women who are victims of violence;
- coordinating the actions against trafficking in human beings at a national level.

To exercise its duties, the mission has set up a steering committee composed of representatives of local authorities, state representatives, high-profile experts and representatives of local organisations involved in VAW.

This mission responds to the recommendations of the Istanbul Convention. For its operation and development, the mission draws on the capacities of the staff of the different ministries, especially those of the Ministry for Women's Rights.

In the aim of improving global knowledge on VAW in France, the mission mainly works on three different kinds of data: administrative data, population-based surveys and statistics from the NGOs' activities.

To enhance the quality and availability of administrative data on VAW, Miprof works in a close partnership with administrative data producers. This work is undertaken to pursue three main requirements:

data must respond to quality standards, they must be useful for enhancing the understanding of VAW and improving the way that public authorities respond to victims' needs and, eventually, they must be disseminated as broadly as possible.

The working group on VAW statistics

The mission created a working group on VAW statistics in 2013, which meets every 3 months.

The working group is composed of representatives of the following services:

- Service for Women's Rights;
- Statistical Service of the Ministry of Home Affairs and of the Directorate of Judicial Police (Ministry of Internal Affairs);
- Directorate of National Police (Ministry of Home Affairs);
- Directorate of National Gendarmerie (Ministry for Home Affairs);
- Delegation for Victims, which depends on the Directorate of National Police of the Ministry of Home Affairs;
- Statistical Service of the Ministry of Justice;
- National Institute of Statistics and Economic Studies;
- French National Supervisory Body on Crime and Punishment, a department of the French National Institute for Advanced Studies in Security and Justice;
- French Institute for Demographic Studies (research institute);
- Directorate for Research, Studies, Evaluation and Statistics of the Ministry of Health and Social Affairs.

The working group is engaged on:
- making an inventory of available administrative data;
- working on the methodological standardisation, especially the harmonisation of definitions used by various actors in charge of data collection;
- determining how data should be aggregated and setting up a range of indicators;
- organising data transmission to Miprof.

The creation of Miprof, and especially of the working group on statistics on VAW, gave an impetus to the different ministerial services in the sense that Miprof was given this task in order to produce specific data on VAW on a regular basis. It allowed Miprof to learn about the legal European framework on VAW.

Data publication

Each year, on the occasion of the International Day for the Elimination of Violence against Women on 25 November, the ministry responsible for women's rights publishes data gathered by the working group. This publication appears in *La lettre de l'Observatoire national des violences faites aux femmes* and is produced by Miprof. The November 2015 version of the newsletter can be found on Miprof's website: http://stop-violences-femmes.gouv.fr/no8-Violences-faites-aux-femmes.html.

The publication of these figures is an essential component of the national public policies against VAW. It provides all actors involved in this fight with a common knowledge on the extent and the special features related to VAW.

The letter provides a comprehensive picture of VAW in France both on the basis of a survey on domestic violence and, particularly, on the elaboration of administrative data derived from the statistical services of the Ministry of Justice and the Ministry of Interior (police and gendarmerie databases). In particular, it releases the estimated number of victims of IPV annually (with research surveys), the number of homicides by the intimate partner, the number of judgements for violence against the partner, the number of emergency and barring orders and the estimated number of children living with a mother who suffers from IPV. The letter also displays similar figures on sexual violence.

Specific issues of the letter have been produced on other kinds of violence for which annual data are not available, such as forced marriages, female sexual mutilations and prostitution.

Improving statistical capacity at institutional level

As the letter from Miprof is published regularly, the ministerial statistical services have to update the data continuously and pay attention to the new needs expressed by Miprof when they reorganise their data collection system. Such updating is very important in order to improve data collection in the long term. Due to this mission, figures that already exist in different ministries are now regularly produced and compiled in the same letter. This gives the clearest view of the situation and will allow tracking of trends and progress. For journalists, social workers and other professionals, as well as for the awareness of the whole population, this letter is a very useful tool.

The fact that Miprof's working group is composed of different ministerial statistical services and national research institutes is a success factor on disseminating information and data on VAW coming from different sources: research surveys, police and justice data and NGO data, with the involvement of different national stakeholders with responsibility in collecting data on violence.

Concerning administrative data, the final aim pursued by the working group is to implement an information system on VAW from the collection of disaggregated data to the publication of national indicators.

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A high-quality source on femicide: the Finnish homicide monitor

Finland 2002-2019

Summary

Since 2002, the Finnish homicide monitor (FHM) has been maintained jointly by the Institute of Criminology and Legal Policy (University of Helsinki), the National Police Board and the Police College Research Unit. The aim of the FHM is to monitor the homicide phenomenon, to create a database for in-depth research and to serve crime prevention and prevention-targeting purposes. The FHM uses victim-based data architecture and is updated on an ongoing basis. Each row of the data matrix corresponds to a homicide victim. For each case, only one offender is included. This offender is the main offender identified by the police. The data is collected directly from the chief investigator of each individual homicide case on a standard electronic form after the crime has been solved and the investigation has been closed. On crimes that are not resolved within a reasonable time, the available data are registered about 1 year after the initiation of the investigation. It is compulsory for the investigating officers to fill in the questionnaire. The database is a high-quality source for femicide since it contains information on, for example, relation of the victim and the perpetrator (partner, ex-partner, mother, father, child, other relative, acquaintance, stranger), demographic variables (gender, age, marital status), main characteristics of the homicides committed, prior criminal career of the perpetrator and so-called warning signs (restraining order, shelter, threats, fears). It has provided more in-depth data on femicide since the national statistics on causes of death have not included, for example, data on homicides committed by ex-partners or partners not cohabiting with the victim. The database also includes information on motives of the crime such as revenge, ending a violent relationship, domestic quarrel and honour-related crime. The Institute of Criminology and Legal Policy publishes reports on a regular basis and the figures concerning femicide are widely used, also by non-governmental organisations working on GBV. The data retrieved from the database was used as background material concerning female homicide victims when drafting the NAP to reduce VAW 2010-2015 and provides quality data on femicide in accordance with the Istanbul Convention (data collection: Chapter 2, Article 11). The current agreement between the partners involved extends to 2019 and the collection and maintenance of the data is carried out under governmental funding (through ministries). FHM has been used as a base in developing the European homicide monitor (EHM). Partners currently include Estonia, Finland, the Netherlands, Norway, Sweden and Switzerland.

A national homicide monitoring system

For decades homicide rates have been higher in Finland than in the other western and Nordic European countries. In the 1990s, the Institute of Criminology and Legal Policy (formerly known as the National Research Institute of Legal Policy) initiated a series of research projects on homicide, seeking to describe the Finnish homicide patterns in detail. These studies used project-specific research materials and depended on the information originally collected by the police for the purpose of solving the offences. However, it was recognised early on that an in-depth analysis of homicide could not rely on the data collected primarily for the purpose of solving cases. Instead, there was a need for a data source whose information content would be defined by the researchers. A specific initiative to create a national homicide monitoring system was implemented. The FHM was launched in June 2002. The Institute of Criminology and Legal Policy is responsible for the continuous reporting of the results, but the FHM is based on cooperation between the research unit of the Finnish Police College and the National Police Board.

The initiative is in line with the Finnish institutional framework for gender equality. In 2010, Finland adopted a first NAP to reduce VAW. The plan included over 60 detailed goals that cover further development of methods aimed at supporting, inter alia, GBV victims, training of professionals in different sectors, research and data collection. The action plan was in force until the end of 2015. The Istanbul Convention came into effect on 1 August 2015 in Finland and includes provisions on data collection and research (Chapter 2, Article 11).

A database for prevention

The aim of the FHM is to monitor the homicide phenomenon, to create a database for in-depth research and to serve crime prevention and prevention-targeting purposes. The FHM uses victim-based data architecture. Each row of the data matrix corresponds to a homicide victim; the number of variables for each case is about 90. For each case, only one offender is included and this offender is the main offender identified by the police. The FHM database is based on the police data, i.e. information produced during preliminary investigations (closed cases). The data are collected directly from the chief investigator of each individual homicide case on a standard electronic form after the investigation has been concluded; on crimes that are not resolved within a reasonable time, the available data are registered about 1 year after the initiation of the investigation. It is compulsory for the investigating officers to fill in the questionnaire. Since the database contains case and person identification numbers, it is possible to locate co-offenders by specific additional data collection. However, the standard procedure is to enter only the main offender. A separate variable records the possible existence of co-offenders.

The FHM is considered the most accurate and in-depth source of femicide in Finland. It has provided the most in-depth data on femicide since the national statistics on causes of death have not included, for example, data on homicides committed by ex-partners or partners not cohabiting with the victim. The data comprise information on crimes investigated by the police under the penal code titles: murder, voluntary manslaughter, killing and infanticide (Penal Code 21:1-4), as well as involuntary manslaughter (Penal Code 21:8-9) committed in a single act with a voluntary assault crime (Penal Code 21:5-7). Attempted crimes of this nature are not included.

Warning signs are crucial

The FHM contains more in-depth information than other statistical sources on the victim and the perpetrator (partner, ex-partner, mother, father, child, other relative, acquaintance or stranger), demographic variables (gender, age, marital status) and, for example, the main characteristics of the homicides committed, the prior criminal career of the perpetrator and the so-called warning signs. The idea is to know more about the prior criminal justice contacts of the victim and the offender. At the moment this is done through court statistics from the Legal Register Centre (identifying only the classification of the crime), but in the future the previous crimes will be retrieved directly from the police data. This means it will be possible to identify whether the crime was committed against the homicide victim by the suspected perpetrator. The database also includes information on motives of the crime such as mental illness, jealousy, revenge, ending a violent relationship, domestic quarrel and honour-related crime. Some questions relate to the putative warning signs preceding the offence (restraining order, shelter, threats or fears). This is significant especially in IPV cases where research has shown that a homicide is likely to happen after years of continuous violence.

Political commitment and funding as main success factor

The FHM is updated on an ongoing basis. The current agreement between the partners involved extends to 2019 and the collection and maintenance of the data is carried out under governmental funding (through ministries). It is more detailed than other sources of homicide in Finland. The collection is made in a systematic manner and enables comparisons through time and different geographical regions. The FHM is widely used, including by NGOs working in the field. It has been stated that in Finland women are four times as likely to be killed by their ex-partner or current partner than men, and that several of the homicides where the victim was female could most likely have been prevented if appropriate measures had been taken by authorities when violence had come to their knowledge before the homicide took place (13).

The experts maintaining the FHM have also been developing a joint EHM, and the FHM has been used as one of the base datasets in the development work of the EHM. Due to differences in definitions, data sources and criminal justice procedures, comparing homicides (including femicide) between countries is not without problems. To overcome these limitations, Finland, the Netherlands and Sweden have worked together to construct a joint database (14). The Institute of Criminology and Legal Policy in Finland recommends the use of the EHM to build a database for international comparison purposes.

Main success factors are related to the fact that the database has been updated on an ongoing basis since 2002. The commitment (also in financial terms) of national ministries ensures this continuity.

The considerable amount of high-quality information allows for a wide use of the database statistics from both institutional and non-institutional organisations.

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Links (material in English)

http://optula.om.fi/material/attachments/optula/julkaisut/verkkokatsauksia-sarja/KoRbDTYm7/hominfin2007.pdf

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(13) *Action plan to reduce violence against women (2010-2015)*, Publications of the Ministry of Social Affairs and Health, 2011, p. 22, https://julkaisut.valtioneuvosto.fi/bitstream/handle/10024/72733/JUL1015_Violence_verkko_Final.pdf?sequence=1.

(14) http://hsx.sagepub.com/content/17/1/75.short; http://law.leiden.edu/organisation/criminology/research/homicide/europeanhomicidemonitor.html

Developing knowledge on VAW by collecting police and justice data on crime
Sweden 2016-ongoing

Summary

The overall objective of Swedish gender equality policy is that women and men are to have the same power to shape society and their own lives. One of the four subgoals is that men's VAW must stop. Counteracting men's VAW is today a question of the highest priority in gender equality policy.

In this context, the Swedish National Council for Crime Prevention (Brottsförebyggande rådet BRÅ) plays an important role by producing Sweden's official crime statistics. The council is an agency under the Ministry of Justice and a centre for research and development within the judicial system. The council primarily works to reduce crime and improve levels of safety in society by producing data and disseminating knowledge on crime and crime prevention work. The council has been in existence since 1974. Data include all events reported and registered with the Swedish Police, the Swedish Prosecution Authority, Swedish Customs and the Swedish Economic Crimes Authority.

Data concerning rape, sexual coercion, sexual abuse, sexual molestation, gross violation of woman's integrity or gross violation of integrity (the gender-neutral version) and unlawful persecution (stalking) can be found on the council's home page. Official crime statistics are based on two different classifications on registering offences. Reported offences, processed offences and suspected individuals are based on crime codes, while persons found guilty and recidivism are based on law section references.

Additional information is available for some data based on crime codes, for example the sex and age of the victim. Data based on references to the penal code include information on the sex of the perpetrator, but no information on the victim, if it is not evident from the wording of the law section references. In both cases it is usually possible to follow the development on the national level over several years, but also sometimes to compare counties and municipalities.

The results are a basis for decision-makers within the judicial system, the parliament and the government. Development work will lead to an integrated data system where each case and each individual will be searchable with the same ID number and be followed through the chain of justice.

Swedish gender equality policy

New gender equality goals were decided by the Swedish parliament in 2006 and they are still the same today. The overall objective of gender equality policy is that women and men are to have the same power to shape society and their own lives. One of the four subgoals is that men's VAW must stop. Women, men, girls and boys must have the same right and access to physical integrity. The rest of the goals concern equal division of power and influence, economic equality and equal distribution of unpaid housework and provision of care. The wording shows that the government's intention is to describe and clarify that the basic analysis is that men's VAW is both a manifestation of the power relation between women and men and a means to uphold it.

During the term of office 2007-2010, men's VAW became the area within gender equality policy that was the most prioritised, both to resources and to assignments. An action plan for combating men's VAW, violence and oppression in the name of honour and violence in same-sex relationships was presented in 2007. The government's higher level of ambition was summed up in the form of 56 assignments aimed at 13 public authorities. All in all, slightly more than SEK 1 billion (EUR 0.1 billion) was allocated in order to realise the measures in the action plan 2007-2010.

In the government's communication, 'The aim of gender equality policy 2011-2014', violence and other assaults against women are seen as the most acute problems for gender equality policy and to counteract men's VAW is a question of highest priority in gender equality policy. During the term of office 2011-2014, assignments were given to 15 public authorities. The allocated resources declined somewhat to around SEK 220 million (EUR 22.4 million) per year, compared to around SEK 250 million (EUR 25.5 million) per year during 2007-2010.

New national strategy to end men's VAW

In 2014, the government appointed a special investigator to propose a new national strategy to end men's VAW. The result was presented in 2015.

The Swedish policy in this area is in line with the EU strategy for equality between women and men, which includes the implementation of the Stockholm programme and puts emphasis on the protection of victims of crime, including female victims of violence and genital mutilation, and announces a comprehensive EU strategy on GBV.

The Ministry for Gender Equality is responsible for coordinating the policies. Gender mainstreaming is the government's principal strategy for gender equality work. However, as far as men's VAW is concerned, special active measures are prevalent.

The development of indicators to follow up on gender equality policies

In 2010, the government gave Statistics Sweden the task to develop indicators in order to follow up on gender equality policies. The indicators were presented on Statistics Sweden's website in January 2012. Of a total 88 indicators, 14 are related to men's VAW. The following seven are to be followed up yearly:

- persons 16-79 years exposed to assault according to place;
- persons 16-79 years exposed to assault according to relation to the perpetrator;
- persons 16-79 years exposed to sexual offences according to age;
- reported number of assaults;
- reported number of gross violations of a woman's integrity;
- reported number of rapes;
- number of persons with legal proceedings taken against them.

The first three mentioned are from the Swedish crime survey (Nationella trygghetsundersökningen NTU), which is carried out yearly by the National Council for Crime Prevention.

The Swedish National Council for Crime Prevention

The Swedish National Council for Crime Prevention produces Sweden's official crime statistics. Data include all events reported and registered with the Swedish Police, the Swedish Prosecution Authority, Swedish Customs and the Swedish Economic Crimes Authority. Data concerning rape, sexual coercion, sexual abuse, sexual molestation, gross violation of woman's integrity or gross violation of integrity (the gender-neutral version) and unlawful persecution (stalking) can be found on the council's home page.

Data can be found concerning:

- reported offences;
- processed offences;
- number of persons suspected of offences;
- number of persons found guilty, sorted by type of conviction;
- persons monitored by the prison and probation services' non-custodial organisation;
- persons admitted to detention centres.

Data regarding recidivism describe the number of persons who relapse into a new convicted offence within 1, 2 and 3 years after an initial event.

Statistics regarding reported cases of rape, sexual coercion, sexual abuse, sexual molestation, gross violation of (women's) integrity and unlawful persecution have mostly been available since 1975 for the whole country and for the counties. However, it should be pointed out that changes in legislation and introduction of new legislation influences the availability of data. When data are based on crime codes, additional information is available for some crime codes concerning the sex and age of the victim, whether the crime took place indoors or outdoors, etc. (15). The statistics show the total number of reported offences; in other words, it also includes events which after investigation were not found to constitute an offence, and situations in which an offence could not be proved.

Statistics regarding reported offences of lethal violence (including femicide) are misleading since they show all reported incidents with a lethal outcome where there was initially reason to investigate whether lethal violence may have been used or not. There is therefore a special study for this that only includes reported cases where lethal violence is highly likely to be the cause of death.

Data on the number of processed offences of lethal violence (femicide), rape, sexual coercion, sexual abuse, sexual molestation, gross violation of (women's) integrity and unlawful persecution are available. These data are sex disaggregated for the victims. Data on the number of persons suspected of offences are sex disaggregated for both the victims and the offenders in relation to the abovementioned offences. Data on number of persons found guilty of offences, sentenced to imprisonment and admitted to prison are sex disaggregated as far as the offenders are concerned, but not the victims. Data on the offenders where legal proceedings were taken are also often disaggregated according to age and in some cases according to other variables. Data are usually presented for several years and to varying degrees per quarter or months and for the whole country, and to different degrees for the counties and the municipalities.

A common system: the judicial system's information support

Statistical production is one of the main tasks of the council and the data are the main source and reference when it comes to crime statistics. The data are generally considered of high quality. The council works closely with the delivering authorities to ensure this, and they collect and compile almost all data registered in their databases. The authorities they work with are generally centralised at a national level, facilitating coordination and an effective high-quality data collection. The council also conforms and adapts to international regulations and standards. Development work is taking place

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(15) Crime codes are based on a classification system of four-digit codes used by the police and prosecutors to register offences. The classification reflects offences in the penal code and other special penal legislation.

continuously. Each year instructions and rules are overhauled and the results published.

On the basis of the data, the council also evaluates reforms, conducts research to develop new knowledge and provides support to local crime prevention work. For example, the council presents short analyses in order to describe volume and flow of crime through the judicial system. Among other things, this means cross-section descriptions of the number of reported offences and the number suspected, found guilty and sentenced to imprisonment.

A major development project is being carried out with the aim of coordinating the involved authorities' data collection processes. The idea is that it should be possible to follow a matter electronically through the judicial system. This is an extensive project called 'The judicial system's information support' (Rättsväsendets informationsförsörjning, RIF). Information about crime, suspicion and the relevant persons will be structured and handled in a uniform way by 11 authorities. The aim is a common system where each case and each individual is given a separate ID — the same throughout the whole chain of justice — which would make it possible to follow a case or an individual (victim or offender) more closely. This will also mean less administrative work.

The National Council for Crime Prevention is also responsible for the crime survey, an annual survey regarding exposure to crime, fear of crime and confidence in the justice system.

Evaluation of the action plan for combating men's VAW, violence and oppression in the name of honour and violence in same-sex relationships

The government gave the National Council for Crime Prevention the task of evaluating how the action plan for combating men's VAW, violence and oppression in the name of honour and violence in same-sex relationships was implemented. The council's report was presented in December 2010. It showed that the plan had substantially increased awareness and knowledge about men's VAW among professionals in many different areas. It also showed that the actual support for women who are victims of violence has improved, even if it still needs to be developed. The improved support had made more women motivated to report to the police when they were exposed to violence, but the report also indicated that the measures taken had not yet had any visible effects on the total number of women exposed to violence by men. Another problem with interpreting the effectiveness of the measures against violence towards women was that there was no information at all about how many women were exposed again once they had reported an incident to the police.

Swedish legislation has gone through major changes in recent years in order to strengthen the protection of women exposed to violence. Legislation concerning sexual offences has, for example, been extended and more acts are now included in rape crime. Legislation has also become gender neutral. In general, legislation and instructions, etc., are good enough to make visible, prevent and take actions against men's VAW. The main problems are rather the application of legislation, priorities and resources and the ignorance, inability or lack of leadership in the work of the authorities. More knowledge, research and data are also available, even though data need to be extended and elaborated.

Crime statistics only reflect what has been reported to the police

In this context it is also relevant to point out that during the last decade or so children's exposure to men's VAW is recognised in a new way, as is that of children who have witnessed violence. Earlier studies focused on VAW perpetrated by a man with whom the woman has or has had an intimate relationship. This has been, and to a certain extent still is, the usual picture of violence in intimate relationships. However, it has recently become more common that the concept refers to several different types of relationships, among them violence against men by women. This is partly a result of research, which shows that both women and men are exposed to violence in intimate relationships, but that the types of violence are different.

One major problem with crime statistics on men's VAW is that data only reflect what has been reported to the police. Official crime statistics must, therefore, be combined with other types of knowledge and research, such as the findings of victim surveys. Comparing administrative data with survey data from the national survey on crime and safety indicates that only a small percentage of those who are exposed to violence in an intimate relationship report the incidence or incidents.

Crime statistics do not provide a simple reflection of the level of crime; they are influenced by both legal and statistical factors, and by the extent to which crime is reported and registered. Reported sexual offences have more or less continuously increased since the second half of the 1970s. As a matter of fact, while during the period 2005-2012 the national survey on crime and safety showed a stable level of those exposed to sexual offences, the number of cases reported in administrative data not always used for statistics showed an increase of almost 30 %. It is not likely that the development of reported sexual offences reflects an actual increase in sexual offences; a large part of the increase can be interpreted as a growing tendency to report sexual offences.

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Data are available on the council's home page. Microdata for research can be provided.

http://www.bra.se/bra/bra-in-english/home/crime-and-statistics/swedish-crime-survey.html

Health, social services and other sectors

Health, social services and other sectors	Country
The Ministry of Social Policy and Youth database	**Croatia**
Nationwide registration of contacts with women's shelters	**Denmark**
Rape crisis network Ireland database	**Ireland**
Health action on gender, violence and lifecycle	**Portugal**

Gain insights into the issue of domestic violence: a centralised and joint database on VAW

Croatia 2016-ongoing

Summary

There have been numerous policies, legislative and institutional changes concerning improvement of gender equality and combating VAW in the last 15 years. Still, there exists a necessity for further improvement in combating various forms of violence and discrimination against women.

In Croatia all forms of VAW are punishable, regardless of whether they are a component of IPV or not, pursuant to the Act on Protection from Domestic Violence (misdemeanour) and the Criminal Code of the Republic of Croatia.

The Ministry of Social Policy and Youth (MSPY) collects data on VAW pursuant to the Act on Protection from Domestic Violence (misdemeanour) and the 'Rulebook on the content of mandatory records and reports, collection, processing and archiving statistical data is in the process of implementing the Act on Protection from Domestic Violence'.

In accordance with the mentioned rulebook, relevant institutions keep records and submit conjoint semi-annual and annual reports to MSPY.

The legal framework

The Act on Protection from Domestic Violence (misdemeanour) was adopted in Croatia in 2003 ([16]) and later amended in 2009, and includes:

- physical violence,
- psychological violence, including stalking,
- sexual violence, including sexual harassment and economic violence.

In Croatia all listed forms of VAW are punishable, regardless of whether they are a component of IPV or not, pursuant to the Act on Protection from Domestic Violence (misdemeanour) and the Criminal Code of the Republic of Croatia. For these incidents charges are filed by ex officio at the request of the authorised prosecutor or by the victim. As of January 2013 the criminal code introduced a new felony — FGM (Article 116) as 'Provisions concerning the prevention and suppression of forms of FGM' ([17]).

Despite the fact that significant positive changes in gender equality have been made in Croatia in the last 15 years, these changes were primarily made in the field of adopting legislative changes and developing central key structures for gender equality. Key legal framework documents which highlight gender equality as a fundamental societal value are:

- Constitution of the Republic of Croatia ([18]) (Articles 3, 14 and 15),
- Gender Equality Act ([19]),

([16]) Official Gazette 116*/03, 137/09, 14/10, 60/10. (http://www.pristupinfo.hr/wp-content/uploads/2014/03/ZPPI-procisceni-tekst-eng.pdf).

([17]) Official Gazette 125/11, 144/12, 56/15, 61/15.

([18]) Constitution of the Croatian Parliament (Official Gazette 85/10), http://www.sabor.hr/English.

([19]) Gender Equality Act (Official Gazette 82/08), http://www.prs.hr/index.php/zors/zakon-o-ravnopravnosti-spolova.

- Labour Act (20) (Article 5),
- Anti-discrimination Act (21).

The policy approach

Central structures for gender equality are:

- Gender Equality Committee of the Croatian Parliament (2001),
- Ombudsperson for Gender Equality (2003),
- Government Office for Gender Equality (2004).

There are also gender equality coordinators in state administrative bodies.

There exist more general policies for introducing gender equality, such as the national policy for gender equality (2011-2015) as a fundamental strategic document aiming to eliminate discrimination of women and to establish gender equality. In order to ensure the implementation of this policy, the action plan contains key activities and measures, including the elimination of VAW. This chapter includes goals and measures which include activities such as raising public awareness about the phenomena, improving the status and protection of women victims of all forms of violence, improving the system of keeping statistical data, intersectoral cooperation and the coordination of competent state bodies, institutions and CSOs.

An integral part of the strategic framework for the promotion of gender equality and combating VAW is other goals and measures incorporated into numerous national plans, programmes and strategies for improving gender equality: the national strategy for protection against domestic violence 2011-2016; the national programme for the protection and promotion of human rights 2013-2016; the National plan for the prevention of trafficking in human beings 2012-2015, the strategic development of official statistics of the Republic of Croatia 2013-2022, and the programme of statistical activity of the Republic of Croatia 2013-2017. The strategic approach is also based on international agreements, such as the United Nations Convention on the Elimination of all Forms of Discrimination against Women and the Council of Europe Convention on preventing and combating VAW and domestic violence.

In Croatia all forms of VAW are punishable, regardless of whether they are a component of IPV or not, pursuant to the Act on Protection from Domestic Violence (misdemeanour) and the Criminal Code of the Republic of Croatia. For these incidents charges are filed ex officio at the request of the authorised prosecutor or by the victim. The first Act on Protection from Domestic Violence was adopted in 2003. Due to the aligning of the Croatian legislation with EU legislation, a new Act on Protection from Domestic Violence was adopted in 2009 and includes:

- physical violence,
- psychological violence, including stalking,
- sexual violence, including sexual harassment,
- economic violence.

It does not criminalise these types of violence and concentrates on legal protection and assistance to victims of crime (six protective measures aimed at prevention of violence and protection of family members).

The national strategy for protection against domestic violence for the period from 2011 to 2016 prescribes the collection of relevant statistical data on domestic violence and improving the methodology of the system of collecting data on cases of violence. MSPY is in charge of this measure.

In Croatia, there is neither a single law nor a single set of rules adopted by a specific institution for the collection of official statistical data on VAW. For this reason, the main source for VAW are official police

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(20) Labour Act (Official Gazette 149/09, 61/11, 82/12), http://www.propisi.hr/print.php?id=9848.

(21) Anti-discrimination Act (Official Gazette 85/08, 112/12), http://www.moja-prava.info/zakoni/zakon_o_suzbijanju_diskriminacije/.

reports developed on a yearly basis that include data about different forms of VAW (both as a part of IPV and not).

Data collection process

The current administrative system in Croatia can be characterised as 'centralised', as all data are collected by relevant governmental bodies for all of Croatia. Even though Croatia has 21 counties, data are rarely collected and analysed on a regional level. Croatia still does not have a coherent and coordinated information system on VAW; each ministry and institution is collecting data from different sources. The data are mostly not compared nor do they complement each other, but are kept separate within the relevant ministry.

MSPY is authorised to collect, process and store statistical data in the field of domestic violence from other relevant institutions under the Act on Protection from Domestic Violence. All competent authorities covered by the protocol of conduct in cases of domestic violence (police, judicial bodies, social welfare centres, health institutions, educational institutions) are required to keep records on cases of domestic violence and to submit data to the ministry in semi-annual and annual reports. The national strategy for protection against domestic violence 2011-2016 prescribes the collection of relevant statistical data on domestic violence and improving the methodology of the system for collecting data in cases of violence. MSPY is in charge of this measure. The respective data are not publicly available. To this end, the MSPY runs a database based on the Act on Protection from Domestic Violence and the 'Rulebook on the content of mandatory records and reports, collection, processing and archiving statistical data' and is in the process of implementing the Act on Protection from Domestic Violence. The main aim of this database is to gain insight into the issue of domestic violence by looking at the basic indicators, trend changes and ratio of the women as victims or perpetrator, etc.

Data collected by relevant institutions jointly comprise 65 categories of basic information (57 categories defined by the rulebook and eight additional categories from the information from the welfare system), which keep a record of:

- the relationship between the victim and the perpetrator of the violent act;
- a record of sex and age of both the victim and the perpetrator;
- measures undertaken;
- judicial rulings;
- information about recidivism in the case of the perpetrator.

The ministry responsible for domestic issues is authorised to collect, process and archive statistical data obtained in the implementation of the law.

Social welfare centres keep a record that contains data about:

- number of reported cases of domestic violence;
- number of reports made to the police by the centre;
- number of registered cases of domestic violence (classified according to type, duration, category of the victims);
- number of victims;
- number of perpetrators;
- number of actions taken;
- number of families where violence was reported;
- types of actions undertaken by the centre for the victim;
- number of special guardians appointed to the child in court proceedings linked to domestic violence;
- measures for legal and domestic protection applied;

- types of recommendations made to the court aimed at protecting the rights and interests of the child in cases of domestic violence;
- number of individuals placed in shelters (classified according to age and sex);
- number of notices about initiated criminal proceedings linked to domestic violence.

Centres keep a more detailed record than the one stipulated by the law and the rulebook and collect additional data on:

- number of recorded acts of violence based on the moment the centre made contact with the victim;
- number of verbal settlements in cases of domestic violence;
- number of occurrences when material aid was provided to victims of domestic violence;
- number of notices about initiated court proceedings linked to domestic violence;
- number of reports on emergency placement in shelters;
- number of families with reported cases of domestic violence;
- economic background of the family;
- kinship relations between the abuser;
- the victim in reported cases of domestic violence.

In addition to this, records kept by healthcare institutions contain data on:

- number of reports received by the Croatian Healthcare Institute from doctors of medicine in cases where victims suffered injuries at the hand of a family member;
- number of cases in which the victims of violence were referred to medical treatment;
- costs of the treatment for the victim of domestic violence;
- number of reported cases when the victim of domestic violence was referred to a psychiatric institution for treatment;
- number of cases in which the perpetrator of domestic violence was referred to a psychiatric institution for treatment.

Data are connected to those collected by police and misdemeanour courts.

The MSPY database

Pursuant to the Act on the Right to Access Information (22), MSPY is obliged to provide access to statistical data collected on the basis of the rulebook to every physical or legal entity that files a request for information.

MSPY publishes only a portion of information linked to domestic violence, which is collected in social welfare centres in its annual statistical report available on the web page of the ministry.

This database provides important insights into:

- the basic issues of domestic violence;
- the most common types of perpetrators and the victims;
- the most typical forms of violence committed against women in relationships;
- the most common profile victims of violence based on age;
- many other sociodemographic variables.

These indicators can make a significant contribution in the development of action plans for combating VAW and new national strategy against domestic violence.

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(22) Official Gazette 25/13, 85/15, http://www.pristupinfo.hr/wp-content/uploads/2014/03/ZPPI-procisceni-tekst-eng.pdf.

A significant contribution made by this database lies in the fact that it is the first database of this kind in Croatia, in the sense that it does not only collect information about reported cases, like the one kept by the Ministry of Interior, but it also includes data on measures undertaken and steps taken in the process of reporting and processing violence, as well as information regarding the help provided to victims. Furthermore, the database connects data from all relevant institutions combating domestic violence, from the police and justice system to social welfare centres.

A main obstacle is related to the lack of published reports and/or publications, which would be easily accessible and would have a stronger impact on the development and adoption of public policies in combating VAW.

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The importance of networking and data linkage in enhancing women shelters efficacy in contrasting VAW: the Danish nationwide registration of contacts with women's shelters

Denmark 1990-ongoing

Summary

The Ministry of Social Affairs and Interior is responsible for the collection of data on all contacts with the shelters for women exposed to partner violence. At present, 48 shelters situated in all regions of Denmark offer counselling and shelter for women and their children. In cooperation, the ministry and the National Organisation of Shelters (LOKK) publish statistics on contacts with the shelters based on data collected by the personnel at the shelters. In principle, these data are registered by the woman/victim's personal ID number and by the Danish regulations on national registers. Data on shelter contacts can be linked to data in Statistics Denmark's various population registers. However, a majority of the women do not provide their ID number or the personnel in the shelters do not request the information; thus, in 70 % of shelter contacts the ID number is not registered.

Common data collection at shelters

Since the feminist movement established national and regional shelters for victims of GBV in the late 1970s, shelters in Denmark have collected various data concerning the reason for contact and personal information about women and their children contacting the shelters.

While at the beginning the shelters only collected this information on a voluntary basis for internal monitoring purposes, procedures started to change from 1990 when the legislation on social services and welfare began to regulate and finance the shelters.

The Service Act of 1998, later amended in 2007, regulates social welfare, including housing for adults in need, among which are victims of violence in close partnerships (Service Act, Section 109). LOKK covers the major part of the shelters. Access to housing requires visitation by the head of the individual shelter. There are regulations for the municipalities' reimbursements of fees for housing, for psychological counselling and for other victim support.

Hence, local administrations providing budgets need information on the users of the shelters including key information about their former residence, children and other information useful for providing economic support and other benefits. By legislation in Denmark, all victims of violence have the right to a certain number of state benefits, including, depending on the economic situation of the victim, support for housing, education when needed, psychological counselling and more specified allowances.

To this end, shelters started to collect common data and information on women and their children. Those data are collected by interviews carried out at the woman/victim's first contact with the shelter and by a follow-up when women leave the centre. Data include a substantial amount of information about the individual woman, the cause of her contact with the shelter (forms of violence), possible injuries caused by physical violence, her former contact with shelters, her age, her socioeconomic status, her ethnicity, her housing conditions, children — and it includes some data about the perpetrator. At the first encounter at the shelter, the woman/victim fills in a short questionnaire. An additional longer questionnaire is filled out if the woman chooses to stay at the shelter. Data comprise information about the form of violence that the woman has suffered, e.g. specified types of physical violence, threats, other repressions, the frequency of exposure to violence, the latest occurrence, the relationship to the perpetrator — and information about children (minors) in the home and their witnessing the violence. Information about possible former contact with shelters is part of the interview. The data collection includes information about country of origin, housing before contact with the shelter and other sociodemographic data such as level of education and involvement in the labour market. Specific topics may be illuminated by the questionnaire; these topics change from year to year.

Privacy provisions

At present, the shelters tend to register these data by the woman's personal identification number (23) assigned to all persons with a permanent residence in Denmark. However, there is a certain resistance to register personnel data and to give permission to data linkage. Thus, only about 30 % of shelter statistic data are registered by the ID of the victim and can be linked to other administrative data sources, such as the national patient register or criminal statistics — and other nationwide population registers in Statistics Denmark.

In the case of data linkage, all analyses are performed using encrypted data that do not allow identification of the individual woman/victim. The Danish Act on Processing of Personal Data (24) regulates the access to data for statistical and scientific purposes and guarantees full anonymity for the data subjects. Databases established by linkage of registers are stored at Statistics Denmark, and researchers are permitted online access to encrypted, anonymous datasets that do not enable identification of individuals (25).

The Danish database on VAW was established by linkage of survey and register data, based on specific permission (26). Statistics Denmark gives researchers access to anonymised microdata, e.g. data on person, family, household, workplace or at company level. Data access is provided as a secure remote access to servers at Statistics Denmark from the researcher's own computer through the internet. This arrangement gives researchers a unique opportunity to use microdata in their research. According to the rules, access to microdata can only be granted to researchers in Danish research environments after approval from Statistics Denmark. Foreign researchers affiliated to a Danish authorised environment are also given access to Danish microdata.

The personnel at the shelter inform the woman about the purpose of data collection and the possibility of anonymous data linkage in Statistics Denmark to illuminate different aspects of GBV. The professional staff at the shelters acknowledge the need for comprehensive data on the shelter contacts — not least in order to provide the most efficient and targeted support for the victims. Possibly due

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(23) Denmark introduced the personal identification number in 1968 and it was used in a census for the first time at the population and housing census in 1970. Accordingly, this became the first Danish register using the personal identification number as an identification key.

(24) http://www.dst.dk/en/TilSalg/Forskningsservice.aspx http://www.coe.int/t/dghl/standardsetting/dataprotection/National %20laws/DANEMARKThe %20Act %20on %20Processing %20of %20Personal %20Data.pdf

(25) 'Danish population-based registers for public health and health-related welfare research: introduction to the supplement', a description of Danish registers and results from their application in research, *Scandinavian Journal of Public Health*, 2001, Vol. 39, suppl. 7, pp. 8-10.

(26) Helweg-Larsen, K., *Violence in close relationships*, The National Institute of Public Health, Copenhagen, 2012, http://www.si-folkesundhed.dk/Udgivelser/B%C3%B8ger%20og%20rapporter/2012/Vold%20i%20n%C3%A6re%20relationer.aspx.

to previous traditions in the feministic movement, a number of shelter personnel are reluctant to register personnel data. However, the number of shelters that does not collect data linked to the personal identification number of the individual women has decreased over the years. At present, about 40 % of the women housed in shelters do not notify staff of their personal identification number, and in some cases the shelter questionnaires are not completed at the entry. At present, data linkage between shelter statistics and other population-based registers are, thus, only possible for about 30 % of the shelter population (27).

Networking and data linkage

LOKK (28), in cooperation with the Ministry of Social Affairs and Interior, publish shelter statistics annually using data on contacts with the 41 shelters in Denmark that are organised by LOKK, and also include data about six centres not organised by LOKK. The national action plan to combat violence against women sets aside a specific budget for data collection and analyses.

Main success factors of data collection on shelter contacts relate to the fact that these data potentially can be linked to other data, primarily administrative data, and thus can provide a wide range of information on victims of GBV who contact shelters. Furthermore, the Danish regulations enable concrete follow-up studies that measure the outcome of stay, counselling and support in the shelters, for example. By data linkage in the various Danish registers in Statistics Denmark, criminal statistics, national patient register, housing register, comprehensive data for analyses of different aspects related to violence exposure and contact with shelters, for example, can be retrieved.

An obstacle to full register-based analyses of the profile of victims, the outcomes of contacts to shelters and of other topics is the relatively low coverage of identification numbers among the shelter contacts. A large number of women do not want to disclose their personal ID number, or the shelter personnel do not request the ID number when compiling the questionnaire at the woman's contact to the shelter. At present, this amounts to about 60-70 % of the shelter contacts. Experiences show, however, that careful information on the purpose of data collection and of the respect to personal integrity through the Danish regulations of access to register data results in a larger part of the women not refraining from providing their personal ID number linked to questionnaire data.

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http://www.lokk.dk/Info/In-English/About-LOKK/
The Ministry of Social Affairs publishes annual statistics: http://socialstyrelsen.dk/udgivelser/arsstatistik-2014-kvinder-og-born-pa-krisecenter

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(27) *Evaluation of offers at shelters,* research report, Rambøll, Copenhagen, 2015, http://socialstyrelsen.dk/filer/voksne/vold-i-naere-relationer/evaluering-af-kvindekrisecentre.pdf (in Danish).

(28) LOKK was established in 1987 as a union of 42 women's shelters and counselling centres in Denmark. LOKK's mission is to support the shelters in their effort to prevent, combat and create awareness of physical and physiological VAW and their children.

A secure online database on GBV Ireland 2003-ongoing

Summary

There is a growing recognition of the need to have timely, accurate and comprehensive data on which to develop policy and to commission services relating to domestic, sexual and gender-based violence. The Rape Crisis Network Ireland (RCNI) database is a secure online database which allows authorised non-statutory sexual violence services in Ireland to record anonymised information on the specific needs and use of services by individual service users. The data allows the individual services and the RCNI to generate a wide range of reports about the use of services at a local and national level, and the characteristics and situation of service users in relation to sexual violence. The system offers a unique data source as almost two thirds of this data relates to non-reported cases of sexual violence. While the services deal with those aged 14 years and above, the sexual violence may have occurred at any age. However, recent changes in the funding of sexual violence services in Ireland may have implications for the future of the database.

Irish strategy on GBV

Over the last two decades Ireland has made a concerted commitment to, and progress in, addressing VAW through legislation, policy and service development. The first national strategy on domestic, sexual and gender-based violence was approved by the Irish government on 9 February 2010, and the second strategy and associated action plan were published on 20 January 2016. The strategy sets out the strategic vision, objectives and actions of the Irish government in tackling a range of crimes related to sexual, domestic and gender-related violence. The overall aim of this work is to reduce the prevalence of these issues and to ensure that the system of prevention, support of victims and response to perpetrators is effectively coordinated in a manner which increases the effectiveness of the response and engenders public confidence. The strategy was developed by the National Office for the Prevention of Domestic, Sexual and Gender-based Violence (Cosc), which is located within the Department of Justice and Equality, in consultation with a broad range of stakeholders.

'The SAVI report: sexual abuse and violence in Ireland' ([29]), provided information on the prevalence of sexual violence for women and men in Ireland. It specifically highlighted that 42 % of women and 28 % of men disclosed to the researchers some form of sexual abuse or assault in their lifetime, with nearly 30 % of women and 25 % of men disclosing varying levels of sexual abuse in childhood. Furthermore, 24 % of women disclosed sexual abuse by their partner or ex-partner, and the comparable finding for men was just over 1 %. The SAVI report highlighted that many victims of sexual violence do not report their victimisation to the police, but that most do want access to support services.

The need for a unique data source

To date, statistics relating to sexual violence in Ireland are collected by a number of statutory and non-statutory agencies, although there is no central collation or analysis of these. In 2003, the RCNI

([29]) McGee, H. R., Garavan, R., de Barra, G. M., Byrne, J. and Conroy, R., 'The SAVI report: sexual abuse and violence in Ireland: a national study of Irish experiences', *Beliefs and attitudes concerning sexual violence*, Liffey Press, Dublin, 2002.

developed a regional database in partnership with rape crisis centres across Ireland and a local IT company that developed the database in a public–private partnership at nil cost to the RCNI. The database is a secure online system which allows authorised non-statutory sexual violence services in Ireland to record anonymised information on the specific needs and use of services by individual service users. The data facilitates the individual services and the RCNI to generate a wide range of reports about the experiences of survivors, the use of services at a local and national level, and the characteristics and situation of service users in relation to sexual violence. The system offers a unique data source as almost two thirds of this data relates to cases of sexual violence that have not been reported to the police. While the services deal with those aged 14 years and above, the sexual violence may have occurred at any age. In 2005 a senior and well-respected academic partner became involved to offer statistical advice and to enhance the quality assurance of the data and analysis, which is of prime importance to the RCNI. In 2010 and 2012 the project expanded to incorporate additional service providers. The RCNI have incorporated further learning into the development of the database through engaging with a range of other stakeholders including:

- An Garda Siochana (police) Research Unit
- the government's Central Statistics Office
- the Commission to Support Victims of Crime
- the National Disability Authority
- the Health Service Executive.

As a result of working with partners in the statutory and non-statutory sector, the data categories have been refined in order to better represent the collective experience and pathways of service users and sexual violence services in order to answer important questions necessary to provide better services, to inform national service planning and national discussions, debates and policy formulation and, most importantly, to give a voice to survivors who are otherwise silent in shaping understanding, policy and responses to sexual violence.

Data collection structure and main information

The data collection is incorporated into the standard operating procedures of service-providing organisations, thereby ensuring that the data is routinely inputted. The database covers the full range of services provided including information from helpline and counselling services. In order to ensure consistency in the way that data is collated and inputted, the RCNI coordinates and delivers annual training and capacity building to each local service provider on aspects including:

- using the RCNI database;
- data entry;
- extracting data;
- reliable and accurate presentation of local data.

An extensive data-cleaning process is carried out nationally before any data is analysed. This involves checking all of the data entered for mistakes and omissions, and rectifying these. The RCNI contracts external statistical analysis expertise for the project to ensure national data presentation is accurate. The RCNI infrastructure around the data system also supports best practice in upholding survivor rights to data protection and privacy, particularly given the majority of data related to instances not having been reported to the police, and supports services in meeting their legal obligations as data controllers.

The database collects information on over 70 separate items and has a number of fields for data including:

- demographic information on the service user: including gender, approximate age, nationality, legal status, housing type, education, who knows the service user is attending the service,

when they started/finished counselling/support and why;
- crime/sexual violence information: including age of service user when abuse occurred, type of abuse, information about the abuser, was the abuse reported to any authority;
- appointment/service uptake information: records data every time the service user attends the service, including date, time, location and type of appointment, counsellor, was the appointment attended, was an interpreter needed;
- helpline information: including date, time, why contacting service, gender, type of abuse if any, country of origin, approximate age;
- accompaniment information: including date, time and type of accompaniment (sexual assault treatment unit, police, etc.), gender, approximate age, type of violence.

Increasing understanding of GBV and more focused interventions

The database has assisted the RCNI and service providers in calling for legislative and policy change and in increasing understanding of sexual violence through analysis of survivors' experience, which may otherwise be invisible to the authorities. It also allows evidence-based advocacy on behalf of victims, public awareness-raising through campaigns and media work, and in the development of educational programmes to better inform the public and professionals. In addition, the data has been used by a range of statutory and non-governmental agencies to inform their own work in meeting the needs of victims in the criminal justice, health and social care fields.

In January 2014 the Irish government established the Child and Family Agency (Tusla) as an independent state agency responsible for improving the well-being and outcomes for children through early intervention, family support and child protection services. With some 4 000 staff and an operational budget of approximately EUR 600 million, Tusla is a major and highly regarded development in responding to the needs of children and families in Ireland. Tusla has also been delegated with responsibility for commissioning a range of services in relation to responding to domestic, sexual and gender-based violence. Tusla has developed a national office to take forward its remit with regard to victims of these kinds of violence, with a recently established dedicated national team. The need for timely, accurate and comprehensive data on which to develop policy and to commission services relating to domestic, sexual and gender-based violence has been central to Tusla's planning around data. Tusla is particularly mindful of the longer-term requirements under the Istanbul Convention and Directive 2012/29/EU of the European Parliament and of the Council on establishing minimum standards on the rights, support and protection of victims of crime (the Victims' Directive) to be able to demonstrate the level of access to services for victims/survivors and the outcomes achieved. In 2014 Tusla undertook a comprehensive review of the sexual and domestic violence sector. This review provided a national picture of service provision for the first time. Following the review, Tusla has developed a strategy with the intention of providing the domestic and sexual violence sector with a more sustainable basis for operating. This strategy has prioritised funding of direct services to victims. At present, Tusla does not intend to continue the funding for the RCNI database.

In July 2015 the Minster for Justice published draft legislation, the Criminal Justice (Victims of Crime) Bill 2015, to give effect to the directive. The legislation seeks to improve the immediate protection for victims, to improve the safeguards for victims in court and to strengthen the arrangements for assessing and responding to the needs of victims for support. The intent of the directive is reflected explicitly in Ireland in the second national strategy on domestic, sexual and gender-based violence.

The RCNI experience as a tool for future strategies and interventions

There is a growing recognition of the need to have timely, accurate and comprehensive data on which to develop policy and to commission services relating to domestic, sexual and gender-based violence in Ireland. At present, data on sexual violence is collected by a number of agencies, but this information is neither collated nor analysed centrally to provide an up-to-date comprehensive picture on the nature of sexual victimisation in Ireland, or service usage. The RCNI database has been one highly significant initiative to contribute to this required wider understanding. The development of the database from 2003 has resulted in significant learning in relation to:

- the type of information that is most useful;
- the importance of having robust data handling and quality assurance processes;
- the involvement of a range of stakeholders, including potential users of the data generated;
- the uses to which such data can be put.

Through collecting and using this data there is clear evidence that the needs of victims and the nature of sexual violence have gained wider recognition among the public, policymakers and politicians. In addition, the data generated has informed the delivery of direct services to victims of sexual violence in those services directly involved with the database as well as highlighted the unmet need of victims.

However, such databases are not without their challenges. The need to address issues of data ownership, data security and the future proofing of information developments across data related to sexual violence (and other sensitive) services requires detailed consideration, and there are different views about how best these safeguards can be achieved. The experience of the staff and services involved with the RCNI database should be useful in this regard.

Within the action plan published in January 2016 and taking forward the second national strategy on domestic, sexual and gender-based violence, the government in Ireland has committed to 'establish a bottom-line "gold standard" of data collection and analysis by all agencies working in the area(s) of domestic and sexual violence whereby all datasets are disaggregated by: age of victim and perpetrator; sex of victim and perpetrator; relationship between victim and perpetrator; ethnicity of victim and perpetrator; any disabilities of victim and perpetrator'.

This work will be led by Cosc and will involve input from a range of statutory organisations. This is a very welcome and important development, although it remains to be seen how non-statutory organisations, which provide the majority of direct contact with victims and perpetrators in Ireland, are involved in this process.

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Second national strategy on domestic, sexual and gender-based violence 2016-2021, http://www.cosc.ie/en/COSC/Pages/WP08000096.

An integrated model of intervention on interpersonal violence cases in health settings
Portugal 2013-ongoing

Summary

In 2013, continuing the strategy adopted in 2008 by the Ministry of Health through the creation of the health action for children and youths at risk (HACYR) (Order No. 31292/2008), an integrated model of intervention on interpersonal violence across the lifecycle was created: health action on gender, violence and lifecycle (HAGVLS) (Order No. 6378/2013).

Among other objectives, the HAGVLS aims to prevent interpersonal violence, specifically domestic violence, stalking, dating violence, violence against elder people, vicarious violence and trafficking in human beings. HAGVLS is coordinated by the Directorate-General of Health.

In order to implement HAGVLS, multidisciplinary teams of prevention of violence against adults (TPVA) are being formed and trained, which have, among others, the competence of collecting and organising statistics on violence cases attended in health settings (health centres and hospitals).

Measures to improve the knowledge of VAW

As referred in the most recent gender violence survey carried out in Portugal (30), 38 % of Portuguese women have experienced physical, psychological and/or sexual violence since the age of 18. In 2014, and according to the Portuguese observatory of murdered women, 43 women died and 49 were victims of murder attempts (31).

Given how widespread the phenomenon is and the legal advances made in the last decades, the national plan V to prevent and combat domestic and gender-based violence 2014-2017 (32) (V PNPCVDG), coordinated and monitored by the Commission for Citizenship and Gender Equality (CIG) — an official department of the presidency of the Council of Ministers which constitutes the government's mechanism for the promotion of citizenship and gender equality — comprises a set of measures aiming to deepen the knowledge about the different forms of GBV covered by the scope of the Istanbul Convention. In its strategic Area 5 (p. 142) — investigation and monitoring — the following goals are expected:

- collecting and processing statistical data enabling knowledge and information systematisation;
- promoting studies addressing current gaps in knowledge in matters of domestic and gender-based violence and updating essential information for determining the intensity of the phenomenon;
- developing statistical monitoring tools for domestic and gender-based violence as well as for the management of the support network for victims.

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(30) Lisboa, M. et al., *Gender violence in Portugal: a national survey of violence against women and men*, Universidade Nova de Lisboa, Lisbon, 2008.

(31) *Observatory report 2015*, Alternative and Response Union of Women (UMAR), 2015.

(32) https://www.cig.gov.pt/wp-content/uploads/2014/06/CIG-VPNPCVDG_2014-2017_ENG.pdf

These goals are aligned with the EU policy framework to combat VAW, which proposes an integrated system of data collection in order to obtain comparable statistical elements between European countries.

HAGVLS and its implementation through the teams of TPVA

Within this context, HAGVLS is an integrated model developed to improve responses of the National Health Service (NHS) to prevent violence through lifespan. Its main aims are to:

- promote equality, particularly health equity, independently of sex, age, health conditions, sexual orientation, religion and social and economic background;
- prevent interpersonal violence, namely domestic violence, stalking, dating violence, violence against elder people, vicarious violence and trafficking in human beings;
- promote better coordination between HACYR and intervention in adult violence.

In this sense, HAGVLS is contributing to the execution of the Portuguese national plans (33), namely the national plan V to prevent and combat domestic and gender-based violence (2014-2017), the national plan V for gender equality, citizenship and non-discrimination (2014-2017) and the national plan III to prevent and combat trafficking in human beings (2014-2017). At the Ministry of Health and the Directorate-General of Health, the implementation of the HAGVLS is being coordinated with the implementation of plan II for equality. In order to implement HAGVLS, multidisciplinary teams of TPVA are being formed and trained, which have, among others, the responsibility for collecting and organising statistics on violence cases attended in health settings (health centres and hospitals).

Evaluation and intervention protocol

Bearing in mind that interpersonal violence is a common problem that affects mostly intimate and family relationships, a screening, evaluation and intervention protocol was created. This includes a clinical registration form on violence to be filled in by health professionals, which also attends to the data collection purpose. Questions about types and dynamics of violence, means and resources to confront victimisation, among others, are part of the process of the interview to be conducted with the victim. The protocol contains information on psychosocial assessment, victimisation assessment, physical examination, emotional state assessment, victim's change process assessment and risk assessment.

In a situation where a person confronting victimisation might be a victim of crime, a crime report form must be filled in too and directed to the court prosecutor.

When a health professional is confronted with a victimisation situation, he/she must fill the clinical registration form of violence, which is available on a web platform. A copy must be provided to TPVA for casuistic and/or consulting registry and, in exceptional cases, for intervention. The process should be conducted and supported by family health teams or other professionals who have a closer relationship with users, with TPVA consulting if needed.

A guide for health professionals

A technical guide, 'Interpersonal violence — approach, diagnosis and intervention in health services' (34) was distributed to health professionals to educate them about the phenomena and to make

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(33) https://www.cig.gov.pt/wp-content/uploads/2014/06/CIG-IIIPNPCTSH_2014-2017_ENG.pdf

(34) https://www.dgs.pt/documentos-e-publicacoes/violencia-interpessoal-abordagem-diagnostico-e-intervencao-nos-servicos-de-saude.aspx

their intervention more effective. This document constitutes an essential tool to recognise risk contexts and factors, to intervene with victims and to refer cases of violence to a set of different services. It also provides an articulation of principles of prevention in services, to support institutional capacity building and to define flowcharts to intervene on interpersonal violence.

Towards an official national database

Currently, the network of TPVA is being formed and health professionals who are part of it are being trained. TPVA has the competence to collect and organise statistics on violence cases attended in health settings. Five regional health administrations are involved in the process, which is gradual. Positive results observed in the last years concerning the model adopted by the interdisciplinary teams of the HACYR led the Directorate-General of Health to expand it to interpersonal violence across the lifecycle. Within this context, the process of collecting and organising statistics on violence cases attended in health settings is ongoing. The high number of cases, the complexity of the phenomena and the lack of human and technical resources are some of the difficulties faced by HAGVLS.

Nevertheless, the creation of the HAGVLS has since revealed some strength that may be systematised in the following aspects:

- early detection of interpersonal violence cases;
- specialised care;
- networking intervention;
- transdisciplinary.

This governmental preoccupation with data collection on violence against adults, particularly with domestic violence and dating violence where IPV is included, will soon make it possible to have an official national database in Portugal with health records on domestic violence. Within this context, the process of collecting and organising statistics on violence cases attended in health settings is ongoing.

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Female genital mutilation (FGM)

Title	Country
Registration of FGM in hospitals	**Belgium**
Model protocol medical care for women and girls with FGM	**The Netherlands**
Portugal action programmes — health database on FGM	**Portugal**
FGM enhanced dataset (England)	**United Kingdom**

Registration of FGM in hospitals
Belgium 2012-2015

Summary

Hospitals in Belgium have to register medical acts in a mandatory registration system. Through this system clinical data on each hospitalised patient (not outpatients) are collected. Data entered by doctors in the patient file are standardised using the international classification of diseases (ICD) system of the World Health Organisation.

In 2012, the federal administration in charge of public health (FPS Health) organised awareness raising and training sessions in 18 hospitals in the country. In 2013, FPS Health launched monitoring of the registration of FGM in hospitals that had previously followed the mentioned training.

The aim of this pilot study was to assess whether existing registration procedures in hospitals are sufficient to ensure adequate recording of FGM cases. A number of cases were monitored for a period of 12 months. 10 hospitals were chosen for this monitoring study, the criterion for selection being to have previously followed a training session organised in 2012.

The results of the study show that the number of recorded FGM cases after awareness raising/training sessions is 2.5 times higher than the average of the previous years (1.6 times higher than in 2011), which seems to confirm the suspected under-registration in past years. The hypothesis that trained professionals will register FGM cases more systematically and accurately was confirmed. The study reveals clear links between information on FGM and how to deal with it (leaflets) and the correct implementation of existing registration instruments. Therefore, to improve the correct registration of FGM in hospitals, training and awareness sessions are the first steps to be implemented. Existing instruments (classification, leaflets) are adequate to ensure a proper registration if doctors in hospitals are properly trained.

National strategy and action plans on VAW

The way prevention and suppression of GBV are dealt with in Belgium is influenced by the country's federal administrative structure dividing responsibilities between the federal, regional and community authorities. Coordination and dialogue between entities are therefore crucial. This is why since 2001 Belgium has pursued a policy to combat GBV by means of NAP, supported by the federal government, the communities and the regions. This plan is coordinated by the Gender Equality Institute (Institut pour l'égalité des femmes et des hommes). Several plans were drawn up: a first NAP 2001-2003, a second NAP 2004-2007, a third NAP 2008-2009 and a fourth NAP 2010-2014. The topics addressed under each NAP have varied over time; the current NAP 2015-2019 chooses a broad approach towards GBV. The goal of the NAP 2015-2019 is to banish all forms of GBV and it covers IPV, FGM, forced marriage, honour-based violence, sexual violence and prostitution.

One of the current NAP overall objectives is to pursue an integrated policy to gather quantitative and qualitative data about all forms of violence. Also, an interdepartmental group, bringing together representatives of the federal, community and regional institutions involved in the battle against GBV, is in place in order to attain a joint and coherent policy. The group is coordinated by the Gender Equality Institute.

Currently, collection of administrative data is organised under the general regulatory framework for penal offences: all complaints and cases are systematically registered by the relevant services (police and the judicial system). The classification is based on the type of offence. However, for IPV an administrative circular (Col 3) adopted in 2006 provides that every complaint should be registered with a specific code by the police and the judicial system indicating the relationship between the victim and the perpetrator. It was adopted notably to put an end to a practice of 'main courante' (daybook); all cases should systematically be recorded to get a better view on the phenomenon.

FGM as a penal offence

There is no law specifically on VAW; all forms of GBV are addressed as gender neutral except for FGM. FGM is thus considered a penal offence and therefore registered when women and girls are victims of such practices.

FGM is considered as inhuman and degrading treatment and may lead to protection under asylum. Thus, Belgium may grant the status of refugee to a victim of FGM or to a woman/girl at risk in order to ensure her protection and preserve her physical and mental integrity.

Excision is also punishable by law since 2001 (Article 409 of the Penal Code). The law can be applied even in the case of an excision performed abroad if the perpetrators reside in Belgium. Indeed, for families established in Europe the practice of FGM continues, albeit to a lesser extent, while they are on holidays in the country of origin or even in the territory of the host country.

The importance of carrying out studies on the FGM phenomenon

In order to conduct a proper policy for medico-social care and prevention it is important to estimate the number of women and girls concerned by FGM in Belgium. Firstly to protect girls at risk of undergoing the practice and secondly to deal with gynaecological and obstetric complications and psychosexual issues for circumcised women, as well as to be able to respond to growing demands for reconstructive surgery.

A first study was concluded in 2012 (based on 2010 data) in order to appreciate the prevalence of FGM in Belgium. A more comprehensive approach was developed, using 2012 data from population registers and data on foreigners. A subsequent study to update data was conducted in 2014. A more comprehensive approach was developed using 2012 data from population registers and foreigners (no data by ethnicity), but also from asylum seekers and departments in charge of childhood (35).

Although this study was not based on a clinical diagnosis (it remains a statistical estimate of the prevalence of FGM in Belgium by combining different data sources), it showed that prevention and care needs are important in Belgium.

Mandatory registration system in hospitals

Within this context, hospitals in Belgium have to register medical acts in a mandatory registration system. Through this system, clinical data on each patient are collected. Data entered by doctors in the patient file are standardised using the ICD system of the World Health Organisation. The ICD is the stan-

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(35) French link: http://www.health.belgium.be/fr/sante/professions-de-sante/thematiques-multidiciplinaires/excision; Dutch link: http://www.health.belgium.be/nl/gezondheid/zorgberoepen/multidisciplinaire-themas/vrouwenbesnijdenis.

dard diagnostic tool for epidemiology, health management and clinical purposes. It is used to monitor the incidence and prevalence of diseases and other health problems, providing a picture of the general health situation of a country and its population. Since 2015, the registration system in Belgium is progressively using the ICD-10-CM and ICD-10-PCS classification (before it was ICD-9-CM).

To ensure an accurate registration of pathologies linked to FGM, it is important that doctors and those in charge of coding in hospitals have adequate knowledge. The NAP to combat different types of gender violence adopted for 2010-2014 contains one measure relating to 'ensuring registration of facts of FGM by professionals who have to deal with the problem and a routine recording of detected cases'.

Pilot test in 10 hospitals

Following an observation of under-reporting of FGM by hospitals, in 2012 FPS Health organised awareness-raising and training sessions in 18 hospitals in the country.

In 2013, FPS Health launched monitoring of the registration of FGM in hospitals that had previously followed the mentioned training. Of the 18 hospitals concerned, 10 participated in the pilot study on registration. All participating hospitals received some information by leaflets highlighting what specific elements should be incorporated into a file in order to optimise the registration of FGM cases. These were available in both Dutch and French.

To monitor the number of registered cases of FGM, FPS Health contacted, on a monthly basis, all participating hospitals and asked that a form be completed. This form mainly included fields relating to the date of registration of a FGM case in the hospital, the type of FGM, the type of hospitalisation and, if relevant, the type of surgery performed. The monitored period started on 1 January 2013 and ran until 31 December 2013.

The aim of this pilot study was to assess whether existing registration procedures in hospitals are sufficient to ensure adequate recording of FGM cases. A number of cases were monitored for a period of 12 months. As mentioned above, only 10 hospitals were chosen for this monitoring study, the criterion for selection being to have previously followed a training session organised in 2012.

Improvements in the pilot hospitals

The results of the study show that the number of recorded FGM cases after awareness-raising/training sessions is 2.5 times higher than the average of the previous years (1.6 times higher than in 2011), which seems to confirm the suspected under-registration in past years. This was echoed by doctors involved in the participating hospitals: it was after the sensitisation — as well as the fact sheet on FGM — that more attention was paid to the correct registration of cases.

The hypothesis that trained professionals will register FGM cases more systematically and accurately was confirmed. The study reveals clear links between information on FGM and how to deal with it (leaflets) and the correct implementation of existing registration instruments.

Therefore, to improve the correct registration of FGM in hospitals, training and awareness sessions are the first steps to be implemented. Existing instruments (classification, leaflets) are adequate to ensure a proper registration if doctors in hospitals are properly trained.

The following can be mentioned as positive success factors: hospitals in Belgium have to register medical acts in a mandatory registration system; through this system clinical data on each patient are collected; and data entered by doctors in the patient file are standardised using the ICD system of the World Health Organisation.

So the use of an international standard is to be considered a success factor in collecting comparable data on FGM.

Moreover, the collection of FGM data in connection with general health data could in the future ensure that data will be accessible to all healthcare providers.

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A joint initiative of health professionals: the model protocol medical care for women and girls with FGM The Netherlands 2009-2015

Summary

The model protocol medical care for women and girls with FGM is a joint initiative of several medical professional organisations. It makes recommendations on how professionals can deliver medical, psychosocial and sexual care to girls and women who are victims of FGM. The protocol is aimed at prevention, urgent aid and long-term care. Statements are made on registration and reporting of (potential) cases of FGM.

FGM as a very serious and damaging form of child abuse

Dutch policy towards VAW adopts a gender-neutral approach. As a consequence, there are no specific rules in place on data collection of VAW incidents, and no specific national strategy is implemented targeting VAW. The legal framework on violence in the Netherlands criminalises rape (Art. 242 of the Penal Code), sexual assault and stalking (law from 28 June 2000). No separate criminal offence exists for sexual harassment outside of the workplace.

In the Netherlands FGM is prosecutable under general criminal legislation (Sections 300-304, 307, 308 of the Penal Code), with an imprisonment of maximum 12 years or a fine of maximum EUR 76 000. In case FGM is committed by one of the parents, imprisonment can be increased by one third. In case the parent(s) assigned, paid for, provided means for or assisted during FGM, they will also be subject to punishment. This is seen as instigation, aiding and abetting. An adjustment of the law in February 2006 made FGM performed abroad punishable too, in case the suspected person has a Dutch nationality or lives in the Netherlands. In July 2009 the period of limitation was prolonged. The period of limitation takes effect on one's 18th birthday and can amount to 20 years with serious forms of FGM.

FGM data estimation

Since the 90s, there are women and girls living in the Netherlands who emigrated from countries where FGM — or circumcision — is practiced. According to estimation studies (36), of the number of women living in the Netherlands in 2012 and originating from countries where FGM is traditionally practiced (almost 70 000, 1 % of the Dutch female population), an estimated 40 % have undergone FGM. Next to that, 2 000 women originating from these countries live at asylum reception centres (35 % of the total number of women in the centres), of whom an estimated 74 % have undergone FGM. In total, there are an estimated 29 120 women with FGM living in the Netherlands. The majority of these women fall within the reproductive ages.

An integrated chain approach

Several projects have been implemented in the Netherlands and national policy has been developed in order to prevent FGM among young girls and to offer relevant medical and psychosocial health care for women who have been circumcised.

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(36) Exterkate, M., *Female genital mutilation in the Netherlands — Prevalence, incidence and determinants*, Pharos Centre of Expertise on Health for Migrants and Refugees, Utrecht, 2013.

Activities against FGM in the Netherlands started with short-term projects aimed at breaking the taboo through awareness raising, education and development of expertise. In 1993 the Dutch government took a clear position: all forms of FGM are forbidden. Gradually, projects were implemented aimed at prevention and education. Activities are interconnected, targeting African communities and the Dutch health care sector and fostering dialogue between these two groups. In 2005, on advice of the Council for Public Health and Health Care, the government increased the sense of urgency to end this form of violence by an intensive approach with a number of tangible measures.

Dutch policies on FGM focus on prevention, mainly through an integrated (chain) approach. The approach developed with 'key persons' (persons from African communities living in the Netherlands) and community-based migrant organisations, who after training made FGM a subject of discussion in their community, became part of the intensive preventive approach of the government during 2006-2009.

Medical and psychosocial care is vital

Since 2010, attention for medical and psychosocial care for women with FGM has also increased. To this end, several protocols have been developed, mostly within the social and medical sector, to signal and handle cases of FGM. Youth Health Care developed a statement on the prevention of FGM and implemented a communication protocol (37) from 2005 regarding genital mutilation of girls, to support early signalling of cases. An action protocol on genital mutilation of minors (38) was also implemented in 2013 informing police, the Focal Points Child Abuse and the Council for Child Protection and providing information on ways to act.

Within this context, a *Model protocol on medical care for women and girls* (39) *with FGM* was developed by the Dutch Association for Obstetrics and Gynaecology in 2010. The protocol is aimed at presenting recommendations on how professionals can deliver medical, psychosocial and sexual care to girls and women who are victims of FGM following a multi-dimensional approach.

The protocol describes the role of different professionals being confronted with (potential) cases of FGM. It also informs professionals on the position of several professional organisations regarding FGM and recommendations concerning ways to act in case of (risk of) FGM.

Health professionals' role in the protocol

Obstetrician's and gynaecologist's role in the chain of prevention is the following. During intake, they declare if the woman has undergone FGM or if she originates from a country where FGM is prevalent. During pregnancy, the professional discusses FGM in relation to possible physical consequences and impact on delivery. When a girl is born, the issue of FGM is addressed, including the health risks for girls and women, legal regulations in the Netherlands and the role of youth health care workers in preventing FGM.

Health care workers are also urged to report (potential) cases of FGM to the Inspection for Health Care (Inspectie Gezondheidszorg IGZ). Since 2011, youth health care workers register the risk of FGM in a digital file. They gather information concerning several risk factors regarding FGM. They register, for example, if the mother or sisters of the child have undergone FGM, if the parents originate from a country where FGM is prevalent, etc.

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(37) Gespreksprotocol JGZ.

(38) Handelingsprotocol VGV bij minderjarigen (AMK 2013 Pharos De Jager).

(39) Nederlandse Vereniging voor Obstetrie en Gynaecologie, *Modelprotocol medische zorg voor vrouwen en meisjes met VGV*, NVOG, 2010.

Several actions regarding national registration, signalling and reporting of cases of FGM for professionals from different sectors (youth health care workers, general practitioners, obstetricians, gynaecologists, professionals working in the field of child abuse, etc.) are described. All cases of FGM among pregnant women should be registered in the Perinatal Registration Netherlands (PRN) database. The PRN is an organisation that brings together the different Dutch professional organisations working in the field of perinatal care, and is responsible for collection of perinatal data. At the request of the Ministry of Public Health, Welfare and Sports (VWS), being responsible for policies on FGM, the registration of FGM was included in their registration system. The PRN dataset 2014 includes codes on 'FGM status' and 'type of FGM', providing insights on the number of women with FGM in the Netherlands. PRN cooperates with several (inter)national institutions including the VWS and the Central Bureau for Statistics.

The protocol's main success factor is related to the fact that it is a joint initiative of several medical professional organisations for registering and reporting (potential) cases of FGM. Moreover, the protocol is not only aimed at prevention, but also at urgent aid and long-term care following the Dutch chain approach from prevention to treatment.

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A health data platform to monitor FGM cases
Portugal 2007-2016

Summary

Portugal had until now three action programmes for the elimination of FGM.

All the programmes of action have been implemented by an intersectoral group composed of the representatives of several bodies (public entities from the most relevant ministries, international organisations and NGOs) and coordinated by the Commission for Citizenship and Gender Equality (CIG).

In order to characterise, understand and act against FGM, the Ministry of Health has created a health database on this specific type of gender violence, which is a registration system of cases identified by health professionals.

The experience of the programmes of action for the prevention of FGM

The practice of FGM fits under Article 144 of the Portuguese Penal Code, Law No 83/2015 (5 August), in compliance with the Istanbul Convention which determines it as an autonomous crime.

Considering that Portugal receives people originating from FGM-practising communities, the country has in the last few years been implementing several policies aimed to prevent and combat FGM.

Under the work of an intersectoral group — composed of representatives from a number of public administration authorities, intergovernmental organisations and NGOs — three Action programmes for the elimination of FGM have been developed:

- the I programme of action for the elimination of FGM (2007-2010) included in the III national plan for equality (2017-2010) (40);
- the II programme of action for the elimination of FGM (2011-2013) (41) included in the IV national plan for equality, citizenship, gender and non-discrimination (2011-2013) (42);
- the III programme of action for the prevention and elimination of FGM (2014-2017) (43), an integral part of the V national plan to prevent and combat domestic and gender-based violence (2014-2017) (44).

The III programme of action for the prevention and elimination of FGM (2014-2017) foresees the adoption of 42 structured measures around the five following strategic areas: 1) prevention; 2) integration; 3) training; 4) acknowledgement; and 5) cooperation.

Guidelines for health professionals

Since FMG is often identified within the context of the NHS and considering the practice involves risks to physical and psychological health, health professionals must be aware of the characteristics of the phenomenon as well as of the victims' needs. To this

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(40) https://www.cig.gov.pt/wp-content/uploads/2013/12/1prog_eliminacao_mgf.pdf

(41) https://www.cig.gov.pt/wp-content/uploads/2013/12/II_Programa_Accao_Mutilacao_Genital_Feminina.pdf

(42) https://www.cig.gov.pt/wp-content/uploads/2014/02/2011_5_RCM.pdf

(43) https://www.cig.gov.pt/wp-content/uploads/2015/06/III-Programme-of-Action-for-the-Prevention-and-Elimination-of-Female-Genital-Mutilation.pdf

(44) https://www.cig.gov.pt/wp-content/uploads/2014/06/CIG-VPNI_2014-2017_ENG.pdf

end, the NHS, overseen by the Ministry of Health, has adopted specific guidelines which create an obligation for healthcare professionals working in the NHS to record all cases of FGM.

Health data platform to monitor FGM cases

For the record purpose a database is being developed, aimed to generate a registration system of cases of FGM. It was created in 2012 by the Ministry of Health. The health data platform (PDS) is a web platform where health information is recorded and shared according to the conditions of the National Data Protection Commission. This clinical data repository is used for public health purposes by nearly 400 health institutions, covering all the Portuguese primary care services and public hospitals and has more than 35 000 views per day.

Used by all health professionals from the NHS, this database enables professionals to register the cases that are detected during the performance of medical duties. Thus, health professionals, especially those who work at maternal and child health, must be able to identify and guide a child, a youth or a woman who has suffered from FGM as well as to inform communities in order to prevent its practice in future generations ([45]). Moreover, within primary care, the risk or the existence of FGM must be identified in any clinical activity, namely those related to healthcare for children and youths, vaccination, family planning, community psychology and psychiatry and school health.

To monitor the referral system for cases of FGM and the PDS is one of the measures of the III programme of action for the prevention and elimination of FGM (2014-2017). Thanks to its implementation, there is a better understanding of the reality of FMG in Portugal. Consequently, it is possible to implement actions adapted to victims' needs. From April 2014 to December 2015, 99 cases were registered on the platform. The average age associated with the practice of FGM was 5.9 years old. 34 % of the victims were exposed to Type I, 62 % to Type II and 4 % to Type III. Victims were mostly from Guinea-Bissau.

Data obtained from the public health system have been complemented with data from a study on FGM prevalence in Portugal ([46]). The main goals of the study, conducted by Manuel Lisboa et al. (2015), were to identify the number and age of girls and women victimised or at risk of excision, where FGM is practised and other facts considered relevant to understanding the phenomenon.

Several are the success factors that can associated to the health database on FGM: advance of knowledge on FGM reality, improvement of professional capacity for screening and intervention and the reinforcement of institutional relationships and governance among different institutional actors. The main obstacle concerning FGM characterisation is the victims' resistance to share their stories, exposing their community practices and values.

([45]) https://www.cig.gov.pt/wp-content/uploads/2013/12/orientacao_DGS.pdf

([46]) https://www.cig.gov.pt/wp-content/uploads/2015/07/Relat_Mut_Genital_Feminina_p.pdf

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More information:

http://spms.min-saude.pt/2013/11/pds-plataforma-de-dados-da-saude

A specific repository for health professionals to safeguard girls against FGM
England 2014-2016

Summary

The FGM enhanced dataset is one of the actions of the Department of Health's FGM prevention programme which is a national GBP 3 million change programme to improve the way in which the NHS responds to the health needs of girls and women who have had FGM, and to actively support prevention. This includes supporting health professionals to be confident when having discussions with women and girls. It will also help us to record and share FGM administrative data and information appropriately and to take the necessary action to safeguard girls against risk.

Girl summit and the health response to FGM in the United Kingdom

FGM is child abuse and the Department of Health and the NHS are committed to caring for FGM survivors, protecting girls from FGM and preventing future generations from having to undergo FGM. On 22 July 2014, the United Kingdom hosted the first Girl Summit, aimed at mobilising domestic and international efforts to end FGM and child, early and forced marriage within a generation.

The Department of Health's FGM prevention programme in partnership with the NHS was launched at the Girl Summit and is working on a number of FGM projects now underway across NHS settings to improve the health response to FGM.

Following publication of the data standard on 2 April 2014, it became mandatory for any NHS healthcare professional to record (write down) within a patient's clinical record if they identify through the delivery of healthcare services that a woman or girl has had FGM. For acute trusts, it became mandatory from September 2014 to collate and submit anonymised aggregated data about the number of patients treated who have had FGM to Health and Social Care Information Centre (HSCIC) every month. The first report of this anonymised data, reporting on the data from September, was published on 16 October 2014 and is available on the HSCIC website, www.hscic.gov.uk/fgm.

All these data are stored in the FGM enhanced dataset which is a repository for individual-level data collected by healthcare providers in England, including acute hospital providers, mental health providers and general practitioner practices building on the FGM prevalence dataset, which finished collecting data on 10 April 2015 and published on 30 April 2015.

Reporting duty for health professionals

The FGM enhanced dataset information standard (SCCI2026) was published on 1 April 2015. It has been mandatory for acute trusts to submit patient-level data since 1 July 2015. From 1 October 2015 the following organisations have been required to have regard to the FGM enhanced dataset standard. General practice, mental health trusts, sexual health and genito-urinary medicine clinics, where patients do not have to provide their personal information, are out of scope, but these services are nonetheless reminded of their responsibilities to share information to ensure appropriate safeguarding responses are put in place every time this becomes necessary.

In October 2015, a new professional mandatory reporting duty was introduced for all regulated professionals to report all girls under 18 with FGM to the police. The duty has been brought through the Serious Crime Act 2015 and means that whenever regulated professionals (health, social care and education) identify that a girl under 18 has had FGM, or if the girl discloses this herself, the professional must make a report to the police. In addition, general practitioners and mental health trusts have been mandated under the Health and Social Care Act 2012 to record FGM-patient data under the FGM enhanced dataset. Acute trusts have had to meet the requirements of the FGM enhanced dataset since 1 July 2015.

Organisations are reminded of the Department of Health's guidance, 'Female genital mutilation risk and safeguarding: guidance for professionals' ([47]), which provides information on:

- identifying when a girl (including an unborn girl) or young woman may be at risk of FGM and responding appropriately to protect them;
- identifying when a girl or young woman has had FGM and responding appropriately to support them; and measures that can be implemented to prevent and ultimately eradicate the practice of FGM.

Data quality assessment and privacy issues

The FGM enhanced dataset requires organisations to record, collect and return detailed information about FGM within the patient population, as treated by the NHS in England. Data should be submitted every time the woman or girl has a procedure/treatment related to her FGM or gives birth to a baby girl, and every time FGM is identified (by a clinician or self-reported), not just the first time.

The dataset includes patient demographic data, specific FGM information, referral and treatment information.

The data collected is sent to the HSCIC, where it is anonymised, analysed and published in aggregate form. Personal information is only collected as part of the FGM enhanced dataset for internal data quality assurance and to avoid duplicate counting. A woman or child's personal details will never be published in the national aggregate reports and will never be passed to anyone outside the HSCIC. This work specifically will not pass any personal details to the police or social services — the collection of this data will not trigger individual criminal investigations.

With regards to the collection of patient-identifiable FGM information, in common law terms an individual's explicit consent can provide the lawful basis to override confidentiality. For good reasons, that consent is not being sought in this case. Directives have been provided to the HSCIC from the Department of Health which outlines a formal legal requirement on the HSCIC to process data, and such requirements override the usual rules around common law and confidentiality, as long as:

- there is a clear explanation to a patient about what is happening to their data — what the Data Protection Act (DPA) terms as 'fair processing'; and
- a fair processing route to handle any objections to the collection Section 10 of the DPA gives individuals the right to send a formal notice to a data controller requesting they stop processing data because it will cause substantial damage or substantial distress and that this would be unwarranted.

The obligation on the data controller, the HSCIC, is not to automatically accept such a notice but to respond within 21 days saying they will either accept the notice and stop the processing, or that the notice is unjustified and will not be accepted. However, due to commitments made by the Secretary of State, patient

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([47]) 2015, http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/525390/FGM_safeguarding_report_A.pdf objections for FGM collections are to be treated as an automatic stop processing request. This is a policy decision that goes beyond the law's requirements.

Improvements and main benefits

The FGM enhanced dataset focuses on two specific elements:

- the recording and sharing of FGM information locally, specifically for the provision of care;
- the central submission of FGM information when it has been identified and ultimately recorded within the clinical audit platform.

The main focus on collecting FGM data from various clinical settings is to provide nationally consistent information on women and girls who have had FGM, and to better inform the commissioning of services required.

The improvements and benefits resulting from the information standard are:

- a greater understanding of the issue of FGM in England;
- evidence to justify why the range of FGM support and care services needs to be commissioned;
- use of the information about when and where patients with FGM are identified and treated, to support service development.

For the FGM enhanced dataset, the HSCIC is publishing quarterly reports based on quarterly extractions from the data collection system, which will be published as an official statistic. The first report was based on the April-June 2015 quarter. Since the health service began recording incidences of FGM for the very first time, more than 1 000 cases of FGM were recorded in just 3 months in the United Kingdom. For the quarter April-June 2015, there were 1 036 newly recorded cases (48) of FGM in England, with a total of 1 159 attendances for FGM.

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(48) Newly recorded women and girls with FGM are those who have had their FGM information collected in the FGM enhanced dataset for the first time. This will include those identified as having FGM and those having treatment for their FGM. 'Newly recorded' does not necessarily mean that the attendance is the woman or girl's first attendance for FGM.

Annex 2 — Methodological approach

Annex 2 — Methodological approach

The adopted methodological approach in identifying good practices is firmly situated in the context of the EIGE's framework on good practices. As stated in the EIGE's 'Action plan on good practices in the field of gender equality and gender mainstreaming', the concept of 'good practice' aims at identifying 'relevant examples, approaches and experiences, in the EU and MS, useful to support the implementation of gender equality policies and directives, in practice'. Good practices are practices that not only 'work well' in terms of actions, methods and strategy, but they also contribute to the implementation of gender mainstreaming. They document the transformational aspect of gender mainstreaming — the impact that integrating gender equality issues has — in terms of changes to goals, strategies, actions and outcomes, thereby producing sustainable, long-lasting effects in terms of gender mainstreaming objectives. The concept of good practice refers to 'any experience/initiative displaying techniques, methods or approaches which function in a way, and produce effects and results coherent with the definition of gender mainstreaming, which are considered to be particularly effective in delivering gender mainstreaming as a transformative strategy, and, therefore, deserving to be disseminated and proposed to other organisational contexts'. The EIGE action plan also distinguishes between practices 'with potential' and 'good practices'. Practices with potential (also referenced as 'promising practices') are practices that **(1) have been working well** (the practice is finished, or at least shows substantial achievement attributed to the practice itself); **(2) can be replicated elsewhere**; and **(3) are good for learning how to think and act appropriately**. Beyond practices with potential are practices that **(4) are embedded within a wider gender mainstreaming strategy**; and **(5) show effective achievement** in terms of advancement of gender equality and/or reduction of gender inequalities.

Within this context, assessing good practices in administrative data collection on VAW involved a sequence of steps that range from the application of general criteria for good design and efficiency to specific criteria that focus on the specific area.

First step: general criteria. This represents the identification of the basic elements that, according to the EIGE methodology, should be present to consider a practice as a practice with potential and then a good practice. The first two elements — 'works well' and 'transferability' — are general criteria for good design and efficiency that refer to the specific practice under consideration. The third element highlights the importance of the practice's potential as a learning tool that may improve capacity among stakeholders. The final element stresses the importance for a practice to be embedded within a wider gender mainstreaming strategy that can guarantee a structured and systematic approach, promoting continuity and sustainability over time.

Second step: common criteria. This reflects the fundamental features that need to be present directly or indirectly, implicitly or explicitly, in every good practice identified in administrative data collection on VAW. These fundamentals are at the core of the message and approach embraced by the international and European community in the field.

Third step: specific criteria. This considers the criteria/elements specific to each of the three themes covered by this study: FGM; crime and criminal justice statistics, and administrative data from police and justice. The specific issues under review were IPV, femicide, rape and sexual assault; health, social services and other sectors.

Common and specific criteria are listed below.

Common criteria

A good practice:

1) has political and institutional commitment and will towards administrative data collection on VAW;
2) establishes robust legal framework covering all forms of VAW;
3) develops national strategic or an action plan to effectively address and tackle VAW;
4) involves all relevant stakeholders committed to combat VAW;
5) allocates sufficient human and financial resources to ensure its functionality and sustainability;
6) adopts a systematic, centralised and multi-dimensional approach combining different sources of data;
7) involves CSOs and specialised women's services in all data collection phases, including feedback;
8) collaborates with designers of administrative data systems and data suppliers;
9) assesses the quality of data and statistics and improves them accordingly through systematic monitoring and evaluation;
10) harmonises definitions of different forms of VAW with international and/or common definitions;
11) integrates data and information on different forms of VAW;
12) systematically reports on data collection, both internally and externally;
13) publicly disseminates data analysis to increase awareness of VAW in the society and to feed policymaking.

Specific criteria: crime and criminal justice statistics

A good practice:

1) collects data and information on victim and perpetrator as well as the relationship between them;
2) harmonises definitions of different forms of VAW with the international crime classification system;
3) collects, analyses and disseminates data and information on VAW coming from different sources (research surveys, police and justice data, NGO data, etc.);
4) respects privacy and confidentiality as an internationally recognised norm and ethical standard;

5) improves quality and typology of data collection on VAW.

Specific criteria: health, social services and other sectors

A good practice:

1) coordinates with and across health, legal and social services;

2) trains professionals on GBV and combating negative gender stereotypes and attitudes;

3) implements guidelines and protocols for the inclusion of VAW in health, social services and other sectors;

4) regularly updates data and information on details on perpetrators, previous experiences of abuse, etc.;

5) includes services and interventions offered and updated in data collection.

Specific criteria: female genital mutilation (FGM)

A good practice:

1) acknowledges the cultural and social factors for performing FGM together with language and cultural specificities of the affected communities;

2) works with local actors through direct community engagement, empowerment, advocacy and a strategic partnership;

3) implements guidelines, training and policy to ensure health professionals can provide medical care and counselling to girls and women at risk of FGM;

4) trains professionals on administrative data collection from a gender perspective, including medical staff, social operators, police and the judiciary;

5) allocates sufficient human and financial resources to ensure its functionality and sustainability;

6) provides gender and technical expertise for training professionals in administrative data collection;

7) creates linkages between administrative data collection, prevention and care provision services.

The three-step approach was applied to a set of practices with potential on criminal statistics, health and social services and FGM collected in all the 28 MS. All collected practices with potential were assessed by the core team, applying general, common and specific criteria in order to identify a group of 24 practices with potential that were discussed and finally agreed during the interim meeting in Vilnius. Out of the 24, a group of key stakeholders selected a total of 12 good practices.

The 12 selected good practices are of particular interest and can all emphasise important benefits within the administrative data collection on VAW.

A first typology of benefits that most of the practices share is related to the **improvement of capacity building among those working in the administrative data collection field**. For example, the French good practice on the working group on administrative data on VAW within the Interdepartmental Unit for Protecting Women against Violence underline the positive factor of giving impetus to the different ministerial services involved in the working group to produce specific data on VAW on a regular basis. In a similar way, in order to understand and act against FGM, the Portuguese Ministry of Health has created a health database on this specific type of gender violence, which is a registration system of cases identified by health professionals. The database is implemented by an intersectoral group composed of representatives of several government and non-government bodies and organisations (public entities from the most relevant ministries, international organisations and CSOs).

Along these lines, there are also good practices that contribute to **enhance specific knowledge and competences of those professionals directly working with women survivors from violence**. For example, the Portuguese good practice under HAGVLS specifically shows benefits in terms of newly trained competence: multidisciplinary teams of TPVA are being formed and trained, which have, among others, the competence of collecting and organising statistics on violence cases attended in health settings (health centres and hospitals).

Another important benefit is related to the **establishment of nationwide and highly comprehensive datasets often connecting data coming from different data sources**. For example, the Danish police collect nationwide comprehensive data on all offences reported to police. The structure of the Danish national registers ensures access to nationwide and comprehensive data on VAW, including each case reported to police, as well as on hospital visits due to violence. Each case recorded has a unique case number with reference to a penal code and linked to a personal ID number. This allows information to be drawn from other national registries (demographic and socioeconomic data). In a similar way, in Sweden nationwide VAW data are available from 1975 to now. These are a basis for decision-makers within the judicial system, the parliament and the government showing a strong legislative and policy framework on gender mainstreaming and on combating VAW. In Belgium, the registration of FGM cases is achieved through a mandatory registration system. Through this system, clinical data on each patient are collected. In this way data on FGM are linked with general health data which, in the future, will be accessible to all healthcare providers.

Showing the importance of **strictly linking reporting information to prevention measures** is another benefit of the selected good practices. The model protocol medical care for women and girls with FGM developed in the Netherlands clearly shows the importance of a chain approach from information to prevention and treatment. In a similar way, the English good practice on the FGM dataset follows a very comprehensive approach able to link prevention and care systems. Indeed, it helps to record and share FGM administrative data and information appropriately and to take the necessary action to safeguard girls against risk.

This is quite important in terms of learning and the usefulness of administrative data collection, not only for describing the phenomenon of VAW, but also to inform different stakeholders involved and use data to implement preventive measures and support interventions.

The benefits in terms of **learning and informing policymakers** are paramount in most of the selected good practices. For example, the FHM provides in-depth information on the victim and the perpetrator to be detected, including the relationship between victim and offender, demographic data, prior criminal record of the perpetrator, motive and information on warning signs to be able to intervene correctly and more effectively. To this end, the Irish good practice on the RCNI database underlines how the system offers a unique data source as almost two thirds of this data relates to cases of sexual violence that have not been reported to the police (the so-called dark number), increasing the possibility of acknowledging the magnitude of the phenomenon. Along these lines, the good practices on health, social services and other sectors show the importance of using a multidimensional approach to the phenomenon of VAW. Administrative data collections carried out according this approach contribute to **greater networking among**

different key stakeholders producing important benefits for the whole system in place to tackle VAW. An example of this is the Danish good practice on the nationwide registration of contacts with women's shelters, which shows the importance of creating a standardised system for collecting data, not only in terms of information, but also in terms of significant collaboration among shelters. At the same time, the database in place at the MSPY in Croatia allows for an overall data collection that interconnects systems developed by several institutions (justice, social and health sectors).

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