

Choices

Gender-based violence:
terms and concepts

Rights of victims of GBV

Female Genital Mutilation

Forced Marriages

Honour-related violence



Gender-based violence
in Europe



The International Planned Parenthood Federation

is a global service provider and a leading advocate of sexual and reproductive health and rights for all. We are a worldwide movement of national organizations working with and for communities and individuals.

We work towards a world where women, men and young people everywhere have control over their own bodies, and therefore their destinies. A world where they are free to choose parenthood or not; free to decide how many children they will have and when; free to pursue healthy sexual lives without fear of unwanted pregnancies and sexually transmitted infections, including HIV. A world where gender or sexuality are no longer a source of inequality or stigma. We will not retreat from doing everything we can to safeguard these important choices and rights for current and future generations.

The IPPF European Network is one of IPPF's six regions. IPPF EN includes 40 member associations in as many countries throughout Europe and Central Asia.

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Caption of cover photo:

There are approximately 275,000 internally displaced people in camps in Georgia following conflicts with Russia over the fate of Abkhazia and South Ossetia. The real victims are the women attempting to hold war-torn families together. As they struggle to rebuild their lives on the equivalent of £10 a month, living with traumatised men means that alcohol abuse and forced sex are common occurrences, and pregnancy is not an affordable option they tell Fiona Shelter from IPPF who visited the camps in July 2009.

Editor

Marie-Agnès Lenoir,
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Editorial



Vicky Claeys,
Regional Director

Dear readers,

Welcome to this issue of our magazine *Choices* which is all about gender-based violence, the IPPF EN Regional Council 2009 discussion topic.

Gender-based violence constitutes a sexual rights violation. It is a public health concern and has a severe impact on the individuals' sexual and reproductive health as well as a high cost to society. The contributions to this issue of *Choices* show how important it is for the IPPF European Network to continue to work against gender-based violence.

Gender-based violence is defined by the United Nations (1993 U.N. Declaration on the Elimination of Violence against Women) *"as any act... that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivations of liberty, whether occurring in public or in private life."*

Gender-based violence can affect children, young people, men, women and old people alike. It manifests itself through physical, sexual, economic, and/or emotional harm. There are different forms of gender-based violence such as intimate partner violence, domestic violence, rape, childhood sexual abuse, female genital mutilation, honour-related violence, and violence related to exploitation, sexual harassment, coercion and intimidation.

Annually, 180,000 women in Europe either undergo female genital mutilation or are at risk of this practice, primarily among immigrants from countries where female genital mutilation is practised. In the UK, 1600 cases of forced marriage are reported annually. Gender-based violence against undocumented migrant women is a significant problem in the European Union.

Honour-related violence is growing and is now being increasingly recognised by the authorities in Europe. Studies conducted in a number of EU member states found that one in five women in Ireland, one in four in the UK and one in three in Portugal and Germany had been exposed to domestic violence

IPPF Member Associations have an important role to play in the eradication and prevention of gender-based violence. They can respond to such violence by increasing awareness and capacity building among staff and volunteers; by providing support and appropriate care for victims; by implementing preventive actions and including gender-based violence in sexuality education with particular attention for men and boys and, last but not least, by undertaking action for legislation which combats gender-based violence and protects victims. Adapting a rights lens is key to every action against gender-based violence. The *IPPF Charter on Sexual and Reproductive Rights* and the more recent *Sexual Rights: an IPPF Declaration* are useful tools to advocate for changes in legislation that protect the human rights of all, and eliminate all forms of harmful and/or discriminatory practices.

This edition of *Choices* acknowledges the work of the women's and human rights' movement. It provides an overview of the existing laws and policies in Europe as well as some of the initiatives taken by our Member Associations.

I hope it will serve you in your work.

Vicky Claeys
IPPF EN Regional Director

Gender-based Violence - terms and concepts

By *Eva Lundgren*,
Professor of Sociology and
Gender Related Violence,
Uppsala University, Sweden



Eva Lundgren

Domestic violence, family violence, intimate partner violence, relationship violence – a matter of many names. Our choice of term expresses our understanding of the matter. For instance, all the above terms conceal the person who uses violence. Statistically, the perpetrator of violence is a man, and — for violence in heterosexual relationships — any kind of man according to sociological parameters¹.

As attention was drawn to women's experiences of violence by the women's shelter movement, the emphasis on the person who uses violence brought a gradual change of terms. At the same time, research on violence inspired by the feminist movement in the 1970s and early 1980s resulted in a new point of departure for understanding violence. Up to then, women's experiences and voices had been absent from research on violence. The new approach aimed at *asking new questions to get new answers*, and the voices and answers of women exposed to violence formed the basis for this type of research.

Women's experiences of violence brought new insights into implications of living in

a violent everyday life in which violence is normalized and internalised: how one's self-esteem and health are affected as one is broken down by violence and other control mechanisms; how psychological violence is often experienced as even worse than nearly deadly physical brutality; and how so-called minor and severe violence are connected in women's experiences. Women tend to play down the 'minor' violence: death threats are 'just threats', and nothing compared to being stabbed with splinters of glass in the genitals. Women also play down 'severe' violence during the process of "normalizing" violence: he is not *really* as his brutal fists make him appear, he is rather as he appears to the neighbours, a loving and caring partner.

"Gender-based violence is violence that is directed against a woman because she is a woman or that affects women disproportionately. It includes acts that inflict physical, mental or sexual harm or suffering, threats of such acts, coercion and other deprivations of liberty."

As defined by the Convention on the Elimination of Discrimination against Women (CEDAW), adopted by the United Nations General Assembly on 18 December 1979

Feminist researchers developed new insights into the nature and consequences of violence, and dared to point at what appeared to be challenging and provoking: the links between living as women in a man's world, with its overt and subtle *connections* between gender and power;

and living as women exposed to violence within the same social and cultural contexts. As new understandings of violence developed, the old obscuring terms would no longer do. New terms appeared in line with these new understandings, among them 'male violence' and 'men's violence against women and children', the latter following the discovery that not only women were exposed to this violence but also their children; either directly, or indirectly – witnessing violence.

This feminist-oriented research led to a turning point in research on violence. During the last decade, national prevalence studies have been carried out in many European countries, such as Finland, Sweden, France, Germany, England and Norway. On the whole, the results have been similar, and the figures confirm much of the knowledge from qualitative studies on the consequences of violence, but above all, there is now knowledge of the prevalence and geography of violence.

These studies create a new *image of the violence*, as violence² appears as:

- **widespread** – 46 percent of women in Sweden over the age of 15 have experienced violence, and more than every third woman who has been married or cohabiting with a partner have been exposed to violence by a former husband/cohabitant partner
- **continuous and systematic** – more than every third woman who has left a violent partner has experienced systematic violence
- **recent** – one out of four women within the youngest age category 18-24 years

¹ Lundgren, E et. al.: (2001): *Captured Queen. Men's violence against women in "equal" Sweden – a prevalence study*. Brottsförmyndigheten & Uppsala University

² Due to limited space I refer to figures from the Swedish prevalence study *Captured Queen* from 2001.

Cp. also:

Haaland, T et. al. (2005): *Vold i parforhold – ulike perspektiver. Resultater fra den første landsdekkende undersøkelsen i Norge*. NIBR-rapport 2005:3. Oslo: Norsk institutt for by- og regionsforskning

Heiskanen, M & M Pispä (1998): *Faith, Hope, Battering. A Survey of Men's Violence against Women in Finland*. Helsinki: Statistikcentralen Finland

Jaspard, M et. al. (2003): *Enquête Nationale sur les violences envers les femmes en France*. Paris: Institut de Démographie de l'Université Paris

Müller, U & M Schröttle (2004): *Health, Well-Being and personal Safety of Women in Germany. A Representative Study of Violence against Women in Germany*. Baden-Baden: Koelbin-Fortuna-Druck

Walby, S & J Allen (2004): *Domestic Violence, sexual assault and stalking: Findings from the British Crime Survey*. London: Home Office Research

has been exposed to violence during the last year

- **starting early** – every third woman has been exposed before her fifteenth birthday
- **socially and culturally generalized** – there is no higher prevalence of violence in any particular group
- **taking place not only within sexual relationships**, but also outside of these (one in every three women), particularly sexual violence (one in every four women); that is, in all kinds of relationships, including among friends
- **taking place everywhere**, in private and public spheres

This new image shows that violence is *omnipresent*, that there are practically no *violence free zones* nor *violence free relationships*. These results must have consequences for the development of how we understand violence. As we know the prevalence, presence and geography of violence, we must regard violence as part of women's and men's everyday lives, and thus as part of our social and cultural contexts.

Not surprisingly, the prevalence studies met great resistance. Particularly, in countries with high ambitions in the area of gender equality, this new image of violence seemed provocative, and in turn, new terms were created to name the violence. For instance, within policy documents and official Swedish debate, men's violence against women has lately been termed 'women violence' (*kvinnovåld*). Moreover, it is implied that the 'real' violence is physical violence, the body should be visibly bruised, and violence is synonymous with 'violence in intimate relationships'.

In this skipping between terms, the person who uses violence slips away again and there is a risk that the new understanding will go with it. What are the implications of using the English term 'gendered violence' and the common international term GBV: 'gender-based violence'? These terms fit the growing insight that violence within same-sex relationships is gendered too, even though it might be gendered in different ways than hetero-oriented violence. It captures the fact that violence against

Types of Sexual and Gender-Based Violence

1. Sexual Violence
 - Rape and marital rape
 - Child sexual abuse, defilement and incest
 - Forced Sodomy
 - Attempted rape or attempted forced sodomy
 - Sexual abuse
 - Sexual Exploitation
 - Forced prostitution (also referred to as sexual exploitation)
 - Sexual Harassment
 - Sexual violence as a weapon of war and torture
2. Physical violence
 - Physical assault
 - Trafficking, slavery
3. Emotional and Psychological Violence
 - Abuse/Humiliation
 - Confinement
4. Harmful Traditional Practices
 - Female Genital Mutilation (FGM)
 - Early marriage
 - Forced marriage
 - Honour killing and maiming
 - Infanticide and/or neglect
 - Denial of education for girls or women
5. Socio-Economic Violence
 - Discrimination and/or denial of opportunities, services
 - Social exclusion/ostracism based on sexual orientation
 - Obstructive legislative practice

Source: Guidelines for the Prevention and Response of Sexual and Gender-based Violence against Refugees, Returnees, and Internally Displaced Persons, UNHCR, Geneva, 2003.

children is also gendered. And that violence is gendered when men abuse other men – and women – in the public sphere.

'Gendered violence' and GBV have become *umbrella terms* that include several kinds of violence and several kinds of violent relationships within different spheres. From a scholarly perspective, I find the term GBV somewhat problematic as it implies a causal relationship, so to speak, in that

gender forms the basis of this violence, whatever that means. In any case, the use of this terminology might imply limit on further understanding of violence, instead of continued development, in line with acquired and new knowledge on violence.

The first step in such a development might be to critically examine deeply rooted old understandings of violence that persist and even undergo a political and media revival. These deeply rooted conceptions are structured around *deviance*, in contrast with – statistical or normative – 'normality'. According to these conceptions, violence tends to take place when and because:

- men are socially deprived – unemployed, alcoholics
- men are individually deprived – mentally disturbed or pathologically sick
- the family is dysfunctional
- the man and his family are ethnically and culturally different

Conceptions that focus on social, psychological or cultural deviance are based on the premise that violence is a marginal phenomenon, that few men use violence, and that violence is an expression of a problematic life situation of those involved. But, given the results from the prevalence studies, based on women's self-reports on violence, the deeply rooted conceptions do not stand. Violence is omnipresent and includes highly 'ordinary' – statistically 'normal' – men according to sociological parameters.

Another step might be to further develop the meaning of violence as not only gendered, but *gendering* as shown in qualitative studies on the consequences of violence. When violence is normalized in a woman's life and is systematic, the violence becomes an important arena for creating gender for both parties. The man becomes a man, creates his masculinity – and the woman becomes a woman; as her femininity implies to break down, to become nobody, nothing. The gendering – creation of masculinity and femininity – that takes place in the arena of violence, is highly specific, but it follows a well-known cultural pattern. Gendering in the arena of violence cannot be understood without

the concept of violence as an act of power that is often eroticized as domination and submission when violence is sexualized.

To close the circle: Concepts must be developed in line with the experiences that led to a turning point in research on violence, at which women's stories were made the point of departure for interpreting and understanding violence. We cannot presume that violence is an expression of some highly problematic and abnormal aspect of men's lives. Feminist research *turned around* the perspective

and allowed for insights based upon men's own stories, of what men who use violent acts of power against their partners in fact *achieve* as they gradually control all aspects of women's lives and what it means to be a woman.

To develop broader and more comprehensive understandings of violence that integrate concepts of normality connected with other important cultural dimensions of gender - power, sexuality, love - it is necessary to change the focus of our understandings. To focus more the ordinary and normal,

towards ordinary men (and women) and ordinary everyday life, including love and sexuality, within ordinary - gender equal and patriarchal - cultural contexts.

By the same author:

Lundgren, E (2001): *Ekte kvinne? Identitet på kryss og tvers*. Oslo, Pax forlag

Lundgren, E (1995): *Feminist Theory and Violent Empiricism*. Avebury, Aldershot England, Brookfield USA

Sexual Rights: an IPPF Declaration – Addressing the unmet need of those who are vulnerable or subjected to gender-based violence

“We work towards a world where Gender or sexuality are no longer a source of inequality or stigma.”

(IPPF Strategic Framework 2005-2015)

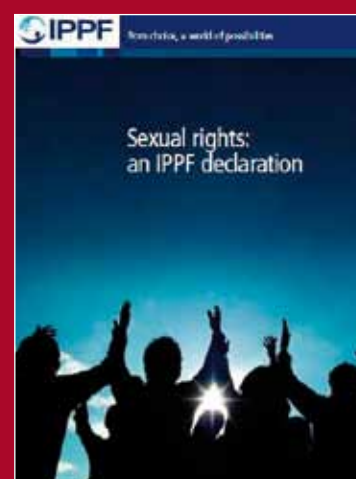
Today, discrimination, stigma, fear and violence pose real threats to many people. These threats and the actions they trigger – ranging from disheartening to life-threatening in nature – prevent many people from attaining basic sexual rights and health.

IPPF has provided “*Sexual Rights: an IPPF declaration*” which is an invaluable tool, to help create a world in which the freedom, equality and dignity of all people are guaranteed, especially in the areas of their lives related to sexuality. The Declaration is grounded in core international human rights treaties, it is based on authoritative interpretations of these international standards and additional entitlements related to human sexuality that are implicit in them. It draws on the documents emanating from important UN conferences, and it is also informed by the findings and recommendations of several UN treaty bodies and UN Special Rapporteurs. It builds on the *IPPF Charter for Sexual and*

Reproductive Rights (1996) and offers an important framework upon which to provide services and promote sexual rights.

The Declaration applies equally to girls and women who are vulnerable to or have been subjected to gender-based violence, including traditional norms such as female genital mutilation and discrimination based on male preference.

Principle 5 of the Declaration calls for commitment to freedom and protection from harm. The right to be protected from and to have recourse against, all forms of violence and harm underpins sexual rights. Sexuality-related harm includes both violence and abuse of a physical, verbal, psychological, economic and sexual nature as well as violence against individuals because of their sex; age; gender; gender identity; sexual orientation; physical or mental disability; marital status; sexual history or behaviour, real or imputed; sexual practices or how they manifest their sexuality.



Cover photo of *Sexual Rights: an IPPF declaration* / © IPPF

Under Article 3 of the Declaration, IPPF affirms that all persons have the right to life, liberty and to be free of torture and cruel, inhuman and degrading treatment in all cases, and particularly on account of sex, age, gender, gender identity, sexual orientation, physical or mental disability, marital status, sexual history or behaviour, real or imputed, and HIV/AIDS status and shall have the right to exercise their sexuality free of violence or coercion.

Article 10 addresses the right for all persons to access effective mechanisms for accountability and redress during armed conflicts, especially in relation to sexual and gender-based violence. Find out more: <http://www.ippf.org/en/Resources/Statements/Sexual+rights+an+IPPF+declaration.htm>

International instruments aimed at eradicating gender-based violence

By **Seri Wendoh**
Technical Officer,
Rights and Gender, IPPF

2009 marks the 30th anniversary of the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW). 185 countries have ratified CEDAW, clearly recognizing the need for progress towards gender equality, women's empowerment and human rights everywhere. Yet, gender-based violence remains a global public health and human rights imperative.

The CEDAW committee defines gender-based violence as, "violence that is directed against a woman because she is a woman or that affects women disproportionately" (General recommendation 19). The UN General Assembly defines violence against women as "any act of gender-based violence that results in or is likely to result in, physical, sexual or psychological harm or suffering to women." Gender-based violence is thus used interchangeably with 'sexual violence' and 'violence against women'.

"In all societies, to a greater or lesser degree, women and girls are subjected to physical, sexual and psychological abuse that cuts across lines of income, class and culture."

Beijing Declaration and Platform for Action, par.11

Gender-based violence (GBV) is pervasive and prevalent in private and public space all over the world. The World Health Report estimates that at least one in three women around the world has been beaten, coerced into sex or otherwise abused (2006) while rape has been used as a weapon of terror and 'ethnic cleansing' in many conflicts. But violence is not only about numbers, it is about the dignity, respect

'Equal relationships between women and men in matters of sexual relations and reproduction, including full respect for the integrity of the person, require mutual respect, consent and shared responsibility for sexual behaviour and its consequences.'

(Fourth World Conference on Women, 1995, par. 96)

and the value accorded to women in society. It impoverishes individuals, families and communities and impacts on the development of states.

CEDAW, often referred to as the 'Global Bill of Rights for Women', was the first legally binding international treaty aimed at eradicating gender discrimination and bringing the female half of humanity to the focus of human rights concerns. Prior to CEDAW, other international treaties including the Universal Declaration of Human Rights (UDHR), the International Covenant on Civil and Political Rights (ICCPR), the International Covenant on Economic Social and Cultural Rights (ICESC) and later the Convention on the Rights of the Child (CRC) and the Convention on the Rights of People with Disabilities (CRPD), recognized that all human beings have freedoms, and are equal in dignity and rights; the right to life; the right to be free from torture and degrading treatment; and the right to the highest attainable standard of health. These Conventions are linked and framed by the principles of non-discrimination, equality, privacy and the integrity and well-being of the individual.

Sexual violence — including female genital mutilation, forced/early marriage, honour killings, infanticide and sex-selective abortion¹ — affects all rights including the right to life, the right to health, the right to self-determination, the right to liberty and

to bodily integrity. GBV often has serious consequences for women's physical and mental health, including maternal mortality and vulnerability to sexually transmitted infections (STIs) including HIV. It is concerning that Millennium Development Goal 5, to improve maternal health, is unlikely to be met by the target date of 2015.

Men and boys who do not fit into easy categories, according to established ideas of masculinity in many societies, also suffer violence based on their sexual orientation, gender identity, age and status. Like women and girls, they deserve to have their rights respected, protected and fulfilled.

The nine core international human rights treaties each have an established committee of experts to monitor implementation by States parties. But the pervasiveness of violence worldwide demonstrates that this mechanism is insufficient to ensure progress.

There is an urgent need for holistic interventions that address and enforce sexual rights, build on and strengthen international instruments and ensure the respect, protection and fulfilment of people's rights and to cater for unmet needs everywhere. Multi-pronged approaches that combine public health and human rights responses aimed at advancing and fulfilling the sexual rights of marginalized populations must be implemented urgently.

The Council of Europe

Working to prevent and combat all forms of violence against women and domestic violence

By **Karin Nordmeyer**,
Chair of the Gender Equality Transversal Group,
The Conference of INGOs of the Council of Europe¹

No doubt: Violence against women exists in all Council of Europe² member states and occurs at all levels of society. Violence against women is recognised as a serious violation of human rights and fundamental freedoms. It affects almost 80 million women across Europe and is a major obstacle in the promotion and consolidation of peace and democracy in Europe.

Since the outcome of the 3rd European Ministerial Conference on equality between women and men, in Rome in 1993, the Council of Europe has made the combat against violence against women one of its priorities. To overcome this phenomenon, the Council of Europe is developing broadly based strategies and policies and is designing legal frameworks and independent monitoring mechanisms.

In 1997, at the 2nd Summit of the Council of Europe in Strasbourg, the Heads of State and Government affirmed their determination to prevent and combat violence against women and set up their future activities. They adopted an Action Plan at the 3rd Summit of the Council of Europe in Warsaw in 2005, providing a global strategy.

In 2002, a first international legal instrument was adopted by the Committee of Ministers: *Recommendation Rec(2002)5 on the protection of women against violence*. It covers all forms of gender-based violence and it calls on governments to

inform the Council of Europe on the follow-up given at national level by responding to regular questionnaires.

Within the promotion of this Recommendation Rec (2002)5, the Council of Europe carried out a European Campaign to *Combat Violence against Women, including Domestic Violence* from 2006 to 2008. Seminars and conferences were organised, focusing on legal measures, data collection, the role of men and the provision of services in the field of violence against women. Representatives of the Conference of INGOs participated in these activities.

This two-years Campaign was most successful at national and international level, leading to significant progress in preventing and combating violence against women. On the occasion of the Closing Conference of the Campaign, (Strasbourg, 10-11 June 2008), the *Council of Europe Task Force*, presented recommendations to the Council of Europe on future action in this field.

In December 2008, the Committee of Ministers decided to draw up a new *Convention on Preventing and Combating Violence against Women and Domestic Violence*. This decision shows clearly the political will to protect women from



Karin Nordmeyer

gender-based violence. The Committee of Ministers approved the terms of reference of an Ad hoc Committee on Preventing and Combating Violence against Women and Domestic Violence (CAHVIO).

In July 2009, it was agreed, that one single convention on violence against women should be drafted. The core of

the convention would cover a wide range of forms of violence typically experienced by women. At a later stage, if appropriate, additional protocols could be prepared to cover other forms of domestic violence, such as violence against the elderly and against children.

The Conference of INGOs of the Council of Europe has contributed to the work of the CAHVIO by submitting a recommendation.

The conference of INGOs is now waiting for the first draft text version of the convention to comment on it before the CAHVIO meeting in December 2009.

The Council of Europe has also elaborated a comprehensive treaty to prevent trafficking, to protect the human rights of victims of trafficking, and to prosecute the traffickers (the three P's): The *Council of Europe Convention on Action against*

¹ The Conference of International Non-Governmental Organisations (INGOs) of the Council of Europe is the chief body representing about 400 INGOs enjoying participatory status with the Council of Europe. Within the five Committees and two Transversal Groups, INGOs are dealing with specific themes and serve as common interlocutors for all Council of Europe bodies.

² The Council of Europe is the oldest intergovernmental organisation in Europe. Founded in 1949, it has 47 member states and represents more than 800 million Europeans and includes five observer states (Canada, the Holy See, Japan, Mexico and the United States of America).

Trafficking in Human Beings (CETS No. 197) entered into force on 1st February 2008 and as of today it has 26 ratifications and 15 signatures from Council of Europe member states. The convention is not restricted to member States; non-member States and the European Community also have the possibility to become a Party to the convention.

GRETA, an elected group of 15 independent experts in this field, will monitor the implementation of the convention. The first country visits will take place in 2010.

The Conference of INGOs is invited to the meetings of the Committee of the Parties, those who have ratified the convention.

No doubt: having these two legally binding instruments in place, we will be much better prepared to fight effectively all forms of violence against women.

One can find a range of information on both conventions via www.coe.int/violence and www.coe.int/trafficking

According to Recommendation Rec (2002)5:

Violence against women:

"[...] is to be understood as any act of gender-based violence, which results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion, or arbitrary deprivation of liberty, whether occurring in public or private life. This includes, but is not limited to, the following: a violence occurring in the family or domestic unit, including, inter alia, physical and mental aggression, emotional and psychological abuse, rape and sexual abuse, incest, rape between spouses, regular or occasional partners and cohabitants, crimes committed in the name of honour, female genital and sexual mutilation and other traditional practices harmful to women, such as forced marriages".

Domestic violence:

"[...] violence occurring in the family or domestic unit, including, inter alia, physical and mental aggression, emotional and psychological abuse, rape and sexual abuse, rape between spouses, regular or occasional partners and cohabitants".

The Daphne III Programme

The EU's main response to combat gender-based violence

By **Ingrid Bellander Todino**,

Coordinator of the Daphne Programme, European Commission,
Directorate-General Justice, Freedom and Security

Despite the progress achieved in gender equality, women all over the world still suffer serious violations of their fundamental rights through acts of violence, exploitation and abuse. The number of European women being victims of violence is alarming: the Council of Europe estimates that 20 to 25% of all women in Europe have experienced physical acts of violence at least once during their adult lives. More than 10% of European women have suffered forced sexual violence¹.

Statistics show that the majority of violent acts against women are carried out by

men in the women's immediate social environment. Indeed, the root cause of most forms of violence against women is the unequal balance of powers between men and women that still characterises our society. Hence the need to eradicate violence against women – violence deprives women of their ability to enjoy fundamental freedoms and represents a serious obstacle to equality between women and men.

At EU level, there is no explicit legal basis in the EC Treaties for the European Commission to propose specific EU legislation aimed at preventing violence against women or



© Daphne

prosecuting perpetrators, except in the areas of trafficking in human beings and for certain aspects of criminal procedure and judicial cooperation. The criminalisation of violence against women is thus principally covered by national legislation.

However, the role of the EU is very important, not only to adopt European legislation (where it has competence)

¹ "Combating Violence against Women – Stocktaking study on the measures and actions taken in Council of Europe member states", Council of Europe, 2006.

and harmonised policy-making, but also to initiate and finance awareness raising, data collection and field actions to combat violence. Consequently, the EU addresses this problem in different policies and through various instruments – within the EU and in its external relations – including the areas of fundamental rights, gender equality and other employment and social policies, trafficking in human beings and sexual exploitation, cooperation in law enforcement and criminal justice, asylum and immigration policies, public health, development cooperation, research and education.

The European Commission's commitment to combat violence against women was reconfirmed in the *Roadmap for equality between women and men* for the period 2006-2010². One of the priorities for EU action in the Roadmap is the eradication of all forms of gender-based violence and trafficking of human beings. In the Roadmap, the Commission commits itself to support Member States and NGOs in their efforts to eradicate gender-based violence by promoting awareness raising campaigns and by implementing programmes for victims as well as perpetrators. The priority on combating gender-based violence will most likely remain in the follow-up document of the Roadmap which is currently being prepared.

The Commission's most concrete action to combat gender-based violence is to provide financial support through the *Daphne III Programme*³ to European organisations that work towards the eradication of violence. The Daphne III Programme is an EC financial programme, managed by the European Commission, with the objective to prevent and combat violence against children, young people and women and to protect victims and groups at risk. Daphne has been an effective instrument to combat violence since its creation in 1997 and has since then funded more than 500 projects that have worked to protect from, and to prevent, various areas of violence against children, young people and women.

The Daphne-funded projects are presented on the Daphne Toolkit website: http://ec.europa.eu/justice_home/daphnetoolkit. This website contains descriptions of funded projects, contact details of project partners and publications produced by the programme, including a series of thematic booklets on different forms of violence. The website also includes some practical advice on what to think about when preparing project applications to Daphne.

The rules and conditions for funding are presented on the Daphne III Programme funding website: http://ec.europa.eu/justice_home/funding/daphne3/funding_daphne3_en.htm

The Daphne III Programme takes a holistic approach to the fight against violence in Europe. Actions implemented under the programme tackle violence comprehensively from the angles of prevention, protection, support and rehabilitation. The programme covers all types of violence against children, young people and women. Indeed, the programme takes a broad rights-based approach to violence, which allows Daphne projects to explore in detail the many faces of violence and the specific national, regional and local forms it predominantly takes.

A very important characteristic of this EU instrument is the promotion of transnational multidisciplinary networks of European organisations working to prevent and combat violence or to protect and support victims to enable the exchange of experiences and best practice. The Commission encourages the creation or strengthening of European networks of organisations that will provide a 'European added-value' to their usual actions by sharing their expertise with like-minded partners in other countries when designing targeted actions to combat violence. For example, the results of Daphne actions implemented in a few EU countries or regions can then be disseminated to other countries and regions and thus have a true European impact. In this way, Daphne

is complementary to existing national programmes in the EU Member States.

The Daphne Programme demonstrates that there is a real European value added to actions among European states to combat gender-based violence. There is a vast diversity in the way European countries approach legal frameworks relating to different forms of violence against women and I think that there would be need for more harmony among these approaches, which EU instruments can facilitate. The Commission is currently working towards a strengthened response in the area of violence prevention and support to victims. For example, we will soon start a major feasibility study that will assess whether or not it would be needed and at all possible to harmonise legislation against gender-based violence and violence against children at EU level.

Equally necessary is a consistent and systematic approach to data collection, covering the various aspects of violence that is based on harmonised sets of indications agreed among the European states so that reliable and accurate statistics can be extracted as a basis for policy-making. Here again, an active role and close collaboration between the EU and its Member States is crucial to reach an agreement and develop such harmonised system.

With increased resources for the Daphne III Programme and a stronger EU policy response, I have high hopes that the EU can contribute to advancing the combat against gender-based violence in Europe.

Disclaimer: The content of this article is of the author's personal responsibility and does not necessarily reflect the positions of the European Commission or its Member States.

² Communication from the Commission to the Council, the European Parliament, the European Economic and Social committee and the Committee of the Regions - A Roadmap for equality between women and men 2006-2010, COM/2006/92 final (<http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=COM:2006:0092:FIN:EN:PDF>)

³ Decision No 779/2007/EC of the European Parliament and of the Council of 20 June 2007 establishing for the period 2007-2013 a specific programme to prevent and combat violence against children, young people and women and to protect victims and groups at risk (Daphne III programme) as part of the General Programme Fundamental Rights and Justice, OJ L 173, 3.7.2007, p. 19–26.

The EWL European Observatory: Women's Commitment to fight Gender-based violence

By **Colette de Troy**,
Director of the European
Policy Action Centre
on Violence against Women

The fight for sexual and reproductive health and rights (SRHR) is intimately linked to the fight against gender-based violence. Indeed, nowadays' persistence of historically unequal power relations between women and men allows for the unspoken acceptance of men's rights to control and use women's bodies and sexuality and for different forms of male violence against women. The use of terms "gender-based violence" brings into light the social dimension of violent acts perpetrated by men against women and supported by social norms and stereotypes.

When including all forms of gender-based violence, as defined by



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the CEDAW¹, 45% of all women in Europe have been subjected to and suffered from men's violence. Every 5th woman in Europe has been subjected to domestic violence (in her home). More than one 10th of all women have suffered sexual violence as defined in its most narrow sense (rape or forced sexual acts). In the context of SRHR, gender-based violence is linked to an increased risk of unwanted pregnancies, pregnancy complications, gynecological disorders, unsafe abortions, miscarriages, and sexually transmitted infections, including HIV/AIDS. Fear of violence may also hinder women's ability to seek and access treatment and care.

Women's NGOs have been at the forefront to combat and prevent the multiple forms of gender-based violence, still often perceived as a "women's issue". This is exactly why the combat against gender-based violence is at the core of the European Women's Lobby's (EWL) mission and activities.

The EWL is a non-governmental coalition of women's NGOs from 30 member states of the EU and accession countries, as well as from 21 European-wide and international organisations, regrouping over 2500 member organisations. Together with its members at national and EU level, the EWL works for the realisation of gender equality and the integration of a gender perspective in all policy areas.

At the 4th World Conference on Women (1995), all EU member states made commitments to address the issue of



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violence against women and agreed to develop European strategies to combat it. The EWL therefore decided to set up a European Policy Action Centre on Violence against Women (EPACVAW)² to be its operational branch on violence against women with a European Observatory in order to monitor the implementation of these commitments. The EWL European Observatory on violence against women brings together 50 experts and alternates from 30 countries with extensive knowledge of gender-based violence. Designated by the EWL national coordinations with which they work closely, they are activists, academics, lawyers, or NGO service providers. The role of the EWL Observatory on VAW is to fuel the EWL work by providing expertise and content for its advocacy work on gender-based violence.

The current gap between the existence of women's human rights and their effective enjoyment stems from a lack of commitment by governments to promote and protect these rights. It is not enough to be satisfied with strategies which simply address the issue by providing intermediary, short and medium term measures that attempt to repair the damage and suffering caused by violence. The ultimate objective must be to contribute to the debate which

1 The Convention on the Elimination of all forms of Discrimination Against Women (CEDAW), adopted by the United Nations General Assembly on 18 December 1979

2 EPACVAW is the EWL key branch to develop and support the work of EWL European Observatory on violence against women. Since 2008, EPACVAW is supported by the EC Daphne III Programme. For more information, visit <http://www.epacvaw.org/> or <http://www.womenlobby.org/site/hp.asp?langue=EN>

renders male violence an unacceptable form of behaviour: acts which men use, individually and collectively, to secure their power and maintain control over women.

The EWL Observatory's mission is to combat all forms of gender-based violence and to ensure full access for all women to their human rights through their active involvement in society and in policy

development and implementation. One main task of the European Observatory is therefore to advise the EWL on how it should develop recommendations for the EU institutions to follow-up actions and build strategies in order to combat gender-based violence in Europe.

Together, the EWL and its Observatory are instrumental in maintaining a global

perspective on gender-based violence, in identifying critical and emerging issues, and in monitoring progress in combating violence against women at national, European, and international levels. Through their strong network, they ensure increased recognition of the work and value of NGOs expertise and provide institutional actors with information in order to influence them.

The rights of the victims of gender-based violence in Spain

By **Laia Costa Gay**

Lawyer collaborating with Salud y Familia



The intention of the law

At the end of 2004, Spain approved the *Organic Act 1/2004 of 28 December on Integrated Protection Measures against Gender Violence*¹. This law has been considered as one of the most advanced laws trying to fight against gender-based violence.

The importance of this Act is that it approaches gender-based violence for the first time from an integrated, multidisciplinary standpoint.

The law covers preventive and educational measures, as well as protection and assistance for victims and new sanctions against perpetrators.

The law also requests actions by educational centres to influence the contents of the curricula in order to offer education that stresses the values of tolerance, respect, peace and equality. The actions are also directed at different professional groups to improve the training of those who handle problems from ill-treatment.

The rights of women who are victims of such violence constitute the backbone of this law.

The guiding principles of the law are:

- the awareness raising of the general public together with an adequate control of the image of women given by the media
- the detection of domestic violence through health services
- the establishment of the Courts of Violence against Women in charge of examining and ruling on criminal cases involving violence against women as well as any related civil cases, offering the guarantee to provide victims with the most immediate, complete and effective protection, as well as the means to avoid any recurrence of abuse.
- the coordination of services, at regional and municipal level so that victims of gender-based violence are given rapid, transparent and effective access to services.

- the guarantee of the economic rights of women subjected to gender-based violence in order to facilitate their social integration.

- the guarantee of employment conditions which reconcile contractual requirements with the particular circumstances faced by employees or civil servants subjected to gender-based violence.

After almost five years of enactment, the law continues to face implementation challenges:

The creation of a specific category of serious assault has produced such a large number of complaints and convictions that it has already brought the Courts to a standstill.

The new procedure rules allowing fast-track summary trials have produced on some occasions the defencelessness of the victim who has no time to prepare the accusation.

The victims are obliged to make the complaint all by themselves, only afterwards do they receive legal assistance. This generally results in a lack of useful information which should be taken into account at the time of making the report.

In many cases, the victims are not aware of their rights and the implementation of some of the protection measures often takes time.

No doubt: the law needs to be implemented in all its aspects and some of the negative consequences of the Act still need to be addressed. However, the law has managed to make people aware that gender-based violence is not a problem confined to the private sphere but it is of common concern to us all.

¹ The official 'Organic Act 1/2004 of 28 December on Integrated Protection Measures against Gender Violence' is available via: http://www.epacvaw.org/IMG/pdf/protectionmeasure_againstgenderviolence_EN-2.pdf

'Solidarité Femmes' - an alternative for victims of abusive relationships

'Solidarité Femmes', located in the Belgian province of Hainaut, is a non profit organization and women's shelter for battered women and their children which strives to provide a safe and supportive environment for women and children affected by domestic violence.

Operational since 1980, the refuge offers secure and temporary accommodation to women and their children in a confidential location. There are currently 25 beds in the hostel.

Trained staff offer ongoing non-judgemental support, including legal advice to any woman who asks for it whether or not she is living in the refuge, and also offers supportive aftercare to women leaving the shelter.

Educators and social workers help women to analyze their past, to encourage a process of help and mutual support

through which victims of domestic violence will regain their self esteem and escape the damaging effects of abusive relationships.

Women are invited to take part in various activities and exercises such as self defence to regain their self-esteem and confidence. At the same time, they are allowed to make time and space for themselves each day, to move at their own pace.

Social workers are there to help with children's difficulties in adjusting to the new situation and also when women may find coping with their children's needs very difficult, at a time when they are trying to deal with their own problems.

Children, too, will almost certainly have been affected by the abuse they witnessed or experienced directly. Social workers provide the children with some of the answers they need, to be able to cope with all the changes in their lives, or when they renew



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contact with their father or step-father. Here again, children are being given tools in order to help them learn how to live within a 'normal', non-violent relationship.

The organization also aims to:

- educate girls and boys; encourage a process of non-violent relationships. The raising of awareness among children, adolescents and their teachers in primary and secondary schools seeks to explore the social context of violence and its relationship to gender, and unequal power relationships. In 2003, Solidarité Femmes received funding from the Daphne Programme for a pilot project that focused on training of future teachers for non-sexist education.
- train professionals who may be in contact in their daily work with victims of domestic violence : the police force, healthcare professionals, social workers, etc.
- educate and inform the general public and the media. Solidarité Femmes holds Public meetings and Conferences on violence against women.

For further information on 'Solidarité Femmes', contact solidaritefemmes@skynet.be

Testimonial from Amélie, aged 23

"The women's shelter gave me the hope I thought I'd lost"

"I am leaving 'Solidarité Femmes' today. I am ready to move on with my life. I found an apartment and I have a new partner. I still have no legal protection - at least here, in the refuge, my address remained confidential - but I am confident that things will work out. If it hadn't been for the staff, I wouldn't have gained the confidence I have today. I feel much better-equipped now, thanks to their incredible support.

I remember my son was 4 months old when my husband started assaulting me. We had some differences and he began breaking things. Soon, the psychological, emotional violence turned into physical abuse. He became very violent. He used to beat me with his fists and kick me with his feet while I was lying on the ground. After that, he started acting like nothing had happened, or he'd turn on the charm, giving you hope that he had really changed this time. But then, one day I was so badly injured, I was obliged to call the cops. The more I resisted, the more violent, dangerous he became.

He has now been sentenced to two years imprisonment. The last time he was in jail, he started sending me death threats. That's when my son and I entered the refuge because we were no longer safe.

Despite his long-term sentence, he is still out on the loose. I've been told there is no room in prison.

When I first entered the refuge, I was scared I had done something wrong, I felt guilty. But then the people here made me feel at home. The staff also cared for the emotional needs of my son at a time when I could not be there for him. I've learned so much about myself here. In fact, I'm excited and ready to move on although I know it won't be easy. I know I'll probably need further support as I get back on my feet. That's why I'm glad that Solidarité Femmes will continue to be there for me if I need them."

Issues in the European health care for victims of FGM

By *Els Leye MsSc, PhD and Marleen Temmerman MD, MPH, PhD,*
International Centre for Reproductive Health (ICRH)

Violence against women, harmful traditional practices and female genital mutilation

Violence against women is internationally considered as a violation of women's human rights. The UN Study of the Secretary-General on Violence against women, states that "women who experience violence suffer a range of health problems"; that "their ability to earn a living and to participate in public life is diminished" and "their children are significantly more at risk for health problems, poor school performance and behavioural disturbances"¹.

This contribution focuses on a particular form of gender-based violence, i.e. harmful traditional practices (HTPs). These are those cultural traditions and cultural practices that are harmful and constitute violence against women. To determine whether a practice is harmful and contributes to violence against women, a human rights framework is used². HTPs include marriage practices such as forced and child marriage, honour related crimes, female infanticide and prenatal sex selection, and female genital mutilation (FGM).

FGM is the practice that has received most of the attention and been mostly documented. FGM comprises all procedures involving the partial or total removal of the external female genitalia or other injury to the female genital organs whether for cultural, religious or other non-therapeutic reasons¹. The World Health Organisation identifies four types of FGM:

Type 1 or clitoridectomy involves partial or total removal of the clitoris and/or the

prepuce. Type 2 or excision involves partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora. Type 3 or infibulations involves narrowing of the vaginal orifice with creation of a covering seal by cutting and appositioning the labia minora and/or the labia majora, with or without excision of the clitoris. Type 4 are all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterization³.

WHO estimates that between 100 and 140 million women and girls in the world have undergone FGM, and about 3 million girls and women are being cut each year. In Europe, only recently Member States are starting to carry out prevalence studies. In the UK for example, approximately 65.800 women aged 15-49 resident in England and Wales, had undergone FGM, an estimated 24.000 girls under the age of 15 had or were at high risk of infibulations and nearly 9.000 at high risk of type I or type II⁴.

A draft report by the European Parliamentary committee on Women's Rights and Gender Equality says that around 500,000 women and girls living in Europe have been subjected to female genital mutilation⁵.

Any type of female genital mutilation is recognized internationally as a gross violation of human rights of girls and women. It is a denial of their physical and mental integrity, their right to freedom from violence, right to the highest attainable standard of health, right to

500,000 women and girls living in Europe have been subjected to female genital mutilation

According to the European Parliament resolution of 24 March 2009 on combating female genital mutilation in the EU

be free from discrimination on the basis of sex, the right to be free from torture, cruel, inhuman and degrading treatments and the right to life when the procedure results in death.

Health effects of FGM

The right to the highest attainable standard of health is jeopardized by a range of health effects of FGM, which include immediate as well as life long consequences. Immediate consequences in almost all cases are pain and bleeding due to the procedure. Around the time of the procedure, girls and women are equally at risk of shock, acute urinary retention, urinary infection, wound infection and fever, septicaemia, HIV infection when the same cutting instruments are used for group excisions and eventually death due to haemorrhagic or septic shock, tetanus and a lack of availability of medical services or a delay in seeking help⁶.

1 United Nations, 2006 Study of the Secretary-General. Ending violence against women. From words to action.

2 Sawitri Goonesekere. Harmful Traditional Practices in Three Countries of South Asia: culture, human rights and violence against women. Gender and Development. Discussion Paper Series n° 21. Economic and Social Commission for Asia and the Pacific.

3 World Health Organisation, 2008. Eliminating female genital mutilation. An interagency statement.

4 Dorkenoo E, Morison L, Macfarlane A. A statistical study to estimate the prevalence of female genital mutilation in England and Wales. FORWARD, 2007.

5 European Parliament resolution of 24 March 2009 on combating female genital mutilation in the EU.

6 Leye Els, 2008. Female genital mutilation. A study of health services and legislation in some countries of the EU.

At longer term, health effects include chronic pain, formation of keloid scar, cysts and in case of infibulations consequences might equally include pelvic inflammatory disease, problems with menstruation, dyspareunia, urinary problems, primary infertility, haematocolpos, and chronic urinary tract infections.

A recent study by WHO among women attending obstetric centres in six African countries for singleton deliveries, showed that deliveries to women who have undergone FGM are significantly more likely to be complicated by caesarean section, postpartum haemorrhage, episiotomy, extended maternal hospital stay, resuscitation of the infant, and inpatient perinatal death than deliveries to women who have not undergone FGM⁷. These risks are higher in case of infibulations. Other obstetric complications that have been documented are prolongation of the second stage of labour, perineal lacerations, perineal wound infections, postpartum haemorrhage, formation of fistula and unnecessary caesarean sections among others².

Health services for women with FGM⁴

Research performed by the International Centre for Reproductive Health into health care responses in the European Union, showed that three main services have been established: technical guidelines for the clinical management of women with FGM, codes of conduct for health care professionals, and specialised health services that provide medical care, psychological care and counselling for women from practising communities, such as the African Well Woman Clinic at Guys's and St Thomas' in London. Factors hampering the provision of adequate care for women with FGM are mainly the unfamiliarity of health care professionals with FGM and their deficient knowledge about FGM.

There's a current trend in European health sector services for women with FGM to provide training for health care professionals, to issue guidelines for obstetricians and gynaecologists and to include FGM in curricula of medical students.

Reversal operations for infibulated women are increasingly being requested and offered. Special attention needs to be drawn here to reconstructive surgery of the clitoris, which is an emerging surgical technique developed primarily in France and the UK. In a first stage, the surgical technique is currently being developed and debated and, in a second phase, the population for whom this type of surgery is beneficial needs to be determined⁸. Until now, this type of genital surgery has not yet been evaluated in "any properly conceived, controlled, prospective study, nor has it led to peer-reviewed articles in international journals"⁹. However, some testimonies of women who have undergone this type of reconstructive surgery show that, even if the physical functions of the clitoris are not reconstructed, it has enabled them to feel like a "whole woman". More research is needed to reach conclusive guidelines on how to proceed with reconstructions of the clitoris⁶.

A number of qualitative studies among women from communities that practise FGM have emerged in recent years. These studies provide valuable insights for the development of appropriate health care services for women with FGM living in Europe, and seem to underline that specialised care for women with FGM during pregnancy, childbirth and the postpartum period is sub-optimal^{10,11,12}. Some studies also suggested that FGM continues in Europe^{13,14}. Given the new services that have been put in place in many countries and the insights into the opinions and needs of the women concerned, a new

assessment of health care services in EU countries is necessary to optimise the gaps in service delivery.

Medico/legal/ethical issues regarding FGM

Specific criminal laws on FGM that are increasingly being developed in Europe, have not resulted in more prosecutions than general criminal laws, and have proven to be incomplete when addressing emerging issues such as symbolic incisions (as a harm reduction strategy or "light" version of FGM), cosmetic vaginal surgeries (and its parallels with FGM in consenting adult women) and reinfibulation (performed by some European health professionals who do not consider it as harmful since it is not removing healthy tissue). This lack in clear legislation and guidelines from professional organizations in many countries, leave the professionals who perform these actions with a lack of clarity on how to proceed. For example, a survey among Flemish gynaecologists in Belgium, revealed that confusion exists regarding reinfibulation and its legal status, that there's a clear support for medicalisation and symbolic incisions and that few gynaecologists consider cosmetic vaginal surgery as a form of FGM¹⁵.

The study indicated a need for a thorough ethical-legal consultation process with all stakeholders on the topics of reinfibulation, medicalisation of FGM, symbolic incisions and cosmetic vulvar and vaginal surgeries.

When debating these issues, hymen repair should equally be included. Hymen repair is increasingly being requested, and is highly controversial. Although it does not have any negative health effects, it can be considered as a discriminating practice, and a form of violence against women.

7 Banks E, Meirik O, Farley T, Akande O, Bathija H, Ali M. Female genital mutilation and obstetric outcome: WHO collaborative prospective study in six African countries. *Lancet* 2006;367:1835-41.

8 Bjälkander O, Leye E. Reconstructive surgery for women with FGM. Presentation at the International Conference on FGM and Early/Forced Marriage, Brussels, February 8-11, 2007:76-80.

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END FGM: Claiming Rights, Empowering Individuals

By **END FGM European Campaign**,
run by Amnesty International Ireland

*Legs pulled apart
Knife went straight*

*Into my private parts
It cut across painfully*

*Cruel hands stitched me
Infibulated me ruthlessly*

*Blood drained in
the summer heat
Disappeared into
the waiting sand*

*Leaving me potentially
impaired
Denying me to be
a total woman*

- Abdi-Noor Haji Mohamed



END FGM Campaign Badge / © Amnesty International
This badge represents all 14 partner organisations of
the END FGM European Campaign.

Female genital mutilation is a form of violence against women that affects three million young girls and women each year¹... that is five girls every minute. Europe is not immune to it. Young girls living in Europe are being sent to their countries of origin during holidays to be subjected to this practice. Sometimes, traditional excisors are flown to Europe to perform the practice in which part or all of the girl's genitals are mutilated.

END FGM European Campaign works with over a dozen partner organisations across the European Union (EU) to ensure that the EU protects the rights of women and girls who are subjected to, or are at risk of, female genital mutilation (FGM). Using a human rights based approach, the campaign aims to ensure that the EU delivers a coherent strategy to prevent young girls and women in Europe from being mutilated and protect those who flee their countries for fear of being mutilated.

The European Parliament

The European Parliament has made several calls on Member States and the European Commission to "draw up an overall strategy and action plans aimed at banishing FGM from the EU and, to that end, to provide the means required ... to enable real and potential victims to be properly protected"².

To ensure continuity in the demands raised by the Parliament, the END FGM Campaign, along with its allies including IPPF, garnered support from candidates for the June 2009 European elections. Out of the 150 candidates who pledged support, 50 MEPs were elected and are now committed to the campaign.

However the political commitments of the Parliament have not yet been translated into concrete actions.

Assessing Prevalence in Europe

The lack of prevalence rates of FGM in Europe can be a deterrent to progress. While the EP estimates 500,000 women are living with the lifelong consequences of FGM in Europe, there is no concrete data to compare the scale of the practice among Member States. Without data the issue will remain overlooked, the scale of the problem will be unknown and progress towards eradicating the practice will be limited.

The European Union Agency for Fundamental Rights and the European Institute for Gender Equality have the competencies to develop tools supporting this data collection. The END FGM campaign is engaged in discussions with these bodies to integrate FGM into their work plans.

Apart from data collection, there are other dimensions that the EU institutions can and should address to ensure that female genital mutilation is prevented and the rights of girls and women are protected.

Providing Healthcare

Studies have shown that healthcare professionals in Europe have limited understanding of FGM and its potential complications during pregnancy, childbirth and the postpartum period. Guidelines on reinfibulation (re-stitching) are necessary as there is evidence of medical professionals in Europe practising reinfibulation following deliveries. Medicalisation of FGM (medical professionals conducting circumcisions or re-stitching a woman's genitals after she gives birth) is not only denounced

¹ UNICEF, Innocenti Digest, *Changing a harmful social convention: female genital mutilation/cutting*. Florence: UNICEF 2005.

² European Parliament resolution of 24 March 2009 on *Combating female genital mutilation in the EU (2008/2071(INI))*



European Parliament candidates at campaign launch / © Amnesty International — Dublin candidates for the European Parliament elections 2009 Eoin Ryan, Senator Deirdre de Burca and Proinsias de Rossa (Left to Right) show their support for the END FGM European Campaign in Dublin city centre in advance of International Women's Day on 6 March 2009

by the European Parliament, WHO and professional organisations such as the International Federation of Gynaecology and Obstetrics but also illegal in certain countries in Europe.

Any strategy on FGM must include targeted training of health care professionals as well as establishment of common guidelines on FGM. Improved access to healthcare for practising communities could be promoted through 'health mediators', individuals who can act as bridges between communities and public health systems.

Making Europe a safe haven

Female genital mutilation is a form of gender-based violence and a child specific persecution. Hence, women and girls who flee their countries for fear of FGM may qualify for being granted refugee status in the EU. However, the current EU 'asylum package' is too weak and its

implementation varies greatly from one Member State to another. As a result, there is a danger that women and girls are put at risk of being sent back to countries where they could be subjected to FGM.

With the Stockholm Programme, there is an opportunity to revise and implement the 'asylum package' by incorporating the recent guidance note on refugee claims related to FGM drafted by the UN Refugee Agency³.

Building Capacity

Civil society organisations working with practising communities in Europe should be supported through funding and training to ensure a two-way process is established involving communities and governments. The END FGM campaign is building the capacities of its partner organisations through training in lobbying, media and fundraising. The partners have also

been supported in meeting their MEPs in the European Parliament and building professional relationships with them. In October, the Portuguese Family Planning Association (APF) hosted a meeting in Lisbon for all partner organisations to formulate the priorities for the campaign strategy, which will be launched in early 2010.

Apart from organisations, the campaign is working with individuals who wish to use their personal stories about FGM to campaign against the practice. These *strong voices* include a Somali refugee based in Sweden who saved his two daughters from being mutilated despite family pressure. A poet, a filmmaker and an activist, Abdi-Noor Mohamed fearlessly speaks out against violence against women as he does in the poem at the beginning of this article.

Find out more: www.endfgm.eu

3 UN High Commissioner for Refugees, *Guidance Note on Refugee Claims relating to Female Genital Mutilation*, May 2009

Forced and Child Marriage in the UK: Policy and Programme Approaches for citizens and overseas nationals

By **Naana Otoo-Oyortey** and **Estelle Robinson**,
the Foundation for Women's Health Research
and Development (FORWARD)

Introduction

"Marriage shall be entered into only with the free and full consent of the intending spouses." This condition is enshrined in Article 16 (2) of the Universal Declaration of Human Rights (1948). While marriage continues to be a valued social institution in many cultures the element of free and full consent to marriage is not straight forward due to numerous factors including traditions and which makes some marriages forced and not consensual.

This article discusses forced marriage and child marriage within the context of the United Kingdom. It will examine policy and programmatic approaches to tackling this problem, obligations of governments and challenges in ensuring a balanced focus on promoting rights of nationals and international human rights obligations.

Definition issues

'Forced Marriage' is defined by the UK government as "a marriage conducted without the valid consent of both parties, where duress is a factor." (2000). Duress or coercion may include physical, psychological, sexual, financial and emotional pressure. Forced marriage is a violation of internationally recognised human rights. This definition makes a clear distinction with an arranged marriage, where families of both spouses play a lead role in arranging the marriage, but both prospective spouses have a choice to accept or decline.

The Council of Europe however provides a different view. Forced marriage is viewed as an umbrella term covering a wide range of marriage situations where consent is problematic, "arranged marriage, traditional marriage, marriage for reasons of custom, expediency or perceived respectability, child marriage, early marriage," (2005). This is more in line with social reality that a distinction between forced and arranged marriage is often blurred.

Child marriage on the other hand is more straight forward and refers to any marriage that takes place before a child has reached the age of majority (18 years) as defined by the UN Convention on the Rights of the Child. This is before a child is physically, physiologically, and psychologically ready to shoulder the responsibilities of marriage, child bearing and motherhood. In situations where both spouses consent to marry before 18 years, concerns around maturity and independent capacity to consent may be an issue. Therefore all forms of child marriage are viewed as forced marriage whereas not all arranged marriages are forced.

Forced marriage is a sexual and reproductive rights violation

Forced marriage contravenes a number of international human rights conventions which the UK government is party to, in particular the Convention on the Elimination of all Forms of Discrimination

against Women and the UN Declaration of Human Rights¹. Forced marriage adversely affects sexual and reproductive health and wellbeing; denies people their right to enter freely into marriage and violates bodily integrity and dignity.

The scale of the problem of forced marriage is impossible to ascertain because not all marriages are registered. Data from the UK Forced Marriage Unit later described in the article indicates that forced marriage affects both males and females. About 85 % are women with the majority of cases being young women and girls between 13 and 50 years. Additionally over 30 % of cases are below 18 years. The Home Office reports that forced marriage may have an overseas link, this means that some people are taken abroad to be married; but others report this takes place in the UK. In 2008 the Unit dealt with 1600 cases of forced marriage, majority from South Asia, and minority of cases from the Middle East, Africa and Europe (Crown, 2009). The reality implies that forced marriage is predominantly gendered with young women being disproportionately affected.

There are a range of reasons given by families to justify forced marriages. They include upholding family honour, controlling sexuality and unwanted behaviour, reinforcing family or social ties and often for financial gains. A view from a research on forced marriage and domestic violence confirmed this position. "I agreed

¹ The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), adopted in 1979 by the UN General Assembly.



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to the marriage as I respected my parent's wishes and their honour, I didn't want to upset them but sometimes in order to keep your parents happy you can end up ruining your own life" (Gangoli et al, 2006). In some situations marriages are primarily to support claims for citizenship and residency. Families may use a variety of tactics from emotional pressure, blackmail, threatening behaviour, and in the more extreme cases, abduction, imprisonment, physical violence, rape and even murder.

The consequences of a forced marriage can be devastating not only to the victim(s), but also to the family, remaining siblings and the wider community. It also impacts significantly on children within a forced marriage, especially where the marriage results in violence. Forced marriage can result in denial of education and employment opportunities. Other harmful aspects include emotional and domestic abuse, self harm, suicides and death. Where survivors of forced marriage run away they often live in fear of their families finding out and could put them at added risk.

Policy and programme responses

Within UK law, forced marriage is not a crime, so the Forced Marriage (Civil Protection) Act 2007 serves as a protective mechanism and allows family courts to make a Forced Marriage Protective Order. This Act enables a victim of forced marriage, or someone on their behalf including a third party to apply for a protection order. Failure to obey an order can result in a prison term of up to two years. Since the law came into

force in 2008, 13 cases have been filed in court. However the absence of a specific criminal offence of 'forcing someone to marry' is particularly problematic to organisations and non-governmental organisations who work with victims of forced marriage who believe criminalising forced marriage would have strong effect on public opinion and act as a deterrent, and empower young people. The reality is that forced marriage is a violation of human rights.

A significant step that the UK government has taken to tackle forced marriage has been the establishment of the Forced Marriage Unit. This joint Home Office-Foreign/ Commonwealth Office Unit coordinate policy development, case management and UK and overseas work. It also undertakes outreach and public education and provides information and guidance to professionals including those in education, health and police. The *Multi-agency practice guidelines: Handling cases of Forced Marriage* was launched in July 2009, in collaboration with nine government agencies. The Forced Marriage Unit works with key government departments, statutory agencies and voluntary agencies and has helped to create visibility and resonance nationally. The Unit is indeed a model example of how a coordinating body within Government can address cultural based violence.

Outstanding Challenges

Forced marriage is a significant issue in the UK, Europe and indeed a global human rights concern. A key gap in the UK policy approach to forced marriage is the lack of support and protection of victims who have no recourse to public funds. No recourse means that individuals who are not UK nationals or permanent residents cannot access public funds. Given that many victims of forced marriage are women brought to the UK, it means that in the first two years of their marriage (indefinite leave to remain can only be sought after 2 years of marriage), women who escape forced marriages are unable to access refuges or legal aid. Although the government has proposed funding to help women under no recourse, the conditions imposed for

accessing this support which includes successful immigration outcome means that, this is of no help at all to majority of affected women.

Just as worryingly, there has been a move to address forced marriage through immigration, such as the recent changes in spousal sponsorship. A person now has to be 21 (previously 18) to be able to sponsor a partner to come to the UK. This has led to concerns that not only will this be seen as racist within the communities (potentially leading to communities feeling attacked and closing in just at the time greater community outreach and partnership is needed) but of greater concern, there is a real risk that victims of forced marriage will be taken out of the UK and stranded and isolated abroad until they are 21.

While the UK government strategy for tackling forced marriage is grounded in a rights approach, within a child and adult protection structure and domestic violence focus, the prime aim is to protect UK nationals and citizens. At the same time the UK Department for International Development's "Gender Equality Action Plan: Africa Division 2009-2012" fails to include forced or child marriage in its objectives on elimination of gender-based violence. Also the country and regional objectives are silent on child or forced marriage although majority of the countries have high levels of child marriages. Child marriage is a major international development concern that impacts adversely on the attainment of international agreed goals including the Millennium Development Goals. It ultimately negates international development assistance because child brides are less likely to access education, have higher child deaths and maternal mortality. Clearly it is in the best interest of the UK government and European governments to adopt a similar yardstick to protect the right of all people to free and consensual marriages in line with that of their citizens.

For more information on the Foundation for Women's Health Research and Development (FORWARD), a UK based charity, web address: www.forwarduk.org.uk

Honour-related violence - on the rise in Europe

By *Lena Luyckfasseel*,
Programme Manager, IPPF European Network



Lena Luyckfasseel

The United Nations estimate that every year 5000 women die in honour killings¹, probably only a fraction of the real number of victims. Many more women around the world are victims of honour-related violence (HRV) every day, or subject to discrimination and violence within their families and community settings. At the same time, honour-related violence is a rather unknown form of violence, affecting primarily girls and women. Too often the violence passes unnoticed and/or the responses of the social sector and the police are inappropriate, as a result of a lack of recognition and low level of awareness in many European countries.

In the last decade, honour-related violence has been more clearly present in Europe. The presence of HRV in north-western European countries is generally related to the immigration of workers, in the 60s and 70s, from the Mediterranean, especially from rural areas of Turkey and Morocco and from the Middle East. In the 80s, the immigrant workers brought their families over to Europe. From this period, the police were confronted with the first instances of HRV, even though this term did not yet exist.

Although widely debated, HRV is seldom clearly defined. A good definition has been established by the advisory and research group, Beke, and endorsed by the Dutch Ministry of Justice: *"Honour related violence is any form of physical or mental violence*

arising from a collective mentality in response to a (threatened) violation of the honour of a man (or woman) and as such of his (or her) family, of which the outside world is or might become aware".

Honour related violence is a continuum and can roughly be divided into preventive and reactive measures. Preventive measures aim to control the social life of a woman, such as confining her, watching over her, or limiting girls' and women's freedom. Once there is dishonour, there may be recourse to violence, from honour killing, in the most extreme form, over forced marriage, abuse, exclusion, or forced abortion, to more subtle forms, such as limiting freedom and denial of social contact in order to 'cleanse' the (alleged) dishonour. It is important to understand that there can only be dishonour if the community is aware of it. Nevertheless, the community will most often be the witnesses to and supporters of the violence, in reaction to the (alleged) dishonour.

Honour-related violence can be linked to concepts such as honour, culture, social status, tradition, family, and collectivism. In northwest Europe, honour is a feeling, an emotion and a distant derivative of what honour means in an honour culture. Here, it is an important basis for social interaction, for both individuals and families. Having honour is the most important condition for social acceptance by people outside one's own family. In honour cultures the whole community expects certain behaviour in certain situations. If the demonstrated behaviour does not match these expectations, the individual and her family are no longer accepted in that social environment. The honour of men is intrinsically linked with the protection of the sexuality and chastity of women in his family.

In practice, this means that it is intolerable for girls and women to have sexual contacts outside marriage. Should such contact happen and the community becomes aware of it, the family will lose their honour with significant consequences for all.

In addition, a girl or woman can bring dishonour to her family by refusing an arranged marriage or divorcing her husband, but also for drawing attention to her person because of her professional occupation, clothing style or behaviour. The main difference between honour-related violence and male violence against women is its collective dimension. The group punishes those who deviate and there is not one potential perpetrator, but rather several.

Although most explanations and analyses of HRV are based on (honour-) culture and tradition, this may be overly restrictive. Other causes that need to be taken into account are patriarchal dominance, power and gender issues, with poverty and social exclusion as influencing and aggravating factors. The main aim of a patriarchal system is to control female sexuality and, as such, it is important to understand violence against women as a part of the male constellation. In strongly patriarchal societies, masculinity and femininity are understood as a dichotomy, where masculinity is overvalued and femininity undervalued. The honour/shame complex should be seen as an important part of patriarchal dominance and as such linked with the role of boys and men to protect the chastity of girls and women by controlling their sexuality. This control seems to be stronger if the women live in so-called immigrants' enclaves, as we know them, in many western European countries. Hence, it is not surprising that

¹ See <http://www.unfpa.org/swp/2000/english/ch03.html>.

risk factors of HRV are closely linked with the determinants of social exclusion and barriers to integration: low income and long-term unemployment, low participation in formal education, growing up in a vulnerable family, poor health, living in multiply-disadvantaged neighbourhoods, racism and discrimination. Exclusion is the exact opposite of recognition and dignity. It is a process in which individuals and groups are partly or fully excluded from honest participation in the society in which they live. The research report by Kvinnoforum² formulates this as follows: *“When being poorly integrated, not feeling part of society and far away from familiar structures in the country of origin, there are tendencies to maintain traditions in order to preserve an identity, a belonging to*

the group. It is a social phenomenon, not uncommon in minority groups outside their normal environment all over the world, and the mechanisms of returning to familiar practices, when society is perceived to be unstable and insecure, is a human trait. As long as the minority group or collective have more to offer than the majority community, individuals will continue to seek contact with their compatriots. In this sense, HRV can be seen as an indicator of social exclusion and poverty.”

Today, societies, to a large extent, still fail to see and recognize honour-related violence and to punish the perpetrators. Any attempt to address HRV in Europe must improve the rights and societal position of women in immigration, improve

access to open, intercultural services and stimulate the presence of alternative male role models and forms of social recognition. More efforts will need to be focused on integration and participation of immigrants in our society. We need to guarantee better and equal access to education and employment and respect their basic rights. It is society's responsibility to come up with a safe and sustainable solution and to tackle social exclusion and poverty. To achieve this, prevention, professionalism and partnership are key words.

LUYCKFASSEEL, L. (2009) Miskend, onbekend, onderkend. Nadenken over eergeerlateerd geweld in gezinnen, non-published paper, Brussels.

² Kvinnoforum, Foundation of Women's Forum, is an independent civil society organization, established in 1988 in Stockholm, Sweden.

Undocumented Migrant Women

Gender-based violence in Europe's fight against irregular migration

By **Eve Geddie**, Acting Director,
PICUM - Platform for International Cooperation on Undocumented Migrants

Described as “the most pervasive yet least recognised human rights abuse in the world”, violence against women is a manifestation of gender-based inequality and discrimination. In recent weeks, developments have signalled great momentum to address violence against women in conflict situations¹, yet the systematic abuse facing undocumented women caught up in Europe's ‘fight against irregular migration’ remains hidden in the eyes of policy makers.

Estimates of between 5-8 million undocumented migrants currently reside in

the EU, a growing number of whom are female². Gender inequalities place women at a structural disadvantage in all stages of the migration process; increasing their exposure to violence and abuse within their home societies, when crossing international borders, during administrative detention and while residing in Europe. While migration marks a positive experience for many women, increasing their economic opportunities and social independence, current EU policies governing migrants' entry, work and residence frequently disadvantage them.

Female migrants in lower-paid, highly feminised employment sectors face huge uncertainties when migrating to Europe. The reduced paths available



Eve Geddie

¹ See the UN adopted Resolution 1820 on *Sexual violence in Conflict* of October 2009 as well as the Security Council's unanimously adopted Resolution 1325 on *Women and Peace and Security*.
² This estimate has been given by the Global Commission on International Migration, *Migration in an Interconnected World: New Directions for Action*, (GCIM, Geneva, 2005), p. 32, available at <http://www.gcim.org/attachements/gcim-complete-report-2005.pdf>.



status is dependent on the good will of an employer or spouse. Despite the injustices which often lead to their irregular status, inflexible policies often deny a 'route-back' and they are left, without resources or support, to live a shadowed existence of increased vulnerability.

In Europe, undocumented women face legal and structural barriers which prevent them from having access to essential services such as accommodation, health, education and workplace protection. Systematically exposed to abuse, they risk deportation if they contact the police, are denied access to women's shelters and are unable to obtain financial assistance granted to victims of violence.

The obligation of local police to protect victims of domestic and sexual violence is superseded in many instances by their

duty to denounce those without a valid residence permit to the immigration authorities. NGOs working at grass roots level report numerous examples in which undocumented women who report violence are subsequently arrested, detained and

then deported alongside their abusive partner. With nowhere to turn to for help, undocumented women remain disproportionately vulnerable to physical and sexual abuse, 'honour' killings and trafficking for forced labour or sex.

A wide range of public health issues result from gender-based violence including physical, mental, sexual, reproductive and maternal health problems⁵. Yet despite priority needs in this area, the basic entitlements taken for granted in Europe are systematically denied to undocumented women residing here. There are significant legislative and practical barriers preventing undocumented women's access to essential medical services and support programmes.

As undocumented women feel compelled to avoid contact with the authorities at all costs, they rarely access sexual and reproductive health service⁶. Across Europe, these women are giving birth at home alone, or putting their lives at risk to obtain unsafe abortions as they lack entitlements or are too fearful to benefit from regular treatment in hospitals or any doctor's clinics. Those suffering from any abuse or health-related crisis often have no idea of what their rights are, and may face serious consequences if they contact the police or seek any assistance.

The fear of being denounced or arrested has huge negative social, economic and public health consequences upon undocumented women as they are often intimidated by police, medical professionals and public servants, and can become victims of further abuse. Current policies inadvertently limit vulnerable women's ability to access justice as the right to seek an effective remedy is increasingly linked to immigration status. There is an urgent need to prevent migrant women from falling into an irregular status and furthermore, to improve respect for their fundamental rights and bring all perpetrators of gender-based violence to justice.

for women to legally migrate may increase their reliance on scrupulous traffickers and intermediary agents³. Upon arrival to Europe, many victims of severe sexual violence have their asylum claims refused⁴, while others often find their immigration

Gender discrimination increases migrant women's likelihood to suffer from violence and when combined with an irregular status, contributes to a worrying culture of impunity within the EU.

3 See the situation of migrant women in Morocco documented by Médecins Sans Frontières : *Violence et immigration: Rapport sur l'immigration d'origine subsaharienne (ISS) en situation irrégulière au Maroc* (MSF: Genève, 2005), pp. 21-22.

4 *The Vulnerable Women's Project Refugee and Asylum Seeking Women Affected by Rape or Sexual Violence*, Refugee Council, London, 2009, available online at: <http://www.refugeecouncil.org.uk>

5 Recent research completed in Switzerland shows that undocumented women had more unintended pregnancies, delayed prenatal care; use preventive measures less frequently, and are more exposed to violence during pregnancy. Hans Wolff et al, 'Undocumented migrants lack access to pregnancy care and prevention', *BMC Public Health* 2008, 8:93.

6 PICUM, 'Access to Health Care for Undocumented Migrants in Europe', PICUM: Brussels, 2007. Available online at: www.picum.org

Involvement of MFPF in the prevention of violence against women

By the Mouvement Français pour le Planning Familial (MFPF), IPPF Member Association

When it first started, the French Family Planning Movement (MFPF) campaigned for basic rights of access to contraception and abortion, in response to the emergency of women facing an unwanted pregnancy. At the time, no-one imagined either the nature or the extent of the problems of violence that were to be revealed by women coming to the MFPF centres. At the time, sexual and domestic violence were considered a strictly private matter, with two major consequences for women: there was nowhere they could go to talk about this violence; and they felt responsible and guilty for the violence to which they were subjected. MFPF gradually realised that many of the women coming to the centres to talk about contraception or abortion were victims of violence. The association's volunteers found themselves confronted with these stories of violence, but lacked the necessary tools to understand, listen to and to support these women. There were also no places of refuge for women who wished to flee this kind of violence.

In the late 1970s, after a struggle, the Women's Movement succeeded in securing the legal right to contraception and abortion. Feminists then began a new campaign – to stop violence against women. The Women's Movement developed political arguments against sexual violence. These forms of violence were seen as a means for the patriarchy to maintain control over women. Open debate of these issues was encouraged. Some new associations – in which members of MFPF got involved – were set up in the 1980s specifically to work on rape and domestic violence. It was in this context that MFPF decided, more systematically, to inform and to train its members regarding the issues of violence against women and formed partnerships with specialist organisations looking after victims.



Demonstration to stop violence against women, Paris, 2007 / © MFPF

In the 1980s, MFPF extended its provision of individual counselling for women victims of violence, by offering them the opportunity to act together, through discussion and support groups. Today, in these groups, women learn to situate the violence they have suffered as individuals within the larger social context of male dominance; they hand back responsibility for this violence to the perpetrators. By recognising themselves as victims, these women can then begin a process of freeing themselves of guilt feelings and building a more positive self-image.

During the 1990s, MFPF widened its sphere of action against gender-based violence. It set up training courses aimed at those working within the social sector, the police and the courts, on the prevention of violence and provision of support for victims. The association integrated the prevention of violence much more systematically within its sex education initiatives for adolescents and in its programmes designed specifically for women¹. It also developed its legal support services for women (e.g. filing a complaint,

contacting a lawyer, etc.) and in bringing certain cases to court. At the same time, it continued its advocacy work, alongside other associations, to bring about changes in the law. It was within this context that certain measures entered into effect, such as the power to evict the violent partner from the conjugal home and the extension of the period for filing a complaint for rape.

In its approach to violence, MFPF considers that it is necessary to go beyond the individual dimension of a male perpetrator, responsible for his actions, and a female victim. Our societies have a collective responsibility, founded upon sexual inequalities and the dominance of "masculinity" over "femininity". This domination of one sex by another is not 'natural', but is, on the contrary, socially constructed, with consequences for the ways individuals behave, and for social and political relationships. A whole series of powerful stereotypes define what is Masculine and Feminine, imprisoning both men and women in defined and normalised roles. For example, our societies have a tendency to value risky behaviour

1 Programmes such as "Reducing Sexual Risks" and "Contraception, Sexuality and Vulnerability" running in France and its overseas departments for several years.

and violence as fundamental aspects of what it means to be Masculine: fighting, drinking alcohol, driving fast, being competitive and aggressive at work, sport, seduction etc. These stereotypes and relationships of domination of the masculine over the feminine engender and legitimise violence against women. The campaign against gender-based violence therefore involves questioning these stereotypes and relationships of domination, both on an individual and a collective level.

In its grassroots work and in its analyses, MFPP questions and works with representations of Masculine and Feminine, and the violent reactions that these representations can engender: homophobia, control over the bodies, sexuality and lives of women and girls, designations of 'virility' for boys and men. The integration of a gender analysis has also gradually led MFPP to develop specific actions aimed at men. First at men, especially young men, who have been the victims of violence. Then at men who have been the authors of violence. MFPP is, today, convinced that it is necessary to work with the perpetrators of violence as an integral part of the fight against gender-based violence. The experiments we have been trying with the male perpetrators of violence are based on self image and self esteem, on representations of masculine and feminine, on the experience of committing violence and the recognition of responsibilities. These experiments are beginning to demonstrate their effectiveness in terms of the prevention of recidivism.

Sexual education and the prevention of violence against women

One of the tools that MFPP uses in its preventive work with children, especially in primary schools, is the Emotional and Social Development Programme (ProDAS). Its methodology teaches children about the importance of listening to themselves and of putting their thoughts and feelings into words.

The workshop leader asks the children to sit in a circle and gives them clear rules about speaking on a given subject: we do not judge, we listen, we wait our turn before speaking, we do not have to speak if we do not want to. This tool enables boys and girls to gain confidence in themselves and to learn how to communicate effectively, by speaking to be understood, listening in order to understand, reasoning without blaming others, asserting oneself without aggression, making choices to resolve problems, and saying 'no' to someone one looks up to. Because 'those who have no words' often use violence to express themselves, being able to say what is right and what is not right can provide the distance indispensable for managing frustration and aggression. In these 'ProDAS circles' everyone can speak of their anger and look squarely at their own dark side, learning how to manage these better.

This is a time when each and every one can express his or her feelings and communicate using words.

In its work with Junior High (college) and High School (lycée) pupils, MFPP tries to encourage adolescents to become aware of and to question stereotypes about masculinity and femininity, with the aim of fostering greater equality between men and women. Sex education sessions are used to encourage adolescents to look back, historically, at the role of men and women in society and on relations between girls and boys. Young people are interested in notions of justice, liberty and equality. So it is possible to join them in questioning masculine and feminine roles, and sexism, in the light of these principles and real situations of discrimination experienced by girls and women in family, professional and political life. This approach is practiced by trained personnel, who are careful not to exclude or to preach, and is a tool for empowerment and emancipation, as well as for the prevention of gender-based violence.

Violence, women and rebuilding self-esteem – the dynamics of support groups

It was as part of the Women's Movement in the 1970s that women began meeting, despite differences of age and social origin, to reflect and act together concerning the inequalities and discrimination they had encountered. This feminist initiative gave rise to a collective awareness of the oppression against women and of their combined strength when they act together to stop this oppression. MFPP used this same approach when it set up support groups in the 1990s. There are currently over 20 groups active in various regions of France.

The majority of these groups are for women victims of sexual violence (such as rape or incest). Other groups are for women victims of domestic violence and the mothers of victims of sexual violence. Three other groups are for men who have been the authors of domestic violence or sexual violence. In this case MFPP does not act alone, as these men have been found guilty of violence and are under court orders.

Each group is usually made up of 7 to 8 women, and is led by two specially trained members of MFPP. The group meets on average twice a month for 2 to 3 hours, over the course of about a year. What is said in the meetings remains confidential and non-judgemental. The group participants seek to understand, together, how the violence they have endured affects their lives today. They also confront their own feelings of guilt and their role as victim, as well as considering and analysing the hold that their aggressor has over them. They come to understand the link that exists between their own story and gender-based violence as a whole; they 'rebuild' themselves, and take control of their own lives. Sometimes, if this has not already been done, they can initiate legal proceedings. The MFPP counsellors oversee the group, facilitating personal exchanges and the dynamics of solidarity that arise between participants. The main objective is to prevent these women from becoming "career victims", but, rather, that they take charge of their own lives and perhaps, for some, become militants, campaigning for gender equality.

Interventions for young sex offenders

By *Rutgers Nisso Groep*, IPPF Member Association

Many women and men in the Netherlands have experienced some sort of sexual violence (34% and 6% respectively), varying from harassment to rape.

Prevention of sexual violence is of the utmost importance. Next to that, support is needed for both victims of sexual violence and adolescents who have been arrested for a sexual offence for the first time (so-called 'first offenders'). Prevention of new victims in the future can be accomplished by providing focused guidance to sex offenders.

With their programme *Sexual Violence & Harassment*, Rutgers Nisso Groep, Dutch Expert Centre on Sexuality, intends to enhance the body of knowledge, and to develop and contribute to prevention and counselling programmes. Besides violence that is sexual in nature, we also focus on gender-based violence in general and violence that is directed at somebody's sexuality. Therefore, different subjects such as female genital mutilation, prostitution and homonegative behaviour are also within the scope of our interest.

Juvenile sex offenders, who have been arrested for a sexual offence for the first time may get imposed an educational programme, focused on attitudes and skills in order to prevent recidivism. These Mandatory Educational Programmes for Young Sex Offenders are commissioned by the Dutch Ministry of Justice and delivered by Rutgers Nisso Groep.

The programme, implemented since 1985, has been developed as an alternative sanction for juvenile sex offenders (12 to 18 years). The main purpose of the educational programme is to give criminal boys insight into their deviant sexual behaviour and encourage them to change this behaviour by developing a different attitude and adequate alternative coping-skills. These mandatory educational programmes are based on a cognitive behavioural therapeutic approach, in which stereotypes and misconceptions (ready-made opinions) about sexuality and relationships, including gender-specific behaviour (genderroles) are adjusted and corrected. Parents, guardians and social workers are actively involved in the training.

Rutgers Nisso Groep has produced a Brochure¹ 'Juvenile sex offenders need guidance' where the content and procedure of the mandatory educational programme is clearly explained:

The trainer uses a manual as guideline when discussing five themes that will be addressed during the educational programme: socialisation, sexuality, sexual violence, the offence, and prevention of recidivism in the future.

The trainer also raises questions such as "What are the (un)written rules at home, at school and in society about how men and women behave and deal with each other?", "What is typical male behaviour and what is typical female behaviour?"

These questions help the boy become aware of personal, cultural and/or religious standards and values, which he has adopted with regard to gender-specific behaviour. In this context, ready-made opinions that pave the way towards deviant (macho) behaviour are brought up for discussion by the trainer.

¹ The Brochure 'Juvenile sex offenders need guidance' can be downloaded via: <http://www.rutgersnissogroep.org/ournationalwork/programmes/programmes/sexual-violence-programme/sexual-violence-programme/interventions-for-juvenile-sex-offenders/juvenile-sex-offenders-need-guidance.pdf>

BOSNIA AND HERZEGOVINA

Western Balkans Initiative for the prevention of Gender-based Violence

By *Association XY*, IPPF Member Association

In 2006, Association XY started working on trafficking and the relation between trafficking and sexual and reproductive health. This area of work was extended in 2007 to include prevention of gender-based violence and peer violence among young men and boys in the framework of a project initiated by CARE International entitled "Western Balkans Initiative for the prevention of Gender-Based Violence". The main idea of this project was to work with young men between 15-19 years of age in defining for themselves how cultural norms of masculinity contribute to their equitable attitudes towards women and/or their behaviours of violence.

This regional project involved Bosnia and Herzegovina, Serbia and Croatia.

The first phase of the project was accomplished through quantitative and qualitative researches focused on exploration of gender masculinity and personal experience of violence and adolescence.

Association XY increased its capacities through trained staff on gender-based violence issues and developed a number of modules for working with students in primary schools on prevention of violence. In addition, the trainers increased their knowledge and skills to work with young men on violence and health issues according to the project methodology.

The second phase of this twelve-month project consisted in school activities designed to confront rigid norms of masculinity and violence as well as in the implementation of educational workshops covering such topics as gender-based violence; emotions and conflict resolution; fatherhood and gender roles; sexual health and HIV/AIDS.



Educational workshop / © Association XY

Prostitution and trafficking in women for sexual exploitation

By the Northern Delegation of the Portuguese Family Planning Association (APF), IPPF Member Association

Espaço Pessoa – an APF project in Oporto, Portugal, for male and female sex workers continues to be an open door centre where women can find health, legal and hygienic support, as well condoms, syringes and job skill training.

The centre’s work contributes to reduce ‘prostitution-social exclusion’. It enables adequate conditions so that users may actively participate in the management of their daily lives. It provides the possibility to inform male/female sex workers about their rights, giving them strategic competences to defend themselves; empowering thought and action in a way that it prevents and combats gender-based violence and exploitation from partners, pimps, clients and the police, preventing them from working freely and safely.

When we examine the various problems experienced by sex workers, we see that they are not only victim of exclusion but also confronted with other problems such

as support towards illegal immigration, lack of free will and action, exploitation and control of movement and decision.

This reality implies various efforts and interventions which have lead to other projects such as **CAIM - Cooperation, Action, Research, World Vision**, a Portuguese pilot project in the area of prostitution and trafficking of women for sexual exploitation (TWSE), funded by the EQUAL Community Initiative. The northern delegation of APF was one of the leading forces of this project.

CAIM developed a *Training Toolkit for the Prevention and Combating of Trafficking Women for Sexual Exploitation* intended for use as a training tool and a means of reinforcing training initiatives for the different agents working in the area.

APF is also in charge of the national multidisciplinary technical team for the sign-



© APF / CAIM

alization, identification and assistance to the victims of trafficking in human beings and runs a shelter – **CAP** - for women victims of trafficking.

The reality of human trafficking in Portugal has become more visible over time, corresponding to the growing concern over the proliferation of the sex industry (considered as an essential activity in some economies), and the globalisation (easiness of movement of people and capital), including the increased discrepancies between the rich and the poor in many countries, as well as the bipolarisation of wealth/poverty within each country and gender inequalities.

SLOVAK REPUBLIC

'Fifth Woman' – Campaign on violence against women in Slovakia

By SFPW, IPPF Member Association

For several years, IPPF Member Association of the Slovak Republic SFPW ran successful media and advocacy campaigns on the issue of violence against women. The campaign’s first round began in November 2001 as part of an international 16-days event against violence against women. The campaign was entitled “The Fifth Woman” (or One in Five Women) and was the very first nationwide campaign ever to be conducted in the Slovak Republic on this particular topic. SFPW was involved in this campaign with six other organizations as part of ‘ProChoice’ coalition (Možnosť voľby).

The objective of the campaign was to break the taboo around violence against women and to achieve a radical shift in thinking, by tackling the matter as a public issue rather than as a private one. A specific objective was to change the legislation so

to become more effective in helping victims of domestic violence.

The following year, in the campaign’s second round, SFPW moved one step further by *incriminating* violence against women. Visual spots and billboards were produced, with the photo of a woman behind a half-opened door with the following slogan: “Every fifth woman is abused. Do we know her?”. The ad emphasized the fact that violence against women occurs behind the doors of many homes.

The campaign resulted in an action plan on violence against women, legal changes and a coalition of NGOs and government representatives.

The overall and most important impact of both campaigns has been a change in the



© SFPW/ Campaign billboard

image of violence against women given by the media and politicians. Before the campaign, cases of domestic violence were described as individual tragedies which appeared as unrelated incidents, whereas now, individual cases are viewed by the media as a problematic wide-spread issue. The term ‘Fifth Woman’ has become a synonym for an abused woman and is still being used in this context. In fact, the campaign remains one of the most successful civil society campaigns in the Slovak Republic today.

Resources:

European & International Institutions

United Nations

- The Convention on the Elimination of all forms of Discrimination Against Women (CEDAW), adopted by the United Nations General Assembly on 18 December 1979: <http://www.un.org/womenwatch/daw/cedaw/text/econvention.htm>
- Declaration on the Elimination of Violence against Women, adopted by the United Nations General Assembly On 20 December 1993: <http://www.un.org/documents/ga/res/48/a48r104.htm>

European Commission

DAFNE III programme to prevent and combat violence against children, young people and women and to protect victims and groups at risk:

The Daphne-funded projects are presented on the Daphne Toolkit website: http://ec.europa.eu/justice_home/daphnetoolkit

The rules and conditions for funding are available via:
http://ec.europa.eu/justice_home/funding/daphne3/funding_daphne3_en.htm

Council of Europe

- *Ad Hoc Committee on preventing and combating violence against women and domestic violence (CAHVIO)* <http://www.coe.int/t/DGHL/StandardSetting/Violence/>
- *The Directorate General of Human Rights and Legal Affairs, Gender Equality Division* web site dedicated to equality between women and men www.coe.int/equality
- *Council of Europe Campaign Stop Domestic Violence against Women (2006-2008)* www.coe.int/stopviolence
- *Council of Europe Recommendation Rec (2002)5 of the Committee of Ministers to member states on the protection of women against violence, adopted by the Committee of Ministers on 30 April 2002:* <https://wcd.coe.int/ViewDoc.jsp?id=280915&BackColorInternet=9999CC&BackColorIntranet=FFBB55&BackColorLogged=FFAC75>
- *Council of Europe Convention on Action against Trafficking in Human Beings (CETS No. 197, adopted in 2005):* <http://conventions.coe.int/Treaty/EN/Treaties/HTML/197.htm>

Organisations and International Development Agencies

- *World Health Organization Programme and Projects Gender, Women and Health:* <http://www.who.int/gender/violence/en/>
- *UNFPA - the United Nations Population Fund, Gender-based Violence:* <http://www.unfpa.org/gender/violence.htm>
- *European policy action centre on violence against women (EPACVAW)* www.epacvaw.org/
- *International Centre for Reproductive Health* <http://www.icrh.org>
- *END FGM Campaign, run by Amnesty International Ireland in partnership with NGOs* <http://www.endfgm.eu/en/>
- *The European network for the prevention and eradication of harmful traditional practices which affect the health of women and children, in particular female genital mutilations* <http://www.euronet-fgm.org/>
- *The Foundation for Women's Health, Research and Development (FORWARD)* <http://www.forwarduk.org.uk/about>
- *PICUM - the Platform for International Cooperation on Undocumented Migrants* <http://www.picum.org>
- *Confederation of Family Organisations in the EU (COFACE)* <http://www.coface-eu.org/en/>

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4. Daphne logo/ © Daphne III Programme



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