



Perspectives and standards for good practice in data collection on interpersonal violence at European level

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October 2007

This report was prepared within the Co-ordination Action on Human Rights Violations (CAHRV) and funded through the European Commission, 6th Framework Programme, Project No. 506348.

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Introduction

Interpersonal violence is considered one of the most serious social problems that European countries are currently facing. Although research has been carried out to determine the prevalence of interpersonal violence and its impact on the health of the victims, there are great differences in the methodology used (see Martinez, et al., 2006; Schröttle, et al., 2006). It has been difficult to obtain a clear picture of differences and similarities in the prevalence of interpersonal violence and its determinants, and in the interaction between various factors and the role of context. Thus, it has become urgent to establish shared minimum methodological standards as well as recommendations to guide future research. So far, methodological standards have been proposed by the United Nations (UN), the World Health Organization (WHO) and individual researchers (Walby 2005, 2006), but these have been applied to specific types of violence such as “violence against women”.

Because of the impact of violence on victims’ health it is desirable to gather information about the health status of victims and the immediate health consequences of violence when conducting prevalence research. Although questions on health already have been included in many prevalence surveys, this has been done at varying levels of detail. Thus, shared standards for assessing health impact are needed as well.

Although in principle prevalence surveys are the best method to obtain information about the prevalence, intensity and forms of interpersonal violence, in practice survey research faces obstacles, which also can differ from one European country to the next. Similarly, assessing health impact confronts researchers with numerous challenges. Because of this it can be a useful strategy to complement survey studies with other research on interpersonal violence, in particular with studies that assess violence in specific settings.

The present report sets out standards and recommendations for planning prevalence and health impact studies on a European level, including research on violence in specific population groups (e.g., women, men, children, older people) at a European level. In addition to making specific recommendations, this report contributes more generally to the ongoing international discussion on developing comparative methodologies.¹

¹ See, for example, UN: 61st session of the General Assembly; UNECE, 2006; Walby; WHO, 2005.

1-Methodological standards for data collection in prevalence research on interpersonal violence

Interpersonal violence includes a wide variety of different types of violence that can occur in different contexts and against different groups. While general methodological standards can guide prevalence research on any type of violence specific standards should be followed for researching violence perpetrated against specific groups.

The UN and the WHO have already published guidelines to carry out prevalence research on violence against women (UN: 61st session of the General Assembly, 2006; UNECE, 2006; WHO, 2001, 2005a). The WHO report in particular provides a comprehensive research methodology for prevalence research on violence against women (Ellsberg and Heise, 2005). The present report contributes to this body of work with a focus on prevalence research in Europe and on multiple forms of interpersonal violence. The report's recommendations reflect experiences in Europe with a diverse range of prevalence studies and related research:

- a-The report builds on the experience with prevalence research in western Europe and English speaking countries where prevalence research has had a longer history than in other parts of Europe (see the review analysis by Djokovic-Papic et al., 2006).
- b-The report draws in more detail on studies and data sets from eight European countries (Finland, France, Germany, Holland, Lithuania, Spain, Sweden, and UK) (see review by Martinez, et al., 2006).
- c-The report's recommendations also reflect European experience in researching violence against men, children, elderly people and migrant women.

Contributing to the international development of comparative research methodologies this report makes recommendations for prevalence research on multiple forms of interpersonal violence, and for research on violence against specific groups. On the following pages we:

- a-Propose general methodological standards for prevalence research on interpersonal violence that can be applied to all groups at European level (women, men, children, elderly people, people with disabilities, ethnic minorities, migrant populations, etc).
- b-Contribute to specific methodological standards for research on specific groups at European level.

1.1 General methodological standards

1- Achieving maximum representation of different population groups in the sample

The sample should provide maximum representation of the target group(s). A combination of population-based sampling (on the bases of registered persons in a country/region) and additional samples for groups that are more difficult to reach ist the best strategy for this. However, this is not always possible in the strict sense, so many surveys use alternatives such as population based surveys in privete households only or institutional based surveys or random sampled telephone numbers as bases for the surveys.

Explanation:

One general problem in sampling is that some population groups, especially those from the margins of society, are often difficult to include in the sampling frame. This is of particular significance for research on interpersonal violence because members of marginalized groups are often exposed to higher levels of violence than the general population. If a survey's main sampling technique is likely to exclude parts of the population, specialized surveys should be designed specifically for this population group and carried out in addition to the main survey.

For example, sampling techniques based on registered addresses are likely to exclude homeless people, not registered migrants, and those living in institutions; sampling by phone number can only reach participants with access to a phone. If a survey is conducted in one language only, it will exclude those who do not speak this language, often migrant workers or members of ethnic minorities – producing a need for additional 'top up' samples for these groups. Special precautions may need to be taken to reach elderly participants or people with disabilities. Abusers may block researchers' access to household members, and abuse victims may be afraid to participate in research for fear their abuser may find out. All of these examples mean that specific efforts need to be made to establish contact with those groups of participants that are likely to be excluded from a given sampling frame. In many cases, these efforts will include cooperation with NGOs.

Thus, these are the suggested minimum standards:

1.-Building a representative sample under the country-specific circumstances

Samples should be representative of the populations for whom prevalence estimates are sought. Samples should be stratified to cover particular variables if necessary (age, social class, education, ethnicity, geographical location etc.). National random probability samples are ideal if they can be drawn from an inclusive base (e.g., using postcode address files when the population in question has a postcode). Service-based studies are important, but they reach only a selected sample of the population and are not representative of the whole society. Nevertheless they are relevant to contribute to knowledge about violence that is visible within institutions (see also Appendix 4).

2.-Including vulnerable groups

It is important to include in surveys marginalized or disadvantaged groups, which appear to be at high risk of suffering violence; if they are excluded, prevalence rates will underestimate the extent of violence in the population. Special provisions have to be made to facilitate the inclusion of persons who may be excluded by any sampling strategy.

Explanation:

Those who live at the margins of our welfare state, prisoners, persons living in institutions (hospitals or prisons), homeless people, asylum seekers and refugees who may have fear of opening their identity and also may have problems with the language of the interviews, and people with disabilities who can only be accessed through their caregivers or who need special communication facilities. It is important to be able to conduct interviews not only in homes but also in other places that are considered by participants to be safe for them. Furthermore, special efforts should be taken to reach persons who cannot provide full and informed consent for the interview or whose participation is restricted by family members or other close associates; situations where one person controls the extent to which family members can interact with outsiders are often situations where risk for victimisation from an intimate may be particularly high. In order to interpret the validity of findings when some of those contacted refuse to participate, it is helpful to use a short refusal questionnaire that assesses reasons for refusals.

3.-Differentiating between specific groups in relation to socio-demographics or type of violence

The sample size has to be large enough to allow differentiation between various socio-economic groups and between different patterns of victimisation. Generally, the sample size depends on the sampling error a researcher is willing to bear (the larger the sample the smaller the sampling error and vice versa). In comparative studies across Europe, similar socio-demographic variables should be agreed on and followed.

Explanation:

The UN (61 session, page 56, 184) indicates that “more data are urgently needed on how various forms of violence against women affect different groups of women, requiring that data be disaggregated according to factors such as age and ethnicity”.

2-Obtaining information about both the experience of victimization and the experience of perpetrating violence

Commonly lacking in prevalence studies is information about the perpetration of violence by respondents. Most studies focus on the experience of victimization. However, it is necessary to obtain information about the perpetration of violence, where perpetration occurs, and how perpetration and victimization are connected. This information helps to form a more complete picture of how interpersonal violence figures in the lives of the individual participants.

3-Following basic ethical standards

Research on interpersonal violence encounters ethical issues concerning such matters as consent, confidentiality, anonymity and attention to safety measures. Such issues should be considered, explored and dealt with prior to the research using appropriate protocols. UN and WHO have published several documents with guidelines in relation to ethical issues when carrying out studies on gender-based violence (Ellsberg et al., 2001; Ellsberg and Heise, 2005; WHO, 2001, 2005a).

The central issues on ethical and safety standards from WHO-Guidelines (2001) in relation to domestic violence research against women include:

- a-The safety of respondents and the research team is paramount, and should guide all project decisions.
- b-Prevalence studies need to be methodologically sound and to build upon current research experience about how to minimize the under-reporting of violence.
- c.-Protecting confidentiality is essential to ensure both women's safety and data quality.
- d-All research team members should be carefully selected and receive specialized training and on-going support.
- e-The study design must include actions aimed at reducing any possible distress caused to the participants by the research.
- f-Fieldworkers should be trained to refer women requesting assistance to available local services and sources of support. Where few resources exist, it may be necessary for the study to create short-term support mechanisms.
- g-Researchers and donors have an ethical obligation to help ensure that their findings are properly interpreted and used to advance policy and intervention development.
- h-Violence questions should only be incorporated into surveys designed for other purposes when ethical and methodological requirements can be met.

These ethical standards refer to research on violence against women in general. Based on current experiences with prevalence surveys in Europe a number of points can be added to complement this list:

1-Confidential and safe setting for the interview

It is important to ensure confidentiality at each stage of the research: during data collection and analyses, and when reporting and disseminating results. Original data should be stored in a safe place and made available for public use only when they have gone through disclosure analysis, that is when they have been de-identified thoroughly. All possible future uses of the data need to be indicated in the letter introducing the survey to the respondents.

For confidentiality and safety reasons it is an important precondition to conduct interviews in the absence of third persons. Disclosure is often easier when interviews can take place in a neutral location, such as outside the home or place of residence (e.g. room in a school, college, or place of work). The interview has to be interrupted when a third person enters the room in order to safeguard the interviewees confidentiality and integrity. These standards are necessary to ensure the quality of the results and to facilitate the disclosure of violence.

However, this is sometimes difficult to achieve and may have unintended consequences: conducting interviews outside of participants' homes may increase refusal rates and drop-outs. Furthermore, such studies tend to be more expensive overall.

Explanation:

Disclosure analysis is necessary in order to anonymize data sets and provide data files for public use. Disclosure analyses prevents that a person who may have prior knowledge of a respondent from identifying that respondent in the data. Even if names are removed, respondents (and sensitive information about them) may still be identified by someone familiar with their circumstances based on information such as age, area, marital status, number of children, or occupation.²

2-Specific interviewer training in the case of face-to-face and telephone interviews

Interviewer training needs to describe in sufficient detail the methodology used for data collection and explain why certain approaches or precautions matter. Because the role of the interviewers is more relevant in face-to-face or telephone interviews, special attention has to be paid to their training.

The risk of repeat traumatization or vicarious traumatization can be reduced by training the interviewers on trauma dynamics and ensuring that questions and questionnaires are presented and used in a way that will minimize psychological stress for participant or interviewer. Furthermore interviewers have to be trained in order to avoid the presence of third persons during the interviews and to interrupt (and eventually end) the interview in the case that another person comes in and wants to listen to the interview.

Explanation:

For some participants, the interview situation may offer the opportunity to talk for the first time to someone about their experience of violence (e.g. sexual violence). It is important to stress that interviewer selection (based on experience and empathy) and special training is necessary in order to avoid the danger of re-traumatisation through questions on sexual violence and to guarantee a sensitive and non-intrusive interview. Interviewers should be trained through role-play and other methods that prepare them to cope with psychologically difficult situations and lead the respondent safely and sensitively through the interview. Feelings of shame from both the interviewer and the interviewee can be avoided or minimized by appropriate interviewer training. This is an important precondition for reliable data on victimisation and prevalence.

² In operational terms, the disclosure analyst's objective is to develop specifications for producing data in the form of a 'public use file' that will prevent this identification. The disclosure analyst may employ a variety of protective measures as needed; in particular, the analyst may mask or erase data in order to protect individual identities. For example, the analyst may: a)-recode variables into more inclusive response categories to make more respondents look alike, b)- set the values of certain variables for some respondents to "missing" so some respondents are more difficult to see, and c)- change the values of certain variables for some respondents, systematically or randomly – giving them, in effect, a fake ID. Since these measures will be applied to respondents who fall into a minority (i.e. N=less than 3) these procedures should not compromise the overall validity of large scale data sets.

3-Providing post-survey support for victims, interviewers and researchers

Post-survey support is desirable and often necessary. Addresses and telephone numbers of associations and support agencies should be provided to all participants at the end of the interview. However, the safety of the participants has to be ensured so that information should only be provided if it is safe to do so and when the respondent agrees. Furthermore support (e.g. telephone or de-briefing sessions) during and after the interview process for the interviewers should also be provided.

4-Implications for methodology of national legislation or other country-specific circumstances

Researchers need to establish whether disclosure of ongoing violence in the interview constitutes information that pertinent law requires to be reported to the authorities. European countries differ in this regard, especially with respect to violence against children. Aspects such as when the violence occurred and which specific types of violence should be reported (e.g. only when it is life threatening) need to be considered. Interviewers and researchers have to inform interviewees about country-specific limitations of confidentiality, if any, –ahead of the interview.

4-Following standards specific to questionnaires about violence

WHO, UN and individual researchers (see for example, Walby, 2006) have published guidelines in relation to the definition and measurement of violence against women in quantitative research. These standards are discussed below.

1.-Using specific actions/attempted actions in item lists instead of or in addition to summarizing questions about violence

As much as possible, researchers should delineate the scope of violence assessed in a survey and make explicit the criteria for including and excluding particular behaviors (UN, 61st session of the General Assembly, 2006). General terms such as “violence“ (e.g. have you experienced violence?), gateway or filter questions in place of behavior-related lists, and only one or two general questions in relation to the violence should not be used in questionnaires for the assessment of violence as it may lead to substantial underreporting. More detailed findings emerge when prevalence surveys measure violence on the basis of lists of specific acts (e.g. hit you with a fist, slapped with an open hand) and when using items that refer to violent acts of different levels of severity. Survey should include questions about sexual violence that refer to specific behaviors and distinguish between completed and attempted acts (e.g. attempted to have oral sex with you, had oral sex with you).

2.-Assess and distinguish between all relevant forms of violence (physical, sexual, psychological)

All forms of violence are important and can entail harmful consequences. Obviously, multiple definitions and categories of violence exist. In light of this fact the WHO recommends that data collection instruments should be designed to allow different types of violence to be disaggregated according to different definitions. Data should be collected in a way that allows for estimates of the prevalence of different categories of violence.

3-Include questions that allow differentiation between the following aspects:

- a-Life contexts (e.g., domestic, work, public sphere)
- b-Relationship between perpetrator and victim.
- c-Severity of the violence (e.g. injuries, fear). The questions need to be specific enough to determine levels and severity of different types of violence and health impacts.

4-Assess experiences of violence in reference to specific timeframes

To measure the prevalence of violence, different reference periods may be used, for example violence experienced in the life-time, in adulthood, since a specific age, within the last year, or within the last three or five years. Reference periods should be stated explicitly so that meaningful comparisons can be made between surveys (i.e. issues relating to comparability should be considered at the point of designing a survey).

5-Before designing a questionnaire, review surveys and questionnaires already developed in national contexts or used in international research.

Take into consideration the possibility of using instruments that will allow for comparability of the data.

Explanation:

The WHO has developed and to date implemented in eleven countries a standardized instrument for international surveys on violence against women. The availability of these types of instruments increases the capacity of countries to produce reliable, credible and comparable data concerning violence against women (WHO, 2005b). Nevertheless some of these instruments have to be developed further for specific contexts of violence (see Recommendations + Appendix 3).

6.-Survey questions may stress or re-traumatise participants.

If pre-tests or pilot studies indicate that survey questions are too stressful for participants, questions may need to be reworded or the interview process may need to include measures to alleviate stress and contain repeat trauma. Consulting mental health experts may be advised. In general, it is a good strategy to include experts from different disciplines in the development of

questionnaires in order to arrive at appropriate and sensitive survey instruments that do not harm participants or interviewers.

5-Additional issues in developing methodology and survey instruments:

1-Cultural/Country-specific differences

Specific cultural differences that may have an effect on the data should be taken into account when surveys and questionnaires are developed. They relate to different understandings of questions, issues of gender equality, issues of privacy, perceptions of sexuality (attitudes towards sexuality, restrictive versus permissive) and legislation in relation to violence. Before developing the methodology it is advisable to assess the country in which the research is to take place on dimensions relevant to interpersonal violence and health impact:

- a-Institutional and structural conception of violence
- b-Human rights violations
- c-Levels of technology

Explanation:

Understandings of violence will vary according to culture and context. For example, attitudes towards violence within a culture will have an effect on the meaning and understanding of violence and whether certain acts are perceived or construed as violence or abuse. Furthermore, cultural differences are relevant when selecting the method of data collection. For example, postal inquiries, telephone or email-interviews do not work in all cultures. In some cultures women are not allowed to be alone in the same room with an unknown man/person.

2-Demographic details need to be collected with consistency whilst at the same time respecting different country conventions

- a-Ethnicity
- b-Gender
- c-Age
- d-Socio-economic

Explanation:

a-Ethnicity. The "gold standard" for racial/ethnic assessment is self-report as such descriptors of identity are part of the subjective consciousness of the individual (Kaufman, and Cooper, 2001). Each country will have its own standards but all possible cross-country comparisons should specify differences between ethnic groups rather than keeping to simplistic distinctions such as 'black/white' or 'immigrants/non-immigrants'. These broader categories may lead to inaccurate generalizations that are prejudicial to certain sections of the population. Top-up samples may be required for any meaningful analysis of correlates and differences between ethnic groups, depending on the prevalence level of different ethnic groups within the general population.

c-Age. Often adult studies on violence prevalence exclude men and women over 60, which will increasingly exclude a growing proportion of the European population. Studies of child maltreatment may define childhood as up to the sexual age of consent which varies from country to country, or up to 16, or up to 18. It should be possible to disaggregate data into age bands to enable comparison between countries – and, depending on the study, we would recommend collecting age data that enable banding up to 12, 13 to 15 (or 17), 16 (or 18) to 59, 60+.

d-Socio-economic. There are many ways of collecting data on socio-economic status including occupation, education and income. Those in common use in Europe are reviewed in Galobardes et al., 2006.

6-Conflicts of interest during research and dissemination processes

Researchers need to be mindful of potential conflicts of interest that may arise for them at a personal or professional level at all points during the research process. They should be aware of this possibility; should such a conflict arise researchers should act accordingly to deal with the conflict. Conflicts of interest can occur during the preliminary stages or conducting research, including the initial motivation for the study, but also through later stages when research findings are disseminated.

Explanation:

For example, research is often funded by governments or NGO's who may have interests in promoting certain findings above others. Researchers should be aware of the interests of different stakeholders and of possible political consequences of the research findings. Researchers should take care that their findings are used in an adequate way, according to scientific standards and political implications.

7- Finding a compromise between information that would be ideal to gather and what is possible to gather

In most cases compromises are necessary between ideal data collection and the minimum required to obtain a reliable prevalence figure. Nevertheless such compromises should not lead to methods that are unethical with respect to the safety of interviewees and interviewers or that are not appropriate to investigate interpersonal violence.

8-Using violence modules within a more general survey, if a country cannot fund or conduct a full prevalence survey (see Recommendations, chapter 2.)

1.2.-Additional methodological standards for specific groups of victims

Ideally, all prevalence research on interpersonal violence should follow the standards described above. In addition, there are standards that apply to specific groups. From prevalence research in the European context the following groups have emerged.

1.2.1 Women

- 1- Interviewers should be female and receive intensive interviewer training. Screening may be advised to identify female interviewers who are suitable for sensitive research, open-minded, and able to deal with the topic of violence.
- 2-When women are interviewed special attention needs to be paid to the fact that the perpetrator could be the partner and that it could be dangerous for interviewees to take part in the survey. Appropriate methods are important in order to ensure that partners or other household members are not informed about the topic of the survey. Thus, additional interviewer training is necessary in order to guarantee security of both interviewers and interviewees.

1.2.2 Men

Standards for research on violence against men have yet to be developed. When both male and female adults (and children) are questioned in the same victimisation survey, the questions need to be able to uncover violence against boys and men adequately and as distinct to that suffered by girls and women. In chapter 2 further recommendations are provided and discussed.

1.2.3 Children and youth

- 1-The main issue is age.

A special consideration for prevalence studies of violence against children is the age limit in relation to: a)-the time of interviewing children, and b)-the time of being a victim when interviewing youth about their experiences when they were younger.

Explanation:

In European prevalence studies “childhood” can be defined as up to 16, up to 18 or expressed as ‘childhood’ without limits given. The age limit decided upon may affect the prevalence rate obtained.

2-Specific instruments are needed depending on the age of the sample

Child participants of prevalence surveys are likely to need specific instruments, taking into consideration the limitations related to age.

Explanation:

The Conflict Tactics Scale and Parent Child Conflict Tactic Scale are generally accepted as North American standardized instruments for measuring child abuse (Straus et al, 1997). However, these need to be adapted to a European context and framed in appropriate ways in relation to age (see also Appendix 5) .

3-Boys and girls should be given a choice of male or female interviewer

4-Country laws on parental consent need to be followed

It may be appropriate to embed questions about maltreatment in a wider survey on childrearing or children's health and to request parental permission for the wider study.

5-Questions about neglect should be included in questionnaires on experiences of violence

1.2.4 Elderly people

1- Specific instruments may be needed depending on the age range of the sample

Elderly participants of prevalence surveys are likely to need specific instruments, taking into consideration the limitations related to age. This may include instruments that make communication easier, and instruments that include questions about specific forms of violence experienced rather by elderly people (see point 2).

2-Financial abuse, exploitation and neglect should be assessed

Questions concerning financial abuse and exploitation need to be included in the surveys, as do questions relating to neglect and abuse within institutional settings. Matters relating to social capital and quality of life should be addressed in surveys. Issues in connection with the measurement of neglect may require further attention in order to determine the most appropriate methods of questioning and the severity of forms of violence experienced.

3-Institutional violence should be assessed

It is necessary to develop more specialised tools in order to conduct appropriate research with individuals living in institutional settings, who may be frail, vulnerable and in need of great care and sensitivity on the part of researchers in order to participate fully in research.

Explanation:

Violence in institutions is also relevant in connection with 'hard to reach groups'. The surveys that have been undertaken have generally been concerned with violence by close relatives in the context of the domestic setting, of community-dwelling individuals living in their own homes or with relatives. Consideration solely of the domestic sphere will not allow for the capture of essential information concerning other settings in which older people may find themselves later in life and where violent acts may happen, such as hospitals, nursing homes and day centres. An exclusive focus on domestic settings will also not take into consideration violence that occurs in the public sphere.

1.2.5 People with disabilities

1- Specific instruments may be needed for surveying respondents with disabilities.

Participants of prevalence surveys who have disabilities are likely to need specific instruments, taking into consideration any limitations that may be related to the disability. This could include methods to facilitate communication, and instruments that cover specific questions such as financial abuse and exploitation, abuse that takes place within institutional settings and neglect of care.

Explanation:

There may be a need for a primary distinction between people with mentally and physically disabilities, accepting that some individuals may have complex and multiple conditions. It is necessary to determine what actually limits people's participation in a survey; e.g. severe physical disability and sensory impairments that pose major limitations on communication. In some types of mental health difficulties, individuals may be able to answer a questionnaire, but it may be necessary to get additional information about how participants (e.g., somebody with autism) may interpret survey questions.

2-The assessment of neglect

A special consideration in relation to people with disabilities is neglect. Where people are physically dependent on others for their care and there is a duty of care by another person there is always the possibility that this duty is not carried out adequately and to the required extent. Very few studies gather prevalence data on neglect of people with disabilities. Furthermore, definitions of neglect for adults will be likely to vary from those that are used in relation to children.

1.2.6 Ethnic minorities/migrant populations

1-Overcoming language barriers in interviews

-The interview schedule should be available in multiple languages (having also interviewers from the similar cultural groups as the respondent may facilitate rapport, although it can

raise issues of confidentiality and make group norms more salient that may interfere with disclosure).

-Where necessary, professional interpreters should be used once they have received survey-specific interviewer training; the use of institutional staff or close relatives or family members as interpreter/interviewers is questionable as they may be motivated to discourage disclosure or censure participants' answers.

- Translation of materials may be needed to ensure informed consent and support both during and after the interview.

2 – Specific issues:

- Migrant and ethnic minority populations may have different levels of access to health care and often have strained relationship with public institutions and administrations; questionnaires might include items on such issues and on experiences of discrimination and racism.

2-Recommendations for future European research on the prevalence of interpersonal violence

One important aim for policy and research with regard to interpersonal violence is to investigate and monitor the extent, development and changing levels of interpersonal violence due to political and societal changes and to provide valid data for comparison between countries, regions and over time. This contributes to the scientific knowledge base for the development, modification and improvement of political and social strategies to prevent violence and to provide adequate assistance for victims and their social environment.

Though over the past 15 years a number of European countries have conducted prevalence and health impact research and provided guidelines on good practice and research³ there are still challenges concerning methodology and gaps in interpersonal violence research. These are related to aspects such as inclusion/exclusion of specific population groups, data comparison and the lack of shared ways to measure and describe various forms and levels of victimisation throughout the life-course. The following recommendations for future research are grounded in the experiences of the community of European prevalence researchers and aim to contribute to the further refinement of methodology in this field.

The recommendations rely in particular on the experiences of researchers from seven European countries who have conducted one or more national prevalence surveys on the topic. The recommendations were developed in relation to a European context on multiple languages, academic traditions, and levels of experience in statistical data collection. This is also a context in which an increasing number of cross-national research and international, multi-centered research projects have been conducted in recent years. In the Western European countries violence against women and children entered into public discourse much earlier than in the post-soviet countries, and research in Western Europe has undergone a longer developmental process. In comparison, in the post-soviet countries, the problem is still very much under-researched and the first attempts to assess the prevalence date back only to the late 1990s. Nonetheless, the following recommendations are made by researchers from across Europe, including those working in post-soviet countries. Considering methodological innovation alongside societal changes in public and political discourses, legal frameworks, and gender relations in Europe the recommendations here are offered in order to share good practice of what has so far been achieved at a European level and how this can be improved and developed further. We hope to thus contribute to the development of research standards within the wider

³ See chapter 1, see also CAHRV reports Martinez et al., (2006), Schröttle et al., (2006).

international context, in particular in collaboration with experts from the WHO and the UNECE task force.⁴

In the first section (2.1) general recommendations are formulated that are related to all forms of interpersonal violence prevalence research. The second section (2.2) relates to research on violence against specific groups and adds aspects that are relevant for future research in these particular fields and not covered by the general recommendations.

2.1-General recommendations for future research

1. National surveys on the prevalence and impact of violence should be conducted regularly to monitor the problem and document changes over time during changes in politics and society

It is recommended that population-based representative national prevalence surveys should be conducted at least every 5 years. Additionally, in the time in between surveys shorter survey modules included in more regularly conducted Crime, Health or Quality of Life surveys and other quantitative and qualitative research should contribute to monitoring both victimisation and the impact of changes in law and policy.

Explanation

Violence prevalence surveys establish the central knowledge bases for valid information on the extent and nature of victimisation, on the individual and societal consequences of violence and on the use of institutional assistance and intervention by victims. Dedicated prevalence surveys are more cost-intensive than shorter survey modules within other surveys, but the data is usually more accurate and it allows deeper analyses of the precursors, influencing factors, contexts, institutional reactions and impacts of the problem. Several European countries have conducted violence prevalence surveys, but there is a lack of repeated surveys that monitor the prevalence of violence over time (either within or between countries).

The expert group recommends that regular prevalence surveys should be conducted in all European countries on the extent of violence at least every five years and that additional funding should be provided to conduct in-depth secondary data analyses on the following aspects:

- Extent of different forms, contexts and patterns of violence through the life-course;
- Protective factors and risk factors for victimisation;
- Consequences and impacts of violence; factors that help to minimize the negative impacts of violence (resilience);
- Use of institutional intervention (police/legal and judicial systems), medical/health and care system (as a minimum data on police reporting, attrition rates, medical care and institutional care for victims should be obtained).
- Changes in the extent of violence over time;
- Differentiation between countries, regions and population groups.

⁴ UNECE Task Force on violence against women, see:
<http://www.unece.org/stats/documents/ces/bur.2005/31.e.pdf> . Expert group meeting 2005, see:
<http://www.unece.org/stats/documents/2004.10.gender.htm>

Shorter survey modules on interpersonal violence that are used within other long-term surveys on other subjects can contribute to dedicated prevalence surveys. Modules are not as time- and cost-intensive as full-scale surveys and can be placed within other regular surveys and thus provide systematic data on the extent and development of interpersonal violence over time and on differences between countries.

It is very important to pay critical attention to the framing of the survey in which these modules are placed, and to where violence questions are located within the questionnaire, and which questions precede and follow them. Embedding questions in different contexts and the location of the questions in the questionnaire can widely influence the results.

Survey modules about interpersonal violence can be placed within longitudinal surveys that cover subjects which are sensitive and that fit with questions on interpersonal violence. Multi-topic surveys are usually too broad and not appropriate for that aim. The expert group recommends that regular health surveys, gender equality surveys, multi-topic-surveys on living conditions and aspects of family life, partnership and employment, as well as crime surveys should include modules on interpersonal violence.⁵ Questions on interpersonal violence in survey modules should contain as a minimum:

- Screening questions on victimisation concerning different forms of violence
- One year and lifetime prevalence (incidence/frequency)⁶
- Questions about the impact of violence (at least physical injuries)
- Reactions of the state (as a minimum: police reporting and medical care).
- Demographic and socioeconomic information (education, social and work situation, partner and family status, age, ethnicity).

The expert group recommends that standard survey modules in the framework of international research cooperation should be developed and tested, in cooperation with the UNECE task force and the European research community.

2. International and interdisciplinary expert groups or research teams should develop a shared set of core questions and standard survey modules for national and international research in order to facilitate international data comparability and data comparison.

Commonly agreed upon survey modules with core questions on victimisation, perpetration and impact(s) of violence should be developed and tested by international and interdisciplinary groups of experts. This would require at least two groups of researchers (one for violence against children/youth, another one for violence against adult men/women) who should have conducted large-scale prevalence surveys or are otherwise experts in the field of violence against women, men and children. Different modules should be developed for violence against children and adults, and eventually also for violence against men and women. These modules should contain standardized core questions for physical, sexual and psychological violence and neglect (in different life contexts and time periods). Additionally, international research should investigate, through systematic data analyses, methodological questions about best practice for measurement and the feasibility of developing a short screening tool to

⁵ In crime surveys the modules on domestic and sexual violence have to be situated in a separate place and be specially introduced, otherwise violence by intimate persons will not be adequately discovered adequately, because the act is not likely to be perceived as violence in the context of crime (as an example see the British Crime Survey with dedicated modules on domestic violence, sexual violence and stalking, see Walby and Allen, 2004).

⁶ Additionally the five-year or three-year prevalence could be included, dependent on the frequency of the survey.

determine which items from survey questionnaires are effective in identifying the majority of victimizations. The survey modules should be tested in different countries, cultures, population and age groups and revised in order to enhance sensitivity to gender and cultural issues and to determine whether comparable and valid data on victimisation and perpetration can be obtained. The modules should contain only core questions and allow for further questions that are relevant for the national context to be added.

Explanation

To date no commonly agreed questions exist concerning the various forms and contexts of violence that provide accurate data comparison and comparability between countries or population groups within states or between different time-periods. This is an area requiring further research.⁷

This objective includes three challenges: increasing standardisation of instruments, the development of modules with core questions on violence, and the extension of comparable research on methodology and research instruments which can be used at an international level.

In order to produce knowledge that differentiates between countries, regions, population groups and over time, it is important to develop an advanced level of standardization of instruments at a European level, but it has also to be stressed that over-standardization does not make sense when it ignores the relevance of country- and culture-specific questions and differences between policies and societies.

Thus standardized questions and survey modules could usefully be developed at a European level that contain a core of shared questions on violence, to which could be added country-specific or group-specific questions as needed. Standard modules can be modified or broadened where it makes sense or where it is necessary from a country-, culture- or group specific perspective.

The process of developing standardized instruments and modules on a European level should include relevant researchers from various countries in an interdisciplinary approach, especially those who have conducted national surveys or systematic research on interpersonal violence. Such a process should aid in testing, modifying and validating instruments with respect to different regions, countries, populations and age groups.

Standardized instruments should allow age-group comparability, comparability of people with different ethnic, educational or social backgrounds, gender comparability,⁸ comparability between regions and countries, comparability between majority and marginalized/ groups with disabilities. In the analysis of these data, intersections of race, class, gender, age should be considered and explored.

In addition, further questions on attitudes towards violence and to broader social issues - e.g. questions investigating gender, parental and ethical norms – are likely to provide useful insights. Such information could permit a more culturally sensitive interpretation of the prevalence data in different countries, which is clearly necessary for thorough comparative analysis. Furthermore it would be helpful to interpret data from different cultures, population groups and over time in light of different levels of acceptance of violence and readiness to disclose victimization experiences.

⁷ See Report of the UNECE-Taskforce (2006), as well as other Papers from UNECE-Conference in Geneva 2005.

⁸ With respect to gender comparable data, some researchers suggest male-female-comparable prevalence research, but what has to be taken care of in the measurement in order to guarantee differentiated data comparison is still under discussion and there is no consensus on the question how far the instruments for research on violence against men have to differ from questions in violence against women surveys. See also discussion in Appendix 7.

3. In future prevalence research, victimisation and multiple victimisation through interpersonal violence should be documented more fully. Information should be gathered on repeated violence throughout the life-course and on the overlap between various forms and contexts of violence.

Interpersonal violence research on women, men and children should provide information on victimisation through different forms of violence and in different contexts, describe multiple victimisation. This means, on one hand, that information on every form of violence (with different levels and in different life contexts and victim-perpetrator-contexts) should be collected and described separately. On the other hand research should improve the investigation and documentation of multiple and accumulated victimisations over the life-course in ways that are less fragmented and more integrated than current descriptions. This is also highly relevant with respect to health and other consequences of violence.

Explanation:

Current prevalence research often describes the victimisation of persons in a rather fragmented way. It usually gives rates for victimisation through different forms of violence and/or through violence in different life contexts and life periods; it rarely describes the overlap of different forms of violence experienced by the person at a time or the history of violence through one's lifetime in a more integrated way. This can lead to false categorisations and to an underestimation of the relevance of multiple victimisations for in the development, dynamics and consequences of violence. Prevalence surveys on a specific type of violence (e.g. domestic violence against women) can produce false categories of abused vs. non-abused persons when victimisations through other forms of violence are excluded from the analyses. For example, persons who have not experienced domestic violence within the past 12 months may have been exposed to domestic violence before that time or may have been exposed to other forms of violence from other persons across their life-span, which may be highly relevant for their categorisation as victims of violence or for health impact research. Thus, if categories of victimisation are built, they should be developed in relation to the experience of violence across the life-span and through (multiple) victimisation by different forms and in different contexts of violence.

4. Measurement of sexual violence and abuse, psychological violence, neglect, levels of severity of violence and types of violence and victimisation should be improved and further developed in the context of interdisciplinary and international research.

European prevalence research on interpersonal violence could develop, test and agree on common definitions and item lists for the investigation of physical violence, sexual violence and abuse, and various forms of psychological violence and neglect (of children and adults in situations of care). With respect to physical and psychological violence, research needs to clearly define violence, and measure different levels of the severity of violence.

Explanation:

The analyses of current prevalence research in different fields show that on a European level quite different questions and items are used for the measurement of various forms of violence and no systematic exchange has been conducted in order to agree on common definitions and measurement. The definitions and measurements differ with regard to psychological violence in different life-contexts, and with regard to sexual violence and abuse; definitions and measurement are rather similar with respect to physical violence against adults, but there still is no agreement about the measurement of levels of severity of physical violence.⁹ With respect to less severe acts of physical violence, psychological violence and neglect, prevalence research has difficulty in defining exactly where violence begins and why or when one act is to be defined as violent behaviour and another one as non-violent aggression. This is especially relevant for less severe forms of physically or psychologically aggressive acts within interpersonal relationships, characteristic of many human rights violations. Sometimes acts of violence, that would have been classified as severe based on researchers' definition, are not perceived as such by the person who experienced them. There are likely to be different perceptions of violence between interviewee, interviewer, researcher and society/social environment. Researchers need to define what is considered violent and not violent within abusive relationships and ground definitions in appropriate rationales.

In European and international violence prevalence research, different definitions and questions have been used in order to measure violence. The definitions of violence used should be broad enough to reach every-day-violence, but not so broad as to over include actions that may not always be violent (depending on context). With regard to psychological violence, in particular, there is debate about which items should be included as psychological violence in various life-contexts (school, work, parental context, partner context, discrimination and aggression in the public sphere, in institutions and so on).

The discussion of the measurement of sexual violence and abuse relates to questions such as: what acts should be included (rape, attempted rape, other forced sexual acts/such without consent) and how detailed should questions be in order to provide a cultural, age and gender-sensitive investigation. Specific cultural differences may have an effect on the data. For example, it has been found that even commonly accepted standardized research instruments (like SES)¹⁰ may not be easy to answer for women or men from cultural backgrounds where victimization through sexual violence is highly tabooed. Measurement of very sensitive forms of violence such as sexual violence and/or violence through partners and family-members has to be improved and standardized in order to uncover violent experiences. In Appendix 2 some further forms of violence are considered and recommendations for the further development of violence measures are made.

5. Research should include underrepresented or marginalized population groups and those who may be at higher risk of victimisation, such as ethnic minorities and migrants, women and family members under extreme control, women, men and children living in institutions or in private care, elderly people and people with disabilities.

Future prevalence research should strive to reach minorities and groups of people that are or may be at higher risk of victimisation than other groups. This would mean that additional surveys with top-up samples would need to be conducted, for example, with migrants and ethnic

⁹ See previous CAHRV-reports Martinez et al (2006) and Schröttle et al. (2006), see UNECE report (2006).

¹⁰ The Sexual Experience Scale was developed by Koss et al. (1982) and consists of an item-list with several forms of sexual experiences; the items on sexual violence were often used in quantitative surveys measuring sexual violence.

minorities (with multi-language-interviews), additional interviews in institutions where victimised people may live (such as shelters, rehabilitation institutions, psychiatric institutions, prisons), with homeless people, people with disabilities and older people in private and institutional care. Furthermore, special efforts should be taken to reach individuals who cannot provide informed consent for the interview or who were restricted from participation by family members or other close relatives or /-intimate partners. Here the number of people who are under family or partner control might be higher, which often appears to be connected with a higher risk of victimisation. Systematic prevalence research should try to reach all population and age groups (including marginalised and vulnerable people), even if this means higher cost and longer time frames for conducting surveys.

Explanation

Most representative population-based surveys operate in the mid range of social positioning. Some victim groups, like people who have problems in their everyday life, low earnings, poor health, no family or social network, no occupation, or no permanent place of residence (i.e. persons living on the margins of the welfare state, people living in institutions, etc) usually fall outside the middle range. This excludes children/adults on the street and in institutions (prisons, hospitals, care, refugee/asylum centres), which are all areas where it is known that life experiences of violence are potentially high. In some countries, people living in more remote regions are often underrepresented in surveys.

Establishing contact with marginalised groups and underrepresented populations involves extra work, and a variety of sources are necessary to achieve this. There may be particular difficulties in obtaining representative samples of ethnic minority groups particularly to enable further 'sub' analysis – and this indicates a likely need for 'top up' samples. Furthermore it would be necessary to carry out interviews in different languages in order to include migrant participants and appropriate interpreters may be scarce.

The elderly and people with disabilities may also be difficult to reach, especially if they are living in isolated environments or institutional settings and special methods are required in order to measure experiences of violence. Cooperation with NGOs is likely to be necessary where potential victims live in institutions or not at home.

When trying to reach hidden or marginalized population groups, cultural and group-specific differences have to be taken into account when developing the questionnaires (see next section).

6. Cultural issues should be taken into consideration in all prevalence surveys on interpersonal violence.

Cultural differences that may have an effect on the data should be taken into account when surveys and questionnaires are developed. These relate to different understandings and meanings of the questions, gender equality issues, issues of privacy, perceptions of sexuality (attitudes towards sexuality, restrictive versus permissive opinions) and legislation in relation to violence. Furthermore, these cultural differences are relevant when selecting the method of data collection. For example, postal inquiries, telephone or email-interviews do not work in all cultures. As a further instance in some cultures women are not allowed to be alone in the same room with a stranger.

Further research on methodology with respect to culturally sensitive questions is needed, as well as the development and inclusion of questions about perceptions of violence and disclosure of violence to third persons. Thus, in addition to the core items included in all studies, country-specific (and culture-specific) questions should be introduced. Survey data should also incorporate questions to obtain information about individual norms and practices, but contextual variables are also necessary in order to locate individual values, attitudes and practices in relation to the broader level of social norms, i.e. in order to avoid fitting “cultural” data into the representational system of the researcher.

Explanation

Cultural issues have a range of potential methodological impacts including their influence on disclosure, recognition of forms of ‘culturally specific’ violence, differences in perceptions of what constitutes violence (or unacceptable behaviour). It must be noted that international debate and the activities of NGOs also influence definitions and perceptions at the local, national and international levels.

For prevalence research on victimization, the political and cultural context (e.g. sensitivity to the issue of violence, public information campaigns, political activism, highly-publicized legal trials and so on) may influence disclosure and thus reporting in one or another context. This must be considered when comparing levels of violence cross-nationally. The importance of tracking decisions made about implementing a survey, particularly when a design (methodology, questionnaire) has been ‘borrowed’ from another country must not be underestimated. Because elements of the survey design are commonly ‘adapted’ in order to be more acceptable and efficient in the new context decisions made in relation to the process of ‘adaptation’ (upon what knowledge they are based, problems encountered) must be recorded. Not only will this be useful information for subsequent comparative analysis, but it will also help emphasize the sensitivity of certain results and the necessity for researchers to make methodological choices explicit made when results are published in a national context.

Violence does not involve the same acts/behaviours/contexts in every culture, which makes it necessary to find a way of getting immersed into the dominant cultural ideology. Which acts of violence are silent because they are so accepted – even by researchers? In some countries this is the case with the physical punishment of children and also some forms of education. With respect to violence against women, cultural norms and group practices are used to justify the ill treatment and domination of women. It is noted that ‘harmful, traditional practices’ such as excision, child marriage, son preference, honour crimes, restriction of women’s rights in marriage are not yet adequately examined, partly owing to “narrow conceptions of what constitutes *culture*” (Ellsberg and Heise, p. 78, 2005). Thus, it is necessary to examine the particular relationship between culture and violence in specific historical and geographical contexts since culture is “constantly being shaped and reshaped by processes of material and ideological change at local and global levels” (Ellsberg and Heise, p. 79, 2005). Culture, thus, is neither static nor homogenous and incorporates competing and contradictory values. This is often overlooked in ‘cultural interpretations’ of different levels of violence between groups, minorities or societies. Thus, it is necessary to be “cautious about criticizing other people’s cultures” and “(question) one’s own assumptions” (Jolly, 2002, p.39) about people whose experiences and practices we are examining, but also we must investigate cultural issues for our own societies in the European context (Condon and Schröttle, 2005).

7. Future research should attend to violence against both genders and in various age groups. Surveys should elicit information on perpetration as well as victimisation and connections between the two.

More surveys should be conducted that ask both genders about their experiences of violence as well as about the perpetration of violence in different life situations from childhood to adulthood. This would allow for comparison of experiences of violence and the different contexts of violence between genders and generations. Such comparisons would then enable researchers to chart violence throughout the life-course and to explore the interconnectedness of early childhood experiences with victimisation or perpetration in adulthood for both sexes. For gender-sensitive research a set of core questions has to be developed that is appropriate to measure victimisation, perpetration and the context of violence for men and women across different generations adequately. The meaning of conflict and power differences as well as other gender-related contextual variables should be investigated here, too.

Explanation

There are only very few studies in Europe that allow data comparison of victimisation for women and men. These are either related only to domestic violence (though men experience higher rates of violence in the public sphere) (Walby and Allen, 2004; Watson, 2005); or they form part of crime victimisation surveys, a framing in response to which domestic violence and violence in other close relationships and psychological violence are underreported (British Crime Survey, 2006; Kury et al., 1996; Wetzels et al., 1995). Furthermore the measurement of sexual and psychological violence against men is still underdeveloped and until now has not been sensitive enough to uncover highly tabooed or normalized forms of violence against men (see also 2.2.3 and Appendix 7). Thus comparability between genders may be elusive. Additionally, current research usually concentrates on violence either in childhood, youth or adulthood, and leaves out the question of violence and perpetration over the lifespan. This may be difficult to achieve through solely quantitative research and other additional methods may be more appropriate. Furthermore often only certain contexts of violence (domestic violence, violence at school, parental violence) are investigated. This probably does not represent the full picture of violence experienced and/or perpetrated in various life contexts and across different time periods.

8. More funding for secondary data analyses and further longitudinal studies is necessary in order to determine the development, dynamics, influencing factors, causes and consequences of interpersonal violence.

It is necessary to realize the potential for in-depth secondary analyses of prevalence data and to provide access and funding for the purpose of re-analyses and meta-analyses. Accurate knowledge about the development, dynamics, influencing factors, causes and consequences of violence and their direction is needed. Therefore additional longitudinal studies are likely to be

an important contribution to the field. Ideally these studies include information from perpetrators as well as from victims of violence.¹¹

Explanation:

In European prevalence surveys, often no additional funding is given for in-depth analyses of the data with respect to questions concerning the development, dynamics, types and consequences of (different forms and levels of) violence and victimization. Violence research requires more detailed knowledge about the risk factors and protective factors for violence related to both perpetrators as well as to victims. Furthermore, without deeper longitudinal studies it is not possible to know more about what the causes and consequences of violence are. For example a difficult social situation might heighten vulnerability to victimization, but it may also be a consequence of violence. Similarly, with regard to the genesis of disabilities and chronic illnesses more research on the health impact of violence is necessary. Prevalence research needs to inform the development of theory in relation to such aspects and thus assist in the prevention of violence.¹²

9. Health impact research should be strengthened and integrated into prevalence research.

A very important consequence of interpersonal violence is its impact on the health of the victims. For this reason many prevalence studies on interpersonal violence have included questions about health of interviewees (see review by Martinez et al., 2006). However, many existing European research instruments for the impact of violence on physical and mental health could be reviewed and developed further to assess evidence on both prevalence and impact of violence. Desirable would be a core module to assess health impact of violence within prevalence surveys. These core questions should contain: a) questions about the direct impact of violence on physical/mental health as perceived by victims (physical injuries, psychological impact, other consequences on health status, etc.), and b) general questions on the current health status, which are useful for characterising the status of individuals who have experienced certain

¹¹ It has to be noted here that it may be quite dangerous for the victims of violence when researchers conduct interviews with them and additionally with the perpetrators that are still part of their close social environment. From an ethical point of research standards this has to be avoided.

¹² For example, the national French Survey on Violence against Women (Enveff-survey, Jaspard et al. 2003) utilised a working hypothesis of male domination in the formulation of questions. The data assist in the testing of theories that propose that violence is related to inequality in gender relations. The testing of theories in prevalence studies on victimization in childhood is notably lacking and needs to be the subject of further work. For example, if it is theorised that women hit their children because they themselves are subject to violence and/or inequality, prevalence studies on childhood violence should ask about the division of labour in the home and parental relations.

Another field of research is the relevance for victimisation of social status indicators, whose influence seems to differ between the victimisation of men, women and children, across several European studies, perhaps also between population and age groups. Whilst in relation to domestic violence against women some studies found no general relationship to social and/or education status, this connection was found for violence against and between young men; studies on violence in childhood sometimes found connections between social situation and parental violence (see Wetzels et al. 1995), and some did not (see May-Chahal and Cawson, 2005).

In relation to domestic violence, information on the occupation, social position, education of partners and perpetrators as well as victims should be included.

types of violence in comparison with those who have not. Furthermore, questions on the social impact of interpersonal violence should be included (e.g. quality of life scales, economic impact/economic costs of violence) (see appendix 3).

10. Policy and research development requires longitudinal and systematic monitoring of the extent and development of violence against specified population groups and in different life contexts. Prevalence data collected by dedicated surveys and modules should be one part of a system of collecting various indicators on the visibility of violence in institutions and state responses.

Explanation

Various indicators (for victimisation and impact) from different kinds of studies and data sources can be used in order to collect information about the extent and nature of violence, the development over time and the differences between countries, regions and population groups. Every kind of study and data source has certain possibilities, problems, advantages and disadvantages in describing violence prevalence and victimisation adequately. Policy makers have to be aware of the relevance of different sources of knowledge and build up systematic knowledge bases for national and international research and policy to combat and prevent interpersonal violence. These knowledge bases should be reviewed regularly on a national and international level and should include various indicators and perspectives from an interdisciplinary approach. Policy makers as well as practitioners and researchers should have access to that information. In Appendix 4 the different indicators and their relevance for prevalence/health impact research and for monitoring are described. A further broader collection of relevant indicators related to violence against women was developed within the UNECE task force by Liz Kelly et al.

2.2-Recommendations for specific groups of victims

The recommendations from the previous chapter (2.1) are relevant to all victims of interpersonal violence. In addition to these general recommendations there are specific methodological considerations for some groups. The following recommendations address specific precautions for prevalence research on violence against children, men and elderly people, migrants, and people with disabilities

2.2.1 Children

Prevalence research on childhood violence is still underdeveloped in Europe. Several countries do not have reliable prevalence data on violence against children. Whilst several Western European countries have conducted prevalence studies on sexual and/or physical abuse, many of these were not based on random probability samples. Hence, there is a need for data on the nature and extent of child neglect and psychological violence in most European countries. Furthermore, data on childhood violence tends to be divided into two types: data on child abuse which is generally interpreted as parental or caregiver violence towards children and data on childhood violence in public spaces (youth violence and bullying). Connections between these forms of violence are under explored and recommendations toward better integration apply as much to childhood violence as to violence against women and men. Importantly, the impact of victimization through peer violence may be greatly underestimated because of the different definition and understanding of such violence by adults (Finkelhor et al., 2006).

In addition to the general recommendations made in 2.1, all of which apply to childhood violence prevalence research, specific recommendations for future research include:

1-Questions on violence

- More research is needed about the prevalence of neglect and psychological violence;
- More research is needed on the nature and extent of the impacts of violence, particularly Social Capital and Quality of Life Impacts – measures of these need to be adapted to childhood;
- The Conflict Tactics Scales need to be reviewed as the main scale for measuring physical abuse and parental violence;
- It is necessary to ask about both victimization and perpetration in order to determine the relationships between these two behavioral domains and to consider children and young people as both victims and perpetrators;
- There is a need to ask adults who participate in violence surveys (men, women and elders) specific behavioural questions about the treatment of their own children;

- There is a need to develop methods that are appropriate for addressing children themselves (rather than retrospective studies with adult participants who talk about their childhood).
- Questions on violence are best addressed in a more general context, framing the survey in terms of issues such as health, crime victimization, relationships or child care practices.

2 -Cultural sensitivity issues.

- Corporal punishment as a means of discipline is accepted in some European countries; these differences have to be measured adequately in research on parental violence against children;
- Different laws on the age of sexual consent operate across Europe and these need to be taken into account when measuring the prevalence of sexual abuse.

3-Questions on health

- There is a need to develop a framework for understanding resilience and protective factors (how do children protect themselves, risk avoidance strategies in dangerous situations, how do they understand and use services on offer, barriers to and catalysts for help seeking).

4-Matters of sampling

- Consideration should be given to the importance of sampling both genders to understand more about violence to both boys and girls.
- School samples may not be representative and also may not seem confidential or entirely voluntary to children, although they can be successful in the absence of national population based surveys.
- Age limits should be carefully considered. For example, surveys of sexual abuse prevalence that include all ages up to 18 will generally give higher prevalence rates than those that go up to 16. Ideally, childhood violence prevalence studies should adhere to the UN CRC definition of childhood and include young people up to 18 but allow for analysis within specific age bands. Physical violence in infancy is unlikely to be remembered and is more reliably measured through surveys of parents.
- Children with special needs should be included wherever possible, adapting methodologies to enable their participation.

5-Ethics

- Post-survey support is important for both respondents and interviewers; it may be unethical to conduct surveys in countries where post-survey support is not available, minimally in the form of a help line.

- Consent to participate should always be given by the child appropriate to their age and understanding. Countries vary in relation to procedures for parental consent but in general it is desirable to obtain it; this is less problematic if the survey is presented in general terms.
- Children should be given a choice of gender of interviewer and be interviewed in a safe, confidential setting.

6-Research-instruments – Measurement of sexual, physical and psychological violence and neglect

Most research instruments are derived from American scales such as the Conflict Tactics Scales and its derivatives (Straus, 1979; Straus et al., 1998). Child rearing practices vary considerably by culture and country and it is therefore necessary to adapt any scale to the country-specific context, whilst retaining standardization of instruments. This is the case in particular for neglect, which can vary according to different levels of responsibility afforded to children across cultural groups, the gendered nature of childhood (where boys may be given more freedom than girls) and varying levels of poverty and access to education and health care within population sub-groups. Examples of scales used in prevalence research are given in Appendix 5.

Questions directed at children themselves must be framed in age appropriate ways and surveys should adopt age appropriate methodologies. Young children may respond better to visualization techniques, older children may prefer computer-generated methods or telephone interviews.

2.2.2-Elderly people

Until very recently, there has been little research on violence towards older people in Europe and the potential vulnerability of older people to violence has not been adequately considered. Victimisation of older people has not been integrated into research on violence but when it has been considered it has been seen as a ‘special case’. As yet, insufficient is known about elder abuse in a European context to recommend full integration of such studies into more mainstream research on violence. It is recommended that specific studies should be conducted at European level to inform understanding and knowledge about this phenomenon. Prevalence research on elder abuse must include elements concerning health impacts of violence against older people. The same criteria relating to comparability are valid here as per previous

recommendations.¹³ Future prevalence research concerning violence against older people should consider the following recommendations as necessary pre-requisites:

1. Sampling: inclusion of both genders, all ages and all types of disabling conditions
2. Ethical issues: particular attention to informed consent and post-survey support
3. Methodology: Specific questions concerning financial abuse, neglect and institutional settings need to be included; attention paid to timeframes (period in which violence has taken place; health perspectives also need to be covered)
4. Cultural issues: issues relating to variations within and between different European countries need to be considered and covered in the development of survey methodology.

Some more explanations are to be found in Appendix 6.

2.2.3- Men

Research on interpersonal violence has sometimes overlooked the vulnerability of men so that the investigation about men's victimization is a fairly new topic. Theories of gender-specific violence often assume or imply that perpetrators are mostly men, whereas victims are mostly women. More adequate theories and research should analyze the complexities of individual identities and the role of different masculinities. This may reduce the invisibility of men as victims and could encourage victimized men to describe their feelings and learn how to express their suffering without getting violent. At present, relatively stereotypical notions still hold sway in which women are regarded as worthy of protection, while men are considered not to be vulnerable.

Thus, a question for future research is how to make violence against men more visible and how to assess such violence in research. Better knowledge—about men's violence to men, and women's violence to men—is required in order to develop appropriate intervention responses and prevention strategies. At present, research on the prevalence of violence against men is still in an early stage (Forschungsverbund 2004; Lenz, 2006; Jungnitz, Lenz, Puchert et al., 2007).

The following is recommended for future prevalence research on violence against men:

- 1-Specific research has to be conducted on the victimisation and vulnerability of men;
- 2-Cultural aspects have to be taken into consideration when designing a prevalence survey on violence against men.

¹³ See Recommendations from previous CAHRV report in Appendix 1.

- 3-The variation between countries in the areas of violence assessed need to be established as well as the similarities and differences in the way men process masculinity and suffer violence.
- 4-Violent acts that tend to stay invisible because they are perceived as “normal” for men’s lives (such as fighting between young men) and such acts that are highly tabooed for men (such as sexual victimisation) should be taken into account.
- 5-Research instruments should be developed that are able to uncover all forms of violence against men in a sensitive way.
- 6-Research has to pay critical attention to the masculinisation process in different cultures, but without legitimating cultural rituals, which are hurting the right of male inviolability (e.g. threat and fear of violence accompanying male socialisation, circumcision of boys as a form of violence against the male body where such circumcision is not medically indicated).
- 7-Homosexual and bisexual men should be included as well as men with ethnic minority status.
- 8-Surveys in particular contexts (e.g. prison, sport, police force, army, capturing different groups and age) should be conducted.
- 9-For a fuller picture of violence against men it is also necessary to obtain the perspectives of older men.

Further considerations on this topic and discussion of methodology to investigate violence against men are documented in Appendix 7.

2.2.4-People with disabilities

There has been little research concerning violence towards adults and children with disabilities in Europe and the potential vulnerability to violence of people with disabling conditions has not been adequately considered. At present, not enough is known about this type of violence in a European context to recommend assessment of the victimization of people with disabilities in the context of general prevalence surveys. However, it is recommended that specific, separate and comparable studies at European level be carried out to assess prevalence and health impacts of violence against people with disabilities. Future prevalence research concerning violence against people with disabling conditions should consider the following recommendations as essential requirements:

1. Sampling: inclusion of both genders, all ages and all types of disabling conditions
2. Ethical issues: particular attention to informed consent and post-survey support

3. Methodology: Specific questions concerning neglect and institutional settings need to be included; important that there is appropriate coverage of health perspectives
4. Cultural issues: issues relating to variations within and between different European countries need to be considered and covered in the development of survey methodology.

Further considerations on this topic and discussion of methodology to investigate violence against people with disabilities are documented in Appendix 8.

2.2.5 Ethnic minorities/migrant populations

Whilst a large number of studies race and ethnicity have been conducted in North America, in Europe academic research into the links between gender, interpersonal violence, migration, 'race' and ethnicity is still in its early stages. Violence experienced by migrant women or black and minority ethnic women has been the focus of much attention over recent years, with much speculation on prevalence and forms of violence yet based on very little scientific research (Condon and Schrötte, 2005). Results of analyses of national surveys in Europe enabled some contribution to knowledge but small population numbers and difficulties of access to some groups mean that further research is required (Martinez et al., 2006). A number of considerations are necessary:

- 1-Sampling: specific target groups within the principal migrant or minority ethnic populations.
- 2-Ethical issues: particular attention to informed consent, using translated materials if necessary, and post-survey support (through specific or mainstream institutions).
- 3-Methodology: Specially trained translator-interviewers necessary in cases where majority language acquisition is low in migrant populations. Consultation with community based associations and institutions may be necessary for targeting survey populations.
- 4-Cultural issues: Contact with community-based associations and institutions will be useful for approaching respondents, understanding of specific forms of violence, and framing of questions. In addition, at a national level, institutional violence, in the form of racial discrimination, must be taken into account throughout the survey process.
- 5-Health issues: black and minority ethnic and migrant populations may often have lower access to health care and information than is the case for the majority population.

6-Gender issues: experiences of violence among migrant men or black and minority ethnic men should be explored within violence against men studies (see 2.2.3), using specific methodologies.

Further explanations are to be found in Appendix 9.

2.2.6 Other groups

There are several other groups that are not yet adequately included in interpersonal violence research in Europe such as Lesbian women, gay men, bisexual women and men as well as trans-gendered persons, homeless people, and prostitutes. Future research on interpersonal violence should find ways to adequately investigate violence against these specific groups, especially since these groups are often more difficult to reach and often more vulnerable. And we need to develop instruments that are able to measure specific forms and contexts of violence that are experienced by these groups, for example with respect to violence in the context of discrimination and violence in life contexts that are particularly relevant for these groups.

3-Conclusions

This report is the third in a series of three reports on ‘Identifying and profiling violence’ that were produced by the Coordination on Human Rights Violations.¹⁴ The present report focused on standards and recommendations for good research practice. It hopes to contribute to the emerging international work on guidelines for research and development of methodology appropriate for studying and monitoring interpersonal violence.

This report reflects research perspectives within the European context. It is based on European experiences with quantitative prevalence surveys and cross-national data comparison, and reflects current debates in Europe on development and innovation in prevalence methodology.

Similarities and differences between violence against women studies suggest a number of important criteria to consider when conducting and comparing such surveys and their results (see chapters 1, 2.1, Appendix 1 and previous CAHRV-reports). Priorities for further areas of research include, on the one hand, methods for collecting data on sensitive and culturally shaped topics (see chapters 1 and 2.1 and Appendix 2) and on the other hand, investigations into men’s experiences of gender-based violence and research with specific population categories (see chapter 2.2 of this report and Appendices 4-9). Furthermore, further comparative research should contribute to a better understanding of the heterogeneity of human experiences through comparisons between countries and regions, between specific population groups, comparisons over time and between generations and age groups (see chapter 2.1, Appendix 1 and Previous CAHRV-reports). Finally, more systematic work is necessary on the links between health and violence (see Appendix 3).

Researchers will continue to debate the merits of different methodological approaches to survey research. This is increasingly done within international networks and working groups such as the UNECE task force and contributes to the standardisation of survey methodology for violence against women prevalence research. This sort of international cooperation is likely to produce survey modules for comparative research within the next couple of years. We hope that this report and its two companion volumes can contribute fruitfully to that process.

The need for higher levels of standardisation for European prevalence research as well as the need for national and international monitoring of violence prevalence and health impact is another open and controversial question. On the one hand, our work could show that prevalence data can be made more comparable by well-defined secondary analyses. On the other hand, actual comparability of prevalence and health impact data stays very limited without

¹⁴ First and second CAHRV report, see Martinez et al. 2006 and Schrötle et al. 2006 in the Internet under: www.cahrvi.uni-osnabrueck.de (Publications).

comparable methodology and measurement of victimisation and impact. Thus, a higher level of standardisation is one prerequisite for further comparative research. That said, standardisation of methodology and instruments needs to be developed in a way that accommodates country-, culture-, gender-, and generation-specific differences. These differences dramatically influence the possibility of uncovering violence and resulting prevalence and health impact rates. Even if full standardisation of measurement and instruments could be achieved this would not automatically mean that all data is comparable because many factors may intervene.

One of the most important issues for future research and policy concerning interpersonal violence is a more regular and systematic monitoring of the problem at both national and international levels. And although prevalence research and health impact research are highly relevant they are only two elements of a broader approach to collecting data and information needed to document interpersonal violence, monitor reactions of the state and other institutions, and assess the impact of interventions on the increase or decrease of violence.¹⁵ In the long run, it is necessary to conduct continuing research with adequate funding. Results need to be available to assist and inform policy makers and practitioners on the scale and nature of the problem and of its likely impact on their work.

The three reports on “identifying and profiling victimisation” reflect the efforts of the first concerted effort of truly interdisciplinary and international scope to systematically assess, facilitate, and promote methodology for cross-national and cross-cultural comparison of prevalence data. This effort includes a wide range of victimization experiences of women, men and children and position interpersonal violence within a broader framework of human rights violations. The report highlights the many integrating themes that have the potential to improve standards of data collection. We hope that future research and politics will continue this work and that further “coordinated actions” will lead to the sort of systematic and coordinated data collection and policy monitoring that can serve as a solid basis for violence prevention and best practices in intervention and victim assistance.

¹⁵ See also Appendix 4, and Kelly et al., 2006

4-Appendix

Appendix 1

Methodological standards and recommendations for comparative reanalysis of prevalence of violence against women and health impact in Europe.

(Paper developed by CARHV subnetwork 1, “Identifying and profiling victimization” from 2005 to 2006)¹⁶

A considerable body of national prevalence data on violence against women has been produced in the past 10-15 years. However, the data are not fully comparable on a European level because of differences in methodology, calculation bases and definitions of violence. These differences are likely to influence observed prevalence rates and health impact data and limit inter-country comparability. This report presents a novel approach to the systematic comparison across countries of existing prevalence data that is based on detailed analyses of the methodological differences between national surveys. The results of the post-hoc, secondary data analyses undertaken support the following conclusions:

- 1-Prevalence and health impact data of existing data-sets in Europe are not comparable without taking into account the different methodologies, research instruments, samples, calculation bases and cultural backgrounds upon which the data are based.
- 2-One precondition for the possibility to compare prevalence data between studies is that they are based on similar sampling, methodology, definitions of and questions about violence and health impact. If this precondition is not met, the data is not adequately comparable.
- 3-When studies bear a sufficient number of similarities, and respect this precondition, structured post-hoc reanalysis using the same age groups, calculation bases and definitions of violence is one possible way to achieve data comparison between countries.
- 4-A structured post-hoc-data comparison must include the following elements as a minimum:
 - a-A detailed plan for secondary data analyses with an explicit agreement about exact definitions of violence, reference and age-groups for recalculation purposes.
 - b-Tables or information that document the similarities and differences between studies with respect to sampling and sample size, methodology, data collection, calculation bases and the definitions/questions on violence and health impact that are to be compared.
 - c-Overview tables of recalculated data that contain information on prevalence rates, health impact (and if available, other types of impact) and calculation bases/definitions from each study and each context of violence.
 - d-Background information on the direction in which methodological factors and also cultural aspects and possible differences in reporting may have influenced prevalence and health impact data.
 - e-Interpretation of the results and the comparability of data; this requires considerable methodological expertise and detailed knowledge of the data sets as well as an understanding of the wider cultural contexts in which surveys were conducted. Following the recommendations in this report should help researchers to arrive at meaningful interpretations based on secondary data analyses.
- 5-Even if further comparability of data can be achieved by recalculating them on the basis of uniform definitions, other dimensions that may have influenced prevalence rates and reporting have to be considered, such as cultural differences in the openness to disclose experiences of violence, differences in sampling and sample size of the studies, differences in the methodology of data collection, in the exact wording and cultural meaning of questions about violence and health impact. Post-hoc data comparison is like a puzzle with missing pieces that reveals interesting trends but will never be able to fully capture exact differences between countries, cultures and population groups.

¹⁶ These recommendations were yet published in the previous CAHRV report, see Schröttle et al. (2006).

- a-For more accurate data comparisons on a European level it would be important to develop further similar or standardized questionnaires or modules of questions on violence and health impact, and on broader social issues related to violence and health impact assessment. It is important to stress that even if studies with identical methodologies were conducted, there would still be cultural and societal aspects that could lead to a different understanding of questions and to different reporting on violence by interviewees.¹⁷ Thus, a standardized measurement procedure should initially adequately investigate and take into account possible national and cultural differences that may be relevant for reporting, specific understanding of, and reactions to violence by individuals, on societal levels, and within policy formation and implementation. Furthermore differences and changes in the openness to report about violence in surveys have to be taken into account.
- b-Additional questions on factors that could influence the prevalence and interpretation of partner violence in the light of gender and generational norms, as well as those that may influence openness to disclose experiences of violation, should be included in future surveys. Such information could permit a culturally sensitive interpretation of the prevalence data and the context in different countries - a vital requirement for comparative analysis - including questions about perceptions of violence, about the understanding of questions, and on norms or opinions about disclosing sexual or intimate partner violence.
- c-Variations within country-based prevalence data have been analyzed using pre-defined groups as the basis for understanding the varied levels and experiences of violence. Care must be taken to ensure that such groups are not defined essentially as culturally different in a fixed and permanent manner. For example, the cultural context within which immigrant women live in Europe most often consists of an overlapping of different sets of cultural practices - those related to the migration experience, those pertaining to the values and beliefs of the culture in which they grew up, those predominant in the society on which they have settled as immigrants. The interaction between these different practices will be influenced by the family and social networks in which individuals live out their daily lives and the types of contact they have with different levels or groups in the European society. Inter-group comparisons of violence experienced must take into account the life contexts of the individuals and use a variety of indicators of social practices and gender norms.
- d-The aim to produce more accurate and more comparable data about various forms of violence remains a priority and forms a central basis for policies. Such data should include information about the extent of violence, risk and protective factors, consequences of and reactions to violence, reporting to the police and justice system, help-seeking behaviour and protection by institutions. Here further statistical data from large-scale studies enabling comparison of countries and over time is needed and should be combined with data from different sources (such as crime reports, medical care data, quality of life surveys).
- e-Additional basic research concerning methodology is necessary in order to overcome some problems of data comparability and to improve and further develop methodologies on violence prevalence and health impact research. In order to be useful at both the European as well as national levels, one important precondition for the development of accurate and more standardized methodology and research instruments for future research, is to involve a wide range of researchers and experts from several countries and cultures, who have conducted prevalence and health impact studies and can therefore contribute from the knowledge that has been built up by European research over the past 10-15 years. It is this combined knowledge and experience which will be of central importance in the design and implementation of future studies of this most challenging of topics not only in order to find solutions to the problem, but also to assist in the development of preventative strategies.

¹⁷ This is especially so for gender-based violence and very sensitive forms of violence (e.g. sexual violence, violence in very close relationships or within families) where the “real” rates will never be known.

Appendix 2

Comments on the further-development and standardisation of research instruments related to different forms of Violence

(Paper developed by Monika Schröttle on the basis of discussions of CAHRV Subnetwork 1, "Identifying and Profiling Victimisation" from 2006 to 2007)

Physical violence

For physical violence against adults many European researchers used a set of acts taken from the Conflict-Tactics-Scale (CTS) in order to produce more comparable data to other studies, but these items have been modified slightly and are not specifically related to conflict, because then unmotivated violence without conflict would have been under-reported. The introduction of violence questions is important: these should be connected to physical attack and not restricted to ways of settling conflicts or something else. Furthermore most European researchers concerned with prevalence of violence against women have not used the CTS as a scale for the measurement of severity, because as such it is misleading and tends to minimize "less severe acts" which may actually be more frequent or followed by injuries. The expert group of prevalence researchers recommends that for the measurement of physical violence a modified and slightly shortened list of the CTS acts¹⁸ should be used and severity of physical violence should be measured not only by the acts themselves but by the inclusion of the further dimensions, such as: injuries, fear/loss of control, frequency of acts, and if possible the psychological impact of the acts. Threat of violence may be part of the list but should be analysed within the separate dimension "threat of violence".

Severity of violence

With respect to severity of violence, the expert group recommends the development of a commonly accepted pattern for the analyses of the severity of physical and other forms of violence, in cooperation on an international basis. A commonly accepted measurement of severity has to be developed for each form of violence, for individual acts and for a series of (different) acts in close relationships, especially with respect to Intimate Partner Violence. Furthermore severity of victimisation through the life-course and in different life contexts has to be adequately investigated.

Psychological violence

Psychological violence within various contexts (family, partner, school, work, public sphere) differs in meanings and acts. These have to be included in the measurement of psychological violence and harassment that occur in various contexts such as the work place, school, educational contexts and the public sphere.

Different instruments for the measurement of psychological violence in different living situations have to be further- developed and used. This can, of course, risk the overload of questionnaires. Here it can make sense to include only highly relevant spheres for psychological violence such as psychological violence within partner relationships, family contexts, school and at the workplace. Until now there has not been common/standard agreement about the definitions and measurement of psychological violence at a European Level.

The CAHRV expert group recommends to discuss, test and validate different alternatives for the measurement of psychological violence within an international group of researchers for different countries, population- and age-groups.

Psychological violence may include various dimensions such as (1) Devaluation or degradation of any kind, whether in public or privacy: referring to looks, intelligence, any 'performance', childcare, etc, (2) Being humiliated, (3) Verbal threats of any kind, (4) Isolation from friends, family members, etc, (5) Refusing access to education, to restrict access to contraception, finding a job, etc, (6) Coercion to perform sexual practices, which are considered as deviant, (7) systematic psychological harm (etc. mobbing in the work place, bullying at school), etc.

¹⁸ The Conflict Tactics Scales (CTS) developed by Strauss et al. measures aggression and violence in the context of conflict in intimate partnerships (see Straus et al., 1996). The items from the CTS were often used in a shortened or modified form in European Violence against Women surveys (see Schröttle et al. 2006, p. 60f), but usually not as a scale to measure severity of violence.

Questions about psychological partner violence should include the following dimensions as a minimum: domination over the partner, controlling behaviours/extreme jealousy, threatening behaviour, verbal aggression/humiliation/dehumanisation and economic control. Additionally, destruction of property, violence against children and other family members or pets/animals should be included as a specific form of harm against partners. These elements should be analysed in the context of equal or unequal partner-/gender perceptions and attitudes (e.g. with respect to household task division, attitudes on equality of men and women and so forth).

Sexual violence

Sexual violence: questions on sexual violence should not be too vague and should be able to describe in a differentiated way what has happened to the victim, at least if she/he has been penetrated against her/his will or by the use of force (rape) or if this was attempted (attempted rape) or if he/she has experienced any other form of forced sexual acts against his/her will. Furthermore other forms of unwanted sexual acts (without consent) could be included but must not necessarily be part of a narrower definition of “sexual violence”. This allows the researchers to provide data concerning narrower and broader definitions of sexual violence. It is important that questions about sexual violence are related to close/intimate persons/partners as well as to little or unknown persons, otherwise under-reporting may occur because sexual violence by partners is often not perceived as such. On the other hand, questions on violence should not be too intrusive or detailed and should be sensitive enough in order to avoid non-reporting or feelings of harassment or re-traumatisation in the interview situation. Some researchers found that questions on violence that were perceived as too detailed – like in the Sexual Experience Scale (SES)¹⁹ – were not accepted and were too direct with respect to some cultural or age groups. It is recommended also that different alternative item lists on sexual violence should be discussed and tested within a European research context in order to discover the most suitable method for various population groups, countries and cultures.

It is important to stress, that interviewer selection (based on experience and empathy) and special training is necessary in order to avoid the danger of re-traumatisation through questions about sexual violence and to guarantee a sensitive and non-intrusive interview; although relevant to exploration of all forms of violence, this appears to be particularly important concerning investigation of sexual violence.

Other forms of violence

Further research should raise awareness within prevalence research about forms of violence that have been under-investigated until now, such as institutional/structural violence, neglect and other forms of human rights violations (forced abortion/prevention of wanted abortion, adoptions, discrimination, normalisation of victimisation, forced reproduction). This appears to be of particular relevance for consideration of interpersonal violence and health impacts and consequences.

¹⁹ The Sexual Experience Scale was developed by Koss et al. (1982) and consists of an item-list with several forms of sexual experiences; the items concerning sexual violence have often been used in quantitative surveys measuring sexual violence.

Appendix 3

Comments on the further-development and standardisation of research instruments related to health impact of interpersonal violence

(Paper developed by CAHRV Subnetwork 1, "Identifying and Profiling Victimization" from 2006 to 2007)

A very important consequence of violence is its impact on the health status of the victims. To the present, many cross-sectional and retrospective studies indicate the high impact that interpersonal violence has on the health status of victims. (e.g., Arias, 2004; Campbell, 2002; Farley and Patsalides, 2001; Hawker and Boulton, 2000; Helweg-Larsen and Kruse, 2003; Kendall-Tackett, 2002; Krug et al., 2002; Martinez et al., 2004; Resnick et al., 1997; Romito et al., 2005; and Weaver and Clum, 1995) which indicates the tremendous impact that violence has on all levels of health, from death and disability to mental, physical and social health impairment. Because of its importance the impact of violence on the health status of the victims is considered to be routinely assessed in prevalence studies. This is why an important aspect of many prevalence studies is the assessment of the impact of violence on the health status of the victims. So far, several surveys on violence against women, men, children, elderly people and people with disabilities have included questions on the health of the victims (see review by Martinez, et al, 2006).

Health assessment in population-based surveys and its relation to other health impact studies

It would be very useful and would contribute to the knowledge of the link between violence and health if the assessment of health included in the population-based surveys could be obtained in such a way that the results could be compared both between surveys and with the studies on the same topic carried out in specific settings (e.g.: qualitative studies: shelters, clinics, and so forth). Then, any new information obtained would form part of the development of knowledge about the relation between violence and its impact on victim's health status. The contrary would be just a collection of separate studies in which the differences between them would impede researchers from undertaking meaningful comparisons.

Comparability between quantitative studies

Validated questionnaires should be used to guarantee comparability between studies.

Surveys should include a validated health assessment scale e.g. general health questionnaire.

Qualitative questions

Qualitative studies should be used to enhance data obtained from surveys and establish the meaning and understanding participants construct between health status and violence.

Relation between violence and health

The assessment of health status in relation to the experience of victimization does not imply a cause/consequence effect but a connexion between these two variables. It is the comparison between groups with different or no experience of victimization which can give information about the kind of connexion between the two variables. However, the connexion may be two-way (or even a circle): a) violence has a high impact on health with a deterioration effect and b) bad health increases (e.g. chronic illnesses or disabilities) the likelihood of being a victim of violence. It is still necessary to elaborate efficient indicators which allow some certainty of the direction of causality.

Specific recommendations

The following specific recommendations are made in order to make the comparability between studies possible and, thus, also contribute to the general knowledge:

1-Clear distinction between the general health status of women and the direct impact of violence on health

As has been indicated in the WP-6 report, different types of assessments are commonly obtained with respect to violence and health in prevalence surveys. One main assessment relates to the general health status of the women that participate in the survey. Although the results obtained cannot determine that the violence is the cause of the health problems, an association can be established between health status and different experiences of victimization, including the control (non victimized) women. Thus, violence as a risk factor for health can be established. The other assessment refers to the direct impact on health that women can attribute to the violence. In this case, a subjective causal relationship between violence and health can be established. This important difference should be taken into account when preparing the questionnaires for the survey.

There should be two types of questions:

a)-General questions on health status, which are useful for characterising the status of individuals who have experienced certain types of violence in comparison with those who have not.

b)-Specific questions, which must be directly related to experiences of violence (physical injuries, psychological impact, other consequences on health status, etc.) in order for researchers to be able to measure the immediate or direct impact of violence on health.

Specific injury (all whether lasting 24 hours or longer/needing medical attention) fractures, burns, cuts, bites, welts, bruising, other harm (sexually transmitted disease, pregnancy, emotional distress etc).

Questions on social impact should also be included (e.g. validated quality of life, economic impact, etc.).

2-A comprehensive assessment of the general health status of women

The assessment of the general health status of women at the time of their participation in the survey should be as complete as possible, covering the whole spectrum of health, from bodily symptoms through to social health. For this, a minimum of health questions should be included in each survey. Available and already validated questionnaires can be recommended, although they are not comprehensive and, thus, would require the addition of specific health questions to make them more complete (e.g. European Health Module, Health-Related Quality of Life, SF36)..

3-Information about the lifetime history of victimization

Comparison of the association between different types of violence experienced by women (regarding contexts, forms and age periods) and health would only be possible if the surveys were standardized in the way they obtain information about the history of victimization (during both childhood and adulthood) across the life course. It is considered that "History of victimization" does not mean detailed information about each experience of victimization but information about the different types of violence a person has experienced. This information allows the control of the contribution of other types of victimization to the health status of women by carrying out regression analysis.

4-Controlling other stressful variables that may have impact on general health status: Life events and social resources

Life events such as loss of work, unemployment, financial problems, problems with children/parents, falling severely ill, etc. might be or might not be a result of violence but subjectively can be perceived as equally stressful as the experience of violence. Thus, knowing that many other experiences have also been associated with a deterioration of the health status and may lead to an accumulation or be a confounding factor when establishing an association between violence and health, it is recommendable to obtain information about them in the survey. This can be achieved by obtaining detailed information about them or by asking the participants about the level of perception of stress they attribute to life events or their social resources (Social Support Questionnaire).

5-Standardization of instruments (questionnaires)

Where possible, it would be very useful to use standardized instruments. This would make the results obtained from a survey comparable to other surveys or other studies on violence and health carried out in specific settings (e.g., medical health services, shelters, etc.).

6-Standardization of the period of time to which health questions relate

In both the assessment of the general health status of women as well as the direct impact of violence on health it is necessary to refer the questions to the same period of time. If this does not occur, it will make comparison between surveys very difficult. Comparison with the other studies on violence and health in which a period of time is always mentioned will also be difficult to achieve.

6.1-In general health status questions the following periods of time are recommended: a) last month, b) last year, c) constantly ever, and d) specific periods for specific health aspects.

6.2.-The following period of time are suggested for direct health impact of violence on health: immediate, up to one month or up to one year after the violent act.²⁰

7-Assessment of the direct impact of violence on health

When asking about the immediate and long-term direct impact of violence on health (including physical, mental, reproductive and social health) it would be very useful to differentiate between the different types of experiences of violence, especially in women who are exposed only to one type of violence (e.g. psychological violence). It is recommended to refer to the most serious violent physical, sexual or psychological event during the last year. And/or to patterns and types of violence in the current or last violent relationship.

8-Obtention of information about general health care utilization by women in general

Information about the utilization of general health care of women is very necessary to indicate the role that health personnel can play in the identification of women exposed to violence and in the assessment of the nationwide costs that violence against women is likely to have. It would be appropriate to specify between different medical care services (from emergency departments to medical specialties). Also related to this assessment is the intake/use of medication and the use of any other type of medical treatment (e.g. surgery) or therapy.

Preventive medicine and related attendances to the health services should not be included. Thus, only visits related to illness should be included in the survey. Cultural differences between countries in relation to the health system should be taken into account.

9-Obtention of information about the health care utilization as a direct impact of violence

It is also important to differentiate between the health care utilization which is specifically related to violence. This would then enable accurate comparisons and considerations such as, for example, economic implications but also for health service policy and planning for states. Cost analysis needs this information too (like above). The health care utilization should refer to the last year, which is good for both cost assessment and the information given to practitioners. Cultural differences between countries in relation to the health system should also be taken into account.

²⁰ This question was discussed controversially in the expert group; some researchers did and some did not recommend to use time frames here. It was argued that the subjectively perceived direct impact of violence on health in victimisation surveys needs no time limitations with respect to time frames because it is per se a consequence of subjective perceptions that can also include longitudinal health consequences, especially with respect to a pattern of multiple and not single victimisation in close relationships.

Appendix 4

Indicators for interpersonal violence and institutional reactions from surveys and other sources.

(Paper developed by CAHRV expert groups 2006/2007)

One important aim for policy and research for the coming years with regard to interpersonal violence is to monitor the extent, development and change of interpersonal violence through political and societal changes and to provide valid data for comparison between countries, regions and over time. This is an important knowledge base for the development, modification and improvement of political and social strategies to stop violence and provide adequate assistance for victims and their social environment when violence does occur.

In their comparative studies of the legal system and agencies and good practice both subnetwork reports within CAHRV highlight the importance of reliable institutional data on all interpersonal violence that comes to their attention, what responses have been given and with what outcomes. They write “By collecting and analysing data on specific agency responses, systematic monitoring aids the assessment of good practice in delivering services to individuals seeking assistance.”²¹

Various indicators (for victimisation and impact) from different kinds of studies and data sources can be used in order to collect information on the extent and nature of violence, the development over time and the differences between countries, regions and population groups. Every kind of study and data source has certain possibilities, problems, advantages and disadvantages in describing violence prevalence and victimisation adequately. On a general level it can be said that:

Qualitative studies

Qualitative studies can describe problems, causes and consequences of victimisation as well as patterns of help-seeking-behaviour more deeply on an individual level of experience, but as they usually use smaller case bases and questions are often not standardized the results do not allow generalisation for a broader group of victims.

Quantitative studies

Quantitative studies can produce information on a broader representative level and are more suitable to document the extent, types and circumstances of violence on a general population based level. A combination of both: quantitative and qualitative methods in research on interpersonal violence seems to be very fruitful, because it can connect the advantages of each method and provide generalizable results as well as deeper differentiated knowledge about the causes and consequences of , as well as about individual and institutional reactions to violence.

Population-based versus institutional-based surveys or data

Population-based versus institutional-based surveys or data are often treated as opposites in violence prevalence research, but in reality they can contribute to each other in a constructive way. Population based surveys are more representative for the whole population and for various victim-groups; institutional based surveys and data can reach certain and only very selected samples and will not produce generalized results for the whole population as they have particular biases. But they can be representative for the users of certain institutions and they can – like in the case of surveys in shelters or death/mortality statistics – extend to victim groups who have experienced very severe forms of violence and who are often underrepresented in general population based surveys. When the aim is to produce more knowledge about institutional visibility of violence, reactions of victims and treatment by institutions it can be very

²¹ Hanmer/Gloor et al. (2006) : Agencies and evaluation of good practice: domestic violence, rape and sexual assault. P. 5

See also: Humphreys/Carter et al. (2006): The justice system as an arena for the protection of human rights for women and children experiencing violence and abuse (www.cahrv.uni-osnabrueck.de)

helpful to use institutional surveys, because the case basis of users is higher here than in population-based surveys where the number of persons who have used institutional help or interventions is usually relatively small. Thus data from and surveys in institutions are an important contribution to investigate service support but it has to be stressed that such studies describe only certain sections of all victimised groups that are visible in those particular institutions. In addition, interviews/surveys in schools, universities, nursing homes, prisons, and so forth may be biased, as subjects (may) mistrust an anonymous data collection.

For the production of systematic knowledge about the problem the best way appears to be to bring data and information from different sources together. What is needed for future research and policy is a long-term and systematic monitoring of the problem of interpersonal violence, differences and changes on a broader societal basis that utilises surveys as well as other data from different sources that are suitable for that purpose. Violence-against-women surveys as well as surveys about violence against girls, boys and men in various life situations should be part of national gender equality and family promotion programmes; on a national and international basis additional and regularly repeated surveys are needed to determine the severity of the problem and to provide a platform for policy reform.

The following indicators can be used for this process:

- a) dedicated prevalence surveys
- b) survey modules within other regular surveys
- c) other data sources, mostly connected to certain institutions.

As survey data as central indicators concerning the extent and nature of interpersonal violence were discussed in the recommendations (Chapter 2 of this report), the following text concentrates on relevant indicators from other sources. A further useful source concerning the international discussion about indicators (with respect to violence against women) was developed by Liz Kelly et al. (2006) within the remit of the UNECE task force.

The expert group recommends that the following data from different sources for national and international monitoring of violence prevalence and health impact should be included. Attention is drawn to the fact that institutional data has to be estimated very critically because it represents only certain and selected groups of the populations and may be biased with respect to certain victim-groups. Additionally, services and institutions might be available and used quite differently in countries, regions and from certain population groups and thus cannot provide wholly representative results. These should be seen as a contribution rather than a substitute to systematic prevalence research.

Indicators from criminological data sources:

- a-Cause of death and homicide statistics for children and adults are an important contribution to prevalence data because they reach cases of violence that do not appear in surveys. They also highlight only the most extreme levels of interpersonal violence.
- b-Other crime statistics on violence against children and adults can be included with care but usually cannot draw a wholly realistic pictures of violence, because most cases are not reported to the police, especially with respect to violence in intimate relationships.
- c-Court statistics can be added and analyzed together with crime statistics and prevalence statistics in order to calculate attrition rates. This is important to monitor the results of state intervention and legal system reactions over time and between countries.
- d-It is imperative to request the compilation of statistical data by the police and judicial system, data by sex and age for both perpetrator and victim, the nature of the act, relationship (if any) between perpetrator and victim (family, colleague with hierarchical power over victim and so forth) and these data should be accessible to researchers and also published for use by institutions and services. Similarly, mortality and even morbidity statistics should include "violence" amongst the list of causes.

Indicators from the health system:

In countries where *data* on injuries and psychosomatic disorders as a consequence of violence is collected within the health system (hospitals, clinics, doctors and so forth), this data can be an important

contribution to knowledge about the visibility of violence in the health care system; but it has to be stressed that the use of medical care as a consequence of violence might differ between countries and population groups as well as the sensitivity of professionals in the health care system to recognize relevant consequences of violence. Thus this data may be biased and is evidently not a safe indicator for the extent, nature and development of interpersonal violence related to a broader population group. It is important to stress that the data collected about interpersonal violence within the health care system must be collected anonymously in order to avoid negative impact for victims.

Indicators from other institutions/sources:

a-Data from several support services such as shelters, customer registers in help-giving agencies, crisis services, social work and social care services, couple and family therapy should be collected in an anonymous way. Information about the numbers of users, frequency and duration of use, as well as that concerning socio-statistical data about users could provide deeper knowledge about the use of victim support from several victim groups within countries and regions and this should contribute to the improvement of institutional care for victims. Again this data is not an accurate source of knowledge about the overall extent and nature of violence on a national level, because these institutions reach only specific victim groups. The numbers of users of victim support may not reflect the extent of violence within society; it only reflects the extent of institutional care for victims. The quality of services can only be investigated by systematic scientific evaluation.

b-It is important to systematically collect information about victims of interpersonal violence and perpetration of violence in several institutions where the risk of violence is heightened and where a higher number of vulnerable person groups is suggested, such as: prisons, institutions for asylum seekers, institutions for elderly and people with disabilities, in psychiatric settings, schools/child-care-institutions, at specific working-places, at the police and military system, in the context of prostitution and so forth. This is especially important with respect to population groups that can rarely be reached to a sufficient extent by general population based surveys. The quality of information that can be obtained here is extremely different and is strongly dependant on the tendency to uncover or hide violence within the institution, on the power relationships and dependencies, and on the sensitivity within the institution to recognize violence. The willingness to document cases of violence properly and act on them adequately is also of importance in this context.

Appendix 5

Recommendations with respect to violence against children prevalence research

(Paper from Corinne May Chahal)

With respect to surveys with children as a specific issue, many of the recommendations remain the same as for studies of violence against women and men. The main differences/considerations are:

1-Age limit

In European prevalence studies childhood can be defined as up to 16, up to 18 or expressed as ‘childhood’ without limits given. The age limit decided upon may affect the prevalence rate obtained.

For example, in studies on child sexual abuse, research that restricts the age of the child to 16 or under tends to give lower prevalence rates. The UN Convention defines the limit of childhood as 18 years, under which no informed consent is possible and all sexual behavior is considered abusive where the perpetrator is an adult. This may not, however, reflect custom and practice within different countries. For instance, in Malta and the Netherlands the age of consent is 12. In Spain it is 13, in Croatia, Hungary, Austria, Portugal, Germany and Iceland it is 14, in Poland and France it is 15, in Finland, the UK, Cyprus, Norway, Czech Republic, Switzerland and Uzbekistan it is 16 and in Ireland it is 17.

There is the need to establish clear definitions of the period covered by childhood for the purposes of research and the need to define ages at which behaviours (particularly sexual behaviours) are permissible.

2-Parental consent

In many European countries it is considered unacceptable to do research with children without their parent’s consent.

Legally, in the UK children are allowed to consent if they are assessed as having the ability to understand whatever it is they are consenting to (e.g. medical treatment) and this would include participating in research.

Ethically, however, it may do harm to interview children without their parent’s consent. Children may be questioned and punished by their parents for becoming involved in research about family violence and this may place a child in danger. These considerations must be weighed against the possibility of obtaining accurate data as it might be expected that the parents with most to hide will be those least likely to give consent to their child’s participation. We consider that the safety of the child is the most important consideration. Surveys on violence can be presented in quite general terms so that they are not considered threatening or intrusive to parents but they are also not being misrepresented. For example, a study might be presented as research on children’s health or social relationships.

3- Operation of mandatory reporting laws

A further special consideration is the operation of mandatory reporting laws. It is important that all concerned are aware of the legal and ethical implications relating to research in this area and that these are fully discussed at the beginning of a study and with participants in order that informed consent is given to participate. We consider that it is necessary to assure children complete confidentiality if data is to be reliable.

In France, for example, if a researcher becomes aware of a child experiencing child sexual abuse they must report this by law and cannot therefore offer complete confidentiality to the subject. Researchers might avoid this by giving anonymous and unsupported questionnaires

to children who cannot be identified (and therefore cannot be reported). This raises difficult ethical and legal questions .

Thus, the protection of respondents has to take these issues into account, specifically with reference to confidentiality and the requirement both ethically and legally to report violence disclosed in surveys to the appropriate authorities.

4-Sexual abuse and consent

The definition of sexual abuse for both adults and children includes consideration of the issue of consent. However, there are special considerations for children who fall below the legal age of consent for their country. In general, our discussions suggest that 12 is an age about which there is also some European consensus.

Some would argue that all children who fall below the legal age of consent cannot, by definition, consent even if they themselves claim they have done so. This argument is put forward by those who propose that children are not fully aware of their actions and that adults have a duty to protect their interests. The suggestion is that when those children who claim to consent become adults, they will look back and consider they were not consenting. Others accept that mutual sexual relations between peers is part of normal adolescent development and agree that consent is possible.

The UK prevalence study dealt with this by asking initially about attitudes to sexual consent. The results showed an overwhelming consensus in the UK that adult sexual activity at any level with children of 12 or under was unacceptable and that oral or penetrative sex between adults and 13-15 year olds was unacceptable. Results on other levels of sexual activity between adults and 13-15 year olds were more mixed. For this reason the UK prevalence researchers defined sexual abuse in the following way. The questionnaire asked for information on whether respondents had experienced specific forms of sexual behavior, covering a wide range of possibilities from being shown pornography or exposure of sexual organs to sexual intercourse, all whilst under 16 years of age. If they answered 'yes' to any of these they were asked if this ever happened against their wishes, if the other person involved were five or more years older. If the answer to either of these questions was 'yes' they were asked a series of follow up questions, including the age at which this first happened and the relationship of the person to them. Sexual behavior towards the respondent was categorized by the researchers as 'abuse' if:

- the other person was a parent or carer , or
 - the relevant behavior occurred against the respondent's wishes, or
- Consensual sexual acts involved a person other than a parent who was 5 or more years older when the child was aged 12 or under.

In France, Maryse Jaspard's work has adopted the position that before 10-12 any sexual behaviour was considered as forced sex. However, in France, as in the UK, 12 years and upwards was considered to be a 'grey area'. It is most important to collect data on the age at which the sexual act occurred and the age of the other person involved; the partner or possible perpetrator. There can be many different definitions – legal, human rights, subjective, but researchers must collect data so that different definitions can be applied to it

5-Physical violence and the language of the questionnaire

There are likely to be issues relating to the wording of questions/different understandings of physical contact (e.g. age 10-12, approach of adolescence, refusing physical touching by parents that has been common up until then). Such issues need to be considered in relation to surveys and their development. There is a clear need to be precise about different types of physical violence, particularly at ages where children are in regular physical contact, pushing games, peer fighting and so forth.

An example of the measurement of physical violence using the Parent Child Conflict Tactics Scale is the World SAFE study which compared four different countries (WHO, 2002). Prevalence was

measured in terms of harsh or moderate forms of physical punishment reported by mothers under the following categories:

Severe physical punishment:

- Hit the child with an object (not on buttocks)
- Kicked the child
- Burned the child
- Beat the child
- Threatened the child with a knife or gun
- Choked the child

Moderate physical punishment:

- Spanked buttocks (with hand)
- Hit the child on buttocks (with object)
- Slapped the child's face or head
- Pulled the child's hair
- Shook the child
- Hit the child with knuckles
- Pinched the child
- Twisted the child's ear
- Forced the child to kneel or stand in an uncomfortable position
- Put hot pepper in the child's mouth

6-Sexual abuse and the language of the questionnaire

Surveys that are directed at youth populations must use language that is age appropriate and take account of how children might understand different behaviours. In questionnaires to youth about the prevalence of sexual violence it is important to break down behaviours. In the UK study the following behaviours were used (that distinguish between different levels of contact (from touching to penetration) and between attempts and achieved acts):

- Pornographic photos or videos were taken of you
- Shown pornographic images
- Made or encouraged to watch people performing sex acts (not pictures)
- Someone exposed their sex organs or other private parts of their body to you in order to shock you or excite themselves
- You were hugged or kissed in a sexual way
- Someone touched or fondled your sex organs or other private parts of your body
- Someone got you to touch their sex organs or sexually arouse them with your hand
- Someone attempted oral sex on you
- Someone attempted sexual intercourse with you
- Someone attempted anal intercourse with you
- You had full sexual intercourse
- You had anal intercourse
- You had oral sex
- Someone put their finger, tongue or an object into your vagina or anus

7-Assessment of psychological violence

Emotional violence is an area that requires much more work in relation to children.

In the UK childhood violence study, this was defined by asking about specific behaviours:

- 1-Psychological control and domination (attempts to control child's thinking and isolation from sources of support and development)
2. Psycho/physical control and domination (physical acts exerting control causing distress rather than physical injury)
3. Humiliation/degradation (psychological attacks on self worth, self-esteem)
4. Withdrawal (withholding affection and care, exclusion from the family)

5. Antipathy (showing marked dislike of the child by word or deed)
6. Terrorizing (threats to harm the child or someone/something the child loves, threats from fear figures, being sent away or making child do something that frightens them)
7. Proxy attacks (harming someone/something child values)

Behaviors were grouped into seven dimensions (see above) which reflected different aspects of control, domination, humiliation, withdrawal and threat. For the purpose of quantification, respondents were given a score on each dimension. A maximum score of 14 indicated that more than one item was experienced in each dimension, and that the respondent had experienced a wide range of treatment with the potential for abusiveness. To achieve a mid point score of seven, a respondent had to record some treatments on at least four of the seven dimensions. All those who scored 7 or more were defined as emotionally abused.

8- The assessment of neglect

A final special consideration is that of neglect. Where people are dependent in some way on others for their care and there is a duty of care by another person there is always the possibility that this duty of care is not carried out. This is known as 'neglect' and even though it is an act of omission it is still arguably an act of violence. Very few studies gather specific prevalence data on neglect.

There is no standardised definition of neglect by which to measure prevalence amongst children, although there is some agreement among community samples (Dubowitz, et al., 1998). and professionals about what is harmful. The definition of 'physical neglect' adopted in the UK study (May-Chahal and Cawson, 2005) included the two categories of behavior most commonly found in previous qualitative studies: Failure to give basic physical care over matters such as food, clothing, cleanliness and health care; and failure to safeguard children through supervision appropriate to their age and living situation. These behaviors were then graded as serious, intermediate or 'cause for concern' by the researchers. Serious absence of care included criteria which were known to carry physical risks and those which previous research suggested were particularly associated with long term harmful effects, mainly because they happened always or often (each of these criteria are listed below).

Aged <12 always/often went hungry because no one got you meals ready or there was no food in the house
 Aged <12 always/often were ill but no one looked after you or took to doctors
 Aged <12 always/often went to school in dirty clothes because there were no clean ones available
 Often had to look after themselves because parents had problems e.g. alcohol or drugs
 Regularly had to look after self because parents went away
 Allowed to go into dangerous places or situations
 Abandoned or deserted
 Physical condition of their home was dangerous

9-Assessment of violence in special contexts

Additionally, the idea of special contexts for particular studies (work, leisure, institutions) needs to be considered. This issue requires statistical analysis to improve considerations about sampling. Considerations about special groups and top-up samples must be made on the basis of statistical analysis which takes account of what is known about prevalence levels in minority populations and also of the impact that the size of such groups would make on the overall sample.

For example, even though it is known that the prevalence of violence in childhood is higher in prison populations and homeless people these groups were excluded from the UK prevalence study on childhood violence as the sample was extracted from postcode address files. However, the percentage of the population living in institutions or on the streets is small and even if the prevalence within these groups was high, statistically it would not have greatly affected the overall population prevalence levels.

Appendix 6

Recommendations with respect to violence against elderly people

(Paper from Bridget Penhale)

Until very recently, with a few notable exceptions, there has been little research concerning violence towards older people within Europe (see Martinez et al. 2006) and the potential vulnerability of older people to violence has not been adequately considered. This has been the situation in relation to both research on violence in general terms and within gerontological research. Although some of the prevalence studies on violence against women have included older women, in some cases up to the age of 85 years, others have only collected data up to age 60 years and therefore exclude a proportion of the adult female population.

Indeed, similarly to the situation in relation to violence against men in more general terms, victimisation of older people has not been integrated into research on violence but rather has been seen as a 'special case'. At present, insufficient is known about elder abuse in a European context to recommend for full integration of such studies into more mainstream research on violence, as specific studies need to be conducted at European level in order to inform understanding and knowledge about the phenomenon.

Thus it is recommended that similar and comparable studies at European level need to be carried out in terms of prevalence and also including research on the health impacts of violence against older people. The same criteria relating to comparability would be valid in this instance as those recommendations already made (see Appendix 1 of this report). Future prevalence research concerning violence against older people should consider the following recommendations as pre-requisites.

1-Sampling

1.1-Include both genders

It is clearly very important that research covers both genders in order to develop our understanding about violence towards older men and to enhance our knowledge about the dynamics of violence that occurs in later life.

1.2- Age

The question of age limits in samples should not arise if a specific study of violence and older people is being utilized as all age groups, even including centenarians, if any, should be sampled.

1.3-Disabilities

In order for surveys to be inclusive, those older people with specific and particular vulnerabilities and impairments, either physical or psychological in nature, are likely to require assistance and adapted research tools to allow for full participation to happen.

2-Ethical issues

2.1-Informed consent

The issue of informed consent is of particular importance if there is any doubt about the older individual's capacity to consent to participate in the research. The use of relatives to provide proxy consent is often unlikely to be appropriate in relation to research on violence and neglect of older people, particularly if there is a possibility of the involvement of relatives in abusive situations. Methods, which allow the inclusion of individuals with fluctuating or impaired levels of capacity, are being developed to research other areas. Work to consider the use and adaptation of such techniques in relation to violence and older people should be actively pursued. Issues of safety are also as important for older people as for younger age cohorts.

2.2-Post-survey support

There may be a need for the provision of post-survey support and appropriate arrangements, including for example the provision of 'safe' written materials and information for future use by individual respondents.

3-Methodology

3.1-Interviews/questionnaires

Shorter interviews or specific, focussed questions may be recommended.

Alternatively, questions may be included in surveys of broader issues relating to 'lifestyle' or 'relationships in later life' (as per section related to children, in Appendix 5) so that in-depth information concerning later life can be obtained and analysed. It is possible therefore that questions can be related to other specific areas of life (for example, questions relating to financial abuse and exploitation can form part of a module/suite of questions relating to finance and income).

3.2-Questions on violence

3.2.1-Financial abuse, exploitation and neglect

Questions concerning financial abuse and exploitation need to be included in the surveys including older people, as do questions relating to neglect.

Issues in connection with the measurement of neglect and psychological/emotional violence may require further attention in order to determine the most appropriate methods of questioning and the severity of forms of violence experienced.

As with children, matters relating to social capital and quality of life need to be included in surveys.

And as a proportion of violence in later life consists of intimate partner violence, questions that will assist in the differentiation of victim and perpetrator dyads and determination of the dynamics involved in later life relationships are also likely to be necessary.

3.2.2-Institutional violence

Violence in institutions is also relevant in connection with 'hard to reach groups'. Those surveys which have been undertaken have generally been concerned with violence by close relatives in the context of the domestic setting, of community-dwelling individuals living in their own homes or with relatives. Consideration solely of the domestic sphere will not allow for the capture of essential information concerning other settings in which older people find themselves in later life in which violent acts may happen, such as hospitals and care settings like nursing homes and day centres. It will also not take into consideration violence that occurs in the public sphere. It is therefore necessary to develop more specialised tools in order to conduct appropriate research with individuals living in institutional settings, who may be both frail and vulnerable and in need of great care and sensitivity by researchers in order to participate fully in research. It is important that research does not lead to any increase in risk of further violence or neglect for those individuals who participate. Approaches to undertake research in this area will be likely to include participation of and consultation with older people in the development of suitable methodologies, as it is difficult, for the above mentioned reasons to satisfactorily reach these groups by normal survey methodology.

3.2.3-Period of time to which violence is referred

The time periods over which violence occurs which are covered by surveys also need to be determined. Violence over the past year or after a fixed time point (for example 65 years or some other agreed point such as normal age of retirement) may be more easily recalled than asking individuals to reconstitute their lifetime experience of violence in a survey setting.

Lifetime experiences of violence for older people may perhaps be more fruitfully researched through the use of in-depth qualitative interviews when there may be more

focus on the understandings and meanings that individuals have in relation to their experiences. However, it is important to try to obtain information about experiences across the lifecourse in order to develop knowledge and understanding about how and in what circumstances violence changes and develops over time.

3.3-Questions on health

Questions covering the range of health impacts and consequences, both psychological and physical need to include elements of relevance to the older population. Specific lists of conditions may not be as appropriate here, due to the nature and complexity of many health conditions in later life. There is also a clear need for research which assists in understanding what coping strategies and mechanisms of resilience are developed in later life that relate to violence.

4-Cultural sensitivity issues

Clearly there are a number of cultural aspects that need to be considered when studies concerning violence against older people are being developed. Variations between countries within the European context need to be minimized in the matter of definitions and agreements reached on the aspects of violence to be included, so that there can be comparability between the studies that are carried out. There also needs to be careful consideration of gender aspects. As seen above, although some of the prevalence studies on violence against women have included older women within sample frames, such studies have obviously not included the experiences of older men as victims of violence. From evidence already obtained, however, which confirms that older men also experience violence of different forms, it is clear that the experiences of older men must be obtained, analysed and interpreted before a clear picture of the abuse of older people can be developed.

In addition, as with recommendations relating to studies on violence against women, variations between different cultural groups within Europe, both within and between countries need to be acknowledged and such groups need to be included in studies concerning violence towards older people. The inclusion of the experiences of older people from different cultural contexts within and across Europe is an essential part of future studies that are planned and undertaken. Understanding the different perceptions and attitudes towards violence held by older people across Europe is also a necessary component of our knowledge of this area, albeit that these aspects will be obtained from different research methods.

Appendix 7

Recommendations with respect to violence against men prevalence research

(Paper from Hans-Joachim Lenz)

Research on violence has overlooked the vulnerability of men in the past, investigation about men's victimisation being a very new topic. Previous theories of gender-specific violence start out from a gender contrast: the perpetrator/victim dichotomy. The role of perpetrator and the victim is generally always the same: the man is the perpetrator, the woman the victim. More adequate theories should analyse the inconsistencies between the individual being a man and the existence of different masculinities. There would then be the chance to uncover the previous invisibility of men as victims, which could contribute towards victimised men overcoming any inability to describe their feelings and their finding out how to express their suffering without becoming violent. So far, the stereotyped gender construction still works in scientific communities: women are regarded as being worthy of protection, while men are considered not to be so vulnerable.

When looking at the different European studies in which the focus is explicitly on violence against men, it becomes clear that the victimisation of men is still not integrated into research on violence but is regarded, sometimes, as a special form (Lenz, Puchert, 2006). It is quite possible that gender stereotypes also influence researchers: thus research cannot find what researchers are not looking for.

A relevant question for research is, how is it possible to make violence against men visible and how can it be made accessible to research?

The minimal standard is, do not ignore the vulnerability of men anymore. In terms of gender equality men and women are potentially vulnerable. The victimisation of both is worthy at the same time. Only the cultural construction of masculinity kept this from further consideration (Lenz, 2006).

The following are recommendations for prevalence research on violence against men.

1-Further research on violence against men and violence against men and women in comparison should be funded

Better knowledge, about men's violence towards men, and women's violence towards men is required in order to both develop responses and also to assist in the development of preventative strategies. We are still at a starting point in research concerning the prevalence of violence against men. (Forschungsgruppe, 2004; Jungnitz, Lenz, Puchert, 2007).

2-Cultural sensitivity issues

Cultural aspects have to be taken into consideration when designing a prevalence survey on violence against men. The variation between countries in the areas of violence assessed need to be established as well as the similitude and differences in the way men process the violence suffered. A violent action that is more easily perceived is that which falls into the range that goes beyond "the normal limits" but has not yet become "unmanly" (Forschungsgruppe et al. 2004). Presumably, there might also be differences between European cultures in the more intimate violence fields: an assumption is, the more traditional the understanding of masculinity is, the more hidden the violence encroachments remain. The different conditions have to be investigated under which a focusing of genderised violence against men is possible.

Further research has to pay critical attention to the masculinisation process in different cultures, but not to legitimate cultural rituals, which may damage perceptions of the right of male inviolability (e.g. circumcision of boys; non-medical indicated operation on the male body must be considered as a form of violence). In former time threat and fear have been accompanying acts of getting a man. Risks to health have been a traditional obligation for becoming a man, but meanwhile this way is culturally not more acceptable.

Violence encroachments going beyond genderised violence should be looked at in terms of the respective cultural aspects: in which situations do men feel exposed and powerless? What do they consider as violence? What do they ignore both objectively and subjectively? And what are the differences between how violence is felt, experienced and overcome by heterosexual or by homo- (or bisexual men)?

3-Questioning on violence against men

Not all violent acts are perceived and talked about to the same extent by men. Certain forms of violence are so normal in men's lives that men themselves do not perceive them as violence and therefore may have only limited memory of them. Experiences that go unnoticed in male normality include, for example, acts of physical violence in public that are perceived as normal disputes. Other forms of violence are such taboos that they are either not accessible to memory or the men who suffered them do not talk about them. Examples of the tabooed "unmanly" area are to be found particularly in forms of sexualised violence and sexual harassment.

It is possible to investigate the area of "perceptible" violence. To get valid results, more precise investigation has to be carried out as to which conditions make it possible for men to make violence a central theme and to cross the limits of inner speechlessness. Especially in consideration of the emotional/psychological violence and of sexualised violence more precise operationalisation is required.

Furthermore it is necessary to examine whether questionnaires developed for women work for men. Ideally, gender comparable research questions should be developed that fit for both: men and women. This is especially relevant with respect to sexual violence and to psychological violence which is experienced and perceived quite differently by men and women.

The reduction of violence to the domestic area does not do justice to the various forms of violence (and their frequency) expected from and experienced by men in all areas of life. So the questionnaire for men should also include other non-domestic aspects of men's violation: this includes violence in the public sphere and leisure time, in workplaces and further training, in military and civilian services and war, in special institutions like prisons, asylums and religious institutions. It is necessary that there are clear assignments of the acts of violence to these areas of violence.

- Researching men's violation must include not only the different contexts, where it happens, but also
- men who are not part of the heterosexual normality (homosexual, bisexual, transsexual and transvestite men)
 - ethnic minorities (e.g. migrant men, who have to their body in order to get a residence permit) and
 - particular contexts (e.g. prison, sport, police force, army, capturing different groups and age).

4-Develop new instruments

New instruments are required:

- The current instruments that measure the experience of violence often do not differentiate between various contexts (e.g. private and public), where men are victimised.
- Furthermore information is missing about the impact and consequences of experiences of violence against men; data often focuses on acts and not on impact and consequences.
- Instruments are required that take into account that men often feel ashamed reporting about their own victimisation. In this context it is important to obtain information about what parallels exist here with regard to women's and men's sense of shame discovering own experiences of victimisation, of how this prevents reporting of violence, both to other institutions and to survey researchers? Especially sexual abuse by another man or woman, because of stigmatisation (and possible attribution of "being a homosexual or female man"); it is not realised that a heterosexual as well as a homosexual man can be sexually abused. The fear of closeness/intimacy between men should be a further issue (Homophobia).

For these aspects quantitative and qualitative methods should be combined.

5-Health questions

Data are lacking regarding the gravity/severity of the violence, its impact, and the search for help and medical assistance. Therefore more detailed information is needed with this focus on the impact and consequences of violence against men.

Appendix 8

Recommendations with respect to people with disabilities

(Paper from Bridget Penhale)

Until very recently, there has been little research concerning violence towards people with disabilities within Europe (see WP 5 report) and the potential vulnerability of people with disabilities to violence has not been adequately considered. This has been the situation in relation to research on violence in general terms and also within disability research.

Similarly to the situation in relation to violence against men in more general terms, victimisation of people with disabilities has not been integrated into research on violence but rather when it has taken place it has been seen as a 'special case'. At present, insufficient is known about this type of violence in a European context for full integration of such studies into more mainstream research on violence, as specific studies need to be conducted at European level in order to inform understanding and knowledge about the phenomenon.

Thus it is recommended that similar and comparable studies at European level need to be carried out in terms of prevalence and also including research on the health impacts of violence against people with disabling conditions. The same criteria relating to comparability would be valid in this instance as those recommendations already made (see Appendix 1 of this report).

1-Develop specific instruments

In some types of mental health problem or disability, people may answer a questionnaire, but it is necessary to get information about the differences in the meanings that questions may have for the participants (e.g. autism sufferers) or of the variations that may occur over time, with fluctuating conditions. Fluctuating capacity to consent to participation may also need to be taken into account and methods that are developing in other areas of research should be explored and adapted (if possible), or other techniques determined, for use in this area.

2-The assessment of neglect

A special consideration in relation to people with disabilities is that of neglect. Where people are dependent in some way on others for their care and there is a duty of care by another person there is always the possibility that this duty of care is not carried out. Very few studies gather prevalence data on neglect. Definitions of neglect concerning adults may vary across different countries so if comparative research is considered then attempts to agree on definitions is necessary.

3- Definition of disability

There must be a primary distinction between mentally and physically disabled people but with some acknowledgement that there are some complex conditions where there may be a combination of difficulties. It is important however to investigate the experiences of individuals who do not usually form part of survey samples, if needs relating to intervention and prevention are to be met. It is necessary to determine what may limit people participating in a survey; e.g. severe physical disability meaning that people cannot hear, speak, pick up a telephone, write on a computer and so on. Further to this, specific adaptation and adjustment of both methodologies and research tools may be required in order to enable participation by individuals with special or additional needs.

Similar studies at European level need to be carried out in terms of both prevalence and also health impact and the consequences of violence. The same criteria relating to comparability would be valid in this instance too. Issues relating to informed consent and the safety if participants will be likely to be similar to the needs of older people in relation to surveys concerning experiences of violence.

4 - Sampling

4.1-Include both genders

It is clearly very important that research covers both genders in order to develop our understanding about violence towards men as well as women with disabilities and to enhance our knowledge about the dynamics of violence that occurs towards adults with disabling conditions.

4.2- Age

The question of age limits in samples should not arise if a specific study of violence and people with disabilities is being utilized as all age groups, even including centenarians, if any, should be sampled.

4.3-Disabilities

In order for surveys to be inclusive, individuals with specific and particular vulnerabilities and impairments, either physical or psychological in nature, are likely to require assistance and adapted research tools to allow for full participation to happen. Research should aim to include individuals with all types of disabling conditions

5-Ethical issues

5.1-Informed consent

The issue of informed consent is of particular importance if there is any doubt about the individual's capacity to consent to participate in the research. The use of relatives or caregivers to provide proxy consent is often unlikely to be appropriate in relation to research on violence and neglect of people with disabilities, especially where relatives or caregivers may be perpetrators or otherwise complicit in the situation. Methods, which allow the inclusion of individuals with fluctuating or impaired levels of capacity, are being developed to research other areas. Work to consider the use and adaptation of such techniques in relation to violence and people with disabilities should be actively pursued. Issues of safety are also very important for people with disabilities regardless of age or condition.

5.2-Post-survey support

The provision of post-survey support may be necessary in order to enable participation and appropriate arrangements are also likely to be needed. This would include, for example, the provision of 'safe' written material for future use by individual respondents.

6-Methodology

6.1-Interviews/questionnaires

Shorter interviews or specific focused questions may be recommended

Alternatively, inclusion of relevant questions about violence may be included as part of a broader study, for example concerning relationships or lifestyles.

6.2-Questions on violence

6.2.1-Financial abuse, exploitation and neglect

Questions concerning financial abuse and exploitation need to be included in the surveys including people with disabilities, as do questions relating to neglect.

Issues in connection with the measurement of neglect and psychological/emotional violence may require further attention in order to determine the most appropriate methods of questioning and the severity of forms of violence experienced.

As with children, matters relating to social capital and quality of life need to be included in surveys.

And as much violence towards people with disabilities consists of intimate partner violence, questions that will assist in the differentiation of victim and perpetrator dyads and determination of the dynamics involved in relationships are also likely to be necessary

6.2.2-Institutional violence

Violence in institutions is also relevant in connection with 'hard to reach groups' such as a proportion of adults with disabilities. Consideration solely of the domestic sphere does not allow for the capture of essential information concerning other settings in which people with

disabilities may find themselves in which violent acts can happen, such as hospitals and care settings like nursing homes and day centres. It will also not take into consideration violence that occurs in the public sphere. It is therefore necessary to develop more specialised tools in order to conduct appropriate research with individuals living in institutional settings, who may be vulnerable. Great care and sensitivity by researchers is likely to be needed in order to enable individuals to participate fully in research without any increase in risk of further violence. Such approaches will be likely to include participation of and consultation with adults with disabilities in the development of suitable methodologies, as it is difficult to satisfactorily reach these groups by normal survey methodology.

6.2.3-Period of time to which violence is referred

The time periods over which violence occurs which are covered by surveys and the severity of violence which is experienced also need to be determined, as within other research on interpersonal violence.

6.3-Questions on health

Questions covering the range of health impacts, both psychological and physical need to include elements of relevance to individuals with disabling conditions. Specific lists of conditions may not be as appropriate as within other surveys, due to the nature and complexity of many health conditions. There is also a clear need for research which assists in understanding what coping strategies and mechanisms of resilience are developed that relate to violence.

7-Cultural sensitivity issues

Clearly there are a number of cultural aspects that need to be considered when studies concerning violence against people with disabling conditions are being developed. Variations between countries within the European context need to be minimized in the matter of definitions (of disability as well as violence) and agreements reached on the aspects of violence to be included, so that there can be comparability between the studies that are carried out. There also needs to be careful consideration of gender aspects. Studies concerning the experiences of men with disabling conditions must also be undertaken so that issues relating to comparability can be satisfactorily considered.

In addition, as with recommendations relating to other studies on interpersonal violence, variations between different cultural groups within Europe, both within and between countries need to be acknowledged and such groups need to be included in studies concerning violence towards people with disabilities. The inclusion of the experiences of people with disabilities from different cultural contexts within and across Europe is likely to be an essential part of future studies that are planned and undertaken.

Appendix 9

Explanations with regard to research on ethnic minorities/migrant populations

(Paper from Stéphanie Condon)

As Amina Mama reported in 1996, Black feminists in the west have been demanding that race, religion and culture be incorporated into the analysis of violence against women (Mama, 1996, p.4). In doing so, they sought an approach that would go beyond the too narrow patriarchy and sexual oppression focus of radical feminists. Men's own experience of oppression is sometimes invoked to explain the phenomenon but, as many studies show, both in the general population and in black and minority ethnic or migrant populations, most socially or racially oppressed men do not abuse their partners. Furthermore, the material and economic aspects of intimate partner relationships between and within these minorities varies considerably. It is important to contextualise the degree of economic and social autonomy of women both within migration histories and also within the political and social reception of migrants and integration of their descendants. At the same time, whilst aiming to gain a better understanding of the situations of violence endured in the domestic sphere, of the risk factors and the obstacles facing women victims seeking help, it is crucial to guard against an ethnicisation or racialization of intimate partner and family violence.

Whilst a large number of studies have been conducted in North America, generally, academic research in Europe into the links between gender, interpersonal violence, migration, 'race' and ethnicity is still in its early stages. In Britain, where most research has been conducted, concerns about the welfare of women and girls within South Asian communities, about restrictions on their social behaviour, choice of partner, freedom of movement within public space, gave rise to a number of studies on adaptation and resistance in the 1980s. Some such studies revealed types of violence suffered by women, including those leading to intentional murder (for example, dowry deaths). Community based activism (Southall Black Sisters, 1990; Thiara, 2003) and studies of women in refuges (Ibbotson et al., 2002) revealed the extent of violence, the isolation of women and the barriers to their escape from violent relationships. Other studies have also stressed the problems of social isolation of migrant women owing to poor knowledge of language, dependency upon partners with respect to money and to residency permits, distance from wider family members as factors exacerbating the situations of violence (Brissard, 1998; De Puy, 1997). An important issue in terms of reporting is that relating to definitions of violence. This will have an impact on what type of help women seek, who they talk to about experiences (Mooney, 1993).

Barriers to help-seeking amongst such women have been highlighted by several researchers and these may influence how women respond to surveys. On the one hand, women have been reluctant to report in the early stages of violence when the partner is black, fearing further justification by the police of their racist attitudes (Mama, 1993). On the other hand, when black and minority ethnic women victims approach service providers, they can be met with a reluctance to 'interfere', unsympathetic, insensitive or sometimes overtly racist treatment by statutory or voluntary agencies (Mama, 1996, pp. 22-25). Analysis of experiences of different groups of ethnic minority women demonstrates how services are structured by assumptions about 'culture' which produce barriers to the delivery of such assistance and support. Discourses of gender and racialization thus may result in domestic violence being overlooked or excused for 'cultural reasons' or, alternatively, pathologizing violence experienced by minoritized women (Batsleer et al., 2002; Burman et al., 2004; Thiara, 2003). Lack of information and training remains an obstacle to efficient service delivery, as has been shown in a cross-national study in France, Belgium and Germany (Ahi-Gründler et al., 2002; Poinot, 2001). Thus, as with all women who face domestic violence, it is also a question of what structures and support are available to them to help them escape from such situations (Rai and Thiara, 1997).

The historical context of immigration and minority politics in each European state shapes the way in which migrants –foreign or not- and their descendants are designated in statistical classifications and in civil society. This is an important consideration for when we are aiming to study violence against migrant women or black and minority ethnic women for it will influence how such populations are targeted (what sampling base, contacts with community associations, and so on) and the differences between states will need to be taken into account when comparing one European context with another (Condon, 2005).

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